

RECOMMENDED HEALTH PROTOCOLS FOR INSTITUTIONS OF HIGHER EDUCATION – FALL 2020

The following health protocols are recommended for institutions of higher education (IHE) for reopening campus operations for fall 2020. This checklist is based on health protocols and recommendations included in: (1) [The Governor’s Report to Open Texas](#) (April 27, 2020) and the [Governor’s Strike Force to Open Texas](#) (updated June 3, 2020); (2) COVID-19 [Considerations for Institutes of Higher Education](#) (updated May 30, 2020) and other information provided by the [Centers for Disease Control and Prevention \(CDC\)](#), including the CDC’s [Testing in Institutions of Higher Education](#) (June 30, 2020); (3) [Considerations for Reopening Institutions of Higher Education in the COVID-19 Era](#) (May 7, 2020) provided by the [American College Health Association \(ACHA\)](#); (4) [Preliminary Guidance for Resuming In-Person Instruction at Postsecondary Education Institutions and Adult Education Programs](#) (June 3, 2020) provided by the Pennsylvania Department of Education; and (5) [COVID-19 Checklist for Campus Housing Professionals](#) (May 6, 2020) provided by the [Future of Housing Work Group](#) assembled by the [Association of College and University Housing Officers - International \(ACUHO-I\)](#).

The practices outlined below are recommended to assure a safe and measured reopening of campuses as they transition back to in-person instruction and operations while putting measures in place to protect their campus communities. The virus that causes COVID-19 is still circulating in our communities. We need to continue to observe practices that protect everyone, including those who are most vulnerable.

Public health guidance cannot anticipate every unique situation. Institutional leaders should stay informed and take actions based on common sense and wise judgment to protect the health and safety of students, faculty, staff, and campus visitors.

The duration of the COVID-19 pandemic remains unclear and the situation continues to evolve. COVID-19 will impact each IHE differently depending on local conditions, and public health guidance, scientific knowledge, and clinical best practices will change. These guidelines are offered *as a resource* to assist institutional leaders when deciding whether to reopen any aspect of in-person campus operations or facilities. Such decisions should be made after careful consideration of various factors, including, but not limited to local public health conditions; institutional capacity; and adherence to public health practices to prevent the spread of COVID-19. IHE leaders may consider adopting additional protocols for their specific needs and circumstances to protect the health and safety of students, faculty, staff, and campus visitors.

Recommended Health Protocols for Students, Faculty, Staff, and Campus Visitors

- Limit the number of individuals assigned to classrooms or auditoriums to allow for recommended physical distancing.
- Use physical distancing plans for each course, such as staggered or rotating schedules and reduced classroom occupancy.
- Monitor and track students’ attendance; IHEs not taking attendance in individual courses may, for example, want to consider using class rosters and student participation to monitor attendance.
- Provide training for all students, faculty, and staff on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette.
- Have contingency plans for rapid return to online instruction if an increase in local infections requires physical distancing.
- Establish plans for protecting the health and safety of vulnerable student, faculty, and staff populations.
- Post [signs](#) in highly visible locations that promote [everyday protective measures](#) and describe how to [stop the spread of germs](#) (such as [properly washing hands](#) and [properly wearing a cloth face covering](#)).
- Educate students, faculty, and staff on when they should stay home or self-isolate in their living quarters.

RECOMMENDED HEALTH PROTOCOLS FOR INSTITUTIONS OF HIGHER EDUCATION – FALL 2020

Recommended Health Protocols for Students, Faculty, Staff, and Campus Visitors (continued)

