East Georgia State College
Faculty and Staff Initial Return to Campus
Planning Document
05/15/2020
Updated 6/2/20
WORKPLACE AND HEALTH SAFETY

Guiding Principles for East Georgia State College's Faculty and Staff Initial Return to Campus Plan

The following guiding principles guided the formulation and adoption of this plan for the initial return to campus by faculty and staff of East Georgia State College (EGSC) during summer 2020:

- **Continual change** during the period of time covered by this initial return to campus plan is a certainty. We **must adapt continually**.

  - Change in the underlying crisis (the COVID-19 pandemic)
  - Change in the orders of the federal and state government
  - Change in USG directives
  - Change required by CDC or Georgia Department of Public Health guidance
  - Change required by internal evaluation of whether this plan is working (see below)

- It is i**mportant to continually and regularly assess this plan** to determine if this plan is working well; and it is important to modify the plan as needed in response to these evaluations

- It is **important to coordinate our plan with the plans of our sister institutions (Georgia Southern University and Augusta University)** since EGSC operates programs in Statesboro and Augusta in partnership with those institutions

- Our three sites (Swainsboro, Statesboro and Augusta) are not currently accessible by students or the public. Faculty and staff are now permitted access only when they are essential (compliance with the "critical infrastructure requirements of the Executive Orders of the Georgia Governor). **Transition from this current status to "normal operations" in Fall Semester 2020 should be gradual and orderly**.

- **Health and safety are a top priority** in designing this plan.

  - Maintaining accepted standards for social distancing is a priority
  - Use of physical barriers (e.g., acrylic shields, partitions) and re-configuration of office spaces to limit physical contact whenever to supplement social distancing is a priority
  - Emphasis on the importance of regular and thorough handwashing is a priority
  - Meeting accepted standards for continually and regularly cleaning and sanitizing campus is a priority
  - Emphasis on the personal responsibility of all persons on campus for the health and safety of themselves and others on campus is a priority. Accordingly:
    - Providing all persons on campus with convenient access to a sufficient supply of appropriate disinfectants (hand sanitizers and disinfectant wipes) is a priority
    - Strongly encourage that all persons on campus wear face coverings in areas when they may encounter others is a priority
  - Conducting all meetings by electronic or telephonic means is a priority
  - Staggering work schedules to minimize the likelihood of physical contact on campus is a priority

- o Adherence to ban on state travel is a priority
- o This plan relies on current CDC, GDPH and USG guidelines. In addition, this plan is informed by and relies upon the *ACHA Guidelines, Considerations for Reopening Institutions of Higher Education in the COVID-19 Era.* **See Attachment P.**

- It is **important to build the framework for health and safety implemented by EGSC during Spring semester 2020 since faculty and staff are familiar with that model, it has worked effectively and the direct involvement of EGSC unit heads (a review not less than weekly review of work schedules of all employees in their unit)** has assured that those unit heads have ownership and direct oversight of this plan.
- **Communication on a regular (not less that weekly) basis with all key constituencies (students/faculty and staff/community) is a priority**
- During the period of time covered by this plan, faculty and staff will be **intensely preparing for a return to normal operations for Fall semester 2020** (on or before May 27, 2020, EGSC will submit to the USG a Plan to USG for Return to Normal Operations in Fall 2020). It is a top priority to **provide faculty and staff with the working conditions which will enable them to complete their important work.**

The Current Status of EGSC's Management of the Response to COVID-19 Pandemic

This is a plan for transition from the current status of EGSC's three campus "normal operations" in Fall Semester 2020. This plan builds on practices put in place at EGSC during Spring Semester 2020 when the college made the transition to a wholly online learning environment. Accordingly, a summary of the current status is provided below to establish a baseline for this Summer Semester 2020 Initial Return of Faculty and Staff to Campus Plan.

EGSC has three campuses. This plan addresses all three of those campuses:

- Swainsboro – This is EGSC's main campus and includes residence halls (capacity of 435). At present, no students are residing in those residence halls;

- Statesboro – EGSC faculty and staff are now located on a site separate from Georgia Southern University (GaSouU). EGSC does not have residence halls at this site. Typically, many EGSC classes are held on the GaSouU campus. However, since all classes are wholly online until Fall Semester 2020, EGSC faculty and staff do not need any access to GaSouU campus during Summer Semester 2020. Nonetheless, communication with GaSouU is essential during Summer Semester 2020 as both EGSC and GaSouU plan for transition to Fall Semester 2020;

- Augusta – EGSC faculty and staff are located on the Augusta University (AU) Summerville Campus in a single building (Galloway Hall). EGSC does not have residence halls at this site. Since EGSC Augusta is located on the AU campus, EGSC is subject to the provisions of any AU plans about access to campus and conditions of work on campus during Summer 2020. Furthermore, communication with AU is essential during Summer Semester 2020 as both EGSC and AU plan for transition to Fall Semester 2020

EGSC's current management of the COVID-19 crisis, and this plan for an initial return of faculty and staff to our three campuses (see above), **focuses primarily on instruction by EGSC since EGSC is a state college with a mission focused almost entirely on instruction**. Although EGSC faculty engage in research as necessary to provide student involvement in research, maintain current in their academic disciplines and enhance teaching, EGSC does not have dedicated research facilities and does not have a research mission.

Although focused on instruction, EGSC does have one facility dedicated to primarily to service: the Sudie A. Fulford Community Learning Center located on the Swainsboro site. EGSC employees have offices in that center. That facility is included within this plan.

During Spring Semester 2020, at the time of the directive to move to wholly online instruction, EGSC immediately created an ad hoc COVID – 19 Task Force to advise the President and the President's Cabinet about the management of the impact of this pandemic on EGSC. **Attachment A** is a list of the members of the EGSC COVID – 19 Task Force.

As directed, a transition to wholly online classes at EGSC was completed for Spring Semester 2020 and Summer Semester 2020. Also, a residence hall move-out plan was adopted and fully implemented. During the balance of Spring Semester 2020 (following the transition to wholly online instruction), a small number (less than 5) students were permitted to remain living on campus. All of those remaining students have now moved out.

With the advice and counsel of the COVID-19 Task Force, EGSC immediately implemented (following the transition to wholly online instruction) a plan to maintain Critical Infrastructure (essential employees) on its three sites (see above) in a manner consistent with the critical infrastructure provision of the Georgia Governors Executive Order. Teleworking plans were implemented for non-essential EGSC faculty and staff. Key elements of that current plan are as follows:

- No access to campus is permitted by students or the public (except the small number of students remaining in the residence halls);
- Only essential employees are allowed on campus (during times specifically authorized by supervisor and approved by President). Essential employee lists are reviewed and updated weekly
  - o Access to Swainsboro and Statesboro campus is strictly monitored by EGSC police
  - o Galloway Hall on Augusta University campus is locked and only essential employees are permitted to enter.
  - o Each unit head submits a weekly plan for essential employees to the President's Office on Friday of each week for the following week. That plan is provided to the Police Chief and access is strictly limited to authorized, essential employees. Attached as Excel Workbook 1, as an example, is complete set of the weekly reports for a recent prior week;
- Enhanced regular cleaning/sanitizing of campus has been implemented;
- Supplies of hand sanitizer and disinfectant wipes are provided for all areas of campus;
- Social distancing is required;
- All meetings are required to be telephonic or electronic;
- Reporting and quarantining protocols have been established for sick employees/employees exposed to COVID-19;
- Food services are closed;
- Bookstore is closed;
- Student activity areas (including recreational and athletic facilities) are closed;
- Health center is open only for telephone consultation;
- Counseling and Disabilities Services office is open for telephone consultation only;
- Sudie A. Fulford Community Learning Center is closed;
- Voluntary Travel Registry has been implemented;
- Travel ban is in place for all college-related travel.

On April 24, 2020, all USG institutions were directed to put in place a committee structure to develop this plan for initial return of faculty and staff to campus over the course of Summer Semester 2020; and a plan for return to normal operations in Fall Semester 2020. In response, EGSC immediately established 11 Subcommittees (including the 8 specific committees described in the USG directive) to develop both a Plan for an Initial Return of Faculty and Staff to Campus (this plan) and a Plan for the Return to Normal Operations in Fall Semester 2020 (to be submitted to the USG by May 27, 2020). **Attachment B** is a list of the 11 sub-committees and the members of each sub-committee. All subcommittees are now functioning.

However, this initial return to campus plan presents only the work of those subcommittees directly related to the initial return to campus. The work of all 11subcommittees will be included in the later Plan for Return to Normal Operations in Fall Semester 2020.

In addition to the work of these subcommittees, all EGSC units were directed to adopt return to work schedules for Summer Semester 2020 covering all employees in each unit and consistent with the above principles (for review by the COVID-19 Task Force). Attached as **Excel Workbook 2** is a compiled set of the return to work plans for Summer Semester 2020 of all EGSC units.

Furthermore, all EGSC units were directed to identify (for review by the COVID-19 Task Force) any specific reasons making it necessary for students or their parents/guardians to visit campus this summer (together with specific proposed days/times for access and specific protective measures proposed). **Attachment C** contains the limited circumstances under which students and their parents/guardians will be permitted on campus prior to the beginning of Fall Semester 2020 (and the protective measures in connection with any such visit to EGSC).
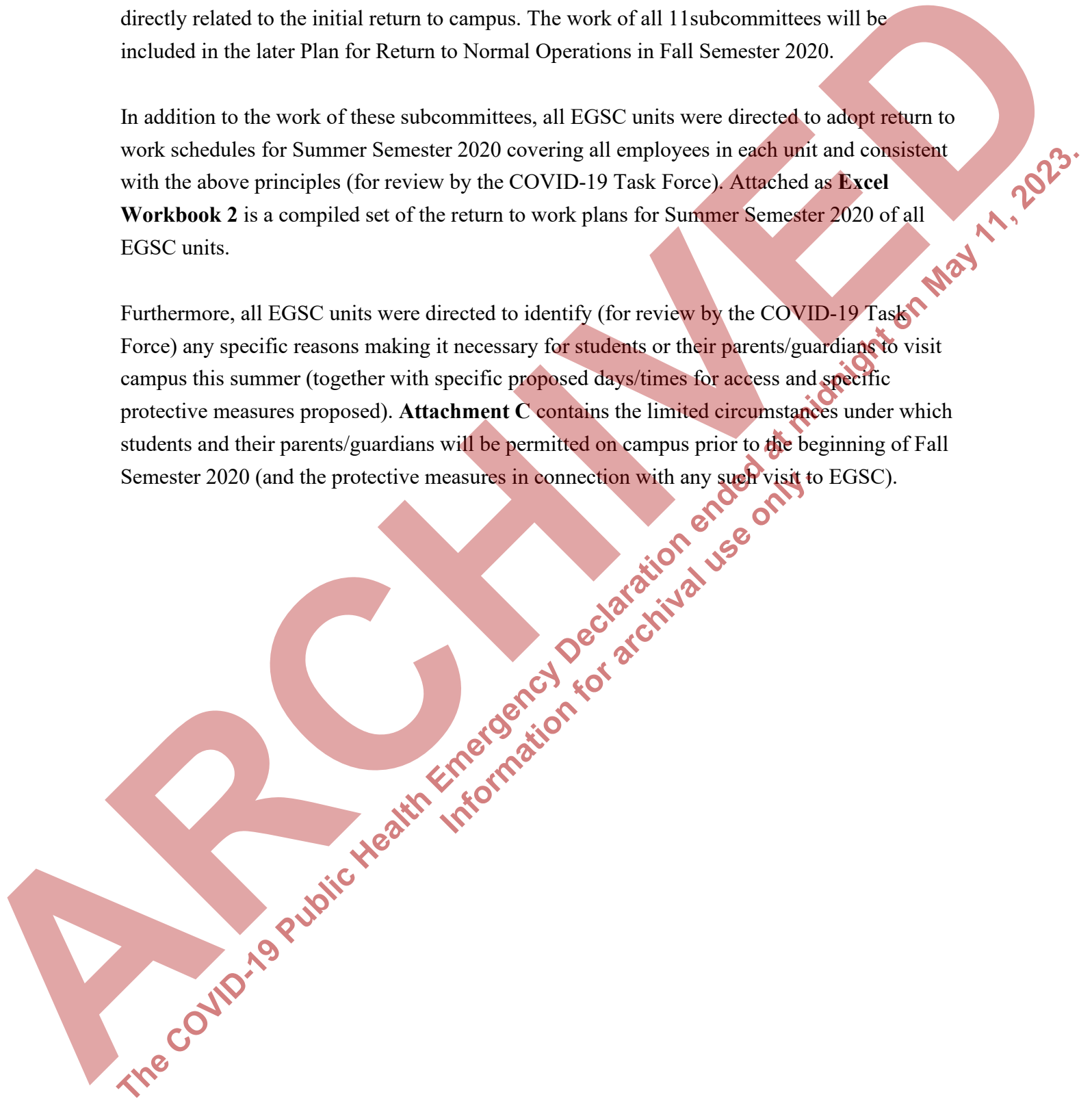
EGSC's Plan for Initial Return of Faculty and Staff to Campus

1. Please provide a list of Workplace and Health Safety guidance that will be impossible to implement on your campus, the reason for the inability to implement, and mitigation plans.

Guidance Unable to Implement	Reason for Inability to Implement	Mitigation Plans
Maintaining 6 feet between faculty/staff/students in specific workspaces and restrooms. Maintaining 6 feet between users of the breakroom.	• Front desk/student service spaces (immobile) • Faculty office spaces are not large enough to maintain 6 feet distance for meetings with students/colleagues • Restrooms are small and cannot be monitored for numbers of persons at one time.	• All faculty/staff/students are strongly encouraged to wear face coverings when potentially within 6 feet of others for longer than 10 minutes. This applies for indoors and out. • Provide acrylic screens and physical partitions in places where staff must occupy a space smaller than 6 feet in distance. • Require all meetings to be held via electronic sources Require any face to face meetings to be held in spaces where physical distancing can be maintained. • Ensure staff have personal phones (avoid sharing) and other office supplies available. Cleaning wipes available at all times for equipment used by more than one person (copiers, fax machine, etc.). • Restrooms: use signage for hygiene practices and reminder of personal responsibility for social distancing. • Breakroom: Require individuals to break outdoors or in their personal office space.

Suspend use of PIN, pad and signatures for point of sale at some terminals	Credit card company regulation	Sanitize credit card, pin pad and pen used for electronic signature after each use.

2. Please indicate the type of equipment/products you currently are unable to access for purchase or that has been included on the GEMA supplies inventory that will be required for implementing the above Workplace and Health Safety guidance (e.g. cleaning products, hand sanitizer, etc.)

Attachment D contains a detailed list of:

- Items needed for Summer Semester 2020
- Items currently in stock and available for use in Summer Semester 2020
- Items ordered and which college anticipates will be delivered in Summer Semester 2020
- Any deficit in supplies for Summer Semester 2020.

Please note that a separate **Excel worksheet** is submitted together with this plan which contains this information in the format specified in the 04/24/2020 guidelines provided by the USG.

3. Outline your institution's plan for initially returning employees to work. Be sure to include the order in which your plan will be implemented. What types of arrangements will exist for your employees (e.g. rotating work schedules for on campus and teleworking)? Please note any exceptions you foresee that will be necessary to bring individuals back to campus (e.g. maintenance repairs that require more than one person present for safety reasons). Included, please address the following:

Effective Date of this Initial Return to Campus Plan

This plan will become effective at the time approved by the USG. Until that effective date, EGSC will continue to implement its "critical infrastructure" plan as described above. Once effective, this plan will continue to be effective until the day immediately preceding the date of Fall Semester 2020 move-in of students into the residence halls on the EGSC Swainsboro Campus.

Initial Return of Faculty and Staff to Campus Plans Have Been Developed by All EGSC units

Shortly following the transition in Spring Semester 2020 to wholly online instruction and the issuance of the Georgia Governor's shelter in place executive order (EO), EGSC implemented a plan allowing a very limited number of employees on campus (individuals designated as essential employees by their supervisor; at the times designated by their supervisor). Teleworking plans were adopted for employees not deemed "essential." This plan was designed to meet the "critical infrastructure" standards in the Governor's EO. Essential employees on campus under this existing plan are required to observe appropriate standards including social distancing, handwashing and are required to hold all meetings electronically or telephonically. Essential disinfectant supplies and disinfectant wipes are in all working areas. Students (other than those living in the residence halls) are not permitted on campus. As of this date, there are no students living in the residence halls.

Under the current plan, there is a mechanism for weekly review and update of the essential employees lists as needed to respond to changing conditions. Specifically, the unit heads of each EGSC unit reviewed and updated each week the list of essential employees for that unit for the following week and the times it would be necessary for those employees to be on campus. Each unit head then submitted those plans to the President's Office for review and approval on each Friday. Upon approval, the plans were transmitted to the College's Chief of Police. Attached as example of the weekly process which has been followed is **Excel Workbook 1.**

Under the current plan, all approved essential employees enter and exit the Swainsboro and Statesboro campuses from the main entrances only. The entrance to the Swainsboro campus is monitored continuously by campus law enforcement. The entrance to the Statesboro campus is monitored at all times. The building is monitored by campus law enforcement. At EGSC Augusta, Galloway Hall is locked and is not monitored by police. Only those EGSC employees on the approved list are permitted to enter EGSC's location on the Augusta University campus.

The current plan has worked effectively given EGSC's relatively small size. It has proven to be an effective tool to keep individual unit heads engaged in the ongoing process of ensuring campus safety and health and responding to changing conditions. Accordingly, all unit heads were directed to develop initial return to campus plans in a similar format and in accordance with the guiding principles outlined below (for the period from the effective date of this plan to the beginning of fall semester). Attached as **Excel Workbook 2** are the complied return to

work plans of all EGSC units during the period of this plan.

In addition to this staggered return of faculty and staff to campus during Summer Semester 2020, EGSC identified the need for an extremely limited number of students/potential students and their parents/guardians to visit campus during summer 2020 for specific reasons, during specified time periods and under conditions designed to protect health and safety. Accordingly, EGSC units were asked to adopt plans specifying the terms and conditions under which specific students and their parents/guardians will be permitted to visit EGSC during Summer Semester 2020. **Attachment C** presents those individual plans. In order to enter campus, all authorized visitors will be required to follow the same process as described above for EGSC employees.

This Initial Return of Faculty and Staff to Campus Plan (which consists of this document along with the individual unit plans in Excel Workbook 2) allows for a staggered return of faculty and staff during Summer Semester 2020 in preparation for a full employee population for Fall Semester 2020; and allows for a strictly limited set of students/potential students and parents/guardians to visit campus under strict guidelines.

This plan relies on current CDC, GDPH and USG guidelines. Supply and equipment costs associated with implementing the plan are indicated on **Attachment D.** The plan acknowledges that students and employees at EGSC's instructional sites at EGSC Augusta (located on the Augusta University Summerville Campus) and EGSC Statesboro (students and employees use Georgia Southern University classrooms and facilities) are subject to this plan as well as Augusta University's reopening plan or Georgia Southern University's reopening plan, respectively. When Augusta University's reopening plan and Georgia Southern University's reopening plan are available, each will be incorporated into the East Georgia State College reopening plan as necessary and appropriate. EGSC's communication plan to the students and employees at these instructional sites will include stand-alone communications that summarize, incorporate or refer to AU or GaSou's reopening plan guidelines.

More information about EGSC's plans for each instructional site will be contained in the EGSC Fall 2020 Campus Reopening Plan which is in the process of being developed at this time. That plan will be submitted to the USG on May 27, 2020.

Elements of EGSC Initial Return of Faculty/Staff to Campus Plan

Phased Return of Employees to Campus

EGSC will begin to slowly increase the number of employees on campus as soon as EGSC's plan is approved by USG and all protective measures contained herein are implemented. Unit supervisors will evaluate unit needs and transition employees back to campus while implementing the social distancing and mitigation practices contained in this plan. Unit supervisors will determine the specific employees allowed on campus, considering staggered shifts, flexible work schedules and teleworking.

Each of EGSC's units has developed an initial return to work plan listing each of its employees and the current work plan for that employee which will be implemented upon USG approval of EGSC's plan and after all protective measures described herein are place. Those plans are attached as **Excel Workbook 2**. Some units allow for a limited number of students to visit campus for specific needs during the summer, by appointment only, accompanied by one parent/guardian or guest. These visitors will be informed that facial coverings are strongly encouraged, and social distancing is required. The unit will communicate to the student the above recommended and required protective measures prior to the campus visit.

All employees, students/potential students, parent/guardians will be provided with the COVID-19 Health and Safety Protocols Acknowledgement and Pledge of Personal Responsibility prior to their first arrival on campus. See **Attachment E.**

Controls on Access to Campus Will Continue During Summer 2020 as Phased Return is Implemented

EGSC police officers will continue to monitor the access at the college's main entrance in Swainsboro and Statesboro. For Swainsboro and Statesboro campuses, students with appointments will be checked in at the main entrance using the same process for employees: the unit hosting the student will notify the police department of the student's expected arrival date and time. In Augusta, Galloway Hall will continue to be locked and only authorized employees identified in the weekly access list will be allowed to enter. No students are allowed on campus per Augusta University.

Effectiveness of Return to Campus Plan Will be Assessed Weekly

EGSC units will schedule employees on campus as needs increase throughout the summer in anticipation of fall semester. As the campus employee population increases, EGSC will perform weekly assessments to determine whether to delay this plan while improvements and corrective measures are implemented, or to revise procedures as necessary to comply with changing CDC, GDPH and USG guidelines. Unit heads will report needed improvements to the Workplace Health and Safety Committee by noon on Friday. Employee absences will be reported to Human Resources. This process will continue weekly until the beginning of Fall Semester 2020. The goal is to have a full workforce on campus necessary to serve student needs. When it is determined that it is safe for a full campus population, monitoring of the main entrance will cease and all college entrances will be open.

Employees in Vulnerable Populations Will be Protected

Vulnerable employees are those at higher risk for severe illness. Employees that self-identify being in a high-risk category(as defined by CDC) and/or that their risk prevents them from returning to campus will be referred to EGSC Human Resources (HR). (See *CDC People Who Are at Higher Risk for Severe Illness* for definition of vulnerable populations. (**Attachment F**) High risk categories are defined by CDC. HR is responsible for following guidelines for disability requests and accommodations due to COVID-19 high risk status. See *EEOC What You Should Know About COVID-19, the ADA, the Rehabilitation Act and Other EEO Laws*. **Attachment G**.

The process begins with HR conferring with the employee to determine whether the employee is in a high-risk category for COVID-19 as defined by CDC and reviewing the employee's desired accommodation. Documentation to substantiate the employee's high-risk status must be provided to HR. Documentation may be a treating physician's letter, a health insurance record or a current prescription for the high-risk condition. In limited instances where documentation is forthcoming, HR may, in consultation with the supervisor, grant a temporary accommodation for a defined period not to exceed 30 days. Following verification of the high-risk category by HR and review of the requested accommodation, HR will confer with the supervisor to determine whether an accommodation will minimize the risk and if feasible, grant the accommodation. Measures such as social distancing, physical barriers, face coverings, staggered and/or flexible schedule to reduce social interaction, and other measures may be implemented to protect the employee while on campus. In the alternative, the supervisor may allow the employee to continue teleworking. Employees whose requests have been denied may appeal to the President.

