COVID-19 Public Health Work Group
Considerations & Recommendations for On-Campus Reopening

FINAL REPORT
July 22, 2020
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We appreciate the administrative support of William Pollard, Office of the President.
Contents

I. Background & Charge of Public Health Work Group
II. Public Health Work Group Process
III. Overarching Recommendation: Collaborative Approach
IV. Screening, Testing, & Contact Tracing Recommendations
V. Travel Reporting Recommendations
VI. Personal Protective Equipment (PPE) Recommendations
VII. Personal Hygiene Practice Recommendations
VIII. Physical Distancing Recommendations
IX. Environmental Cleaning & Disinfecting Recommendations
X. Communication, Education, and Signage
XI. High Risk Concerns
XII. Summary

Appendices

A. External References Used in the Development of Recommendations
B. Relevant Resources Available at Eastern Michigan University
C. Reopen Dean of Student/County Liaison, Telehealth, Contact Tracing Communication Plan
D. Screening & Testing: Questions & Answers
E. COVID-19 Screening Process at Eastern Michigan University
F. Personal Protective Equipment & Other Exposure-Reducing Measures, Recommendations and Rationale
I. Background & Charge of Public Health Work Group

On March 11th, 2020, EMU’s President, Dr. James Smith, announced that all on-campus events, instruction, and other university work must transition to remote delivery and operations due to the state of emergency declared in Michigan for the COVID-19 Pandemic. As the pandemic began to wane, it became clear that amidst the uncertainty of current events, each institute of higher learning in Michigan would be challenged to independently develop the recommendations, policies, procedures, and protocols for when and how to return to campus within state and federal guidelines. Thus it has become an institutional imperative to develop recommendations for our community that are evidence-based and research-informed in order to resume on-campus activities while prioritizing health, safety, and the wellbeing of students, faculty, and staff.

In early May 2020, a Public Health Work Group was convened by the President’s Office with the following charge to be completed as soon as feasible:

The public health work group is charged with:

1. proposing health standards (e.g., masks, sanitizer, social distancing, cleaning), pursuant to various scenarios, for the campus and offices to use when employees and students return to campus, with the goal of reducing the spread of infectious disease.

2. focusing on broad standards that various offices and services will rely on to resume in-person operations. The group is not responsible for:
   i. how the University or any particular area of campus will implement these recommendations.
      - it will likely be necessary that each department will need to develop practices based on their unique needs.
   ii. when or in what order campus offices should resume in-person operations.

In order to carry out this charge, the group was encouraged to consult with campus experts (e.g., Environmental Health & Safety, Legal Affairs) and external experts (e.g., County Public Health), as appropriate, to ensure it has the ability to curate the most current, evidence-based information on key topics (e.g., testing, hygiene, PPE, social distancing, notice protocols, etc.).
Minimally, it was suggested that the group consult with (a) campus public health policy experts related to implementation and education strategies, and (b) campus clinics to communicate and collaborate on protocols.

II. Public Health Work Group Process

To carry out our charge, a work group of nine members was appointed to form the Public Health Work Group (PHWG). Beginning on May 15th, the PHWG met virtually 1-2 times each week as a whole or in smaller sub-groups to respond to the initial list of COVID-19-related questions we were given. During these meetings, public health policy, infection control, emerging research, and expert guidelines and recommendations were reviewed. As a part of this process, the group posed additional questions in order to form the evidence-based and research-informed recommendations described herein.

Early on the PHWG was divided into four subject-focused sub-groups. These sub-groups were tasked to conduct targeted explorations in four areas:  (1) testing and screening, (2) personal protection equipment and hygiene (two areas); (3) physical distancing; and (4) environmental cleaning and disinfecting. These four areas represented five of the six key areas designated by the EMU Planning Steering Committee. The final area is communication and signage. For this a sub-group including the PHWG chair, Walter Kraft, and faculty from the department of Public Health came together with the recommendations from the PHWG to discuss how to best approach education, communication, and signage. Final education and communication strategies can only be finalized once the Steering Committee has made its final return to campus decision.

Each of the sub-groups of the PHWG conducted literature reviews of emerging research evidence and careful review of the most recent authoritative agency reports and recommendations (e.g. Centers for Disease Control and Prevention, American College Health Association, Occupational Safety and Health Administration, American Industrial Hygiene Association). Appendix A includes a comprehensive list of resources reviewed. In addition, external experts were either invited to participate in work group meetings or work group members sought internal and external experts for consultation and collaboration on questions posed by the work group.

Using data curated from these searches, each PHWG sub-group drafted preliminary recommendations for their area and specific responses to the questions provided by the
EMU Planning Steering Committee. Drafts were shared, evaluated, and refined during weekly work group meetings by all members. Finalized drafts for each topical area (testing and screening, personal protection equipment and hygiene, physical distancing, and environmental cleaning and disinfecting) were synthesized into this report. Each member of the work group provided input on the final version.

The purpose of this report is to share evidence-based and research-informed recommendations for the prevention, management and containment of COVID-19 within our EMU community.

The recommendations provided are consistent with the Centers for Disease Control and Prevention (CDC), local and federal government, as well as the American College Health Association (ACHA) and are based on available evidence. We recognize that recommendations may be changed as new evidence is being generated rapidly. Ultimately, however, decisions about which recommendations should be deployed are also dependent on the goals of the institution. While the priority is never less than safety for all, decisions may also have an impact on consumer confidence or local surveillance. The recommendations herein are based on community safety, efficiency, and feasibility.

III. Overarching Recommendation: Collaborative Approach

In preparing for a pandemic, developing measures to detect who has the disease, who has been exposed, and to quarantine and isolate those individuals helps to “contain” the spread of the infection. Once an infection exceeds the containment capacity, mitigation strategies must be employed. Mitigation requires community wide participation to actively minimize the spread of an infection. Mitigation includes personal habits such as hand washing, wearing masks, cleaning and disinfecting surfaces, and physical distancing, but also includes community measures such as closing schools, business, and stay at home orders. Once infection levels decline to a manageable threshold (determined by the CDC, WHO, and state and local health departments) containment is resumed until the virus is eradicated, promising treatments are available, or a vaccine is available (Walensky, 2020).