- Have students, faculty, and staff self-screen for symptoms of COVID-19 (listed below) prior to coming onto campus each day, which should include taking their own temperature.
- In evaluating whether an individual has symptoms consistent with COVID-19, consider the following question: Have they recently begun experiencing any of the following in a way that is not normal for them? (Note: Symptoms of COVID-19 may appear **2-14 days after exposure to the virus**).
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle or body aches
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Nausea or vomiting
 - Diarrhea
 - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - Congestion or runny nose
- Do not allow any student, faculty, staff, or campus visitor with new or worsening signs (or any symptoms listed at the top of this page) to return to any reopened campus operation until:
 - At least 24 hours have passed *since recovery* (resolution of fever without the use of fever-reducing medications);
 - The individual has improvement in symptoms (e.g., cough, shortness of breath, and other symptoms associated with COVID-19); and
 - At least 10 days have passed *since symptoms first appeared*. For patients with severe illness, duration of isolation for up to 20 days after symptom onset may be warranted.
- In the case of a student, faculty, staff, or campus visitor who has symptoms that could be COVID-19 who has not been evaluated by a medical professional or tested for COVID-19, the individual should be assumed to have COVID-19, and the individual may not return to the reopened campus operation until the individual has completed the same three-step criteria listed above.
- If the student, faculty, staff, or campus visitor has symptoms that could be COVID-19 and wants to return to a reopened campus operation before completing the above self-isolation period, the individual must either (a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis or (b) receive two separate confirmations at least 24 hours apart that they are free of COVID-19 via acute infection tests at an approved COVID-19 testing location found at <https://tdem.texas.gov/covid-19/>.
- Do not allow a student, faculty, staff, or campus visitor with known close contact (see: [When to Quarantine](#)) to a person who is lab-confirmed to have COVID-19 to return to the reopened campus operation until the end of the 14-day self-quarantine period from the last date of exposure.
- Consider designating an administrator or staff member to be the primary COVID-19 liaison responsible for communicating and coordinating with the local health department, local emergency services, and local health care providers. This coordination should be ongoing and should include prompt, coordinated responses to COVID 19 and other emergencies. Faculty, staff, and students should receive notice about who the institution's primary COVID-19 liaison is and how to contact them.

RECOMMENDED HEALTH PROTOCOLS FOR INSTITUTIONS OF HIGHER EDUCATION – FALL 2020

Recommended Health Protocols for Students, Faculty, Staff, and Campus Visitors (continued)

- Recommend all individuals wash or sanitize their hands upon entering the reopened campus operation.
- Recommend all individuals maintain at least [6-foot separation](#) from other individuals. Modified classroom and auditorium seating arrangements are recommended to facilitate appropriate physical distancing. Where feasible, consider alternating rows in auditorium seating (every other row left empty) and keeping at least two empty seats (or 6-foot separation) between students in any row. Additional measures such as face coverings, hand hygiene, cough etiquette, cleanliness, sneeze guards, other physical dividers, and sanitation are encouraged, particularly in smaller spaces when physical distancing is difficult, in which a number of individuals will be spending time together.
- For any reopened campus operations or facilities, institutions of higher education are required to comply with any applicable executive order (EO) regarding the wearing of masks. However, even if not required by EO, if available, students, faculty, staff, and campus visitors should consider wearing non-medical grade face masks.
- Recommend that campuses make disposable non-medical grade face masks available to students, faculty, staff, and campus visitors, to the extent possible.
- Consistent with applicable law and privacy policies, have students, faculty, and staff report if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days, in accordance with [health information sharing regulations for COVID-19](#) and other applicable federal and state privacy and confidentiality laws, such as the [Family Educational Rights and Privacy Act \(FERPA\)](#).
- Notify faculty, staff, students, families, and the public of campus closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).
- Have protocols in place for how the institution will respond if a student, faculty, staff, or campus visitor begins to show symptoms of COVID-19 (see top of Page 2 of this document) while in class or on campus.

Recommended Health Protocols for Reopened Campus Operations

- Regularly and frequently clean and disinfect any touched surfaces such as doorknobs, tables, chairs, and restrooms in accordance with CDC guidelines (see [Cleaning and Disinfecting Your Facility](#)) and have sufficient disinfecting supplies to maintain hygienic standards.
- Disinfect items (e.g., desk or workspace) that come into contact with students, faculty, staff, or campus visitors.
- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available to all individuals.
- Develop specific procedures for “high” close quarter spaces, such as elevators.
- Consider breaking large lecture courses into smaller sections and using staggered or rotating class schedules to minimize contact among students who are arriving and/or leaving classroom buildings and the campus.
- Consider eliminating potential exposure in common areas by closing drinking fountains, utilizing door stops, or removing furniture in gathering spaces.

RECOMMENDED HEALTH PROTOCOLS FOR INSTITUTIONS OF HIGHER EDUCATION – FALL 2020

Recommendations on Preparing for When Someone Gets Sick

Advise Sick Individuals of Home Isolation Criteria

- Sick faculty, staff, or students should not return to in-person classes or campus facilities, or end isolation until they have met CDC [criteria to discontinue home isolation](#).

Isolate and Transport Those Who are Sick

- Provide notice that faculty, staff, and students should not come to the campus if they are sick and should notify institution officials (e.g., designated COVID-19 liaison) if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms.
- Have faculty, staff, and students with COVID-19 [symptoms](#) (such as fever, cough, or shortness of breath) self-isolate. Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others](#) who are sick. Institutions should follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE-operated housing.
- Consult with healthcare providers to identify a temporary space for isolation to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
- Establish procedures to allow for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

Clean and Disinfect

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#).
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct](#) use and storage of [cleaning and disinfection](#) supplies, including storing products securely away from children.