Employees living with individuals at high risk are encouraged to practice appropriate safe hygiene practices including those specific to the individual's high-risk condition.

Preventative Practices Will be Implemented

Immediately upon approval of this plan EGSC will implement education and awareness materials including signage, webpages and videos providing information and instruction to students and employees on COVID-19. EGSC will, across all campuses, implement social distancing, implement the use of physical barriers (acrylic screens, partitions) where needed, increase the number of hand hygiene stations, further enhance sanitation practices, strongly encourage face coverings of all employees and students, and require that all meetings be electronic or telephonic when possible.

Education and Awareness: EGSC will educate employees and students on information related to COVID-19. Central to the success of the education campaign and to ensuring a healthy environment is personal responsibility. EGSC's education awareness will emphasize the importance of personal responsibility during this pandemic. For students, education will begin prior to return to campus. EGSC plans to use the D2L Learning Management System to create a guide and quiz for every student to review and complete. EGSC will use CDC's educational sources to educate students and employees on the following:

- Instruction for proper type of face coverings, wearing, care and storage;
- Safe hygiene practices for hand washing, cough and sneeze etiquette;
- What to do for suspected illness;
- What to do if contact with those who have been exposed to the virus or have the virus;
- Caring for someone who is in higher risk category; and

- Other GDPH, CDC or USG guidance that may become available.

Educational materials will be posted on the EGSC webpage (EGSC plans to create an instruction video on the webpage for this purpose), in classrooms and labs, various locations in the student center, dining hall, housing, library and ACE, employee breakrooms and all restrooms.

Increased Sanitation Practices: EGSC will place additional hand-sanitizing stations in prime locations throughout buildings and workspaces and increase monitoring to ensure that soap dispensers in restrooms and lab spaces are continuously filled and maintained. During Summer Semester 2020 (in preparation for Fall Semester 2020), EGSC plans to equip each classroom and lab with hand sanitizer, provided supplies can be obtained. EGSC will follow the USG facility sanitation guidelines as discussed in later sections of this plan.

Measures to Promote Healthy Environment: EGSC will implement measures as recommended by USG, GDPH and CDC for re-opening campus:

- Face coverings will be strongly encouraged as indicated below;
- Social distancing will be required as indicated below;
- Physical barriers will be installed when social distancing is not possible; and
- Space and equipment sharing will be avoided when possible.

EGSC strongly encourages the wearing of face coverings by everyone while on campus or at other campus facilities when gatherings are likely to occur (indoor and outdoor). Acquiring a face covering will be the responsibility of the wearer unless the use is part of the person's job responsibility (facilities and food services). It is the personal responsibility of students and employees to acquire their own face covering. The EGSC Bookstore will have a small supply of face coverings available for purchase on-line and in the campus bookstore.

To ensure social distancing, physical barriers will be placed in work areas to separate workspaces where maintaining 6 feet apart is currently not possible due to the space layout. Acrylic shields barriers will be used in workspaces where staff are required to meet face-to-face with individuals and students.

Floors will be marked with tape to indicate allowed social distances (enrollment management offices, student life offices, etc.) so that students may be served in person.

EGSC will eliminate desk, computer and other equipment sharing by using telework or assigning an alternate temporary space if available. If office equipment sharing must continue (copiers, printers, scanners in suites) then each employee will be instructed to sanitize the equipment before and after use. All employees will be required to sanitize their personal workspaces daily with supplies provided by EGSC, paying close attention to high touch areas such as doorknobs, telephones, keyboards, etc. This cleaning by employees is in addition to regular daily cleaning by EGSC custodial staff as noted herein.

Faculty that return to their offices will be required to remain in their workspace for social distancing purposes and avoid gathering in the hall and common areas. Faculty office schedules will be staggered to the extent possible. EGSC will require all workplace meetings to be held via virtual/electronic resources wherever possible to limit gatherings.

Mitigation and Monitoring Practices Will be Implemented

EGSC student health services are provided via contract with a third-party provider and are provided part-time. Student health services will provide services via telephone consultation

during Summer Semester 2020.

EGSC's Human Resources will monitor for illness using the ***EGSC Supervisor Guidance Regarding Illness or Absences During COVID-19*** to ensure illness screening, reporting and quarantines are enforced, using current CDC and GDPH guidelines for quarantine. (See **Attachment H**). The employee illness inquiry process will be accomplished in compliance with the EEOC's question and answer publication ***What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws** (*See **Attachment G***)*. In the event of a positive COVID-19 test, the employee will be quarantined per GDPH guidelines and will be instructed to follow the advice of his /her medical practitioner. The provider will notify the Georgia Department of Public Health and contact tracing will occur. EGSC will cooperate in this process as requested. Prior to returning to work, the employee must present a return to work clearance from his/her medical practitioner to EGSC HR. Presently, Emanuel Medical Center offers COVID-19 testing services. Through cooperative agreements with Georgia Southern University and Augusta University, EGSC Statesboro students have access to Georgia Southern University's health clinic for screening, and testing and EGSC Augusta students have access to Augusta University's health clinic for screening and testing.

Vulnerable (high-risk for severe illness)employee populations, as stated previously, will be assigned to telework if applicable to their specific job duties. In the alternative, EGSC Human Resources will implement other preventive measures in the vulnerable employee's workspace after consultation with the employee regarding specific concerns and unit needs.

Sanitation Practices Will be Implemented

EGSC's supply and equipment costs associated with implementing the plan, including sanitation practices, are indicated on **Attachment D**. EGSC will follow *USG Coronavirus Disease 2019 (COVID-19) Implementation Guidance for Facilities Officers – Custodial Operations Focus* dated March 25, 2020 for custodial operations and cleaning intervals and response. The guidance is based on industry recommendations and is attached to this document as **Attachment I**. EGSC Employees will be responsible for cleaning their own personal workspaces daily.

This responsibility will be included in all employee COVID-19 educational materials. Supplies and materials related to these practices are included on **Attachment D.**

EGSC contracts with a third party to provide bus service on weekends in Swainsboro for housing students; this service is currently suspended since no students are in housing. EGSC will resume service for Fall semester. The transportation provider also provides service for EGSC Statesboro students from the Statesboro campus to the Georgia Southern University campus. This service is currently suspended due to online classes for Summer 2020 and will also resume in the Fall. See ***EGSC Bus Transportation Provider Sanitation Practices (*Attachment J).**

Non-Essential Travel Will be Prohibited and Use of Travel Registry Will be Encouraged

EGSC will follow USG's guidance prohibiting non-essential travel of any kind.

Personal travel by EGSC employees may be reported using ***EGSC's Travel Registry* (Attachment K)**; mandatory and voluntary reporting is noted.

EGSC study abroad travel is suspended until further notice.

EGSC Admissions will contact known international students to determine their intent for Fall Semester 2020 enrollment. If they plan to enroll and if they have been abroad, they will need to isolate 14 days prior to return to campus per CDC guidelines. Students should be advised of this requirement as soon as possible. Students will be required to report their US arrival date and 14-day quarantine to the EGSC student health clinic and, after screening, the student must receive clearance to enroll at EGSC and clearance for housing.

Enforcement Practices

EGSC will rely on the EEOC guidance referenced above when recommending that employees wear face coverings, social distance and undergo illness inquiries. The supervisor and the Office of Human Resources will be responsible for enforcing the employee's adherence to the college's absence reporting, sick leave policy, and FMLA policy, and the Emergency Paid Leave and extended FMLA as enacted specifically for COVID-19.

Implementing the health and safety prevention and mitigation measures during COVID-19, a highly transmissible virus, is a shared responsibility. All campus community members are expected to participate in the prevention and mitigation measures to contribute to a healthy and safe campus.

The above prevention and mitigation practices will continue unless adjusted or until no longer necessary per CDC, GDPH or USG guidance.
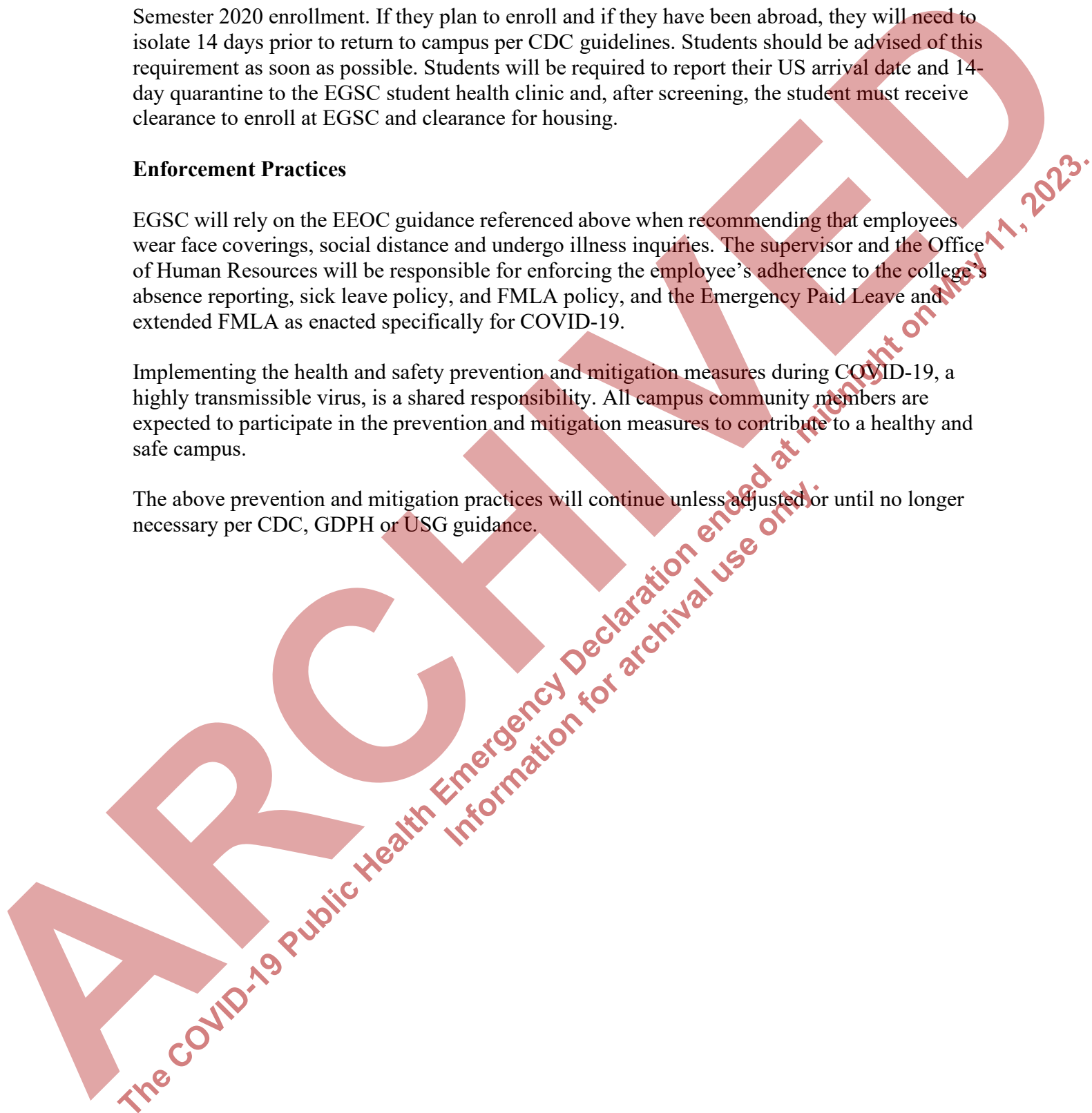
4. Submit your communications plan for the initial return of employees to campus for review. Include timelines and draft communications as possible.

Communication Plan Responsibility – The EGSC Office of Institutional Advancement will be responsible for implementation of the communications plan

>Contact: Norma Kennedy, Associate VP for Executive Affairs and Interim AVP for Institutional Advancement
>Office: 478-289-2028, Cell: 478-494-2357, Email: nkennedy@ega.edu

Since the date of the transition to wholly online classes at EGSC in Spring Semester 2020, EGSC has maintained and regularly updated a COVID-19 website, the President has sent extensive weekly letter to three audiences (students; faculty/staff; and community), and regular media releases have been sent to media outlets in the region. These practices will be continued and enhanced during Summer Semester 2020 as follows:

Communication Plan Goals:

a. Unified content
b. Timely, transparent, clear
c. Consistent and reflects brand identity
d. Addresses the intended audiences' needs
e. Appropriate in tone to the urgency of the communication
f. Updated frequently and dated to reflect this timing
g. Be open, accountable and accessible
h. Continue to engage stakeholders in the life of the College
i. Assess communication tactics regularly and adjust as necessary

Communication Plan Strategies:

a. Show care, concern and compassion.
b. Only factual information will be provided. Follow the lead of the USG Office of Communication.
c. Any Requests for Interviews as well as any information to be posted MUST go through the USG Communications Office.
   (contacts: Aaron Diamant <aaron.diamant@usg.edu>
   Lance Wallace <lance.wallace@usg.edu>, Kristina Torres
   <Kristina.Torres@usg.edu>)
d. Communication will be delivered using multiple platforms and from various internal stakeholders (weekly emails from President Boehmer, messages in portal from HR, Zoom staff meetings with supervisors, etc.)
e. Source documentation will be provided
f. Information will reside on a single, easily accessible landing page on the college's website
g. Work with other units to address feedback and questions
h. Regular Communication will be provided to three audiences (see below) using multiple communication platforms (email, social media, newspaper)

Specific Targets and Tactics of Communication Plan

Who? – **Faculty & Staff**
What? – Communicate any work-related news. This could be important information about EGSC's return to campus plan, how classes are being conducted, news from USG, and other information as deemed appropriate.

When? - Faculty and staff should be communicated with at least once a week.

Where? - This can be communicated in emails and all the monthly information combined can be placed in the monthly Bobcat Spot PLUS! Newsletter.

Why? - By keeping this communication weekly, faculty and staff feel like they are informed.

Who? - **Students**
What? – Students need to be reached at least once a week concerning relevant information, and more often by instructors and professors.
When? - Weekly notifications at minimum
Where? - Place an alert that requires acknowledgement on the screen as soon as the students login to complete course work in the myEGSC portal. Once they clear the alert, it would be helpful to leave it visible at the top of the screen. Students can also be notified by email and text messages. Social media may be used in certain instances.
Why? – Our students, their education, and their health is our top priority. We must communicate and make sure they are receiving the information to succeed through the online course work.

Who? - **Community**
What? – Constant communication with the community about campus events and if they will be postponed or cancelled. Update on what is happening on the campus and with our students.
When? - A community update will be sent once a week.
Where? - This can be in the form of a press release and can be sent out to our media contacts, as well as posted on our website and social media. We can also utilize "The Bobcat Spot" in *The Forest-Blade* to give a weekly update. Social media may also be used.
Why? - There are many events held on the EGSC campus. It is important to keep in communication with the community and showcase the importance of why events are being moved or cancelled. It is also important to communicate how EGSC is working with students, faculty, staff and community members for the remainder of the semester.

Communications Plan Assessment – Marketing and Communications staff will seek feedback and comments from social media postings and communication that is being shared to assess how well the Targets and Tactics accomplish the Strategies and Goals.

Procedure

- o All communications regarding COVID-19 are created by Marketing and Communications staff for accuracy, consistency and strategic messaging and managed by the Associate Vice President for Executive Affairs;
- o Marketing and Communications staff will work with appropriate units and subcommittees to prepare and finalize communication drafts;
- o All communication drafts will be sent to the AVP for Executive Affairs for review/approval;
- o AVP for Executive Affairs will work with the President for final review and approval;
- o AVP for Executive Affairs will work with Marketing and Communications staff to distribute communication to the appropriate audiences using identified targets and marketing and communication platforms;
- o The AVP for Executive Affairs will serve as the primary liaison to the USG Office of Communications and Harley Smith will serve as secondary liaison. The primary or secondary communication liaison will communicate with USG for review/approval, if necessary, prior to distribution of any communication.

See Attachment L– Sample Weekly Letter to three target audiences by EGSC President (Students; Faculty/Staff; Community)

See Attachment M – COVID-19 Website of EGSC (continually updated)

See Attachment N -Sample Media Release by EGSC

See attachment O – Sample periodic communication with faculty/staff

5. IT Guidelines for Initial Return of Faculty and Staff to Campus

For faculty/staff who return to campus prior to the beginning of Fall Semester 2020, to ensure the safety and health of everyone on campus, at least once a day, individuals should sanitize their computer keyboards, pointing devices, telephones, and other devices (i.e., copiers, printer) that are touched.

For the EGSC IT helpdesks at Statesboro and Swainsboro campuses, the helpdesks will remain closed over the summer to faculty and staff; however, if it's determined that the IT helpdesks will need to open during the weeks immediately preceding Fall Semester 2020, protective acrylic barriers will need to be placed at the helpdesk counter at Swainsboro campus and at the door to the IT unit at Statesboro campus.

For IT staff who will need to support faculty/staff who return to campus prior to the beginning of Fall Semester 2020 and who must physically go the faculty/staff workspace in order to provide support, a face covering is highly recommended for the IT staff members in order to ensure safety and health. To adhere to social distancing guidelines (i.e. 6 ft distance), the faculty/staff member should leave his/her workspace while the IT staff member is present in the workspace. Additionally, the IT staff member should utilize sanitizing wipes prior to touching the faculty/staff member's IT devices as well as after completing the necessary support work. The IT staff member should avoid utilizing the faculty/staff member's EGSC telephone while providing support.

Given that all EGSC meetings will continue to be held electronically over the summer, for faculty/staff who do not have an EGSC-licensed Zoom account and who will need an account, the person should submit an IT work order to be assigned an account. 170 Zoom licenses have been purchased thus far. As of 05/13/2020, 77 Zoom licenses are available / have not been assigned. If more licenses will be needed, the cost to purchase additional licenses is about $80 per license. The license is valid for a period of one year.

Regarding the use of Zoom software by faculty/staff, it may be necessary to purchase IT devices (i.e., web camera, headsets) for those faculty/staff who do not already have the devices in their EGSC offices / workspaces. An issue that could arise is these devices are in very high demand; therefore, availability of the devices could be a problem.

For any office/workspace relocations that will need to occur for faculty/staff who return to campus prior to the start of fall semester, to ensure the health and safety of the faculty/staff member as well as of the IT staff and/or Plant Operations staff who will need to assist with the relocations, and to follow social distancing guidelines, coordination of the relocations will be paramount. Additionally, sanitizing wipes should be utilized on all items touched and face coverings worn by all IT and Plant Operations staff who will be involved with the relocations.

For one-on-one IT training that needs to occur with faculty/staff who return to campus prior to the start of fall semester, the training will need to occur via Zoom and/or through the use of the remote support software (Splashtop SOS) that was purchased by the IT unit to provide remote support to employees due to COVID-19. All IT unit staff, including the Director of eLearning, have the Splashtop SOS software.

Faculty and staff who return to campus prior to the start of Fall Semester 2020 may not share/utilize the IT devices (including telephones) of others.

To ensure the safety and health of everyone, faculty /staff who return to campus prior to the beginning of Fall Semester 2020 may NOT go to the IT unit areas at Swainsboro and Statesboro campuses to obtain assistance.   Faculty and staff must submit an online IT work request to obtain

assistance. If the faculty/staff member cannot submit an IT work request due to problems with their computer, the faculty/staff member will contact the IT unit's main telephone number 478-289-2004 (extension 62004).

To facilitate the logistics of a faculty/staff member checking out/returning an EGSC laptop computer and to practice safe social distancing, the IT unit's staff plan to continue to utilize the mailrooms at Swainsboro and Statesboro campuses as the pickup and return locations for the laptop computers. Faculty/staff will go to the respective mailroom to pick up and return EGSC laptop computers they have checked out.

To practice necessary social distancing and to ensure the safety and health of IT unit staff at Swainsboro campus, as these staff return to work on campus, it may be necessary for some of the staff to remain in their temporary work locations (i.e., library study rooms, C253 classroom). Once the approval has been given for IT unit staff to return to the unit's renovated space in the G. L. Smith Building, given the renovated space has a large open room in which some of the IT unit's staff will be located, it may be necessary to utilize temporary room divider partitions in two or three locations in the open room to ensure safe distances between unit staff can be maintained.

Given the IT unit's office space at Statesboro campus is configured for use by both of the unit's staff who work there, to ensure their safety and health and to maintain a safe distance between the two staff, it will be necessary to continue to have one of the staff located in a temporary work space/office, which is directly across the hall from the IT unit's office space.

For the return of faculty/staff to campus prior to the start of Fall Semester 2020 and for equipment that has credit card readers and/or EGSC ID card readers (i.e., door access readers, point of sale registers), it will be important to minimize physical contact with this equipment and ensure the equipment is frequently cleaned with an appropriate cleaning solution or sanitizing wipes.

6. *Academics Guidelines for Initial Return of Faculty and Staff to Campus*

In anticipation of a resumption of in-person instruction in Fall Semester 2020, University System of Georgia (USG) institutions will begin to bring faculty and staff who have been in telework or flexible arrangements back to their campuses in the near future. In order to ensure a smooth transition and to limit the spread of COVID-19, institutions must develop a plan for a staggered return of faculty and staff. The plan must promote a healthy and safe environment; comply with Executive Orders and directives from the Governor's office; and reflect guidance from the Georgia Department of Public Health (GDPH) and the Centers for Disease Control and Prevention (CDC) recommendations. The Academics and Research plan for returning to campus is outlined below.

a. *What needs to be in place for academic and research personnel to return to campus?*

Academic and research personnel will be conducting instruction wholly online during the summer months. Thus, it will not be necessary for their return to campus until just before Fall Semester classes begin. For the Augusta instructional site, faculty will return to campus on August 10. The Swainsboro and Statesboro faculty will return to campus on August 17. Faculty offices, classrooms, shared spaces, and restrooms should be thoroughly cleaned and sanitized prior to the return of the faculty. It will be important to provide hand wipes and sanitizing gel for frequent use by faculty members. Hallways in the academic building need to be divided for an orderly flow of traffic, with one side traveling in one direction and the other side traveling in the opposite direction. Additionally, tape markers should indicate 6-foot spacing so that faculty and students may safely keep a safe distance apart. All faculty need easy access to cleaning materials in classrooms so that lecterns, keyboards, desks, etc. can be quickly disinfected between classes. Faculty will bring their own erasers, markers, and other teaching supplies rather than sharing classroom instructional materials. Faculty will be strongly encouraged to wear face coverings in public or shared spaces.

