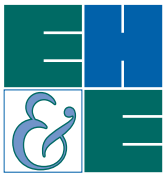

ENVIRONMENTAL HEALTH
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Peer Boarding Schools COVID-19 Guide

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TABLE OF CONTENTS

1.0 INTRODUCTION

In the summer of 2020, a group of Peer Boarding Schools retained EH&E to advise them on ways to mitigate the risks that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, posed to the operation of a boarding school. The Schools sought expertise on how to implement the broad guidance from the Centers for Disease Control and Prevention (CDC) and other organizations in the unique context of a boarding school, where students, who are mostly minors, attend class together, engage in athletics and other co-curricular activities, and mostly live in on-campus residences. The schools sought to proactively mitigate relevant risks and sought assurance from EH&E that they had sufficiently identified them.

The objective of the resulting *Guidebook for Peer Boarding Schools on Implementation of CDC Guidance* (the Guidebook) is to provide general guidance and educational materials for boarding school administrators across several different jurisdictions to assist them in their existing and ongoing efforts to reduce potential exposures to and spread of COVID-19. This general information is consistent with the health and safety recommendations and ongoing monitoring efforts of the U.S. Centers for Disease Control and Prevention (CDC), as they may be updated from time to time, in determining how to open and operate schools during the COVID-19 pandemic.[1]

The CDC Considerations for K-12 Schools: Readiness and Planning Tool outlines three levels of risk for COVID-19 spread in school settings:

- Lowest risk: All classes and activities are online only.
- More risk: Classes and activities are held in-person on a staggered schedule within small cohorts that practice physical distancing.
- Highest risk: All classes are held in-person without controls.

In addition to guidance from the CDC, each individual school needs to consider whether their opening and operations will be consistent with the individual school's state and local regulations and requirements, which will vary by jurisdiction. School administrations are encouraged to begin these conversations early to establish working relationships and to learn of any special requirements for opening and operating their own individual campus. State and local health departments can provide guidance and information on assessing the current level of mitigation needed based on levels of COVID-19 community transmission, the capacities of the local public health and healthcare systems, and school-specific criteria, among other relevant factors.

The recommendations provided in the Guidebook are designed to be implemented by boarding school locations nationwide, only insofar as they suit an individual school and its needs, and at

[1] CDC. *Coronavirus Disease 2019: Considerations for Schools.* https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

all times in accordance with local, state, and school-specific factors. These recommendations do not supersede local and state requirements or any expert guidance any individual school has secured on its own or may secure in the future.

The Guidebook is designed to provide school administrators with relevant and practical information during this COVID-19 pandemic regarding:

- Suggested mitigation strategies for campus operations,
- General guidance to ensure the ongoing safety of students, faculty, and staff and,
- Recommendations for continued verification of safe operations throughout the school year.

Throughout this Guidebook, EH&E uses the terms “Recommended Practice” and “Good Practice.” It is recognized that not every school will be able to (or should) implement the “recommended” practices due to unique factors that affect the school or state regulations. We offer alternative recommendations or practices as a way to help schools understand other measures they can take to mitigate risk.

As additional information becomes available through governmental agencies, medical authorities, academic institutions, and professional industry associations, the recommendations and suggested practices in the Guidebook will be updated and distributed to the Peer Boarding Schools group.

LIMITATIONS

EH&E’s advice, recommendations, guidance and work product is intended to augment and supplement all existing local, state and federal, laws, by-laws, regulations, and ordinances that may apply to the Client’s work, workforce and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA) and Americans with Disabilities Act (ADA) laws and regulations; therefore where EH&E’s advice, recommendations, guidance and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

2.0 TECHNOLOGY AND CONTROLS

This section provides a summary of the literature on effectiveness of selected non-pharmaceutical interventions (NPI) for control of transmission of the novel coronavirus SARS-CoV-2. The summary is intended to support Peer Boarding School personnel who are responsible for managing the COVID-19 re-entry program.

The NPI addressed in this summary are relevant and applicable to Peer Boarding Schools and are also described in COVID-19 guidance from cognizant authorities including the Centers for Disease Control and Prevention (CDC), Association of Heating, Refrigerating, and Air-Conditioning Engineers, Inc. (ASHRAE), or American Industrial Hygiene Association (AIHA).[2]

This summary begins with background information that is intended to orient the reader to the pathways of SARS-CoV-2 transmission recognized at this time and the conceptual model for a *hierarchy of controls* that is generally accepted and commonly used in environmental and occupational health management. Next, summarized in Table 15.1, is a description of the expected effectiveness of the NPI by drawing upon the relevant scientific literature and the professional judgement of EH&E scientists and engineers. The summary information is intentionally brief to enhance its utility for readers and to facilitate updates as information and knowledge about transmission of the virus continues to grow.

ROUTES OF TRANSMISSION

SARS-CoV-2 is the coronavirus that causes COVID-19 disease. SARS-CoV-2 is transmitted from person-to-person when respiratory droplets that contain the virus are expelled by a contagious person while breathing, vocalizing, coughing, or sneezing and subsequently taken up through the mouth, nose, or eyes of a previously non-infected person. Three possible pathways of transmission are recognized.

- ***Close contact transmission*** refers to exchange of respiratory droplets, whether large or small, when people are very near to each other. Close contact is commonly defined as within 6 feet. Strong evidence exists for transmission when people are in close contact.
- ***Fomite transmission*** refers to transfer of the coronavirus from an infected person to a surface and subsequently to a previously uninfected person. Transmission by this route is thought to occur less often than by close contact, and few cases of fomite transmission have been reported.[3]

[2] CDC Considerations for Institutions of Higher Education; ASHRAE Position Document on Infectious Aerosols; ASHRAE Emerging Issue Brief on Pandemic COVID-19 and Airborne Transmission; AIHA Reopening: Guidance for Institutions of Higher Education.

[3] https://www.cdc.gov/media/releases/2020/s0522-cdc-updates-covid-transmission.html

- ***Long range transmission*** refers to exchange of small, microscopic respiratory droplets that can occur when people are more than 6 feet apart from each other. Some reports of spread between people in crowded, indoor settings are consistent with long range transmission, but could also be explained by undocumented close contact. Long range transmission is thought to occur less often than by close contact.

HIERARCHY OF CONTROLS

Transmission of SARS-CoV-2 and health impacts of COVID-19 can be mitigated by proper use of NPI. The classic hierarchy of controls for management of environmental and occupational health illustrated in Figure 2.1 provides a framework for NPI. Five layers of control comprise the hierarchy: (1) elimination, (2) substitution, (3) engineering, (4) administrative, and (5) personal protective equipment. The labels to the right of the pyramid provide examples of NPI for SARS-CoV-2 by layer in the hierarchy.

Figure 2.1 Classic hierarchy of controls for environmental and occupational health with examples of its application to control of the novel coronavirus SARS-CoV-2

Selected NPI for control of coronavirus transmission and their potential effectiveness are presented in Table 2.1, including: testing for the virus, screening for COVID-19 symptoms, use of face masks and shields, cleaning and disinfection, ventilation, air filtration, and air cleaning as well as other controls. Potential effectiveness reflects the relative magnitude of expected reduction on transmission rate or reproduction rate of SARS-CoV-2, if implemented widely and appropriately. In addition, the quality factor reflects the quantity and quality of relevant and applicable information and data available for each NPI. The potential effectiveness of each NPI

has been developed by drawing upon the relevant scientific literature and the professional judgement of EH&E scientists and engineers.

Table 2.1 Selected Non-Pharmaceutical Interventions for Control of Coronavirus Transmission and Their Potential Effectiveness

Control Measure	Description	Potential Effectiveness[a]	Quality Factor[b]
Viral Testing and Symptom Screening			
Surveillance viral testing (molecular), 1-2 times per week	Once or twice-weekly surveillance of SARS-CoV-2 RNA for students and non-students can identify many cases while infectious. A turnaround time for test results of 1 day or less will allow cases to be isolated quickly and contacts to be minimized. Identification of close contacts and quarantining within 48 hours will reduce chance of transmission further. Modeling studies indicate that together these controls have the potential to reduce transmission by 50 – 80%. Surveillance with a test that can detect very low levels of the virus will likely identify non-infectious carriers of the virus as well, which could strain resources for contact tracing and quarantine.	High	High
Daily survey of COVID-like symptoms	Daily surveys of symptoms can identify people for follow-up who may be carrying SARS-CoV-2, but surveys will not control transmission before symptom onset or by cases that never exhibit symptoms. Approximately 40% of cases are thought to never develop symptoms.	Medium	High
Face Coverings			
Face coverings	Universal face covering use, especially indoors, is reported to reduce risk of transmission by up to 80%.	High	High
Eye protection	Safety glasses and goggles can block exposure to airborne SARS-CoV-2 and prevent the wearer from transferring SARS-CoV-2 to their eyes by touch.	Medium	Medium
Face shields	Face shields can block ballistic transport of larger airborne respiratory droplets, but the open sides and bottom allow exit and entry of particles of the size reported to contain SARS-CoV-2.	Medium	Low
Administrative Controls			
Meet outdoors	Provides greater space for physical distancing and substantially dilutes respiratory emissions; sunlight is reported to inactivate SARS-CoV-2.	High	High
Physical distance	Every three feet of physical distance is reported to lower the probability of transmission by one-half in the absence of other controls.	High	Medium
Decrease density	Fewer people per space than normal can reduce the probability that an infectious case is present in the space.	Medium	High
Cohorts	Restricting inter-person interactions to small groups can mitigate transmission by limiting the number of close contacts and facilitating contact tracing but will not directly impact risk of transmission among members of a cohort. In educational settings, cohorting may reduce the number of individuals that need to isolate/quarantine following close contact with an infected person.	Medium	Medium
Decrease loud vocalization indoors	Fewer loud vocalizations can reduce production of respiratory droplets and may lower emissions of SARS-CoV-2 from an infected person if present. Emissions of respiratory droplets during loud vocalizations are reported to be 3-fold greater than during normal speech and breathing.	Medium	Low
Avoid the 3 Cs	Modify start, stop, and transition times; food service schedules and modes of delivery; and other activities to avoid: 1) closed-off spaces with little ventilation, 2) crowded spaces with many people, and 3) close conversations.	Medium	Medium

Table 2.1 Continued			
Control Measure	Description	Potential Effectiveness[a]	Quality Factor[b]
Engineering Controls			
Ventilation	Delivery of outdoor air into occupied spaces per building code or better can lower room-average concentrations of respirable-size airborne particles and SARS-CoV-2, if present, and may reduce the risk of long-range transmission. Effectiveness likely constrained by HVAC system, operable windows and both hot/humid and cold outdoor air.	Medium	High
Cleaning and Disinfecting	According to CDC, cleaning and disinfection is an important control for reducing the risk of exposure to COVID-19. The virus that causes COVID-19 can be killed with certain products, and EPA has compiled a list of disinfectant products that can be used against SARS-CoV-2.	Medium	High
Central filtration	Recirculation of indoor air through a mechanical ventilation system equipped with a high efficiency filter (e.g., MERV 13) can lower room-average concentrations of respirable-size airborne particles and SARS-CoV-2, if present, and may reduce risk of long-range transmission. Effectiveness likely constrained by HVAC system.	Medium	High
Portable air cleaners (HEPA)	Recirculation of indoor air through an in-room high efficiency filter (e.g., HEPA) can lower room-average concentrations of respirable-size airborne particles and SARS-CoV-2, if present, and may reduce risk of long-range transmission. Use may be impacted by noise levels and space availability.	Medium	High
Upper-room ultraviolet germicidal irradiation	Irradiation of indoor air with high-energy ultraviolet light can inactivate airborne SARS-CoV-2, if present, and may reduce risk of long-range transmission. Effectiveness may be limited in spaces with high ceilings.	Medium	High
Barriers or sneeze guards	A plexiglass or similar physical barrier between people may reduce exchange of respiratory droplets by capture or dilution.	Medium	Low
Directional airflow	Manage supply and exhaust air to minimize circulation of indoor air between zones; may control airborne transport of respiratory emissions and SARS-CoV-2 if present.	Low	Low

Notes
[a] Reflects relative magnitude of expected effect on transmission rate or reproduction rate of SARS-CoV-2 transmission if implemented widely and appropriately.
[b] Reflects quantity and quality of relevant and applicable information and data.

KEY REFERENCES

- Surveillance viral testing (Kucharski et al., 2020; Larremore et al., 2020; Paltiel et al., 2020)
- Symptom screening (Burke; Menni et al., 2020; Richardson et al., 2020)
- Face masks (Chu et al., 2020; Hendrix et al., 2020; Leung et al., 2020; National Academies of Sciences, 2020; Prather et al., 2020; Wang et al., 2020)
- Eye protection (Chu et al., 2020)
- Face shields (Chu et al., 2020)
- Ventilation (Correia et al., 2020; Evans, 2020; Manassypov, 2020; Pantelic and Tham, 2013)
- Central filtration (Brown et al., 2014; Manassypov, 2020)
- Portable air cleaners

- Upper room UVGI (Nardell et al., 2008; Nardell and Nathavitharana, 2020; Walker and Ko, 2007)
- Meet outdoors (Nishiura et al., 2020; Qian et al., 2020)
- Physical distance (Chu et al., 2020; Courtemanche et al., 2020; Kucharski et al., 2020; MacIntyre, 2020)
- Cohorts (Benzell et al., 2020; Block et al., 2020; Leng et al., 2020; Marcus et al., 2020; Miller et al., 2020)
- Vocalization (Ai and Melikov, 2018; Asadi et al., 2020; Milton et al., 2013)
- Avoid 3 Cs. (Bromage, 2020; Fineberg, 2020; Leclerc et al., 2020)

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LIMITATIONS

EH&E's advice, recommendations, guidance and work product is intended to augment and supplement all existing local, state and federal , laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA) and Americans with Disabilities Act (ADA) laws and regulations; therefore, where EH&E's advice, recommendations, guidance, and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations

3.0 GUIDANCE ON HEALTH AND WELLNESS

Note: All decisions about implementing these considerations should be made according to the local, state, and federal guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the school and local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

SARS-CoV-2 is the coronavirus that causes COVID-19 disease. SARS-CoV-2 is transmitted from person-to-person when respiratory droplets that contain the virus are expelled by a contagious person while breathing, vocalizing, coughing, or sneezing and subsequently taken up through the mouth, nose, or eyes of a previously non-infected person. Controls should be focused on the three recognized pathways of transmission:

- Close contact transmission refers to exchange of respiratory droplets, whether large or small, when people are very near to each other. Close contact is commonly defined as within 6 feet. Strong evidence exists for transmission when people are in close contact. (CDC defines close contact for contact tracing purposes as within 6 feet for 15 minutes. Some state specific contact tracing guidelines use 10 minutes as the duration period to define a close contact.
- Fomite transmission refers to transfer of the coronavirus from an infected person to a surface and subsequently to a previously uninfected person. Transmission by this route is thought to occur less often than by close contact and few cases of fomite transmission have been reported.
- Long range transmission refers to exchange of small, microscopic respiratory droplets that can occur when people are more than 6 feet apart from each other. Some reports of spread between people in crowded, indoor settings are consistent with long range transmission but could also be explained by undocumented close contact. Long range transmission is thought to occur less often than by close contact.

To slow the spread of coronavirus disease 2019 (COVID-19) into and within the United States, boarding schools should work with state and local public health partners to implement pre-arrival, arrival, and follow up health precautions for students, faculty, and staff. Overall, health and wellness guidance should address planning for repopulating the campus, monitoring health conditions, containment to limit spread if detected, and factors that could lead to a shutdown of the campus or remote-only teaching.

OPERATIONAL AND ADMINISTRATIVE GUIDELINES

- Evaluate the state of the epidemic in the school's local area as well as areas from which students will travel to the school. The following are examples of metrics for tracking potential community spread in the surrounding area or county:
  - Positivity of tests in surrounding community or county greater than 5%[4]
  - Increasing trend in 7-day moving average of new cases for more than 2 weeks in surrounding community or county[5]
  - Daily incidence of cases in the surrounding community or county greater than 25 per 100,000[6]
  - Increasing trend in 3-day moving average of new hospitalizations in the surrounding community or county[7]
- Mental Health Services: The delivery of mental health services is beyond the scope of this Guidebook. However, Schools are encouraged to carefully review mental health services for students and provide additional training and/or resources related to altered school environment and stress related to the pandemic.

PREVENTATIVE MEASURES

Transmission of SARS-CoV-2 and health impacts of COVID-19 can be mitigated by proper use of non-pharmaceutical interventions including but not limited to: symptom reporting/tracking; physical distancing; face coverings; hand hygiene; cohorts; personal protective equipment for workers; limiting visitor access; testing; and isolation/quarantine/contact tracing.

Symptom Tracking

- **Recommended practice**: Students, faculty, and staff complete an attestation form regarding absence of COVID-19 related symptoms each day. See a sample attestation form in Appendix A, and sample reminder infographic in Appendix B. Presence of symptoms are emailed to the school's designated healthcare staff members or administration for follow-up, if needed.
- Good practice: Students, faculty, and staff begin completing daily symptom screening at least two weeks before arrival to campus.
- Good practice: If required by state or local guidance, schools must carry out temperature screening of all students, faculty, and staff. Otherwise self-monitoring and/or reporting should be carried out.

[4] From criteria recommended by the World Health Organization
[5] COVID-19 tracking and reporting by the Commonwealth of Massachusetts.
[6] Key Metrics for COVID Suppression recommended by the Harvard Global Health Institute
[7] These metrics are derived from COVID-19 tracking and reporting by the Commonwealth of Massachusetts.

- All students, faculty, and staff that experience fever (greater than 100.4° F), cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea must:
  - Stay home (or in their dorm room) and not attend class or events.
  - Immediately notify their school's healthcare staff or administration.
- If a student, faculty member, or staff person comes to school or an event with acute respiratory illness symptoms (i.e., cough, shortness of breath) or becomes sick during the event or day they will be:
  - Sent home (or to their living quarters immediately), preferably with transportation arranged for solo transfer or by staff wearing respiratory protection. If medical attention is needed, they should be transported to a hospital or medical facility.
  - Asked to remain in contact with the school's healthcare staff and/or administration regarding medical follow-up and presumptive or laboratory confirmed COVID-19 status.
  - Asked to provide all necessary information for contact-tracing, including close contacts dating to two days before the onset of symptoms.
- If a student, faculty member, or staff person is at a higher risk for severe illness from COVID-19, they are strongly encouraged to self-identify with the school's healthcare staff and/or administration prior to the start of the academic year if they wish to seek an accommodation or modification of their job duties. According to the CDC, groups at increased risk of severe illness include those with the following:
  - Older adults—risk increases with age[8]
  - Chronic kidney disease
  - Immunocompromised state from solid organ transplant
  - Obesity (BMI of 30 or higher)
  - Serious heart conditions such as heart failure, coronary artery disease, or cardiomyopathies
  - Sickle cell disease
  - Type 2 diabetes mellitus
- The CDC also identifies the following as conditions that might put someone at increased risk for severe illness:
  - Asthma (moderate to severe)
  - Cerebrovascular disease
  - Cystic fibrosis
  - Hypertension or high blood pressure
  - Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
  - Neurologic conditions such as dementia

[8] CDC reports that COVID hospitalizations for those over age 65 are almost 10 times those for individuals under age 40. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html

- Liver disease
- Pregnancy
- Pulmonary fibrosis
- Smoking
- Thalassemia
- Type 1 diabetes mellitus

- Good practice: Students with pre-existing conditions such as those above should be considered for single dorm room space or full-time remote schooling.
- Many symptoms of COVID-19 infection are similar to other common illnesses or conditions, such as allergies. Healthcare staff should develop assessment strategies for differentiating likely non-COVID related symptoms.[9,10]

Physical Distancing

Physical distancing (commonly referred to as "social distancing") means maintaining space between yourself and other people. Some people with COVID-19 infections never feel sick or get symptoms, and some people with COVID-19 infections are contagious before they exhibit symptoms. This means, even people who appear well may be contagious. Because people who are infected with COVID-19 can spread the virus into the air through coughing, sneezing, talking and even breathing, it is important to keep a distance from others.

The greater distance between yourself and others, the smaller the risk, but 3 to 6 feet is an accepted physical distance for most situations. To practice physical distancing, stay at least 3 to 6 feet (or about two arms' length) away from others in both indoor and outdoor spaces.

- **Recommended practice**: Maintain 6 feet of physical distance between all students, faculty, and staff at all times.
- Good practice: Maintain at least 3 feet of physical distance between all students, when 6 feet is not possible. Limit amount of time that students are within 3 feet or place barriers between students.
- Schools should consider lowering the number of occupants in classrooms, dorms, and other spaces when possible. In addition to facilitating physical distancing, decreased occupant density in a building will lower the probability that an infected person enters the space and thus decrease the risk for infection of others in that space.

[9] https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm
[10] https://www.emersonhospital.org/articles/allergies-or-covid-19?utm_source=newsletter&utm_medium=email&utm_campaign=july-2020-newsletter

Cohorts/Assigned Seating

Cohorting refers to creating discrete, potentially mutually exclusive, groups of people who engage in activities together. Participation by people outside the group is limited or in some cases not permissible. Grouping students into smaller groups that tend to do their activities together can assist in contact tracing if a case occurs and can contain an outbreak within the group, if the cohort is the only close contact for a case. The size of the group dictates the number of contacts for each member of the cohort and thus limits the number of secondary transmissions that may occur amongst these individuals should one or more of them be contagious. Cohorting can be done by varying methods, such as dormitories, floors or wings within a dormitory, or class schedule group. Note some state guidance may require cohorting whenever feasible or for certain age groups.

- Good practice: Group students and faculty into cohorts by housing, academic, and/or activity groups to allow for isolation of potential outbreak and for contact tracing.
- Good practice: Assign seating to students in classrooms and on buses. Consider assigning dining areas or seating to dining cohorts.

Face Coverings

- **Recommended practice**: Face coverings must be worn by students in all indoor locations other than their own dorm room or while eating.
- **Recommended practice**: Faculty and staff must wear face coverings at all times indoors, unless alone in a private office or while outdoors or eating.
- **Recommended practice**: Face coverings should be worn by all students, faculty, and staff outdoors when at least 6 feet of physical distance cannot be maintained.
- Students should bring appropriate, reusable, cloth face coverings for their own personal use to school.
- Students should wear one face covering and have a second one in a sealed plastic bag handy in case the first becomes wet or otherwise soiled during the school day.
- Students should own and maintain a minimum of ten cloth face coverings so that one or two can be worn each day and be washed weekly.
- Face coverings should be identified by the student's name or initials inside.
- Face coverings should not be shared with anyone else unless in a case of need; it must be unused and unsoiled.
- Students will be responsible for maintaining and washing their own face coverings. Cleaning instructions depend on the cloth used to make the face covering. In general, cloth face coverings can be washed regularly along with general laundry using water and a mild detergent, dried completely in a hot dryer, and stored in a clean container or bag.

- While wearing face coverings, students, faculty, and staff should avoid touching their face and the face covering as much as possible.
- Face coverings should only be put on, taken off, and handled with clean hands.
- Good practice: Schools should develop other guidelines for acceptable face coverings according to school policies and/or dress code requirements.
- Good practice: For fabric face coverings, choose those with two to three layers of permeable fabric. CDC provides detailed guidance on use of face coverings.[11]

Hand Hygiene

When to Wash or Disinfect Hands – Students, Faculty, and Staff

- Before eating food (e.g., when entering the dining area)
- Immediately prior to or upon entering dorm rooms, classrooms, fitness areas
- After being in contact with someone who may have been sick
- After touching a frequently touched surface (railings, doorknobs, counters, etc.)
- After using the restroom
- After using common items, such as sports equipment, computer keyboards and mice, craft supplies, etc.
- After coughing, sneezing, or blowing your nose

When to Wash Hands – Cafeteria and Dining Staff

Existing best practices for food preparation apply. The virus that causes COVID-19 is not foodborne, but food service workers who are infected can transmit the virus to coworkers or diners. Refer to the *Dining* section for more information. Handwashing is equally important whether gloves are used or not and all recommendations apply regardless of glove use.

- Before and after using gloves
- Before, during, and after preparing any food.
- After handling raw meat, poultry, seafood, and eggs
- After touching garbage.
- After using the restroom
- After wiping counters or cleaning other surfaces with chemicals
- After coughing, sneezing, or blowing your nose
- Before and after breaks

[11] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html

How to Wash Hands

1. **Wet** your hands with clean, running water. Turn off the tap and apply soap.
2. **Lather** your hands by running them together with the soap. Make sure to lather the back of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds (about the time it takes to sing the "Happy Birthday" song twice.)
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.

You may use paper towels to turn off the faucet and/or open doors of the bathrooms.

How to Use Alcohol-Based Hand Sanitizer

Hand sanitizers should contain greater than 60% ethanol or greater than 70% isopropanol. Hand sanitizers are not a substitute for handwashing for kitchen and dining staff.

1. Apply the product to the palm of one hand.
2. Rub your hands together. Make sure the product contacts the back of your hands, palms, between your fingers, and fingertips.
3. Continue to rub your hands together until your hands are dry (about 20 seconds).

Handwashing Misconceptions

- Water temperature is not important. Clean cold and warm water work equally well.
- Antibacterial soap is not more effective than regular soap.
- Bar soap and liquid soap are equally effective.
- Soap and water are more effective than alcohol-based hand sanitizer if hands are visibly dirty or greasy.

Personal Protective Equipment

Terminology and Definitions

Eye Protection: goggles, safety glasses, and reusable, or disposable face shields that fully cover the front and sides of the ocular region of the face to protect part of a wearer's face from contact with a substance.

Face Mask: a device worn over a wearer's mouth and nose that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Note that in general a face mask does not provide substantial filtering efficiency or protection to the wearer during inhalation but rather helps arrest droplet dispersion from the wearer when coughing, sneezing, talking, and breathing. Face masks are not considered PPE for protection from coronavirus. Examples: Cloth masks, surgical masks, bandanas, etc. Cloth face

coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

N95 Respirator: a disposable respirator, which when properly fitted, worn and maintained, can provide a wearer with a filtering efficiency, during inhalation, of at least 95% of particulate matter (including virus-containing droplets from coughing, sneezing, talking, and breathing) in the surrounding environment. Dust masks, cloth masks, and surgical masks do not meet this definition.

Personal Protective Equipment (PPE): specific equipment worn to minimize exposure to hazards that may cause illness or injury. PPE relevant to schools during the COVID-19 pandemic include eye protection, N95 respirators, disposable gloves, and disposable gowns.
Respirator: a device worn over a wearer's mouth and nose, which when properly fitted, protects from inhalation of specific hazards (gases, vapors, and particulate matter). Example: N95 Respirators. Note: all respirators are not designed to filter all hazards. Understanding the particular hazards the respirator is designed to protect against is the responsibility of those that provide the respirators to wearers, as well as the wearer themselves.

Administrative

Policy

- Keep necessary PPE near areas of the school or residences where they will be used.
- Respirators (e.g., N95 Respirators) require annual medical clearance, training, and fit testing per the U.S. Occupational Safety and Health Administration (OSHA).
- **Recommended practice:** Store larger inventory of PPE in a locked area that is dry and free from environmental temperature extremes. Restrict access for distribution to a limited number of specified, responsible individuals that understand the appropriate use of N95 respirators.
- If the state in which the school is located has OSHA-approved state workplace safety and health programs, known as State Plans, seek guidance from and connect with these resources to develop PPE plans and protocols that are appropriate for the school staff.

Training

- Ensure that all staff (healthcare staff, kitchen/dining staff, etc.) have been trained to correctly don, doff, maintain, and dispose of PPE and face masks relevant to their respective level of protection.
- Train staff on hand hygiene after removing gloves.
- **Recommended practice:** Provide both initial and refresher training on the different types of PPE that are needed for specific tasks and the reasons they are necessary; this will lead to more effective use and conservation of PPE.

Supply

- Shortages of all PPE are anticipated during the COVID-19 pandemic. Refer to the Centers for Disease Control and Prevention (CDC) Guidance on how to optimize the supply of PPE, including:
  - N95 Respirators
  - Face masks
  - Eye protection
  - Disposable gowns
  - Disposable gloves
- N95 respirator alternatives: Some studies have determined the filter efficiency of substitutes such as imported KN-95 respirators are not always comparable to the approved N95. This blog post can help guide individuals toward not selecting counterfeit products. Only in the absence of supply of N95 respirators should alternative be considered. In some cases, using N95 and/or KN-95 respirator alternatives that approach 95% efficiency may be considered. If an insufficient supply of N95 respirators are found to exist, seek professional guidance as to appropriate alternatives.
- Use the CDC PPE Burn Calculator to determine how much PPE the school will require.
- Reusing disposable PPE, including N95 respirators, gowns, and gloves, is not recommended.
- **Recommended practice:** Monitor and record the inventory of PPE and anticipate the need to restock. Do not share face masks. Launder reusable face masks after use.

Staff

When to Wear What

PPE needs for staff will vary based on their job tasks, their ability to maintain appropriate physical distancing, and their potential for contact with confirmed or suspected COVID-19 cases. It is important that specific use scenarios are considered as part of the school reopening plan to ensure an adequate supply of PPE is available. Please refer to specific sections for detailed guidance on PPE.

- N95 Respirators and eye protection or face shields should be worn when staff anticipate contact with or close proximity to confirmed or suspected COVID-19 cases or when cleaning and disinfecting areas known or suspected to have been in contact with confirmed or suspected COVID-19 cases.
- Face masks, while not technically PPE, should be worn by:
  - Staff whenever interacting with others closer than 6 feet for extended periods, i.e., greater than 10 to 15 minutes, as well as other times to the extent possible.[12]
  - Kitchen staff should always wear face masks. Refer to *Dining* section.

[12] Note that some states, such as Massachusetts, define close contact as within 6 feet for 10 to 15 minutes.

- Custodial staff should always wear face masks when cleaning and disinfecting. Refer to the *Cleaning and Disinfection* section.
- Staff should wear cloth masks when interacting with outside vendors or outside community members when physical distancing cannot be maintained.

- Disposable gloves should be worn by:
  - Staff when anticipating contact with confirmed or suspected COVID-19 cases or when handling belongings known to have been in contact with confirmed or suspected cases.
  - **Recommended practice:** Staff should wear gloves when handling any incoming student belongings or inventory prior to disinfection. For example, if staff are assisting students on move-in day.
  - Kitchen staff should follow existing best practices for food preparation and storage. The virus that causes COVID-19 is not foodborne, but food service workers who are infected can transmit the virus to coworkers or diners. Refer to *Dining* section.
  - Custodial staff should always wear disposable gloves when cleaning and disinfecting. Refer to the Cleaning and Disinfection section.

How to Use PPE

Procedures on donning (putting on) and doffing (taking off) PPE may vary depending on what pieces of equipment are to be used, in which settings, and for what purpose. Detailed training should be provided to staff in the use of respirators, face masks, gloves, eye protection, and disposable gowns. Below is a general procedure which may, or may not, be applicable in all scenarios. CDC provides numerous posters and training videos pertaining to PPE donning, doffing, and use.