In order to safely re-open the University on-campus activities, primary public health controls must be established to mitigate transmission and thus reduce morbidity and mortality from COVID-19 (American College Health Association [ACHA], May 2020; Centers for Disease Control and Prevention [CDC], 2020, May 30). The control
measures identified by the ACHA and the CDC that are critical to health, safety are those that this group is charged with making recommendations on: (1) screening and testing, (2) availability of appropriate personal protective equipment (PPE), (3) personal hygiene practice, (4) physical distancing, (5) environmental measures such as enhanced cleaning and disinfection, and (6) ensuring the readiness of the campus infrastructure (e.g. communication, education, and signage) and local health care and public health systems.

Furthermore, and most importantly, it is recognized that until the COVID-19 virus is eradicated or a vaccine is widely available, none of these control measures is sufficient on its own. Rather, each provides an element of prevention and increases the potential for containment COVID-19 (ACHA, 2020; CDC, 2020; Cho et al., 2020; Gawande, 2020).

The PHWG recommends implementation of an overarching collaborative approach to prevention and containment of COVID-19 within the EMU community, requiring each of the five control measures (Screening, Testing, & Contact Tracing, PPE, Personal Hygiene Practice, Physical Distancing, and Environmental Cleaning & Disinfecting) along with necessary communication, education and signage (see figure 1).

**Figure 1: Collaborative Approach to COVID-19 prevention, management and containment of COVID-19 within our EMU community.**
The remainder of this report will provide the PHWG’s recommendations for the specific areas of COVID-19 prevention and campus containment.

IV. Screening, Testing, & Contact Tracing Recommendations

At this time, EMU would be seeking to re-open the campus in Fall 2020 during a containment phase of a pandemic. As such, our goals must include surveillance and identification of those infected, quarantine and isolation, contact tracing, and restriction from campus—with the exception of those living in independent housing on campus (ACHA, 2020). These recommendations pertain specifically to testing, screening, contact tracing, and community health preparation. COVID-19 testing and temperature measurement fall under the broader strategy of containment.

**COVID-19 testing is not required for the safe return of students, faculty or staff to campus.** Some exceptions to this statement may include international students returning to the U.S., athletics, the performing arts, campus housing and laboratory work where physical distancing and use of PPE may not be possible. Decisions on athletic testing, for example, should be made to conform with recommendations from the National Collegiate Athletic Association and should be made by the Executive Leadership team.

Rationale for this position is multifaceted. EMU’s main goal is the health and safety of our community. Therefore, our goal is containment - identifying, quarantining and isolating those who were exposed or are ill. Surveillance, screening for the incidence and prevalence of the disease, is a second priority for EMU. In order to identify those who are ill, we would need to use an antigen test to test for the presence of the virus.

**Rationale for Antigen Testing**

Antigen tests are often point of care tests that can give results in a relatively short period of time. **These tests are good only for that exact moment in time.** Patients may have COVID and not test positive for several days (DHHS, 2020; Kucirka, 2020; Hayek, 2020; Woloshin, 2020). According to Kucirka (2020) false negative rates for asymptomatic or presymptomatic cases of COVID-19 range from 67% in the first 5 days after exposure to 21% eight days after exposure. Therefore, symptoms screening provides greater advantages, and is less invasive, than testing in community populations. For these reasons and others, the CDC recommends that antigen testing be done for the following individuals.

**High Priority**
- Hospitalized patients with symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms

Priority
- Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.
- Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.


The EMU community does not rise to the level of being a high priority group for testing according to the CDC. As a priority group for testing, individuals would first need to have symptoms. This will require us to screen individuals to make the determination that they meet the criteria for priority testing. The final priority group recommended by the CDC for testing are those identified by the health departments for surveillance (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html). While surveillance is an important endeavor, it is not an EMU urgent safety priority, nor has EMU been designated a priority site. Further, antibody testing is the preferred test for this type of surveillance, which would not help EMU create a safe campus.

In considering whether everyone should be tested prior to returning to campus, one must also consider the logistics of such an undertaking within the context of the current reality. As previously stated, antigen testing (typically molecular or by PCR) is the appropriate test for this purpose. All individuals would require either a nasal or oral pharyngeal swab to have this done. The decision of the type of swab is based on the ability of the testing lab to perform the test. While there are some laboratories that are performing saliva or blood testing with the hope of detecting the antigen, most of these are still in experimental phases to determine efficacy.

In the local area, nasopharyngeal swabs are the most common test that is performed for diagnostic testing. This procedure will require all specimens to be collected by trained healthcare providers in a designated setting with full PPE precautions. Though there are now some tests that can be done at home, more than 50% of those require video supervision by a healthcare provider when the swab is done at home. Lastly, though many of these tests report result times within 48-72 hours, the reality is that tests are taking approximately 4-7 days to return in many areas of southeastern Michigan. By the time the results are returned, they are no longer useful as this individual may already be symptomatic, or they may have had a new exposure. Further, IHA (or their lab for
example) is uncertain if they could handle the volume to screen everyone returning to campus either in terms of staffing or equipment, transport medium and testing reagent. Given that testing of all persons returning to campus is neither recommended by the CDC, ACHA, nor DHHS and the constraints described herein, the PHWG does not recommend testing of all individuals returning to campus.

**Rationale for Antibody Testing**

Antibody tests determine if someone has or has had an infection, in this case COVID-19. According to the CDC, antibody testing “can play an important role in understanding the virus’s epidemiology in the general population and identifying groups at higher risk for infection” (https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests-guidelines.html). The major benefit of antibody testing is to monitor and respond to the pandemic by tracking outbreaks and density of the infection in the population (CDC, 2020). Per CDC guidelines, *antibody testing should only be used for community surveillance purposes and not used to make decisions about returning to work or other congregate settings* (e.g. campus housing, athletics) https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests.html.

**Asymptomatic Viral Shedding**

Another important aspect of the COVID-19 virus that impacts the recommendations of this committee, is the asymptomatic and presymptomatic shedding of the COVID-19 virus (Arons, 2020; Gandhi, 2020). Asymptomatic and presymptomatic shedding of COVID-19 refers to the ability of the virus to infect others before the host becomes ill. In case reports from an infected nursing home in Washington, US (Arons, 2020) and from Wuhan, China(He, 2020) patients were able to infect others before their first symptom. As a result of this aspect of the virus, individuals living (e.g., community housing), learning, or practicing or performing (e.g. athletics, performing arts) in close proximity and participating in activities where physical distancing and PPE use are not feasible may require baseline and intermittent COVID-19 PCR testing (*antigen*). This is consistent with the CDCs Priority monitoring https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.

