



**Mountain Empire
Community College**

COVID-19 TRANSITION TO CAMPUS PLAN

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MOUNTAIN EMPIRE COMMUNITY COLLEGE COVID-19 TRANSITION TO CAMPUS PLAN

Introduction

Mountain Empire Community College will continue to operate out of an abundance of caution as we follow the latest guidelines from the Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health (VDH). In addition, we will follow all mandates issued by the federal government, the Commonwealth of Virginia, and the Virginia Community College System.

Membership

Mountain Empire Community College has established a COVID-19 Campus Team to best plan and address concerns to the reopening of campus to face to face instruction. The team members are as follows:

- Kristen Westover, President
- Amy Greear, Vice President – Institutional Advancement
- Vickie Ratliff, Vice President – Academic Affairs and Workforce Solutions
- Ronald Vicars, Vice President – Financial and Administrative Services
- Valerie Lee, Director of Human Resources

Background

Mountain Empire Community College began remote operations on Thursday, March 26. On Monday, March 30, Governor Ralph Northam of the Commonwealth of Virginia issued Executive Order 55, which states,

“Institutions of higher education shall cease all in-person classes and instruction, and cancel all gatherings of more than ten individuals. For purposes of facilitating remote learning, performing critical research, or performing essential functions, institutions of higher education may continue to operate, provided that social distancing requirements are maintained.”

Mountain Empire Community College will follow Governor Northam’s [Forward Virginia Blueprint](#) and its three-phase approach. However, it is possible that Virginia will move back and forth between phases based on evidence of rebound of COVID-19. These details are based on the guidelines for all business sectors and may be modified based on recommendations of the Governor of Virginia’s administration.

During Phase 1(through June 4, 2020):

- Mountain Empire Community College (MECC) will continue to be open for business remotely.
- MECC employees should not report to campus until allowed to do so by their respective supervisor and informing Campus Police.
- MECC employees are to continue teleworking under the Temporary Telework Agreement.
- All in-person, on-campus activities have previously been cancelled. Based on social gathering and distancing restrictions, no on-campus extracurricular activities will be scheduled during Phase 1.
- People are allowed to come to campus and remain in their vehicles to use MECC’s Wi-Fi hotspots located in the Godwin Hall parking lot and the Pennington Gap location parking lot. Additional computer labs may be open for student’s use but only by appointment.
- Enhanced cleaning and disinfecting protocols will continue to be used.

During Phase 2 (through July 1):

- During phase 2 of Governor Northam’s Forward Virginia Blueprint, social distancing requirements will remain. Classrooms will retain the social distancing configuration, even as teleworking continues.
- Course instruction will mainly continue to be delivered online but in person health sciences and performance based credentialed programs may begin instruction.
- Labs for workforce and technical programs will be scheduled on campus with strict social distancing enforcement and seating modifications.
- MECC will not allow social gatherings of more than 50 individuals.
- Face coverings are *highly recommended* to be worn by the public when seeking services while on campus.
- Enhanced cleaning and disinfecting protocols will continue as noted below.

- Employees who self-identify as being high-risk for severe illness from COVID-19 should alert their supervisor, and make arrangements with their supervisor to telework, if feasible.

During Phase 3:

- During phase 3 of Governor Northam’s Forward Virginia Blueprint and until further notice, classrooms will retain the social distancing configuration.
- Extracurricular gatherings of more than 250 will be examined and approved on a case by case basis by the President.
- Teleworking will still be encouraged whenever possible.
- Limited in-person gatherings will be encouraged.
- As of the writing of these plans, no COVID-19 capacity limits for classrooms or labs will exist in phase 3. However, MECC will continue with social distancing configurations until further notice.
- Enhanced cleaning and disinfecting protocols as described herein.
- Employees who self-identify as being high-risk for severe illness from COVID-19 should alert their supervisor, and make additional plans to continue to telework, if feasible.

On June 11, 2020, the Governor’s office released the “Higher Education Reopening Guidance” document for institutions of higher education to utilize in preparing plans for reopening campuses for in person instruction. The plans are to address four (4) considerations.

- Repopulation of the Campus
- Monitoring Health Conditions to Detect Infection
- Containment to Prevent Spread of the Disease When Detected
- Shutdown Considerations if Necessitated by Severe Conditions and/or Public Health Guidance

Guiding Principles

To experience an orderly, safe return to campus once Executive Order 55 has been lifted, amended, or rescinded, the following guidelines must be adhered to by all Mountain Empire Community College employees, students, and guests, as applicable.

Individuals are expected to follow guidelines and principles that promote the health of the campus and community at large. These measures help protect one another and slow the spread of the virus. Because medical experts believe the continued spread of the virus is partially due to contagious people who have no symptoms, all faculty, staff, students, and visitors are asked to adhere to the following guidelines:

- Stay home when feeling ill, when exposed to COVID-19 (*e.g.*, positive household member case), or if diagnosed with a confirmed case of COVID-19. To reinforce individual responsibility, faculty must demonstrate flexibility with students who are

absent from class due to illness or quarantine. Likewise, supervisors must be flexible with employees who are absent due to illness or quarantine.

- Employees or students who are particularly vulnerable to COVID-19 according to the CDC are encouraged to work with their supervisors or course faculty to identify possible alternatives for work and academic instruction.
- Employees and students who are diagnosed with a confirmed case of COVID-19 should notify the college.
- Wash hands more frequently, avoid touching face, practice good respiratory etiquette.
- Practice recommended physical distancing to the greatest extent possible.
- Adhere to notices and instructions posted around campus related to COVID-19 mitigation.
- If you believe you have contracted COVID-19 or have begun to show symptoms of COVID-19, you can contact the LENOWISCO Health Department at the following:
 - Contact: Dr. Sue Cantrell
 - Phone: (276) 328-1909
 - Email: sue.cantrell@vdh.virginia.gov

Mountain Empire Community College's reopening plan has addressed concerns outlined in this plan. The following principles will be used to provide direction for strategies in returning to campus:

- Create options and scenarios that prioritize the safety of faculty, staff, students, and visitors.
- Provide flexibility for employees and students who may need to continue working and learning from a remote environment.
- Maintain focus on the college's mission to ensure the continuity of an accessible, quality higher education, workforce training, and community programs to ensure an educated population and globally competitive workforce.
- Develop ideas and solutions that are easily implemented and do not unnecessarily complicate processes.
- Promote principles that highlight individual responsibility for the health of the campus and community.
- Provide departments and units with the flexibility to innovate and implement plans which complement these recommendations.