Notify Health Officials and Close Contacts

- In accordance with applicable federal, state and local laws and regulations, the IHE should notify [local health officials](#), faculty, staff, and students immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#), FERPA, and other applicable laws and regulations.
- Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home or in their living quarters, [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.

RECOMMENDED HEALTH PROTOCOLS FOR INSTITUTIONS OF HIGHER EDUCATION – FALL 2020

Recommendations on Preparing for Reopening Residence and Dining Facilities

Space Accommodations

- Consider limiting occupancy in buildings to enable social distancing.
- Consider reconfiguring dining facilities and operations to ensure that students are 6-feet apart or that partitions are in place. Further, consider reducing seating and offering carry out and delivery options.
- Ensure that strategies and interventions implemented do not prohibit access for students with disabilities.
- Ensure all space accommodations follow ADA laws and regulations.

Dining Halls

- Require all dining facility staff to wear face masks and gloves at all times while working and interacting with the public, practicing physical distancing whenever possible.
- Clean and disinfect frequently touched surfaces throughout the workday. Make a hand sanitizing station available upon entry.
- For any reopened dining halls or dining facilities, institutions of higher education are required to comply with any applicable executive order (EO) regarding the wearing of masks. However, even if not required by an EO, IHEs should consider requiring all diners to wear face masks or coverings while in the facility. Since an individual cannot eat and drink while in a mask, it is recommended that masks be worn during movement in the facility and removed when sitting and dining.
- Consider providing a bagged take-out meal option at every meal. Consider takeout-only options during the initial phases of re-opening.
- Limit 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 diner leaves.
 - Cohort dining: Established dining times admitting a specific group of 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.
- If 6-foot distancing is not possible, consider providing partitions between tables.
- Consider eliminating buffet-style self-serve food or beverage stations and replacing these with staff-served meal stations.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Provide condiments only upon request, and in single use (non-reusable) portions.
- Arrange food delivery to students in isolation or quarantine who are living in residence halls.

RECOMMENDED HEALTH PROTOCOLS FOR INSTITUTIONS OF HIGHER EDUCATION – FALL 2020

Recommendations on Preparing for Reopening Residence and Dining Facilities (continued)

Residence Halls

- Develop guidelines for the use and cleaning of residence halls consistent with [CDC guidance](#).
- Decisions about residence hall capacity should be made in the best interest of the health and safety for students and in consultation with public health officials. Follow the guidance provided by the CDC for [Living in Shared Housing](#) and [Shared and Congregate Housing](#), and [the COVID-19 Checklist for Campus Housing Professionals](#) provided by the [Future of Housing Work Group](#) assembled by the [Association of College and University Housing Officers - International \(ACUHO-I\)](#) to inform your planning.
- Encourage social distancing and urge residents to wear face coverings in any public shared spaces, except for roommates in individual dorm rooms.
- Communicate regularly with residents on the seriousness of COVID-19 and make them aware of institution procedures and protocols related to COVID-19.
- Remind students not to congregate in communal areas and to practice safe social distancing and use face masks or coverings in communal areas.
- Consider any special needs or accommodations for special-needs populations or populations most at-risk for COVID-19 who need to take extra precautions.
- Limit visitors and non-essential staff entering living quarters.
- Consider reserving a residence hall, a portion of a residence hall, or some other housing to quarantine exposed individuals or confirmed cases.
- Develop protocols for quarantine and containment for students living in residence halls.

Ventilation

- Develop protocols for quarantine and containment for students living in residence halls.
- Ensure that ventilation and exhaust systems are properly operating and increase circulation of outdoor air as much as possible.

Bathroom Facilities

- Develop guidelines for the use and cleaning of bathrooms consistent with [CDC guidance](#).
- Practice 6 feet of physical distancing, or other physical distancing strategies, when using bathroom facilities, including showers, sinks, toilets, and urinals.
- Include a space for object placement other than sinks.
- Consider separating shower stalls with physical barriers, where feasible, and clean regularly. If no barriers are in place, consider other social distancing practices like using every other shower stall or limiting the number of students at any given time.
- Consider assigning students to bathrooms and other facilities by zones, or other criteria, to limit cross contamination and to control traffic flow.

Questions related to the phased and gradual reopening of campus operations can be directed to Ray Martinez, Deputy Commissioner for Academic Affairs and Workforce Education, at ray.martinez@highered.texas.gov.