**Implementation: Recommended Screening Procedure**

As a containment strategy for entering into all campus buildings, we recommend that symptom screening be used. This has been a successful strategy at hospitals (Gawande, 2020) and grocery stores throughout the pandemic and is now being used at Ford Motor Co. for reopening (Ford Motor Co., 2020). Specifically:
**Entering Campus**

1. Anyone (students, faculty, staff, and visitors) entering a campus building will need to be screened.
2. Each building should have designated entrances and exits (e.g., Children’s Institute may want an entrance for childcare drop-off/pick-up).
3. All other entrances to the building should be locked and labelled “exit only.”
   a. Building administrators should make this determination.
4. A check-in station will exist at every building entrance, staffed by trained individuals.
   a. Training would include
      i. process for building entrance
      ii. the screening algorithm (see Appendix C)
      iii. how to take a temperature
   b. The check-in station should have plexiglass partitions to protect the screeners.
   c. Must have screening materials for those without a device (paper and pencil form or electronic device), cleaning wipes, hand sanitizer, thermometer masks, gloves.
5. Every staff, faculty, and student will be required to wear an EMU ID above the waistline for easy identification.
6. Visitors should be discouraged. But may undergo screening and approval to enter buildings at any entrance.

**Symptom Screening Logistics**

1. *If you are sick, do not come to campus!*
2. Prior to entering a campus building everyone will be required to complete a screening questionnaire.
3. The instrument will be available for phones and devices and available as a in print (or on a device) at each check-in station.
4. It is recommended that all individuals complete the screening tool prior to arriving on campus.
   a. If the screening tool is negative, the app will turn “green” to signify you may be on campus.
      i. This screen can be shown at the entrance each time they enter the building
      ii. Alternatively, we can require a sticker each day of a different color when they are screened to enter.
   b. If the screening tool is positive, the app will turn “red.” These individuals are not cleared to be on campus.
      i. The individual will be referred to the CHHS Telehealth Clinic
      ii. EMU employees (staff/faculty) would notify their direct supervisor/main office that they are not permitted on campus.
1. Employees may not be required to provide specific health information at this time.
2. A notification/tracking mechanism will be put in place to provide this information when appropriate to Human Resources.
   iii. Students would notify their faculty/instructors of their inability to enter the building that day.

**Management of Those Who Screen Positive**

1. Visitors who screen positive will be advised that they may not be on campus.
2. All EMU community members who screen positive will be instructed to contact the CHHS Telehealth Clinic for further screening and disposition (Appendix D).
3. The CHHS Telehealth Clinic will follow the CDC screening algorithm to determine if...
   a. The individual is able to return to campus.
   b. Should not be on campus and referred for testing, urgent care, or their own health care provider (EMU employees with BCBS).
4. Transportation for individuals off campus may be necessary.
5. Alternate housing for isolation should be available for those in quarantine.

**The CHHS Telehealth Clinic**

1. The telehealth clinic provides the capacity for EMU to identify those who are potentially infected, conduct contact tracing, and restrict campus access.
2. The telehealth clinic is approved and HIPAA compliant to take on this role.
   a. Additional support for telehealth clinic staffing 1-2 FTE may be required (dependent upon volume of positive screens).

**Contact Tracing**

1. The EMU Washtenaw County Health Department (WCHD) Liaison (Ellen Gold) and the Director of the CHHS Telehealth Clinic will be trained in case investigation and contact tracing and work collaboratively.
2. A University appointed Contact Tracing Coordinator will serve as a deputy for the WCHD.
3. Graduate assistants (2) will be trained and approved by the WCHD to conduct case investigation and contact tracing on campus under the supervision of the Contact tracing Coordinator.
   a. These GAs may be selected based upon program of study, for example, studying Health Administration, Public Health, or Nursing.
   b. Recommend hiring 1 for 1 year and 1 for 2 years.
4. Case and contact investigations of faculty and staff will be conducted by the Contact tracing Coordinator.
A description of the relationship and flow of communication between the Dean of Students/County Liaison, the telehealth clinic, and contact tracing can be found in Appendix D. Specific answers to the questions asked of the PHWG can be found in Appendix E.

V. Travel Reporting Recommendations

Consistent with the CDC guidelines (CDC updated May 27, 2020) individuals returning from international travel will need to "stay home for 14 days from the time you returned home from international travel.”
https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html This will include international students who are coming from their country to EMU to begin their education or returning to EMU to continue their education.

Stay home for 14 days from the time you returned home from international travel.

During this 14-day period, take these steps to monitor your health and practice social distancing:
1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing. Use the temperature log to monitor your temperature.
2. Stay home and avoid contact with others. Do not go to work or school.
3. Do not take public transportation, taxis, or ride-shares.
4. Keep your distance from others (about 6 feet or 2 meters).

Travel Risk

The CDC acknowledges that travel, of any kind, poses an inherent risk of COVID-19 exposure through contacts with people, and contaminated surfaces (https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html). They do not, however, suggest that air travel by natural or “recycled air” poses a higher risk.

All commercial jet aircraft built after the late 1980s, and a few modified older aircraft, recirculate 10%–50% of the air in the cabin, mixed with outside air. The recirculated air passes through a series of filters 20–30 times per hour. In most newer-model airplanes, the recycled air passes through high-efficiency particulate air (HEPA) filters, which capture 99.9% of particles (bacteria, fungi, and larger viruses or virus clumps) 0.1–0.3 µm in diameter. Furthermore, air generally circulates in defined areas within the aircraft, thus limiting the radius of distribution of pathogens spread by small-particle aerosols. As a result, the cabin air environment is not
Being in an airport itself may be the most substantial risk when PPE, hygiene, and disinfecting protocols are appropriately deployed on aircrafts.

**Travel To and From Canada**

With regard to travel between the U.S. and Canada;

On July 21, restriction on all discretionary travel at the Canada-US border that was initially implemented on March 21, 2020, was extended until August 21, 2020. They have recently updated their language from “non-essential” travel and “essential travel” to discretionary/optional travel and non-discretionary travel.
- “Discretionary/optional” travel includes travel that is considered tourism, recreation or entertainment. “Non-discretionary travel includes work and study, critical infrastructure support, economic services and supply chains, and health, immediate medical care, safety and security.
- Trade and business travel will continue to operate across our borders, ensuring workers and goods are not impeded.

According to the U.S. Embassy & Consulate in Canada, U.S. and Canandian citizens traveling between the two countries for non-discretionary travel, will not require quarantine as a general rule. These restrictions primarily impact travel by car, commuter rail and ferry between Canada and the U.S.. This recent policy change, as of July 21, 2020, allows workers and students for the purposes of educational programs to freely commute from Canada to the U.S. to attend class. There is no longer a 14 day quarantine required; unless the individual demonstrates symptoms and tests positive for Covid-19.