Repopulation of the Campus

Student and Staff Initial Return to Campus

To best protect the faculty, students and staff of Mountain Empire Community College (MECC), each person should complete and sign a Self-Certification that gives assurances to their health condition before returning to work and/or class (Appendix 1). In addition, the employee and students will be made aware of the guidelines in which daily health and wellbeing is to be monitored. This reporting will allow the college to maintain a healthy campus and encourage individual responsibility. These guidelines in Appendix 1 structure the continued responsibilities

of employees and students that they should abide by until restrictions have been lifted by the Governor.

Education/training of students: consider COVID-19 prevention education as part of student orientation. (hand washing, staying home if ill, etc.)

MECC will use multiple methods to communicate information and to educate students about COVID-19 prevention, including:

- Emails to students
- The college's COVID-19 web page (www.mecc.edu/coronavirus)
- Statements on class syllabi
- New Student Orientation sessions
- Posts on MECC's social media sites
- Informational signs posted on throughout campus
- Messages shared on electronic bulletin boards located inside campus buildings
- Verbal reminders

MECC will address a number of topics, including but not limited to the college's safety requirements and COVID-19 contacts; COVID-19 symptoms; how to protect oneself and others from the virus; face coverings/masks information; social distancing; hand hygiene; when to stay home and who to contact if sick or possibly exposed to COVID-19; and the importance of cleaning and disinfecting.

Physical distancing, according to CDC guidance:

According to the CDC, social distancing, maintaining space between people, "is one of the best tools we have to avoid being exposed to this virus and slowing its spread" (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html). Everyone on campus will practice social distancing. Individuals should maintain a minimum distance of six feet (about two arms' lengths) from each other in all offices, classrooms, and shared spaces on campus. The number of individuals allowed in classrooms, offices, and other areas on campus will be determined using social distancing measurements and the size of the space. Some areas of the campus may be closed due to spacing constraints that prevent adequate social distancing.

a) Strategies to allow physical distancing in classrooms/learning environments. Classrooms (including, computer labs, large lecture halls, and auditoriums):

- Class cap sizes will be based on social distancing guidelines.
- All seats to be used in class will be arranged with at least six feet between them.
- When possible, the student seated closest to the entrance will be at least six feet away from the door and from the pathway for students to get to their seats.
- Faculty will assign seats at the first class period and take roll each meeting.
- Instructors should remain seven feet away from the first row of student seats, or they must wear a mask while teaching.

- Students requiring ADA accommodations should work with Student Services to arrange seating for any adaptive equipment needs. The location must be at least six feet away from other student seating.

b) Social distancing considerations outside the classroom

Face coverings/masks are to be worn, unless an exception for medical reasons has been granted, inside all campus buildings. Face coverings/masks are also to be worn outdoors if social distancing cannot be maintained.

In places where lines for services tend to form or where people need to stand in order to get assistance, floor decals will be placed to mark appropriate social distancing spacing between people (minimum distance of six feet). Even when the floor is not marked, students, employees, contractors and visitors on campus should maintain six feet or more between themselves and others whether inside campus buildings or in outdoor spaces on campus.

Members of the college community are advised to avoid stopping to talk when passing by others in smaller spaces such as hallways, stairwells, and restrooms and to be mindful of other when in spaces such as restrooms and elevators. The maximum size of gatherings will be based on the current phase restrictions outlined in the Governor's Forward Virginia Blueprint guidelines as long as minimum social distancing standards can be met. MECC reserves the right to impose lower limits than outlined in the Governor's plan if the size of spaces used for gatherings on campus cannot accommodate minimum social distancing requirements.

Employees and students should only hold face-to-face meetings on campus if minimum social distancing standards between participants can be met. Participants in face-to-face meetings should wear masks unless they've received an exception due to medical reasons from Student Services or the Human Resources Office. Virtual meeting formats, such as Zoom, and conference calls are encouraged and should be used when social distancing standards cannot be met.

c) Restrict occupancy/stagger use of communal, shared spaces such as lounges, exercise rooms, etc. To ensure physical distancing. Occupancy must be consistent with any active executive orders.

- High Touch Surfaces: High touch surfaces around the campuses will be disinfected throughout the day by housekeeping/maintenance.
- Student Communal Spaces: student lounges and communal spaces on campuses will be closed or restricted, when social distancing cannot be accommodated. Signs outlining restrictions and rules will be posted in all student communal areas.
- Food Services/Vending Machines:

- Social distancing protocols will be followed at the Red Fox Grill, and signs will be posted.
- Vending machines and public microwaves will be available for use, with hand sanitizer located next to machines.
- Student Support Services:
 - When guidelines allow, Student Services and Enrollment Services will be opened with limited occupancy and seating, based on social distancing guidelines. Current and prospective students will be strongly encouraged to make appointments for services requiring staff support (testing, tutoring, advising, financial aid, etc.). Walk-in services will be available on a space available basis and following all social distancing guidelines.
 - Services will also be available remotely.
 - Plexiglass barriers may be installed at front-facing service counters.
 - Seating will be arranged at a minimum of six feet apart to accommodate for social distancing guidelines.
 - Floor decals, noting social distancing spacing, will be installed in areas where lines tend to form and, when necessary, where people enter work areas for services.
 - Face coverings will be required.
- Employee Workspaces, Break Rooms and Kitchens:
 - Social distancing practices will be observed.
 - Plexiglass barriers may be installed at front-facing service and receptionist desks.
 - Floor decals, noting social distancing spacing, will be installed in areas where lines tend to form and, when necessary, where people enter work areas for services.
 - Supplies for disinfecting offices and shared equipment, including microwaves and refrigerators in office kitchens/break rooms, will be available through maintenance. Employees are expected to wipe down their personal workspace and shared equipment after use.

d) Limitations on size of gatherings and/or strict physical distancing to be in place during gatherings.

The maximum size of gatherings at MECC will be based on the current phase restrictions outlined in the Governor's Forward Virginia Blueprint guidelines. MECC reserves the right to impose lower limits than outlined in the Governor's plan if the size of spaces used for gatherings on campus cannot accommodate minimum social distancing requirements.

e) Strategies for food/dining services should be consistent with plans to optimize physical distancing. Limiting the number of diners or other methods of crowd control, appropriate spacing between tables, and take out options. The college offers on-campus food services through The

Red Fox Grill and vending machines. Social distancing protocols will be followed at The Red Fox Grill. Floor decals marking six-foot spacing and informational signs will be posted. Vending machines and public microwaves will be available for use, with hand sanitizer located next to machines.

- Front-facing service counters will be provided with clear sneeze guards.
- In the areas where students form lines, distancing decals will be placed on the floor designating where students and guests should stand to maintain six feet of distance between.
- Crowd control ropes or retractable belt barriers will be used to designate where students should stop and wait until called to the checkout or counter. Additional floor markings may be made available to correctly designate wait areas.

Hygiene practices and cleaning/disinfecting protocols.