There may be faculty who need access to campus for research projects or access to materials. The Vice President for Academic and Student Affairs will authorize faculty to enter campus on a week-by-week basis.

b. *What are the priorities for academic and research personnel returning to campus?*

Faculty will begin returning to campus in late summer on a staggered schedule to prepare for Fall semester start. Faculty will be expected to follow state and CDC guidelines for social distancing and keeping themselves and their environments sanitary; facial coverings are strongly encouraged in areas where social distancing is not possible. Faculty will continue to prepare for Fall classes and will advise students virtually.

c. *What are the essential technology needs for every faculty for fall restart?*

All faculty are strongly encouraged to have the following technology:

1. Computer with high speed internet access
2. Microsoft Office Suite
3. Adobe Acrobat Reader of Adobe ProDC
4. External storage device
5. Call forwarding enabled on office phones
6. Smartphone
7. Zoom Pro Account

8. USB Headphone Set w/Microphone
9. Webcam
10. VPN

Faculty have been provided instruction on how to conduct meetings or classes remotely.

d. *What do we provide?*

The College provides 1, 2, 3, and 5 from the listing above. Faculty may request VPN access from the college.

e. *What is their responsibility?*

Faculty are expected to be in possession of a telephone, either grounded or cellular, so that they can be contacted during operational hours. Faculty are expected to have their telephones and computers charged and in proper working condition. Faculty will provide their own flash drives for saving and transferring teaching materials.

f. *What type of faculty development will be available over the summer to support faculty in online delivery?*

Faculty need training related to hosting video-conferencing sessions (e.g. Zoom or Skype) and in creating, delivering, and managing online courses. The college has provided faculty with online instruction modules on how to teach online classes. The USG has also provided a variety of resources for successful online instruction. Faculty have 24/7 access to these development materials.

In addition, during the annual Faculty Workshop, the faculty will receive instruction on best practices for online instruction. Step-by-step instructions on how to use Zoom and Skype will also be presented to faculty during the Faculty Workshop.

g. *Are current office, classroom, and lab set ups appropriate to enable social distancing when expected?*

Faculty offices are currently arranged to appropriately enable social distancing. All full-time faculty have offices with doors that can be closed and locked. Since student consultations will be held remotely, the possibility of social distancing violations will be unlikely. Faculty will be expected to refrain from gathering in groups, sharing supplies, or participating in situations that are in violation of the social distancing policies set forth by the USG.

Classrooms are not currently arranged to appropriately enable social distancing. Face-to-face courses will be delivered using a split or hybrid format, where different groups of the students meet face-to-face one or two days a week and online for the other day/s a week. This type of arrangement will be switched from week to week. The faculty, when possible, will deliver synchronized instruction so that a group of the students are face-to-face and the other students log in remotely for class. To enforce social distancing, desks will be positioned at 6-foot intervals. The desks and/or chairs between will be removed from the classrooms. Students will be instructed to fill the desks from the back of the classrooms to the front to prevent contact with other students. Classes will be dismissed by faculty in an orderly manner that allows for appropriate social distancing. Students will wait with proper social distancing in the hallway until the previous students have left the classrooms. They will then enter maintaining proper social distancing when all previous students have left.

Laboratories are not currently arranged to appropriately enable social distancing, except for the highest-level science classes that typically have a small number of students enrolled in them. The delivery of laboratory instruction will be a split or hybrid type where half the perform on online lab. This type of arrangement will be switched the following week. During face-to-face laboratories, students will remain 6 feet apart. All materials needed to complete the assignments will be place on each student's bench to limit the need for students to move during the laboratories. Laboratory materials will be cleaned and disinfected between uses. Students will be required to wear face coverings during laboratory meetings and/or gloves as appropriate for the lab activity.

h. *Who will have access to faculty office suites?*

Only faculty, administrative personnel, janitorial staff, emergency personnel, and student workers will have access to the faculty office suites. Access for students and other visitors will be monitored by unit staff.

i. *What happens if faculty become ill?*

If faculty become ill, develop a fever, or suspect that they are becoming ill, they will remove themselves from campus immediately. Faculty may not return to campus until 72 hours have passed with no symptoms and no medications to control for symptoms. Faculty must have written clearance from their physician in order to return to work. Additionally, faculty may not return to work for at least seven days from the onset of their symptoms. Faculty will be expected to self-monitor for symptoms of illness. If faculty identify themselves as at-risk for infection of COVID-19, they will be assigned teleworking for summer; and for fall, their teaching schedules will be amended to fully remote instruction. Faculty will bring their own dry erase markers, erasers, and other supplies with them to class. They will take their supplies with them at the conclusion of class to avoid cross-contamination.

7. Guidance for Statesboro and Augusta Instructional Sites for Initial Return of Faculty and Staff to Campus

This plan acknowledges that students and employees at EGSC's instructional sites at EGSC Augusta (located on the AU Summerville Campus) and EGSC Statesboro (students and employees use GaSou classrooms and facilities) are subject to the Workplace and Health Safety plan for EGSC, as well as AU's reopening plan or Ga Sou's reopening plan, respectively. When AU's reopening plan and Ga Sou's reopening plan are available, each will be incorporated into the EGSC reopening plan. EGSC's communication plan to the students and employees at these instructional sites will include stand-alone communications that summarize, incorporate or refer to AU or GaSou's reopening plan guidelines. The EGSC Statesboro Director and EGSC AVP for External Campuses have direct communications with identified liaisons at Ga Sou and AU respectively. Dates/points of communication have been established and will continue throughout this process. Both off-site locations will incorporate a staggered approach to bring faculty and staff back to campus to begin incorporating social distancing practices.

Attachment A

COVID-19 Task Force

Bob Boehmer, President

Terri Brown, Director of eLearning

Cliff Gay, VP for Business Affairs

Karen Jones, Associate VP for Student Affairs

Nick Kelch, Associate VP for External Campuses and Director of EGSC Augusta

Norma Kennedy, Associate VP for Executive Affairs and Interim AVP for Institutional Advancement

Dr. Carmine Palumbo, Director of Study Abroad

Mike Rountree, VP for Information Technology

Mack Seckinger, Chief of Police and Director of Public Safety

Dr. Sandra Sharman, VP for Academic and Student Affairs

Mary Smith, Chief of Staff and Legal Counsel

Angela Storck, Director of Housing

Dr. Linda Upchurch, Director of Nursing

Angie Williams, Director of Event Planning and Scheduling

Jessi Williamson, Director of EGSC Statesboro

Chuck Wimberly, Director of Athletics

Attachment B

EGSC Subcommittees for Return to Campus Plan

1. **Workplace and Health Safety**
   - Mary Smith, Chief of Staff (Co-chair)
   - Dr. Linda Upchurch, Director of Nursing (Co-chair)
   - Tracy Woods, Director of Human Resources
   - David Steptoe, Director of Plant Operations

2. **Academics & Research**
   - Dr. Sandra Sharman, VP for Academic and Student Affairs (Chair)
   - Jim Beall, Associate VP for Academic Affairs and Enrollment Management
   - Dr. Carlos Cunha, Dean, School of Humanities and Social Sciences
   - Dr. David Chevalier, Chair, Department of Biology
   - Terri Brown, Director of eLearning
   - Dr. Carmine Palumbo, Director of Study Abroad
   - Dr. Da'mon Andrews, Assistant Professor of Mathematics
   - Dr. Tommy Upchurch, Professor of History
   - Courtney Joiner, Associate Professor of History
   - Angela Storck, Director of Housing
   - Nick Kelch, AVP for External Campuses/Director of EGSC-Augusta
   - Jessi Williamson, Director of EGSC Statesboro
   - Brandy Murphy, Coordinator of Dual Enrollment
   - Karen Murphree, Director of the Learning Commons

3. **Public Service, Outreach, Continuing Education & Cooperative Extension**
   - Angie Williams, Director of Event Planning and Scheduling (Chair)
   - Jean Schwabe, Director of the Fulford Center

4. **Student Life**
   - Sandra Sharman, VP for Academic and Student Affairs (Chair)
   - Karen Jones, AVP for Student Affairs
   - Stacey Grant, Director of Student Life
   - Veronica Cheers, Coordinator of Student Life
   - Angela Storck, Director of Housing
   - Ruth Underwood, Director of Dining Operations

5. **Enrollment Management**
   - Jim Beall, AVP for Academic Affairs and Enrollment Management (Chair)
   - Mike Moran, Interim Assistant of the Learning Commons
   - Michael Wernon, Director of Financial Aid
   - Lynette Saulsberry, Registrar
   - Jennifer Fields, Assistant Director of Admissions
   - Brandy Murphy, Coordinator of Dual Enrollment

6. **Athletics**
   - Chuck Wimberly, Athletic Director/Head Coach for Women's Softball (Chair)

- o Cliff Gay, VP for Business Affairs
- o Angie Williams, Director of Event Planning and Scheduling

7. **Communication**
- o Norma Kennedy, AVP for Executive Affairs and Interim AVP for Institutional Advancement (Chair)
- o Katelyn Moore, Marketing Coordinator
- o Harley Smith, Communications Coordinator
- o Karen Guthrie, Alumni/Development Coordinator
- o Victor Poole, Web Services Specialist

8. **Fiscal Impact**
- o Cliff Gay, VP for Business Affairs (Chair)
- o Sheila Wentz, Director of Financial Accounting
- o Meshia Williams, Director of Student Accounts/Payroll

9. **IT**
- o Mike Rountree, VP for IT (Chair)
- o Terri Brown, Director of eLearning
- o Ty Fagler, Manager of Infrastructure Services
- o Steven Clark, Manager of Enterprise Services
- o Joe Canady, Network and Technology Support Specialist
- o Ashley Woods, Chief Security Officer
- o Teresa Oglesby, Manager of Support Services
- o Greg Alva,
- o Treva Johnson, IT Applications Analyst

10. **Student Housing**
- o Angela Storck, Director of Housing (Chair)
- o Jim Beall, AVP for Academic Affairs and Enrollment Management
- o Mack Seckinger, Chief of Police
- o Sherrie Helms, Director of Student Conduct

11. **External campuses (Statesboro and Augusta)**
- o Nick Kelch, AVP for External Campuses/Director of EGSC Augusta (Chair)
- o Jessi Williamson, Director of EGSC Statesboro
- o Mary Smith, Chief of Staff/Legal Counsel
- o Dr. Carlos Cunha, Dean, School of Humanities and Social Sciences
- o David Chevalier, Chair, Department of Biology
- o Brandy Murphy, Coordinator of Dual Enrollment

Attachment C

Unit Plans for limited access to campus by students/parents or guardians for specific reasons

Student Financial Aid

Reason(s) for Opening	Who is authorized to come to campus {e.g., prospective students, current students, both or one parent(s)/ guardian(s)}	Specific days students will be allowed to come to campus	Specific times that students will be allowed to come to campus	Specific Protective Measures taken	Scheduling Process for students to be admitted to campus
*Assistance completing financial aid applications	Prospective students	Monday	8 a.m.-5 p.m.	Protective face coverings are strongly encouraged	Email notification sent to student of day and time for appointment
*Loan verification	Current students	Tuesday			Email notification sent to campus security of impending appointment
*Counseling for additional funds	One guest -- must be parent or guardian	Wednesday		Hand sanitizer	Student presents email authorization at campus security checkpoint
		Thursday		Limited number (2) at a time	Student drives to financial aid parking lot
		Friday		Waiting in vehicles	Student emails financial aid personnel that he/she has arrived for appointment

				Enforce social distancing	Student waits in vehicle until notified that he/she may enter office
				Disinfectant wipes	Student leaves campus immediately after appointment concludes

Student Housing (Bobcat Villas)

Reason(s) for Opening	Who is authorized to come to campus {e.g., prospective students, current students, both or one parent(s)/ guardian(s)}	Specific days students will be allowed to come to campus	Specific times that students will be allowed to come to campus	Specific Protective Measures taken	Scheduling Process for students to be admitted to campus
Students need to collect their belongings	Current students who need to collect their belongings	By Appointment (Monday-Friday)	8 a.m. – 5 p.m.	• Strongly Encourage Protective face coverings • Social Distancing	• Reach out individual to schedule appointments. • Contact the Housing Duty phone upon return to campus to be let into room and to have doors propped for ease of access.

| Students will be trained for resident assistant duties | Current students who need resident assistant training | August 5, 2020 *Return and remain for Fall 2020 Training and Move In Preparation* | 8 a.m. – 5 p.m. | • Strongly encourage Protective Face coverings

• Social Distancing

• Routine disinfection of high touch surfaces.

• Virtual training activities when social distancing cannot be achieved.

• Hand sanitizer in all public areas.

• Protective desk shields.

• Provision of disinfectants for use by staff members on shift.

• Enforce social distancing. | • All Resident Assistants will return to campus on August 5 to begin student training.

• Police will be notified by email list.

• Students will present ID at the police check point so that they can return.

• Students notify housing staff by GroupMe Text once they have arrived to campus. |

Library

Reason(s) for Opening (bulleted list)	Who is authorized to come to campus {e.g., prospective students, current students, both or one parent(s)/guardian(s)}	Specific days students will be allowed to come to campus	Specific times that students will be allowed to come to campus	Specific Protective Measures taken	Scheduling Process for students to be admitted to campus

*Dual enrollment students return and/or collect textbooks	Current students	Monday	9 a.m.-4 p.m.	Strongly encouraged Protective face coverings	Post library hours on EGSC website and other social media outlets
*Students, faculty, and staff return materials checked out before college closure	Faculty	Tuesday			Email notification of hours of operation to campus security
*Computer access	Staff	Wednesday		Hand sanitizer	Students present credentials and reason for visit at campus security checkpoint
*Community patrons return materials checked out before college closure	Other library patrons	Thursday		Protective desk shields	Students proceed directly to the library and commence their business
		Friday		Disinfectant wipes	Students adhere to social distancing guidelines
				Enforce social distancing	Students leave campus immediately after they have conducted their business

Athletics

Student/Athletes and their parents will need to be allowed on campus during the summer for recruiting purposes. Student/Athletes and Parents would be scheduled by Head Coaches with never any two groups of parents or athletes on campus during the same time. Protective face coverings are strongly encouraged for students and parents during their face to face interaction with EGSC personnel, including tours and meetings, but not during the try-out.

Monday thru Friday, and on some Saturday's
800am thru 500pm each day

Staggering of Head Coaches coming to East Georgia State College Campus will be on scheduled days and times.

Monday & Wednesday   8am til 5pm   Leroy Jordan, Head Men's Basketball
Tuesday & Thursday   8am til 5pm   Warren Goosby, Head Women's Basketball
Monday & Wednesday   8am til 5pm   Eric McCombie, Head Baseball;
Monday thru Friday   8am til 5pm   Charles Wimberly, AD/Head Softball Coach

*Assistant Coaches are to come on dates and times that Head Coaches are scheduled.

*Each Coach has separate offices to ensure safe social distancing.

*Sanitizing wipes are available for each coach, with sanitizing stations available as well for each coach.

Recruiting and Tours for student/athletes and their parents
(we will schedule events, where there are never more than one set of student/athletes and their parents on campus at a given time and/or date.)

Tryouts-to view potential student/athletes, 2020 May Graduates from High Schools, that we were not able to see or communicate with during COVID-19 closures of all High Schools. (we will schedule tryouts, so there are never more than one set of student/athletes and their parents on campus at a given time and/or date.)

The modifications will be in scheduling only one student/athlete and his/her parents per time period for tours and tryouts. The modification of only one set of parents/student-athletes per tryout or recruiting tour will ensure that we have ample spacing for social distancing and spacing for no contact with others.

If a specific coach has to schedule a tour or tryout on days other than those assigned to work, due to tryout or tour request from parent or student/athlete. In that event, we would still have ample spacing for social distancing and spacing for no contact with others. Each coach would create a shared data base/spreadsheet to share times for their individual tryouts or tours with each coach in our department to ensure safety and distancing, with no overlapping of time and space during tours and tryouts.

Hand Sanitizing Stations are for use at present time for entry and exit to all facility and offices in the Athletic Department/Gym/PE Complex, along with sanitizing wipes for equipment is readily available for all offices and sports venues. Equipment will be wiped down and sanitized before and after each use with disinfecting wipes.

Attachment D

Equipment and Products Needed

Item	Item Details (size, specifications, etc)	Vendor	Estimated Use	Estimated Price	Estimated Cost	QTY on Hand	QTY Ordered	Expected Delivery Date	QTY to Order	Expected Delivery Date	COMMENTS
Purell Hand Sanitizer Refills	for LTX12 "Touchless" 1200ml	GA Enterprises for Prod & Svcs	50	23.81	$1,190.50	30	20	5/18/20	0		
Purell Hand Sanitizer Refills (STB)	for LTX12 "Touchless" 1200ml	GA Enterprises for Prod & Svcs	12	23.81	$285.72	3	9	5/18/20	0		
Purell Hand Sanitizer Refills (Augusta)	for LTX12 "Touchless" 1200ml	GA Enterprises for Prod & Svcs	4	23.81	$95.24	2	2	5/18/20	0		
Purell Hand Sanitizer Stands	Floor Stand for LTX12	GA Enterprises for Prod & Svcs	20	48.59	$971.80	18	2	5/18/20	0		
Purell Hand Sanitizer Stands (Augusta)	Floor Stand for LTX12	GA Enterprises for Prod & Svcs	4	48.59	$194.36	2	2	5/18/20	0		
Purell Hand Sanitizer Stands (STB)	Floor Stand for LTX12	GA Enterprises for Prod & Svcs	5	48.59	$242.95	2	3	5/18/20	0		
Purell Hand Sanitizer Dispenser	Purell "Touchless" LTX12	GA Enterprises for Prod & Svcs	20	0	$0.00	18	25	5/18/20	0		Free with purchase of product
Purell Hand Sanitizer Dispenser (STB)	Purell "Touchless" LTX12	GA Enterprises for Prod & Svcs	5	0	$0.00	0	5	5/18/20	0		Free with purchase of product
Purell Hand Sanitizer Dispenser (Aug)	Purell "Touchless" LTX12	GA Enterprises for Prod & Svcs	4	0	$0.00	2	2	5/18/20	0		Free with purchase of product
GOJO Foaming Soap	for LTX12 "Touchless" 1200ml	GA Enterprises for Prod & Svcs	16	30.19	$482.96	8	8	5/18/20	0		
GOJO Foaming Soap Dispenser	LTX12 "Touchless" 1200ml	GA Enterprises for Prod & Svcs	20	0	$0.00	20	0		0		Free with purchase of product
GOJO Foaming Soap Refill(STB)	LTX12 "Touchless" 1200ml	Amazon	5	30.19	$150.93	2	3	5/18/20	0		
Clorox Cleaning wipes	35 sheets per container	McKesson	40	2.96	$118.40	0	40	6/14/20	0		

Item	Description	Vendor	Qty	Unit	Total	On Hand	On Order	Date	Need	Notes
Clorox Cleaning wipes (STB)	35 sheets per container	McKesson	36	2.96	$106.56	36	0		0	On hand in Statesboro (Some in offices around campus)
Clorox Disinfecting Wipes	35 sheets per container	VWR	120	1.76	$211.20	0	120	6/7/20	0	Ordered 05/11/2020 (3cs of 70 containers) 359.67
Disinfecting Spray (Augusta)	19oz Lysol Spray	McKesson	12	5.86	$70.26	0	12	6/14/20	0	
Disinfecting Spray	19oz Clorox Spray	McKesson	12	2.96	$35.52	0	12	6/14/20	0	
Disinfecting Spray	15oz Steri-Phene Spray	Augusta Janitorial	60	4.95	$297.00	0	60	5/15/20	0	5cs now, 5cs in 2 weeks
Toilet Tissue (Restrooms)	Tork 2Ply Jumbo 8.8",1000ft	Southeastern Paper Products	7	21.51	$150.57	12	0		0	180 rolls (12/cs
Toilet Tissue (Restrooms) Statesboro	Tork 2Ply Jumbo 8.8",1000ft	Southeastern Paper Products	5	21.51	$107.55	5	0		0	
Hand Towels (Restrooms) STB	EnMotion Kraft Towels 10"x800'	Southeastern Paper Products	2	24.4	$48.79	2	0		0	
Hand Towels (Restrooms)	EnMotion Kraft Towels 10"x800'	Southeastern Paper Products	10	24.39	$243.90	5	5		5	Ordering 5/14/2020
Towel Dispenser	EnMotion "Touchless Dispenser	Southeastern Paper Products	2	0	$0.00	2	0		0	These are spares.
Towel Dispenser Statesboro	EnMotion "Touchless Dispenser	Southeastern Paper Products	2	0	$0.00	0	2		2	Ordering 5/14/2020 - These are spares needed
Masks	Level 1 Dust Masks	MyGeorigaSupply	250	2.66	$665.83	248	0		2	Used by Plant Operations
Masks	Level 1 Dust Masks	MyGeorigaSupply	500	2.66	$1,331.65	450	0		50	Used by Dining Services
N95 Masks	Level 3 Masks	Fastenal	25	5.03	$125.80	16	0		9	Used by Plant Operations
Nitrile Gloves		GA Enterprises for Prod & Svcs	500	0.1	$49.46	600	0		0	Used by Plant Operations
6' Social Distancing Floor Signage					$0.00				0	These items are in progress
Hand Washing Restroom Signage					$0.00				0	These items are in progress
COVID19 Prevent Signage					$0.00				0	These items are in progress

Commercial Protection PlexiGlass	David Contacting Ricks Glass to do all campus	Estimate to come after visit			$0.00				0		These items are in progress

Attachment E
Acknowledgement and Pledge of Personal Responsibility

EGSC

COVID-19 HEALTH AND SAFETY PROTOCOLS

ACKNOWLEDGMENT AND PLEDGE OF PERSONAL RESPONSIBILITY

EGSC is monitoring public access to the campus due to COVID-19. COVID-19 is a highly contagious virus that can spread from person to person. In response to this threat, EGSC has implemented health and safety protocols for faculty, staff, students, parents/guardians, and vendors while on campus. The protocols are based on CDC guidelines currently available as of the date of this document. It is possible that the protocols will change as circumstances surrounding COVID-19 change; this document will be updated, as necessary.
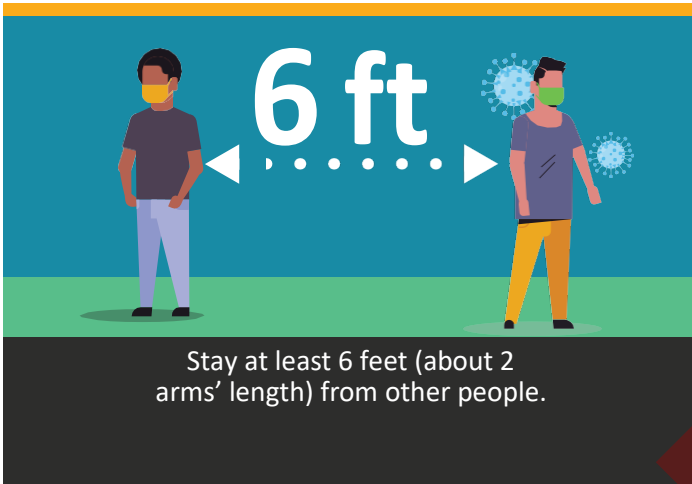
A safe campus environment is a shared obligation. It is essential that every member of the campus community do their part by following the EGSC health and safety protocols. It is the personal responsibility of all persons on campus to follow the protocols for the health and safety of themselves and others on campus. Note: face coverings are highly recommended.