It should be noted that travel restrictions can change quickly and any international travel changes should be referred to the Office of International Students and Scholars for the most up-to-date information.
**Domestic Travel**

As we are writing these recommendations, the U.S. is experiencing an increase in the number and rate of Coronavirus infections. Presently, the CDC does not require any quarantine for individuals traveling domestically. However, it is not out of the realm of possibility for states to place restrictions and require quarantine for domestic travel. In March, the state of Texas executed an executive order mandating a 14-day quarantine for travelers from New York. As of June 26, 2020, travelers entering New York, New Jersey and Connecticut from states with spiking COVID-19 rates will be required to self-quarantine for 14-days. This currently includes Alabama, Arkansas, Arizona, Florida, North Carolina, South Carolina, Utah and Texas (Higgins-Dunn, 2020). It is therefore prudent that we include domestic travel on our screening form to be proactive if the state of Michigan takes such action.

**Personal Protective Equipment (PPE) Recommendations**

Personal Protective Equipment (PPE) includes equipment worn to minimize exposure to hazards that cause workplace illness and Injury (OSHA, 2020). The PHWG’s numbered recommendations are organized by key PPE measures below with rationale for each recommendation included in Appendix E.

**Face Covering Recommendations:**

1. Everyone on campus (e.g., students, faculty, staff, and visitors) are required to wear a face covering that covers both the nose and mouth, in or on all university owned, operated or leased buildings, facilities, and grounds.

2. Individuals need not wear a face covering in a private office with door closed, living space, or other isolated space.

3. In the classroom environment, faculty are required to wear a face covering or conduct lectures from behind a plexiglass barrier.

4. Students, faculty, and staff who may have a matter that prevents them from wearing a face covering should contact their designated representative for assistance (i.e., Human Resources for faculty/staff, Disability Resource Center for students). The PHWG suggests that these individuals work with HR and DRC to determine how to communicate this concern to their faculty, supervisor, or others. If possible, these individuals should consider the remote or online class and work format until further notice.
5. Physical distancing from other people must still be maintained when wearing a face mask (specific Physical Distancing Recommendations will be covered later in this report).
6. Face coverings will be provided by the university for faculty and staff.
7. Cloth face coverings, made of double-layer or other quality fabric that fit snugly to the face may be worn by students, faculty, staff, and visitors.
8. A supply of masks will be made available to faculty, students, staff and visitors.
9. Signage should be readily posted in public areas to reinforce where masks/face coverings must be used.
10. At this time, the CDC does not recommend N-95 or KN-95 face masks for the general public. There is no additional benefit to N-95 or KN-95 face coverings when not fitted properly. N-95/KN-95 face mask fitting is a logistic and cost concern as well.

**Glove Recommendations:**
1. Wearing gloves is not recommended for students, faculty, staff or visitors as protection from COVID-19
2. Per OSHA guidelines (2020), gloves may be required based on designated work class or task assignments. In such cases, gloves appropriate for the work task must be provided by the university.

**Shield Recommendations:**
1. Plexiglass barriers should be installed in high-visited areas such as reception desks and check-in points and in classroom/lecture halls where applicable.
2. *Face shields cannot be used to replace masks.* Masks protect others. Face shields give minimal protection to the individual wearing the shield from eye exposure and help to remind people not to touch their face.
3. Under certain executive orders, by the Governor, you must wear a face covering in public spaces; a plexiglass barrier will not change this requirement.

**Personal Hygiene Practice Recommendations**

Personal hygiene practice is an important control measure to prevent and contain the spread of COVID-19 (CDC, 2020; Gawande, 2020). The PHWG recommends the following practices be implemented related to hand hand hygiene and respiratory etiquette. Rationale for these recommendations is included in Appendix E.
Hand-Hygiene Recommendations:
1. Students, faculty, staff and visitors should practice frequent and thorough hand washing with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol if soap and water are not readily available.
2. Hand sanitizer should be provided next to elevators, near building entrances, or stairwells and in high traffic/common spaces.
3. Signage should be readily posted in public areas to reinforce the importance of frequent handwashing or use of hand sanitizer, as appropriate.

Respiratory Etiquette Recommendations:
1. Encourage use of respiratory etiquette, including covering mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow.
2. Signage should be readily posted in public areas to reinforce the importance of using respiratory etiquette.
3. If an individual sneezes while wearing his/her face covering, he/she should remove the soiled mask, apply a new mask and perform hand hygiene.

VIII. Physical Distancing Recommendations

Physical Distancing has been defined as: staying home, avoiding large gatherings, and maintaining at least six feet of distance from others (ACHA, 2020; CDC, 2020).
The World Health Organization and other health experts recommend the practice of using the term "physical distancing" rather than "social distancing." Furthermore, the term "social distancing" can imply a sense of disconnection from loved ones. And at a time when being physically isolated from others can take a toll on mental health, the organization wants to emphasize how critical it is for people to stay socially connected. Therefore, the PHWG has chosen to use the term "physical distancing" in this report and included recommendation categories for workplace, instruction and learning environments, and general policies and practices for physical distancing with associated recommendations below.

General Workplace - Distance Recommendations:
1. Prior to re-occupancy, perform a detailed review of the configuration of specific workspaces.
2. Maintain at least 6 feet between workstations/employees. Place plexiglass or other barriers in workspaces where people must face each other or are unable to be six feet apart.
3. Install transparent shields or other physical barriers between employees and visitors at high-visited areas, such as reception desks, information desks, and check-in points, where physical distancing is not an option.
4. Place appropriate signage at entrances indicating how to proceed and to remind individuals of physical distancing priority, including maximum occupancy.
5. Re-configure and/or remove seats, furniture, and workstations as necessary to ensure proper physical distancing in lobbies, reception areas, conference and waiting rooms. Identify allowable occupancy in order to control workflow and/or to establish maximum attendance. Possible arrangements for communal seating may include turning, draping (covering chair with tape or fabric so seats cannot be used), spacing, or removing chairs to maintain physical distancing. Reception seating area may need to be eliminated if physical distancing cannot be maintained.

6. Visitors and guests should be discouraged from coming to campus unless necessary. If they do come to campus, they should phone ahead and be instructed to expect screening upon building entrance.

7. Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.