MECC will follow CDC guidance for its cleaning and disinfecting protocols.

a) Cleaning and disinfection protocols to include frequently touched surfaces; transport vehicles; schedules for increased cleaning, routine cleaning, and disinfection; ensuring adequate cleaning supplies and correct use/storage

- The number of custodial staff on campus and the time of day during which they work will be determined by the number of people expected on campus.
- The increased number of associates will provide enough resources to disinfect high touch surfaces. The day associates will mainly focus on disinfecting high touch surfaces and maintaining cleanliness standards. The evening associates perform cleaning responsibilities that include, but are not limited to, cleaning and disinfecting of restrooms, offices, classrooms, and common areas.
- Staff, faculty, and students will be responsible for disinfecting their workspaces throughout the day utilizing sanitizing supplies provided by MECC.

b) Provisions for hand sanitizer/handwashing stations

Hand sanitizer stations have been placed inside buildings in high traffic areas such as student lounges, libraries, and major corridor intersections. Every classroom and office suite will also be provided with sanitizing supplies.

c) Minimize shared objects and ensure adequate supplies to minimize sharing to the extent possible (e.g. dedicated student supplies, lab equipment, computers, etc.).

The college is providing pens for one time use within student service offices. When students receive equipment within areas such as science labs, skilled trades courses, healthcare labs, computer labs, etc., it should be appropriately disinfected by the individual using it before beginning the activity.

Equipment will be disinfected by the user after each class session.

The college will provide disinfecting supplies.

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important aspect of reopening public places. The virus that causes COVID-19 can be killed if you

use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19. MECC will follow the Cleaning and Disinfecting guidelines at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Overnight Cleaning and Disinfection

- Use of deep cleaning equipment and increased use of sanitizing cleaner will be used more often as to the use and number of people in one area. Especially in workforce labs with tactile surfaces: simulators and equipment which need cleaning between students.

Restrooms, Elevators and External Doors

- Clean and disinfect frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, common use tables) at least daily or between use as much as possible. Use of shared objects (e.g., lab equipment, computer equipment, desks) should be limited when possible, or cleaned between use.

Student Services Offices (including faculty offices where students visit)

- Use of “sneeze shields” and other cleaning supplies will be made available when face to face interactions are needed with students.

Classrooms and Laboratories (including classrooms with computer labs)

- Disinfecting wipes and paper towels will be available to all areas in use.
- Areas may be wiped before and/or after meeting times.

Facility and Physical Modifications

Classrooms (including, computer labs; see Appendix 2)

- All student seating at desks or tables must be arranged with at least six feet between each seat. This will mean that some desks or tables may need to be removed in order to reconfigure the classroom.
- Each seat should be facing in the same direction, rather than having students face one another for delivery of instruction.
- The student seat closest to the entrance must be at least six feet away from the door and from the pathway for student to get to their seats.
- It is recommended that each instructor assigns seats so that student know where there are to sit, thus avoiding unnecessary contact with other students searching for a seat.
- The lectern, podium, or instructor seating must be at least six feet away from any entrance or pathway through which students walk to their seats.
- In cases where ADA accommodations need to be made for students, be sure to work with Student Services office to arrange seating for any adaptive equipment needs.
- Large lecture halls or auditoriums with fixed seating should have seats sectioned off with caution tape, or an equivalent product, to indicate which seats should not be used in order to allow for at least six feet or more between seats. In some cases, this will also include

sectioning off entire alternating rows in order to extend social distancing in all directions of a given seat.

Laboratories (see Appendix 2)

- All student lab stations must be configured with at least six feet between each. This will mean that some stations may not be usable in the laboratory.
- Whenever applicable, each seat should be facing in the same direction, rather than having students face one another for delivery of lab instruction.
- The lab station closest to the entrance must be at least six feet away from the door and from the pathway for student to get to their stations.
- It is recommended that each instructor assigns stations and equipment so that students know where these are located, thus avoiding unnecessary contact with other students searching for a station.
- The lectern, podium, or instructor seating must be at least six feet away from any entrance or pathway through which students walk to their stations.
- In cases where ADA accommodations need to be made for students, be sure to work with the Student Services office to arrange reconfiguration for any adaptive equipment needs.

Bookstore/Red Fox Grill

- Front-facing service counters will be provided with clear sneeze guards.
- In the areas where students form lines, distancing decals will be placed on the floor designating where students and guests should stand to maintain six feet of distance between.
- Crowd control ropes or retractable belt barriers will be used to designate where students should stop and wait until called to the checkout or counter. Additional floor markings may be made available to correctly designate wait areas.

Student Services and Administrative Offices

- All workstations and desks must be reconfigured so that employees are seated at least six feet apart.
- As resources are available, staff offices in which students or guests enter for services will receive clear sneeze guards to act as a barrier between students and employees.
- In staff offices, chairs should be repositioned so that there are at least six feet between the employee and the student or guest.
- It is recommended that students schedule appointments and that staff conduct appointments via telephone or Zoom to alleviate face-to-face contact, whenever possible. This will support a “hybrid set-up” to make more efficient, de-densified use of physical spaces by incorporating technologies.
- In larger offices where students form lines, distancing decals will be placed on the floor designating where students and guests should stand to maintain six feet of distance between.
- In larger office spaces, crowd control ropes or retractable belt barriers will be used to designate where students should stop and wait until called to the service desk or counter.

- For administrative offices in which students and guests typically do not enter for services, chairs should be repositioned so that there are at least six feet between the employee and any visitor who may enter the office. These offices will not automatically receive clear sneeze guards to act as a barrier between visitors and employees.

Common Areas

- Where appropriate, stairwells will be labeled up or down to facilitate one flow of conveyance with buildings.
- Appropriate floor markings will be applied to common hallways to remind students, staff and visitors to remain at a six-foot distance from one another.
- Elevator signage will be applied to list the maximum occupancy for each building. We will follow Governor's guidance for Safe workplaces including no more than 3 individuals in an elevator at one time, will vary based on elevator size and geometry
- Increase in signage to remind students, staff and visitors to practice social distancing and promote behaviors that reduce the spread of diseases. (See Appendix 3)
- Increased access to hand sanitizer and sanitizing wipes. Additional trash cans may be needed to address the increased cleaning supplies.

Vulnerable populations:

Steps are being taken for the protection of vulnerable individuals (e.g. 65 years or older, underlying health conditions):

- a. We are utilizing practices to support those at higher risk for severe illness to limit their exposure risk, such as telework, modified job duties, and virtual learning opportunities.
- b. Implementation of flexible sick leave policies and practices that enable faculty, staff and students to stay home or self-isolate when they are sick or have a confirmed close contact.
- c. Developed practices for return to class/work after COVID-19 illness.
- d. Requests for reasonable accommodations may be submitted to Human Resources for consideration of eligibility under the ADAAA. Individuals that would be considered in vulnerable conditions (65 years or older, underlying health conditions) should work closely with their supervisor or instructor to engage in telework, modified job duties or virtual learning opportunities.