EGSC has adopted the Centers for Disease Control's *How to Stop the Spread* as its health and safety protocol (attached). Please review this document carefully as it sets forth EGSC's behavioral expectations while on campus.

I acknowledge that I have read the Centers for Disease Control's *How to Stop the Spread* and pledge to follow the instructions while on campus.

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms' length) from other people.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.

When in public, wear a cloth face covering over your nose and mouth.

Do not touch your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

cdc.gov/coronavirus

316917-A May 13, 2020 11:00 AM

Attachment F

**Centers for Disease Control Coronavirus Disease COVID-19
People Who Are at Higher Risk for Severe Illness**

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

People Who Are at Higher Risk for Severe Illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
    - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Older Adults

People with Asthma

At Risk For Severe Illness

People with HIV

COVID-19: Are You at Higher Risk for Severe Illness?

Resources

- ASL Video Series: COVID-19: Are You at Higher Risk for Severe Illness?
- Learn how you can help protect yourself if you are at higher risk of severe illness from COVID-19

Page last reviewed: April 15, 2020
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

Attachment G

US Equal Employment Opportunity Commission

https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws

What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws

Technical Assistance Questions and Answers - Updated on May 7, 2020

- *All EEOC materials related to COVID-19 are collected at www.eeoc.gov/coronavirus.*

- The EEOC enforces workplace anti-discrimination laws, including the Americans with Disabilities Act (ADA) and the Rehabilitation Act (which include the requirement for reasonable accommodation and non-discrimination based on disability, and rules about employer medical examinations and inquiries), Title VII of the Civil Rights Act (which prohibits discrimination based on race, color, national origin, religion, and sex, including pregnancy), the Age Discrimination in Employment Act (which prohibits discrimination based on age, 40 or older), and the Genetic Information Nondiscrimination Act.

- The EEO laws, including the ADA and Rehabilitation Act, continue to apply during the time of the COVID-19 pandemic, but they do not interfere with or prevent employers from following the guidelines and suggestions made by the CDC or state/local public health authorities about steps employers should take regarding COVID-19. **Employers should remember that guidance from public health authorities is likely to change as the COVID-19 pandemic evolves. Therefore, employers should continue to follow the most current information on maintaining workplace safety.**

- The EEOC has provided guidance (a publication entitled Pandemic Preparedness in the Workplace and the Americans With Disabilities Act [PDF version]), consistent with these workplace protections and rules, that can help employers implement strategies to navigate the impact of COVID-19 in the workplace. This pandemic publication, which was written during the prior H1N1 outbreak, is still relevant today and identifies established ADA and Rehabilitation Act principles to answer questions frequently asked about the workplace during a pandemic. It has been updated as of March 19, 2020 to address examples and information regarding COVID-19; **the new 2020 information appears in bold**.

- The World Health Organization (WHO) has declared COVID-19 to be an international pandemic. The EEOC pandemic publication includes a separate section that answers common employer questions about what to do after a pandemic has been declared. Applying these principles to the COVID-19 pandemic, the following may be useful:

A. Disability-Related Inquiries and Medical Exams

A.1. How much information may an employer request from an employee who calls in sick, in order to protect the rest of its workforce during the COVID-19 pandemic? *(3/17/20)*

During a pandemic, ADA-covered employers may ask such employees if they are experiencing symptoms of the pandemic virus. For COVID-19, these include symptoms such as fever, chills, cough, shortness of breath, or sore throat. Employers must maintain all information about employee illness as a confidential medical record in compliance with the ADA.

A.2. When screening employees entering the workplace during this time, may an employer only ask employees about the COVID-19 symptoms EEOC has identified as examples, or may it ask about any symptoms identified by public health authorities as associated with COVID-19? *(4/9/20)*

As public health authorities and doctors learn more about COVID-19, they may expand the list of associated symptoms. Employers should rely on the CDC, other public health authorities, and reputable medical sources for guidance on emerging symptoms associated with the disease. These sources may guide employers when choosing questions to ask employees to determine whether they would pose a direct threat to health in the workplace. For example, additional symptoms beyond fever or cough may include new loss of smell or taste as well as gastrointestinal problems, such as nausea, diarrhea, and vomiting.

A.3. When may an ADA-covered employer take the body temperature of employees during the COVID-19 pandemic? *(3/17/20)*

Generally, measuring an employee's body temperature is a medical examination. Because the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions, employers may measure employees' body temperature. However, employers should be aware that some people with COVID-19 do not have a fever.

A.4. Does the ADA allow employers to require employees to stay home if they have symptoms of the COVID-19? *(3/17/20)*

Yes. The CDC states that employees who become ill with symptoms of COVID-19 should leave the workplace. The ADA does not interfere with employers following this advice.

A.5. When employees return to work, does the ADA allow employers to require a doctor's note certifying fitness for duty? *(3/17/20)*

Yes. Such inquiries are permitted under the ADA either because they would not be disability-related or, if the pandemic were truly severe, they would be justified under the ADA standards for disability-related inquiries of employees. As a practical matter, however, doctors and other health care professionals may be too busy during and immediately after a pandemic outbreak to provide fitness-for-duty documentation. Therefore, new approaches may be necessary, such as reliance on local clinics to provide a form, a stamp, or an e-mail to certify that an individual does not have the pandemic virus.

A.6. May an employer administer a COVID-19 test (a test to detect the presence of the COVID-19 virus) before permitting employees to enter the workplace? *(4/23/20)*

The ADA requires that any mandatory medical test of employees be "job related and consistent with business necessity." Applying this standard to the current circumstances of the COVID-19 pandemic, employers may take steps to determine if employees entering the workplace have COVID-19 because an

individual with the virus will pose a direct threat to the health of others. Therefore an employer may choose to administer COVID-19 testing to employees before they enter the workplace to determine if they have the virus.

Consistent with the ADA standard, employers should ensure that the tests are accurate and reliable. For example, employers may review guidance from the U.S. Food and Drug Administration about what may or may not be considered safe and accurate testing, as well as guidance from CDC or other public health authorities, and check for updates. Employers may wish to consider the incidence of false-positives or false-negatives associated with a particular test. Finally, note that accurate testing only reveals if the virus is currently present; a negative test does not mean the employee will not acquire the virus later.

Based on guidance from medical and public health authorities, employers should still require – to the greatest extent possible – that employees observe infection control practices (such as social distancing, regular handwashing, and other measures) in the workplace to prevent transmission of COVID-19.

B. Confidentiality of Medical Information

B.1. May an employer store in existing medical files information it obtains related to COVID-19, including the results of taking an employee's temperature or the employee's self-identification as having this disease, or must the employer create a new medical file system solely for this information? *(4/9/20)*

The ADA requires that all medical information about a particular employee be stored separately from the employee's personnel file, thus limiting access to this confidential information. An employer may store all medical information related to COVID-19 in existing medical files. This includes an employee's statement that he has the disease or suspects he has the disease, or the employer's notes or other documentation from questioning an employee about symptoms.

B.2. If an employer requires all employees to have a daily temperature check before entering the workplace, may the employer maintain a log of the results? *(4/9/20)*

Yes. The employer needs to maintain the confidentiality of this information.

B.3. May an employer disclose the name of an employee to a public health agency when it learns that the employee has COVID-19? *(4/9/20)*

Yes.

B.4. May a temporary staffing agency or a contractor that places an employee in an employer's workplace notify the employer if it learns the employee has COVID-19? *(4/9/20)*

Yes. The staffing agency or contractor may notify the employer and disclose the name of the employee, because the employer may need to determine if this employee had contact with anyone in the workplace.

C. Hiring and Onboarding

C.1. If an employer is hiring, may it screen applicants for symptoms of COVID-19? *(3/18/20)*

Yes. An employer may screen job applicants for symptoms of COVID-19 after making a conditional job offer, as long as it does so for all entering employees in the same type of job. This ADA rule applies whether or not the applicant has a disability.

C.2. [May an employer take an applicant's temperature as part of a post-offer, pre-employment medical exam?](#) *(3/18/20)*

Yes. Any medical exams are permitted after an employer has made a conditional offer of employment. However, employers should be aware that some people with COVID-19 do not have a fever.

C.3. [May an employer delay the start date of an applicant who has COVID-19 or symptoms associated with it?](#) *(3/18/20)*

Yes. According to current CDC guidance, an individual who has COVID-19 or symptoms associated with it should not be in the workplace.

C.4. [May an employer withdraw a job offer when it needs the applicant to start immediately but the individual has COVID-19 or symptoms of it?](#) *(3/18/20)*

Based on current CDC guidance, this individual cannot safely enter the workplace, and therefore the employer may withdraw the job offer.

C.5. May an employer postpone the start date or withdraw a job offer because the individual is 65 years old or pregnant, both of which place them at higher risk from COVID-19? *(4/9/20)*

No. The fact that the CDC has identified those who are 65 or older, or pregnant women, as being at greater risk does not justify unilaterally postponing the start date or withdrawing a job offer. However, an employer may choose to allow telework or to discuss with these individuals if they would like to postpone the start date.

D. Reasonable Accommodation

In discussing accommodation requests, employers and employees may find it helpful to consult the Job Accommodation Network (JAN) website for types of accommodations, www.askjan.org. JAN's materials specific to COVID-19 are at https://askjan.org/topics/COVID-19.cfm.

D.1. If a job may only be performed at the workplace, are there [reasonable accommodations](#) for individuals with disabilities, absent [undue hardship](#), that could offer protection to an employee who, due to a preexisting disability, is at higher risk from COVID-19? *(4/9/20)*

There may be reasonable accommodations that could offer protection to an individual whose disability puts him at greater risk from COVID-19 and who therefore requests such actions to eliminate possible exposure. Even with the constraints imposed by a pandemic, some accommodations may meet an employee's needs on a temporary basis without causing undue hardship on the employer.

Low-cost solutions achieved with materials already on hand or easily obtained may be effective. If not already implemented for all employees, accommodations for those who request reduced contact with

others due to a disability may include changes to the work environment such as designating one-way aisles; using plexiglass, tables, or other barriers to ensure minimum distances between customers and coworkers whenever feasible per CDC guidance or other accommodations that reduce chances of exposure.

Flexibility by employers and employees is important in determining if some accommodation is possible in the circumstances. Temporary job restructuring of marginal job duties, temporary transfers to a different position, or modifying a work schedule or shift assignment may also permit an individual with a disability to perform safely the essential functions of the job while reducing exposure to others in the workplace or while commuting.

D.2. If an employee has a preexisting mental illness or disorder that has been exacerbated by the COVID-19 pandemic, may he now be entitled to a reasonable accommodation (absent undue hardship)? *(4/9/20)*

Although many people feel significant stress due to the COVID-19 pandemic, employees with certain preexisting mental health conditions, for example, anxiety disorder, obsessive-compulsive disorder, or post-traumatic stress disorder, may have more difficulty handling the disruption to daily life that has accompanied the COVID-19 pandemic.

As with any accommodation request, employers may: ask questions to determine whether the condition is a disability; discuss with the employee how the requested accommodation would assist him and enable him to keep working; explore alternative accommodations that may effectively meet his needs; and request medical documentation if needed.

D.3. In a workplace where all employees are required to telework during this time, should an employer postpone discussing a request from an employee with a disability for an accommodation that will not be needed until he returns to the workplace when mandatory telework ends? *(4/9/20)*

Not necessarily. An employer may give higher priority to discussing requests for reasonable accommodations that are needed while teleworking, but the employer may begin discussing this request now. The employer may be able to acquire all the information it needs to make a decision. If a reasonable accommodation is granted, the employer also may be able to make some arrangements for the accommodation in advance.

D.4. What if an employee was already receiving a reasonable accommodation prior to the COVID-19 pandemic and now requests an additional or altered accommodation? *(4/9/20)*

An employee who was already receiving a reasonable accommodation prior to the COVID-19 pandemic may be entitled to an additional or altered accommodation, absent undue hardship. For example, an employee who is teleworking because of the pandemic may need a different type of accommodation than what he uses in the workplace. The employer may discuss with the employee whether the same or a different disability is the basis for this new request and why an additional or altered accommodation is needed.

D.5. During the pandemic, if an employee requests an accommodation for a medical condition either at home or in the workplace, may an employer still request information to determine if the condition is a disability? *(4/17/20)*

Yes, if it is not obvious or already known, an employer may ask questions or request medical documentation to determine whether the employee has a "disability" as defined by the ADA (a physical or mental impairment that substantially limits a major life activity, or a history of a substantially limiting impairment).

D.6. During the pandemic, may an employer still engage in the interactive process and request information from an employee about why an accommodation is needed? *(4/17/20)*

Yes, if it is not obvious or already known, an employer may ask questions or request medical documentation to determine whether the employee's disability necessitates an accommodation, either the one he requested or any other. Possible questions for the employee may include: (1) how the disability creates a limitation, (2) how the requested accommodation will effectively address the limitation, (3) whether another form of accommodation could effectively address the issue, and (4) how a proposed accommodation will enable the employee to continue performing the "essential functions" of his position (that is, the fundamental job duties).

D.7. If there is some urgency to providing an accommodation, or the employer has limited time available to discuss the request during the pandemic, may an employer provide a temporary accommodation? *(4/17/20)*

Yes. Given the pandemic, some employers may choose to forgo or shorten the exchange of information between an employer and employee known as the "interactive process" (discussed in D.5 and D.6., above) and grant the request. In addition, when government restrictions change, or are partially or fully lifted, the need for accommodations may also change. This may result in more requests for short-term accommodations. Employers may wish to adapt the interactive process - and devise end dates for the accommodation - to suit changing circumstances based on public health directives.

Whatever the reason for shortening or adapting the interactive process, an employer may also choose to place an end date on the accommodation (for example, either a specific date such as May 30, or when the employee returns to the workplace part- or full-time due to changes in government restrictions limiting the number of people who may congregate). Employers may also opt to provide a requested accommodation on an interim or trial basis, with an end date, while awaiting receipt of medical documentation. Choosing one of these alternatives may be particularly helpful where the requested accommodation would provide protection that an employee may need because of a pre-existing disability that puts her at greater risk during this pandemic. This could also apply to employees who have disabilities exacerbated by the pandemic.

Employees may request an extension that an employer must consider, particularly if current government restrictions are extended or new ones adopted.

D.8. May an employer ask employees now if they will need reasonable accommodations in the future when they are permitted to return to the workplace? *(4/17/20)*

Yes. Employers may ask employees with disabilities to request accommodations that they believe they may need when the workplace re-opens. Employers may begin the "interactive process" - the discussion between the employer and employee focused on whether the impairment is a disability and the reasons that an accommodation is needed.

D.9. Are the circumstances of the pandemic relevant to whether a requested accommodation can be denied because it poses an undue hardship? *(4/17/20)*

Yes. An employer does not have to provide a particular reasonable accommodation if it poses an "undue hardship," which means "significant difficulty or expense." In some instances, an accommodation that would not have posed an undue hardship prior to the pandemic may pose one now.

D.10. What types of undue hardship considerations may be relevant to determine if a requested accommodation poses "significant difficulty" during the COVID-19 pandemic? *(4/17/20)*

An employer may consider whether current circumstances create "significant difficulty" in acquiring or providing certain accommodations, considering the facts of the particular job and workplace. For example, it may be significantly more difficult in this pandemic to conduct a needs assessment or to acquire certain items, and delivery may be impacted, particularly for employees who may be teleworking. Or, it may be significantly more difficult to provide employees with temporary assignments, to remove marginal functions, or to readily hire temporary workers for specialized positions. If a particular accommodation poses an undue hardship, employers and employees should work together to determine if there may be an alternative that could be provided that does not pose such problems.

D.11. What types of undue hardship considerations may be relevant to determine if a requested accommodation poses "significant expense" during the COVID-19 pandemic? *(4/17/20)*

Prior to the COVID-19 pandemic, most accommodations did not pose a significant expense when considered against an employer's overall budget and resources (always considering the budget/resources of the entire entity and not just its components). But, the sudden loss of some or all of an employer's income stream because of this pandemic is a relevant consideration. Also relevant is the amount of discretionary funds available at this time - when considering other expenses - and whether there is an expected date that current restrictions on an employer's operations will be lifted (or new restrictions will be added or substituted). These considerations do not mean that an employer can reject any accommodation that costs money; an employer must weigh the cost of an accommodation against its current budget while taking into account constraints created by this pandemic. For example, even under current circumstances, there may be many no-cost or very low-cost accommodations.

D.12. Do the ADA and the Rehabilitation Act apply to applicants or employees who are classified as "critical infrastructure workers" or "essential critical workers" by the CDC? *(4/23/20)*

Yes. These CDC designations, or any other designations of certain employees, do not eliminate coverage under the ADA or the Rehabilitation Act, or any other equal employment opportunity law. Therefore, employers receiving requests for reasonable accommodation under the ADA or the Rehabilitation Act from employees falling in these categories of jobs must accept and process the requests as they would for any other employee. Whether the request is granted will depend on whether the worker is an individual

with a disability, and whether there is a reasonable accommodation that can be provided absent undue hardship.

E. Pandemic-Related Harassment Due to National Origin, Race, or Other Protected Characteristics

E.1. What practical tools are available to employers to reduce and address workplace harassment that may arise as a result of the COVID-19 pandemic? *(4/9/20)*

Employers can help reduce the chance of harassment by explicitly communicating to the workforce that fear of the COVID-19 pandemic should not be misdirected against individuals because of a protected characteristic, including their national origin, race, or other prohibited bases.

Practical anti-harassment tools provided by the EEOC for small businesses can be found here:

- Anti-harassment policy tips for small businesses
- Select Task Force on the Study of Harassment in the Workplace (includes detailed recommendations and tools to aid in designing effective anti-harassment policies; developing training curricula; implementing complaint, reporting, and investigation procedures; creating an organizational culture in which harassment is not tolerated):
  - report;
  - checklists for employers who want to reduce and address harassment in the workplace; and,
  - chart of risk factors that lead to harassment and appropriate responses.

E.2. Are there steps an employer should take to address possible harassment and discrimination against coworkers when it re-opens the workplace? *(4/17/20)*

Yes. An employer may remind all employees that it is against the federal EEO laws to harass or otherwise discriminate against coworkers based on race, national origin, color, sex, religion, age (40 or over), disability, or genetic information. It may be particularly helpful for employers to advise supervisors and managers of their roles in watching for, stopping, and reporting any harassment or other discrimination. An employer may also make clear that it will immediately review any allegations of harassment or discrimination and take appropriate action.

F. Furloughs and Layoffs

F.1. Under the EEOC's laws, what waiver responsibilities apply when an employer is conducting layoffs? *(4/9/20)*

Special rules apply when an employer is offering employees severance packages in exchange for a general release of all discrimination claims against the employer. More information is available in EEOC's technical assistance document on severance agreements.

G. Return to Work

G.1. As government stay-at-home orders and other restrictions are modified or lifted in your area, how will employers know what steps they can take consistent with the ADA to screen employees for COVID-19 when entering the workplace? *(4/17/20)*

The ADA permits employers to make disability-related inquiries and conduct medical exams if job-related and consistent with business necessity. Inquiries and reliable medical exams meet this standard if it is necessary to exclude employees with a medical condition that would pose a direct threat to health or safety.

Direct threat is to be determined based on the best available objective medical evidence. The guidance from CDC or other public health authorities is such evidence. Therefore, employers will be acting consistent with the ADA as long as any screening implemented is consistent with advice from the CDC and public health authorities for that type of workplace at that time.

For example, this may include continuing to take temperatures and asking questions about symptoms (or require self-reporting) of all those entering the workplace. Similarly, the CDC recently posted [information] on return by certain types of critical workers.

Employers should make sure not to engage in unlawful disparate treatment based on protected characteristics in decisions related to screening and exclusion.

G.2. An employer requires returning workers to wear personal protective gear and engage in infection control practices. Some employees ask for accommodations due to a need for modified protective gear. Must an employer grant these requests? *(4/17/20)*

An employer may require employees to wear [protective gear] (for example, masks and gloves) and observe [infection control practices] (for example, regular hand washing and social distancing protocols).

However, where an employee with a disability needs a related reasonable accommodation under the ADA (e.g., non-latex gloves, modified face masks for interpreters or others who communicate with an employee who uses lip reading, or gowns designed for individuals who use wheelchairs), or a religious accommodation under Title VII (such as modified equipment due to religious garb), the employer should discuss the request and provide the modification or an alternative if feasible and not an undue hardship on the operation of the employer's business under the ADA or Title VII.

G.3. What does an employee need to do in order to request reasonable accommodation from her employer because she has one of the [medical conditions] that CDC says may put her at higher risk for severe illness from COVID-19? *(5/5/20)*

An employee – or a third party, such as an employee's doctor – must [let the employer know] that she needs a change for a reason related to a medical condition (here, the underlying condition). Individuals may request accommodation in conversation or in writing. While the employee (or third party) does not need to use the term "reasonable accommodation" or reference the ADA, she may do so.

The employee or her representative should communicate that she has a medical condition that necessitates a change to meet a medical need. After receiving a request, the employer may [ask questions]

or seek medical documentation to help decide if the individual has a disability and if there is a reasonable accommodation, barring undue hardship, that can be provided.

G.4. The CDC identifies a number of medical conditions that might place individuals at "higher risk for severe illness" if they get COVID-19. An employer knows that an employee has one of these conditions and is concerned that his health will be jeopardized upon returning to the workplace, but the employee has not requested accommodation. How does the ADA apply to this situation? *(5/7/20)*

First, if the employee does not request a reasonable accommodation, the ADA does not mandate that the employer take action.

If the employer is concerned about the employee's health being jeopardized upon returning to the workplace, the ADA does not allow the employer to exclude the employee – or take any other adverse action – *solely* because the employee has a disability that the CDC identifies as potentially placing him at "higher risk for severe illness" if he gets COVID-19. Under the ADA, such action is not allowed unless the employee's disability poses a "direct threat" to his health that cannot be eliminated or reduced by reasonable accommodation.

The ADA direct threat requirement is a high standard. As an affirmative defense, direct threat requires an employer to show that the individual has a disability that poses a "significant risk of substantial harm" to his own health under 29 C.F.R. section 1630.2(r). A direct threat assessment cannot be based solely on the condition being on the CDC's list; the determination must be an individualized assessment based on a reasonable medical judgment about this employee's disability – not the disability in general – using the most current medical knowledge and/or on the best available objective evidence. The ADA regulation requires an employer to consider the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the imminence of the potential harm. Analysis of these factors will likely include considerations based on the severity of the pandemic in a particular area and the employee's own health (for example, is the employee's disability well-controlled), and his particular job duties. A determination of direct threat also would include the likelihood that an individual will be exposed to the virus at the worksite. Measures that an employer may be taking in general to protect all workers, such as mandatory social distancing, also would be relevant.