**General Workplace – Gathering/Group Size Recommendations:**

In order to reduce physical density on campus, we recommend the following:

1. Conduct meetings electronically/remotely, even when working on campus. If meetings cannot be conducted virtually, keep participation to fewer than 10 participants (depending on local and state guidelines) and enforce appropriate physical distancing.
2. Consider phased return of employees to no more than 30% of the workforce at a time, staggering every 2-4 weeks for full return.
3. Stagger shifts to reduce the numbers of people in the workplace at the same time.
4. Allow those who can work effectively from home to be the last to return and/or delay their return to campus.
5. Use methods to physically separate employees in all areas of the facilities including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms. Discourage congregating in these areas.
6. Encourage single occupancy in work rooms. Reduce tasks requiring large amounts of people to be in one area.

**Instruction and Learning Environments General Recommendations:**

1. Develop a physical distancing plan for each course with instructions to participants on the course-specific physical distancing protocol.
2. Install transparent shields or other physical barriers around podium/lectern in specific courses and classrooms.
3. Develop specialized plans for students who are at increased risk due to the occupational nature of their studies. Examples include health professional students and students engaged in out-of-classroom or community-based instruction, those in student teaching, performing arts, etc.
4. Develop specialized plans for courses and instruction that do not permit physical distancing and/or involve activities of high risk.
5. Develop reasonable accommodations to promote course access to students with disabilities and other impairment that prevent face-to-face instruction.
6. Develop accommodations and access to instructional tools to assist with constraints of physical distancing and PPE (e.g., microphones in classrooms, student access of visual aids/powerpoint presentation for individual computer/tablet use).
7. Prioritize in-person instruction for courses with academic outcomes that cannot be measured or achieved virtually, such as performances, clinical, laboratory experiences.
8. Consider a hybrid model of instruction to support continued physical distancing.
9. Limit the number of attendees for in-person courses/sections as required by local and state orders, in addition to other physical distancing measures

**Recommendation to Establish General Policies and Practices for Physical Distancing:**

1. Remind employees that people may be able to spread COVID-19 even if they do not show symptoms. Consider all close interactions (within 6 feet) with employees, clients, and others as a potential source of exposure.
2. Prohibit physical contact between individuals, such as handshaking, hugs, and fist bumps.
3. Limit use and occupancy of elevators to maintain social distancing of at least 6 feet.
4. Encourage the use of outdoor seating areas and social distancing for any small group activities such as lunches, breaks, and meetings.
5. Direct one-way traffic in walkways and hallways where 6 feet distance cannot be maintained.

**IX. Environmental Cleaning & Disinfecting Recommendations**

Routine environmental cleaning and disinfecting are very crucial parts of preventing and containing the spread of COVID-19 (CDC, 2020; OSHA, 2020). The PHWG recommends the following practices be implemented to maintain clean and disinfected environments throughout EMU’s campus.

**Cleaning and Disinfecting Procedures Recommendations:**

1. Normal routine cleaning with soap and water to reduce virus, dirt and impurities on the surface.
2. Disinfection using EPA-approved disinfectants to kill the virus.
3. Establish a cleaning and disinfectant routine.
4. Use a checklist or audit system to track when and how cleaning is conducted.
5. Disinfecting wipes, sprays, gloves, and instructions should be made available at designated spaces identified by building administrators.
6. Create communication, education, and signage for instruction on and proper use of cleaning and disinfecting agents.
7. Individuals using any cleaning/disinfecting supplies will comply with OSHA standards; the standards will be posted and individuals requiring training will receive it.

**Workplace Plan Recommendations:**
1. Create a plan by evaluating the workplace and answer the questions included in Figure 2.

**Figure 2: Questions to Consider When Developing Cleaning Plan**

**Question 1: Is the area indoors or outdoors?**

→ Outdoors
   • Use or maintain existing cleaning, hygiene practices for the outdoors.
   • If there are outdoor areas that are frequently touched by people then disinfectants should be used, e.g., playgrounds

→ Indoors
   • Has the space been occupied in the last 7 days?
     → If the answer is “NO” then set up a routine cleaning and disinfecting protocol.
     → If the answer is “YES”:
       1. *Determine the surfaces that are frequently touched.*
         This will include:
         - Tables
         - Stair rails
         - Desk and chairs
         - Handrails
         - Doorknobs
         - Light switches
         - Counter Tops
         - Keyboards
         - Touch Screens
         - Phones
         - Bathroom Surfaces like toilets, faucets, sinks etc.
         (These are usually in the priority areas* listed below)

**Question 2: What type of materials are being used?**

• Hard and non-porous materials like glass, metal or plastic. For these kinds of materials, frequent cleaning and disinfecting is
required. Visible dirty surfaces should first be cleaned prior to disinfection. Use EPA's list of disinfectants. (Frequency is ill defined and depends on utilization. Ideally after each use.)

- Soft and porous materials like carpets, rugs or materials in seating areas. Remove soft and porous materials in high traffic areas. Again use EPAs recommended list of disinfectants for these kinds of surfaces.

**Priority Area Recommendations**:

Frequency of cleaning and disinfecting of specific areas will need to be developed in concert between the department or program leads and building administrators based on the usage patterns of areas.

**A. Conference Rooms**

1. Conference rooms that are used should be disinfected on a daily basis.
2. Disinfectant wipes or sprays shall be left in each conference room and employees shall wipe down all surfaces and equipment touched during the meeting.

**B. Lobby and Common Areas (including lobby, security check-in)**

1. Should be cleaned on a daily basis.
2. Provide cleaning supplies for employers to utilize before/after they use common spaces and contact spaces.
3. Remove soft and porous materials in high traffic areas.
4. Limit use. Recommend closing of non-essential common areas or areas where individuals congregate.

**C. Restrooms**

1. Cleaned and disinfect frequently
2. If doors cannot be opened without touching the handle, place a trash can by the door.
3. Place signs indicating that toilet lids should be closed before flushing
4. Place signs asking people to wash hands after using the restrooms.
5. Provide paper towels and disconnect or tape-off hand air dryers.

**D. Classrooms/Laboratories/Computer Labs**

1. Cleaned and disinfected frequently
2. Disinfectant wipes or sprays should be left in each classroom/lab and students, faculty etc. should be encouraged to wipe-down all high-touch surfaces and equipment (e.g. chairs, desks, keyboards etc.) before use
3. Classrooms /labs should be “rested” for at least 60 minutes between sessions. If windows are available open them to allow for an adequate flow of fresh air to the workplaces.
   - This resting period provides time for cleaning and disinfecting solution scents and gases to dissipate.
   - This also provides time for cleaning solutions to dry.
E. Kitchen
1. Cleaned and disinfect frequently
2. This includes kitchen equipment such as coffee machines, refrigerator handles, outside of dishwashers, silverware, water/beverage faucets that require people to operate them with their hands
3. These should be cleaned and disinfected at least 3 times a day.
4. Limited Use. Recommend closing these facilities except for use of kitchenette (e.g., refrigerator, microwave). No congregation is permitted.