International Travel:

Students and employees who have traveled internationally should follow CDC guidance before returning to campus. CDC recommends staying home for 14 day from the time you returned home. During this time, you should monitor your temperature, avoid others by keeping your distance to more than six feet and do not to go back to school or work. More information can be found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>.

Face Coverings-Personal Protection and Daily Precautions

Mountain Empire Community College cares about the safety of its students and staff. MECC recommends following several guidelines to take precautions to protect yourself and others.

1. Wash your hands
Wash your hands often with soap and water for at least 20 seconds. If soap and water is not present, use hand sanitizer with greater than 60% alcohol.
2. Avoid close contact
Practice safe distancing and stay at least 6 ft. (two arm's length) away from others. Do not gather in groups
3. Cover your mouth and nose
Use face masks/coverings while on campus
4. Coughs and sneezes
Always cover your mouth when you sneeze by turning away from others and coughing into a tissue or the inside of your elbow. Wash your hands afterwards or use hand sanitizer
5. Clean and disinfect
Keep your work areas clean and disinfected with approved EPA disinfectants. For assistance, you can contact Buildings and Grounds for appropriate cleaning supplies

You can obtain more information and training materials at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>, <https://youtu.be/W-zhhSQDD1U>, and <https://youtu.be/d914EnpU4Fo>. Also refer to Appendix 3 of this document for print materials.

Large events (including athletic events, ceremonies and performances):

Ceremonies or performances related to delivery of instruction, are strictly limited and must maintain physical distancing requirements until directed otherwise by the governor of Virginia. Scheduling of in-person external events, unrelated to delivery of instruction will need to be evaluated and approved by the President.

Community Communications

MECC utilizes email distribution lists for direct messages to employees and students along with messages directly from supervisors and faculty. Campus-wide messages are posted to the MECC Coronavirus information page as developments occur along with an evolving list of responses for students, faculty and staff, Workforce Solutions, Small Business Development Center, Events and Student Services. Communications about available COVID-19 steps MECC is taking can be found at <https://www.mecc.edu/coronavirus/>. If there should be a COVID-19 case found to be associated with campus, a timely notice will be sent out by text message and directing individuals to more information. Contact tracing may be needed and will be conducted by the LENOWISCO Health Department. Students or staff seeking health services or COVID testing can contact the health department at (276) 328-1909 or by emailing Dr. Sue Cantrell at sue.cantrell@vdh.virginia.gov.

- i. Generally, outbound communication is directed by Amy Greear, public information officer. Communication updates will be updated on the coronavirus website and by college social media accounts

- a. Communications to students regarding expectations for being on campus:
 - From MECC:
 - 1. Via email
 - 2. Social Media
 - 3. Website Notices
 - b. From instructors:
 - 1. Via Canvas communications
 - 2. Notations on course syllabus
 - 3. Via email
 - 4. In person when meeting in face-to-face classes
- ii. Communication to faculty regarding expectations for being on campus and modifications to course delivery:
 - a. From MECC:
 - 1. Via email
 - 2. Website notices
 - b. From the Vice President of Academic and Student Affairs
 - 1. Via department head/dean/supervisor
 - 2. Regularly scheduled online interactive meetings.
- iii. Communication to staff regarding expectations for being on campus and modifications to service delivery:
 - a. From MECC via email.
 - b. From department head/supervisor
 - c. Through website notices
 - d. Through regularly scheduled and interactive meetings to which all employees are invited to attend. For those unable to attend, a recording and presentation materials are distributed to all MECC employees via email.
- iv. Emergency communication to the campus community will be activated in the event of a confirmed case contact with the campus community:
 - a. In cases where testing has been requested due to an individual with symptoms on campus, an email may be issued from the Emergency Management Team on a case-by-case basis.
 - b. In cases where a test has confirmed a positive case on campus and deemed a threat to the campus community, an alert from the Emergency Management Team will be sent:
 - 1. MECC Emergency Alert (text and email). To sign up for alerts, visit the MECC website portal found at <https://www.mecc.edu/textalerts/text-alert-signup/>.
 - 2. A notice provided on the MECC Coronavirus information page.
 - 3. In a circumstance where there is a confirmed case of COVID-19 on campus, the maintenance of confidentiality of the student or staff member, as required by the Americans with Disabilities Act and the

Family Educational Rights and Privacy Act, as applicable shall be the highest priority. Therefore, all faculty and staff members must maintain confidentiality and allow all communications about dismissal decisions (medical absences), COVID-19 cases, or possible COVID-19 confirmed close contact, to come exclusively from the MECC COVID-19 Campus Team.

Orientation and education/training (including anti-stigma training):

MECC discourages stigmas as it pertains to groups of people being labelled or treated differently because of a perceived connection to COVID-19. According to the CDC, “Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak”.

- i. Student training will occur through:
 - a. MECC police Department training contains a module pertaining to anti-stigma.
 - b. Outlining of student expectations from instructors at the class-level.
- ii. Faculty/Staff training will occur through:
 - a. MECC police department training contains a module pertaining to anti-stigma.
 - b. Supervisor provided training and instruction in conjunction with MECC Human Resources.
- iii. Students, faculty and staff will also be apprised of anti-stigma resources provided by the CDC and the World Health Organization. Additional information on COVID-19 social stigma can be found at https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4_2, <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html> or in Appendix 4 of this plan.

Monitoring Health Conditions to Detect Infection

Daily Screening Questions:

To best protect the faculty, students and staff of Mountain Empire Community College (MECC), each person should evaluate their health condition before their in-person attendance at work or class. The employee or student should not come to work or attend class if that person is exhibiting any of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose

- Nausea or vomiting
- Diarrhea

Posters will be placed in classes and work areas to appropriately mind employees and students of the symptoms that COVID-19 may exhibit. (Appendix 3)

Campus Level Surveillance:

Please refer to the Instructor and Student Guidelines and the Daily Monitoring information in Appendix 1 to help with daily tracking of symptoms. By attending work or class, the employee or student is affirming they are well to be at work or class. By answering “Yes” to any question on the VDH Daily Monitoring Log, you may not be well enough to attend work or class. If either students or employees are ill and begin showing symptoms of COVID-19, individuals are to remain at home and self-quarantine. Please contact your primary care physician or the LENOWISCO health department at (276) 328-1909 to coordinate testing and monitoring. Symptoms may increasingly continue to get worse or require additional care. In such cases, individuals should seek medical care as soon as possible. Screening or testing may be conducted on campus when directed by the LENOWISCO Health Department. Campus resources will be directed to facilitate either drive up or in place testing.