Even if an employer determines that an employee's disability poses a direct threat to his own health, the employer still cannot exclude the employee from the workplace – or take any other adverse action – unless there is no way to provide a reasonable accommodation (absent undue hardship). The ADA regulations require an employer to consider whether there are reasonable accommodations that would eliminate or reduce the risk so that it would be safe for the employee to return to the workplace while still permitting performance of essential functions. This can involve an interactive process with the employee. If there are not accommodations that permit this, then an employer must consider accommodations such as telework, leave, or reassignment (perhaps to a different job in a place where it may be safer for the employee to work or that permits telework). An employer may only bar an employee from the workplace if, after going through all these steps, the facts support the conclusion that the employee poses a significant risk of substantial harm to himself that cannot be reduced or eliminated by reasonable accommodation.

G.5. What are examples of accommodation that, absent undue hardship, may eliminate (or reduce to an acceptable level) a direct threat to self? *(5/5/20)*

Accommodations may include additional or enhanced protective gowns, masks, gloves, or other gear beyond what the employer may generally provide to employees returning to its workplace. Accommodations also may include additional or enhanced protective measures, for example, erecting a barrier that provides separation between an employee with a disability and coworkers/the public or increasing the space between an employee with a disability and others. Another possible reasonable accommodation may be elimination or substitution of particular "marginal" functions (less critical or incidental job duties as distinguished from the "essential" functions of a particular position). In addition, accommodations may include temporary modification of work schedules (if that decreases contact with coworkers and/or the public when on duty or commuting) or moving the location of where one performs work (for example, moving a person to the end of a production line rather than in the middle of it if that provides more social distancing).

These are only a few ideas. Identifying an effective accommodation depends, among other things, on an employee's job duties and the design of the workspace. An employer and employee should discuss possible ideas; the Job Accommodation Network (www.askjan.org) also may be able to assist in helping identify possible accommodations. As with all discussions of reasonable accommodation during this pandemic, employers and employees are encouraged to be creative and flexible.

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U.S. Equal Employment Opportunity Commission

EEOC Headquarters

131 M Street, NE
Washington, DC 20507
202-663-4900 / (TTY) 202-663-4494

Questions?

Call 1-800-669-4000
For Deaf/Hard of Hearing callers:
1-800-669-6820 (TTY)
1-844-234-5122 (ASL Video Phone)
info@eeoc.gov

Find your nearest EEOC office
Frequently Asked Questions

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Attachment H

Guidance to Supervisors Regarding Employees Reports of Illness During COVID -19 Pandemic

03/27/2020

This guidance is provided to assist you in implementing East Georgia State College's (EGSC's) employee policies and procedures concerning employee illness and absences during COVID-19. During this time, it is important that EGSC take appropriate precautionary measures concerning employee illness and absence to ensure the safety of all employees and students. The following reporting procedures provide an illness and absence reporting mechanism for supervisors that will enable EGSC to monitor its response to COVID-19.

1. No employee should be on campus unless there is a need identified and the employee's presence on campus is approved by his or her immediate supervisor. If an employee is authorized to be on campus, their supervisor should notify the appropriate vice-president or campus director and that individual should notify the Chief of Police.

2. If an employee is on campus, that employee should have little to no face to face interaction with others. If face to face interaction is required, the employees should practice social distancing of at least 6 feet. All meetings must be held by conference call or electronically (Zoom, Skype, etc.). Wearing face coverings is strongly encouraged.

3. If an employee calls in sick from home and reports illness or possible exposure to COVID-19, the employee must be instructed not to report to work until receiving permission to return to work from EGSC HR.

4. If an employee is on campus and reports feeling ill, send the employee home. The employee must be instructed not to report to work until receiving permission to return to work from EGSC HR.

5. If an employee reports that a co-worker who is on campus has disclosed that the co-worker is feeling ill, verify with the sick employee and send the sick employee home. The employee must be instructed not to report to work until receiving permission to return to work from EGSC HR.

6. If an employee reports a co-worker who is on campus has disclosed that the co-worker may have been exposed to COVID-19, verify with the exposed employee and send the employee who may have been exposed home and for quarantine and notify anyone else with whom they have had face to face contact. The employee must be instructed not to report to work until receiving permission to return to work from EGSC HR. Employees that had close contact with the co-worker who may have been exposed to COVID-19 should also be sent home for quarantine and instructed not to report to work until receiving permission to return to work from EGSC HR. Close contact is defined as an face to face interaction of less than 6 feet.

7. If an employee who is on campus reports that they may have been exposed to COVID-19, send the employee home for quarantine and notify anyone else with whom they have had face to face contact. The employee must be instructed not to report to work until receiving permission to return to work from EGSC HR. Employees that had close contact with the co-worker who may have been exposed to COVID-19 should also be

sent home for quarantine and instructed not to report to work until receiving permission to return to work from EGSC HR.

8. The supervisor must report any of the above incidents on the EGSC COVID- 19 Possible Exposures Form, notify EGSC HR, and send the form to the EGSC President. The President will maintain the EGSC COVID-19 Possible Exposures Form.

9. The EGSC President will send each report to Human Resources for follow up with each employee.

10. The Director of Human Resources will send a letter to each identified employee with information regarding leave, self-care (CDC guidelines) and quarantine per GDPH guidelines, free COVID-19 screening, and return to work deadline and conditions, as appropriate.

11. The employee will maintain contact with his or her immediate supervisor and EGSC HR while on leave / quarantine. If the employee is quarantined due to possible exposure to COVID-19 and the individual to whom the employee was exposed tests negative for COVID-19, upon notice to EGSC- HR, the employee will be released to return to work.

Attachment I
USG Coronavirus Disease 2019 (COVID-19) Implementation Guidance for
Facilities Officers – Custodial Operations Focus

Environmental Cleaning and Disinfection Recommendations
Interim Recommendations for US Community Facilities Coronavirus Disease 2019
Bullets taken from https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/
cleaning- disinfection.html

Background
Based on what is currently known about the virus, spread from person-to-person happens most
frequently among close contacts (within about 6 feet). This type of transmission occurs via
respiratory droplets. Transmission of novel coronavirus to persons from surfaces contaminated
with the virus has not been documented.

Timing and location of cleaning and disinfection of surfaces
- At a school, daycare center, office, or other facility o It is recommended to **close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection**
    - o **Open outside doors and windows to increase air circulation in the area.** If possible, wait up to 24 hours before beginning cleaning and disinfection.
    - o **Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons**, focusing especially on frequently touched surfaces**.**
    - o In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.
    - o Bathrooms should be closed to anyone other than the cleaners during cleaning, so the major transmission vector, respiratory droplets, will be eliminated.

How to Clean and
Disinfect Surfaces
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective. o Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Personal Protective Equipment (PPE) and Hand Hygiene:
- **Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash1.**
    - o Gloves and gowns should be compatible with the disinfectant products being used.
    - o Additional PPE might be required based on the cleaning/disinfectant

products being used and whether there is a risk of splash.

- o Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to **clean hands** after removing gloves.

- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- **Cleaning staff and others should clean hands often**, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
- Additional key times to clean hands include:
  - o After blowing one's nose, coughing, or sneezing
  - o After using the restroom
  - o Before eating or preparing food
  - o After contact with animals or pets
  - o Before and after providing routine care for another person who needs assistance (e.g., a child)

Lastly and most importantly, new products claiming COVID 19 compliance should be vetted https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf

Note 1: PPE should be appropriate for the method and chemicals being used for cleaning. For example, if the space has been closed and unoccupied for at least 24 hours, in consultation with medical staff/local medical advisors, consider allowing cleaning staff to enter using gloves and processes used in BPP cleanup. Gowns are in short supply nationally and may be better allocated to staff using misters/active sprayers for disinfecting - more to protect the workers' clothes from the chemicals than from the virus. Many entities are waiting for more than the minimum 24 hours before entering, often 3 days, as over a weekend.
3/25/2020

Attachment J
EGSC Bus Transportation Provider Sanitation Practices

Coronavirus Prevention Disinfecting Regulations for Kelly
Tours Drivers

Any hard surfaces that can be touched by passengers need to be sanitized daily. These should be sanitized each time passengers exit the bus. This should be done while you are waiting for your group to return to the bus.

Drivers will be required to disinfect the following areas and must wear disposable gloves to clean and disinfect all surfaces and dispose of said gloves immediately after cleaning:

Entry handrails / Seat handles / Bathroom door handles,

inside and out Overhead luggage compartment doors,

latches and handrails

Seat trays / Cup holders / Seats

Surfaces in the driver cockpit commonly touched by the operator.

Hard surfaces should be wiped with provided disinfectant wipes. Seats should be sprayed with provided disinfectant spray.

Hand sanitizer should be readily available to passengers in the bathrooms AND at the front of the coach. The bottles need to be refilled whenever they are low.

Drivers must ensure that the following items are on the coach before leaving the yard.

Hand Sanitizer

Disinfectant Wipes

Lysol disinfectant

spray **NO**

EXCEPTIONS

Drivers **MUST** allow passengers to do additional sanitizing if they prefer upon entering the bus. NO PRODUCTS CONTAINING BLEACH WILL BE USED.

BUSES WILL ONLY BE FILLED TO 50% CAPACITY (I.E.: A 55 PASSENGER BUS WILL ONLY CARRY 27 SOLDIERS MAXIMUM) TO KEEP SOCIAL DISTANCING STANDARDS.

Additional guidelines:

Limit close contact with others by maintaining a distance of at least six feet,

when possible. Request passengers avoid standing or sitting within six feet

of the bus driver.

Practice routine cleaning and disinfection of frequently touched surfaces, Proper hand hygiene is an important infection control measure. Regularly wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol.
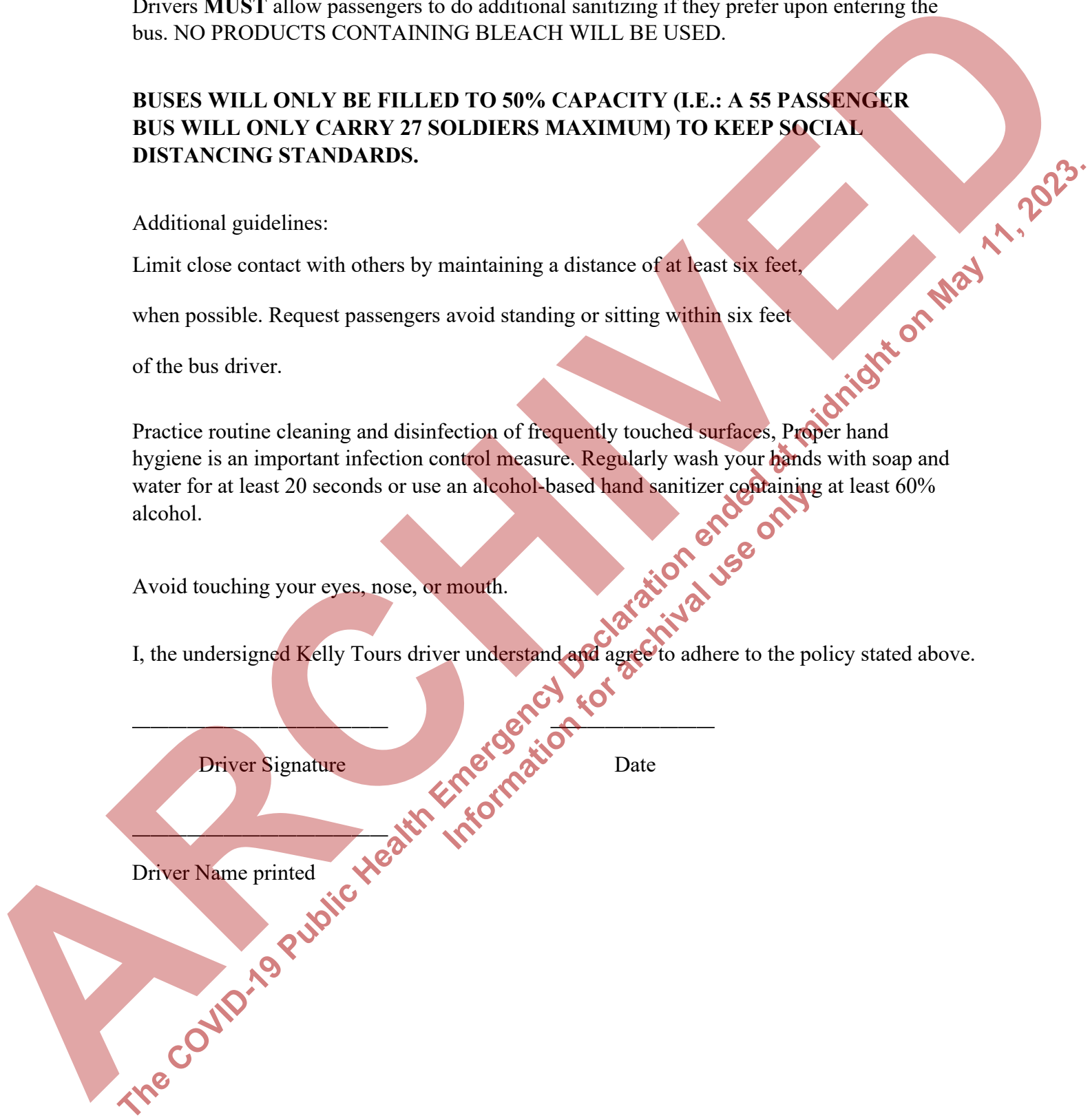
Avoid touching your eyes, nose, or mouth.

I, the undersigned Kelly Tours driver understand and agree to adhere to the policy stated above.

_____   _____

      Driver Signature   Date

_____

Driver Name printed

Attachment K

EGSC Travel Registry

**Use the Travel
Registry**

As you know, the college established a Travel Registry to assist us in protecting our college community. **You are Encouraged to Use the Travel Registry**.

Mandatory Registration

Registration is required if you have recently traveled or plan to travel to any of the Level 3 destinations before the beginning of fall semester 2020.

Voluntary Registration

EGSC also encourages you to voluntarily register any domestic or international travel plans (from now until the beginning of fall semester) as you make those plans. This voluntary registration will enable the college to understand and evaluate risks as the situation develops. In short, knowing your travel plans will enable EGSC to better communicate with you about risks and precautionary measures and to protect our college community.

In State, Out-of-State, or International Travel

* Required Fields

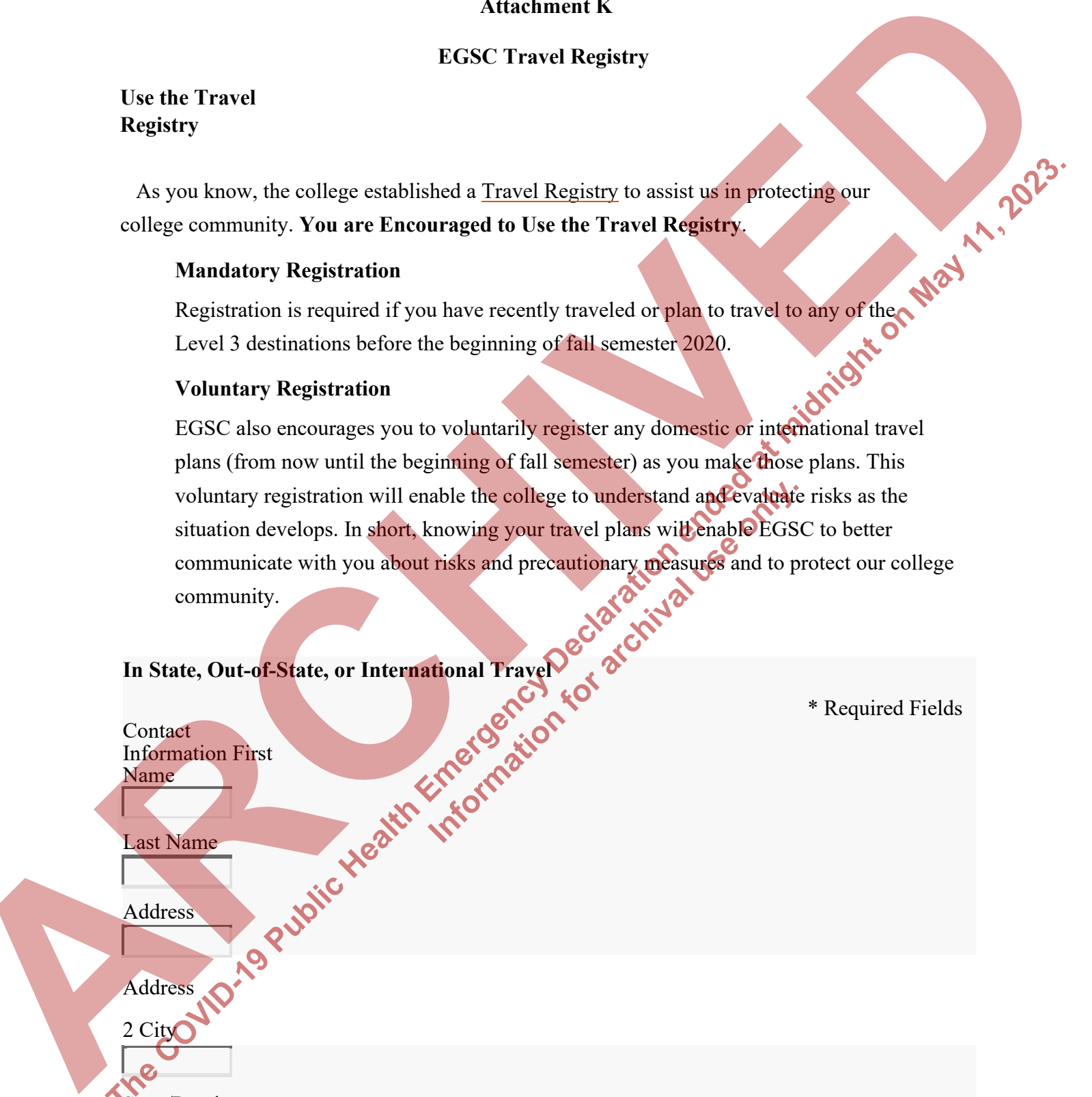Contact
Information First
Name

Last Name

Address

Address

2 City

State/Province

Zip/Postal Code

Home Phone

Cell Phone

[ ]

Email

[ ]

Student,Faculty,Staff

Student [▼]

Travel Type

Personal Travel [▼]

Reason for Travel

[ ]

Departure Date

[   ] [📅]

Return Date

[   ] [📅]

Destination

[ ]

Emergency Contact

[ ]

Emergency Contact EMail Address

[ ]

Emergency Contact Cell Phone

[ ]

Next

East Georgia State College, 131 College Circle, Swainsboro, GA. 30401

GODADDY
VERIFIED & SECURED
VERIFY SECURITY

dp online forms

Attachment L
Sample Communications Material
Weekly Letters from President to Three Constituent Groups

Sample weekly communications from President Boehmer to students, faculty/staff, and community for the week of May 6, 2020.

Dear East Georgia State College Faculty, Staff, Students and Friends:

During this COVID-19 pandemic, one of my commitments to you is to be open and transparent about new developments at the earliest time possible. This weekly letter summarizes recent developments, including the announcement about the Governor's direction to all state agencies to submit budget reduction plans. It also summarizes key events of the coming week, including the distribution to our students of CARES Act emergency grants and the college's virtual commencement on Friday.

Message to Students Regarding CARES Act

On April 9, 2020, U.S. Education Secretary Betsy DeVos announced the first wave of CARES Act (Coronavirus Aid, Relief and Economic Security) funding to colleges and universities across the United States. The funding is available through the Higher Education Emergency Relief Fund authorized by the CARES Act and a**llocates funds to colleges and universities to provide emergency aid to college students whose lives and educations have been disrupted by the coronavirus outbreak**.

Each college and university receiving these funds must prepare its own plan describing how these funds will be used to meet emergency needs of students, subject to US Department of Education guidelines.

Not all students will receive these funds. The federal guidelines mandate that these funds be distributed only to students who **are or could be eligible** to participate in federal financial aid programs (Section 484 in Title IV of the Higher Education Act, as amended) Eligibility to participate in federal financial aid programs for this academic year require students to complete a **2019-2020 FAFSA**. This FAFSA may be filed until June 30, 2020.

EGSC's plan will make funds available to eligible EGSC students enrolled in Spring Semester 2020, Maymester 2020 and Summer Semester 2020.

Funds will be distributed directly to students using EGSC's financial aid refund process, Bank Mobile, to be used as the student deems necessary to cover expenses related to the disruption caused by COVID-19 and the transition to wholly online schedules. The student will not be required to report to EGSC or account for the expenditure of the emergency funds.

It is EGSC's intention to distribute **funds by Thursday, May 7, 2020.**

Please click here to see *EGSC's Eligibility Criteria, Calculations and Award Amounts.*

Choose Control/click to go directly to each of the topics below:

- Statewide Budget Reduction
- CARES Act Funding – Institutional Portion
- CARES Act Funding – Student Portion
- Governor's Executive Order 04/30/2020
- Virtual Commencement on May 08, 2020

Statewide Budget Reduction

All state agencies, including all USG institutions, have been **directed to submit budget reduction plans. EGSC must submit its plan by May 09, 2020.** The following is an excerpt from the Chancellor's letter about this budget reduction.

Letter from the Chancellor May 01, 2020

"Your hard work has continued to keep all of our 26 institutions and the University System Office (USO) accessible and responsive in an extraordinary time, even as you have had to juggle your own personal challenges. I am grateful and proud of the way each of you has responded to our rapid shift in operations.

The challenges thrown at us by the COVID-19 pandemic are unprecedented. The health and safety of our students and employees are our greatest priorities.

As you are aware, the state of Georgia is facing a significant drop in revenue from the coronavirus that has caused the news I must now share.

Today, the state Office of Planning and Budget, House Budget and Research Office, and Senate Budget and Evaluation Office directed all state agencies to develop new spending proposals for fiscal year 2021, which begins July 1. In doing so, all agencies including USG must submit proposals that include a 14% reduction of their base budget.

I have instructed all institutions and the USO to prepare a plan to address these 14% reductions. These plans must be submitted to the state no later than May 20th.

This will not be easy work. We have asked everyone to be strategic in their approach to meeting this reduction, therefore across the board cuts are not permitted. Our priority continues to be helping our students complete a college education. Our mission is more critical than ever as we take a leading role in helping all Georgians recover.

Right now, institutions are only submitting plans to address the 14% reductions for FY21. It will be some time before we will know the specifics of these plans and how they will be implemented. Among actions that may be taken include furloughs and layoffs. Additionally, we are placing a hold on all vacant positions not deemed essential, and remain committed to a critical hire process for the few that are. We will be faced with some uncertainty until the FY21 budget is adopted and approved.

The state will continue to monitor the financial impact of COVID-19 and adjust as circumstances require. Any budget plans submitted to the state must also be finalized and approved by the Georgia Legislature, and signed by the Governor.

I know this is hard news to hear. Please keep in close contact with your supervisor for further guidance and if you have any questions. We will provide updates as quickly and as transparently as possible.