Instructions for Donning:

1. Gather the PPE to don and ensure each piece is the correct size.
2. Perform hand hygiene; wash hands using soap and water for at least 20 seconds or disinfect hands using alcohol-based hand sanitizer.
3. Don disposable gown (if applicable) and tie all the ties.
4. Don respirator or face mask (if applicable).
   a. Respirator: The top strap should be placed on the crown of the head and the bottom strap should be placed at the base of the neck. If the respirator has a nosepiece, fit it to the nose with both hands. Perform a user seal check.
   b. Face mask: Items vary; tie or place straps according to the manufacturer instructions.
5. Put on face shield or goggles.
6. Perform proper hand hygiene again.
7. Don gloves.
   a. **Recommended practice**:
      1) Check for punctures or tears before using

2) Do not re-wear same gloves after you take them off
3) Immediately replace damaged gloves

Instructions for Doffing:

1. Remove gown by untying ties, holding it by the shoulders and pulling it down and away from the body and disposing it in a garbage can.
2. Remove gloves and ensure that doing so does not cause contamination of hands by using a safe removal technique (e.g. glove-in-glove, or bird beak).
   a. **Recommended practice**: Place signage of proper glove removal procedures where applicable.
3. Perform hand hygiene.
4. Remove face shield or goggles by grasping the strap and pulling it up and away from the head. Do not touch the front of the face shield or goggles.
5. Remove respirator or face mask and dispose (if disposable) or launder while avoiding touching the front of it.
   a. Respirator: Remove the bottom strap by grasping only the strap and bringing it over the head. Remove the top strap by grasping only the top strap and bringing it over the head and pulling the respirator away from the face without touching the front.
   b. Face mask: Items vary; untie or unstrap it according to manufacturer instructions and by pulling the mask away from the face without touching the front.
6. Perform hand hygiene.
7. **Recommended practice**: Provide and properly label designated, cleaning areas, disposal areas, and bins for all used PPE.

Visitors

- **Recommended practice**: Do not allow visitors (including parents) to enter the residential dorms during drop off, pickup, or visiting days. Limiting non-essential visitors to the dorms will aid in reducing transmission, especially considering many families are not from the local geographic area.[13] Limiting visitor access also allows for facilitated contact tracing in the event of an exposure.
- Good practice: Limit visitors to campus as much as possible.
- Good practice: Ensure that visitors complete health screening questionnaires. Visitors should report locations visited while on-campus to assist with contact tracing if needed.

[13] U.S. Centers for Disease Control and Prevention. *Considerations for Institutions of Higher Education.* https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html

PRE-ARRIVAL

General Guidelines

Phased repopulation of campuses is recommended, particularly if students, faculty, and student-facing staff will be tested upon arrival. This will allow for alterations in testing plans, assignment of additional isolation or quarantine space, and assessment of testing program effectiveness.

During the two weeks prior to reporting to campus or the start of school all students, faculty, and staff should take steps to keep themselves and others around them healthy including:

- Avoid spending time in public indoor spaces, including restaurants, bars, and gyms.
- Wear a cloth face cover in public settings and when around people who do not live in your household, especially when other physical distancing measures are difficult to maintain.
- Maintain at least 6 feet of physical distance from all but household members.
- Wash hands often with soap and water for at least 20 seconds especially before eating or preparing food, before touching the face, after using the restroom, after leaving a public place, after nose blowing, coughing, or sneezing, after handling a cloth face covering, after changing a diaper, after caring for someone who is sick, and after touching animals or pets.
  - If soap and water are not readily available, use a hand sanitizer that contains at least 60% ethyl alcohol.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Avoid close contact when at home with people who are sick. If possible, maintain 6 feet of distance between the person who is sick and other household members. If a family member is sick, isolate the sick person as much as possible and try to increase ventilation in those areas. Inform the Healthcare staff if someone in the household is sick as part of the pre-arrival screening process.
- Clean and disinfect frequently touched surfaces daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Self-monitor health daily, including for symptoms of COVID-19. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- Avoid going to crowded places. In general, the closer interactions are with others and the longer that interaction, the higher the risk of COVID-19 spread.
- Prioritize safer activities; including activities where at least 6 feet of space between individuals can be maintained.
- Prioritize outdoor activities over indoor activities as indoor spaces (with less ventilation where it might be harder to keep people apart) are more risky than outdoor spaces. Ensure

face coverings are used by participants as interacting without wearing cloth face coverings also increases risk of transmission.

- Avoid gatherings of any size, including outdoor parties.
- Avoid using public transportation.
- Wash or sanitize hands after touching shared surfaces in public, when returning home, and before eating.
- Practice good hygiene: cough or sneeze into your elbow and avoid touching your mouth, nose, and eyes.
- Be alert for COVID-like symptoms.

Pre-Arrival Quarantine Steps

Quarantine is a control strategy used to keep someone who might have been exposed to SARS-CoV-2 away from others. Quarantine helps prevent the spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

- **Recommended practice**: Start home quarantine 14 days prior to arrival at school or quarantine on-campus for 14 days or until negative test results are received.
- Good practice: Consider testing within 14 days of on-campus arrival, preferably within 72 hours of arrival.
- Stay home and monitor your health (with the assistance of parents/guardians if needed).
- Self-monitor for fever (100.4 °F), cough, shortness of breath, or other symptoms of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- Contact your medical provider for any symptoms that are severe or concerning to you.
- Coordinate with the school's medical team on any additional pre-screening guidelines before students and staff head to school. This will provide the medical team insight into each individual's health status prior to arrival.
- If a student or staff member is flagged during the pre-screening process, the school would work with the student or staff member on a timeline for admittance.
- Good practice: Ensure all students, faculty, and staff use safe travel practices when arriving at campus.

Testing

CDC and most states do not recommend or require testing for day or boarding students either before or upon arrival or as ongoing surveillance. Some states require universities and boarding

schools to conduct some pre-arrival or upon-arrival testing. Pre-arrival or upon-arrival testing may reduce potential risk of outbreaks, particularly at the start of the school year when students may be coming from higher incidence areas.

Viral testing for SARS-CoV-2 is diverse and evolving rapidly as numerous research laboratories and companies develop new measurement endpoints, methods, and devices, and importantly, the U.S. Food and Drug Administration (FDA) authorizes additional test methods. As of July 28, 2020, FDA had authorized more than 100 viral diagnostic test methods.[14] Sample collection methods range from nasal, oral or throat swabs to saliva collected in a sampling cuvette. Some tests are self-administered with healthcare professional oversight and others are clinically administered. A variety of analytical techniques are currently being used including different types of polymerase chain reaction (PCR) assays, enzyme-linked immunoassays (ELISA), and others.

Four types of testing may be performed during the academic year. They include:

- Prescreening testing carried out within 14 days or preferably 72 hours prior to on-campus arrival or the start of the academic year for day students
- On-site screening conducted upon arrival to school residences
- Mitigation testing carried out in response to potential cases
- Surveillance testing carried out at regular intervals during the academic year

Key factors to consider in developing a testing program are:

- Background infection rate in the nearby community as well as in the home communities of students, faculty, and staff.
- The time from sample collection to results should be as short as possible, preferably within 24 hours; however, this may be difficult to obtain during periods of high laboratory demand. The amount of time between when the sample is obtained, and the result is reported ranges from 15 minutes to several days.
- Sensitivity and specificity of the test being used. The minimum recommended sensitivity of a test is dependent upon the frequency of administration of the test. A less sensitive test that can provide results within an hour or as much as 24 hours would be preferable if the test will be administered frequently, such as multiple times per week. Most tests are highly specific to SARS-CoV-2 because they test for multiple genes or regions of genes to ensure results pertain only to SARS-CoV-2. However, some tests are non-specific to certain coronaviruses, so technically could report results for SARS or MERS, if those are identified in the population.

[14] https://www.centerforhealthsecurity.org/resources/COVID-19/molecular-based-tests/current-molecular-and-antigen-tests.html

- The frequency of testing for students, faculty, and/or staff should be related to their relative risk of infection. For example, residential cohorted students and faculty could be tested less often than student-facing staff commuting to campus on a daily basis.

Prescreening

- Testing prior to travel to campus is considered "prescreening" testing. If prescreening testing is conducted, results should be reported to the school healthcare team or administration before the academic year (or move-in day). Tests must be scheduled with sufficient turnaround time to allow for results to be assessed prior to travel. As stated above, some test results can be delayed by several days.
- Good practice: Students are tested at home within 14 days of travel to campus.
- **Recommended practice**: Students are tested within 72 hours of arrival on campus.
- **Recommended practice:** After arrival on campus students that have been in quarantine for at least 5 days are re-tested to capture potential travel-related exposures.
- Some states may require a 14-day post travel quarantine period based on several factors including the community status of the area that the student is traveling from.
- Students, faculty, and staff must not travel to campus if 1) they are sick or experiencing any COVID-like symptoms, 2) have had a positive test for SARS-CoV-2 in the previous two weeks, or 3) have close contact with a COVID-19 case in the previous two weeks. For detail on travel practices, see Travel Guidance.

On-site Screening

- Screening taking place upon arrival to campus is on-site screening.
- Schools that choose to conduct testing upon arrival on campus need to quarantine students until test results are obtained.
- If upon arrival a student, faculty member, or staff person feels any symptoms consistent with COVID-19, remain in room isolation until testing can be conducted.
- All tests should be performed using a testing method that has been approved for use under the U.S. Food and Drug Administration's (FDA's) Emergency Use Authorization.
- All students and staff must wear face coverings while waiting to be tested and keep physically distanced from all individuals, except healthcare staff wearing personal protective equipment.

Mitigation Testing

- **Recommended practice**: Schools have the ability to test symptomatic students as well as on-campus faculty and staff. This can be with a nasal swab, saliva test, or other method with analysis run onsite using a rapid screen device or off-site at a private testing lab.

Testing should be done on an as-needed basis to contain the spread related to a potential case by testing anyone that is symptomatic or a close contact of a confirmed or suspected case. For a symptomatic student, faculty member, or staff person, a rapid screen test should be carried out, if available, with a follow-up laboratory-based PCR test, if the rapid screen test is negative. For schools without rapid screening capabilities, a standard PCR test should be done. The potential case must be kept isolated until results are received or for at least 10 days. Those identified as close contacts of the student, faculty member, or staff person must immediately go into quarantine for 14 days. Close contact is defined as being within 6 feet of a COVID-19 case for 10 to 15 minutes, including up to two days prior to the person developing symptoms per CDC or state guidance. For a symptomatic student or staff member, they must remain in isolation until 10 days after symptoms first appeared; and must be without fever for at least 24 hours without fever-reducing medication; and symptoms have improved. Note that CDC also allows for symptomatic people that have recovered to leave isolation in less than 10 days if they have two negative COVID-19 tests spaced at least 24 hours apart.[15]

For an asymptomatic case, the student, faculty member, or staff person can return to school or work after 10 days without symptoms. Asymptomatic cases may also leave isolation earlier than 10 days if they have two negative tests spaced more than 24 hours apart.

Surveillance Testing

Surveillance testing is testing carried out on a semi-regular basis during the school year, not just within the first few weeks of campus opening or arrival of students, faculty, and staff. Recommendations regarding testing schemes are not available from regulatory agencies at this time. This is mainly due to the limited assessment of tests on the market, limited availability of testing, long turnaround times for laboratory analyses, and high costs.

Recent research indicates that the effectiveness of viral testing for control of COVID-19 transmission is primarily influenced by the frequency that tests are administered and turnaround time for results. Modeling studies estimate testing every two weeks may reduce the number of infections by approximately 20% compared to a no testing scenario, while weekly testing lowered the number of infections expected by more than 60%. To nearly eliminate transmission

[15] CDC. July 26, 2020. *Isolate If You Are Sick*. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html

on a campus, even more frequent testing, every 3 days and daily would be needed.[16,17] The greater control of transmission provided by high frequency testing over low frequency testing in these studies stems from identification and isolation of infected persons earlier in the course of their infection.

HEALTH CENTER

- **Recommended practice**: Provide a minimum of two isolation rooms for those exhibiting symptoms of COVID-19.
- **Recommended practice**: Isolation rooms should be established and operated in accordance with ASHRAE Standard 170, *Ventilation of Health Care Facilities*. This recommends 6 air changes per hour with 100% outdoor air.
- **Recommended practice**: According to ASHRAE, screening areas for sick students should include physical barriers to protect staff and separate healthy from sick students. Other methods for limiting exposures of staff can include having ill students call ahead to allow nursing staff to meet them and direct them to areas away from healthy students.
- **Recommended practice**: Face coverings are required for all faculty, students, and staff upon entry to a health center.
- Good practice: Ventilation of waiting/screening areas should achieve 6 air changes per hour of "clean" air (for example may be a combination of outdoor air in addition to air that has been filtered with a HEPA-filter).
- Good practice: Waiting area should include at least one isolation room.
- Good practice: Where possible replace fabrics, porous casework, and carpeting with non-porous materials that can be readily cleaned.
- **Recommended practice**: Consider implementing measures to induce a negative pressure in isolation rooms to mitigate the risk of transmission to occupants in adjoining areas. Slight negative pressure of approximately 0.01 inches of water is sufficient. Portable HEPA-filtered negative-air machines are a typical means of achieving this pressure differential.
- Good practice: Biohazard waste storage in anteroom and iso-room for PPE.
- **Recommended practice**: Isolation beds with private bathrooms and healthcare-trained supervision.

[16] https://www.medrxiv.org/content/10.1101/2020.06.22.20136309v2
[17] https://www.medrxiv.org/content/10.1101/2020.07.06.20147702v1

ISOLATION AND QUARANTINE PROCEDURES

Symptomatic COVID-19 Case

If a student or staff member becomes ill on campus or if a previously conducted test reveals that someone has tested positive for COVID:

- If someone becomes ill, send the student or staff member home (or to their housing quarters) immediately. Healthcare staff should arrange for PCR testing of the student or staff member, as appropriate. If the student is sharing a housing unit with another person, administration must plan to relocate the roommate.
- If a positive test result is received, determine where on campus the person is located and take immediate steps to notify and remove that person from any shared space.
- Notify the school's health care staff, administration, and, if a student, the student's parents.
- Healthcare staff should interview the student or staff member to determine when initial exposure may have occurred. They also need to identify close contacts who may have been exposed, dating from two days before the onset of symptoms until a diagnosis was made. Additional information on contact tracing is provided in the next section.
- CDC defines close contacts as individuals that have been within less than 6 feet for more than 15 minutes of a confirmed case.[18]
- Close contacts that are students or staff members should remain in room quarantine for 14 days.
- Healthcare staff should notify the local health department of confirmed cases for additional contact tracing.
- Restrict access to any areas the suspected case has spent significant time (15 consecutive minutes or longer) in the last two days until it can be disinfected or has been confirmed to have already been disinfected.
- If possible, wait 24 hours before entering spaces used by the suspected or confirmed case to clean and disinfect impacted areas. If the space cannot be offline for 24 hours, consider using a cleaning team specifically trained for SARS-CoV-2 cleaning and disinfection. Additional information is included in the *Cleaning and Disinfection* section of this Guide.
- Campus teams should work together to determine if classes or other gatherings need to be rescheduled or relocated.
- Keep ventilation systems running to allow for air turnover in spaces where a potentially infected case has been.
- Clean and disinfect (ensuring those that perform the cleaning are provided with and use appropriate personal protective equipment) using disinfectants recommended by the U.S.

[18] https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html

Environmental Protection Agency (EPA) for use against SARS-CoV-2. Ensure the following cleaning and disinfection takes place:

- The individual's locker, classrooms, desks, and an area extending 12 feet in all directions from the areas used, focusing on high touch objects (e.g., fitness equipment, chairs, computers, keyboard, mouse, and telephone).
- Shared dorm room, bathrooms, kitchens, and other shared spaces.
- Other high touch objects in common areas used by the student or staff member such as gym equipment, stairwell handrails, door handles, cabinet handles, beverage dispensers, etc.

Any student, faculty member, or staff person who became symptomatic and was presumed or confirmed positive case of COVID-19 will be excluded from classes, work, and events until the following conditions recommended by CDC have been met (or according to applicable state guidance):

- At least 10 days have passed since onset of symptoms; [19] **and**
- Fever-free for at least 24-hours without fever-reducing medication **and**
- There is improvement in symptoms (e.g., cough, shortness of breath).

Some states and CDC guidance allow for symptomatic people that have recovered to leave isolation in less than 10 days if they have two negative COVID-19 tests spaced at least 24 hours apart.[20]

After returning to school, the student or staff member will continue to wear face coverings, use respiratory hygiene, practice frequent handwashing, and monitor themselves for any recurrence of respiratory symptoms.

Close Contact of COVID-19 Case

In the event a student or staff person is identified as a close contact of a person who was confirmed or presumed to be positive for COVID-19, the person must self-quarantine for 14 days. Testing may be administered during the quarantine period, but the entire 14-day quarantine must be observed. Healthcare staff should check in with the person in quarantine at least once daily to 1) ensure compliance with quarantine, 2) monitor for new symptoms, and 3) provide education and support, including providing for unmet needs (e.g., needing items from the drugstore, visiting with a doctor).

[19] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html
[20] CDC. August 4, 2020. When You Can be Around Others After You Had or Likely Had COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html

Asymptomatic COVID-19 Positive Case

If an asymptomatic student or staff member tests positive for COVID-19 using the rapid screening method:

- Healthcare staff should collect an additional swab sample for confirmatory laboratory analysis.
- The student or staff member should be sent to their housing quarters immediately or to an alternate location arranged by the school. If the person is sharing a housing unit with another person, administration must plan to relocate the roommate.
- Restrict access to any areas the case has spent significant time in the last two days until it can be disinfected.
- If possible, wait 24 hours before entering spaces used by the suspected or confirmed case to clean and disinfect impacted areas.
- Healthcare staff should interview the student or staff member to determine when close contact may have occurred two days prior to the test.
- Healthcare staff will identify potential close contacts. CDC defines close contacts as individuals that have been within 6 feet for more than 15 minutes of a COVID-positive person.[21] Some state specific contact tracing guidelines use 10 minutes as the duration period to define a close contact.
- Close contacts must remain in quarantine for 14 days, even if testing can be arranged by healthcare staff.
- Healthcare staff should notify the local health department of confirmed cases for additional contact tracing.
- Clean and disinfect (ensuring those that perform the cleaning are provided with and use appropriate personal protective equipment) using disinfectants recommended by the EPA for use against coronavirus. Ensure the following cleaning and disinfection takes place:
  - The individual's locker, classrooms, desks and an area extending 12 feet in all directions from the areas used, focusing on high touch objects (e.g., fitness equipment, chairs, computers, keyboard, mouse, and telephone).
  - Bathrooms, kitchens, and other shared spaces.
  - Other high touch objects in common areas used by the student or staff member such as gym equipment, stairwell handrails, door handles, cabinet handles, beverage dispensers, etc.

Any student, faculty member, or staff person who tests positive but remains asymptomatic will be excluded from work, school and events until two follow-up tests conducted more than 24 hours apart are negative or the person has been in self-isolation for 10 days without symptoms.

[21] https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html

If the student, faculty member, or staff person develops symptoms, they must follow the isolation and testing protocol for symptomatic COVID-19 case, discussed above.

Subsequently, the asymptomatic student, faculty member, or staff person will continue to wear a face covering, use respiratory hygiene, practice frequent handwashing, and monitor themselves for any development of symptoms.

Students must be cleared by healthcare staff prior to return to practices, games, and/or events.

CONTACT TRACING

Contact tracing is the process of identifying individuals who may have been infected by a confirmed or suspected COVID-19 case. When combined with isolation and quarantine, contact tracing can disrupt chains of infectious disease (Beidas et al., 2020). For SARS-CoV-2, contact tracers seek to identify individuals who have been in close contact with the case. The CDC definition of close contact is: *Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before the illness onset (or for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated*.[22] Information on the process of contact tracing for COVID-19 are available from CDC and other resources.[23] Some state specific contact tracing guidelines use 10 minutes as the duration period to define a close contact.

- **Recommended practice**: Contact tracing is conducted within 24 to 48 hours of testing results or onset of symptoms. Contact tracing must be done in accordance with local, county or state public health officials. School should gather necessary information to assist with efficient contact tracing efforts.
- **Recommended practice**: Those that test positive, show symptoms of COVID-19, or are close contacts of cases are isolated or quarantined within 24 hours.
- Good practice: Phone apps or other electronic devices can be used to track students' movements around campus to aid in rapid contact tracing.
- Good practice: Emergency contact applications can be used to inform students, faculty, and staff that may have been a close contact of a confirmed or suspected case.

REFERENCES AND RESOURCES

American Industrial Hygiene Association. *Back to Work Safely*.
https://www.backtoworksafely.org/

[22] https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact
[23] https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html

CDC. *Caring for Someone Sick at Home or Other Non-Healthcare Settings.* https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html

CDC. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

CDC. Deciding to Go Out https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/deciding-to-go-out.html

CDC Guidelines on How to Protect Yourself & Others. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

CDC. *How to Remove Gloves*. https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

CDC. Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

CDC. Overview of Testing for SARS-CoV-2. https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html

CDC. Social Distancing. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

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Harvard Global Health Institute. *Pandemics Explained*. https://globalepidemics.org/key-metrics-for-covid-suppression/

Infectious Diseases Society of America (ISDA). *Guidelines on the Diagnosis of COVID-19.* IDSA, 5/6/2020. https://www.idsociety.org/practice-guideline/covid-19-guideline-diagnostics/

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U.S. Occupational Safety and Health Administration. *Personal Protective Equipment.* https://www.osha.gov/SLTC/personalprotectiveequipment/

LIMITATIONS

EH&E's advice, recommendations, guidance and work product is intended to augment and supplement all existing local, state and federal, laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA), and Americans with Disabilities Act (ADA) laws and regulations; therefore where EH&E's advice, recommendations, guidance and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

APPENDIX A – SAMPLE ATTESTATION FORM

COVID-19 DAILY ATTESTATION

Name: _____

SYMPTOM	YES	NO
Cough	☐	☐
Shortness of Breath	☐	☐
Fever (more than 100.4 °F)	☐	☐
Chills	☐	☐
Muscle aches	☐	☐
Sore throat	☐	☐
New loss of taste or smell	☐	☐
Nausea/Vomiting/Diarrhea	☐	☐
Congestion or runny nose	☐	☐
Headache	☐	☐
Severe Fatigue	☐	☐

Have you been in contact with a COVID-19 Positive Person within the last 14 days?

Yes ☐ No ☐

If you have answered Yes to any of the above questions, do not report to games, training, work, or events. Please call school healthcare staff immediately.

By placing your signature below, you attest that your answers are accurate.

Signature: _____ Date: _____

APPENDIX B – SAMPLE REMINDER INFOGRAPHIC

COVID-19 Case Management Plan

Day -2	Day -1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Contract Tracing (back 2 days)* • Conduct interviews to identify close contacts • Personal interactions • Locations visited * *Per CDC Guidance*		**Symptomatic Positive COVID-19 Person**	**Start of Symptoms**	**Isolate and Recover at Home or Hospital**									**Return to School/Work** • 10 days after onset of symptoms AND • At least 3 days since recovery, no fever AND • Improvement in respiratory symptoms (e.g., cough, shortness of breath) • Viral load is believed to be minimal at this point.			
Contract Tracing (back 2 days)* • Conduct interviews to identify close contacts • Personal interactions • Locations visited * *Per CDC Guidance*		**Asymptomatic COVID-19 Positive Person**	**Date of Test** (Specimen Collection)	**Quarantine in Housing (10 days) – Schools follow state guidance on follow-up testing**									**Return to School/Work** (10 days after test date) Or follow state guidance on testing			
		Close Contact (Exposed to a COVID-19 Positive Person)	**Date of Last Potential Exposure to COVID-19 Positive Person**	**Quarantine in Housing (14 days) – Schools follow state guidance on follow-up testing**									**Return to School/Work** (14 days) Or follow state guidance on testing			
		Critical Infrastructure Worker Close Contact (Exposed to a COVID-19 Positive Person)	**Date of Last Potential Exposure to COVID-19 Positive Person**	**Continue Work** • Healthcare staff must measure their temperature and assess symptoms before returning to work. • Self monitor for symptoms. • Wear a face mask and eye protection in the workplace for 14 days after last exposure. • Maintain 6 feet from others as much as possible. • Disinfect and clean equipment and/or workspaces. • Practice infection prevention: wash hands frequently and use respiratory hygiene												

4.0 GUIDANCE ON CLEANING AND DISINFECTION

To minimize potential transfer of coronavirus, cleaning methods can be employed to reduce the risk of exposure to faculty, students, and staff. Cleaning methods should follow the Centers for Disease Control and Prevention (CDC) guidance, such as *Interim Guidance for Administrators of U.S. K-12 Schools and Child Care Programs*[24] and CDC Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.[25]

Recommended methods for typical cleaning procedures include two-stage cleaning and disinfecting.[26] "Cleaning" entails washing with a detergent and water to remove soil, organic matter, and some microorganisms from a surface. Following a detergent and water wash, "disinfecting" entails use of a U.S. Environmental Protection Agency (EPA)-approved disinfectant that must be applied in accordance with product manufacturer guidelines. Refer to the EPA List of Disinfectants for Use Against SARS-CoV2: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2. A dilute bleach solution can be substituted for EPA-approved disinfectants. See *Cleaning Solution Selection and Preparation* below for more detail on cleaning products.

Note: All decisions about implementing these considerations should be made according to applicable local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of each school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

CLASSROOMS AND COMMUNAL SPACES[27]

- Provide cleaning supplies in classrooms and encourage faculty and students to clean areas, such as desks or chairs, that they have used or touched.
- Minimize porous materials, such as couches, as they are difficult to clean.

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[24] U.S. Centers for Disease Control and Prevention. *Interim Guidance for Administrators of US K-12 Schools and Child Care Programs*. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html

[25] U.S. Centers for Disease Control and Prevention. *Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.* https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

[26] U.S. Centers for Disease Control and Prevention. *Cleaning and Disinfection for Community Facilities: Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19)*. https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

[27] Cleaning recommendations should follow at a minimum Appendix K of AAP. 2019. *Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Fourth Edition. Itasca, IL: American Academy of Pediatrics.

- Consider removal of items that are difficult to clean from classrooms or common areas.
- Keep surfaces in classrooms and common areas as free from clutter as possible to allow for easier cleaning.
- Maintain a schedule and checklist for cleaning practices to ensure tasks are completed regularly.
- Good practice: Cleaning and disinfecting of classrooms and communal spaces daily.
- **Recommended practice**: Cleaning and disinfecting of classrooms between classes. Disinfection after cleaning may not be feasible if class schedules do not allow for disinfectant to remain on treated surfaces for sufficient time to fully disinfect.

Shared Items

- Any equipment or supplies that have been used and require cleaning should be kept in a labeled container noting it requires disinfection, if not cleaned immediately.
- Good practice: Cleaning and disinfecting of shared items (gym equipment, keyboards, etc.) between uses.
- **Recommended practice**: Assigning items where possible to reduce the quantity of items shared. Also, cleaning and disinfecting of shared items between uses.

Frequently Touched Surfaces

- Good practice: Cleaning and disinfecting frequently touched surfaces and common spaces at least daily.
- **Recommended practice**: Cleaning and disinfecting frequently touched surfaces and common spaces more than once per day.

Examples of frequently touched surfaces include tables, drinking fountains, door handles, hand railings, light switches, countertops, cabinet handles, desks, phones, keyboards, toilets, faucets, and sinks. Any other surfaces frequently touched by faculty, students and/or staff should be cleaned and disinfected at least daily or, preferably, several times per day.

Cleaning of outdoor surfaces made of plastic or metal can be carried out according to typical cleaning practices. More frequent cleaning of high touch outdoor surfaces, such as grab bars or railings, is recommended. Outdoor wooden surfaces, such as benches, can be cleaned according to standard practices and more frequently if needed to remove obvious soiling. Widespread spraying of disinfectant on outdoor surfaces such as sidewalks is not recommended, has not been proven to reduce the risk of COVID-19, and uses a significant amount of disinfecting supplies and resources that could be better utilized in other campus areas.

Changing Areas/Locker Rooms

- Locker rooms and showers should have dividers between users or markings to note appropriate distancing. If not possible to properly isolate or distance users, locker rooms and/or showers should be closed.
- Post signage and inform faculty, coaches, students, and staff that hand washing or sanitizing is required for all individuals before and after practices or workouts, as well as before and after they use locker rooms.
- Good practice: As with other frequently touched surfaces, changing areas or locker rooms are cleaned and disinfected daily.
- Better practice: High touch surfaces within changing areas or locker rooms are cleaned more than once per day.
- **Recommended practice**: High touch surfaces in changing areas and locker rooms are cleaned between practices and/or classes.

Toilets, Showers, Restrooms

- Encourage good hand washing hygiene for all faculty, students, and staff.
- Post signage reminding faculty, students, and staff to wash or sanitize hands after using the restroom.
- Regularly provide and replace, as needed, sufficient supplies, including soap, hand sanitizer, paper towels, and tissues.
- Make trash cans readily available. Trash cans should be a type that does not require touching by the user. A no-touch trash can should be placed by all doors with pull handles to dispose of paper towels used to touch the door handles.
- Toilet lids, if available, should be closed when flushed. Notices educating users should be placed in stalls.
- Good practice: As with other frequently touched surfaces, toilets, showers, and restrooms are cleaned and disinfected daily.
- Better practice: High touch surfaces including toilets, showers, and restrooms are cleaned and disinfected more than once per day and are cleaned and disinfected after periods of heavy use.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CLEANING STAFF

Always refer to the Safety Data Sheet (SDS) of the product or products being used to obtain PPE requirements.

- Good practice: Wear eye protection and gloves when preparing cleaning solutions, including dilute bleach solutions.
- Better practice: Wear eye protection, disposable gloves, and gowns/aprons for all tasks in the cleaning process, including handling trash.
- When finished, all cleaning staff remove gowns/aprons first, being careful not to contaminate the surrounding area. Next gloves are removed by grasping from the inside and peeling inside out. Hands are thoroughly washed for at least 20 seconds using soap and water. 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.

CLEANING METHODS

Cleaning Solution Selection and Preparation

For cleaning, general purpose residential cleaners that are ready to use or diluted with water per product instructions are sufficient and should be used according to manufacturer's instructions. According to CDC, normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.

For disinfection, products that are specific to coronavirus, that have an "emerging viral pathogen" claim, and that require less than one minute of contact time are preferred. Make sure products have not passed their expiration date. If disinfecting products are not available, a dilute bleach solution can be used, comprising four teaspoons of bleach to a quart of water.[28]

Many disinfecting products can be skin and respiratory irritants. Green Seal, a non-profit certification organization, recommends selecting products with the following active ingredients:

- Hydrogen peroxide
- Citric acid
- Lactic acid
- Ethyl alcohol (also called ethanol)
- Isopropyl alcohol (70%)
- Hypochlorous acid

Note: Many of the products on the EPA list contain either quaternary ammonium or sodium hypochlorite (also known as bleach). Cleaning products containing these two ingredients should

[28] See Appendix J, Selecting an Appropriate Sanitizer or Disinfectant in AAP. 2019. *Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Fourth Edition. Itasca, IL: American Academy of Pediatrics.

not be used together or even in series, meaning one after the other. Disinfectant products should be kept out of reach of children and used according to the guidelines provided by the manufacturer.