Establishment of a testing strategy:

MECC is not providing testing. MECC has instead developed a procedure for reporting, documenting, and responding to COVID-19 cases among the MECC community. Cases among students, faculty, and staff are to be managed by Human Resources, departmental Deans and Student Services. Those reports include confirmed positive, pending results, and confirmed close contact to students or employees by someone who is positive with COVID-19. These efforts are crucial to the continued health and well-being of the college community to help contain and mitigate the spread of COVID-19.

- A. Reporting Students are directed to self-report confirmed COVID-19 positive tests, if they are awaiting test results for COVID-19 or have been in close contact with someone who has tested positive for COVID-19 or are displaying symptoms of COVID-19. Employees and their supervisors have been directed to report any pending results or confirmed positive tests for follow-up.
- B. Documentation Reports should include:
 - Name of affected party.
 - Date when symptoms of COVID-19 began, confirmed positive, or tested.
 - Date last visited campus, regardless of reason, and all locations visited while on campus, including buildings.
- C. Tracking or Contact Tracing - VDH will take the lead on contact tracing efforts. MECC efforts will be to implement measures to contain the spread of the virus and provide guidance to affected employees on human resource policies and benefits.
- D. Confidentiality - Personally-identifiable information of reporting parties or affected individuals shall remain confidential and may only be released to the VDH for the purpose of contact tracing. Any pertinent information regarding the date and location of potential exposure or confirmed close contact may be used to assist in identifying

and notifying others within the campus community or public at large of potential risks.

Containment to Prevent Spread of the Disease When Detected

If either students or employees are ill and begin showing symptoms of COVID-19, individuals are to remain at home and self-quarantine. Please contact your primary care physician or the LENOWISCO health department at (276) 328-1909 to coordinate testing and monitoring. Symptoms may increasingly continue to get worse or require additional care. In such cases, individuals should seek medical care as soon as possible.

In cases where an employee or student falls ill while on campus, the person will be contained in a room by themselves until transportation can be acquired. The person should return home, isolate and contact the LENOWISCO Health Department or Ballad Health for testing and contact tracing. If the person is very ill, please call 911 for appropriate care until admitted to a hospital.

Deep cleaning and disinfecting will be completed in areas that the infected person has been in contact. Cleaning and disinfecting of the area will be conducted according the CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>. The health department and health professionals will guide the campus leadership as to the additional steps if necessary. Notifications to the campus community will be completed by email and text message as required by the Clery Act.

Shutdown Considerations if Necessitated by Severe Conditions and/or Public Health Guidance

Virginia Department of Health and Mountain Empire Community College will partner to best service the health concerns of all stakeholders. This may include COVID testing, contact tracing, and public communications. Virginia Department of Health may provide guidance, education, and resources to meet the shutdown of campus.

Staff may be asked to telecommute as necessary and all face to face instruction may be halted or modified. As such, each division will communicate to deans and supervisors as to the need of additional resources in their specific areas. Virtual learning environments and VPN connections will be setup or expanded to create additional resources for all stakeholders.

Communications for dismissals/shutdowns will be through the use of the MECC Emergency Alert System that utilizes email, text and phone messaging as well as social media and web alerts. Essential employees will be asked to continue tasks that would impact the conditions of the college's buildings and grounds. Campus Police and contract security will coordinate the protection of campus resources and coordinate with other governmental agencies for access to buildings and additional resources if needed.

Appendix 1



Student Health Safety Agreement

The health and well-being of our students, instructors and staff is a top priority. With the current and uncertain future of the COVID 19 Pandemic outbreak, it imperative we follow very specific guidelines until such time as the Pandemic ends.

This document provides guidelines for keeping students, instructors, and college staff safe during the current COVID 19 pandemic for all in-person classes. As a condition for your return to class, you will be expected to practice and follow these guidelines consistently for the safety of not only yourself, but for others you will encounter at the college.

For my safety, the College will do the following:

- Maintain a commitment to keeping educational interruptions to a minimum and helping students stay on track to complete their programs of study;
- Initiate steps to mitigate the risk and of transmission including thorough cleaning and disinfecting of classroom/lab areas at the conclusion of classes;
- Provide regular cleaning/disinfecting of common areas such as water fountains and restrooms;
- Quickly respond to student concerns and/or questions as they may arise, and;
- Adapt, adjust, or change procedures or polices to adhere to CDC, state, or federal policy/guidelines.

Student Expectations:

As a student, I agree to the following conditions to return to class:

1. **I will not come to class sick or stay if I feel sick**, regardless of symptoms. I will contact my instructor so that he/she is aware and can make instructional accommodations if necessary. I will stay in touch regularly with my instructor until I return to class. If he/she has not provided me with contact information, I will ask or contact the Workforce Solutions office;
2. **I will not come to class if I have been exposed to someone with COVID 19** or traveled to an area with a high incidence COVID 19. I will quarantine per CDC guidelines. I will not come back to class until I have quarantined for a minimum of 14 days. I will contact my instructor so that he/she is aware and may make instructional accommodations if appropriate, until I return to class;
3. **If after attending a class, I find out that I was exposed to someone with COVID 19 outside of class, I will contact my instructor immediately** and quarantine per CDC guidelines. I will not come back to class until I have quarantined for at least 14 days. My instructor may make instructional accommodations if appropriate. I will stay in touch with my instructor until I return to class;
4. **If I am diagnosed with COVID 19 I will not come to class. If I recently attended class, I will advise my instructor immediately of my diagnosis.** I will stay in touch with my instructor as I am able. I will not return to class until (1) a doctor/health professional verifies I have fully recovered OR I am 14-days post-diagnosis and symptom-free and (2) contact the **Student Services** office prior to returning.
5. **I will practice Social/Physical Distancing and will not congregate** before, during, and after class, as well as during breaks. I will not loiter or socialize on campus and will leave the campus when not engaged in active course-related activity;
6. **I will wear a protective face covering (mask) to all in-person classes.** This will be required for class admission until such time as I am directed to discontinue. Other Personal Protective Equipment (PPE) may be required by the college or by my instructor. Failure to wear a face covering and required PPE while on campus may result in being asked to leave;
7. **I will be prepared if this in-person class is moved online.** In the event of a new outbreak or change in state guidelines, I understand it is possible my class may be moved online, fully or partially. I understand that if my class is moved online, I will need access to technology and internet with as little as 24 hours' notice; and,
8. RECOMMENDATION: **I should sign up for the Text Alerts** so that I will receive school-wide bulletins and update TEXTS/EMAILS not only about closing, but other emergency information I should know. For the latest emergency closing information, please sign up for Text Alerts by visiting <https://mecc.omnilert.net/subscriber.php>.

