

COVID-19 CONTINGENCY PLAN



TEXAS COLLEGE CONTINGENCY PLAN

The contents of this document are presented as a Contingency Plan for maintaining a safe environment with preventive measures surrounding COVID-19. The Plan as presented are the results of information and documentation provided by the Independent Colleges and Universities of Texas (ICUT) at the Fall Meeting 2020. Notwithstanding there are modifications/addenda included that pertains to Texas College exclusively.

Further, as shared by ICUT, the contents of their submission are recommended health protocols for institutions of higher education based on a compilation of support that includes (but not limited to):

- 1) *The Governor's Report to Open Texas (April 27,2020) and the Governor's Strike Force to Open Texas (updated June 3, 2020);*
- 2) *COVID-19 Considerations for Institutes for Higher Education (updated May30,2020);*
- 3) *Considerations for Reopening Institutions of Higher Education in the COVID-19 Era (May 7,2020) provided by the American College Health Association (ACHA);*
- 4) *Preliminary Guidance for Resuming In-Person Instruction to Postsecondary Education Institutions and Adult Education Programs (June 3, 2020) provided by the Pennsylvania Department of Education ; and*
- 5) *COVIS-19 Checklist for Campus Housing Professionals (My 6, 2020) provided by the Future of Housing Work Group assembled by the Association of College and University Housing Officers- International (ACUHO-I).*

The items that are shared represent the minimal standards proposed to be followed; the list/information is not exhaustive and may be added to as needed.

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Health Protocols for Students, Faculty, Staff and Campus Visitors

The items enlisted are minimal measure for establishing health protocols for the campus environment. Other measure may be considered as needed and implemented as necessary.

1. Limited the number of individuals assigned to classrooms or auditoriums to allow for recommended physical distancing. The process of multi-purposing space (i.e., conference rooms, common areas, vacant space may also be considered for use.
2. Use physical distancing plans for each course, such as staggered or rotating students and reduced classroom occupancy.
3. Provide training and/or orientations for all students, faculty and staff on appropriate cleaning and disinfection, hand hygiene and respirator etiquette.
4. Monitor and track students' attendance. An option to taking verbal attendance (roll call) may consider the use of class rosters and/or having student participation to monitor attendance.
5. Have contingency plans for rapid use and/or return to online instruction if an increase in local infections requires physical distancing.
6. Establish plans for protecting the health and safety of vulnerable (at- risks) student, faculty, and staff populations.
7. Post signage in highly visible locations that promote everyday protective measures and describe how to stop the spread of germs e.g., properly washing hands and properly wearing a cloth face covering).
8. Establish a committee who can assist with establishing acceptable protocols as well as assist monitoring work place behaviors towards protocols.
9. Educate faculty, staff and students on when they should stay home or self-isolate in their living quarters.
10. Have students, faculty and staff self-screen for symptoms of COVID-19 prior to coming onto campus each day. For example, in evaluating symptoms consistent with COVID-19, have they recently begun experiencing any of the following in a way that is not normal for them?

Coughing	Sore throat
Shortness of breath or difficulty breathing	Loss of taste or smell
Chills	Nausea or vomiting
Repeated shaking with chills	Feeling feverish or a measured temperature greater than, or equal to 100.0 degrees Fahrenheit
Muscle body aches and unusual headaches	Congestion or runny nose

11. Do not allow any student, faculty, staff or campus visitor with new or worsening signs (or any of the above symptoms) to return to any campus operations, until:
 - At least 3 days (72 hours) have passed since recovery, inclusive of resolution of fever without fever-reducing medications;
 - The individuals has improvement in respiratory symptoms; and
 - At least 10 days have passed since symptoms first appeared.

12. In the event a student, faculty, staff or campus visitor who has symptoms that may be COVID-19 related, (and who has not been evaluated by a medical professional, or tested for COVID-19, the individual (s) should be restricted from the campus until he/she has completed the three-step process aforementioned.
13. Should a student, faculty staff, or campus visitor who has symptoms that could be COVID-19 related, wants to visit the campus before completing the above self-isolation period, the individual **must:** a) obtain a medical professional's note clearing the individual for visiting rights/work return based on an "approved" alternative diagnosis, or b) receive two separate confirmations at least 24 hours apart that are free of COVID-19 via acute infection tests. Tests sites may be found at: <https://tdem.texas.gov/covid-19/>
14. Designate an administrator or staff member to be the primary COVID-19 liaison responsible for communicating and coordinating with the local health department, local emergency services, and local health care providers. Faculty, staff and students should receive information about who the campus liaison is and how to contact them when needed.
15. Recommend all individuals maintain at least 6-feet separation from other individuals. Modify classrooms as needed to create safe distancing. Practice additional measures such as face coverings, hand hygiene, cough etiquette, cleanliness, sneeze guards, other physical dividers and sanitation measures are encouraged.
16. Follow the Executive Orders that govern any reopened operations or facilities regarding wearing masks.
17. Recommend and/or adopt the wearing of masks for staffs and students and campus visitors. Have a surplus of complimentary masks available for those who need them. Recommend that the campus make disposable non-medical grade face masks available to students, faculty, staff and campus visitors to the extent possible.
18. Notify faculty, staffs and students and the general public of campus closures and any restrictions that may be in place to limit COVID -19 exposure (e.g., limited hours of operations, etc.)