Prepare Detergent Spray Solution

1. Any staff member preparing spray bottles with detergent must wear eye protection/goggles, gloves, and appropriate respiratory protection if required.
2. Using the manufacturer's instructions, fill spray bottle with the appropriate amount of detergent solution and water, if the manufacturer recommends dilution. A funnel (not to be used for consumables) can be used to reduce spills and splashing.
3. Replace the spray bottle cap and label the detergent bottle with the contents using a permanent marker.
4. The manufacturer's detergent instructions must be provided to all staff carrying out cleaning activities, and applicable Safety Data Sheets must be kept on file.

Prepare Disinfectant Spray Solution

1. Any staff member preparing spray bottles with disinfectant must wear eye protection/goggles, gloves, and appropriate respiratory protection if required, and follow manufacturer's instructions.
2. Using the manufacturer's instructions, fill spray bottle with the appropriate amount of disinfectant solution and water, if the manufacturer recommends dilution. A funnel (not to be used for consumables) can be used to reduce spills and splashing.
3. A dilute bleach (sodium hypochlorite) solution can be used by adding 4 teaspoons of bleach per quart of water.
4. Replace the spray cap and label the disinfectant bottle with the contents using a permanent marker.
5. The manufacturer's disinfectant instructions must be provided to all staff carrying out cleaning activities, and applicable Safety Data Sheets must be kept on file.

Typical Cleaning for Non-Porous Surfaces

1. Cleaning staff should wear eye protection, disposable gloves, and appropriate face covering or respiratory protection.
2. Using a detergent cleaning solution, spray 6 to 8 inches from the non-porous surface and wipe with clean paper towels (or according to manufacturer's instructions) to remove visible contamination, if present.
3. Make sure the surface is dry before applying disinfectant.
4. Review the instructions provided by the disinfectant manufacturer to note the concentration, application method, and necessary contact time. This will vary by product and type of cleaning activity.

5. Allow the disinfectant to remain on the surface for the instructed time and wipe with paper towels.
6. After a cleaning task is complete, remove PPE and dispose, as discussed in the *PPE for Cleaning Staff* section above. Carefully wash hands for at least 20 seconds with soap and water as described in the PPE section. Hand sanitizer may be used if water is not available and no visible dirt is observed on hands.
7. Reusable aprons or work clothing may be used, if laundered or washed after use.

Typical Cleaning for Porous Surfaces

CDC recommends removing or limiting use of soft and porous materials, such as area rugs and couches, as they are more difficult to clean and disinfect.

At this time few products for use on porous surfaces are EPA approved. Products identified contain the active ingredients quaternary ammonium and hydrogen peroxide, both of which should be used carefully by trained staff.

1. Eye protection, gloves, and appropriate face covering or respiratory protection should be worn during cleaning activities.
2. First remove visible contamination, if present, and clean with appropriate cleaners indicated for use on porous surfaces.
3. Launder items, if applicable, in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. See *Laundry* section below.
4. Otherwise, use disinfectant products suitable for porous surfaces. Note: If some porous surfaces are not suitable for cleaning with disinfectants, then clean them as much as possible and attach a sign to them saying they are not to be used or touched for three days.

WHAT TO DO IF THERE IS A CONFIRMED OR PROBABLE CASE OF COVID-19

If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection. If less than 7 days, close off areas that were used by the person who is sick and carry out the following:

- Open outside doors and windows to increase air circulation in the areas, if possible.
- Wait up to 24 hours or as long as practical before cleaning and disinfecting the space to allow respiratory droplets to settle before cleaning and disinfecting. Outdoor venues and equipment could be cleaned without delay.
- Clean and disinfect all areas used by the person who is sick. Run ventilation system during cleaning.

- Use dedicated cleaning and disinfecting materials to disinfect a potential source area (e.g., an infected student's dormitory room). The cleaning equipment should not be used to clean other areas until they are thoroughly cleaned and disinfected.
- Enhanced cleaning is recommended if it is determined that a person with COVID-19 was present in a building (e.g., dining hall, gym, dormitory, etc.) or used outdoor furniture (e.g., bench, tables, etc.) for at least 15 minutes.

For a suspected or confirmed COVID-19 case, the following enhanced cleaning protocol should be followed:

- First clean visibly dirty surfaces then perform disinfection. For specific cleaning instructions see sections above: *Typical Cleaning for Non-Porous Surfaces* and *Typical Cleaning for Porous Surfaces*. Note: Products that are specific to coronavirus, have an "emerging viral pathogen" claim, and require less than 1 minute of contact time are preferred. Make sure products have not passed their expiration date.
- Use disposable wipes/paper towels to clean surfaces if possible, rather than reusable cloth wipes, as the latter can re-contaminate surfaces. All cleaning and disinfecting materials (e.g., paper towels, cloth wipers, sponges, mop heads, etc.) should be disposed in sealed bags or containers after use.
- In each area, pay particular attention to high touch areas, including, but not limited to, handrails, door handles, cabinet and drawer handles.
- Clean and disinfect an area extending 12 feet in all directions around the student's sleeping quarters, focusing on all horizontal surfaces and high touch objects. Clean and disinfect areas identified as locations visited by the individual who is sick or that the individual used or occupied, including the entire bathroom and any common areas. These include high touch objects in common areas including handrails, exterior door entry handles, cabinet handles, and restroom door handles.
- Use dedicated cleaning and disinfecting materials to disinfect a potential source area. These materials should not be used to clean other areas until they are thoroughly cleaned and disinfected.
- Clean a potential source area by progressing from the most distant point back to the entrance (your exit) to avoid re-contaminating surfaces that have been disinfected (i.e., clean your way out).
- Clean soft and porous surfaces such as carpeted floor, rugs, and drapes also using the procedure noted above for *porous surfaces*. Note: If some porous surfaces are not suitable for cleaning with disinfectants, then clean them as much as possible and attach a sign to them saying they are not to be used or touched for three days.

Personal Protective Equipment (PPE)

- Cleaning staff should wear eye protection, disposable gloves, face mask or appropriate respiratory protection, and gowns/aprons for all tasks in the enhanced cleaning process, including handling trash.
- Gloves and gowns/aprons should be compatible with the disinfectant products being used.
- Face mask used for the enhanced cleaning should be disposable.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash, for example a face shield.
- Gloves and gowns/aprons 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.

MISCELLANEOUS CLEANING

Dining Hall/Cafeteria

See guidance for *non-porous surfaces* above and in the *Dining* section.

Cleaning of Laptops, Monitors and Electronic Equipment

- Follow manufacturer guidelines for cleaning electronic equipment.
- Use of covers that can be cleaned and disinfected are recommended.
- Alcohol based wipes or sprays containing at least 70% alcohol can be used to disinfect electronics, including touch screens.
- For laptops, spray isopropyl cleaning solution onto a microfiber cloth and apply to the outer screen bezel, palm reset, back cover/case, and keyboard.
- At no point should a cleaning solution be sprayed directly onto the laptop surface.
- Avoid contact of all exposed ports on the system with the cleaning solution.
- Laptop screens or external monitors can be wiped down using a dry microfiber cloth.

- **Do not** use the following common cleaners on a laptop or monitor screens: Clorox or Lysol wipes, isopropyl alcohol (IPA), Windex, or bleach.
- For a laptop touchscreen, a light solution of 70% IPA may be applied to a microfiber cloth and wiped onto the touch screen surface. Wipe the touchscreen dry using a clean microfiber cloth to remove any streaks or leftover residue.
- Wireless keyboards and mice can be cleaned using 70% IPA, Lysol wipes, or Clorox wipes.
  - Turn off the wireless keyboard and mouse and remove the batteries.
  - Spray the 70% IPA solution onto a soft cloth and wipe the surface of the keyboard and mouse.
  - Do not spray the solution directly into the hardware as this could damage the internal components.
  - Wait for the solution to dry before reinserting the batteries into the device.
- Docking stations and adjoining cables may be cleaned using a solution of 70% IPA applied to a soft cloth or paper towel.
  - All cables must be unplugged from the docking station before disinfecting and cleaning the docking stations. Ensure that no cleaning agents or liquid is in contact with the docking station ports.

Shared Equipment

- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Good practice: Shared equipment should be cleaned and disinfected at least daily.
- Better practice: Shared equipment should be cleaned and disinfected multiple times per day.
- **Recommended practice**: Shared equipment should be cleaned and disinfected between uses.

LAUNDRY

- As with other cleaning activities, gloves and gowns/aprons are recommended when staff do school laundry. Face masks are also recommended.
- Staff should avoid shaking laundry items to minimize potential spreading of virus-laden particles into the air.
- Use of a disinfectant appropriate for porous material is recommended for laundering by staff. Follow manufacturer's instructions. Example: Lysol Laundry Sanitizer (see manufacturer's instructions for inactivating viruses, including a 15-minute presoak).
- Wash items as appropriate in accordance with the manufacturer's instructions, opting for the warmest appropriate water setting for the items and dry items completely.

- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
- Cloth face coverings used by staff should be laundered regularly. Used face coverings should be collected in a sealable container (like a trash bag) until laundered.
- Students must wear face coverings and maintain 6 feet of distance as much as possible while in laundry rooms.
- Students doing their own laundry should use typical household laundry methods, including laundry sanitizer, if available.
- Students should keep their laundry separate from others' by keeping it in a laundry bag or hamper.
- Students should avoid shaking laundry items to minimize potential spreading of virus-laden particles into the air.
- Students should periodically wash laundry bags or hamper liners.
- Face masks used by students should be laundered as with other clothing and dried in a clothes dryer on a heated setting.
- Washing hands with soap and water or use hand sanitizer after handling laundry.

In general, staff should avoid handling students' belongings. If handling of students' belongings is needed, gloves should be worn; disposable gloves are recommended, if available. If gloves are unavailable, staff should perform hand hygiene immediately before and after handling students' belongings.

TESTING/MONITORING

- Good practice (minimum): Use of EPA-approved cleaning and disinfecting products; CDC recommended cleaning protocols; and maintenance of cleaning and supply records to ensure proper cleaning activities have been carried out.
- Better practice: Use of portable adenosine triphosphate (ATP) surface swab test method to audit cleaning.
- Better practice: Use of environmental surface swab test for laboratory analysis of presence of coronavirus.

Surface swab sampling should only be used with a sampling plan designed to ensure that data collected are sufficient to draw the conclusions needed on the effectiveness of the cleaning.

REFERENCES

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Fourth Edition. Itasca, IL: American Academy of Pediatrics. http://nrckids.org/files/CFOC4 pdf- FINAL.pdf.

UCSF Institute for Health & Aging, UC Berkeley Center for Environmental Research and Children's Health, Informed Green Solutions, and California Department of Pesticide Regulation. 2013. *Green Cleaning, Sanitizing, and Disinfecting: A Toolkit for Early Care and Education*, San Francisco, CA: University of California, San Francisco School of Nursing. https://cerch.berkeley.edu/sites/default/files/green_cleaning_toolkit.pdf

LIMITATIONS

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5.0 GUIDANCE ON RESIDENTIAL DORMITORIES

Residential dormitories (dorms) provide living and sleeping spaces for students and some staff. Since sleeping and living density can be high in some dorm settings (i.e., shared rooms, bunk beds), it is important to implement controls associated with sleeping and living arrangements that may help reduce the risk of transmission of COVID-19.

Note: All decisions about implementing these considerations should be made according to local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

HOUSING

Policy

- Keep the same staff members assigned to each dorm throughout the academic year; do not rotate staff between dorms, unless necessary for health or safety reasons or otherwise in the best interests of students or staff members.
- Maintain student dorm room assignments throughout the academic year; do not rotate students between individual dorm rooms or between dorm buildings, unless necessary for health or safety reasons or otherwise in the best interests of students or staff members.
- Group students into residential cohorts that limit shared physical spaces and activities within cohorts to reduce numbers of contacts and thus potential exposures.
- Limit dorm access only to individuals who reside in that dorm. If feasible, limit access to building floors and/or floor sections/wings to individuals who reside in that floor and section/wing.
- Do not allow visitors (including parents) to enter the residential dorms during drop off or pickup or visiting days. Limiting non-essential visitors to the dorms will aid in reducing transmission, especially considering many families are not from the local geographic area.[29] Limiting visitor access also allows for facilitated contact tracing in the event of an exposure.
- All residents should use hand sanitizer containing at least 60% alcohol or wash their hands with soap and water for at least 20 seconds upon entry to their residential dorm building.
- Avoid sharing common items (cups, bedding, etc.) as well as sharing of individuals' items with anyone in the residential dorm.

[29] U.S. Centers for Disease Control and Prevention. *Considerations for Institutions of Higher Education.* https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html

- Dorm rooms and common areas should be cleaned routinely. Refer to the *Cleaning and Disinfection* section of this guide.
- Personal belongings should be limited to essential items (everyday clothes, school supplies, comfort items, bedding, etc.), plus a limited number of non-essential items (furniture, appliances, decorations, etc.).
- Students should keep personal belongings organized and separate from other students' belongings.
- Students and faculty who are sick or have recently had a close contact with a person with COVID-19 should contact the school's health center for evaluation. This evaluation will help guide the decision to keep the student or faculty member in the dorm or will help determine if they should be temporarily moved to an alternate location.
- Recommend and reinforce use of cloth face coverings among students, faculty, and staff in all common areas of the residential dorm buildings, including elevators and stairwells.
- Implement plans to minimize traffic in enclosed spaces, such as elevators and stairwells. Post communications limiting the number of individuals in an elevator at one time. In addition, designate one-directional stairwells, if possible.
- **Recommended practice**: All students should be provided adequate individual personal storage spaces (i.e., dresser, footlocker, closet, etc.) for their personal belongings.
- Consider holding necessary dorm administration meetings outdoors or via video call in place of the traditional in person dorm meeting.

DORM FACILITIES

Configuration

- Station dispensers of alcohol-based hand sanitizer containing at least 60% ethyl alcohol at each entrance or have students wash their hands with soap and water immediately upon entry.
- Post relevant posters and signage from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and/or other health agencies in residential dorms in trafficked areas to encourage behaviors which mitigate the spread of disease:
  - COVID-19 information
  - Handwashing
  - Cough etiquette
  - Symptoms associated with COVID-19
  - Stop the spread of germs
  - Physical distancing

Bathroom

- Avoid sharing common bathroom supplies (towels, soap, toothpaste, etc.). Instruct students to bring their own bathroom supplies and a container for toiletries to be stored for the duration of the academic year (for example, a bathroom tote or a plastic bag labeled with their name).
- Students should keep personal items in their bag or tote and store their bag or tote in a designated area of their dorm room.
- Keep hand soap, toilet paper, and paper towels in the bathroom stocked at all times.
- For shared bathrooms, create a staggered bathing schedule and/or limit the number of people using the facilities at one time to at or less than the number of available stalls. If feasible assign a bathroom to each group or cohort of students.
- Place a trash can (with a foot-actuated lid or no lid) near the exit of the restrooms to make it easier to discard items.
- Post the Handwashing sign from the CDC in the bathroom to remind students and staff when and how to properly wash hands.
- Toilet lids, if available, should be closed when flushed. Notices educating users should be placed in stalls.
- Restrooms should be cleaned and disinfected at least twice daily (preferably, multiple times per day and after times of heavy use).
- For shared bathrooms, if there are two adjacent sinks less than 6 feet apart, consider the addition of physical barriers, such as plastic flexible screens, between bathroom sinks.

Sleeping

- Create at least 6 feet of space between beds and utilize head-to-toe orientation.
  - **Recommended practice:** Maximize distance between beds in shared sleeping spaces and provide single dorm room occupancy accommodations if feasible.
- If possible, minimize the number of people sleeping in a space by converting common spaces to sleeping areas or utilize other temporary housing space at nearby hotels, inns, etc. if possible and necessary.
- For double and triple occupancy rooms, ensure that adequate space is available to maintain at least 6 feet of space between each student's furniture group including desks and dressers.
- Limit individual dorm room access to only individuals who reside in that dorm room.
- Limit access to building floors and floor sections/wings only to individuals who reside in that floor and section/wing.

- For double and triple occupancy rooms, position sleepers head-to-toe or toe-to-toe to maximize distance between heads/faces:
  - For bunk beds, position the head of the student in the top bunk opposite the position of the student in the bottom bunk.
  - For side-by-side beds, position the head of the student in one bed opposite the position of the student in the adjacent bunk.
  - For end-to-end beds, position the toes of each student close to the other student's toes.
- Create physical barriers, such as flexible screens, between beds in shared dorm rooms. Physical barriers are also available for purchase through several vendors. Ensure the use of barriers and screens does not impact ventilation of the room, block room egress, or block the function of any fire or life safety equipment including sprinkler systems.
- Use bedding (e.g., sheets, pillows, blankets) that can be washed and dried in a mechanical air dryer. Keep each student's bedding separate.
- Bedding should be cleaned at least weekly.

Common Spaces

- Assign a common space to each housing group or cohort in the section of the dorm building where each group resides. When there are not enough common rooms to allow each group to have their own, consider rotating groups allowed access into these rooms on different days and posting a schedule online or on the door.
- Restrict access to each assigned common space only to the group or cohort assigned to that space. If common spaces are shared between cohorts, clean the space thoroughly before another cohort rotates into the space.
- Stagger use and restrict the number of people allowed in common spaces at one time to allow for at least 6 feet of distance between occupants.
- Encourage physical distancing through increased spacing in common areas, where possible.
- Arrange seating of chairs and tables to be at least 6 feet apart.
- If feasible, replace common seating items like couches with individual chairs to encourage physical distancing. Replacement of porous furnishings with those with nonporous materials, or those easily cleaned, is recommended when possible.
- Activities (e.g., chess, cards, board games) that require close contact are not recommended. Encourage games that may be played via mobile devices that are still interactive for students in the same room, such as mobile board games, trivia games, etc.
- Provide and encourage the use of outdoor common spaces for students and staff to socialize with adequate physical distancing.

Ventilation

- Increase ventilation:
  - Naturally by keeping windows open if weather permits, or
  - Mechanically, by running heating, ventilating, and air-conditioning (HVAC) systems, bathroom exhaust fans, etc.
  - During occupied periods for areas with mechanical ventilation, optimize outdoor air ventilation by operating HVAC systems at increased outdoor air rates (i.e., increase the percentage of outdoor air). The percentage of outdoor air delivered will be limited to cooling capacity of the HVAC system and its ability to provide an appropriate discharge air temperature while also controlling for humidity.
  - Consider the use of portable high efficiency particulate air (HEPA) air cleaners in shared and common spaces including double and triple occupancy dorm rooms.
  - Refer to the *Facilities Management of Ventilation and Plumbing Systems* section of this guide for additional information.

REFERENCES AND RESOURCES

U.S. Centers for Disease Control and Prevention. *Considerations for Institutes of Higher Education.* https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html

U.S. Centers for Disease Control and Prevention. *H1N1 Flu*. https://www.cdc.gov/h1n1flu/camp.htm

NYC Health. *COVID-19: Guidance for Congregate Settings*. https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf

Multnomah County. *COVID-19 Guidance for Shelter Settings*. https://multco.us/novel-coronavirus-covid-19/covid-19-guidance-shelter-settings

American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., ASHRAE Epidemic Task Force, *Building Readiness*, Updated August 7, 2020. https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-building-readiness.pdf

American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., ASHRAE Epidemic Task Force, *Schools and Universities,* Updated May 5, 2020 https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools.pdf

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6.0 GUIDANCE FOR FACILITIES MANAGEMENT OF VENTILATION AND PLUMBING SYSTEMS

The following interim guidance is provided for use by boarding school facilities operators in preparation for occupying school buildings following the COVID-19 shutdown. The guidance presented here is based upon guidance issued by the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc. (ASHRAE) and the U.S. Centers for Disease Control and Prevention (CDC) and includes information on operating building systems and steps that can be taken to check and confirm operation. The recommendations provided below are based on ASHRAE's "Post-Epidemic Conditions" advisory guidance and the CDC guidance for reopening buildings after prolonged shutdown or reduced operation. These guidance documents can be found here:

ASHRAE Epidemic Task Force, *Building Readiness*, Updated August 7, 2020
https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-building-readiness.pdf

ASHRAE Epidemic Task Force, *Schools and Universities*, Updated May 5, 2020
https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools.pdf

Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (CDC)
https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html

Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (CDC)
https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

Note: All decisions about implementing these considerations should be made according to applicable local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of each school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

GENERAL RECOMMENDATIONS

- A Building Readiness Team can be put together that includes key individuals and companies who play a role in the setup and operation of the building systems. The types of service providers that may be required include but are not limited to the following:

  - **Facilities Management and/or Operator** to provide feedback to the team concerning building operations.
  - **Maintenance Manager and Support Staff** to review current system condition and operation and to ensure it is ready for opening.
  - **Building Controls Contractor** to provide support with modifications or repairs to the mechanical systems controls.
  - **Mechanical Contractor** to implement repairs to the building mechanical systems that may be identified through the implementation of this guidance.

- Conduct a walkthrough of spaces that are planned to be occupied and note potential deficiencies with air distribution, such as blocked or partially covered supply and return air diffusers and grilles. Correct issues as required.

- Perform an inventory of HVAC systems and document the types and MERV rating of particulate air filters installed in the systems. This inventory in combination with HVAC performance data can be used for assessing the potential of upgrading the systems to higher efficiency filtration systems.

- If not already being performed as part of an overall maintenance plan, engage a qualified testing, adjusting and balancing (TAB) firm and/or building automation system (BAS) contractor to verify sensor calibration for demand-based ventilation instrumentation, airflow measurement instrumentation and temperature control instrumentation.

- Engage a mechanical service company, if not already under contract, to inspect and assess the operational capabilities of all mechanical refrigeration equipment (i.e., chillers and direct expansion cooling equipment), water heaters, steam boilers, pumps and associated specialties (i.e., expansion tanks, deaerators, traps, pressure reducing valves, mixing stations, etc.).

HEATING, VENTILATING, AND AIR-CONDITIONING SYSTEMS

- Inspect HVAC system components to verify proper function. Inspection should include the following elements:
  - Fan belt(s) are appropriately tensioned to ensure full airflow is provided to space(s).
  - Outdoor air and other damper linkages are fully connected and operational.
  - Heating and cooling coil valves and valve actuators are connected and operational.
  - Check for dirt/dust accumulation on air filters and replace filters as needed.

- When servicing air handling equipment such as changing filters or accessing interior areas, consider having workers use personal protective equipment (PPE). If internal duct cleaning is being considered, consult additional guidance before implementing.

- In buildings with operable windows, if the outside air temperature and humidity are moderate, consider opening windows during periods of building occupancy. Do not open windows if doing so poses a health or safety risk (e.g., risk of falling, security risk, risk of triggering asthma symptoms) to students, faculty, and staff using the facility.

- In buildings with operable windows that have been closed or offline for an extended period of time, if the outside air temperature and humidity are moderate, open all windows for two hours minimum before the building is initially occupied.

- Many academic and residential buildings may lack mechanical ventilation and cooling. In these spaces, use of window fans is an acceptable means of enhancing natural ventilation and improving comfort. Fans should always be drawing in outdoor air, if the unit is able. Using a dual fan configuration with one drawing in and one exhausting simultaneously is ideal as this configuration will not impact building pressurization.

- Review BAS programming for all HVAC systems to confirm occupancy schedules are appropriately set up. If HVAC system control setbacks were previously implemented as part of a building shutdown protocol, check to ensure that these setbacks were returned to normal.

- Modify BAS occupancy schedules as needed to fit the current occupancy schedules for each building or site. Consider extending the HVAC system occupied mode to two hours before and two hours after actual occupancy where the systems are operated at their maximum attainable outdoor air setting. Associated exhaust air systems should also be operated during this period.

- During the HVAC occupied mode, optimize outdoor air ventilation by operating HVAC systems at increased outdoor air rates (i.e., increase the percentage of outdoor air). For HVAC systems equipped to provide cooling, the percentage of outdoor air delivered will be limited to the cooling capacity of the HVAC system and its ability to provide an appropriate discharge air temperature while also controlling for humidity. For HVAC systems that provide heating only, an increased outdoor air intake rate is possible if outdoor air temperatures are moderate (between 65°F and 78°F).

- Check HVAC system leaving air temperatures to make sure the systems are providing appropriate dehumidification.

- During the HVAC system unoccupied mode, the HVAC systems can continue to operate continuously and at minimum outside air mode. Associated exhaust air systems should also be operated during this period.

- For HVAC systems with heat recovery wheels, check to make sure there is no leakage and cross-contamination. Consider deactivating these wheels until a service technician checks the operation and condition.

HVAC System Maintenance and Filtration

- Workers performing maintenance and/or replacing filters on any ventilation system with the potential for viral contamination should wear appropriate PPE:
  - A properly fit tested respirator (N95 or higher)
  - Eye protection (safety glasses, goggles or face shield)
  - Disposable gloves
  - Disposable coveralls, gowns and/or shoe covers can be worn to enhance overall protection.
  - After maintenance activities, wash hands with soap and water or use an alcohol-based hand sanitizer with at least 60% ethyl alcohol. Change clothes if soiled.
- For HVAC filtration, consider increasing the level of filtration in the air handling systems to a MERV-13 or greater if existing fan systems permit. An assessment of the current filtration coupled with air handling unit performance information can be used to determine whether the existing fan systems can overcome the additional pressure drop of the new filters while still maintaining appropriate air flow. If MERV-13 filters cannot be installed because of fan limitations or physical limitations, consider increasing the filtration in the air handling system to the maximum available or possible.
- Inspect HVAC system air filters and replace with new filters if deemed necessary. Inspect air filter installation and ensure filters are properly fitted and have little to no bypass around filter banks.
- If the use of MERV-13 or greater filtration is not possible, portable HEPA units can be used in high-traffic areas to provide continuous recirculation. These units can also be utilized in higher occupancy spaces such as dining areas and classrooms, as warranted.

Heating and Cooling Systems

- For facilities with cooling towers, confirm that the chemical treatment has been maintained during the shutdown to avoid conditions that could lead to an outbreak of Legionnaires' disease.
- Check controls of water chillers and cooling towers to ensure that setpoints are consistent with those required during normal operation.
- Check the status of chilled water systems and cooling towers to ensure they are operated at appropriate water levels and are provided sufficient make-up water. Check pump operation and that water is flowing.

- For HVAC systems with direct expansion cooling coils, check the refrigerant pressures to make sure the system is adequately charged.
- Check controls and operation of hot water boilers, steam generators, and heat exchangers to ensure that setpoints are consistent with those required during normal operation.
- Check the fuel source for boilers and hot water generators to make sure it is on and available. Confirm that the flues and make-up air paths are open prior to engaging these devices.

Plumbing and Water Systems

- Implement a flushing plan to flush hot and cold water systems through all points of use (e.g., showers, sink faucets). The purpose of building flushing is to replace all water inside building piping with fresh water.
- Check domestic hot water heaters for proper operation and setpoint. Confirm that your water heater is set to at least 120°F. For domestic hot water systems equipped with mixing valves, higher primary water temperatures (>130°F) can further reduce the risk of *Legionella* growth; however, mixing valves must be tested to prevent scalding temperatures.
- Check all floor drains and fill with water to ensure that drain traps are wet and do not allow for the passage of sewer gas.
- For facilities with hot tubs and spas, confirm that the chemical treatment has been maintained during the shutdown to avoid conditions that could lead to an outbreak of Legionnaires' disease. https://www.cdc.gov/healthywater/swimming/aquatics-professionals/extended-hot-tub-closures.html
- Clean decorative fountains, ensure that water features are free of visible slime or biofilm, and confirm chemical treatment has been maintained.

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7.0 GUIDANCE ON DINING

Note: All decisions about implementing these considerations should be made according to local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the School and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

ADMINISTRATION

Policy

- Instruct all food service employees and contractors to report any COVID-19 symptoms[30] to their supervisors.
- If employees or contractors report any COVID-19 symptoms, instruct them to stay home.
- If an employee or contractor reports symptoms during work, send them home immediately. Clean and disinfect their workstation and consider employees within their vicinity potentially exposed. Implement next steps of investigation and contact tracing with the School's COVID-19 Response Team, Health Center, or with support from local public health officials.
- If an employee or contractor is confirmed to have COVID-19, the health care designee from the COVID-19 Response Team should interview the employee or contractor to determine when initial exposure may have occurred. Close contacts that may have been exposed must be identified. Close contact entails being within 6 feet of a COVID positive person for more than 10 to 15 minutes. Some state specific contact tracing guidelines use 10 minutes as the duration period to define a close contact and CDC uses the 15 minute duration in their guidelines. Close contacts should be assessed dating from two days before the onset of symptoms or a diagnosis was made. The appropriate COVID-19 Response Team member will inform employees and contractors of their potential exposure, while maintaining confidentiality.
- Actively encourage sick employees and contractors to stay home.
- Screen food service employees and contractors and assess their symptoms prior to starting work each day.

Planning and Preparation

- Maintain an inventory of qualified, trained, and licensed staff to fill critical food service positions should some become sick or otherwise unavailable.

[30] U.S. Centers for Disease Control. *Coronavirus Disease 2019, Symptoms*. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

- Stock disposable gloves, face masks, and cleaning and disinfecting supplies. Enact a plan for the distribution and resupply of these items.
- Provide staff with access to soap and clean running water, disposable gloves, and free facemasks.
- Train staff on proper hand washing and control procedures; see the *Preventative Measures* section on handwashing.
- Provide staff with U.S. Environmental Protection Agency (EPA) approved disinfectants[31]. Ensure they are trained on proper use.
- If not already in place, consider installation of physical barriers including sneeze guards and partitions. These barriers can be useful at counters and food pickup areas where maintaining a physical distance of at least 6 feet is difficult between students and food service staff.
- If possible, close shared spaces such as break rooms used by food service workers. If not possible, stagger use and clean and disinfect between uses.
- Ensure that ventilation systems and ventilation of all dining and food service spaces are optimized; see the Facilities Management of Ventilation and Plumbing Systems section of this guide.

Operations and Configuration

- Expand the dining space and increase the number of dining spaces (e.g., turn conference rooms or classrooms into dining spaces during mealtimes) to allow students to maintain physical distance. Encourage physical distance and increased spacing. Offer expanded outdoor seating options. Space tables at least 6 feet apart. Also, space the chairs/seats at least 6 feet apart.
- **Recommended practice:** Where reasonable (particularly for younger day students), deliver prepared lunches to classrooms or encourage students to bring their own lunches from home to eat in their classrooms or outdoors if safe to do so.
- **Recommended practice:** Provide grab-and-go or pick-up meal options for students and staff. Guiding principles from CDC on restaurants and dining suggest that the lowest risk dining option is delivery, take-out, and curb-side pickup.
- If possible, close shared spaces such as break rooms used by faculty and staff. If not possible, stagger use and clean and disinfect between uses. In addition, explore options to create additional separate dining areas (such as conference rooms, classrooms, and outdoor areas) for faculty and staff if areas do not already exist. Or encourage faculty and staff to eat lunch in their classroom or office during break time when students and other staff are no longer in

[31] U.S. Environmental Protection Agency. *List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19).* https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

the classroom. Physical spacing indoors is essential, particularly during mealtimes, when masks will be removed.