Signature

By signing below, I agree to the above Student Expectations as a condition of returning to campus for in-person classes. This agreement will become part of the class record.

PRINTED NAME

SIGNATURE

DATE



COVID-19 RETURN TO ON-SITE WORK ENVIRONMENT Faculty and Staff Health Safety Agreement

Mountain Empire Community College is committed to compliance with all directives of the CDC and the VDH. The health of our campus community is a priority. The college will take the following steps to support the health and safety of our campus.

This document provides guidelines to support the health and safety of our campus community during the current COVID-19 pandemic for all ON-SITE WORK/EMPLOYMENT ACTIVITIES. As a condition for your return to the on-site work environment, you will be expected to practice and follow these guidelines consistently for the safety of not only yourself, but for others you will encounter on-site.

For my safety, the **College/my employer will do the following:**

- Maintain a commitment to keeping educational/academic interruptions to a minimum and helping students stay on track to complete their programs of study;
- Initiate steps to mitigate the risk and transmission of COVID-19 including the thorough cleaning and disinfecting of the on-site work environment, to include, but not limited to: offices, classrooms, lab areas, etc., at the conclusion of use;
- Provide hand sanitizers and hand sanitizing stations on-site; provide regular cleaning/disinfecting of common areas such as water fountains and restrooms;
- Respond to faculty and staff concerns and/or questions as they may arise, and;
- Adapt, adjust, or change procedures or policies to adhere to CDC, state, or federal policy/guidelines.

Faculty and Staff Expectations:

As an employee, **I agree to the following conditions to return to on-site work:**

1. **I will not come to work on-site if I am sick or stay on-site if I feel sick**, regardless of symptoms. I will contact my supervisor so that he/she is aware and can provide guidance as necessary. I will stay in touch regularly with my supervisor during my work absence. If he/she has not provided me with guidance, I will contact my next level supervisor or Human Resources;
2. **I will not come on to work if I have been exposed to someone with COVID-19** or traveled to an area with a high incidence of COVID-19. I will quarantine per CDC guidelines. I will not come back on to work until I have quarantined for a minimum of 14 days. I will contact my supervisor and work with Human Resources to request appropriate accommodations, i.e., telework options, alternative work options, etc., if appropriate, until I return to work on-site;
3. **If after returning to work on-site, I find out that I was exposed to someone with COVID-19 outside of the work environment, I will contact my supervisor immediately** and quarantine per CDC guidelines. I will not come back on-site to work until I have quarantined for at least 14 days. My supervisor in consultation with Human Resources may offer work accommodations, i.e., telework options, alternative work options, etc., if appropriate for the type of job/position I hold at the college. I will stay in touch with my supervisor and Human Resources during my work absence;
4. **If I am diagnosed with COVID-19 I will not come on-site to work. If I recently worked on-site, I will advise my supervisor immediately of my diagnosis.** I will stay in touch with my supervisor and Human Resources as I am able. I will not return to work on-site until I have been authorized by Human Resources.
5. **I will practice Social/Physical Distancing and will not congregate** before, during, and after on-site work activities, as well as during breaks. I will not loiter or socialize on-site and will leave the premises when not engaged in work-related activities;
6. **I will properly wear a protective face covering (mask) when on-site.** This will be required for entry to any building until such time as I am directed to discontinue. Other Personal Protective Equipment (PPE) may be required by the college or by my supervisor, to include, but is not limited to: face shields, gloves, sanitizer, antibacterial wipes, etc. Failure to properly wear a face covering and/or use required PPE while on-site may result in conduct violations that may lead to possible disciplinary action and/or faculty sanctions;

COVID 19 In-Person Class **Instructor Guidelines**



This document provides guidelines for keeping students, instructors, and college staff safe during the current COVID 19 pandemic **for all in-person classes**. It is critical that all Instructors share, practice, and reinforce these guidelines for the safety of yourself and your students. MECC is monitoring and following all Centers for Disease Control (CDC) guidelines as well as adhering to all State Regulations and guidelines regarding disease control and prevention.

As an instructor, your role is to insure students follow these guidelines consistently.

-
- ✓ **AT YOUR FIRST IN-PERSON CLASS MEETING:** All students must sign the **MECC Health Condition Assessment** attesting to their current health condition and ongoing responsibility not to attend if they are sick or have been exposed to COVID 19.
 - ✓ **AT EACH SUBSEQUENT CLASS MEETING:** Instructors will take attendance and ask each student to affirm their current health condition meets the guidelines outlined in the **MECC Health Condition Assessment** and signed at the first in-person class meeting. Guidelines will be posted on the door or in the classroom.
-

The health and well-being of our students, instructors and staff is our top priority. In order to ensure your health/safety and that of those around us, the following guidelines must be followed at each class meeting until such time as the global pandemic ends.

Be sure you give your students a method to contact you that you will monitor regularly.

We expect students to do the following:

- **Do not come to class sick or stay home if you get sick, regardless of symptoms.** Contact your instructor so that he/she is aware and can make instructional accommodations if necessary. Stay in touch regularly with your instructor until you return to class;
- **Do not come to class if you have been exposed to someone with COVID 19 or traveled to an area with a high incidence COVID 19.** Stay home and quarantine per CDC guidelines. Do not come back to class until you have quarantined 14 days. Contact your instructor so that he/she is aware and can make instructional accommodations if necessary. Stay in touch with your instructor until you return to class;
- **If after attending a class, you find out after you were exposed to someone with COVID 19, contact your instructor immediately** and quarantine per CDC guidelines. Do not come back to class until you have quarantined for at least 14 days. Your instructor may make instructional accommodations if possible. Stay in touch with your instructor until you return to class;
- **If you are diagnosed with COVID 19 do not come to class. Quarantine at home** but advise your instructor immediately so he/she is aware of your diagnosis. Please stay in touch with your instructor as able. Do not return to class until a doctor/health professional verifies you have fully recovered and contact the MECC before returning;
- **Practice Social/Physical Distancing and do not congregate** before, during, and after class, as well as during breaks. Leave the classroom, building, and campus promptly when your class ends;
- **Wear Face Covering (masks) to all in-person classes.** This will be required for class admission. Other Personal Protective Equipment may be required as directed by the college and/or the instructor;
- **Students should be prepared if their in-person class is moved online.** In the event of a new outbreak or change in state guidelines, it is possible your class may be moved online, fully or partially. They should be prepared to have access to technology and internet if that were to occur; and,
- **Sign up for the TEXT Alerts** (<https://mecc.omnilert.net/subscriber.php>) to receive the latest college information.

The college will do the following:

- Maintain a commitment to keeping educational interruptions to a minimum and **helping students stay on track to complete their programs of study**;
- Initiate steps to **mitigate the risk and of transmission including thorough cleaning and disinfecting of classroom/lab areas** at the conclusion of classes;
- Provide **regular cleaning/disinfecting of common areas** such as water fountains and restrooms; and,
- Quickly **respond to student concerns and/or questions** as they may arise.