Ventilation Recommendation:
1. Ensure that there is adequate flow of fresh air to the workplaces and optimize the ventilation system settings.
2. Maximize fresh air through the ventilation system, by increasing the outside air brought into the HVAC systems.
3. Ensure restrooms are under negative pressure, where applicable.
4. Ensure that proper and recommend filtration is used.
5. Pedestal fans, hard mounted fans, portable heaters should not be used as these can create spread of the virus. If absolutely necessary, steps should be taken to minimize air flow from fans blowing from one person directly to another.
6. As new research evolves regarding airborne transmission additional measures to prevent virus spread may be necessary.

Environmental Recommendations When a Student/Faculty/Staff Member Becomes Ill:
1. Isolate the person in a separate room while they wait to be picked up or they are able to leave on their own.
2. After the person leaves, close off the space.
3. Thoroughly clean and disinfect the room especially the high touch surfaces.
4. Make sure gloves are worn when cleaning.

X. Communication, Education, and Signage

Early on in the formation of the Public Health Workgroup, faculty in the Public Health program, shared by the Schools of Health Science and Health Promotion and Human Performance (HPHP), volunteered to assist in any manner possible. Throughout the PHWG process of generating this report and recommendations, communication, education, and signage were discussed. However, it became apparent that much of the communication, education, and signage needed would follow the operationalization of our recommendations, not within the scope of this committee. Therefore, a small working group, composed of the following individuals: Jeff Schulz, Joan Cowdery, Sean Wolff, Nick Pomante, Lolita Carson-Cummings, Walter Kraft, Jessica Alton, Marianne Wilk and Ellen Gold. Once the PHWG recommendations are reviewed and an
implementation plan is developed, this group will be responsible for operationalizing the 
communication aspects of the PHWG recommendations.

Preliminary work completed by this group includes identification of return to campus 
phases requiring emphasis on different aspects of the return to campus process. 
Further, they have identified three distinct audiences that communication, education, 
and signage need to reach.

**Audiences to Address**

1. Students
2. Employees (faculty, staff, and administration)
3. Parents (a suggestion for a Town Hall specifically aimed at parents was proposed).
4. Vendors/visitors (guests) as a target audience and a module for visitors and 
vendors was suggested.

**Return to campus Phases**

1. Pre-return (now)
2. Early-return process (through first 2 weeks of the semester)
   a. Student Life should work on orientation modules for students
   b. Consider the use of Public Health Ambassadors at entrances and exits of 
      buildings, welcome tents, and other strategic locations
3. Ongoing
   a. Social norming would be a big emphasis; “it’s not all about you.”
   b. Recognize that “rules” may change as the pandemic progresses
   c. Education and re-education will be needed

Additionally, in each phase, there would be two primary approaches suggested: 1) 
working on social norming, prevention, and risk reduction and 2) specifics of policies 
and procedures that must be followed.

Other thoughts included a COVID pledge for all students and employees, syllabi 
language to be developed and shared with all faculty, FTLs, and PTLs for use in their 
syllabi and the development of FAQs page (or pages) for quick reference.
XI. High Risk Considerations

Based on recommendations across sources, including CDC, the best way of preventing COVID-spread is to isolate at home. While a collaborative approach to preventing and containing spread will limit the spread, there is no substitute for isolating from others who may be carriers of the virus. With that in mind, the PHWG makes the following recommendation regarding students, faculty, and staff at higher risk for severe illness from COVID-19 in line with the CDC’s *Considerations for Institutions of Higher Education* (2020, May 30):

1. Offer options for faculty and staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework and modified job responsibilities).
2. Offer options for students at higher risk for severe illness that limit their exposure risk (e.g. virtual learning opportunities).
3. Use EMU’s existing offices (Disability Resource Center, Human Resources) to provide accommodations to individuals who fall into the categories above.

Individuals who believe that they are at increased risk for contracting COVID-19 and or are at risk for having a negative outcome should they contract COVID-19 should contact the appropriate campus entity. Students should contact the Disability Resource Center (DRC). Employees, including faculty, staff, and lecturers, should contact Human Resources (HR) initially and directly.

For specifics about your risk, faculty and staff covered by EMU BCBS should discuss their personal risk with their primary care provider. Students may contact their primary care provider, but may also utilize the CHHS Nursing Telehealth clinic as a resource to discuss these concerns. If students have specific classroom related concerns, they should contact the Office of the Dean of Students.

XII. SUMMARY

The recommendations from the Public Health Workgroup outlined above are consistent with the current evidence-base and research-informed standards known to date. The
PHWG appreciates that the science underlying the COVID-19 pandemic is rapidly evolving and new information may alter these recommendations. The PHWG furthermore recognizes that local, state, and federal regulations may alter these recommendations and would potentially supersede them. Nevertheless, there were two charges of the workgroup: 1) to propose health standards pursuant to various scenarios for the campus and offices to use when employees and students return to campus and 2) to focus on broad standards, but not focus on particular implementation strategies for any particular areas on campus. We have completed our charge.

The PHWG further recommends:

- A Public Health Implementation Team (PHIT) should be convened to implement the final plan for reopening campus endorsed by the EMU Steering Committee; members of the original PHWG may be willing to serve, but others should be invited to contribute based on their expertise and experience.
- A Public Health Workgroup Phase 2 should be convened to continuously monitor the scientific evidence and best practices related to the scope and environment of the pandemic including changes in our understanding of the virus, its epidemiology, management, containment, and prevention.
- Each department should be responsible for creating a unit plan based on the template provided to them by the Steering Committee. The PHIT could review and provide endorsement of each unit plan to the Steering Committee.
- The CHHS Telehealth Clinic will be supported in its development and implementation to support the health screening of all students, faculty, and staff and will serve as the authoritative body for decisions regarding returning to campus/work. A specific needs proposal for the CHHS Telehealth Clinic is forthcoming.
- A Contact Tracing Team is convened to work in concert with the Dean of Students/Liaison to WCHD and the CHHS Telehealth Clinic; under the direction of the Washtenaw County Health Department. A specific needs proposal for the Contact Tracing Team is forthcoming.
Appendix A
External References Used in the Development of Recommendations