- Offer multiple mealtimes in an expanded time window to decrease the number of students in the dining area(s) or dining lines at a time. Stagger meals by class, cohort, or group, utilizing the expanded time window. Clean and disinfect the dining area between meals.
- Prioritize, encourage, and make available outdoor seating areas, possibly including canopies to provide shelter from weather. Guiding principles from CDC on restaurants and dining suggest that outdoor dining with appropriate physical distancing is a lower risk activity when compared to indoor dining with appropriate physical distancing.
- Provide an alternate location to store backpacks and belongings during dining times. Avoid placing belongings on floors. Establish directional foot traffic guidelines for the backpack storage location that does not interfere with the directional foot traffic pattern for the dining areas.
- **Recommended practice:** If feasible, design a strategy to keep individual's belongings separate from others' while in temporary storage by utilizing cubbies, shelving, or lockers. In general, aim to decrease the occupancy such that students can sit at least 6 feet apart from each other. For example, if a table typically seats eight, use only three or four seats at that table. Set a reasonable occupancy limit.
- Assign seats and dining times to students for at least the entire first school term so they occupy the same seat and sit near the same individuals at each meal.
- Avoid buffet style, self-service, and other configurations that require students to use shared utensils. Prioritize use of "grab-n-go" services (i.e., boxed meals or pre-plated meals), in which meals are packaged or assembled on a tray for students to retrieve.
- If salad bars (or similar stations) are used, assign a food service staff member to that station to serve students to avoid the use of shared utensils. If this is not possible, avoid offering any self-serve salad bar and consider prepared grab-and-go salads.
- Encourage students to maintain physical distancing between themselves and others while in line for their meals.
- **Recommended practice:** Place decals on floors 6 feet apart to denote where to stand while in line. Consider using stanchions to guide waiting lines. Ensure sufficient spacing between rows for those waiting in lines.
- Encourage students to wash their hands with soap and water prior to eating. Station dispensers of alcohol-based hand sanitizer containing at least 60% ethyl alcohol at the entrance of the dining facility.

- Incorporate the use of disposable utensils, plates, and cups for the students, as much as possible. This will reduce the burden on dishwashing staff and will allow for additional cleaning and disinfecting resources between dining times.
- Consider the use of disposable tablecloths for the dining area tables. If used, the tablecloths would need to be changed between each seating. Dining staff should test and determine if use of tablecloths is more efficient than cleaning and disinfecting the dining tables between each seating.
- Consider encouraging unidirectional traffic through dining areas by placing decals on the floor dictating one-way traffic through the space and restricting doors to one-way traffic (i.e., either entrance or exit).
- Personal water bottles should not be refilled at drinking water fountains, unless it is a combination fountain that has a separate bottle filler. In general, drinking water fountains should be taken out of use. For other refills, students should use supplied disposable cups for beverages and receive a new cup instead of refilling.
- Use touchless payment options as much as possible or incorporate the use of a contactless account payment system such as a student ID card linked to a meal account.
- **Recommended practice:** Post signs reminding students of the guidelines such as washing hands, maintaining physical distance, using assigned seats, etc. Provide these resources in additional languages and in illustrations as needed.
- **Recommended practice:** Remove decorative objects, flyers, and materials from tables and counters to allow for effective cleaning and disinfection.
- **Recommended practice:** Utilize assigned seating. Assigned seating should be maintained even if students are grouped into academic or residential cohorts.
- **Recommended practice:** Discontinue use of condiment dispensers. Offer condiment packets or small containers alongside the prepared meal.
- **Recommended practice:** Discontinue the use of beverage dispensers (e.g., fountain drink dispensers, common milk pitcher, etc.). Arrange bottles, cups, or cartons of beverage choices along a table or counter for students to retrieve.

FOOD SERVICE WORKERS

Prior to Work

- Shower or bathe before work.
- Trim and file fingernails. Remove nail polish or false nails.
- Wear clean clothes or clean work uniform.
- Wear appropriate and clean footwear.

General

- Do not work if you are sick or showing flu-like symptoms.
- Wear disposable gloves and avoid direct barehand contact with food.
- Do not wear watches, bracelets, or rings.
- Wear a facemask or cloth face covering.
- **Recommended practice:** Wear disposable gown and/or an apron.
- Maintain a physical distance and increased spacing from other food preparation workers whenever possible.
- Wash hands with soap and water for at least 20 seconds before and after work and breaks, after using the bathroom, blowing your nose, coughing, sneezing, or touching frequently touched surfaces, and before preparing food.
- **Recommended practice:** Use a fingernail brush during handwashing.
- Cover your cough or sneeze with a tissue, throw it away, and wash your hands immediately.
- Avoid touching your eyes, nose, and mouth.

Food Preparation

- Existing best practices for food preparation and storage apply. Coronavirus is not foodborne, but food service workers who are infected can transmit the virus to coworkers or students.
- Follow the four key steps to food safety: Clean, Separate, Cook, and Chill.
- Discourage sharing of items that are difficult to clean, sanitize, or disinfect between food service workers. In addition, limit any sharing of food, tools, equipment, or supplies between food service workers and school staff members.
- **Recommended practice:** Even while wearing gloves, use clean utensils, such as tongs, spoons, etc., instead of gloved hands to prepare food as much as possible.

Cleaning and Disinfecting Food Contact Surfaces

- Use soap or detergent and water to wash food contact surfaces (i.e., dishware, utensils, trays, food preparation surfaces, beverage equipment) then rinse after use.
- **Recommended practice:** Disinfect food contact surfaces before food preparation. Ensure any disinfectants used appear on EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 and are safe for food contact surfaces. Follow manufacturer instructions.
- Let dishware and equipment airdry; do not dry with towels.
- Ensure that dishwasher machines are operating within the manufacturer's specifications and that appropriate water temperatures, detergents, and sanitizers are being used.

Cleaning and Disinfecting Non-Food Contact Surfaces

- Clean and disinfect non-food contact surfaces in the kitchen and dining area's commonly touched surfaces (e.g., counters, tables, chairs) multiple times daily.
- **Recommended practice:** Clean and disinfect commonly touched surfaces before and after each use.
- If hard non-porous surfaces are visibly dirty, clean them with detergent or soap and water before disinfecting.
- Disinfect hard non-porous surfaces using:
  - EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2.
  - Diluted household bleach products. Add 5 tablespoons (1/3 cup) of bleach to a gallon of water or 4 teaspoons of bleach to a quart of water. Do not use in conjunction with ammonia-based solutions. Mix a new bleach-based solution each day and when the liquid has debris in it.
  - Alcohol-based solutions containing at least 70% alcohol.
- If still in use, clean and disinfect condiment dispensers as frequently as practicable.
- If soft or porous surfaces (e.g., fabric seats, upholstery) are visibly dirty, clean them using appropriate cleaners.
- Disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2.
- If frequently touched electronic surfaces (e.g., equipment controls, lights) are visibly dirty, clean them using products appropriate for use on electronics.
- Disinfect electronic surfaces according to the manufacturer's recommendations. If none exist, use alcohol-based solutions containing at least 70% alcohol.
- Remove and dispose of gloves, facemasks, and gowns/aprons (if applicable) immediately after cleaning and disinfecting or when visibly soiled.
- Immediately after cleaning and disinfecting (and before taking breaks), wash hands using soap and water for at least 20 seconds. If a handwashing station is not available, disinfect hands using alcohol-based hand sanitizer.
- If disposable gowns are not worn, immediately launder clothes (or uniform) worn using the warmest appropriate water and dry completely. Wash hands immediately after handling dirty laundry.
- For more information, follow CDC Guidance on Cleaning and Disinfecting.

STUDENTS

- Do not attend meals if you are sick or experiencing flu-like symptoms. Inform the School's Health Center immediately and go to the Health Center or area designated for individuals experiencing potential COVID-19 symptoms.
- Wash hands with soap and water for 20 seconds before entering the dining area or use alcohol-based hand sanitizer containing at least 60% ethyl alcohol upon entry to the dining area.
- Avoid touching frequently touched surfaces such as handles, doorknobs, tables, and counters as much as possible. Wash or sanitize hands after touching shared surfaces and before eating.
- When retrieving food, avoid touching items and putting them back.
- Maintain physical distance and increased spacing between yourself and others whenever possible.
- Sit at your table and in your assigned seat if one is provided.
- If the option is available, eat outside.
- When in line, maintain physical distance and increase spacing between yourself and others.
- Cough or sneeze into your elbow or a tissue. If a tissue or napkin is used throw it away and wash or sanitize your hands immediately.
- Avoid touching your eyes, nose, and mouth.
- **Recommended practice:** Use utensils rather than hands to eat as much as possible.

REFERENCES AND RESOURCES

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U.S. Centers for Disease Control and Prevention. *Food Safety and Coronavirus Disease 2019.* https://www.cdc.gov/foodsafety/newsletter/food-safety-and-Coronavirus.html

U.S. Centers for Disease Control and Prevention. *Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019.* https://www.cdc.gov/oronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

U.S. Centers for Disease Control and Prevention. Considerations for Restaurants. https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/bars-restaurants.html

LIMITATIONS

EH&E's advice, recommendations, guidance and work product is intended to augment and supplement all existing local, state and federal , laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA) and Americans with Disabilities Act (ADA) laws and regulations; therefore where EH&E's advice, recommendations, guidance and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

8.0 GUIDANCE ON ACADEMICS AND CLASSROOMS

This guidance addresses adjustments and changes to the academic programming, scheduling, and facilities for select Peer Boarding Schools to reduce the spread of COVID-19 while reopening. All activities and programming must comply with local, state, and federal COVID-19 guidelines and requirements for phased reopening of primary and secondary schools.[32] This guidance includes changes in scheduling to de-densify classroom spaces and reduce close contacts that may increase exposure risk to students, faculty, and staff .

OBJECTIVES

The objectives of a revised academic plan in response to COVID-19 are to:

- Ensure the well-being, health, and safety of students, faculty, staff, and their families as well as members of the surrounding community.
- Assist local, state, and national communities by taking appropriate steps to limit the spread of COVID-19.
- Open school and keep school open with the lowest risk practicable for students, faculty, and staff.
- Stay true to the school's mission and values and maintain a strong sense of community.
- Continue to focus on the experience and educational goals of students.
- Maintain equity in access and academic programming.

ADMINISTRATION

Policy

- The goal of this guidance for academics and classrooms is to maintain rigorous academic programming while minimizing exposure risk to COVID-19 for students, faculty, and staff.
- Follow state guidance pertaining to phased reopening for schools as well as CDC guidance for schools.
- Consider providing instruction via videoconference with instructor located remotely, particularly for instructors with health or safety concerns.
- Students, faculty, and staff must be instructed in how to report any COVID-19 symptoms[33] to the Healthcare Team, parents or guardians, or their supervisors.
- Students, faculty, and staff who report respiratory illness symptoms must stay home, in their residence, or the Health Center, and must not attend in-person classes or come to work.

[32] https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html
[33] U.S. Centers for Disease Control and Prevention. *Coronavirus Disease 2019, Symptoms*. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

- If a faculty member or student reports symptoms during the class day, send them home or to their residence hall immediately. Notify the Healthcare Team for follow-up.
- Actively encourage sick students, faculty, and staff to stay home. Ensure sick time is available for faculty and staff and that students can learn remotely.
- **Recommended practice:** All students, faculty, and staff report via phone app daily attestation of lack of symptoms.
- **Recommended practice:** Maintain small group sizes, limit mixing of groups, and restrict large gatherings at school.[34]
- **Recommended practice:** Reduce contacts to minimize the risk of spread of COVID-19 and enhance tracing capability by keeping assigned seats and, if possible, keeping students within assigned cohorts.
- Good practice: For high school or students that maybe be difficult to cohort, consider limiting groups to certain areas of the school to create a "school within a school."
- Good practice: Stagger class start and end times to reduce numbers of students in common areas at one time. Consider eliminating bells or other intercom notification to allow class end times to naturally stagger and reduce hallway traffic.
- Good practice: allow and encourage a flexible bathroom break policy during class to avoid students congregating in bathrooms during passing times.
- Use signage and markings to denote one-way traffic in common areas.
- Consider blocking off indoor common spaces or setting occupancy limits to ensure good physical distancing can be maintained.
- Add markings denoting physical distancing in any open common spaces.
- **Recommended practice:** Reduce numbers of students or expand spaces available for in-person indoor classroom spaces to allow faculty and students to maintain physical distance.
- Better practice: Use portable air cleaner devices in classrooms without operable windows and/or sufficient ventilation.
- **Recommended practice:** Ensure classroom ventilation is sufficient to maintain thermal comfort and indoor air quality for class durations.
- Good practice: Consider reducing class durations to less than one hour or incorporating breaks into longer classes, particularly if ventilation is not sufficient to maintain thermal comfort and indoor air quality. See the *Facilities Management* guidance for more information on optimal ventilation operation.

[34] American Academy of Pediatrics, *COVID-19 Planning Considerations: Return to In-person Education in Schools*, https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/

Planning and Preparation

- **Recommended practice**: Schools develop multiple reopening plans to address full in person instruction; a hybrid model incorporating some in person and some remote learning; and a fully remote learning model.[35,36]
- **Recommended practice**: In a hybrid teaching model, at least some instructional time is carried out synchronously, so entire classes can engage together, even if cohorted to different days or weeks of in-person attendance. This should be done in accordance with state guidance.
- **Recommended practice**: Schools have sufficient technology to allow for all students to access classes and coursework remotely. This includes equitable access to high speed internet and necessary devices, such as laptops, for all students.
- **Recommended practice**: Students and faculty have ability to remotely access classes and/or coursework even for a fully in-person teaching schedule. This allows for students and faculty that may be mildly ill, asymptomatic, or close contacts of cases to attend or teach class while remaining in their residence. This is beneficial for those awaiting testing results, spending time in isolation, or being quarantined.
- Good practice: Schools provide multiple ways for students to participate in classes and coursework in remote and hybrid programming.
- Online instruction should meet the needs of students and follow recommended educational guidance.[37]
- Good practice: Consider establishing student "tech squad" to support students, faculty, and staff with managing and using technology.
- Good practice: Survey students, faculty, and families to assess remote learning programming and provide input for ongoing improvements.
- **Recommended practice**: Provide training for faculty to enhance online learning.
- **Recommended practice**: Limit visitors to campus as much as possible.
- **Recommended practice**: Reduce classroom density to allow for sufficient spacing between students and allow additional spacing between teachers and students. Prepare floorplans and measure available space to determine occupancy.
- Train students, faculty, and staff on reduced density, physical distancing, proper hand washing, use of cohorts, and other control procedures.

[35] https://portal.ct.gov/-/media/SDE/COVID-19/CTReopeningSchools.pdf
[36] http://www.doe.mass.edu/covid19/return-to-school/
[37] https://www.nsqol.org/wp-content/uploads/2019/02/National-Standards-for-Quality-Online-Teaching.pdf

- Maintain a listing of qualified substitute teachers to deliver lesson plans, in case of faculty illness.
- Stock disposable cleaning supplies and hand sanitizer in all classrooms, laboratories, and studios. Enact a plan for the distribution and resupply of these items.
- **Recommended practice**: Include social emotional learning into academic programming to assist students, faculty, and staff in addressing challenges associated with changes in school environment, teaching methods, and living conditions.[38]

Operations

- Each day students, faculty, and staff must assess their symptoms prior to attending class and report any symptoms to health care staff.
- Good practice: Students, faculty, and staff report attestation of lack of symptoms on an electronic form accessible by computer or phone app.
- **Recommended practice:** Students, faculty, and staff must cover their cough or sneeze with good cough and sneeze etiquette (into elbow or tissue) and avoid touching eyes, nose, and mouth. If a tissue or napkin is used, throw it away, and wash hands or use hand sanitizer immediately.
- Encourage physical distancing and increased spacing in classrooms. **Recommended practice**: Space desks 6 feet apart in classrooms. Instructor should remain 6 feet from students as much as possible.
- **Recommended practice:** Avoid eating in classrooms.
- **Recommended practice:** Encourage use of outdoor spaces and outdoor activities as much as possible.
- Good practice: Limit sharing of supplies or disinfect between uses.
- **Recommended practice:** Require students to have their own supplies for classroom activities, including schools supplies and materials for arts and sciences classes.
- **Recommended practice:** Cancel large gatherings and performances, including musical practices, that occur indoors.
- **Recommended practice:** Cancel field trips.
- Students, faculty, and staff should wear masks/face coverings at all times in school, when possible. Exceptions to mask/face covering requirements should be made for those for whom it is not possible due to medical conditions, disability impact, or other health or safety factors.

[38] http://www.nysed.gov/common/nysed/files/programs/reopening-schools/nys-p12-school-reopening-guidance.pdf

- **Recommended practice:** Encourage the use of cloth face coverings in all indoor spaces, not only classrooms whenever practicable.
- **Recommended practice:** All students, faculty, and staff use hand sanitizer upon entry to all classrooms.
- **Recommended practice:** Post signs reminding students, faculty, and staff of guidelines such as physical distancing, sanitizing hands, using assigned seats, etc. Provide these resources in additional languages and in illustrations as needed.

Configuration

- **Recommended practice:** Assign seats in classrooms for the entire term so students occupy the same seat during each class.
- **Recommended practice:** Remove extra desks and chairs or cover to ensure students do not reorient furniture in classrooms.
- **Recommended practice:** Student desks should not be oriented to allow students to face one another. Desks should face one direction with a student's back to the student facing them from behind. This reduces inhalation exposure from breathing, coughs, or sneezes from another student.[39]
- Good practice: Use partitions between students if 6 feet of distance cannot be maintained.
- Follow all local and state guidelines and recommendations regarding class size. Class capacity should be determined on a case by case basis dependent upon configuration and the ability to appropriately space students.
- Minimum 6-foot physical distancing should be maintained wherever possible, especially in spaces that may be occupied for extended periods of time (e.g., classrooms). Less than 6 feet of physical distancing may be considered between students in some areas, such as classrooms, if state and local guidance allows, and when additional control measures are in place including:
  - Mask/face coverings should be worn at all times.
  - Maintain minimum 6-foot physical distancing between students and faculty/staff.
  - Maintain the maximum distance between students, with a minimum distance of 3 feet.
  - Spaces selected for less than 6 feet distancing should be well ventilated with optimized filtration. Consider adding localized high efficiency particulate air (HEPA) filtration to these spaces.
  - Desks face the same direction.

[39] Ai ZT, Melikov AK. 2018. Airborne spread of expiratory droplet nuclei between the occupants of indoor environments: A review. *Indoor Air*, 28:500–524.

- Schools should consider using additional spaces, such as dining areas, libraries, or auditoriums to supplement classroom space to allow for sufficient distancing. Additional staffing may be required if classes are split between multiple rooms.
- Minimum 6-foot physical distancing should be maintained between individuals in areas where gatherings may occur, where mask wearing may not be possible, and where activities that may pose higher risk may occur (e.g., dining areas, music spaces, etc.).

ACADEMIC PROGRAM

Key components of the adjusted 2020-2021 academic programming in response to the COVID-19 pandemic include:

- Preserving the existing school calendar as much as possible, while reducing mass returns to campus, should be considered in revising academic calendars. Examples including ending in-person instruction at Thanksgiving and using online learning until winter break.
- **Recommended practice:** School calendar is determined based on reducing number of large-scale exits and entries of residential students and faculty.
- Consider online learning opportunities during winter break and until spring semester begins.
- Grouping students into academic and residential cohorts, wherever possible. This allows for containing exposures within the group. Cohort structure and schedules should be determined based on each school's specific requirements, communities, locations, and culture.
- Good practice: Consider adjusted school hours to allow for staggered entrances and exits if possible and time between classes to decrease congestion in hallways.
- Consider increasing or maintaining remote work for staff whose jobs do not require being on-campus, such as administrative staff. If full-time remote work is not possible for some staff, consider reducing the number of days of in-person work to reduce potential exposures.
- For hybrid learning, consider alternating days or weeks by cohorts, if possible. For example, have cohort A engage in-person Monday and Tuesday. Wednesday would be all remote for both cohorts combined, the Cohort B would attend in person Thursday and Friday. Other hybrid options include week-by-week cohorting. This would entail Cohort A coming for in-person class everyday for week 1, with Cohort B learning remotely for all of week 1. For week 2, the two cohorts would switch.

Laboratories/Science Rooms

- Use of science rooms or laboratories should be limited to allow for physical distancing. Instructors should follow general laboratory safety guidelines. In some cases, proximity to students may be necessary for safety reasons. Wearing of masks is strongly encouraged, if

not considered a safety hazard. Typically used personal protective equipment (PPE) should be worn according to school policy.

- Good practice: Since gloves may already be available in some science rooms or laboratories, have students wear gloves if sharing some equipment. Ensure that students learn how to properly don and doff gloves.
- Reminder: always wash hands after removing gloves.
- **Recommended practice:** Supplies or equipment are used by one individual or sanitized between users.

Study Hall / Study Hours

- Organize students in study hall by cohort, as much as possible.
- Limit and designate approved study locations; configure furniture in those spaces to promote physical distancing; set capacity limits by location (library, classroom, etc.).
- Limit number of students in study hall to less than 50% occupancy of the space and allow at least 6 feet between students.
- Limiting duration of time spent in a room should be considered, based on ventilation conditions.

Student Orientation

- Develop and implement screening and testing protocols at home in advance of arrival and on-campus at staggered "intake."
- Prepare all students for a modified student experience, including expectations for community health and safety.
- Partner with student leaders to promote a culture of shared responsibility and prioritization of the common good over individual interest. Consider early arrival of student leaders to train and garner support for health and safety protocols.
- Offer both online pre-orientation and on-campus orientation (in squads) to help students adjust to new expectations.
- Instruct on COVID-19 specific policy changes and general practices such as traffic patterns and occupancy limits.

CLEANING AND DISINFECTING CLASSROOMS BETWEEN USES

- Clean and disinfect commonly touched surfaces in classrooms (e.g., desks, tables, chairs) daily. Refer to the *Cleaning* section of this guide.

- **Recommended practice:** Clean and disinfect commonly touched surfaces before and after class periods and encourage students to wipe down their work surfaces with a cleaning and disinfecting wipe.
- If frequently touched electronic surfaces (e.g., equipment controls, lights) are visibly dirty, clean them using products appropriate for use on electronics. Disinfect electronic surfaces according to the manufacturer's recommendations. If none exist, use alcohol-based solutions containing at least 70% alcohol.
- Immediately after cleaning and disinfecting (and before taking breaks), wash hands using soap and water for at least 20 seconds. If a handwashing station is not available, disinfect hands using alcohol-based hand sanitizer.
- For more information, follow CDC guidance on cleaning and disinfecting.

STUDENTS

- Do not attend class if you are sick or experiencing flu-like symptoms. Inform the Healthcare Team immediately and go to the Health Center.
- Wash hands with soap and water for 20 seconds before or use alcohol-based hand sanitizer containing at least 60% ethyl alcohol upon entry to the classroom.
- Avoid touching frequently touched surfaces such as handles, doorknobs, tables, and counters as much as possible. If possible, use a foot door handle or hands-free door handle that will limit the need of hand contact on door handles.
- Maintain physical distance and increased spacing between yourself and others whenever possible.
- Sit at your desk or table and in your assigned seat.
- When changing classrooms or waiting to enter classrooms, maintain physical distance and increase spacing between yourself and others. Keep to the right in two-way hallways and stairwells.
- Cover your cough or sneeze with good cough and sneeze etiquette. If a tissue or napkin is used, throw it away and wash your hands immediately.
- Avoid touching your eyes, nose, and mouth.

REFERENCES AND RESOURCES

American Academy of Pediatrics, COVID-19 Planning Considerations: Return to In-person Education in Schools. https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/

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LIMITATIONS

EH&E's advice, recommendations, guidance, and work product is intended to augment and supplement all existing local, state and federal, laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce, and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA), and Americans with Disabilities Act (ADA) laws and regulations; therefore, where EH&E's advice, recommendations, guidance, and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

9.0 GUIDANCE FOR GYM AND FITNESS

The following provides suggested general guidance and procedures to reduce exposure risk to coronavirus in gym and fitness areas on school campuses. In addition, this guidance is applicable to students, faculty, and staff who use off-campus gyms and fitness centers. This guidance has been prepared to ensure facilities used by students (including athletes and individual gym users), faculty, and staff have appropriate controls in place.

Note: All decisions about implementing these considerations should be made according to local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

GENERAL GUIDELINES FOR INDIVIDUALS USING FITNESS CENTERS

- Any activities that can be conducted outdoors are strongly encouraged.
- Avoid use of indoor running tracks since physical distancing may not be able to be maintained and heavy breathing could increase the likelihood of transmission occurring. Running outdoors is encouraged.
- If possible, gym users should avoid group exercise classes taking place indoors. Group exercise outdoors is preferred.
- Do not enter a fitness facility if experiencing any COVID-19 symptoms or if there is a known exposure to someone else with COVID-19. Notify school healthcare staff as soon as symptoms develop, or an exposure has been recognized. Stay in your living space and await further guidance.
- Use contact-free check-in methods whenever possible. If contact is required clean hands immediately with hand sanitizer.
- Implement a reservation system for fitness center use to limit users in the facility at the same time.
- Gym users should limit personal items brought to the facility. If needed, bring a small bag and hang it on a hook or piece of gym equipment, do not place keys, bags, or personal items on the floor. Do not share towels or other personal items with others.
- Limit use of locker room areas. Come dressed to work out and return to housing unit to shower. Make sure to use proper hand hygiene whenever using bathrooms or locker rooms.
- Limit the time spent in the fitness facility by reviewing facility information and planning workouts ahead of time.

- Wear a face covering whenever not actively exercising, and whenever entering, exiting, or moving around the fitness center.
- If all individuals in the area are able to wear a face covering while exercising, maintain a physical distance of at least 6 feet. If all individuals are not able to wear face coverings in a space where at least one individual is exercising, maintain a physical distance of 14 feet. Individuals not able to wear face coverings during exercising may benefit from trying alternative styles of masks including specialized athletic masks designed specifically for athletes.
- Follow markings or tape denoting physical distancing guides for gym attendees.
- Avoid use of areas where other gym users are in close contact, such as basketball courts.
- Avoid use of saunas and steam baths at fitness centers (likely closed in most state reopening phases).
- Gym users should bring their own drinking water in bottles or purchase water onsite, making sure to clean hands immediately with hand sanitizer or soap and water. Do not use drinking water fountains, except for the bottle-filling option of a combination unit.
- Minimize use of vending machines and food concessions. Gym users should clean their hands after use of vending machines or when in contact with high-touch surfaces at concessions.
- Practice proper hand hygiene:
  - Wash hands with soap and water for 20 seconds before and after activities, or
  - Use alcohol-based hand sanitizer containing at least 60% alcohol before and after activities.
- If cleaning supplies or hand sanitizer supplies are not sufficiently stocked, notify gym personnel as soon as possible.
- Keep a face covering and personal bottle of hand sanitizer in gym bag to ensure ready supply is available at all times.

OPERATIONAL AND ADMINISTRATIVE GUIDELINES FOR FITNESS CENTERS

The sections below include recommendations for fitness center operations to control potential risk of COVID-19.

General

- Any activities that can be conducted outdoors are strongly encouraged.
- Conduct symptom checks at the entry to the fitness center. This may include temperature screening, if required by local or state guidance. It is advisable for the facility to collect contact information from all visitors to enable contact tracing if cases occur in connection to

the facility. If schools are already conducting daily symptom checks as part of their overall campus program additional symptom checks at the fitness center may not be necessary.

- Display signage to remind gym users of distancing, hygiene, and face covering guidelines.
- Instruct gym users to limit personal items brought to the facility, such as bags, weightlifting gloves, or wraps.
- Develop clear protocols and practices for frequent cleaning of equipment and facilities by fitness center staff.
- Provide ample supplies and opportunities for hand washing or sanitizing, and cleaning supplies for use on gym equipment.
- Face coverings should be required when not actively exercising, especially if a physical distance of at least 6 feet cannot be maintained, except if an individual cannot safely wear a face covering, is unable to remove a face covering independently, or is under the age of two.[40]
- Face coverings should also be worn during exercise if individuals can safely do so. If all individuals in the area are able to wear a face covering while exercising, maintain a physical distance of at least 6 feet. If all individuals are not able to wear face coverings in a space where at least one individual is exercising, keep a physical distance of 14 feet.
- **Recommended practice:** Coordinate room reservation scheduling (for sessions with trainers and group classes or closed spaces for individual use) with 30-minute gaps between sessions to allow for sufficient distancing during entry and exit and for some ventilation of the space.
- Gym users and staff should be encouraged to bring their own drinking water in bottles. Water fountains should be closed, as they are high touch areas that are unlikely to be cleaned between users.
- Close on-site food concessions.
  - If not possible, service areas should follow guidelines for restaurants. Guidance is available on the AIHA Back to Work Safely website[41] as well as within FDA's Best Practices for Re-Opening Retail Food Establishments During the COVID-19 Pandemic.[42]
- Following an extended period of shutdown, actions should be taken to reduce risk from waterborne pathogens, such as the bacteria that causes Legionnaire's disease. Regular flushing of showers and sinks should take place.

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[40] U.S. Centers for Disease Control and Prevention. *How to Wear Cloth Face Coverings*. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html

[41] American Industrial Hygiene Association. *Reopening Guidance for the Restaurant Industry*. https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-the-Restaurant-Industry_GuidanceDocument.pdf

[42] U.S. Food and Drug Administration. *Best Practices for Re-opening Retail Food Establishments during the COVID-19 Pandemic*. https://www.fda.gov/food/food-safety-during-emergencies/best-practices-re-opening-retail-food-establishments-during-covid-19-pandemic

Capacity, Traffic Flow, Spacing, and Physical Barriers

- Gym capacity should be limited based on state or local occupancy guidelines and available space in the facility to allow for 14 feet of separation between individuals (including gym users and staff) in fitness areas and at least 6 feet of distance in spaces where fitness activities do not occur (e.g. locker rooms, hallways, etc.). Greater distancing may be recommended for high exertion exercise.
- Prepare a floorplan of the facility noting the locations of gym equipment and potential activity areas to determine how many gym users and staff can safely be in the space at once.[43]
  - Information on the safe number of gym users should be provided in signage and communications to gyms users and visitors.
  - It may be necessary to remove or relocate some equipment to allow for sufficient physical distancing.
- Use markings on floor to denote physical distancing guides for gym attendees.
- Consider limiting entry through one door and exit through another to allow for one-way foot traffic.
- Measures to limit the number of users in the space should be implemented. Suggested measures include:
  - A reservation system for open gym workout times and/or scheduled hours for sensitive populations, such as older adults.
  - Provide gym users with information for planning workouts and discourage them from staying in the facility to socialize to maintain target occupancy. Socializing outdoors while still maintaining 6 feet of distance can be encouraged.
  - Provide preplanned workouts that can incorporate circuits or stations that allow for physical distancing as well as cleaning/disinfection between uses.
- Limit use of storage cubbies/lockers or separate storage units around the gym to reduce crowding near storage areas. Alternatively, limit the number of gym users who may access common cubbies/locker areas to maintain appropriate physical distancing.
- **Recommended practice:** Place equipment in an X formation to allow for greater distancing. Whenever possible, avoid placing equipment in a manner that has gym users exercising face-to-face. Side-by-side or back-to-back orientations may lower potential virus transmission between those exercising.