If you are notified about a COVID 19 exposure in your class, notify your Division Dean immediately.

COVID 19 In-Person Class **Student Guidelines**



This document provides guidelines for keeping students, instructors, and college staff safe during the current COVID 19 pandemic **for all in-person classes**. It is critical that all students practice and reinforce these guidelines consistently for the safety of not only themselves, but their classmates, instructor and others they may encounter while at the college.

MECC is monitoring and following all Centers for Disease Control (CDC) guidelines as well as adhering to all State Regulations and guidelines regarding disease control and prevention.

The health and well-being of our students, instructors and staff is our top priority. In order to ensure your health/safety and of those around us, the following guidelines must be followed before, during and after each class meeting until such time as the COVID 19 pandemic ends.

-
- **AT YOUR FIRST IN-PERSON CLASS MEETING** you will be asked to sign the **MECC Health Condition Assessment** health condition meets the guidelines outlined in the **MECC Health Condition Assessment** and signed at the first in-person class meeting. Guidelines will be posted on the door or in the classroom.
 - **AT EACH SUBSEQUENT CLASS MEETING** your instructor will take attendance and ask each student to affirm their current acknowledging your current health condition and ongoing responsibility to not attend class if you are sick or have been exposed to COVID 19.
-

Student Expectations:

- **Do not come to class sick or stay away if you get sick, regardless of symptoms.** *Stay home.* Contact your instructor so that he/she is aware and can make instructional accommodations if necessary. *Stay in touch regularly* with your instructor until you return to class. He/she will provide contact information and if you are uncertain, ask them during class.
- **Do not come to class if you have been exposed to someone with COVID 19 or traveled to an area with a high incidence COVID 19.** Stay home and quarantine per CDC guidelines. Do not come back to class until you have quarantined 14 days. Contact your instructor so that he/she is aware and can make instructional accommodations if necessary. Stay in touch with your instructor until you return to class.
- **If after attending a class, you find out after you were exposed to someone with COVID 19, contact your instructor immediately** and quarantine per CDC guidelines. Do not come back to class until you have quarantined for at least 14 days. Your instructor may make instructional accommodations if possible. Stay in touch with your instructor until you return to class.
- **If you are diagnosed with COVID 19 do not come to class. If you recently attended class, contact your instructor immediately. Quarantine at home** but advise your instructor immediately so he/she is aware of your diagnosis. Please stay in touch with your instructor as able. Do not return to class until a doctor/health professional verifies you have fully recovered and contact the WSCE office before returning.
- **Practice Social/Physical Distancing and do not congregate** before, during, and after class, as well as during breaks. Leave the classroom, building, and campus promptly when your class ends;
- **Wear a protective face covering (mask) to all in-person classes.** This will be required for class admission. Other Personal Protective Equipment may be required by the college or by your instructor. Failure to wear a face covering while on campus may result in being asked to leave;
- **Be Prepared if this in-person class is moved online.** In the event of a new outbreak or change in state guidelines, it is possible your class may be moved online, fully or partially. Please be certain that you have access to technology and internet if that were to occur; and,
- **Sign up for Text Alerts** (<https://mecc.omnilert.net/subscriber.php>) to receive the latest college information.

The college will do the following:

- Maintain a commitment to keeping educational interruptions to a minimum and **helping students stay on track to complete their programs of study**;
- Initiate steps to **mitigate the risk and of transmission including thorough cleaning and disinfecting of classroom/lab areas** at the conclusion of classes;
- Provide **regular cleaning/disinfecting of common areas** such as water fountains and restrooms; and,
- Quickly **respond to student concerns and/or questions** as they may arise;
- Adapt, adjust, or change procedures or policies to adhere to ²²CDC, state, or federal policy/guidelines.

VDH Daily Monitoring Log for 2019 Novel Coronavirus

Name: _____

Date of Birth: _____

The attached charts have been provided to assist with monitoring for 2019 Novel Coronavirus (COVID-19) for the 14 days since the last possible exposure. Please use them to record your temperature twice daily and any symptoms, should they occur. Measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log that you have been given. It is good to take your temperature at around the same times each morning and evening. Do not eat or drink anything for 30 minutes before taking your temperature, and do not take any fever-lowering medications (aspirin, Tylenol, Aleve, etc.).

People with COVID-19 usually have mild to severe respiratory illness with symptoms of fever, cough, shortness of breath. Some people have other symptoms, including chills, muscle pain, headache, sore throat, or new loss of taste or smell. Not everyone with COVID-19 will have all symptoms and fever might not be present. These symptoms may appear 2-14 days after exposure.

If you feel feverish or develop mild symptoms (e.g., cough, sore throat), stay home, rest, and separate yourself from other people in your home as much as possible. Most people sick with COVID-19 develop mild symptoms that get better without medical help. By staying home, you reduce the chance of spreading the illness to others, including healthcare workers who are needed to care for the more seriously ill. Learn more about [what to do if you are sick](#).

If you are at a [higher risk of getting very sick with COVID-19](#) (e.g., 65 years or older or have other health issues like chronic lung disease, heart disease, diabetes, cancer, or a weakened immune system) or if your illness is getting worse (e.g., difficulty breathing or persistent fever after using fever-reducing medication), call your healthcare provider.

- If possible, and if it is not a medical emergency, you should have a family member, or a friend drive you in a private car. Do not take public transportation (such as a train, subway/metro, bus, taxi). Carry any paperwork (for example: fever chart and local health department contact information) with you so you can show them when you arrive at the emergency department.
- If you become very ill and it is a medical emergency, call 9-1-1. Tell the operator about your travel history or exposure to someone sick with COVID-19 and symptoms and let the ambulance crew know when they arrive.

You may wish to record contact information for your healthcare provider, the health department, and a local emergency department for easy reference if you become ill or if you have questions.