Centers for Disease Control and Prevention [CDC]. (2020, April 2). When and how to wash your hands. https://www.cdc.gov/handwashing/when-how-handwashing.html


National Academy of Sciences (2020). The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission. https://www.pnas.org/content/early/2020/05/12/2006874117


Appendix B
Relevant Resources Available at Eastern Michigan University

Campus Life
https://emich.edu/campuslife

Center of Race and Ethnicity (CORE)
https://www.emich.edu/core/

Children’s Institute (CI)
http://www.emich.edu/childrensinstitute

Counseling and Psychological Services (CAPS)
http://www.emich.edu/caps/

Dean of Students
https://www.emich.edu.dean-of-students/

Department of Public Safety (DPS)
https://www.emich.edu/dps/

Dining Services
https://www.emich.edu/dining/

Disability Resource Center (DRC)
http://www.emich.edu/drc/

Diversity and Community Involvement (DCI)
https://emich.edu/dci

Financial Aid Office
https://emich.edu/finaid/index.php

Health Services – IHA Health Center @ EMU
https://emich.edu/uhs/index.php

Holman Success Center
http://www.emich.edu/hsc/
Housing & Residence Life (HRL)
http://www.emich.edu/residencelife/

University Human Resources (UHR)
https://www.emich.edu/hr/working/employment/leave-absence.php

Lesbian, Gay, Bisexual & Transgender Resource Center (LGBTRC)
http://www.emich.edu/lgbtrc/

Office for International Students and Scholars (OISS)
http://www.emich.edu/oiss/

Office of the Ombuds
https://www.emich.edu/ombuds

Office of Wellness and Community Responsibility (OWCR)
https://www.emich.edu/responsibility/index.php

Recreation/Intramurals
https://www.emich.edu/recim/index.php

Title IX Office
https://emich.edu/title-nine/index.php

University Advising & Career Development Center (UACDC)
http://www.emich.edu/uacdc/

Women's Resource Center (WRC)
http://www.emich.edu/wcen/
Appendix C
COVID-19 Screening Process at Eastern Michigan University

Daily Self Screen (via phone app)

Positive Screen
- Check temperature
- Refer to Telehealth
- Self isolate and refer for testing
- Positive Test
- Follow provider Rx plan until cleared to return

Negative Screen
- Provide Daily Sticker for Building Clearance
- Cleared?
- OK to enter building
- Negative Test

Screening Questions:
1. Do you have a cough?
2. Do you have a fever?
3. Have you experienced chills?
4. Are you experiencing any muscle pain?
5. Are you short of breath or having difficulty breathing?
6. Do you have a sore throat?
7. Do you have any new loss of taste or smell?
Appendix D
Reopening Dean of Student/County Liaison, Telehealth, Contact Tracing
Communication Plan

Integrated COVID-19 Case and Contact Communication

**Dean of Students/County Health Liaison**
The Dean of Students and Washtenaw County Health Department (WCHD) Liaison is Ellen Gold. This office will be primarily responsible for communicating with the WCHD. Will address COVID-19 related student issues, maintain all case and contact records for the WCHD (student and employee), and refer employee cases to Human Resources.

**CHHS Nursing Telehealth Clinic**
The telehealth clinic, staffed by EMU Nurse Practitioners, will serve a dual community role. This clinic will provide limited free health screenings and services to students and community partners. As part of the Return-to-Campus program, telehealth will be the primary entity for following up on all potential cases of COVID-19.

**EMU Contact Tracing**
The EMU Contact Tracing will be responsible for case investigation and contact tracing for the EMU community. They will be under the supervision of the Dean of Students and work collaboratively with the Dean of Students and the Director of the telehealth clinic.

**Screening from home or at campus entry points**
- Cleared for Campus
- Enhanced Screening
  - Refer to Telehealth Clinic
  - Refer to Dean of Students and Contact Tracing, follow case until can return to campus
- Follow up on testing

**Community inquiries (student, employee, etc. outside of screening)**
- Advertise to seek care, restrict from campus

**CHHS Nursing Telehealth Clinic**
Communicates with:
- The Dean of Students/County Liaison
- Contact Tracing
The telehealth clinic is responsible for enhanced screening, restricting individuals from campus, following up on COVID-19 tests and cases, and permitting return to campus.

**Dean of Students/County Liaison**
Communicates with:
- Students
- Employees
- Instructors
- Human Resources
- Administration
- Housing
- WCHD
- Telehealth
- Contact Tracing
- IHA

**EMU Contact Tracing**
Communicates with:
- The Dean of Students/County Liaison
- Telehealth clinic
They will conduct case investigations, complete contact tracing and restrict contacts from campus. They will be responsible for updating the State database per WCHD protocols.
Appendix E
Screening & Testing: Questions & Answers

A) COVID-19 testing
   (1) Should the University require all employees, students, and/or visitors to be tested for COVID-19 before coming to campus? No
   (2) If mandated: Not recommended for campus entry in general, potentially for those in campus housing.
      (a) Frequency? Varies
      (b) Duration? Unclear
      (c) Who does the testing? IHA at EMU
      (d) What do we do with the test results? Report to County Liaison (aka Dean of Students)/CHHS Nursing Telehealth
      (e) Contact tracing? If so, who will manage that? WCHD EMU Deputy/County Liaison (aka Dean of Students)/CHHS Nursing Telehealth
      (f) Public health mitigation for positive test results (e.g., notifications, isolation) WCHD EMU Deputy/County Liaison (aka Dean of Students) collaboratively with CHHS Nursing Telehealth

B) Temperature taking
   (1) Should the University require all employees, students, and/or visitors to have their temperature taken before coming to campus? No
   (2) If mandated: Not recommended for campus entry in general, potentially for those in campus housing.
      (a) Frequency? Daily
      (b) Duration? Unclear
      (c) Who takes the temperatures? Self
      (d) What if someone has a fever? If fever > 100.4 do not come to campus.
      (c) Self-reporting based on symptoms Yes

C) Symptom Reporting
   (1) Should the University require all employees, students, and/or visitors to self-report any symptoms, or confirm they do not have symptoms, before coming to campus? Yes
   (2) If mandated: Yes
(a) Frequency? Every time on campus/one time per day
(b) Duration? Undetermined at this time
(c) Who collects the self-reporting disclosure? Trained screeners at building entrances
(d) What if someone discloses a symptom? They must have a mask and gloves on immediately. They are referred to the CHHS Nursing Telehealth Clinic. They should self-isolate and await further instruction. The preference is to have the symptomatic individual leave campus. Transportation may need to be provided.
(e) What if someone intentionally fails to disclose a symptom and comes to campus? Once discovered, they should be referred to the CHHS Nursing Telehealth Clinic and not allowed to return to campus until cleared by The Dean of Students collaboratively with CHHS Nursing Telehealth Clinic. Students may be referred to the Office of Wellness and Community Responsibility and faculty (AHR) or staff (HR) to Human Resources for assessment of their actions and any repercussions.