[43] USA Gymnastics. Member Club Considerations for a Safe Re-opening. https://usagym.org/PDFs/About%20USA%20Gymnastics/covid/safereopening.pdf

- **Recommended practice:** Where possible, install glass or plastic barriers between equipment such as treadmills. Barriers should be at least tall enough to be above a user's head to block expired droplets. Barriers must be cleaned at least daily.
- Put systems in place to protect desk staff. These can include a method of self-check-in and/or installation of barriers or partitions.

Office Space and Common Area Guidelines

- Consider eliminating reception seating areas.
- Remove or reconfigure seats, furniture and workstations as needed to preserve physical distancing.
- Reconfigure workstations so that staff do not face each other or install partitions if facing each other cannot be avoided.
- Maintain staggered use of communal spaces (for example, breakroom).
  - If vending machines are used, provide cleaning supplies and disinfectants and require users to wipe down touch points after each use.
- Temporarily close amenities that are handled with high contact frequency, such as water coolers, coffee makers, and bulk snacks and replace them with alternatives.
- Encourage staff to use virtual meeting tools, including phone and virtual teleconference, in lieu of in-person meetings, whenever possible.
  - If in-person meetings are essential, consider limiting meetings to 10 people or less depending on local, state, and federal guidelines.
  - Discourage lingering and socializing before and after meetings.
- Regulate the use of common areas with clear signage, including maximum occupancy, physical distancing requirements, and recommendations for face covering use.
  - Provide cleaning supplies for staff to utilize before/after they use common spaces and contact surfaces.
  - Encourage staff not to linger or socialize in common areas.
- No one should provide communal meals to staff.
  - Do not make food available in common areas where gym users may congregate.

ACTIVITY LAYOUTS AND PROTOCOLS

Weightlifting and Other Non-cardio Fitness

- Weightlifting stations and other non-cardio fitness areas should be spaced at least 14 feet apart from other stations.[44] Consider spreading stations to alternate locations to increase distancing or, preferably, move stations outdoors.

[44] https://www.mass.gov/info-details/safety-standards-and-checklist-fitness-centers-and-health-clubs

- Clean hands with sanitizer upon entry to the facility and to the weight room/gym areas. Make sure to clean hands immediately after leaving each workout area. Avoid touching the face while working out.
- Good practice: Wipe down/sanitize equipment before and after use.
- Pull-up bars, rings, or rigs must be wiped down between users.
- A spotter during weightlifting must wear a face covering while in close contact with the individual they are spotting.
- Good practice: Gym users should wear face coverings while weightlifting, if possible, especially when in close contact with others. If an individual cannot breathe comfortably with a face covering while weightlifting, the face covering should not be worn in this scenario.
- Do not leave belongings on the floor near weightlifting equipment. Look for a hook or shelf to store items.

Cardio Equipment

- Avoid using cardio equipment indoors if possible. Even with 14 feet of spacing, high exertion exercise can make it more likely that transmission will occur. If possible, use equipment outdoors or conduct cardio exercises outdoors without equipment.
- Ensure that any cardio equipment, such as treadmills, are spaced more than 14 feet apart.[45]
- Avoid using cardio or other gym equipment where gym users are exercising face-to-face with others. Side-by-side or back-to-back orientations may lower potential virus transmission but would still be considered higher risk.
- Wipe down cardio equipment before using, then clean hands with sanitizer.
- After using cardio equipment, wipe down the equipment then clean hands with sanitizer.
- Do not leave belongings on the floor near cardio equipment. Look for a hook or shelf to store items.

Swimming

- Gym users should follow physical distancing and practice proper hand hygiene prior to entry and when leaving pools.
- Avoid locker room by going dressed for swimming and then leave the facility to shower and change at dorms, if possible.
- Gym users should bring and use their own towel.

[45] American Industrial Hygiene Association. *Reopening: Guidance for Gyms and Workout Facilities*. https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-Gyms-and-Workout-Facilitiess_GuidanceDocument.pdf

- **Recommended practice:** For lap swimming, maintain spacing between individuals swimming by allowing one swimmer to occupy a lane at a time.
- **Recommended practice:** Ensure swimmers have their own equipment and do not share with others. Do not use facility-provided equipment, such as extra goggles, flotation devices.

Group Exercise

- Group exercise classes should only be offered if physical distancing requirements can be limited in size based on at least 14 feet of physical distancing.
- **Recommended practice:** Group exercise classes should only be offered outdoors.
- An automated signup for group exercise classes is strongly recommended. Signups should be restricted based on capacity with sufficient physical distancing.
- Group exercise class should have set start and end times. It is best to schedule classes with an allowance for at least a 30-minute turn-over time between classes to allow for sufficient distancing during entry and exit and for some ventilation of the space.
- Avoid sharing equipment between gym users without disinfecting between uses.
- Gym users should be encouraged to wash hands and/or use hand sanitizer before and after class.
- A portable high efficiency particulate air (HEPA) filtration unit can be run in group exercise rooms to reduce particulate levels in the air during and between classes.

Training Programs

- Trainers and individuals must wear face coverings if distance cannot be maintained during coaching, training, and assessment sessions.
- **Recommended practice:** Hold appointments with trainers outdoors or via video conference when possible.

Other Activities

- Areas conducive to close contact, such as basketball courts, should be closed.
- Saunas and steam baths should be closed or limited to one guest or family unit at a time
- **Recommended practice:** Close indoor running tracks since physical distancing may not be able to be maintained, and heavy breathing could increase the likelihood of transmission occurring. Alternatively, allow only walking (not running nor jogging) on an indoor track.

COMMUNICATION

Communication with gym users can be conducted using numerous resources, including social media, websites, and signage. Transparency and trust between school management, gym staff, and gym users are essential. Therefore, timely communications should be prepared and distributed.

- Fitness centers should post signage at the entrance reminding visitors of face covering, physical distancing, and any capacity limitations. Post print material from the CDC or appropriate state public health bodies in critical areas where physical distancing should be mandatory: group exercise rooms, common exercise areas, locker rooms, etc.
- Prepare and place relevant posters and signage incorporating guidance from the CDC, World Health Organization (WHO), and/or other health-based organizations in appropriate places where intended audiences can be reached. Examples include:
  - COVID-19 information
  - Handwashing
  - Cough etiquette
  - Symptoms associated with COVID-19
  - Practices to stop the spread of the virus
  - Physical distancing
- Post print material from the CDC in or near locker rooms/bathrooms to remind individuals when and how to wash hands. Use electronic resources to provide regularly updated information and reminders for good safety and hygiene practices, whenever possible.
- Screen, distribute, and incorporate this CDC video resource on proper handwashing into training programs for staff.
- Post print material from the CDC in critical areas where additional physical distancing should be encouraged: group exercise rooms, common exercise areas, etc.
- Provide information regarding activities that are being undertaken to create a healthy workout experience and to prevent transmission of disease. This should include education on good hand washing hygiene, distancing measures, and cleaning practices, at a minimum.
- Educate staff and gym users on infection prevention practices.
  - Staff and gym users must not visit the gym if exhibiting any symptoms, including cough, fever, chills, muscle pain, sore throat, shortness of breath or difficulty breathing, and new loss of taste or smell.
  - Staff and gym users also should not attend the gym if they have been exposed to someone with COVID-19 within the previous 14 days.

  - Physical distancing requires gym users and staff to remain more than 6 feet apart as much as possible and wearing a face covering if distancing cannot be maintained.
  - Staff and gym users should wash or use sanitizer on hands often, including upon entering the facility; upon entering and leaving locker rooms; after using restrooms; before and after using gym equipment or contacting high-touch surfaces; and after coughing, sneezing, or blowing their nose.
  - Cover coughs and sneezes with a tissue or by coughing into your elbow. Dispose of the tissue and clean hands with soap and water or hand sanitizer.
  - Policies should be put in place to allow gym staff to refuse access to anyone appearing to show symptoms or anyone not following gym hygiene and physical distancing guidelines.
- Develop a plan for how to address a case of COVID-19 among staff and/or gym users, including how to communicate with staff and gym users if a case has been identified as having visited the facility.

PREVENTING SPREAD

A critical control is to avoid having a person with symptoms or who has tested positive for coronavirus to enter the gym or fitness facility. Additionally, wearing face coverings as much as possible, maintaining physical distance, and practicing good hygiene practices are key controls for controlling potential spread in a gym or fitness facility.

How to Wash Hands

1. **Wet** your hands with clean, running water. Turn off the tap and apply soap.
2. **Lather** your hands by running them together with the soap. Make sure to lather the back of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds (about the time it takes to sing the “Happy Birthday” song twice.)
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.

You may use paper towels to turn off the faucet and/or open doors of the bathrooms.

How to Use Alcohol-Based Hand Sanitizer

Hand sanitizers should contain greater than 60% ethanol or greater than 70% isopropanol.

1. Apply the product to the palm of one hand.
2. Rub your hands together. Make sure the product contacts the back of your hands, palms, between your fingers, and fingertips.
3. Continue to rub your hands together until your hands are dry (about 20 seconds).

COVID-19 Probable or Suspected Case

- If a gym user or staff member does not show COVID-19 symptoms but notifies the facility that they have been in close contact with a person who is a confirmed case of COVID-19, direct the individual to stay home and monitor for COVID-19 symptoms. Inform the individual that they should follow state and CDC guidance if symptoms appear.
- If a gym user or staff member shows COVID-19 symptoms or is confirmed as having COVID-19, follow the procedures below:
  - Immediately separate staff and patrons with COVID-19 symptoms (for example, fever, cough, or shortness of breath).
  - Immediately notify local health authorities, staff, and patrons of any case of COVID-19 while maintaining confidentiality in accordance with applicable regulations.
  - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare provider.
  - Close off areas used by a sick person and do not use areas until after cleaning and disinfection.
  - Wait up to 24 hours or as long as practical before cleaning and disinfecting the space to allow respiratory droplets to settle before cleaning and disinfecting. Ensure safe and correct use and storage of U.S. Environmental Protection Agency (EPA)-approved List N disinfectants, including storing products securely away from children; follow manufacturer's instructions.

FACILITIES AND OPERATIONS

Ventilation

- Open windows and/or doors when possible to increase outdoor air supply.
- Increase supply air flows to the gym and group exercise rooms, if possible.
- Ensure restrooms and locker rooms have fans venting outdoors and operating to create negative pressure.
- For group exercise rooms consider use of a portable HEPA filtration unit sized appropriately to the space.
- Use of fans that focus airflow directly onto gym occupants are not recommended as they can direct airflow from one person to another and resuspend particles from the floor.

Restrooms/Showers/Locker Rooms

- Limit use of locker room areas. When possible, encourage individuals to come dressed to work out and return to dorms to shower.

- Locker rooms and showers should have dividers between users or markings to note appropriate distancing. If not possible to properly distance users, locker rooms and/or showers should be closed.
- Encourage good hand hygiene for all staff and gym users.
- Post signage and inform gym users that hand washing or sanitizing is required for all individuals before and after workouts, before and after using a new piece of equipment, as well as before and after the use of restrooms and/or locker rooms.
- Sufficient supplies must be provided and replaced regularly throughout the day. These include soap, hand sanitizer, paper towels, and tissues. Hand sanitizing stations should be readily available in multiple places, particularly at entryways/exits.
- Make trash cans readily available. Trash cans should be a type that does not require touching by the user. A no-touch trash can should be placed by all doors with pull handles, to ensure clean paper towels used to open the door can be disposed of properly.
- Toilet lids, if available, should be closed when flushed. Notices educating users should be placed in stalls.
- Restrooms and locker rooms should be cleaned and disinfected multiple times per day.

Common Areas

- Consider eliminating reception seating areas to remove the temptation for individuals to gather for prolonged periods of time.
- Remove or reconfigure seats, furniture and customer service stations as needed to preserve physical distancing.
- If vending machines are used, provide cleaning supplies and disinfectants, and require users to wipe down touch points after each use.

STAFF

- Ensure that there are sick leave policies in place that encourage staff to stay home when sick and quarantine for 14 days if they have been exposed to someone with COVID-19.
- Determine how and when staff can return to work after being diagnosed with COVID-19. Follow CDC's criteria to discontinue home isolation or appropriate state or local guidelines.
- Assign a staff member to address COVID-19 concerns from gym users or staff. Instruct staff to refer all concerns to the identified COVID-19 staff person.
- If possible, adapt duties to allow for protection of high-risk staff. This could include telework, changes in schedules, or adjusting job tasks to reduce potential exposures.
- Monitor absenteeism of staff and create a roster of trained back-up staff.

- Limit the number of staff present during the same time by staggering or rotating shifts. Monitor staff schedules and ensure there is a list of available trained staff.
- Train gym personnel on physical distancing guidelines and ways to communicate them to gym users.
- Train staff on all safety protocols and COVID-19 guidelines. Consider training virtually or ensuring that physical distancing is maintained during in-person training.
- Conduct daily health checks of temperature and symptoms (for example, cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell) of staff before each shift.
- Consider using examples of screening methods in CDC's General Business FAQs. Remember that recording names and temperatures has Health Insurance Portability and Accountability Act (HIPAA) implications, so take all necessary steps to ensure compliance as you develop a protocol. Also be sure to communicate the requirements clearly, frequently, and empathetically to all affected individuals.
- If a gym staff person is sick or undergoes testing, results should be reported to the school or gym management so that a plan for returning to work can be established according to a doctor's approval and current CDC recommendations.
- Provide instruction and training for cleaning staff on how to:
  - Properly put on and remove gloves.
  - Clean and disinfect surfaces according to product specifications.
  - Correctly use face coverings.
- Provide Safety Data Sheets for cleaning chemicals and ensure cleaning staff are aware of the hazards of use.
- Train all staff about the sources of exposure to the virus, the health risk associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure or transmission. Training should include (but not be limited to) information about what individuals should do to isolate if they have suspected or confirmed COVID-19, how to cooperate with public health officials to enable contact tracing, and how to quarantine safely, if there is a significant exposure.

CLEANING AND DISINFECTION

Note: COVID-19 is not spread through sweat; however, items touched by many people in a gym (e.g., barbells, weight machines, aerobic fitness equipment, etc.) could pose a risk for transmission because respiratory droplets may settle on equipment, or individuals could transfer virus from their hands to equipment. For more information on cleaning products and methods, see the *Cleaning and Disinfection* section of this guide.

- Provide hand washing stations at the entrance of the facility or alternatively, hand sanitizer (60% alcohol), if not feasible.
- Provide wipe stations for gym users to wipe/disinfect equipment before and after exercise at each location/station/piece of equipment.
- Examples of equipment surfaces in direct contact with the skin that should be cleaned and disinfected include but are not limited to:
  - Hand grips on cardio equipment such as treadmills, bicycles, ellipticals.
  - Hand grips on dumbbells, weight bars, and other strength-training systems.
  - Pads/cushioned components such as fitness mats, bike seats, lifting benches, and other cushioned components of strength training machines.
  - Fitness balls, rope handles, and other fitness accessories.
- Add hand sanitizer stations next to wipe stations to allow staff and gym users to clean their hands after wiping down equipment.
- Clean and disinfect common areas (e.g., lobby, check-in), restrooms, and locker rooms multiple times per day. Disinfect shared items between users to the extent possible. Instruct gym users and include visible signage about disinfecting equipment between uses.
- Establish a disinfection routine with staff at regular intervals. Follow manufacturer's guidelines for cleaning products, including application methods and contact time required for disinfection.
- High contact areas such as door handles, hand railings, toilets, faucets, and sinks should be disinfected multiple times per day.
- Minimize gym patron use of equipment made of porous materials, such as foam mats, as they are difficult to clean.
- Consider removal of items that are difficult to clean.
- Maintain a schedule and checklist for cleaning practices to ensure tasks are completed regularly.
- Keep surfaces as free from clutter as possible to allow for easier cleaning.
- Any shared use items should be disinfected after each use.
- Any equipment or supplies that have been used and require cleaning should be kept in a labeled container noting it requires disinfection.
- As with other cleaning activities (e.g., cleaning bathrooms), gloves and gowns/aprons are recommended when doing laundry. Face coverings or masks should be worn. Staff should avoid shaking laundry items to minimize potential spreading of virus-laden particles into the air.

- Use of a disinfectant appropriate for porous material is recommended. Follow manufacturer's instructions. Example: Lysol Laundry Sanitizer (see manufacturer's instructions for inactivating viruses, including a 15-minute presoak).
- Wash items as appropriate in accordance with the manufacturer's instructions, opting for the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
- Cloth face coverings used by staff should be laundered regularly. Used face coverings should be collected in a sealable container (like a trash bag) until laundered.
- Protect shared furniture, equipment, towels, and clothing that has been cleaned and disinfected from becoming contaminated before use.
- If vending machines are used, provide cleaning supplies and disinfectants and require users to wipe down touchpoints after each use.

REFERENCES AND RESOURCES

American Industrial Hygiene Association. *Reopening: Guidance for Gyms and Workout Facilities*. https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Reopening-Guidance-for-Gyms-and-Workout-Facilitiess_GuidanceDocument.pdf

U.S. Centers for Disease Control and Prevention. *Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019.* https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

U.S. Centers for Disease Control and Prevention. *Athletic Facilities*. https://www.cdc.gov/mrsa/community/environment/athletic-facilities.html

USA Gymnastics. *Member Club Considerations for a Safe Re-opening*. https://usagym.org/PDFs/About%20USA%20Gymnastics/covid/safereopening.pdf

American Industrial Hygiene Association. *Back to Work Safely*. https://www.backtoworksafely.org/

U.S. Occupational Safety and Health Administration. *COVID-19 Control and Prevention*. https://www.osha.gov/SLTC/covid-19/controlprevention.html#health

U.S. Army Public Health Center. *Gym Equipment - Enhanced Disinfection Guide*. https://phc.amedd.army.mil/PHC%20Resource%20Library/GymEquipmentDisinfectantGuidance_FS_98-004-0420.pdf

Illinois Department of Commerce and Economic Opportunity. Restore Illinois Phase 4: Revitalization, Health & Fitness Businesses Guidelines. June 22, 2020. https://dceocovid19resources.com/assets/Restore-Illinois/businessguidelines4/healthandfitness.pdf

World Health Organization. *Coronavirus disease (COVID-19) advice for the public: Mythbusters*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters

Commonwealth of Massachusetts. *Sector Specific Workplace Safety Standards for Fitness Centers and Health Clubs to Address COVID-19.* https://www.mass.gov/doc/sector-specific-workplace-safety-standards-phase-iii-for-fitness-centers-and-health-clubs-to/download

Commonwealth of Massachusetts. *Fitness Centers and Health Clubs: MA Safety Standards*. https://www.mass.gov/doc/phase-iii-step-1-fitness-centers-and-health-clubs-protocol-summary/download

LIMITATIONS

EH&E's advice, recommendations, guidance, and work product is intended to augment and supplement all existing local, state and federal, laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce, and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA), and Americans with Disabilities Act (ADA) laws and regulations; therefore, where EH&E's advice, recommendations, guidance, and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

10.0 GUIDANCE ON PERFORMING ARTS AND MUSIC

The following provides guidance and procedures to reduce COVID-19 exposure risk to students, faculty, and staff while participating in performing arts and music activities. All music and performing arts activities and classes should be limited to those in which appropriate physical distancing and proper hand hygiene can be practiced. In addition, music and performing arts activities should be grouped by residential or academic cohorts when possible.

COVID-19 can be highly transmissible in certain settings, including group singing events. In addition to transmission through respiratory droplets spread through close contact, evidence suggests that the virus can potentially spread in respiratory aerosols. Singing and speaking loudly can generate particles that may reach beyond the typical 6 feet of physical distancing that is recommended. At least one major outbreak in the U.S. has been attributed to singing indoors.[46] The science related to the spread resulting from respiratory aerosols is evolving; however, at this time, it is recommended to either postpone indoor singing activities or ensure additional controls are in place, including increased physical distancing, wearing of cloth face coverings, optimized ventilation, increased filtration in rehearsal spaces, and if possible, conducting activities outdoors.

Several studies have been conducted, and some are ongoing, on the association of band and orchestra activities with COVID-19. The extent of risk and risk profile are not fully understood. Preliminary data produced from one study found that wind and brass instruments can produce aerosols in size ranges that can remain suspended for several minutes to hours.[47,48] The risks associated with wind and brass instruments are theoretically higher than percussion and string instruments.

Note: All decisions about implementing these considerations should be made according to local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the School and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

[46] Hamner L, Dubbel P, Capron I, et al. 2020. High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice — Skagit County, Washington, March 2020. MMWR Morb Mortal Wkly Rep, 69:606–610. doi: http://dx.doi.org/10.15585/mmwr.mm6919e6external icon.
[47] https://www.sciencemag.org/news/2020/07/it-safe-strike-band-time-coronavirus
[48] https://www.nfhs.org/media/4029952/preliminary-testing-report-7-13-20.pdf

ADMINISTRATIVE

General Guidance for Performing Arts and Music

- Students, faculty and staff should wear face coverings during **all** indoor activities, especially when maintaining physical distancing is not feasible or is a safety concern. Face coverings should also be worn outdoors when a physical distance of at least 6 feet cannot be maintained For activities requiring increased respiration (e.g., singing, wind and brass instruments, dance, etc.), the distance is recommended to be increased to 10 feet.
- Carry out activities outdoors as much as possible.
- Ensure enough space to accommodate students and faculty while practicing physical distancing.
  - **Recommended practice**: Classes and performance groups should maintain a physical distance of 6 to ten feet during all activities.
  - **Recommended practice**: For all activities, small groups or cohorts should be established and maintained to reduce interpersonal interactions.
- Before and after **all** activities, ensure students, faculty, and staff practice proper hand hygiene:
  - Instruct students to wash hands with soap and water for 20 seconds before and after activities, or
  - Provide alcohol-based hand sanitizer containing at least 60% ethyl alcohol before and after activities.
- All shared items and equipment (e.g., music stands, pianos, props, etc.) should be properly cleaned and disinfected between use. Refer to the *Cleaning and Disinfection* section of this guide for instructions on cleaning and disinfecting porous and non-porous objects. In addition, it is essential to follow the cleaning and disinfection guidelines recommended by the manufacturer.
  - Good practice: If feasible, shared equipment should be limited to items that can be effectively cleaned (e.g., non-wind and non-brass instruments with hard, non-porous surfaces, music folders, music stands, props, etc.).
  - Better practice: Limit the amount of shared supplies and equipment for activity by providing each participant their own individual equipment (e.g., instruments, music folders, music stands, props, etc.) for the academic year or semester, if feasible.
- Participants must not share equipment that makes close contact with their nose or mouth (e.g., wind and brass instruments, microphones, makeup, etc.).
- When activities cannot take place outdoors, ensure that there is proper ventilation within the space by maximizing fresh air intake or natural ventilation via screened windows and doors. See Facilities Management of Ventilation and Plumbing Systems section of this guide. Do not use fans in a configuration that directs air towards a group as this may facilitate the

spread of respiratory droplets. Similarly, do not direct fans toward the floor, as this can resuspend droplets from the ground. If used, configure fans to provide increased circulation and ventilation in a space.

- It is recommended for all larger performances to be postponed. Any performance carried out indoors must meet state or local occupancy limits related to their phased reopening guidance.

Posters/Signage

- Display relevant posters and signage from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and/or other health-based organizations in appropriate activity areas to encourage behaviors that mitigate the spread of disease:
  - COVID-19 information
  - Handwashing
  - Cough etiquette
  - Symptoms associated with COVID-19
  - Stop the spread of germs
  - Physical distancing

SPECIFIC GUIDANCE BY PERFORMING ARTS AND MUSIC ACTIVITY

Chorus and Singing

Currently, singing in large groups is discouraged as it is a "highly transmissible" activity due to voice projection generating respiratory droplets.[49] If singing activities will occur on campus, it is encouraged that activities be carried out outdoors when possible, and it is important to follow the following recommended practices:

- Faculty and students should follow recommended physical distancing of ten feet, wear cloth face coverings, and practice good hand hygiene prior to and following choral and singing group activities.
  - Good practice: When indoors, ensure proper physical distancing of ten feet, have all students assemble in a formation that does not allow face-to-face positioning, and have faculty and students wear cloth face coverings.
  - Better practice: When indoors, de-densify choral groups, ensure proper physical distancing of ten feet, and have faculty and students wear cloth face coverings.
  - Good practice: Limit the duration of choral rehearsals as much as possible, preferably to less than 1.25 hours with time between room uses to allow air to turnover in the space.[50]

[49] Harvard School of Public Health, Schools For Health: Risk Reduction Strategies for Reopening Schools. (2020, June).
[50] Corsi RL. Aerosols as Vehicles for Dose of SARS-CoV-2: Some Scenarios & Practical Considerations, SARS-CoV-2 in Indoor Air: Principles and Scenarios, EPA webinar. July 16, 2020.

Good practice: Allow approximately 30 minutes of time between room uses to allow air to turnover in the space.[51]

- **Recommended practice**: Hold choral rehearsals outside when feasible, ensure proper physical distancing of ten feet, and encourage faculty and students to wear cloth face coverings. Class and choral group sizes should be in accordance with local guidelines on allowed group size.

- Limit class and practice size based on space capacity and the physical distancing recommendation of ten feet between individuals.
- **Recommended practice**: Classes, private lessons, and even rehearsals should be encouraged to be virtual when feasible.
- Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.

Orchestra and Band

Based on available evidence and the theoretical risk presented by use of brass and wind instruments, group orchestra and/or band practices are discouraged. If having group orchestra and band activities on campus is crucial to the mission of the school, it is encouraged that activities be pursued outdoors when possible, and it is important to follow the recommended practices, including:

- Faculty and staff should follow recommended physical distancing of 6 to 10 feet, wear cloth face coverings, and practice good hand hygiene prior to and following orchestra/band rehearsals or classes.
  - For percussion, string, and keyboard instruments, ensure proper hand hygiene practices between each use.
    - Good practice: When indoors, ensure proper physical distancing of 6 feet, have all students assemble in a formation that does not allow face-to-face positioning, and have faculty and students wear cloth face coverings.
    - **Recommended practice**: Hold orchestra or band rehearsals/classes outside when feasible, ensure proper physical distancing of 6 feet, and encourage faculty and students to wear cloth face coverings.
  - For brass and wind instruments, group practice is discouraged. If activities are pursued, ensure proper physical distancing of 10 feet, and consider physical barriers, where feasible. With available evidence, it is difficult to specify if safe physical distancing is achievable indoors related to group rehearsals involving brass and wind instruments.

[51] Corsi RL. Aerosols as Vehicles for Dose of SARS-CoV-2: Some Scenarios & Practical Considerations, SARS-CoV-2 in Indoor Air: Principles and Scenarios, USEPA webinar. July 16, 2020.

    - **Recommended practice**: Hold rehearsal outside or in large, well ventilated spaces while also practicing a physical distance of 10 feet, and have faculty and students wear cloth face coverings. Class and choral groups sizes should be in line with local guidelines regarding permitted group size.

- Consider implementation of specially-designed instrument covers on wind and brass instruments to reduce aerosols while playing. This includes bell covers that may be effective at reducing aerosol emissions from brass and woodwind instruments.[52]
- Follow proper cleaning and disinfecting guidelines for all instruments, as outlined in the *Cleaning and Disinfection* section below.
- Limit class and practice size based on space capacity and the physical distancing recommendation of 6 to 10 feet between individuals.
- If group practice takes place, limit class and practice duration to less than 30 minutes with at least 20 minutes between practice periods to allow air to turn over in the practice space.[53]
- **Recommended practice**: Classes, private lessons, and even rehearsals should be encouraged to be virtual when feasible.
- **Recommended practice**: All students have their own instrument and do not share instruments, particularly those with mouthpieces.
- Good practice: All students have their own mouthpiece if it is necessary to share an instrument with a mouthpiece.[54]
    - Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.
    - Brass instrument musicians should avoid emptying spit valves onto the floor, but rather into a disposable cloth and clean hands afterward.[55]
    - Musicians should avoid sharing mouthpieces.

Dance

- Participating faculty and students should follow recommended physical distancing and good hand hygiene practices prior to and following dance activities.

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[52] https://www.nfhs.org/media/4029971/preliminary-recommendations-from-international-performing-arts-aerosol-study.pdf
[53] https://www.nfhs.org/media/4029971/preliminary-recommendations-from-international-performing-arts-aerosol-study.pdf
[54] https://www.volkweinsmusic.com/pages/special
[55] https://medicine.uiowa.edu/iowaprotocols/wind-instrument-aerosol-covid-era-covid-19-and-horns-trumpets-trombones-euphoniums-tubas-recorders

- Good practice: Remove unnecessary equipment from the space to allow for more active use or use outdoor space if feasible. Reduce class size and limit studio use outside of scheduled activities and practices.
- Better practice: Know the square footage of each studio area, understand the maximum occupancy, and create enough space to allow for physical distancing. In addition, create a schedule or map to educate students, faculty, and staff on how the activity in the space may continue safely.

- All participants should keep a physical distance of 6 feet and wear cloth face coverings. If activities are held outdoors, participants can remove their face coverings if a physical distance of 10 feet is maintained.
- Consider keeping classes and scheduled activities to include the same group of students and students each day and consider keeping the same instructors per group.
- All shared and used equipment (e.g., bars) should be cleaned and disinfected between each use, refer to *Cleaning and Disinfection* section of this guide.
  - Good practice: Limit the amount of shared supplies and equipment per activity. Ensure there are enough supplies to minimize sharing during each activity.
  - **Recommended practice**: Designate certain equipment to individuals to decrease the number of shared items.
- Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.
- During instruction, set the music in the studio to a low volume so instructors can be heard without projecting their voices. The volume can then be increased when the dancers run their combination.
- Select or adjust dance choreography to be conducive with keeping distance (i.e., modify or do not offer lift or partner-focused dance options).
- Place marks or spots on studio floors to aid participants in the distance and spacing requirements of the activity.
- Encourage teachers, instructors, and coaches to participate in the planning, adjustment, and set-up of the studio spaces.
- Use of changing or dressing rooms should be limited to as few occupants as possible. Dancers should spend as little time in dressing rooms as possible. It is preferred that dancers come dressed for dance classes or rehearsals and avoid changing rooms.