Above all, know you are making a difference at a critical time for the University System. There is no question this will be tough. But we will get through it, and be stronger. Thank you for all you do to support our students and the state of Georgia. "

Detailed Guidance from the USG on 05/01/2020

In addition to the above letter from the Chancellor, the USG sent detailed guidance about the plan each USG institution must submit. This included clear instructions that the budget cuts must be "**strategic." Across the board cuts are not permitted.**

CARES Act Funding – Institutional Portion

As discussed in my prior weekly letters, the federal CARES Act divides the funding for each institution under that federal stimulus bill into two equal portions. One portion is to for the institution. The other portion is for emergency grants for students. This section of my letter addresses the institutional portion. The student emergency grants are addressed in the section of this letter immediately following.

The U.S. Department of Education has announced that the CARES act funding for use by institutions is now available. These funds must be used by each institution for costs first incurred on or after March 13, 2020. Also, each institution must have "a reasoned basis for concluding such costs have a clear nexus to significant changes to the delivery of instruction due to the coronavirus."

The following lists specific permitted uses and prohibited uses of these funds issued by U.S. Department of Education as outlined in a letter from the USG:

- "Institutional Funds **CAN** be used for:
    - Refunds to students for room and board, tuition, and other fees as a result of significant changes to the delivery of instruction, including refunds to students for housing, food, or other services that institutions could no longer provide.

This includes allowing institutions to reimburse themselves for COVID-19 related refunds that were provided to students on or after March 13, 2020.

- o Other costs that have a "clear nexus to significant changes to the delivery of instruction due to the coronavirus."
- o Costs to purchase equipment or software, pay for online licensing fees, or pay for internet service to enable students to transition to distance learning to include reimbursements to the institutions for hardware, software, or internet connectivity that institutions may have purchased on behalf of students or provided to students.
- o Payment of a per-student fee to a third-party service provider, including an Online Program Management (OPM), for each additional student using a distance learning platform, learning management system, online resources, or other support services; however, institutions may **not** use funds to pay third-party recruiters or OPMs for recruiting or enrolling new students at the institution.
- o Additional Student Grants using the same process and requirements as for the prior round of Student Grants.

- Institutional Funds **CANNOT** be used for:
  - o Payment to contractors for the provision of pre-enrollment recruitment activities.
  - o Endowments.
  - o Capital outlays associated with facilities related to athletics, sectarian instruction, or religious worship.
  - o Senior administrator and/or executive salaries, benefits, bonuses, contracts, incentives, cash, or other benefit."

East Georgia State College is now in the process of preparing a plan for use of these funds to be submitted for approval to the USG.

<div align="center">

CARES Act Funding – Student Portion

</div>

Today, a letter is being sent to EGSC students, faculty and staff about EGSC's plan for distribution of the student portion of the CARES Act funds. That letter provides, in part:

"On April 9, 2020, U.S. Education Secretary Betsy DeVos announced the first wave of CARES Act (Coronavirus Aid, Relief and Economic Security) funding to colleges and universities across the United States. The funding is available through the Higher Education Emergency Relief Fund authorized by the CARES Act and **allocates funds to colleges and universities to provide emergency aid to college students whose lives and educations have been disrupted by the coronavirus outbreak**.

Each college and university receiving these funds must prepare its own plan describing how these funds will be used to meet emergency needs of students, subject to US Department of Education guidelines."

It is EGSC's intention to begin distributing **funds by Thursday, May 7, 2020."**

<div align="center">

Governor's Executive Order 04/30/2020

</div>

As widely reported in the news, the Governor of Georgia issued an executive order on May 01, 2020. That order ended the statewide shelter in place order. However, as summarized below in a letter from the USG on 05/0102020, "little has changed: for USG institutions (including EGSC) as a result of that executive order:

"Today the Governor issued an Executive Order (an "EO") impacting sheltering in place and the Public Health Emergency. I have summarized relevant provisions of the EO below ….

Pursuant to today's EO the Public Health Emergency is extended for 30 days until June 12.

At midnight tonight the statewide shelter in place expires, except for the shelter in place provisions for higher risk populations previously provided in the Governor's April 23 EO. Today's EO extends those shelter in place provisions for higher risk populations until June 12.

While the statewide shelter in place expires at midnight, the Governor's April 23 EO remains in effect, which still requires social distancing, limited gatherings, and limited business openings, among many other things. This April 23 EO that remains in effect continues to classify the USG as "Critical Infrastructure," allowing us to continue remote instruction and limited social interaction related thereto. The April 23 EO is currently set to expire on May 13, but additional portions of it may be extended in the future.

In short, with the expiration of the statewide shelter in place provisions at midnight tonight - other than greater mobility allowed for our students, faculty and staff - little has changed for the USG, as we have been operating pursuant to the Critical

Infrastructure and limited social interaction provisions of the April 23 EO and will continue to follow those provisions until it expires on May 13 or is extended.

Consistent with this approach, the Governor's Chief of Staff today sent a memorandum to agency heads reinforcing strict social distancing for state offices and for agencies to continue to use all alternative means of delivering services, including telecommuting and alternative office hours, among other things.   The memo stated that further guidance should be expected during the week of May 11."

Virtual Commencement on May 08, 2020

The virtual Honors Night Ceremony held recently and the virtual 10th anniversary celebration for the Fulford Center were highly successful. Thanks for joining in those celebrations. I hope you will also join us this Friday evening for a virtual commencement ceremony. See

http://www.ega.edu/articles/detail/egsc-to-host-virtual-spring-commencement-ceremony

I look forward to seeing all of you soon in person. In the meantime, please be healthy and be safe.

Thank you! You are the best.

Robert G. Boehmer

President

East Georgia State College

Attachment M
Sample Communications Material
Current EGSC COVID-19 Website

COVID-19 Information for the EGSC Community
Last updated: May 12, 2020 - 10:45 AM

o   Updates from the University System of Georgia
o   Updates from the President of East Georgia State College
o   Updates from the Governor's Office
o   Updates from the Georgia General Assembly
o   Updates from the Emanuel County Commissioners and Municipal Officials
o   Updates from Emanuel Medical Center
o   EGSC Travel Registry
o   Internet Service Provider Resources in Response to COVID-19
o   Further COVID-19 Information and Downloads
o   What You Should Know About the ADA, the Rehabilitation Act, and COVID-19 [External Link]
o   About the Coronavirus (COVID-19) [External Link]
o   How does COVID-19 Spread? [External Link]
o   Symptoms of COVID-19 [External Link]
o   Reducing COVID-19 Stigma [External Link]
o   How to Protect Yourself from COVID-19 [External Link]

Updates from the University System of Georgia:
May 12, 2020 - 2:45 PM • An update from the University System of Georgia

Posted by Katelyn Moore • Last edited: May 12, 2020 - 10:45 AM by Katelyn Moore

Chancellor Steve Wrigley debuted a new PSA video on May 12, 2020 during the University System Board of Regents meeting, and wanted to share it with everyone! Created by the Georgia Film Academy, the video covers the CDC's standard health guidelines we all should be following. Check it out below!

The University System of Georgia is working together to help fight COVID-19. We can all help each other stay safe by following a few simple steps. Join the USG mascots as they show you what you can do to help win against COVID-19!

More Information

o   Having trouble viewing this video? Check it out on YouTube!

—

Archive - Updates from the University System of Georgia:
March 16, 2020 - 3:57 PM • Media Statement Released by the University System of Georgia

—

March 12, 2020 - 7:45 PM • Update from the University System of Georgia

Attachment N
Sample Communications Material
Media Release

DATE: May XX, 2020

EGSC prepares Return to Work Plan for faculty and staff

Since the middle of March East Georgia State College (EGSC) has been working with limited faculty and staff on campus because of the COVID-19 pandemic. Because of the pandemic, EGSC transitioned all classes to an online format following Spring break. This allowed students to continue their classes while staying safe and following Georgia's shelter in place order that was issued for a period of time.

All 26 institutions in the University System of Georgia (USG) are now making plans to get faculty and staff back on campuses in a safe and orderly way. East Georgia State College, along with the other institutions, will be operating under an approved USG Return to Work Plan that the college or university has put together. EGSC compiled input from each department to place into their Return to Work Plan that was sent to the USG for approval.

The gradual transition back to campus for employees will begin in late May and is expected to be complete when Fall semester classes begin on August 17. Most offices on the EGSC campuses will remain closed to the public but will continue operating with employees working in the office and remotely. Only a small number of offices will be open to serve students for very specific reasons. Some of these offices will include the library, financial aid, housing, the registrar's office, and the athletic department. The offices will be taking protective measures for students entering and exiting the office.

Additional details about students transitioning back to EGSC campuses is forthcoming.

Attachment O
Sample Communications Material
Communication with Faculty and Staff Regarding Initial Return to Campus

May XX, 2020

Dear EGSC Faculty and Staff,

As you know, since the middle of March East Georgia State College has been working with limited faculty and staff on campus because of the COVID-19 pandemic. During this time, we all worked together to transition all classes to an online format following Spring break. This allowed students to continue their classes while staying safe and following Georgia's shelter in place order that was issued for a period of time.

All 26 institutions in the University System of Georgia (USG) are now making plans to get faculty and staff back on campuses in a safe and orderly way. EGSC, along with the other institutions, will be operating under an approved USG Return to Work Plan that the college has put together. We have compiled input from each department to place into the Return to Work Plan that was sent to the USG for approval.

The transition back to campus for employees will begin in late May and will be a gradual process leading to Fall Semester. Offices on the EGSC campuses will remain closed to the public but will continue operating with employees working in the office and remotely. Only a small number of offices will be open to serve students for very specific reasons. Some of these offices will include the library, financial aid, housing, and the athletic department. The offices will be taking protective measures for students entering and exiting the office.

Additional details about students transitioning back to EGSC campuses is forthcoming.

Thank you for all you are doing to assist our students and one another during this fluid time. I am most grateful.

Sincerely,

Bob Boehmer

President

Attachment P

ACHA Guidelines

Considerations for Reopening Institutions of Higher Education in the COVID-19 Era

Introduction

This sequel to the American College Health Association's *Guidelines: Preparing for COVID-19* addresses administrative, medical, mental health, health promotion/well-being, and campus-wide considerations in reopening college/university campuses as the COVID-19 pandemic abates. Many public health experts and organizations have already developed models and projections using surveillance data, case counts, and infrastructure capability to identify when businesses, schools, campuses, and the country can safely reopen.

Individual states in conjunction with public health entities and institutions of higher education (IHE) presidents/chancellors will ultimately determine when to reopen campuses. These ACHA guidelines provide considerations to minimize the risk of COVID-19 infection and a recurrent surge of infections as social distancing measures are relaxed on our campuses and in our communities and as we plan for the physical return of large numbers of students, faculty, and staff.

The risk of subsequent waves of infection remains until we achieve sufficient herd immunity through vaccination or actual infection and recovery. Clinical trials and vaccine development efforts have begun in earnest.

However, to date, no vaccine or prophylactic pharmacologics exist. Our only tools are prevention through non-pharmacologic interventions, sound public health practices, and supportive therapy.

Therefore, the campus must be prepared on multiple fronts. Campus leadership should retain or develop an incident command structure, an effective surveillance system, and partnerships with local public health and health care organizations. The student health service (SHS) remains central to this public health effort and must have sufficient resources to address both COVID-19 surveillance and containment along with all other routine health and well-being needs of students. Even prior to the pandemic, the demand for mental health services often outstripped campus resources. Innovative approaches to stretch those resources further will be needed as this pandemic continues to take its toll on the mental health of students, faculty, and staff. The health promotion role in reinforcing public health's infection prevention practices and influencing positive health behaviors are integral to the totality of student wellness and that of the campus in this phase of the pandemic.

Working in concert, these broad areas provide campus leadership with surveillance capability, a sound infection prevention and control strategy, and a means to quickly identify, isolate, treat, and refer individuals to mitigate a second wave of infection.

Key Concepts

- COVID-19, a novel coronavirus infection emerging in 2019, has led to an unprecedented infectious disease risk for all persons. The duration of this pandemic remains unclear, and the situation continues to evolve. COVID-19 will peak in different states at different times and will impact each IHE differently. Public health guidance, scientific knowledge, and clinical best practices will change, so these guidelines may require updates or risk quickly becoming obsolete. The single constant for each IHE is that the road to recovery will be long. We can anticipate restrictions and limitations in activities will be in place for the next 12–18 months, if not longer

- Resumption of activities will be gradual and phased based on local public health conditions as well as institutional capacity. Return to an active on-campus environment will depend upon widespread testing,

Considerations for Reopening Institutions of Higher Education in the COVID-19 Era / page 2

contact tracing, and isolation/quarantine of ill and exposed individuals both on campus and in the community. Planners should prepare for the likelihood of a local rebound of infections that may result in a return to more restrictive mitigation measures and physical distancing for periods of time.

- The high touch, highly interactive, mobile, densely populated living and learning environment typical of most campuses is the exemplar of a congregate setting with multiple risk factors for ready transmission of COVID-19.

- Protecting our most vulnerable populations (medically susceptible, undocumented, students of color, uninsured or underinsured, non-traditional, older, DACA, and homeless students, faculty, and staff members) is a moral and ethical obligation. Some vulnerable individuals may need to observe ongoing physical distancing for a more prolonged period of time.

- Meticulous adherence to public health practices including hand hygiene, physical distancing, proper cough/sneeze etiquette, frequent disinfection of common and high traffic areas, symptom assessment, temperature checks, and face covering in public is the campus' new normal. This should be widely communicated to students, employees, and all campus visitors.

- The White House's "Opening Up America Again" plan identifies a phased approach to easing restrictions which will be dictated in large part by COVID-19 activity state to state. Campuses considering a similar approach should include community and campus triggers. Suggested criteria are located in Appendix A.

- Faculty, staff, and student immunity to COVID-19 will be essential for long term campus planning, management, and recovery.

Public Health Considerations

The overarching question is how to repopulate campuses in the safest way possible. The college/university must address the public health issues caused by the virus in a manner that permits easing physical distancing practices and the resumption of many of the activities and educational experiences of a vibrant campus.

Until a vaccine for COVID-19 is available and widely used or until an effective prophylactic treatment is discovered, physical distancing, viral testing, isolation, quarantine, and contact tracing are our best strategies to control the spread of this virus. Decisions to ease COVID-

19 distancing restrictions must be based on the best available scientific data and the rapid availability of testing. Campus experts, in collaboration with public health officials, are best positioned to inform and advise campus leadership on when to resume operations.

The campus must deploy primary public health controls to slow the transmission and reduce the mortality associated with COVID-19. These control measures include availability of appropriate personal protective equipment (PPE); environmental measures such as enhanced cleaning and disinfection, physical distancing, testing, and contact tracing; and the readiness of the campus and local health care systems and the campus infrastructure. Controls must be designed, implemented, and monitored to prevent and/or mitigate negative strategic, operational, financial, reputational, health, and safety impacts on the institution.

Containment and Surveillance Capabilities

Containment measures are multi-pronged and include surveillance, rapid identification of infection with immediate isolation, contact tracing, and quarantine. Currently available antibody (serologic) tests lack adequate evaluation of efficacy and reliability and are inadequate to determine whether a positive test conveys immunity. Antibody tests are currently best positioned to be used as part of research or public health surveillance efforts to determine estimates of population exposure. As antibody testing evolves, it may eventually play a role in diagnosis and determination of individuals at risk for infection.

Surveillance is the cornerstone of effective public health. Surveillance systems should detect the emergence and spread of infection within the general community and within specific campus populations. As the primary health resource for campus, SHS should take the lead in identifying at-risk groups such as SHS staff, first responders, on-campus residential students, athletes, Greek life members, medically vulnerable students, or other known student populations with frequent close contact. At some campuses, SHS may be asked to coordinate surveillance systems for non-student members of the campus community as well.

The SHS in collaboration with a partner health care organization and/or local public health department should develop the following capabilities for campus:

- Access to immediate viral testing for all students, faculty, or staff with symptoms.
- Contact tracing, identification, and quarantine of all persons exposed to COVID-19.

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- Case management of all persons with COVID-19 symptoms and/or diagnosis and all persons under quarantine after exposure, including placement in isolation/quarantine housing, psychological support, support for basic needs, and ongoing monitoring while isolated.
- Syndromic surveillance utilizing EHR data, ongoing tracking of influenza-like illness (ILI) and COVID-19 symptoms, and, when possible, viral surveillance of asymptomatic students.
- Reliable, accurate antibody (serologic) testing, as appropriate based on emerging information.
- Future large-scale delivery of COVID-19 vaccines, when developed.

The Workforce

The college/university must build the necessary staffing capacity to resume not only their primary responsibilities but also the competency to understand their role in reducing transmission of COVID-19. Faculty and staff must be protected, trained, and adequately prepared.

Workforce protection and safety are critical to reopening, and measures must be taken to ensure the faculty, staff, students, and campus community have appropriate protective controls, plans, supplies, and guidance to safely return to work. Opportunities for open dialogue must exist to reassure faculty and staff that their health and safety are paramount.

To ensure faculty, staff, and students have access to the same basic information, formal education/training regarding COVID-19 should be offered. The campus COVID-19 planning and response committee in collaboration with IHE senior leaders would recommend the format and frequency of training and develop a system to monitor compliance (if the training is deemed mandatory). The training should offer the following minimum content:

- A general overview of COVID-19 including infection prevention and control measures (hand hygiene, respiratory etiquette, physical distancing, cleaning and disinfection), signs and symptoms, testing, transmission, and credible resources.
- Campus-specific policies and practices regarding infection prevention and control, campus health and safety resources, use of PPE including masks/face coverings, and actions if sick.

Employee Considerations

Employees should be given the following instructions for protecting their health and reducing transmission:

- Avoid office gatherings, break rooms, and unnecessary visitors in the workplace.
- Monitor for presence of COVID-19 symptoms (see https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

- Stay home (or leave the workplace) and notify the supervisor if symptoms develop.
- Wear masks or face coverings in all public spaces and spaces used by multiple people.
- Know where to find local information on COVID-19 and local trends of COVID-19 cases.

Supervisor Considerations

Supervisors should be given the following instructions for protecting the health of their employees and reducing transmission:

- Conduct meetings electronically, even when working on campus. If meetings cannot be conducted virtually, keep participation to fewer than 10 participants and enforce appropriate physical distancing and wearing of masks or face coverings.
- Encourage those with increased risk of severe illness or over the age of 65 to continue working remotely and avoid gatherings of greater than 10 or other situations of potential exposures, including travel.
- Consider phased return of employees to no more than 30% of the workforce at a time, staggering every 2–4 weeks for full return. Depending on the size and needs of the workforce, the percentage may vary. Numbers of employees are also dependent upon availability of PPE, support for increased environmental cleaning, and availability of employee health care.
- Stagger shifts to reduce the number of people in the workplace at the same time.
- Gauge employee willingness to volunteer to be the first to return and prioritize those with the greatest ability/desire to return, while paying attention to individual risk factors.
- Allow those who can work effectively from home to be the last to return and/or delay their return to the campus.
- Encourage single occupancy in work rooms.
- Procure sufficient disinfectant products and cleaning supplies so employees can frequently clean their own workspaces.

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- Ensure that housekeeping is provided PPE and guidelines on appropriate techniques (as per CDC guidelines) for cleaning and disinfecting common, non-clinical spaces.
- Post and promote prevention strategies:
  - Wash hands frequently.
  - Maintain physical distance: stay 6 feet apart at all times.
  - Know the signs and symptoms of COVID-19 and what to do if symptomatic:
    - Stay home when you are sick (or leave work immediately) and notify your supervisor.
    - Call your health care provider's office in advance of a visit.
    - Limit movement in the community and wear a face covering in public.
    - Call your health care provider for instructions regarding return to work.

Facility Considerations

The following recommendations should be provided to those on campus responsible for maintaining facilities or ordering materials and supplies:

- Maintain at least 6 feet between workstations/workers. Place plexiglass or other barriers in workspaces where people must face each other or unable to be 6 feet apart.

- Consider installing plexiglass barriers at high-visited areas such as reception desks and check-in points.

- Place appropriate signage at entrances indicating how to proceed.

- Remove chairs and desks to ensure proper physical distancing in conference and waiting rooms. Identify allowable occupancy in order to control workflow and/or establish maximum attendance.

- Make face coverings available throughout campus (e.g., at the bookstore, pharmacy, etc.).

- Post maximum occupancy in common break areas and configure to accommodate appropriate physical distancing.

- Provide sanitizing supplies for individuals to clean their areas before and after use.

- Eliminate reusable kitchen items (flatware, dishes, and cups) and cleaning tools (sponges, brushes, towels) and replace with single use options.

- Replace shared appliances with single use or no-touch options (coffee makers, ice/water dispensers).

- Remove high-touch items such as magazines, common pens, etc.

- Provide hand sanitizer at all entrances and high-traffic areas.

- Identify frequently touched areas (doors, cabinets, etc.) and investigate options to implement no/reduced touch options such as door removal, card access, foot-operated door pulls/pedals, or sensor-triggered doors.

- Monitor and secure inventories of PPE, hand sanitizer, wipes, cleaning products, and hand soap.

Instruction and Learning Environments

Since the release on March 3, 2020, of the *ACHA Guidelines: Preparing for COVID-19*, almost all institutions of higher education transitioned to an online/virtual mode of instruction. While these efforts have allowed the teaching and learning missions of universities to continue, there are limitations to remote instruction. Planning should include strategies guided by public health considerations to resume in-person instruction.

General considerations should include:

- Prioritization of in-person instruction for courses with academic outcomes that cannot be measured or achieved virtually, such as performance, laboratory, and clinical experiences.

- Implementation of a hybrid mode of instruction for the foreseeable future. Remote options should be planned for and available in the event that a rebound in local infections necessitates continued physical distancing and to support vulnerable students and staff, students in quarantine or isolation, and students and staff who cannot physically return to campus.

- Limitation of the number of attendees for in-person courses/sections. In most cases, all in-person courses/sections should be limited to fewer than 30 participants and also utilize other physical distancing measures. Consider creating multiple sections/shifts to reduce numbers.

- Implementation of close monitoring and tracking of in-person attendance and seating arrangements to facilitate contact tracing in the event of an exposure

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- Development of a physical distancing plan for each course that includes:
  - Number of students and faculty present in each session.

- Length of session.
- Nature of activities.
- Mechanisms to conduct student and faculty symptom checks.
- Public health practices: face coverings, 6 feet of physical distancing, cough/sneeze etiquette, hand hygiene.
- Provisions for hand sanitizer and enhanced cleaning.
- Instructions to participants on the course- specific physical distancing protocol.
- Availability of remote options.

- Development of specialized plans for students who are at increased risk due to the occupational nature of their studies. Examples include health professional students and students engaged in out-of-classroom or community-based instruction. Ensure students are provided with adequate PPE, supervision, and other protections based on their risk.

- Expansion of simulation experiences to create clinical scenarios for health professional students to practice technical, diagnostic, and exam skills.

- Development of specialized plans for courses and instruction that do not permit physical distancing and/or involve activities of higher risk. Examples include dance, theater, and performing arts.

- Development of attendance and excuse policies that acknowledge and support students who become ill without creating barriers and without requiring unnecessary visits to health facilities for documentation of illness.

- Encourage faculty-student communication regarding health status and any changes in their ability to complete coursework and academic responsibilities.