Health Protocols for Reopened Campus Operations

1. Regularly and frequently clean and disinfect any touched surfaces i.e., doorknobs, tables, chairs, restrooms in accordance with CDC guidelines that address "Cleaning and Disinfecting Your Facility," and have sufficient supplies to maintain hygienic standards.

2. Disinfect workplace space i.e., desks, counter tops and area surroundings where students come in regular contact with staffs.
3. Make hand sanitizer, disinfecting wipes, soap and water readily available to all individuals. Create sanitizing stations throughout the campus.
4. Develop specific (and if necessary alternative procedures) for ‘HIGH’ close quarter spaces such as elevators. For example, place notices that limit the number of persons who can use it at a given time.
5. Consider breaking large lecture courses into smaller sections and using staggered or rotating class schedules to minimize contact among students in face-to-face classroom situations.
6. Eliminate potential exposure in “common areas” by closing drinking fountains, using door stops, removing furniture in gathering spaces.

Health Protocols When Someone Gets Sick

1. Do not allow sick faculty, staff or students to return to the campus for in-person classes or use of facilities.
2. Isolate and transport those who are sick. Disinfect vehicles that are used to transport sick individuals.
3. Have persons with COVID-19 symptoms to self-isolate at the campus and/or have them leave the campus to go home, or a healthcare facility depending on the severity of the symptoms. [See *CDC Guidance for caring for oneself and others; CDC’s Guidance for Shared or Congregate Housing.*]
4. Establish procedures to allow the safe transport of students, faculty, and staff in college owned automobiles. Shields may need to be placed in vehicles along with regular disinfecting of vehicles after each use.
5. When disinfecting is needed, wait at least 24 hours. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection supplies.
6. In accordance with applicable federal, state and local laws higher education institutions should notify local health officials, faculty, staffs and students immediately of any cases of COVID-19, while also maintaining confidentiality (in accordance with the Americans with Disabilities Act (ADA), FERPA and other applicable laws and regulations.

7. Update the CLERY Report of the College with the necessary accounts of infection at the campus.
8. Have an established tracking process for immediate implementation when cases of infection arise.
9. Inform those who have had close contact with a person diagnosed with COVID-19 to stay home or in their living quarters, self-monitor for symptoms and follow CDC guidance if symptoms develop.

Protocols for Reopening Residence and Dining Facilities

Accommodations:

1. Limiting occupancy in buildings to enable social distancing.
2. Reconfigure dining facilities and operations to ensure that students are 6-feet apart, or have partitions in place. Where possible, consider reducing seating and/or offer carry-out and delivery options for students, faculty, staff and others.
3. Ensure that strategies and interventions implemented do not prohibit access for students (and others) with disabilities.
4. Ensure that all space accommodations follow ADA laws and regulations.

Residence Halls:

1. Develop guidelines for cleaning of resident halls that are consistent with CDC Guidance.
2. Decisions about resident hall capacity should be in the best interest of health and safety for students and consultation with public health officials.
3. Residents are to social distance and require students to wear face coverings/masks in any public shared spaces, except for roommates in individual dorm rooms.
4. Resident hall administrators are to communicate regularly with students about the seriousness of COVID-19 and make them aware of the College's protocols related to COVID-19.
5. Students should be reminded (and signage should reflect) not to congregate in communal areas and to practice safe social distancing and use of face masks.

6. Special need accommodations for “special-need” populations, or most at-risk for COVID-19 who need to take extra precautions.
7. Limit visitors and non-essential staff entering living quarters.
8. Reserve resident hall room(s) or space to quarantine exposed individuals or confirmed cases.
9. Develop protocols for quarantine and containment for student living in resident halls.

Ventilation:

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

Restroom Facilities:

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

Dining Halls:

1. Require all dining facility staff to wear face masks and gloves at all times while working and interacting with the public, practicing distancing whenever possible.
2. Clean and disinfect frequently touched surfaces throughout the workday. Make a hand sanitizing station available upon entry.

3. Consider providing a bagged take-out meal option at every meal. Consider takeout - only options.
4. Dining hall staffs are required to wear face masks, gloves (when applicable) and head gear.
5. Limit the number of individuals dining in a single facility/area at one-time.
 - Access control: once the target number is reached, patrons are only allowed to enter when another leaves.
 - Cohort dining: Established dining times for specific groups may need to be scheduled
 - Have and maintain physically spaced floor markers in waiting lines and inside the facility (where needed).
 - Discontinue the use of fountain drinks, open condiments, salad bars, pre-set tables, etc.
 - Appropriately space and limit numbers of tables and chairs per table.
6. If 6-foot distancing is not possible, create an alternative by using partitions between tables.
7. Do not share dishes, glasses, cups and eating utensils. Non-disposable food service items should be handled with gloves and washed with dish soap and hot water or in a dish washer set at the appropriate heat levels.
8. Provide condiments only upon request and in single use (non-reusable) portions.
9. Arrange meal deliveries to students in isolation or quarantine those who are living in resident halls.