Musical Theater

Musical theater involves both singing and dancing. As mentioned previously, singing is a "highly transmissible" activity due to voice projection generating respiratory droplets.[56] If moving forward with musical theater activities on campus, it is encouraged that activities be pursued outdoors when possible and it is important to follow the recommended practices established for singing and dancing, including:

- During activities involving singing, faculty and students should follow recommended physical distancing of 10 feet, wear cloth face coverings, and practice good hand hygiene prior to/following musical theater group activities.
  - Good practice: When indoors, ensure proper physical distancing of 10 feet, have all students assemble in a formation that does not allow face-to-face positioning, and have faculty and students wear cloth face coverings.
  - Better practice: When indoors, de-densify choral groups, ensure proper physical distancing of 10 feet, and have faculty and students wear cloth face coverings.
  - **Recommended practice**: hold theater rehearsals outside when feasible, ensure proper physical distancing of ten feet, and encourage faculty and students to wear cloth face coverings. Class and choral groups sizes should be in line with local guidelines regarding permitted group size.
- During dance-exclusive activities, participating faculty and students should follow recommended physical distancing and good hand hygiene practices prior to and following dance activities.
  - All participants should keep a physical distance of 6 feet and wear face coverings. If activities are held outdoors, participants can remove their face coverings if a physical distance of 10 feet is maintained.
  - Select or adjust dance choreography to be conducive with keeping distance (i.e., modify or do not offer lift or partner-focused dance options).
- **Recommended practice**: Require theater activities to be limited to the same students per class or performance group. Limit the size of the cohort to be as small as possible to reduce in-person interaction.
- Place marks or spots on studio floors to aid participants in the distance and spacing requirements of the activity.
- During instruction, set the music in the practice space to a low volume so instructors can be heard without projecting their voices.

[56] Harvard School of Public Health, Schools For Health: Risk Reduction Strategies for Reopening Schools. (2020, June).

- Classes, rehearsals, and shows should utilize pre-recorded music instead of relying upon live performances by a band or orchestra.
- Limit class and practice size based on space capacity and the physical distancing recommendation of 6 to 10 feet between individuals.
- All shared and used equipment (e.g., props, dance bars) should be cleaned and disinfected between each use and the performing arts area should be cleaned and disinfected after use; refer to *Cleaning and Disinfection* section of this guide.
- Good Practice: Limit the amount of shared supplies and equipment per activity.
  - Participants must not share equipment that makes close contact with their nose or mouth (e.g., wind and brass instruments, microphones, makeup, etc.).
- **Recommended practice**: Classes, private lessons, and even rehearsals should be encouraged to be virtual when feasible.
- Refer to the *Chorus and Singing* and *Dance* sections of this guide for more specific recommendations on singing and dancing activities.
- Ensure proper ventilation of the theater or rehearsal space. Any rehearsals or performing arts activities should be held in properly ventilated spaces in conjunction with physical distancing practices. For ventilation recommendations please refer to the Facilities Management of Ventilation and Plumbing Systems section of this guide.
- Use of dressing rooms should be limited to as few occupants as possible. Performers should spend as little time in dressing rooms as possible.
- Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.

Non-musical Theater

- Students and faculty should follow recommended physical distancing and good hand hygiene practices prior to/following performing arts activities (e.g., dancing, acting, etc.).
- **Recommended practice**: Require theater activities to be limited to the same students per class or performance group. Limit the size of the cohort to be as small as possible to reduce in-person interaction.
- All shared and used equipment (e.g., props) should be cleaned and disinfected between each use and the performing arts area should be cleaned and disinfected after use; refer to *Cleaning and Disinfection* section of this guide.
- Good Practice: Limit the amount of shared supplies and equipment per activity.
  - Participants must not share equipment that makes close contact with their nose or mouth (e.g., microphones, makeup, etc.).

- **Recommended practice**: Consider designating certain equipment to individuals for the duration of the academic year or performance cycle to decrease the number of shared items.
- Faculty and students should wear cloth face coverings during all performing arts activities indoors when physical distancing is not maintained.
  - Better practice: When indoors, require faculty and staff to wear cloth face coverings during all performing arts and theater activities and maintain a physical distance of 6 feet.
  - **Recommended practice**: When outdoors, encourage faculty and staff to wear cloth face coverings during all performing arts and music activities and maintain a physical distance of 6 feet.
- Ensure proper ventilation of the studio or rehearsal space. Any rehearsals or performing arts activities should be held in properly ventilated spaces in conjunction with physical distancing practices. For ventilation recommendations please refer to the Facilities Management of Ventilation and Plumbing Systems section of this guide.
- Use of dressing rooms should be limited to as few occupants as possible. Performers should spend as little time in dressing rooms as possible.
- Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.

CLEANING AND DISINFECTION

Recommended methods for typical cleaning procedures include two-stage cleaning and disinfecting.[57] "Cleaning" entails washing with a detergent and water solution to remove soil, organic matter, and some microorganisms from a surface. See Cleaning and Disinfection section of this guide for details on cleaning porous and non-porous materials in performing arts spaces.

Communal Spaces

- Good practice: Cleaning and disinfecting communal spaces at least daily.
- **Recommended practice**: Cleaning and disinfecting of communal spaces between groups. Disinfection after cleaning may not be feasible if scheduling of group activities does not allow for disinfectant to remain on treated surfaces for sufficient time to fully disinfect.

Shared Items

- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., instruments, music stands, props) and clean and disinfect between use.
- Good practice: Shared items should be cleaned and disinfected at least daily.

[57] Cleaning and Disinfection for Community Facilities: Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

- Better practice: Shared items should be cleaned and disinfected multiple times per day.
- **Recommended practice**: Assigning items where possible to reduce the quantity of items shared. Also, cleaning and disinfecting of shared items between uses. Shared equipment should be cleaned and disinfected before and after each use.

Frequently Touched Surfaces

- Good practice: Cleaning and disinfecting frequently touched surfaces, practice rooms, and common spaces at least daily.
- **Recommended practice**: Cleaning and disinfecting frequently touched surfaces, practice rooms, and common spaces multiple times daily.

Examples of frequently touched surfaces include tables, drinking fountains, door handles, hand railings, light switches, countertops, cabinet handles, desks, phones, keyboards, toilets, faucets, pianos, music stands, and sinks. Any other surfaces frequently touched by students and faculty should be cleaned and disinfected at least daily or, preferably, several times per day.

Dressing Rooms

- Good practice: As with other frequently touched surfaces, dressing rooms should be cleaned and disinfected daily when in use.
- Better practice: High touch surfaces within dressing rooms are cleaned more than once per day.
- **Recommended practice**: High touch surfaces in dressing rooms are cleaned between users.

Instruments

The practice of sharing instruments is discouraged, especially woodwind and brass instruments. CDC has suggested that the COVID-19 virus can remain on instruments including brass, wood, plastic, and strings from between 2 to 5 days. In addition to CDC guidance, the National Federation of State High School Associations and National Association for Music Education have released proper instrument cleaning practices:

- Instruments should be cleaned and disinfected between each use. Alcohol wipes or swabs with disinfectant solution should be use on the instrument after cleaning has been conducted.
- For wood instruments, it is important to not use abrasive or corrosive cleaning/disinfecting materials on the reeds or woodwind instruments' keys. Excess liquid should be removed from wood instruments to prevent damage.
- Mouth pieces should be cleaned by swabs or mouthpiece brushes followed by alcohol wipes or swabs with disinfectant solution prior to each use. For brass mouth pieces and saxophone necks, soapy water and proper rinsing/drying is proven effective.

- Strings can be disinfected using 70% isopropyl alcohol or above; however, the rest of the instrument should be cleaned/disinfected using gentler solutions.
- Plastic instruments should be cleaned with soap and water. Disinfectant solutions can also be used.
- Keyboards and percussion instruments can be wiped down with gentle disinfectant solutions; however, it is recommended that students and faculty using such instruments can prevent spread on these surfaces by simply conducting proper hygiene practices.
- For a larger list of safe disinfectants for instruments please see: https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/

Whether instruments are assigned or shared, it is important to encourage and implement proper cleaning and disinfecting procedures.

REFERENCES AND RESOURCES

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National Federation of State High School Associations. *COVID-19 Instrument Cleaning Guidelines.* https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/

National Federation of State High School Associations. *Guidance for a Return to High School Marching Band*. https://www.nfhs.org/media/3812337/2020-nfhs-guidance-for-returning-to-high-school-marching-band-activities.pdf

Schwalje AT, Hoffman HT. 2020. University of Iowa Health Care. *Wind Instrument Aerosol in COVID Era - COVID-19 and horns, trumpets, trombones, euphoniums, tubas, recorders, flutes, oboes, clarinets, saxophones and bassoons.* https://medicine.uiowa.edu/iowaprotocols/wind-instrument-aerosol-covid-era-covid-19-and-horns-trumpets-trombones-euphoniums-tubas-recorders

Instrument Hygiene Resources

Volkwein's Music: https://www.volkweinsmusic.com/pages/special

National Federation of State High School Associations: https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/

National Association for Music Education: https://nafme.org/covid-19-instrument-cleaning-guidelines/

Music Industries Association: https://www.mia.org.uk/2020/03/covid-19-advice-for-the-musical-instrument-industry/

Progressive Music: http://www.progressivemusiccompany.com/covid-19-precautions/

LIMITATIONS

EH&E's advice, recommendations, guidance and work product is intended to augment and supplement all existing local, state and federal, laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA) and Americans with Disabilities Act (ADA) laws and regulations; therefore where EH&E's advice, recommendations, guidance and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

11.0 GUIDANCE FOR ATHLETICS, ACTIVITIES, AND EVENTS

The following guidance is provided for use by administrators and directors of athletics, co-curricular activities, and events to reduce COVID-19 exposure risk to students while participating in typical sports and co-curriculars. The activities covered here are not an exhaustive list. To reduce COVID-19 risk to participants during co-curricular activities not covered here, it may be possible to apply minimal changes to the existing guidance. Co-curricular activities and events, whether indoor or outdoor, should be limited to those in which physical distancing and proper hygiene can be practiced.

Note: All decisions about implementing these considerations should be made according to local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

ADMINISTRATIVE

General Guidance

- Participants should be encouraged to wear face coverings during **all** indoor activities, especially when maintaining physical distancing is not feasible or is a safety concern. Face coverings should also be worn outdoors when a physical distance of 6 feet cannot be maintained; for physical education activities, this distance is recommended to be increased to 10 feet. Review local and state guidelines as they are updated and issued as these recommendations may be adjusted based on local factors including community data.
- Conducting activities outdoors as much as possible is recommended.
- Before and after **all** activities, ensure students, faculty, and staff practice proper hand hygiene:
  - Instruct participants to wash hands with soap and water for 20 seconds before and after activities, or
  - Provide alcohol-based hand sanitizer containing at least 60% alcohol before and after activities.
- All shared items and equipment should be properly cleaned and disinfected between use. Refer to the *Cleaning and Disinfection* section of this guide for instructions on cleaning and disinfecting porous and non-porous objects.
  - Good practice: If feasible, shared equipment should be limited to items that can be effectively cleaned (e.g., sports equipment with hard, non-porous handles are preferred to those with soft, porous handles).

  - Better practice: Limit the amount of shared supplies and equipment for an activity by providing each participant their own individual equipment (e.g., tennis rackets), if feasible.
- Consider scheduling and planning activities to allow for maintenance of staff and member groupings whenever possible (i.e., when recurring groups are expected).
- Disposable cups for water fountains, jugs, and bubblers should be used; the spigot or faucet should be disinfected between uses. Encourage the use of individual refillable water bottles.
- Participants must not share equipment that makes close contact with their nose or mouth (e.g., helmets, googles, mouth guards, etc.).

ATHLETICS AND CO-CURRICULARS

Sports, Athletic Activities, and Physical Education Classes

- All participants should keep a physical distance of 6 feet and wear face coverings. If activities are held outdoors, participants can remove their face coverings if a physical distance of 10 feet is maintained. Review local and state guidelines as they are updated and issued as these recommendations may be adjusted based on local factors including community data.
- Physical distance between athletes and coaches must be maintained at all times, indoors and outdoors, unless there is a safety concern.
- Students, faculty, and staff must practice proper hand hygiene before and after activities.
- Limit class and practice size based on space capacity.
- **Recommended practice**: Conduct sport activities outside when feasible. Encourage performing skill-building drills individually and limit contact drills between students. Limit time students are in contact with others during practices.
- **Recommended practice**: Consider a decrease in the number of competitions during a season, especially in regard to competitions with other school's teams. Or determine alternate or delayed scheduling based on overall community health status.
- Encourage activity options that do not use shared equipment. When shared equipment is used, limit shared high-touch equipment (e.g., hockey sticks, baseball bats, tennis rackets) and assign equipment to students, if feasible.
  - Good practice: All shared equipment should be cleaned immediately after each use or session.
  - Better practice: Provide students and staff with dedicated individual equipment, if feasible. All equipment should be cleaned and disinfected immediately after each use.
- **Recommended practice**: Limit visitors to campus, including spectators for outdoor sporting events.

- Good practice: Mark spectator areas with distancing markers to remind observers to maintain physical distance, even while at outdoor sporting events.
- Students, faculty, and staff must avoid yelling, and spitting is prohibited.
- Cleaning and disinfection at the end of each day should also be conducted on all sports equipment.
- All outdoor equipment and facilities should be routinely cleaned in accordance with guidelines in the *Cleaning and Disinfection* section of this guide.
- Safety protocols should follow standard operating procedures with the adjustments as outlined in this guide.
- Assess students with higher risk (e.g., students with asthma, diabetes, or other health related complications) and consult with their health care provider to advise on limits or competitive interactions.

General Guidance for Indoor Activities

- Ensure enough space to accommodate faculty, staff, and students while practicing physical distancing.
- Faculty, staff, and students must wear face coverings during activities indoors especially when physical distancing cannot be effectively maintained.
- Students, faculty, and staff must practice proper hand hygiene before and after activities.
- Good practice: Ensure that there is proper ventilation within the space by maximizing fresh air intake or natural ventilation via screened windows and doors. Refer to the *Facilities* section of this guide. Do not use fans in a configuration that directs air towards a group as this may facilitate the spread of respiratory droplets. Similarly, do not direct fans toward the floor, as this can resuspend droplets from the ground. If used, configure fans to provide good circulation and ventilation in a space.

Gymnastics, Dance, and Indoor Recreational Sports Activities

- Participating students and spectators should follow recommended physical distancing and good hand hygiene practices prior to and following gymnastics, dance, or indoor sport activities.
  - Good practice: Remove unnecessary equipment from the space to allow for more active use or use outdoor space if feasible. Reduce class size and limit gym/studio use outside of scheduled activities and practices.
  - Better practice: Know the square footage of each gym/studio area, understand the maximum occupancy, and create enough space to allow for physical distancing. In addition, create a schedule or map to educate students and staff on how each activity in the space may continue safely.

- All participants should keep a physical distance of 6 feet and wear face coverings. If activities are held outdoors, participants can remove their face coverings if a physical distance of 10 feet is maintained.
- Students, faculty, and staff must practice proper hand hygiene before and after activities.
- Consider keeping classes and scheduled activities to include the same group of students and students each day and consider keeping the same instructors per group.
- All shared and used equipment (e.g., bars, balance beams, exercise bands, etc.) should be cleaned and disinfected between each use, refer to *Cleaning and Disinfection* section of this guide.
  - Good practice: Limit the amount of shared supplies and equipment per activity. Ensure there are enough supplies to minimize sharing during each activity.
  - **Recommended practice**: Designate certain equipment to individuals, to decrease the number of shared items. For gymnastics or rock climbing, provide each student with personal chalk, kept in their own plastic container, and require no "spitting" on grips during practices.
- Safety protocols should follow standard operating procedures with the adjustments as outlined in this guide.
  - Spotting is a necessary safety protocol and coaches should not be restricted from spotting a student if necessary.
  - **Recommended practice**: Face coverings should be worn when spotting.
  - **Recommended practice**: Coaches should use disposable gloves for personal contact and replace when working with different individuals.
- Limit spectator viewing and class/practice observation within the gym/studio.
  - Good practice: Limit observation to one spectator per student.
  - Better practice: Establish a designated area with proper 6 feet of distance between each individual and a viewing rotation for spectators. Encourage spectators to refrain from gathering in groups while waiting or viewing classes and practices.
  - **Recommended practice**: Limit visitors to pick-up and drop-off areas of the facility.
- During instruction, set the music in the gym/studio to a low volume so instructors can be heard without projecting their voices.
- Select or adjust dance choreography to be conducive with keeping distance (i.e., modify or do not offer lift or partner-focused dance options).
- Place marks or spots on gym/studio floors to aid participants in the distance and spacing requirements of the activity.
- Encourage teachers, instructors, and coaches to participate in the planning, adjustment, and set-up of the gym/studio spaces.

Creative Arts and STEM

- All participants in indoor creative arts and science, technology, engineering, and math (STEM) activities should maintain physical distancing, wear face coverings, and follow proper hygiene guidance. Consider moving activities outdoors.
  - Good practice: Seating should incorporate increased spacing and physical distancing should be encouraged.
  - **Recommended practice**: Limit the number of individuals to the craft/STEM area and incorporate increased spacing and physical distancing.
- All shared and used equipment (e.g., tools, scissors, paint brushes) should be cleaned and disinfected between each use, refer to *Cleaning and Disinfection* section of this guide.
  - Good practice: Limit the amount of shared supplies and equipment per activity. Ensure there are enough supplies to minimize sharing during each activity.
  - **Recommended practice**: Designate certain equipment to individuals, to decrease the number of shared items.
  - **Recommended practice**: Apply disposable protective covers to shared supplies that make close contact with the face (e.g., cameras).
- Safety protocols should follow standard operating procedures with the adjustments as outlined in this guide.

AQUATICS

There is no current evidence that COVID-19 can be spread to people through the water in a pool or water play areas. The CDC states “there is no evidence showing anyone has gotten COVID-19 through drinking water, recreational water, or wastewater. The risk of COVID-19 transmission through water is expected to be low.” Proper operation and maintenance of pools and related facilities will likely inactivate the virus in the water.

Pool operators should consult with local officials to determine if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the local jurisdiction.

Operational and Administrative Guidelines

General

- Ensure all building water systems (e.g., pools, hot tubs, drinking fountains) are safe to use after a prolonged facility shutdown to minimize conditions that increase the risk for *Legionella* and other water-related microorganisms.
  - Implement a flushing plan to flush hot and cold-water systems through all points of use (e.g., showers, sink faucets). The purpose of building flushing is to replace all water inside building piping with fresh water. Regular flushing should be considered during initial phases of lower occupancy.

- Limit aquatic facility use to faculty, staff, and student participants only.
- Good practice: Students and faculty should avoid use of saunas and steam rooms.
- Prohibit gatherings both in and out of the water if physical distancing of at least 6 feet between students and staff cannot be maintained.
  - Determine occupancy limits and group size limitations for the locker rooms, classrooms, and pool areas.
  - Provide physical cues spaced 6 feet apart to remind staff and students to maintain physical distancing.
- Note that the physical distancing requirement does not apply to these situations:
  - Rescuing distressed swimmers
  - Performing first aid
  - Emergency evacuations
- Maintain adequate staff to ensure student safety. Efforts to maintain physical distancing should not impact existing safety protocols (e.g., first aid, CPR, one-on-one interaction.)
  - Good practice: Participate in activities by small groups.
  - Provide physical cues spaced 6 feet apart in locker rooms and change areas and while waiting to enter the pool area.
  - Provide physical cues spaced 6 feet apart in all areas of the facility where lines may form, such as the facility entrance.
- **Recommended practice**: Designate a staff member to monitor physical distancing at the facility. This individual should be in addition to, not in combination with, standard lifeguards on duty.
- Provide no-contact services for facility sign-in.
  - Ensure there is hand sanitizer with at least 60 percent alcohol at sign-in area.
- Ensure students and staff practice proper hand hygiene prior to entering and leaving the facilities:
  - Instruct students to wash hands with soap and water for 20 seconds before and after activities, or
  - Provide alcohol-based hand sanitizer containing at least 60% alcohol before and after activities.
- Ensure adequate supplies to support healthy hygiene. Supplies include soap, hand sanitizer with at least 60 percent alcohol, paper towels, tissues, and no-touch trash cans.
- Maintain routine cleaning and disinfecting of frequently touched surfaces daily throughout facilities (e.g., lifeguard stands, railings, etc.) with U.S. Environmental Protection Agency

(EPA) List N disinfectants.[58] Cleaning and disinfecting procedures should follow those outlined in the *Cleaning and Disinfection* section.

- Clean and disinfect all shared items and equipment (e.g., kickboards, life-saving devices, pool noodles, etc.). Refer to the *Cleaning and Disinfection* section for instructions on cleaning and disinfecting porous and non-porous objects. In addition, be sure to follow applicable manufacturer recommendations.
  - Good practice: If feasible, shared equipment should be limited to items that can be effectively cleaned.
  - Better practice: Limit the amount of shared supplies and equipment for aquatic activities and life-saving measures by providing each staff and student their own (e.g., kick boards, foam tubes) for the duration of their activities, if feasible. Do not share personal items, such as goggles, nose clips, or snorkels.
- Face coverings should be worn inside aquatics centers as much as possible. Those wearing face coverings should be advised not to wear them in the water since they can be difficult to breathe through when wet.

Swimming

- Students and staff should follow physical distancing and practice proper hand hygiene prior to entry and when leaving pools.
- During swimming activities, the following practices are recommended:
  - **Recommended practice**: For beginner swimmers, continue safe swim practices, such as the swimming buddy system where each participant is assigned a "buddy" to stay with at all times. If possible, buddies should be from the same cohort. Swimmers must participate in swim drills to maintain safety.
  - **Recommended practice**: For laps, maintain 8-foot lane width in pools and maintain spacing between individuals swimming by creating a rotation.
  - **Recommended practice**: Contact water sports should be canceled or adjusted to avoid/minimize contact. Community health status should be monitored to determine potential dates for rescheduling contact water sports activities.
  - **Recommended practice**: Maintain the same instructors with each group of participants each day, as applicable. Ensure proper distancing between instructors and participants.
- Safety protocols should follow standard operating procedures with the adjustments outlined in this guide.

[58] U.S. Environmental Protection Agency. *List N: Disinfectants for Use Against SARS-CoV-2.* https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

EVENTS

Club Meetings, Social Events, and Games

Socializing with other members of the same academic or residential cohort is the preferred means of passing time and recreation. Socializing and playing games outdoors further reduces the risk of exposure.

- When possible, hold club meetings and activities virtually or outdoors.
- Individuals should not participate if they are sick or experiencing flu-like symptoms or have been in close contact with a person diagnosed or suspected of having coronavirus.
- All participants must wash hands with soap and water for 20 seconds or use alcohol-based hand sanitizer containing at least 60% ethyl alcohol when beginning socializing. When playing games, especially with shared items, repeat this periodically.
- Students, faculty, and staff must avoid touching eyes, nose, and mouth.
- Maintain physical distance and increased spacing between individuals whenever possible. Face coverings must be worn when indoors or when physical distancing is not possible (note: physically active activities require face coverings when participants are within 10 feet).
- If possible, socialize outside. Games that limit or eliminate the number of items passed or shared provide additional protection.
- Students, faculty, and staff must cover coughs or sneezes with good cough and sneeze etiquette. If a tissue or napkin is used, it must be thrown away and hands washed immediately.
- Safety protocols should follow standard operating procedures with the adjustments as outlined in this guide.

Seated Spectator Events

Attendance of outdoor seated sporting events and concerts is acceptable only when physical distancing can be maintained. Attendance at outdoor events must be in accordance with state and local guidelines. Ensure that any spectator events are outdoors only and that the venue maintains a reduced capacity, enabling the audience to sit at least 6 feet from other groups.

- Wear cloth face coverings at all times.
- Wash hands with soap and water for 20 seconds or use alcohol-based hand sanitizer containing at least 60% ethyl alcohol when entering and exiting the venue.
- Avoid touching frequently touched surfaces such as handles, doorknobs, tables, and counters and wash hands or use alcohol-based hand sanitizer after coming into contact with high-touch surfaces.

- Avoid individual purchases as much as possible. If making a purchase, follow the guidance in the Payment section.
- Seating should incorporate increased spacing and physical distancing should be encouraged.
- Avoid touching eyes, nose, and mouth.
- Safety protocols should follow standard operating procedures with the adjustments as outlined in this guide.
- Do not host large indoor or outdoor gatherings.

Community Events

At this time, it is not recommended to plan large events with visitors, such as Accepted Student Days, Parents Weekends, or community fundraisers. Consider hosting virtual events where possible.

Posters/Signage

- Prepare and place relevant posters and signage incorporating guidance from the CDC, World Health Organization (WHO), and/or other accredited health-based organizations, in appropriate places where intended audiences can be reached. Examples include:
  - COVID-19 information
  - Handwashing
  - Cough etiquette
  - Symptoms associated with COVID-19
  - Practices to stop the spread of the virus
  - Physical distancing
  - Cleaning and Disinfection

- Place additional posters/signage throughout the facility to remind students, faculty, and staff of policies related to facility entrance screening criteria, face covering requirements, modifications to normal activities, changes in swim lanes, changes in exits/entrances to facilities and rooms, area closures, etc.

SAFETY

General Safety

- Maintain adequate facility staff to ensure student safety. Efforts to maintain physical distancing should not impact existing safety protocols (e.g., first aid, CPR, one-on-one interaction between staff and students; swimming "buddy systems," etc.).
- Prepare for absence of crucial staff by developing a roster of qualified individuals who can fill in if staff members are sick or must return home for personal reasons.

- If emergency care is needed and physical distancing cannot be maintained, then follow National Safety Council interim guidance for rescuers and victims to wear face covering during CPR and/or first aid.[59,60]
- Implement modifications, as feasible, for lifeguard procedures pertaining to rescuing distressed swimmers in accordance with recommendations from the American Red Cross.[61]
- Implement safety policies and practices for lifeguards during in-service training including, but not limited to, proper physical distancing during classroom based and pool training, opting for virtual training when feasible and avoiding the sharing of educational equipment such as manikins.
  - Refer to the Red Cross's physical distancing guidance for resuscitation education and "Interim Virtual Skills Training" for portions of its Lifeguarding courses.[62]

First Aid, CPR, and Responding to Medical Emergencies

- If first aid, CPR, or response to other medical emergencies such as cardiac resuscitation is required during an activity, it is best to follow normal facility protocol that considers current guidance from the following sources as well as state and local authorities including the fire and/or emergency services departments.
  - CDC, *Recommendations for EMS Clinicians and Medical First Responders*
  - American Red Cross, *Coronavirus (COVID-19): Prevention & Safety Information for Students*
  - American Red Cross, *Considerations for Aquatics Facilities and Lifeguarding*
  - American Heart Association, *Coronavirus (COVID-19) Resources for CPR Training & Resuscitation* and *Interim Guidance for Healthcare Providers during COVID-19 Outbreak*.
- All staff should be trained on the facility's operations and safety plan. Proper signage should be placed by all automated external defibrillators (AEDs), first aid kits, and lifeguarding stations.

VENTILATION

- Ensure that ventilation systems of indoor spaces operate properly.
- Increase supply air flows and circulation of outdoor air as much as possible.

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[59] National Safety Council. *Interim CPR Guidelines.* https://www.nsc.org/work-safety/safety-topics/coronavirus/interim-cpr-guidelines

[60] American Heart Association. *Coronavirus Resources for CPR Training and Resuscitation.* https://cpr.heart.org/en/resources/coronavirus-covid19-resources-for-cpr-training

[61] American Red Cross. *Considerations for Aquatics and Lifeguarding.* https://arcphss.my.salesforce.com/sfc/p/#d0000000bxKz/a/3o000001Wo8r/LyKtWsS9IUyRpHRd1sKYB6Zzlu7oLmeTUcKRQKBTBgw

[62] American Red Cross. *Lifeguarding – Interim Virtual Skills Training*. http://www.scouting.org/wp-content/uploads/2020/05/Lifeguarding-Interim-Virtual-Skills-Trainings.pdf

- Open windows and/or doors when possible to increase outdoor air supply if this does not cause safety risks to staff or patrons.
- Refer to the *Facilities* section of the guide for additional information on ventilation.

RESTROOMS/SHOWERS/LOCKER ROOMS

Resuming Operations

Many aquatic and athletic facilities require showering prior to entering the pool or gym spaces. In addition to proper cleaning and disinfecting of shower facilities, it is important to note that during prolonged shutdown or following a significant decrease in use, stagnant water can lead to conditions that increase the risk for *Legionella* growth. To minimize the risk following a prolonged shut-down:

- Follow proper physical distancing and good hygiene practices as outlined above and in the *Cleaning and Disinfection* section of this guide.
- Implement a plan to flush hot and cold-water systems through all points of use (e.g., showers, sink faucets). The purpose of building flushing is to replace all water inside building piping with fresh water. Regular flushing should be considered during initial phases of lower occupancy.

General

- Limit use of locker room areas. When possible, encourage individuals to come dressed to work out and return to dorms to shower.
- Locker rooms and showers should have dividers between users or markings to note appropriate distancing. If not possible to properly isolate or distance users, locker rooms and/or showers should be closed.
- Encourage good hand washing hygiene for all staff and students.
- Post signage and inform students and staff that hand washing or sanitizing is required for all individuals before and after use of aquatic and athletic facilities, as well as before and after the use of restrooms and/or locker rooms.
- Sufficient supplies must be provided and replaced regularly throughout the day. These include soap, hand sanitizer, paper towels, and tissues.
- Make trash cans readily available. Trash cans should be a type that does not require touching by the user. A no-touch trash can should be placed by all doors with pull handles, to ensure clean paper towels used to open the door can be disposed of properly.
- Toilet lids, if available, should be closed when flushed. Notices educating users should be placed in stalls.

- Restrooms and locker rooms should be cleaned and disinfected at least daily (preferably, multiple times per day).

CLEANING AND DISINFECTION POLICIES

General

- Provide hand washing stations at the entrance of the facility or alternatively, hand sanitizer if not feasible.
  - Place hand sanitizer stations in additional locations such as when exiting the pool and upon entrance to workout spaces, break rooms, locker rooms, etc.
- Clean and disinfect common areas (e.g., lobby, check-in), restrooms, and locker rooms at least once per day. Disinfect shared items between users.
- Establish a disinfection routine with staff at regular intervals. Follow manufacturer's guidelines for cleaning products, including application methods, contact time required for disinfection, and personal protective equipment (PPE) use.
  - Consult with the school's certified pool operator to ensure that use of selected disinfectants is safe for use on items in contact with chlorinated pool water.
- High contact areas such as door handles, hand railings, toilets, faucets, and sinks should be disinfected more than once per day.
- Consider removal of items that are difficult to clean.
- Maintain proper cleaning and disinfection of swimming pools.
  - Ensure that testing of disinfectant levels and pH is conducted frequently throughout the day and in various areas of the pool to ensure adequate distribution.
- Maintain a schedule and checklist for cleaning practices to ensure tasks are completed regularly.
- Keep surfaces as free from clutter as possible to allow for easier cleaning.
- Any shared use items should be disinfected after each use.
- Any equipment or supplies that have been used and require cleaning should be kept in a labeled container noting it requires disinfection.
- Launder towels according to the manufacturer's instructions. Use the warmest appropriate water temperature and dry items completely.
- As with other cleaning activities, gloves and gowns/aprons are recommended when doing laundry. Face coverings are also recommended. Staff should avoid shaking laundry items to minimize potential spreading of virus-laden particles into the air.
  - Staff should also wear gloves when cleaning surfaces or collecting shared-use items such as pool and fitness equipment for cleaning and disinfection. Remind staff to wash hands after removing gloves.