- Identification of resources for students with learning disabilities or difficulties with remote learning platforms.

Student Health Services

Student health services (SHS) preparation should focus on maximizing its assets and capabilities before a large-scale physical return to campus. Strengthening campus and community partnerships; planning for containment; shoring up the supply chain; anticipating personal

protective equipment (PPE) and medical supplies for screening, mass vaccination, and treatment; reconfiguring the facility; updating policies and procedures; training staff; and addressing the budget are critical at this time. The campus will continue to look to the SHS for medical and public health expertise, and SHS leadership should be poised to deliver current, sound, evidence-informed recommendations.

Patient Care Considerations

SHS preparation for patient care was well-delineated in the *ACHA Guidelines: Preparing for COVID 19* (dated March 3, 2020). Since that document was released, most students have physically left campus. Many SHS have implemented telemedicine to provide access to care, protect staff, and conserve scarce PPE. Asymptomatic transmission of COVID-19 has been documented and presenting symptoms and the course of the disease have become clearer, though much remains unknown.

In concert with the recommendations outlined in the *ACHA Guidelines: Preparing for COVID-19,* the SHS should:

- Advise patients to make online appointments or call before coming to the SHS for nursing or provider visits.

- Develop processes to limit student contact with SHS computers/keypads. Have students complete and submit forms (health history, immunizations, consents, etc.) in the patient portal or utilize EMR templates.

- Continue to utilize telemedicine visits and provide students with options for telemedicine or telephone consults when appropriate. In particular, students with conditions placing them at higher risk for complications from COVID-19 should be encouraged to seek care via telemedicine.
- Develop an online or telephone process for patient check-in, if possible.
- Update triage protocols incorporating telehealth options.
- Update screening forms to include chills, repeated shaking with chills, muscle pain, headache, sore throat, anosmia, dysgeusia, and any other COVID-19 symptoms.
- Screen all patients and staff for respiratory symptoms and check temperature (ideally with infrared or laser devices) before entering the clinic.

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- Develop protocols for managing patients with acute respiratory symptoms that include masking the patient, quickly rooming the patient, limiting and tracking the number of staff who enter the room, limiting the movement of the patient throughout the SHS, and cleaning of spaces where the patient was present.
- Avoid use of nebulizers and peak flow measurements which can generate additional aerosols.
- Require all patients to wear face masks (or cloth face coverings if adequate face masks are not available).
- Prohibit visitors, children, or accompanying guests who are not receiving care or services from entering the facility.
- Develop relationship and agreement with local emergency departments (ED) to accept ill patients requiring a higher level of care.
- Develop a plan for students with respiratory symptoms who need transportation to SHS, housing, or local hospitals.
- Develop a communications plan involving the campus communications office, outlining key messages such as how to access care and schedule appointments and which visits should be in person versus virtual. Use a variety of platforms including websites, social media, and signage. Involve as many campus entities as possible in communicating these messages (housing, dining, recreation, etc.).
- Dental operations pose additional risks due to the frequency of aerosol-generating procedures and the inability of patients to use facial coverings. SHS with dental services should consult with Environmental Health and Safety professionals with appropriate expertise before considering reopening these services.

SHS Facility Considerations
- Make all efforts to segregate waiting areas for ill and well patient visits. If separate waiting rooms are not available, consider placing a tent outside or identifying a satellite space for patients with respiratory symptoms. Deploy signage providing clear guidance on how to proceed.
- Reconfigure all waiting and other clinic areas to promote physical distancing.
- Implement signage throughout the SHS communicating reasons for physical distancing.
- Ensure adequate alcohol-based (at least 60%) hand

  sanitizer, face masks (or coverings if masks are not available), tissues, and closed bins for disposal are available.
- Provide plexiglass/clear barriers between reception staff and waiting areas.

- Develop protocols for environmental management including clinic cleaning and decontamination. Assess air exchange for examination rooms and determine time required between uses in the event of a known or suspected COVID-19 patient.

- Ensure adequate IT network, wi-fi, hardware, and expertise to support telemedicine and tele-mental health visits.

SHS Administrative/Staff Considerations

- Add questions to satisfaction surveys to obtain feedback about telemedicine or phone visits.

- Ensure adequate PPE is available and that all staff are trained in its use. Monitor staff compliance with PPE use. Establish "par levels" (minimal acceptable PPE stores, also known as "safety stock'). PPE supplies should be stocked to meet both patient care and testing needs.

- Develop employee health program protocols for management of exposed and ill staff members. Document all providers and support staff involved in the care of every patient so that exposures can be tracked.

- Ensure staff are knowledgeable about COVID-19 symptoms, transmission, relevant protocols, and updated CDC guidance.

- Determine how SHS will handle work assignments for high-risk staff.

- Develop a financial model for campus leadership regarding potential costs and funding mechanisms for testing, contact tracing, and case management. Consider the future impact of antibody testing and mass vaccination.

- Develop plans for future mass immunization with influenza vaccine and COVID- 19 vaccine, when available, including identifying supplies needed for both vaccines.

- Identify appropriate charges (if indicated) for visits, telehealth services, testing, and supplies including medications or vaccines. Identify correct billing codes to facilitate prompt, accurate reimbursement if billed to insurance.

Health Promotion

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in-person cooking classes should be moved to a virtual format. The risk of many hands touching shared utensils in

The role of health promotion in a healthy campus is multi- layered and founded in a prevention framework. Assessment, environmental change strategies, social marketing, social norming, peer education training, and health education programs are just a few components. Health promotion may also house alcohol and other drug (AOD) services including the collegiate recovery community, interpersonal violence (IPV) prevention, sexual health and STI resources, and nutrition services including a teaching kitchen.

There may be a range of changing restrictions placed on in-person events based on local public health conditions, so health promotion staff should develop a range of delivery methods. Many health education programs and trainings are easily transferable to a virtual environment. However, the integrity of some aspects may not be conducive to virtual delivery. In those instances, there simply is no replacement for in-person, hands-on interaction to optimally engage and stimulate learning. Placing as much content as feasible online could allow capacity for more frequent but smaller peer trainings or programs that are not conducive to the virtual setting.

Health promotion offerings carry various levels of risk based on the size, physical proximity of participants, nature of the activity, and vulnerability of the population. Health promotion professionals can consult with their campus or public health experts to develop a risk assessment and plan for various types of activities. In general,

programmers should limit attendees to 10, practice physical distancing, and begin each program with a brief instructional session reviewing hand hygiene, respiratory etiquette, symptoms of COVID-19, and staying home when sick. Attendees should continue to retain appropriate physical distancing and use face coverings during these onsite programs.

Individual visits for nutrition evaluations and counseling, AOD consultations, smoking cessation, health coaching, and sexual health education should be performed via telehealth until physical distancing restrictions are relaxed for the campus and local community. Case by case decisions on in-person interactions with students requesting IPV assistance or other sensitive discussions must weigh the needs of the student against the potential health impact on the staff. Any staff member with direct student encounters should be provided appropriate PPE and practice physical distancing.

In-person cooking classes have successfully been utilized in skill building and team building, as well as in branding and marketing. Until local public health conditions permit,

the close quarters of a food preparation and food sharing environment outweighs the educational and social benefits of these activities. An alternative hybrid approach is a live cooking demonstration broadcast via social media or Zoom (or similar video conferencing service), which will still permit opportunities for interactive chats with campus dietitians, meal planning and prep, nutrition counseling, and small group workshops.

Health promotion has the unique capability of developing cogent relatable messages that speak to the spectrum of individuals on campus. Health promotion professionals should collaborate with SHS and the broader campus leadership teams and campus specialists to plan and implement communications and marketing efforts. These may include media campaigns, public service announcements, email blasts, editorials, op-ed articles, flyers, posters, billboards, public transportation signage, and workshops; specific strategies should be based on the capabilities and interests of the campus. All communication efforts should reinforce sound public health practices, utilize multiple media channels, be pilot tested in efficient ways, and maintain consistency across approaches. These efforts should be designed to reach students as well as the university's key stakeholders; each of these audiences represent an ultimate audience as well as an intermediary audience (e.g., a faculty member who is made aware of best practices and ways these can be incorporated into classroom assignments as well as day- to-day activities). This collaboration should engage campus specialty offices (e.g., marketing and public relations) as well as faculty and academic departments (e.g., communication, marketing, public health). Collaboration may also extend to statewide or regional coalitions so cost-effective approaches can be developed and shared among campuses.

Frequently, assessment and evaluation activities are delegated to health promotion. Health promotion professionals are well-versed in assessment and evaluation methodology as well as the broader context of health issues associated with this pandemic. Their expertise is invaluable in the campus-wide effort to inform and guide health and well-being initiatives. While health promotion staff cannot lead all assessment and evaluation activities, they can provide leadership regarding the short- and long- term assessment of the campus environment and campus climate; student behavior, attitudes, knowledge, perceptions, needs, interests, and intentions; faculty and staff awareness, attitudes, and needs; social norms and messaging effectiveness; programming and training impact; and other population level issues. Incorporating

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both quantitative and qualitative approaches is desirable. Engaging other specialists on campus (faculty and staff) will be helpful for garnering their expertise and providing opportunities for their students to gain experience.

Mental Health

Enormous efforts to establish physical distancing have resulted in both isolation and a change in routine for many persons. The emotional, social, and financial disruptions in combination with 24/7 media and fear and uncertainty surrounding this pandemic continue to take a toll on students' well-being, leading to concerns about increasing rates of depression, anxiety, substance use disorders, suicide, and domestic violence.

Many students are experiencing grief, disruption, and anxiety related to the changes. If students do not require psychotherapy, they may need an accessible, responsive venue for ongoing validation and support. Conversely, students with pre-existing depression, anxiety, and trauma are often more symptomatic during times of heightened stress and may require extra support in terms of more frequent contacts, sessions, and/or resources.

Telemental health has provided a path for mental health providers to continue providing services to students during the pandemic. In many college health settings, there has been a rapid and successful migration of counseling and mental health care to telemental health venues. Moving from telemental health back to in-person mental health services will be dependent on a variety of factors and for most operations will likely occur in stages. It is possible that mental health providers will never fully cease using effective telemental health programs established during the COVID-19 pandemic but will instead find an optimal balance between telemental health and in-person care.

As online enrollments are predicted to increase (due to health, disability accommodation, and/or financial needs of students and their families), campuses should make every effort to support telemental health care for enrolled students not physically present on campus. In addition, in order to fully serve all students who may need telemental health services, uniform standards and credentialing to practice across state lines will have to be established. The 2019 Higher Education Mental Health Alliance (HEMHA) *College Counseling From a Distance: Deciding Whether and When to Engage in Telemental Health Services* is an outstanding resource on telemental health in the higher education setting (see http://hemha.org/wp- content/uploads/2019/01/HEMHA-Distance-Counseling_FINAL2019.pdf).

Continued use of telemental health should be encouraged with the exception of those highly acute clients who meet exception criteria. In-person visits should be limited to those clients who would most benefit from such interactions. This could include crisis counseling, counseling for individuals unable to access telemental health, or other circumstances whereby the mental health professional believes an in-person visit carries significant benefit. Policies and procedures should clearly delineate which categories should receive an in-person vs. a telemental health appointment in order to facilitate appropriate scheduling. In order to maintain appropriate physical distance, waiting rooms may need to be modified or not allowed. If the size of the waiting room is an issue, services should be rendered by scheduled appointments only, no walk-ins allowed, or metered entrance to the clinic only at the appointment time. Integrated centers need to partner with health services for screening of all entrants to the clinic. Any staff member with direct student encounters should be provided appropriate PPE and practice physical distancing. Many of the patient and facilities considerations noted in the student health services section, such as limiting the use of high-touch areas or allowing online check-in, are applicable to mental health care as well.

Workshops, mindfulness, and other skill building programs could be placed in a virtual environment. Even group therapy visits could take place virtually. However, if the mental health provider deems the virtual environment to be subtherapeutic, the group could meet in person if there is space that allows for appropriate physical distancing. The staff should provide clear instructions on staying home if sick, respiratory etiquette, and hand hygiene well in advance of the group session. At this time, personal face coverings would also be recommended.

Developing mechanisms for virtual drop-in sessions may address some of the increased demand for services. Taking services to where the students are by establishing virtual "let's talk sessions" for students in specific divisional colleges/majors, residence halls, or groups allows for a sense of comradery and shared support. Students also would benefit from ongoing virtual support venues in which they have access to needed education, resources, and self-help tools. A virtual platform, facilitated by counseling staff, to share experiences, connect with others, and feel supported and heard can be useful.

The health and well-being of student health and counseling staff, particularly those with direct patient contact must be preserved and protected. Staff members working in crisis settings tend to work many hours under

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pressure with risk of infection, morbidity, and mortality. Recognition of signs and symptoms of burnout and provision of support to mitigate the possible psychosocial consequences of work in these situations through employee assistance programs or stress debriefing meetings is the obligation and responsibility of senior leadership.

This is a critical time to provide training and resources to faculty, staff, and students on how to identify those in distress and how to effectively intervene and refer appropriately. Counseling services staff can provide virtual trainings and workshops to provide the needed education, skills, confidence, and competence required (see https://www.sprc.org/comprehensive- approach/identify-assist).

Other Key Campus Areas

Campus-wide preparation is the key to an organized, effective, safety-focused, and medically informed process of reopening. Although student health services will play an important role, this effort will require the ongoing engagement of executive leadership (president/chancellor, provost, vice president of student affairs/campus life, other senior leaders) and the oversight and coordination of the institution's COVID-19 planning and response committee described in the *ACHA Guidelines: Preparing for COVID-19.*

While all areas of the college/university will require adjustments upon resuming operations, several key areas outside the classroom, such as housing, dining, athletics, and recreational sports, will require additional consideration.

Housing

Depending upon the size of the college/university, its residential housing inventory, and on-campus residency requirements, thousands to tens of thousands of students may live and dine on campus during periods of full in-person instruction. Students congregate, study, and socialize in these on-campus residential settings. Students often reside with two or more individuals per living space, with roommates from different parts of the country and world. In such settings, there will frequently be a mixture of individuals from low COVID-19 transmission areas and high-transmission areas living in a single space.

Clearly, it is difficult to maintain full physical distancing in on-campus housing, and even modified guidelines may be difficult to achieve. Considerations to decrease the risk for exposure within traditional residence halls, campus apartments/suites, campus fraternity/sorority houses, and other on-campus housing arrangements, include:

☐ Single resident per room and ideally per bathroom (if possible). This may be feasible only if the college/university has a limited number of students on campus for in-person instruction. When shared bathrooms are used, define the type and frequency of cleaning.

☐ Requirement of personal face coverings in common areas.

☐ Frequent reminders of proper hand hygiene (verbally, posters, videos) with hand sanitizer widely available in common areas and rooms.

☐ Enhanced cleaning in all common areas and high- touch surfaces, consistent with enhanced cleaning practices of other non-residential areas such as academic buildings. Custodial workers should be provided appropriate PPE and training consistent with their duties. See CDC guidelines for cleaning and disinfecting facilities (available at https://www.cdc.gov/coronavirus/2019- ncov/community/reopen-guidance.html).

- ☐ Widely shared/posted information in common areas about COVID-19 prevention. CDC provides communications resources such as posters, videos, and more at https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html. Posted information should be updated as appropriate or with significant changes.

- ☐ Training on public health measures and signs/symptoms of COVID-19 for all live-in professionals, graduate hall directors, residence advisors (RA), and others in similar roles.

- ☐ Restrictions on events and social activities as per current physical distancing guidance. Reconfiguring seating in common areas to ensure proper physical distancing. Establish allowable occupancy and develop plans to monitor and enforce.

- ☐ Restrictions on building access by non-residents, including outside guests, non-residential staff, and others. These restrictions may not apply to some people, such as personal care attendants for students with disabilities.

Students with medical conditions such as asthma, diabetes, immunosuppressive drug therapy including chronic systemic corticosteroid treatment, heart disease, HIV, and morbid obesity are at high risk for COVID-19 illness and complications. The IHE must address whether these high-risk individuals should return to residence halls and other on-campus housing in the early phases of reopening the campus or later.

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Housing/residence life, custodial, and other support staff are frequently on-call and are often the first responders to the needs of residential students. They need access to PPE, appropriate exercise and break opportunities, defined work schedules with time off as appropriate, and access to psychological/counseling support.

Isolation and Quarantine

Inevitably, a residential student will contract or be exposed to COVID-19 and will require isolation or quarantine. Campuses must proactively identify appropriate residential spaces and reserve those spaces in the event of needed isolation or quarantine of a student(s). If on-campus housing is nonexistent, unavailable, or unfeasible, the college/university should identify off- campus options for the isolation and quarantine of residential students. It is unreasonable to expect IHEs to provide on-campus isolation and quarantine housing for students who live off campus, but it is recommended that the IHE develop a plan for fielding requests for isolation/quarantine housing for off-campus students.

Ideally:

- A protocol should be made available to all individuals involved in the management of isolation spaces and its procedures.

- The isolation and quarantine rooms should be physically separated from other residential student rooms.

- The rooms should have private bathroom facilities and be stocked with a thermometer, sanitizing wipes, tissues, soap, hand sanitizer, and toiletries.

- Spaces should be labeled externally with appropriate signage that states restricted access (e.g., "Private Quarters" or "Authorized Personnel Only") but does not state the reason for the restricted access due to concerns about potential for stigma and FERPA/ HIPAA violations. Any signage decisions should be reviewed with college/university general counsel. Minimally, a select group of individuals within housing/residence life, campus safety, and facilities should be aware of the rooms used for isolation.

- Adequate numbers of rooms should be pre-identified to accommodate an increase in need. CDC may later provide guidance on adequate numbers of rooms; if/when that guidance is released, these ACHA recommendations will be updated.

- Student health services staff should remotely monitor students on a daily basis (temperature checks and symptom screening) and transfer to an on- or off-

  campus site for a clinical evaluation if symptoms advance or the patient requests.

- For students on the campus meal plan, dining services should arrange food delivery in collaboration with housing/residence life staff. Student affairs or campus life, in collaboration with housing/residence life staff, could arrange for the purchase of a campus meal plan or coordinate meal delivery for those students who have not purchased the campus meal plan.

- Counseling services and/or the office of spiritual and religious life should be available remotely to students in isolation or quarantine as needed.

- To the degree possible, students should continue academic activities remotely or be provided with note takers.

- A team of designated student affairs/campus life staff should be appropriately trained and on call to assist students with their personal needs (medication pickup, delivery of hygiene supplies, etc.).

- Transportation is made available to and from the location if medical care is needed.

- Custodial and maintenance staff and live-in professionals are provided with and required to wear appropriate PPE (as per CDC guidelines) when cleaning or entering isolation and quarantine spaces (available at https://www.cdc.gov/coronavirus/2019- ncov/hcp/infection-control-faq.html).

All IHEs may not have the resources to meet each of these ideal recommendations but at a minimum should assess their capability to provide these accommodations for residential students in isolation or quarantine.

Many of these guidelines were developed in collaboration with the Association of College and University Housing Officers-International (ACUHO-I). Please visit the ACUHO-I website at https://www.acuho-i.org/covid19 for additional COVID-19 resources for residence life administrators and staff.

Dining

On-campus dining services share many similarities with restaurants, but there are also a number of important differences that potentially impact the risk of COVID-19 transmission. In most campus dining services, students (faculty, staff, and visitors) queue up to enter, choose food options, and pay with cash, credit/debit cards or meal cards. Dining areas are often large and chaotic, with

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closely spaced tables and chairs and both sustained and episodic interpersonal interactions. As a result, significant changes will likely be necessary to institute physical distancing and other infection prevention and control measures. If a campus chooses to partially or fully resume campus dining services, they should consider:

- Requiring all dining facility staff to wear face masks and gloves at all times while working and interacting with the public.

- Providing custodial services with appropriate PPE for cleaning and disinfecting common, non-clinical spaces as per CDC guidelines (available at: https://www.cdc.gov/coronavirus/2019- ncov/community/disinfecting-building-facility.html).

- Requiring employees to follow infection prevention guidelines including:

  - Staying home when ill.

  - Practicing physical distancing whenever possible at work.

  - Practicing proper hand hygiene.

  - Avoiding touching the eyes, nose, and mouth with unwashed hands.

- Cleaning and disinfecting frequently touched surfaces throughout the workday.
  - Undergoing temperature checks prior to shift.
- Requiring all customers/diners to wear face masks or coverings while in the facility. Since an individual cannot eat and drink while in a mask, masks should be worn during movement in the facility and can be removed when sitting and dining. This further emphasizes the need for physical distancing of patrons and additional discussions of providing only takeout options during the initial phases of re- opening.
- Limiting the number of individuals dining in a single facility at one time. The number should be chosen with the goal to achieve appropriate physical distancing of diners. Possible approaches include:
  - Access control: once the target number is reached, patrons are only allowed to enter when another customer leaves.
  - Cohort dining: established dining times admitting a specific group of customers/diners.
  - Physically spaced (6-foot) floor markers for waiting lines outside and inside the facility.
  - Appropriately spaced and limited numbers of tables and chairs per table.

- Eliminating buffet-style self-serve food or beverage stations and replacing with staff-served meal stations.
- Providing a bagged take-out meal option at every meal. Consider kosher, vegetarian, vegan, and gluten- free options, as requested or appropriate to the customer base.
- Arranging food delivery to students in isolation or quarantine.

Athletics

Many colleges/universities have hundreds of students participating in intercollegiate (varsity) sports. The novel COVID-19 virus presents a high risk of transmission in athletic settings due to frequent physical contact, potential for aerosolization during exercise, fomites (shared towels, water bottles, athletic equipment, balls/pucks), and the potential physical effects of over-training and dehydration on disease resistance.

Student athletes are first and foremost students. Athletics and sports medicine programs must ensure department policies, procedures, and communications regarding COVID-19 align with institutional, CDC, federal, state, tribal, territorial, or local public health guidelines and requirements.

In preparation for a partial or full resumption of intercollegiate athletics activities, including practice and competition, athletics and sports medicine programs should consider the following:

Creation of an Athletics COVID-19 Action Team:
Team members could include:

- Athletic director or designee.
- Head athletic trainer or designee.
- Head team physician or designee.
- Coaching representative.
- Strength and conditioning representative.
- Student health services representative.
- Counseling services representative.
- Student athlete.
- University crisis management/emergency preparedness representative.
- Health care system (academic medical center or local health care system) representative.

- Other potential ad hoc or advisory group representatives could include those from: recreation services, public health, facilities management, custodial services, compliance offices; equipment services; health promotion and well-being services, nutrition/dining services, housing, academics, human resources, campus safety, and athletic conference/governing bodies.

Creation of an Athletics and Sports Medicine COVID- 19 Action Plan: This plan is a living document that is developed, reviewed, and updated by the Athletics COVID-19 Action Team and includes:

- Guidelines developed in conjunction with the campus COVID-19 planning and response committee regarding:

    - Personal protective equipment (PPE) and training for athletic trainers and custodial staff, including donning and doffing procedures.

    - Adequate availability of recommended PPE.