(3) If the University does not mandate testing, temperatures, and/or self-reporting of symptoms, what message should be used to explain that position? These recommendations recommend potential testing and temperature monitoring for those living in campus housing, and those involved in athletics or performing arts. We further recommend symptom screening daily for entrance to all campus buildings and temperatures for those who are symptomatic. The message to the public should be that we are using the best, current evidence to safely, responsibly, and fiscally reopen campus.
## Appendix F:
### Personal Protective Equipment & Other Exposure-Reducing Measures Rationale

<table>
<thead>
<tr>
<th>Measures</th>
<th>Recommendation</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Face covering</td>
<td>1.1 Students, faculty, staff, and visitors are required to wear a face covering that covers the both the nose and mouth, in or on all university owned, operated or leased buildings, facilities, and grounds.</td>
<td>COVID-19 can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. Wearing a face covering will reduce the spread of the virus to others.</td>
</tr>
<tr>
<td></td>
<td>1.2 Individuals need not wear a face covering in a private office with door closed, living space, or other isolated space.</td>
<td>There is no risk of COVID-19 exposure/transmission.</td>
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<td></td>
<td>1.3 In the classroom environment, faculty are required to wear a face covering or conduct lectures from behind a plexiglass barrier.</td>
<td>Loucence of vocalization has been shown to increase emission of aerosols. A recent study found that COVID-19 can be spread up to 13 feet in the environment.</td>
</tr>
<tr>
<td></td>
<td>1.4 Students, faculty, and staff who may have a matter that prevents them from wearing a face covering should contact their designated representative for assistance (i.e. Benefits, Disability Resource Center).</td>
<td>Some individuals may not be able to wear a face covering due to medical conditions.</td>
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<tr>
<td></td>
<td>1.5 Physical distancing (6 ft. or more) from other people must still be maintained when wearing a face mask.</td>
<td>Face coverings are not a substitute for physical distancing.</td>
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<td></td>
<td>1.6 A mask will be provided by the university for faculty and staff.</td>
<td>Per OSHA guidance, the university must provide masks to all employees.</td>
</tr>
<tr>
<td></td>
<td>1.7 Cloth face coverings, made of double-layer or other quality fabric that fit snugly to the face may be worn by students, faculty, staff, and visitors.</td>
<td>Cloth face coverings are approved for use by CDC when used in conjunction with physical distancing.</td>
</tr>
<tr>
<td></td>
<td>1.8 A supply of masks will be made available to faculty, students, staff and visitors</td>
<td>There may be occasions where students, faculty, staff or visitors do not have access to a mask or has forgotten it.</td>
</tr>
<tr>
<td></td>
<td>1.9 Signage should be readily posted in public areas to reinforce where masks/face coverings must be used.</td>
<td>Reinforcement of expectations/compliance.</td>
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</table>

*Enforcement will need to be addressed by development of university policies for students/faculty/staff visitors as appropriate.

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<tr>
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<tbody>
<tr>
<td>2.0 Gloves</td>
<td>2.1 Wearing gloves is not recommended for students, faculty, staff or visitors as protection from COVID-19.</td>
<td>Gloves will not necessarily protect persons from getting COVID-19 and may still lead to the spread of germs. Regularly washing hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol is the best way to prevent the spread of infection.</td>
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<td>2.2 In following OSHA guidelines, gloves may be required based on designate work class or task assignments. In such cases, gloves appropriate for the work task must be provided by the university.</td>
<td>Gloves appropriate for the chemicals being used when cleaning and disinfecting or performing other work tasks, are provided and specified in department procedures and training per OSHA guidelines.</td>
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<tbody>
<tr>
<td>3.0 Hand-hygiene</td>
<td>3.1 Students, faculty, staff and visitors should practice frequent and thorough hand washing with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol if soap and water are not readily available.</td>
<td>It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.</td>
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<td>3.2 Hand sanitizer should be provided next to elevators, near building entrances, or stairwells and in high traffic/common spaces.</td>
<td>Physical plant and environmental services will determine areas deemed appropriate for hand sanitizer dispensers.</td>
</tr>
<tr>
<td></td>
<td>3.3 Signage should be readily posted in public areas to reinforce the importance of frequent handwashing or use of hand sanitizer, as appropriate</td>
<td>Need to reinforce hand hygiene per CDC and OSHA guidelines.</td>
</tr>
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<th>Recommendation</th>
<th>Rationale</th>
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</thead>
<tbody>
<tr>
<td>4.0 Respiratory</td>
<td>4.1 Encourage use of respiratory etiquette.</td>
<td>COVID-19 is spread primarily from person-to-person through...</td>
</tr>
</tbody>
</table>
Appendix F:
Personal Protective Equipment & Other Exposure-Reducing Measures Rationale

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<thead>
<tr>
<th>PPE and Other Exposure-reducing Measures</th>
<th>Rationale</th>
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<tbody>
<tr>
<td><strong>etiquette</strong></td>
<td>including covering mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow. respiratory droplets produced when an infected person coughs, sneezes, or talks.</td>
</tr>
<tr>
<td><strong>4.2 Signage should be readily posted in public areas to reinforce the importance of using respiratory etiquette.</strong></td>
<td>Need to reinforce respiratory etiquette per CDC guidelines.</td>
</tr>
<tr>
<td><strong>5.0 Shields</strong></td>
<td><strong>5.1 Plexiglass barriers should be installed in high-visited areas such as reception desks and check-in points and in classroom/lecture halls where applicable.</strong> Need to reduce exposure to droplets in areas with high volume contact with people.</td>
</tr>
</tbody>
</table>

Team Members: Bev Mihalik, Dieter Otto, Elizabeth Radzilowski

Sources:

ACHA (2020). Considerations for reopening institutions of higher education in the COVI-19 era.


CDC (2020). When and how to wash your hands. https://www.cdc.gov/handwashing/when-how-handwashing.html


Proceedings by the National Academy of Sciences (2020). The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission. https://www.pnas.org/content/early/2020/05/12/2006874117