- Use of a disinfectant appropriate for porous material is recommended. Follow manufacturer's instructions. Example: Lysol Laundry Sanitizer (see manufacturer's instructions for inactivating viruses, including a 15-minute presoak).
- Wash items as appropriate in accordance with the manufacturer's instructions, opting for the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
- Cloth face coverings used by staff should be laundered regularly. Used face coverings should be collected in a sealable container (like a trash bag) until laundered.
- Protect shared furniture, equipment, towels, and clothing that has been cleaned and disinfected from becoming contaminated before use.
- If vending machines are used, provide cleaning supplies and disinfectants and require users to wipe down touchpoints after each use.
- Ensure adequate equipment for patrons and swimmers, such as kick boards, to minimize sharing to the extent possible, or limit use of equipment by one group of users at a time and clean and disinfect between use.
- Ensure safe and correct use and storage of disinfectants, including storing products securely away from children.
- Consider using a checklist or audit system to track when and how cleaning and disinfection is conducted.

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LIMITATIONS

EH&E's advice, recommendations, guidance, and work product is intended to augment and supplement all existing local, state and federal, laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce, and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA), and Americans with Disabilities Act (ADA) laws and regulations; therefore, where EH&E's advice, recommendations, guidance, and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

12.0 GUIDANCE FOR CHILDCARE

The following guidance is provided for use by administrators of early childhood program at Peer Boarding Schools in preparation for reopening during the COVID-19 pandemic. Information presented here is based upon guidance issued by the U.S. Centers for Disease Control and Prevention (CDC) and the American Industrial Hygiene Association (AIHA). This guidance includes information on multiple health and safety procedures that can be implemented for reducing the risk of COVID-19 transmission in childcare settings.

Note: All decisions about implementing these considerations should be made according to applicable local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of each school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

OPERATIONAL AND ADMINISTRATIVE GUIDELINES

Physical Distancing Strategies and Childcare Provider Contact with Children

- Restrict group sizes based on state guidelines, excluding employees/staff, in a specific area at any given time. Specific local and state group size guidelines vary slightly, and each group size should meet all state and local requirements. If state specific guidelines are not available, consider using a group size of approximately 10 or fewer children.
  - Avoid mixing of children between groups, common spaces, or classrooms (e.g., stagger outdoor/playground activities, maintain separate groups for group activities such as art, music, and exercising).
  - Consider temporarily canceling after-school programs requiring the mixing of children and or staff groups.
  - Ensure that children remain with the same group and same childcare providers/staff each day.
  - Keep each group of children and staff in separate rooms (or separate areas of a large room) each day and at all times. Maintain a staffing plan such that staff should not move or “float” between different classrooms or groups of children, unless such rotation is necessary to safely supervise the children due to unforeseen circumstances (e.g., staff absence).
    - Consider limiting the number of employees’ hours, and/or number of children available to be served when first reopening to adjust to the changes. This may help with resolving operational issues and assessing additional hiring needs to meet the grouping requirements for children and childcare providers/staff.

  - Reconfigure classrooms and other spaces, as needed, to limit overall density of rooms based on state specific guidelines.

- Maintain 6 feet of distance between individuals and groups at all times, whenever possible.
  - Abstain from activities and games that necessitate physical contact or proximity of less than 6 feet such as circle time or tag.
  - Physically rearrange classrooms to make it conducive for individual play.
  - Areas and spaces occupied by individual groups must be delineated and clearly defined by permanent walls, movable walls, or other partitions.
    - Indoor/outdoor spaces large enough to accommodate multiple groups, such as gymnasiums should be utilized such that social and physical distancing can be maintained between groups. Consider using partitions to ensure group delineation.
- Enforce restrictions on non-essential visitors (e.g., parent volunteers and consultants) entering the premises.
  - **Recommended practice**: Access to each classroom should only be given to the teacher (or two co-teachers) based on group size and children assigned to that room.
- Cancel or postpone special events, such as field trips and special performances.
- Consider installing physical barriers (e.g., plexiglass or similar materials) at reception and security desks. Ensure that such installation of physical barriers is in compliance with U.S. Occupational Safety and Health Administration OSHA guidelines.
- Require staff to wear a cloth face covering at all times when interacting with children, regardless of the distance between the staff member and children.
  - Train all staff on proper use, removal, and washing of cloth face coverings.
- When feasible, encourage older children to wear face coverings within the School. Babies, children under the age of two, and those unable to remove a face covering independently should NOT wear cloth face coverings due to danger of suffocation.
- Provide childcare providers with a large button down overlayer, such as a smock, that can be worn during close contact with young children in the classroom. Smocks should be disposable or washed daily or whenever soiled.
  - **Recommended practice**: Require that caregivers and support staff for infants and toddlers wear a long-sleeved shirt with a smock overlayer each day.
  - When soiled with a child's secretions (including drool), employees should change their button down shirt or smock and wash anywhere that came into contact with a child's secretions (e.g., neck or hands).
  - Whenever a child is soiled with secretions (including drool), change the child's clothes and, as necessary, clean the child (e.g., wash hands or arms).
- Consider developing a plan for administration of necessary medication to children with asthma and other chronic illnesses. Nebulizer use should be prohibited since it is associated

with an increased risk of the virus being aerosolized. Coordinate with the school's healthcare team, parents/guardians, and the healthcare provider of the child to ensure that an appropriate plan is in place for administration of necessary medication.

- Develop a system to monitor illness related absenteeism among children, families, and staff as this might indicate spread of COVID-19 or other illness.
- Ensure staff conduct regular visual monitoring of children throughout the day for COVID-19 related symptoms.
  - The School should provide non-contact thermometers on-site for temperature screening.
  - Establish a dedicated space where caregivers can care for sick children while being separated from others until a parent/guardian/caretaker can come for pick-up.
  - Sick children should be picked up as soon as possible.
- Direct staff and parents (themselves and their children) to self-screen at home before coming to the School.
  - Consider requiring parents and staff to sign written attestations regarding any household contacts with COVID-19 symptoms, or if they have given their child fever reducing medication.
- Encourage families and employees to generally minimize contact with people outside their families and the childcare School.

Parent Drop-Off and Pick-Up

- Implement mandatory daily health screening of children, either directly or through their parent/guardian. Screening should include temperature, symptoms, and a visual assessment during drop-off.
  - Remember that recording names and temperatures has Health Insurance Portability and Accountability Act (HIPAA) implications; take all necessary steps to ensure compliance as a protocol is developed. Be sure to communicate the requirements clearly and frequently.
  - Screening practices may be performed remotely (e.g., by telephone or electronic survey), before the individual reports to the school, to the extent possible; or may be performed on-site. Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility.
  - Ensure physical distancing guidelines are followed during on-site screening activities.
  - Children who have a fever of 100.4°F or above, or other signs of illness, should not be admitted to the School.
  - A parent/guardian or child who screens positive for or exhibits symptoms of COVID-19 should not be allowed to enter the school and should be sent home with instructions to contact their healthcare provider for assessment and testing. The school must

immediately notify the state and local health department about the case if test results are positive for COVID-19.

  - Additional screening guidance can be found on the CDC website.[63]

- Limit the number of entrances into the School/program area to manage flow of people and facilitate health screening, while maintaining compliance with fire and other safety regulations.
- Stagger arrival and departure times or implement other policies to limit direct contact with parents/guardians/caretakers.
  - **Recommended practice**: Childcare providers should greet children outside as they arrive and then walk or carry children to their classroom. At pick-up, staff should walk or carry children to their cars or parents outside of the building.
  - If childcare providers are not able to greet children outside, consider identifying a greeting space that is outside of the childcare area (i.e., common building lobby area with adequate space for appropriate physical distancing).
  - If parent/guardian entrance to the School cannot be avoided, limit the number of parents/guardians in the facility or program area at any time. Parents/guardians should not be permitted to spend an excessive amount of time in the School and/or program area.
    - Only 1 parent/guardian should be allowed entry during such scenarios.
    - The parent who accompanies the child into the School should be screened with their child before entry.
  - Designate an entrance and exit area, as feasible for parents/guardians/caregivers dropping off/picking up their child.
- Consider scheduling staff and family drop-off and pick-up times in advance.
- Ask families to assign the same parent or designated person to drop off and pick up each day, if feasible.
  - Discourage older people, such as grandparents, or high-risk parents/guardians/caretakers from picking up children, if possible.
- Encourage families to keep car seats and strollers with them instead of storing them at the School.
- Require staff and parents/guardians/caretakers to wear a cloth face covering or mask during drop-off and pick-up.
- Develop a plan for people to maintain 6 feet of physical distance while waiting inside or outside of the facility for pick-up/drop off or for screening, as applicable.

[63] U.S. Centers for Disease Control and Prevention. *Coronavirus Disease 2019, Supplemental Guidance for Child Care*. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

- Ensure physical distancing strategies at check-in area(s).
  - Use markings or tape on the floor at the check-in area to denote the 6 feet physical distancing standard for staff and families to maintain.
  - Post print material/signage (including maximum occupancy) in appropriate locations to remind parents of the physical distancing policy.
  - Discourage staff and families from lingering and socializing in check-in areas.
  - Provide hand sanitizer (at least 60% alcohol) next to the sign-in station.
  - If the check-in process is electronic, ensure that the device is disinfected after each use. If check-in is paper based, offer a bin for used pens and post reminders for families to separate used pens after each use.
- Require that staff, parents/guardians/caretakers, and children wash their hands at drop-off and before pick-up.

Communication

Platforms for communication with staff, children (when appropriate), and families can include numerous resources, including social media, websites, School-specific mobile applications, and signage. Transparency and trust between management, staff, and families are essential. Therefore, management should prepare and distribute timely communications on a frequent basis.

- Provide consistent messaging to children on the importance of personal hygiene (i.e., hand washing, covering nose and mouth when sneezing and coughing, etc.)
  - Implement monitored handwashing for children throughout the day (e.g., upon arrival, before and after meals, after restroom use and diapering, after coughing and sneezing, etc.)
- Post print material from the CDC in appropriate areas where intended audiences can be reached such as entrances, check-in areas, breakrooms, hallways, classrooms, common areas, and kitchens to remind staff and children to cover their nose and mouth with a mask or cloth face-covering, when and how to wash hands, proper respiratory hygiene, and cough etiquette, proper physical distancing instructions, and how to report symptoms of or exposure to COVID-19. Use electronic resources to provide regularly updated information and reminders for good safety and hygiene practices, whenever possible.
- Include messaging in additional languages and illustrations, as applicable.
- Screen, distribute, and incorporate this CDC video resource on proper handwashing into training programs for staff.
- Provide information to staff, children (when appropriate), and families regarding procedures that are being followed to prevent transmission of COVID-19. This should include at a minimum, health policies for staff, good hand hygiene, distancing measures, cleaning practices, and disinfection routines.

- Develop a communication system for self-reporting of COVID-19 related symptoms among staff, and families including how information will be disseminated regarding a case of COVID-19 among staff and/or children that have visited the School and any associated closures.

COVID-19 Probable or Suspected Case

- If a staff member, child, or parent/guardian/caretaker does not show COVID-19 symptoms but notifies the School that they or their child has been in close contact with a person with a confirmed case of COVID-19, direct the staff member or parent/guardian (and their child) to stay home for at least 14 days after the last day of contact with the person who is sick and monitor for COVID-19 symptoms. Inform the individual that they should follow CDC guidance if symptoms appear.
  - Require that symptoms/diagnosis only be communicated by telephone, text, or email to the School and not in person to minimize potential close contact.
- If a staff member or child shows COVID-19 symptoms during care or is confirmed as having COVID-19, follow the procedures below:
  - Immediately separate staff or child with COVID-19 symptoms (for example, fever, cough, or shortness of breath). A child with COVID-19 symptoms must be supervised until parent/guardian pick-up.
  - Immediately notify the state and local health department, other staff, and parents/guardians of any case of COVID-19 while maintaining confidentiality in accordance with applicable regulations.
  - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare provider.
  - Institute temporary/short-term dismissal for children and most staff until the state or local health department can assess the COVID-19 exposure situation and help the School determine appropriate next steps.
  - The staff member or child with confirmed COVID-19 status must be directed to stay home for 14 days from the first day of symptoms appearing, AND be fever-free for 72 hours without fever reducing medications, AND show marked improvement in symptoms before release from isolation in consultation with the individual's local health department.
  - Wait up to 24 hours or as long as practical before cleaning and disinfecting the space to allow respiratory droplets to settle before cleaning and disinfecting. This cleaning and disinfection must include, at a minimum, all heavy transit areas and high-touch surfaces.
  - Shared building spaces used by the individual must also be shut down, cleaned and disinfected (e.g., offices, bathrooms, elevators, lobbies, outdoor common space).

    - Open outside doors and windows to increase air circulation in the areas used by the sick individual, to the extent practicable while maintaining all health and safety standards.
    - Use common EPA-registered household disinfectants suggested for use against SARS-Cov-2. Follow manufacturer's instructions.
    - Additional information on cleaning and disinfection of childcare facilities can be found on the CDC's website.[64]
  - Employees without close or proximate contact with the person suspected or confirmed to have COVID-19 who is sick can return to the work area immediately after cleaning and disinfection.
  - If more than 7 days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.
- Inform individuals (staff, children and parents/guardians) who are alerted that they have come into close or proximate contact with a person with COVID-19 (via tracing and tracking), that they are required to self-report to the School management at the time of the alert and should follow the protocol outlined above.

FACILITIES AND OPERATIONS

General

- Encourage a phase-in period in reopening activities at childcare facilities to allow for operational issues to be resolved before work activities return to normal levels.
  - Consider limiting the number of employees' hours, and/or number of children available to be served when first reopening to adjust to the changes.
- Following an extended period of shutdown, actions should be taken to reduce risk from waterborne pathogens, such as the bacteria that cause Legionnaire's disease. Regular flushing of sinks, drinking fountains, and showers, if available, should take place.
- Establish designated areas for vendor pickups and deliveries, limiting contact to the extent possible.
  - Ensure employees/staff practice hand hygiene before and after transferring a delivery (e.g., practice hand hygiene before starting to load items; and once all items have been loaded, finish by practicing hand hygiene again.).
- To the extent possible the school should maintain a log of every person, including employees, parents/guardians, children, and any essential visitors who may have close or

[64] U.S. Centers for Disease Control and Prevention. *Coronavirus Disease 2019, Cleaning and Disinfection for Community Facilities*. https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

proximate contact to individuals at the school, excluding deliveries that are performed with appropriate personal protective equipment (PPE) or through contactless means. This measure is to aid the state and local health departments' contact tracing efforts.

  - The log should contain contact information, such that all contacts may be identified, traced, and notified in the event an employee, parent/guardian, child or visitor is diagnosed with COVID-19.

Ventilation

- Increase outdoor supply air flows to childcare rooms and optimize the ventilation system settings. See the *Facilities Management of Ventilation and Plumbing Systems* section of this guide.
- Consider use of portable high efficiency particulate air (HEPA) filtration units in childcare rooms and other spaces, sized appropriately to the spaces in consideration.
- Review and incorporate guidance from the *Facilities Management of Ventilation and Plumbing Systems* section of this guide.

Restrooms

- Staff should use separate restrooms from children.
- Avoid taking multiple classes to restrooms at once.
  - Ensure distancing rules are followed by using signage, occupied markers, or other methods to reduce restroom capacity, where feasible.
- Make trash cans readily available. Trash cans should be a type that do not require touching by the user. A no-touch trash bin should be placed by all doors with pull handles, to ensure that paper towels used to open doors can be disposed of properly.
- Encourage good hand washing hygiene for all staff and children.
- Toilet lids, if present, should be closed when flushed. Notices educating users should be placed in stalls.
- Post signage in restrooms reminding children to wash their hands before and after use.
- Provide paper towels in restrooms.
  - **Recommended practice:** Provide no-touch paper towel dispensers.
- Restrooms should be cleaned and disinfected at least daily (preferably, multiple times per day).
  - **Recommended practice**: Keep a checklist to ensure adequate cleaning and disinfection of restrooms.

Food Preparation and Feeding

- Serve meals and snacks in classrooms instead of cafeteria-style serving.
  - Avoid the mixing of children during mealtimes; meals should still be served to the same group of children in each classroom.
  - If meals in classrooms are not possible, consider staggering mealtimes to reduce occupancy within an indoor space or congregation within an outdoor area. Surfaces within such areas should be cleaned and disinfected between each group's mealtimes.
  - Separate tables with seating at least 6 feet apart from other tables, as feasible.
- Kitchen areas and equipment (such as cutlery and dishware) should be cleaned and sanitized before and after each use and items should be stored properly to prevent contamination.
  - Use the dishwasher, if available, rather than hand washing kitchen items such as cutlery, dishes, and silverware.
  - Clean and disinfect the outside of dishwashers at the beginning and end of each shift.
- Close drinking fountains that require contact for use. Only use touchless/motion activated drinking fountains for purposes of filling cups and water bottles.
- Prohibit the use of ice machines with a handheld scoop.
- Children's foods and feeding items brought from home should be separated for each child and placed in each child's cubby. Used or empty items should be placed back in the child's cubby.
- Require parents to take back and wash all feeding items (including bibs, bottles, food containers and utensils) daily.
  - Remind parents to use hot soapy water or the dishwasher.
- Ensure that younger children, including toddlers have multiple changes of clothes available and stored separately.
  - Caregivers should change out child's clothing in case of spills and messes/spit-ups during feeding and, as necessary, clean the child (e.g., wash hands or arms). Contaminated clothes should be placed in a plastic bag for parents to take home at the end of the day.
  - Caregivers and support staff should also have spare clothes available at the School to change out in case a child spits-up on their clothes.
- Clean and disinfect tables before and after meal and snack times using disposable paper towels with an U.S. Environmental Protection Agency (EPA)-registered household disinfectant or disinfecting wipes.
  - According to the CDC, diluted bleach (4 teaspoons bleach per quart of water) can also be used for suitable surfaces, in accordance with manufacturer's guidance for usage and adequate ventilation.[65]

[65] U.S. Centers for Disease Control and Prevention. *Plan, Prepare, and Respond to Coronavirus Disease 2019*. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html

- Ensure that children do not share utensils, meals, snacks, or drinks.
- Ensure that all children, wash hands before and after eating. Caregivers should also wash their own hands after helping each child wash their hands.
- Require that staff involved in feeding children use food-safe disposable gloves.
  - Gloves should be removed immediately after feeding.
  - Staff members should wash their hands before and after glove use and utilize suitable utensils such as deli tissue, spatulas, and tongs to serve food.
- Require that staff also wash their hands after handling children's bottles, cups, and food containers.
- Ensure that all food service, preparation, and handling is conducted in accordance with U.S. Food and Drug Administration (FDA) guidance.

Napping

- Label and store separately each child's naptime bedding and stuffed toys/personal items in cubbies.
- Encourage parents to launder their child's bedding and naptime personal items on high temperature settings weekly at a minimum (preferably daily, if possible).
- Ensure that the removable and washable portion of the bedding is not shared between children unless cleaned and disinfected.
- Ensure cots/mats and cribs are positioned 6 feet apart during naps.
  - **Recommended practice:** Position children 6 feet apart and alternating head to toe.
- Label cots/mats and cribs for each child.
  - **Recommended practice:** Clean and/or disinfect cots/mats and cribs daily.
  - Sleeping surfaces, including bedding, must not come in contact with the sleeping surfaces of another child's bedding during storage. Mats and cots must be stored so that the sleeping surfaces do not touch when stacked.

Cleaning and Disinfection

- Employees/staff and children must perform hand hygiene immediately upon entering the program.
- Ensure adequate supply of hygiene supplies such as soap, disposable paper towels, and hand sanitizers with at least 60% alcohol.
  - Although handwashing is still the preferred and safer practice, consider allowing children over the age of two to only use a hand sanitizer when handwashing is not available and under supervision of staff, with written parental permission.
- Maintain a schedule and checklist to track cleaning and disinfection practices and ensure tasks are completed regularly.

  - The School should maintain logs that include the date, time, and scope of cleaning and disinfection.

- Provide hand sanitizer (at least 60% alcohol) throughout the School and EPA-registered disposable wipes for staff and caregiver use in common spaces (e.g., entrances, exits, elevators, and security/reception desks) and before and after contacting high touch surfaces (e.g., keyboards, desks, doorknobs, sink handles, light switches, etc.).
  - Place signage near hand sanitizer stations indicating that visibly soiled hands should be washed with soap and water; hand sanitizer is not effective on visibly soiled hands.
- Place receptacles around the facility for disposal of soiled items including PPE.
- Conduct regular/frequent cleaning and disinfection of all surfaces and commonly touched items, including but not limited to check-in/check-out tables, benches, classroom tables, classroom sink handles, chairs, cubbies, doors, multi-seat strollers, handrails, and restroom surfaces.
  - Keep surfaces as free from clutter as possible to allow for easier cleaning.
  - Cleaning and disinfection must be rigorous and ongoing and should occur at least after each shift, daily, or more frequently as needed. Items/surfaces should be allowed to air dry thoroughly before use.
- Classroom and outdoor playground toys should be frequently washed with soapy water and allowed to dry.
  - **Recommended practice**: Rotate classroom toys throughout the day to allow for frequent cleaning.
  - Toys that can be mouthed and require cleaning should be kept separate in a labeled container noting the required cleaning.
  - Outdoor playground structures made of plastic or metal, such as grab bars and railings, should be cleaned routinely.
- Toys that are difficult to clean should not be used (examples include, but are not limited to, stuffed animals, sensory tables, play dough, dress up clothes, puppets, etc.)
- Do not share toys between classrooms unless toys have been washed and allowed to dry.
  - ***Note***: According to the AIHA, paper and carboard-based items, such as children's books, do not require cleaning or disinfection, since transmission by that route is considered low risk.
- Strongly discourage children from bringing in toys from home. If personal toys are brought in, ensure that children do not share their toy with others.
- Do not allow outdoor playground structures to be used by more than one class/pod of children at a time. If there is sufficient space on the playground and multiple structures, limit one pod to one structure as long as social and physical distancing can be maintained.
  - **Recommended practice**: Clean outdoor play structures between each class use.

- Follow normal disinfection routines during diapering, including hand washing (both child and childcare provider) and cleaning and disinfecting the diaper changing station.
- When diapering or assisting with toileting, wear gloves, wash hands (staff and child), and follow cleaning and disinfection steps between each child.
- Require that children and staff practice hand hygiene for activities including but not limited to the following scenarios:
  - Upon arrival to the first program activity.
  - Between all program activities.
  - After using the restroom.
  - Before and after eating.
  - Before departing the last program activity.
- Ensure that equipment and toys are regularly cleaned and disinfected using registered disinfectants.
- Follow manufacturer's guidelines for cleaning products, including application methods and contact time required for disinfection.
- Keep all cleaning and disinfection materials secure and out of reach of children.
- Refer to CFOC guidance for national standards on cleaning, sanitizing, and disinfection of educational facilities for children.[66]

REFERENCES AND RESOURCES

American Industrial Hygiene Association. *Back to Work Safely*. https://www.backtoworksafely.org/

American Industrial Hygiene Association. *Reopening: Guidance for Childcare Centers.* https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-Childcare-Centers_GuidanceDocument.pdf

New York Department of Health. *Interim Guidance for Child Care and Day Camp Programs During the COVID-19 Public Health Emergency.* June 8, 2020. https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Child_Care_Daycamps_Detailed_Guidelines.pdf

[66] American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Fourth Edition. Itasca, IL: American Academy of Pediatrics. https://nrckids.org/CFOC/Database/3.3

U.S. Centers for Disease Control and Prevention. *Coronavirus Disease 2019, Supplemental Guidance for Child Care.* https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

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American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Fourth Edition. Itasca, IL: American Academy of Pediatrics. https://nrckids.org/CFOC/Database/4.9

LIMITATIONS

EH&E's advice, recommendations, guidance and work product is intended to augment and supplement all existing local, state and federal , laws, by-laws, regulations, and ordinances that may apply to the Client's work, workforce and places of work, such as, without limitation, all employment laws, and all U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA) and Americans with Disabilities Act (ADA) laws and regulations; therefore where EH&E's advice, recommendations, guidance and work product may overlap or touch upon existing laws and regulations, such advice and recommendations should be construed and interpreted in a manner that further defines existing duties and obligations, and assists in the implementation of policies and procedures to discharge those duties and obligations, and should not be construed or interpreted in a manner that lessens or diminishes existing duties and obligations.

13.0 GUIDANCE FOR TRAVEL

GENERAL GUIDELINES

To slow the spread of coronavirus disease 2019 (COVID-19) into and within the United States, boarding schools should work with state and local public health partners to implement pre- and post-travel health precautions for international and domestic arrivals. Depending on travel history, individuals arriving at school may be asked to stay home (or at a reserved hotel, dorm, or apartment) for a quarantine period of 14 days. Travel advisories are updated frequently and should be reviewed at the U.S. State Department website.[67] These individuals should stay home (or at a reserved hotel, dorm, or apartment), separate themselves from others as much as possible, monitor their health, and follow all directions from the school health care team. In addition, some states have issued incoming travel advisories (and travel forms) stating that all individuals entering from states with a significant spread of COVID-19 should quarantine for 14 days after leaving that state.

For travel to school prior to the fall session:

- Avoid traveling through or stopping over (i.e., changing planes, staying at a hotel) in any location with known high community spread rates. High community spread may be indicated by a steadily increasing number of COVID-19 cases over the course of several days, or percent of positive cases over 5%, or an overall infection rate (e.g., number of cases per 100,000 people) that is significantly above national average rates.[68] These numbers are updated frequently and should be reviewed as part of travel planning.
- Prior to travel, families must identify and secure all necessary supplies to comply with any restrictions or control measures (e.g., face masks) for the locations through which they will travel.
- If travelers were in close contact with a person presenting respiratory symptoms (i.e., coughing, sneezing, fever) within 6 feet for a total of 10-15 minutes or longer during their travel, or if they were notified after travel of potential exposure to a COVID-19 positive individual, they must notify the school health care team by phone and/or email immediately upon becoming aware of the close contact. They must also immediately practice physical distancing and quarantine until testing and evaluation can be completed by the school health care team.
- According to the Centers for Disease Control and Prevention (CDC), it is not known if one type of travel is safer than others; however, airports, bus stations, train stations, and highway rest stops are all places travelers can be exposed to the virus in the air and on surfaces.

[67] https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/

[68] https://coronavirus.jhu.edu/us-map; Percent positive cases: https://coronavirus.jhu.edu/testing/individual-states/usa

- It is recommended that students and staff members drive their own vehicle or be driven to school by a family member or guardian for the fall session if they are within a reasonable driving distance and feel that they can do so safely.

AIR TRAVEL

- Travelers should not board if they are sick or experiencing any flu-like symptoms.
- Avoid traveling during peak periods if possible (e.g., early morning or late afternoon/early evening).
- Check airport status and delays as well as flight-specific delays and cancellations before going to the airport.
- Consider enrolling in Transportation Security Administration (TSA) PreCheck™ to speed up screening at certain airports and airlines.
- Check in online and use electronic tickets to avoid additional interactions with check-in counters and limit the touching of objects (i.e., paper tickets).
- Use ticketing on mobile phone. If kiosks for ticketing are used, travelers must immediately sanitize their hands after using the kiosk. If travelers choose to use gloves, ensure to remove them properly per CDC guidance.[69] Use single use (disposable) gloves only, and do not reuse gloves after they have been taken off. Disinfect the surfaces of phones and mobile devices after the flight, using procedures recommended by the manufacturer.
- Avoid connecting flights if feasible. Avoid booking connecting flights through cities that are known to have high community spread of the virus.
- Book flights on one of the major carriers, such as Delta, American, Jet Blue, Southwest, etc. as these airlines are implementing enhanced cleaning and disinfection protocols between all flights. If possible, opt for airlines where the middle seats will not be booked for travel. If they cannot confirm that middle seats will be vacant, preferably book First Class or Business Class to increase separation between other travelers.
- Select window seats and extra leg room seating if possible.
- If checking bags allow adequate time for the tagging and check-in process. Also, clothes and materials can be shipped directly to school using FedEx or another carrier, if feasible. Clean the outside of boxes and checked luggage with disinfecting wipes after retrieving them before handling and opening them.
- Utilize airline mobile applications wherever available to complete needed services such as printing bag tags.

[69] https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

- Pack several disinfecting wipes in a Ziploc bag to be used to clean and sanitize surfaces. Pack several additional Ziploc bags to hold used wipes for disposal. Mark the bags as clean or dirty.
- Avoid putting small personal items such as wallets, keys, or phone in pockets to reduce touch-points during the screening process; instead pack these items in carry-on baggage so they can be scanned through the x-ray system without having to remove them from pockets and put into the scanning trays.
- Wear a mask during the TSA screening process and in the airport (*note*: a TSA officer may ask travelers to adjust their face covering at any point during the screening process). If so, be sure to follow proper protocols[70,71] of "donning" and "doffing" masks (i.e., do not touch the front of the mask; place the mask on and off by using the straps).
- Observe frequent hand hygiene using hand sanitizers (at least 60% alcohol). Only bring mini hand sanitizer containers (<3.4 oz) if possible. TSA is allowing up to 12 oz containers on a temporary basis, but these need to be screened separately and may slow the screening process.[72]
- After baggage screening, disinfect baggage using wipes, giving special attention to the handles and other non-porous portions.
- Wash hands after completing the security screening process.
- Limit moving around the airport once travelers have gone through security and while waiting for their flights.
- If travelers use the airport restrooms prior to their flight, avoid any restrooms with lines, if possible. Practice physical distancing as much as possible (i.e., if in a line, keep six feet between each traveler and the next person). Avoid removing face masks while in the restroom. Wash hands with soap and water for at least 20 seconds after using the bathroom. Dry hands with a paper towel and, if needed, use the towel to open the restroom door before disposing of it on the way out.
- Limit moving around within the cabin during flight.
- Avoid touching or handling other passengers' belongings.
- Wear a mask during the flight. Travelers should bring multiple masks with them to ensure they can replace a mask if it becomes wet or dirty during travel.
- Practice good hygiene: cough or sneeze into an elbow and avoid touching mouth, nose, and eyes. Bring extra face coverings in case one becomes wet or dirty during the flight.
- Open the above seat ventilation port. This air is filtered through a high efficiency filter.