    - Recommended approach to Basic Life Support (BLS), resuscitation, and automated external defibrillator (AED) use in a student athlete/staff/spectator/patient with possible COVID-19.

- An assessment of the potential for COVID-19 transmission in each sport (e.g., individual vs. team sports; contact vs. non-contact sports; major spectator vs. limited spectator sports). Consider a phased return to athletics participation based on potential risk of transmission in each sport. Areas for consideration should include:

    - Sport-related impediments to personal distancing, which is unavoidable in many sports (e.g., wrestling, football, soccer, basketball, and other contact sports) and less common in others (e.g., golf, individual swimming events with appropriately spaced lanes, singles tennis).

    - Ball transfer during practice and competition (e.g., volleyball, basketball, soccer, baseball/softball, etc.).

    - Needs and feasibility of appropriate cleaning and disinfection in shared apparatus sports (e.g., gymnastics).

    - The difficulty/feasibility of "policing physical distancing" among spectators, even in a very small crowd and whether it is a task that athletics staff are able/willing to undertake.

- Pre-participation screening and evaluation of student athletes*:*

    - Consider addition of pre-participation questions regarding COVID-19 diagnosis, recent or current illness suggestive of COVID-19, exposure, current restrictions (isolation or quarantine), and/or current symptoms.

    - Carefully review each athlete for the presence of underlying health conditions that places the individual at higher risk for COVID-19.

    - Consider further evaluation of a student athlete based upon their questionnaire and recommendation of team physician or student health or primary care provider. Ensure onsite access to appropriate PPE in the event of a concerning student athlete questionnaire or screening.

    - Consider staggering pre-participation screening (rather than a single "mass screening event"), perhaps by team or by individual athlete appointments, to ensure physical distancing during waiting and examinations and allow cleaning of exam spaces between athletes.

    - Understand that scheduling changes could impact the immediate availability of individual athletes or teams upon return to campus.

- At the time of publication of these guidelines, the question of COVID-19 testing of all intercollegiate athletes or other at-risk groups (noted on page 2) has not yet been settled. Given the current limitations of testing technology and interpretation of the results, it is clear that even a combination of testing for both infection (nucleic acid or antigen testing) and immunity (serologic or antibody testing) cannot provide a comprehensive picture of the safety of the student athlete "herd." There will also be questions about the need for repeated testing and how often. IHEs and athletics programs are advised to continue carefully monitoring the recommendations of CDC, public health authorities, and professional organizations moving forward.

- Safe transition/acclimatization to athletic activity. Review adherence to NCAA governing body and sports medicine consensus recommendations for transition and acclimatization to activity following extended inactivity periods.

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- Physical distancing principles in athletics. Consider recommendations for physical distancing in:

  - Athletics training room and other sports medicine health care facilities.

  - Athletics locker rooms.

  - Strength and conditioning facilities (including weight rooms). Will need to evaluate the spacing of equipment and use of a "sanitation station" at each equipment/exercise site so that cleaning can take place between each athlete, either by staff or the user.

  - Team meeting rooms.

  - Athletics academic areas.

  - Athletics dining areas.

  - High volume communal areas in athletics facilities, including spectator areas ("the stands," arenas, and stadiums).

- Recommendations for virtual team activities (e.g., team meetings). Whenever possible, these virtual activities should include athletes, coaches, and staff currently separated due to high-risk conditions, illness, or travel restrictions.

- Recommendations on use of personal face coverings (or surgical masks) in the athletics setting (including training rooms and sports medicine settings) that are consistent with CDC guidelines.

- Recommendations for non-touch temperature check prior to practice, training, and competition.

- Recommended steps in the transport, assessment, and testing of student athletes or staff with potential COVID-19 illness.

- Isolation and quarantine guidelines for student athletes:

  - Guidelines should be consistent with campus and CDC guidelines and procedures (see Housing recommendations).

  - Many student athletes live together in groups (e.g., off-campus apartments and houses), which may present issues for isolation and quarantine of individuals and groups.

  - Include contingency plan for onset of illness and/or exposure during athletics-related travel and competition.

- CDC guidelines for disinfecting non-emergency vehicles in the event of transport of an individual with diagnosed COVID-19 or a person under investigation (PUI) (available at

https://www.cdc.gov/coronavirus/2019- ncov/community/organizations/disinfecting- transport-vehicles.html).

- Implementation of an athletics "shared responsibility" infection prevention plan, including:
  - Individual personal conduct consistent with prevention guidelines.
  - Signage about prevention based on CDC, campus, and other recommendations.
  - Hand sanitation stations (soap and water or 60% alcohol-based rub/hand sanitizer).
  - Annual prevention education and training for student athletes and staff.
- Guidelines for custodial services on appropriate techniques and PPE (as per CDC guidelines) for cleaning and disinfecting common, non-clinical spaces (available at: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).
- Guidelines for both athletic trainers and custodial services on appropriate techniques and PPE (as per CDC guidelines) for cleaning and disinfecting training room and sports medicine health care spaces, including terminal cleaning (available at: https://www.cdc.gov/coronavirus/2019- ncov/hcp/infection-control-faq.html).
- Travel considerations: sports medicine staff should follow federal, state, local, and institutional public health recommendations related to screening and testing of student athletes and staff following team, work-related, and individual travel.
  - Considerations include travel to community or international "hot spots" and sports involved (contact vs. non-contact sports, team vs. individual sports).
  - Sports medicine staff should provide guidance regarding whether the proposed travel is appropriate given the current stage of the pandemic, potential isolation and quarantine measures that could arise as a result of the travel, and additional screening that may be required as a result of the travel.

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- Contingency plans for illness, isolation, or quarantine of athletic trainers and other sports medicine staff. Consider minimum athletic trainer staffing levels for the safe continuation of team training and competition activities.

Provision of COVID-19 and infectious diseases education and training for athletics staff, including athletic trainers, coaches, strength and conditioning professionals, administration, facilities management, other departmental staff, and student athletes. The Athletics COVID-19 Action Team should recommend the timing (prior to return to campus) and continuing need throughout the academic year(s). The training should include:

- Details of COVID-19 signs, symptoms, evaluation, testing, course of illness, and transmission.
- Infection prevention and control concepts and procedures, including physical distancing, avoiding contact with ill individuals, and institutional screening procedures (if any).
- Individual personal conduct and hygiene.

Many of these guidelines were developed in collaboration with the National Athletic Trainers Association Intercollegiate Council for Sports Medicine (NATA- ICSM). For more college and university resources, visit the NATA website at https://www.nata.org/professional- interests/job-settings/college-university/resources.

Recreational Programs, Facilities, and Club/Intramural Sports

Most campuses have recreation centers for students, faculty, and staff, and many include multiple and/or extensive indoor and outdoor (e.g., fields) facilities. Thousands of students participate in club and intramural sports, fitness classes and activities, aquatics, and other opportunities for physical activity. Research has shown positive effects

of exercise on the immune system and many chronic diseases (including diabetes, obesity, and heart disease) that place individuals into higher risk groups for COVID-19. Exercise also has positive impacts on psychological well-being. However, these recreation centers and programs carry many of the same enhanced COVID-19 transmission risks that are potentially present in varsity sports and local health clubs. Therefore, recreation programs and services should:

- Align recreation services policies, procedures, and communication guidelines with institutional guidelines and CDC, federal, state, tribal, territorial, or local public health guidelines and requirements.

- Provide COVID-19 and infectious diseases education for recreation staff (professional and student), faculty, and instructors. Training should include:
  - Details of COVID-19 signs, symptoms, evaluation, testing, course of illness, and transmission.
  - Infection prevention and control concepts and procedures.
  - Individual personal conduct and hygiene.
  - The important personal and institutional responsibility to protect the health and safety of all students, faculty and staff, including maximizing efforts to protect recreation, intramural, and club sport participants from COVID-19.

- Assess recreation and sports programs for their potential for COVID-19 transmission (e.g., individual vs. team sports; high intensity workouts with possible enhanced risk for aerosolization). Consider a phased return of sports and recreation programs based upon potential risk of transmission in a given activity.

- Consider informing the campus community, including parents, about COVID-19 prevention steps being taken by the recreation department. Be sure to carefully craft and vet any communications going to all or part of the campus community (see guidance under "Communications Plan").

- Require the use of personal face masks by coaches, instructors, recreation staff, and participants.

- Employ physical distancing measures in:
  - Locker rooms
  - Strength and conditioning facilities (e.g., weight rooms, cardio areas). As with athletics, consider the use of a "sanitation station" at each equipment/exercise site so that cleaning can take place between each athlete, either by staff or the user.
  - Fitness and wellness classes.
  - Lounge areas.
  - Indoor and outdoor recreation facilities.

- Consider options to limit the maximum number of people in the facility with access control, use-by-appointment, or other measures.

- Consider starting or continuing to offer virtual recreation classes.

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- Feature signage about COVID-19 prevention (based on CDC, campus, or other recommendations) throughout the facilities.

- Increase the availability of hand sanitation stations (soap and water or 60% alcohol-based rub/hand sanitizer) throughout the facilities, especially in high touch areas (elevators, stair rails, turnstiles).

- Provide custodial services, athletic trainers, personal trainers and fitness instructors with guidelines for appropriate techniques and PPE (as per CDC guidelines) for cleaning and disinfecting common, non-clinical

spaces, including recreation venues and equipment (available at: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

Many of these guidelines were developed in collaboration with National Intramural-Recreational Sports Association (NIRSA), Leaders in Collegiate Recreation. For more information about COVID-19 resources for recreational services professionals and their campus colleagues, visit the NIRSA website at https://nirsa.net/nirsa/covid19/.

Communications Plan

Regardless of size, a college/university must develop a communications plan when reopening the campus. Given the high stakes associated with reopening any IHE during the ongoing COVID-19 pandemic, it becomes vitally important to carefully craft and vet all communications to the campus community. Communications must convey the institution's confidence in the information, contain the institution's brand identity, send a unified message, and align with the core mission and values of the IHE.

The campus COVID-19 planning and response committee, a communications sub-committee, or the central communication/public relations team should oversee all messages, including messaging from the SHS. Student health, counseling, and health promotion/well-being leadership should engage early and often with the communications oversight group, as well as senior campus leadership, as they develop health and wellness messaging.

Information must always be credible, trustworthy, and up to date. Ideally, any document containing medical, science-based, epidemiologic and/or infection prevention and control messages should be reviewed by an individual with appropriate credentials or expertise. Information and recommendations will continue to evolve rapidly, and it is crucial to "get the science part right" in all communications.

Elements of Effective Messaging and Communication

Most or all IHEs have experience in crisis communications, and the basics of the approach will serve them well as they communicate about partial or full reopening in the face of the COVID-19 crisis.

Effective crisis messaging:

- Has unified content.
- Is consistent and reflects brand identity.
- Addresses the intended audiences' needs and (if appropriate) is delivered in multiple languages.
- Is appropriate in tone to the urgency of the communication. Calmness, confidence, and compassion should be evident in the message.
- Is timely, transparent, and clear.
- Is updated frequently and dated to reflect this timing.
- Resides on a single, easily accessible landing page on the institution's website.
- Is delivered through multiple platforms (website, social media, email, etc.).
- References additional resources (e.g., website, hot lines, FAQs for additional information).
- Is assessed and adjusted as necessary.

While there are many issues to consider for communication pieces, it can be helpful to address the basics of "Who, What, When, Where, Why, and How."

Who is the targeted audience?

- All students or only a subset of students (e.g., only undergraduates, only health science students, only student athletes)?

- The entire campus community, including faculty and staff?
- Students <u>and</u> parents?
- Trustees?
- Alumni?
- Local hospitals, health department, urgent care clinics?
- Visitors to campus—visiting teams, prospective students, visiting scholars and faculty, vendors, conference attendees, etc.?
- Off-site partners, community service facilities, internship locations?
- Local and national media via a press release?

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The level of parental concern about COVID-19 will be extraordinarily high when the campus reopens. Including parents in key messaging is an excellent strategy to address their concerns and can be accomplished by inclusion in the main message or via a parent-targeted version. The most effective approach will vary significantly depending upon the target audience.

What is the purpose of the message?
- Define the main message. Including too many key points into a single communication piece makes it overly complex and long, which risks reader fatigue, inattention, and loss of the message.

- Limit to three or four main messages per communication piece. For example, the key messages could be "We will continue to do in-person care, telehealth, and telemental health once the campus reopens;" "This is how to access care during and after office hours;" and "For questions, here is how you contact us." If you also need to communicate about physical distancing in classrooms, residence halls and dining facilities, it is likely to be more effective in a separate message.

- Each message should include contact information for email and phone follow-up. Ensure staff are prepared to respond to concerns in a timely manner.

When should the message be sent?
- Some events will call for immediate notification of your audience(s), such as a sudden resurgence of COVID-19 illnesses on your campus.

- Urgent/important messages (e.g., a message in response to tragedy, such as the death of a community member) should be templated in advance, so that the language can be crafted, appropriately vetted, and available for immediate use.

  - The health services team should consider drafting key messages now for review and approval so they can be delivered to the campus in an orderly and timely manner.

  - The campus should consider developing a plan in advance for communicating about active cases as well as the death of a student, faculty, or staff member from COVID-19.

- Communications regarding policies, procedures, and strategies can be planned and scheduled for release more deliberately.

- Important messages should not be sent in the late evening, at night, or on Friday afternoon. Typically, questions regarding the communication will arise, and it is important to have someone available to respond.

Where will this message be housed?

Whether the message is an email, video, or press release, it should be featured in a format and location most readily accessible to the target audience, such as the campus website or social media sites.

Why is this message being sent?

Communications will serve several purposes including:

- To delineate action steps the IHE is taking to progressively reopen the campus.

- To share important safety measures.

- To describe specific approaches/instructions for subsets of the campus population (e.g., residential students, student athletes, health sciences students).

- To reassure the message's recipients.

How will feedback and questions be addressed?

- Some messages, particularly those delivered urgently, may create a flurry of responses from the community, parents, and the media.

- Designate spokespersons in key areas to respond to media and individuals to answer phone and email inquiries using standardized and evidence-informed responses.

- Consider proactively engaging media (including campus, student, and local media), and prepare for contact from national press and communications organizations.

- Frequently asked questions (FAQs), or perhaps even recently asked questions (RAQs), can provide helpful, quickly accessible predetermined responses and should be posted prominently on the IHE's webpage.

- It is difficult to manage inaccurate information and rumors, particularly those circulating on social media. While some IHEs monitor key sites for misinformation and malicious content, many have concluded that the task is simply too big and social media is impossible to control. It is, however, worthy of discussion with the communications team.

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- As the campus reopens, consider hosting monthly in- person or virtual leadership updates or town hall meetings. These updates could occur with greater frequency (weekly or bi-weekly) as conditions warrant. The president/chancellor, provost, or member of the COVID-19 response team could lead these sessions on emerging topics and continue to emphasize that the health and safety of the campus community is their highest priority.

International Travel

Currently, guidelines regarding international travel are very simple: **Avoid all nonessential travel globally.** This is detailed in the U.S. State Department's Level 4 Global Do Not Travel Advisory (https://travel.state.gov/content/travel.html) and the CDC Level 3 Global Travel Health Notice to avoid all nonessential travel (https://www.cdc.gov/coronavirus/2019- ncov/travelers/index.html).

Looking ahead to that time when international travel for IHE constituents resumes on a broader scale, protecting the health of the individual traveler as well as campus and local communities is of paramount importance. The following elements should be considered for all travelers embarking on IHE-related international travel, including students, faculty, and staff. These recommendations are based on current information and will be updated as the global COVID-19 situation evolves.

- Frequent, detailed communication among all involved parties is essential.

- Detailed travel plans and purposes should be fully disclosed prior to travel.

- All IHEs should establish comprehensive institution- wide policies regarding international travel recommendations, restrictions, and requirements for both outgoing and incoming travelers.

  - Policies should pertain to all IHE-related persons (students, faculty, and staff) who are planning international travel or returning from international travel.

  - Policies should be created collaboratively by appropriate parties (e.g., student health services, administration, office of international programs, risk management, and general counsel, as well as the state, tribal, territorial, or local health departments as appropriate).

  - Policies should be easily accessible, well-known to all affected parties, and enforceable.

  - Due to the variability of the global COVID-19 situation, policies should be reviewed regularly and revised as appropriate.

- Current, reliable, relevant resources must be provided to travelers prior to travel.

- A travel registry must be established for all international travel.

- Plans for reliable intra-travel communication and ability to identify travelers' locations is vitally important and must be in place prior to travel.

- Pre-travel orientations are essential and should contain current and relevant safety and health information, including emergency procedures.

- Greater consideration should be given to pre-travel health screenings due to health risks of the COVID- 19 pandemic.

- Appropriate health insurance should be mandatory for all travelers, including adequate evacuation coverage. IHEs should carefully review the details of insurance policies to ensure adequate coverage for planned activities as well as absence of pandemic exclusions.

Students, faculty, or staff who have been traveling internationally and are planning to re-enter the campus environment:

- Should be encouraged or required to communicate their intentions with identified contacts at their institutions in order to receive critical relevant information well in advance of their anticipated return.

- Must follow state, tribal, territorial, and local health department recommendations and requirements.

  - At this time, this includes quarantine at home for 14 days, checking temperature twice a day, monitoring for onset of symptoms of COVID- 19, and maintaining contact with the appropriate health department as directed.

  - Directories of local (and tribal) health departments: https://www.cdc.gov/publichealthgateway/healt hdirectories/healthdepartments.html

  - CDC returning traveler guidelines: https://www.cdc.gov/coronavirus/2019- ncov/travelers/after-travel-precautions.html

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International Students, Faculty (Including Visiting Faculty), and Staff Who Are Incoming to or Present on Campus

There are many complex variables at play for our international students and colleagues planning travel in the ever-evolving global COVID-19 situation.

- It is crucial to inform our international students and colleagues of relevant, reliable, and current travel health and safety resources and to encourage the serious consideration of current recommendations prior to travel.

- Every international student, faculty, and staff member is in a unique situation, which warrants individually tailored recommendations.

- All new or returning international travelers should refer to CDC returning travelers guidelines and review CDC's "Travelers Prohibited from Entry to the U.S." (available at https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html).

- Existing international students, faculty, and staff currently at an IHE in the U.S. who are considering travel to their home countries should review global travel restrictions as noted by the U.S. State Department and CDC (see above and in Resources).

- Faculty and staff contemplating travel with subsequent return to the U.S. to continue IHE studies or work must seriously consider:

  - Current COVID-19 travel health risks and the possibility of significant unexpected changes in risks during their travels.

  - Potential for abrupt disruption, cancellation, or other serious complications of planned return to the U.S. due to the COVID-19 pandemic.

  - Rapidly changeable re-entry restrictions (including at any intermediate points in itinerary).

International travel is an evolving situation. Most IHEs in the U.S. have canceled or prohibited international travel for any university-related reasons through August 2020.
Fall study abroad programs and research-based travel are being scrutinized at an individual institutional level, and many have thus far postponed making definitive decisions. Incoming international students, faculty, and staff are faced with a multitude of uncertainties as well, and challenges and uncertainties abound in both host and home institutions and countries. Considering the multitude of unknown factors involved with this pandemic,

knowledge and resources to inform new international travel guidelines will emerge in the coming months, and ACHA will offer updates as appropriate.

Conclusion

COVID-19 has changed the health and safety of our nation and our college campuses dramatically. Easing the mitigation and physical distancing restrictions too soon will offset the progress we are starting to see in the U.S. and may precipitate an increase in spread of the virus, cause unnecessary deaths, overwhelm health care facilities, and prolong the economic crisis. Until specific and effective therapies and vaccines are available and widely used, campuses may need to continue to loosen or reinstate public health control measures throughout the pandemic.

A careful risk assessment and staged approach is needed to balance the benefits and potential harms of adjusting these measures, so as not to trigger a resurgence of COVID-19 cases and jeopardize the health and safety of the campus community.

Colleges and universities should implement incremental steps based on testing, surveillance, contact tracing, and the health care and campus infrastructure ability to handle a surge in order to lessen physical distancing. Changes should be guided by local, state, and regional data for both the state in which the IHE resides and nationally. Understanding and considering the preparedness levels of the community and the campus and marshaling the IHE's considerable teaching, research, and student development expertise and resources will be critical to the success of resuming campus operations and mitigating the potential spread of the virus.

Resources

White House Guidelines—Opening Up America Again: https://www.whitehouse.gov/wp-content/uploads/2020/04/Guidelines-for-Opening-Up- America-Again.pdf

IDSA Policy and Public Health Recommendations for Easing COVID-19 Distancing Restrictions: https://www.idsociety.org/contentassets/9ba35522e0964d 51a47ae3b22e59fb47/idsa-recommendations-for-reducing-covid-19-distancing_16apr2020_final-.pdf

American Psychological Association Practice Resources in Response to COVID-19: https://www.apaservices.org/practice/clinic

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American Counseling Association, Counseling in a time of COVID-19: https://www.counseling.org/knowledge-center/mental-health-resources/trauma-disaster/mental- health-professional-counseling-and-emergency-preparedness

Substance Abuse and Mental Health Services Association: https://www.samhsa.gov/coronavirus

Mental Health America: https://mhanational.org/covid19#ForMentalHealthProvide rs

American College Health Association: https://www.acha.org/COVID-19

COVID-19 Task Force: Reopening Guidelines Committee

These guidelines were developed by the Reopening Guidelines Committee, part of ACHA's COVID-19 Task Force. A special thanks to the committee members: Jean Chin, MD, MBA, FACP, FACHA (Task Force and Committee Chair); Deborah Beck, MPA, EdD; Michael Deichen, MD, MPH; Catherine Ebelke, PA-C, CTH; Mike Huey, MD, FACHA; Cheryl Hug-English, MD, MPH; and Sarah Van Orman, MD, MMM.

Higher Education Mental Health Alliance (HEMHA) College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services: http://hemha.org/wp-content/uploads/2019/01/HEMHA- Distance-Counseling_FINAL2019.pdf

International Travel and COVID-19:

CDC Travel : https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

U.S. State Department Travel: https://travel.state.gov/content/travel/en/internati onal- travel.html

Many additional travel health related resources in ACHA Connect Travel Health Forum library (members only).

Considerations for Reopening Institutions of Higher Education in the COVID-19 Era / Appendix A

Appendix A

Suggested Campus and Community Criteria in a Phased Opening Approach

Community

- Downward trajectory of ILI and COVID-19lik syndromic surveillance within a 14-day period.
- Downward trajectory of documented cases **or** percentage of positive tests (with flat or increasing volume of tests) for 14 days.
- Hospitals able to treat all patients without crisis care.
- Robust testing capacity in community including screening and contact tracing for symptomatic individuals.

Campus-Specific

- Downward trajectory of ILI and COVID-19 syndromic surveillance within a 14-day period.
- Downward trajectory of documented cases **or** percentage of positive tests (with flat or increasing volume of tests) for 14 days.
- Minimal cases of community transmission (no known source) in student population.
- Containment capabilities (See "SHS Preparation").

8455 Colesville Road, Suite 740 | Silver Spring, MD 20910 | (410) 859-1500 | www.acha.org