[70] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html
[71] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks
[72] https://www.tsa.gov/travel/security-screening/whatcanibring/items/hand-sanitizers

- Clean trays, arm rests, and other high touch surfaces with disinfecting wipes or hand sanitizer (at least 60% alcohol) on a disposable paper towel, napkin, or tissue.
- Do not use or put anything into the seat pockets. Do not handle any materials in the seat pockets.
- When using the restroom on an airplane, good hand hygiene is crucial. Be sure to wash hands with soap and water for at least 20 seconds after using the bathroom. Dry hands with a paper towel and use the paper towel to unlatch and open the door. Dispose of the paper towel upon exit. Avoid touching face masks. Once travelers return to their seat, sanitize hands with hand sanitizer (at least 60% alcohol) as an added precaution.
- If offered, avoid consuming food or beverages provided on the plane. Purchase any food or beverage in the terminal prior to boarding. Clean the outside of any container with disinfecting wipes or hand sanitizer (at least 60% alcohol).
- Practice all hygiene guidelines and physical distancing measures in the air terminal that are ordinarily observed in other public spaces.
- If possible, avoid public transport or taxi upon arrival; travelers should opt to drive their own rental (if traveling with a family member or guardian) or coordinate pick-up with a school dedicated shuttle bus or car service.

TRAIN TRAVEL

- Travelers should not board if they are sick or experiencing any flu-like symptoms.
- Follow the Air Travel precautions where applicable.
- Avoid traveling during peak periods if possible (e.g., early morning or late afternoon/early evening).
- Wear a mask while in the train station and on the train. Bring multiple masks so that they can be replaced if one becomes wet or dirty.
- Purchase tickets online to minimize use of self-serve kiosks or the customer service desk.
- Avoid unnecessary movement around the train station.
- Trains will allow larger containers of wipes and hand sanitizers (at least 60% alcohol).
- Usually trains have open seating; select the car and seating that provides for the most physical distancing among passengers.
- If travelers use the restrooms in the station prior to boarding the train, avoid any restrooms with lines, if possible. Practice physical distancing as much as possible (i.e., if travelers must stand in a line, keep six feet between each traveler and the next person). Avoid removing or touching masks while in the restroom. Wash hands with soap and water for at least 20 seconds after using the bathroom. Dry hands with a paper towel and, if needed, use the towel to open the restroom door before disposing of it on the way out.

- Follow relevant precautions noted in the Air Travel section when using bathrooms on the train.
- Practice good hygiene: cough or sneeze into an elbow and avoid touching mouth, nose, and eyes.
- Purchase any food or beverage in the terminal prior to boarding. Clean the outside of any container with disinfecting wipes or hand sanitizer (at least 60% alcohol).
- Avoid seating clusters where passengers face each other.
- Select a quiet car if possible.
- Observe any boarding and disembarking instructions from the operator. Train terminals can be very crowded and force close interaction with many people.

CAR TRAVEL

- Individuals should not travel if they are sick or experiencing any flu-like symptoms.
- Students should travel alone in their car or with a family member or guardian.
- Ensure that they have an active EZ-Pass or similar electronic toll device.
- Limit the use of rest stops as much as possible. Follow relevant precautions noted in the Air Travel section when using public restrooms.
- Bring ample supply of masks, gloves, hand sanitizer (at least 60% alcohol) and wipes for their journey.
- Only purchase packaged food or food prepped to order. Do not purchase any food from salad bars or buffets.
- Avoid stopping at any rest stop in a high community spread state or area. In order to do so, travelers should map their route prior to the drive and reference local, state, CDC, and other websites to understand the case counts in the communities they will be driving through.[73]
- When purchasing gas, pay at the pump using gloved hands if choosing to wear gloves, since proper soap and water handwashing may not be possible. Ensure gloves are removed according to CDC guidance.[74] Follow with hand sanitizer (at least 60% alcohol).

TAXIS, UBERS, LYFT RIDES

- Travelers should not board if they are sick or experiencing any flu-like symptoms.
- Use phone pay apps when possible to order rides and/or settle fares.
- Request for a car with a partition between the driver and passenger if possible.
- Do not share any hired service with another person.

[73] https://coronavirus.jhu.edu/us-map
[74] https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

- Wear a mask during the ride and ensure that the driver wears a mask as well, especially if there is no physical separation between the passenger compartment and the driver.
- Use hand sanitizer (at least 60% alcohol) upon entering and leaving the vehicle.
- Avoid unnecessary touching of surfaces inside the vehicle.
- Practice good hygiene: cough or sneeze into an elbow and avoid touching mouth, nose, and eyes.
- Ensure that the driver has the windows open or that the vehicle's air vents are open and set to fresh air – not recirculation. Open any accessible windows at least several inches.
- Travelers should handle their own personal bags and belongings during pick-up and drop-off. Use hand sanitizer (with at least 60% alcohol) immediately after handling belongings and after exiting the car.

RENTAL CARS

- If students are traveling by air or train with a family member or guardian to school, opt to drive their own rental, if possible, from the airport or train station to school.
- If renting a car, select a rental company with curbside rentals, when possible.
- Use their own electronic toll device or ensure the rental car is equipped with an electronic toll device.
- Rental car companies have largely implemented strict cleaning and disinfection policies between rentals. However, for additional peace of mind, wipe down with disinfectant wipes high-touch areas such as interior door handles, key fob, dashboard, steering wheels, window buttons, and armrests.
- Open vehicle vents or windows; be sure not to select the recirculate air option for the car's ventilation.

PUBLIC TRANSPORTATION

- Avoid the use of public transportation if possible.
- Individuals should not travel if they are sick or experiencing any flu-like symptoms.
- If travelers must take public transportation:
  - Wear a mask
  - Given the very high amount of contact in public transit, it is recommended to wear gloves, if possible.
  - Select cars that allow for the greatest physical distancing.
  - Sit or stand as far from other travelers as possible.
  - Once leaving the bus or train car, remove gloves using appropriate method.[75] Use hand sanitizer (at least 60% alcohol) after gloves have been removed and disposed of.

[75] https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

- If possible, travel during non-peak periods when occupancy is lower.
- Allow extra time in case travelers need to wait for a less crowded bus or train.
- Practice good hygiene: cough or sneeze into an elbow and avoid touching the mask, mouth, nose, or eyes.
- Purchase tickets and add value to fare cards online to minimize use of self-serve kiosks or the customer service desk.

LODGING – IF NEEDED DURING TRAVEL TO SCHOOL

- Book each stay online and limit payments to the card listed on the original online reservation to minimize card exchange and handling by multiple people.
- If available, use mobile check-in processes.
- Choose self-parking options, instead of valet service, as available.
- Do not share a room with anyone other than the parent or guardian the student is traveling with.
- Travelers should wash their hands as soon as they get to their room.
- Wipe down high touch objects in hotel room with disposable wipes.
- Bring their own toiletries.
- Stay in the hotel room to the extent possible.
- Ensure they are not in the room during housekeeping service and increase ventilation in the room by running the fan, if possible. Put away personal belongings to minimize contact during cleaning.
- Eat in hotel room with either room service or delivery service.
- If in-room food delivery options are not available, get take-out from the hotel restaurant or another restaurant nearby.
- Limit activities in public to essential errands, such as getting food.

AT SCHOOL TRANSPORTATION

The following provides suggested general guidance and procedures while travelling by bus, van, or other communal school vehicles.

Note: Vehicular means of transportation are recommended only when necessary. If the destination can reasonably be reached by other means (walking, jogging, bicycling, hiking, etc.), it may be beneficial to plan travel to the destination using those alternatives.

Administration

- Maintain a roster of qualified, trained, and licensed drivers/staff to fill critical transportation positions.[76]
- Secure the use of dedicated and exclusive school vehicles for students and staff, as feasible.
- Stock disposable gloves, face masks, hand sanitizers (at least 60% alcohol), and cleaning supplies. Enact a plan for the distribution, disposal, cleaning (when appropriate), and resupply of these items.
- Instruct transportation staff to report any respiratory illness symptoms to school administration or the school health care team.
- **Recommended practice:** All transportation drivers/employees are screened at the beginning of their shifts for signs of illness.
- Actively encourage sick employees to stay home and implement flexible sick leave.
- Provide students and staff with access to alcohol-based hand sanitizer (at least 60% alcohol) and face masks prior to boarding.
- Vehicle operators should wear face masks while carrying passengers. Operators should wear disposable or cloth masks and change masks as they get wet or dirty.
- Provide staff with U.S. Environmental Protection Agency (EPA)-approved disinfectants for vehicle cleaning.
- If possible, obtain use of a large vehicle or incorporate the use of a greater number of vehicles in order to allow passengers to maintain greater physical distance.
- Reduce the number of available seats in order to increase physical distance between passengers. Mark restricted seats using signage, decals, colored string, tape, etc.
- Instruct passengers to practice directional flow as much as possible when entering and exiting the vehicle (i.e., first passengers must go to the back of the vehicle and fill the available seats before moving up the vehicle). This practice limits walking past already seated passengers to find an available seat. Those at the front of the vehicle should exit first.
- If possible, consider assigning seats to students to aid in contact tracing, if a case of COVID-19 is identified on a bus.
- **Recommended practice:** Leave the front two rows of seating closest to the driver open and unavailable to maintain physical distance for the driver/operator.[77]
- Clean and disinfect the vehicle between uses.
- If possible, seek use of a vehicle with clear, impermeable barrier between operator and rest of the cabin.
- Open vehicle windows several inches (if can be done so safely) during all periods of vehicle occupancy.

[76] CDC guidance for bus transit operators. https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html

[77] The National Academies Press Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities (2020), http://nap.edu/25858

- Run HVAC systems, using the highest setting and avoid recirculation mode. Ensure that internal cabin air filters are in-place and changed regularly.

Students and Staff as Passengers

- Should not board if they are sick or experiencing any flu-like symptoms.
- Wash or sanitize hands before boarding bus, van, or vehicle.
- Practice good hygiene: cough or sneeze into an elbow and avoid touching of the mouth, nose, and eyes.
- If possible, maintain physical distance by maximizing distance between passengers.
- Wear a face mask while riding in vehicles if they are with others. Students and staff do not need to wear a face mask if they are alone driving their own vehicle.
- When exiting, remove all belongings and discard all waste.

Shuttle Bus Operators

- Should not operate or drive if they are sick or experiencing flu-like symptoms.
- At a minimum, wear a face mask. Ensure face mask does not impact vision or the ability to operate the vehicle safely.
- Wear appropriate gloves. Ensure gloves do not impact the ability to operate the vehicle safely.
- Wear face masks while carrying passengers. Operators should wear disposable or cloth masks and change masks as they get wet or dirty.
- Maintain physical distance by limiting interactions with passengers.
- When possible and safe to do so, operators should open windows prior to students and staff boarding. If not possible to open windows, set ventilation system to high. Do not recirculate conditioned air.
- Wash hands using soap and water for at least 20 seconds or disinfect hands using alcohol-based hand sanitizer (minimum of 60% alcohol) before and after work shifts and breaks, and after touching frequently touched surfaces.

Cleaning and Disinfection Personnel

- Should not work if they are sick or experiencing flu-like symptoms.
- Wear disposable gloves and a face mask.
- **Recommended practice**: Disposable gowns are worn during cleaning and disinfection.
- Clean and disinfect vehicles daily.
- **Recommended practice**: Clean and disinfect the vehicle before and after each use during the day
- Always clean and disinfect the vehicle's commonly touched surfaces between user groups or route runs.

- If hard non-porous surfaces (e.g., hard seats, handles, doors, windows, etc.) are visibly dirty, clean them with a detergent or with soap and water before disinfecting.
- Disinfect hard non-porous surfaces using one of the following cleaning solutions:
  - EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2
  - Diluted household bleach. Add 5 tablespoons (1/3 cup) of bleach to a gallon of water or 4 teaspoons of bleach to a quart of water. Do not use in conjunction with ammonia-based solutions.
  - Alcohol-based solutions containing at least 70% isopropyl alcohol.
- Use eye protection when preparing cleaning solutions.
- If soft or porous surfaces (e.g., fabric seats, upholstery, carpets) are visibly dirty, clean them using appropriate cleaners and then disinfect soft or porous surfaces using EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2; dilute bleach solution; or 70% isopropyl alcohol spray.
- If frequently touched electronic surfaces (e.g., cabin controls, touch screens, lights) are visibly dirty, clean them using products appropriate for use on electronics.
- Disinfect electronic surfaces according to the manufacturer's recommendations. If none exist, use alcohol-based solutions containing at least 70% isopropyl alcohol.
- Remove and dispose of gloves, masks, and gowns (if applicable) immediately upon exiting the vehicle, following CDC guidance for removing gloves, gown, and masks.[78]
- Immediately after cleaning and disinfection (and before taking breaks), wash hands using soap and water for at least 20 seconds or disinfect hands using alcohol-based hand sanitizer (at least 60% alcohol).
- If disposable gowns are not worn, immediately launder clothes (or uniform) worn using the warmest appropriate water and dry completely. Wash hands immediately after handling dirty laundry.
- For more information, follow CDC guidance on cleaning and disinfecting.

Note: All decisions about implementing these considerations should be made according to applicable local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of each school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

[78] https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

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LIMITATIONS

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14.0 GUIDANCE ON ADVANCE PROCUREMENT

A limiting factor in your school's preparedness during the current COVID-19 pandemic could be current or future supply-chain issues which limit the procurement of necessary materials and supplies. Below is an initial list of some important items used for COVID-19 mitigation strategies which you may want to consider for advance procurement.

Note: All decisions about implementing these considerations should be made according to local and state guidelines as they are updated and issued. School officials can determine, in collaboration with state and local health officials, if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable.

CLEANING AND DISINFECTION SUPPLIES

- **EPA-approved Cleaning and Disinfecting Agents**: Consider working with existing suppliers to identify and order cleaners and disinfectants from the list of U.S. Environmental Protection Agency (EPA)-approved agents here. It may be necessary to order multiple brands and product lines. Schools may consider buying up to 100% more (i.e., double) what might be used for a typical 3- to 6-month period. Product selection should be conducted in close coordination with facilities and housekeeping staff.
- **Surface Cleaning and Disinfectant Wipes**: Consider ordering 100% more (i.e., double) than a typical 3- to 6-month period supply.
- **Cleaning Spray Bottles**: May be needed to dilute, mix, and apply cleaners and disinfectants. Consider ordering 1 to 3 bottles per campus building.
- **Disposable Gloves**: Consider ordering a sufficient quantity for dedicated cleaning staff, as well as for others who may be responsible for interim cleaning (faculty, coaches, etc.). Ensure glove selection is compatible with the cleaning product Safety Data Sheet (SDS).

HYGIENE SUPPLIES

- **Hand Soap**: Consider ordering approximately 50% more than a typical 3- to 6-month period supply.
- **Hand Sanitizer Supplies and Stations**: Consider ordering approximately 0.5 fluid ounces (fl. oz.) per person per day. For example, 100 staff and students in a school setting would need approximately 50 fl. oz. per day.
- **Paper Towels**: Consider ordering 50% more than a typical 3- to 6-month period.

BUILDING SUPPLIES

- **Signage**: Consider ordering or printing posters and signage with relevant guidance from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and state and local health boards. Consider also ordering posters and signage to support organization policies and procedures (i.e., space capacity limits, occupant spacing guidance, closure notices or program change notices).
- **Air Filters**: Consider ordering 100% more (i.e., double) than a typical 6-month period supply. Consider both pre-filters, final filters, and portable unit filters.
- **Portable HEPA Filtration Units**: Consider ordering portable HEPA-filtered air cleaners as part of an overall management strategy. Consider units which circulate 200 cubic feet per minute of air or greater.
- **Lavatory Partitions**: Consider ordering materials to be used as physical barriers between bathroom sinks, especially for shared/common residential bathrooms when sinks are within 6 feet of each other. Prioritize considerations for partitions in shared/common residential bathrooms as users will be brushing teeth and likely spending a longer duration in this type of bathroom space.
- **Touchless Lavatory Devices**: Consider ordering touchless faucets, soap dispensers, flushometers, and paper towel dispensers or hand dryers in bathrooms. Consider ordering sufficient stock of spares in case of breakage or failure.
- **Toilet Lids**: Consider ordering stock to replace any units with existing functionality issues, as well as stock of spares to support closed-lid flushing policies. Note that toilet lids may not be compatible with touchless flushometers.
- **Window Screens and Animal Guards**: Consider ordering stock to replace any units with existing functionality issues, as well as a stock of spares to support open window ventilation.
- **Compost, Recycling, and Trash Receptacles**: Consider ordering receptacles with foot-pedal, touchless lids, or open top, as available. Bathrooms and dining facilities in particular may generate more waste than previous historical amounts.
- **Security and Access Equipment**: Consider ordering/upgrading access-control equipment (locks, fob readers, fire-alarm-integrated magnetic door hold-opens) to support modified entry, egress, and pedestrian traffic flows.
- **Styluses**: Consider ordering dedicated personal styluses to support limited contact with high-touch surfaces such as check-in tablets, elevator buttons, and coffee machines.
- **Tablets**: Consider ordering tablets for self-attestation check-ins (for users without smart phones). Consider providing cleaning products for wipe down after use.

- **Tents and Outdoor Heat Lamps**: Consider ordering semi-permanent tents for use as additional space for activities (i.e., dining, class) which might be otherwise held indoors. Consider using outdoor heat lamps to extend the use of these areas during colder outdoor temperatures.
- **Tables, Desks and Seating**: Consider ordering additional tables, desks, and seating to support physical distancing. Prioritize non-porous surfaces which will be easier to clean and disinfect.

RESIDENT SUPPLIES

- **Bedding and Bedding Storage**: If bedding is provided by the facility, consider ordering a sufficient quantity to mitigate any slowdowns or issues with laundering. Consider ordering bedding storage which can be dedicated to individuals (if appropriate) and protect from cross-contamination when not in use.
- **Toiletries**: If toiletries are provided by the facility, consider ordering a sufficient quantity to eliminate sharing of any common items among occupants (shampoo, toothpaste, etc.).
- **Bathroom Totes**: If bathrooms are shared among occupants, consider providing bathroom totes to support a dedicated toiletries policy and limit sharing.

CLASSROOM AND EXTRACURRICULAR SUPPLIES

- **Athletic Face Coverings**: Consider ordering face coverings suitable for any athletic activities which might be sponsored by the organization, especially where physical distancing is limited.
- **Activity Equipment**: Consider ordering enough activity equipment (pads, water bottles, grip chalk, musical instruments, theatrical costumes, art supplies, tools, etc.) to dedicate equipment to a single user or to limit sharing among users.
- **Towels and Towel Storage**: If towels are provided by the facility, consider ordering a sufficient quantity to mitigate any slowdowns or issues with laundering. Consider ordering towel storage which can support proper containment before and after use (prior to laundering).
- **Audio-Visual (A/V) Equipment**: Consider ordering additional or upgraded equipment to support remote learning or simulcast lessons to different rooms in a school. As students may elect or need to learn remotely, A/V equipment can be used to support these virtual classrooms. A/V equipment may also be used for performing arts and sporting events to share with members of the community who may not be able to attend. Consider ordering extra remotes and other high-touch items to support cleaning protocols.

- **Faculty Teaching Equipment**: Consider ordering teacher kits which can be dedicated to a given faculty member, and contain necessary high-touch supplies like markers, keyboards, and mice.

DINING SUPPLIES

- **Containers and Utensils**: Consider ordering additional disposable containers and utensils to support any temporary changes to dining facility policies.

PERSONAL PROTECTIVE EQUIPMENT (PPE) SUPPLIES

- **N95 Respirators**: Consider ordering 5 per medical staff member. These respirators would be intended for a medical staff member who would need to attend to a COVID-19 suspect or symptomatic individual. Consider ordering more if there is a facility onsite where quarantined individuals might be held for any length of time.
- **Disposable Surgical Masks**: Consider ordering 50 per medical staff member.
- **Nitrile Exam Gloves**: Consider ordering 200 per medical staff member.
- **Disposable Safety Gowns**: Consider ordering 50 per medical staff member.
- **Face Shields**: Consider ordering 2 per medical staff member.
- **Covered Medical Waste Disposal Bins**: Consider ordering 1 per office or exam room.
- **Thermometers**: Consider ordering 2 per medical staff member.
- **Pulse Oximeters**: Consider ordering 2 per medical staff member.

Each school should ensure that all PPE and medical staff supplies meet the clinical requirements of their employees.

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15.0 GUIDANCE ON COMMUNICATIONS

School administrations should be in regular communication with students, faculty, staff, and vendors. Many of these communications may be time sensitive and may contain confidential health information. In addition, school administrations should seek guidance from and work with local health organizations (e.g., town and state Boards of Health) to develop standard communication. The following provides suggested communication guidelines the Peer Boarding Schools can follow prior to, during, and after campus opening.

PREPARATION

- One qualified person or a team of qualified individuals should be designated from the administrative staff to act as the primary contact for faculty, students, and staff. The designee(s) should be prepared to effectively address any questions and concerns related to the COVID-19 pandemic. The designee(s) should be familiar with:
  - General matters relating to the novel coronavirus SARS-CoV-2.
  - Administrative, engineering, and personal protective equipment (PPE) controls (also called nonpharmaceutical interventions or NPIs) the administration has implemented in response to the COVID-19 pandemic designed to reduce risk.
  - Current events as they relate to the COVID-19 pandemic.
  - Policies and procedures the administration has implemented related to the COVID-19 pandemic.
  - **Recommended practice:** Designate a team consisting of administrative staff, faculty, and program managers to serve as points of contact for questions and concerns from students, faculty, and staff. These team members should convene to discuss issues and answer questions as they are presented.
- Prepare and distribute policy guidelines and educational resources allowing students, staff, and faculty to familiarize themselves with the material.
  - **Recommended practice:** All campus staff and faculty should receive awareness training regarding COVID-19 related protocols and procedures for the campus. Hold “town hall” type training sessions that allow staff and faculty to voice any concerns.
  - **Recommended practice:** All students should receive training regarding COVID-19 related protocols and procedures. Consider developing interactive trainings using age-appropriate games and simulated germ demonstrations (i.e., GloGerm™) that allow students to participate in learning. Additionally, allow students to ask questions or voice concerns during training sessions.
- Prepare and distribute (electronically or in hard copy) documentation to all campus entrants to explain rules and guidelines to follow when on campus, including reminders to practice

physical distancing and to wear face coverings. Use signage as appropriate to communicate this information.

- Protocols for health screenings and reporting requirements of potential cases of COVID-19 should be explained to all persons who may enter campus prior to re-opening and once operations have resumed.
- Post relevant posters and signage from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and/or other health agencies (or create and post campus-specific signage based on information from these agencies) in appropriate places where intended audiences can be reached. Examples include:
  - COVID-19 information
  - Handwashing
  - Cough etiquette
  - Symptoms associated with COVID-19
  - Stop the spread of germs
  - Physical distancing
  - **Recommended practice:** Prepare communication platforms, such as websites, automated text messaging, telephone hotlines, smartphone apps / push notifications, and social media, to communicate information.

STUDENT COMMUNICATION

Prior to Reopening

- Prepare and distribute documentation containing rules and guidelines for students to follow when on campus. Inform students about the precautions and procedures implemented on campus or will be implemented to minimize the risk of COVID-19 exposure and transmission.
- Develop procedures for security to follow to create a "check in" for visitors or anyone who may potentially enter campus and inform students and parents of these procedures.
- **Recommended practice**: Provide information on any communication platforms, such as websites, automated text messaging, telephone hotlines, smartphone apps / push notifications, and social media, to distribute information.
- Be familiar with answers to frequently asked questions and common misconceptions related to the COVID-19 pandemic.
- Identify which students are at higher risk for complications related to COVID-19, and encourage and support them in taking additional precautionary measures. Refer to the *Peer Boarding Schools Health and Screening* documentation for more details.

- Communicate the importance of staying home if showing any symptoms associated with COVID-19. Share the CDC Symptom Screening List: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

When Open

- Continually provide resources to students outlining behaviors and precautions students should abide by to prevent the spread of COVID-19, including:
  - How and when to effectively wash and sanitize hands
  - How to practice physical distancing in various settings
  - Which symptoms to look out for, when to report them, and to whom
  - When to stay home or self-isolate
  - Coughing and sneeze etiquette
  - Other campus-specific policies or guidelines
- Inform all persons who may enter campus with any changes to campus procedures or guidelines.

Conversation with Students

- Be calm and reassuring; be careful not only about what you say but how you say it.
- Be a source of comfort.
- Listen for underlying fears or concerns. Ask questions to find out what a concerned student knows about COVID-19.
- Let students know that fear is a normal and acceptable reaction.
- Provide only honest and accurate information. Correct any false information they may have heard.
- If you do not know the answer to a question, say so. Do not speculate. Find answers by visiting the CDC website.
- Make sure students know how the virus can spread and how to prevent it from spreading.
- Talk about what the campus is doing to protect the community from getting sick.
- Discuss with students that even though the COVID-19 pandemic is serious, hospitalizations and death are rare, especially in young, healthy individuals.
- Speak in age-appropriate language:[79]
  - *Early elementary school aged children*: Provide brief, simple information that balances COVID-19 facts with appropriate reassurances that adults are there to help keep them healthy and to take care of them if they do get sick. Give simple examples of the steps

[79] https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/helping-children-cope-with-changes-resulting-from-covid-19

they make every day to stop germs and stay healthy, such as washing hands. Use language such as "Adults are working hard to keep you safe."

  - *Upper elementary and early middle school aged children*: This age group often is more vocal in asking questions about whether they indeed are safe and what will happen if COVID-19 spreads in their area. They may need assistance separating reality from rumor and fantasy. Discuss the efforts national, state, and community leaders are making to prevent germs from spreading and keep people healthy.
  - *Upper middle and high school aged children*: With this age group, issues can be discussed in more depth. Refer them to appropriate sources of COVID-19 facts. Provide honest, accurate, and factual information about the current status of COVID-19.

- Reduce stigma, especially against individuals of Asian descent and those who have traveled recently.
- Direct students with questions you cannot answer and/or fears you cannot assuage to administration or the designated faculty member(s) responsible.

FACULTY AND STAFF COMMUNICATION

Prior to Reopening

- Provide training and educational material, including this guide, to faculty and staff. Include information on:
  - The administration's responsibilities as they relate to COVID-19
  - Workplace controls, including the use of personal protective equipment (PPE)
  - Their individual roles and responsibilities as they relate to COVID-19
  - Protocols and controls that are in place for the safety of faculty and staff
- Ascertain which staff and faculty members are at higher risk for complications related to COVID-19. Human Resources should be consulted to determine if, consistent with the Americans with Disabilities Act (ADA) and other regulatory requirements and guidance, these staff or faculty members should work directly with or have prolonged direct contact with other employees or students. Identify alternative job duties for these staff members, if warranted.
- Communicate the importance of vigilantly monitoring their health for symptoms associated with COVID-19 and staying home if they are showing any.
- Maintain and communicate flexible leave policies:
  - Do not require a healthcare provider to immediately provide a note for leave from work or return to work.
  - Permit employees to take leave to care for a sick family member, consistent with federal and state law.
- Communicate strategies for administrative staff to telework from home if possible.

When Open

- Continue to provide educational material to staff and monitor the effectiveness of training requirements. Include information on workplace controls, including the use of PPE.
- Be aware of workers' concerns about pay, leave, safety, health, and other issues related to COVID-19.
- Make administration available to hear concerns and answer questions related to these issues.

POSTERS/SIGNAGE

- The wording of any sign should be easily read and concise. The sign should contain sufficient information to be easily understood. The wording should make a positive, rather than negative suggestion and should be accurate.
- Post relevant posters and signage from the CDC, WHO, and/or other health agencies in appropriate areas to encourage behaviors that mitigate the spread of disease. Examples:
  - COVID-19 information
  - Handwashing
  - Cough etiquette
  - Symptoms associated with COVID-19
  - Don't Spread Germs at Work
  - Physical Distancing
  - Stay Home If You are Sick

Signage Placement

- The placement of posters and signage is an important factor when grabbing attention or communicating important information.
- Signage should be placed at 48 inches minimum above the finish floor or ground surface and 60 inches maximum above the finish floor or ground surface in compliance with ADA requirements.
- Consider incorporating the use of "pictograms" into the design of signage, or including signage in other languages spoken by members of the school's community.

Occupancy Signs

- Post signage that reminds users of occupancy limits.
- Consider posting a "Stop" sign near a limited occupancy room or bathroom reminding students, faculty, and staff of the number of occupants permitted.

Bathroom Signage

The following are recommended as signage to use in a bathroom:

- Occupancy limit signage
- CDC: Handwashing
- On/near paper towel dispensers: “Use paper towel to open doors” if the door requires touching a handle to exit (trash container can be placed by door).
- Post handwashing signage on mirror that will be seen while washing hands.

General Hallway and Staircase Signage

- Signs should be posted to communicate which hallways or staircases are designated for one-way foot traffic.
- In wide stairwells or hallways that allow for two-way traffic, consider training occupants to keep to the right whenever possible and develop signs reminding users to “keep right.”
- For one-way stairwells, place stanchions or signage designating that it is an up or down only stairwell.
- Train all staff, faculty, and students that in an emergency situation, these temporary one-way designations do not apply.

IN THE EVENT OF A CONFIRMED OR SUSPECTED COVID-19 CASE

- Inform local health officials of any suspected and confirmed cases immediately.
- Before any conversation with staff, address fears and concerns appropriately.
- Interview the confirmed or suspected case and begin contact tracing in coordination with appropriate local and state health resources, as warranted.
- Maintain confidentiality; do not provide the name or any potentially identifying information of the confirmed or suspected case other than as allowed by law.
- Inform affected students, faculty, and staff about any potential contact had with suspected or confirmed cases after contact tracing has been completed.
- Implement and communicate that school administration is taking the proper steps to address impacted areas, including cleaning procedures that will be taken to address potentially contaminated surfaces and spaces.

VENDOR COMMUNICATION

- Inform vendors that access to campus will be restricted.
- Request that vendors reduce the frequency of deliveries while simultaneously meeting the demand of ordered goods.
- Request that vendors use the same delivery driver for all deliveries, if feasible.
- Notify vendors to suspend deliveries and/or adjust maintenance schedules for services in the event of campus closures.

- Inform vendors that, during deliveries, they are required to take precautions:
  - Maintain physical distancing between themselves and other people
  - Wear appropriate PPE (a face mask and gloves)
  - Do not make deliveries if they have symptoms associated with COVID-19

LOCAL HEALTH OFFICIALS COMMUNICATION

- Coordinate with local health officials; they should provide strategic assistance in the decision-making response to the COVID-19 pandemic.
- If possible, work proactively with local health officials to develop a set of strategies appropriate for the campus including likely scenarios in the event a case is suspected or confirmed.
- Alert local health officials of unusually high staff or member absenteeism rates.
  - **Recommended practice**: Regularly share staff absenteeism data with local health officials, if requested.
- Notify local health officials of suspected and confirmed cases immediately.
- Seek guidance to determine whether to proceed with campus closure or suspension.

MEDIA INQUIRIES

- Designate an individual or team to prepare a response to media inquiries. Prepared topics can include:
  - Strategies the administration is taking to prevent spread
  - A statement in the event of a positive case connected with the school
  - Notices of reduced operations related to preventing COVID-19 spread
- Note that while the Health Insurance Portability and Accountability Act (HIPPA) allows sharing an individual's protected health information (PHI) with public health authorities and first responders to control the spread of disease, names or PHI of individuals may not be shared with the media without authorization from the individual (or for youth, their parent/guardian).[80]

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