- Local Health Department:

- Name: Dr. Sue Cantrell
- Phone Number: 276-328-1909
- Email: sue.cantrell@vdh.virginia.gov
- Healthcare Provider:
 - Name: _____
 - Phone Number: _____
- Local Emergency Department:
 - Name: _____
 - Phone Number: _____

VDH/OEPI 4/30/20

Daily Monitoring Log for COVID-19

Please complete the table below, recording temperature and symptoms each day. For each symptom listed, indicate “Y” for “Yes” and “N” for “No”. Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): _____

Date of last exposure or travel: _____

Date to complete monitoring (14 days following last known exposure or travel from affected area): _____

DATE	__/__/ Day 1	__/__/ Day 2	__/__/ Day 3	__/__/ Day 4	__/__/ Day 5	__/__/ Day 6	__/__/ Day 7
Medications taken today?*	Y N _____ _____						
If yes, list:	_____ _____						
Temperature (morning)	____ °F						
Temperature (evening)	____ °F						
Felt feverish?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If 'yes' for cough, specify productive or dry							
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other Symptoms/Comments?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

*List all “medications taken today.” Be sure to include fever-reducing medications (such as aspirin, ibuprofen, Tylenol, or steroids). For a full list of signs and symptoms, please see <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

Daily Monitoring Log for COVID-19

Please complete the table below, recording temperature and symptoms each day. For each symptom listed, indicate “Y” for “Yes” and “N” for “No”. Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): _____

Date of last exposure or travel: _____

Date to complete monitoring (14 days following last known exposure or travel from affected area): _____

DATE	_/_/ Day 8	_/_/ Day 9	_/_/ Day 10	_/_/ Day 11	_/_/ Day 12	_/_/ Day 13	_/_/ Day 14
Medications taken today?*	Y N _____						
If yes, list:	_____ _____						
Temperature (morning)	____°F						
Temperature (evening)	____°F						
Felt feverish?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If 'yes' for cough, specify productive or dry							
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other Symptoms/Comments?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

*List all “medications taken today.” Be sure to include fever-reducing medications (such as aspirin, ibuprofen, Tylenol, or steroids). For a full list of signs and symptoms, please see <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

Appendix 2

Methodology for Determining Classroom and Laboratory Occupancy for Fall 2020 Planning

When estimating the necessary square footage per student in a classroom or laboratory setting, the minimum separation distance recommended by the CDC to protect public health and minimize the risk of transmission for COVID-19 is 6 feet between seated students; this distance was used as a starting point for this assessment. With a separation distance of 6 feet between chairs or workstations and assuming a chair width of 18", the space required between two students is approximately 7.5 feet. This would yield a minimum exclusion circle of approximately 45 square feet surrounding each of the chairs. However, since most classrooms are arranged in a linear seating pattern, the square footage was estimated for a square rather than a circle. A similarly sized square would be roughly 57 square feet per student to establish 6 feet of separation.

While 6 feet of separation is the minimum physical distancing recommendation, there are several reasons to design for increased separation between students:

- (1) Six feet separation assumes that students are stationary within their seats, which may not be realistic as students may enter or exit the room during the session or must walk by other seated students on the way to their own seat;
- (2) Several research studies have shown that exhalation droplets and aerosols from coughing, sneezing or heavy breathing can travel further than 6 feet;^{1, 2}
- (3) Infection risk for COVID-19 is correlated with both duration and proximity of exposure and most classes are 60-90 minutes or longer; additional distance will offset the increased risk from prolonged exposure.³

To address the above factors, the distance between chairs was increased by 2 feet (9.5 feet centerline to centerline,) resulting in a square footage exclusion zone of approximately 90 square feet per chair (or per student; see Figures 1 and 2.

Finally, not all square footage in a classroom is accessible for occupancy by students. Each classroom must contain at least one perimeter or interior aisle, and a clear aisle along the entrance wall for egress (these aisles typically measure 3-4 feet wide and run the length or width of a classroom.) There is also a need for a clear area at the front of the class for the instructor to operate and to provide adequate physical separation between the instructor and front row students. The non-seating areas of a classroom can vary greatly, from 10% for a large lecture hall to nearly 40% for a very small classroom.

To account for this space when calculating student occupancy, the estimated space requirement was increased by 10% to arrive at a total of 100 square feet per student.

Research laboratories, however, require a more conservative occupancy limit for several reasons:

- (1) Research laboratories are generally smaller in size (300-500 square feet, as opposed to instructional laboratories which typically run >1,000 square feet);
- (2) Employees within research laboratories often spend up to 8 hours a day or more in the laboratory, significantly increasing the potential for exposure to a sick or asymmetric coworker;
- (3) Research laboratories typically have more benchtop and free-standing equipment, which take up benchtop and floor space, and compress the square footage available for occupancy by lab workers;
- (4) Research employees move around the laboratory throughout the workday, moving from benchtop to storage freezers, chemical cabinets, balances, analytical instruments, fume hoods, and computer stations, etc. Because of this frequent movement within the space, there are more opportunities for close contact with other lab personnel.

Information provided on a roundtable comprised of health and safety professionals from over 50 universities, many of which are large R1 research institutions, support the proposed distance for research laboratories. Specifically, square footage occupancy guidelines ranged from 144 sf/person to 250 sf/person, with 150 sf/person being the most commonly adopted guidance.

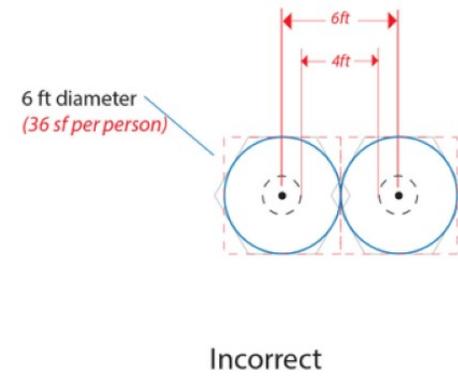
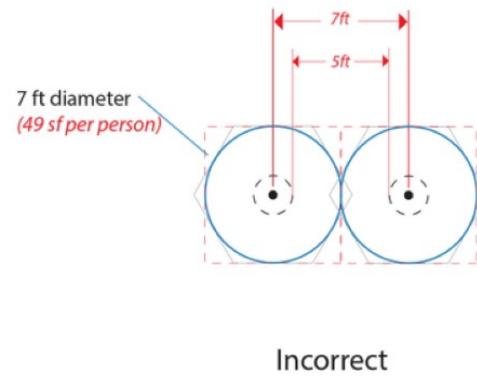
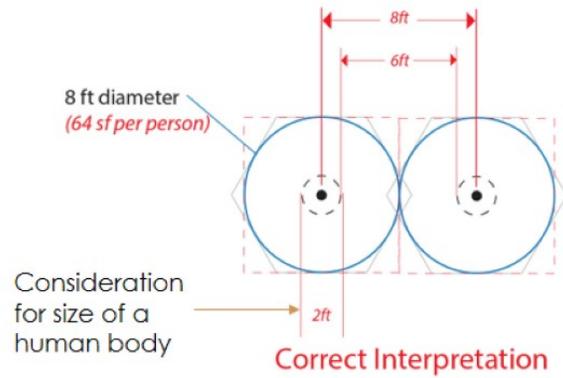
The above square footage guidelines are intended for planning purposes only; the actual capacity of individual spaces will need to be verified by evaluating the orientation and seating style within the classroom or laboratory and may vary from the estimated numbers based on square footage requirements.

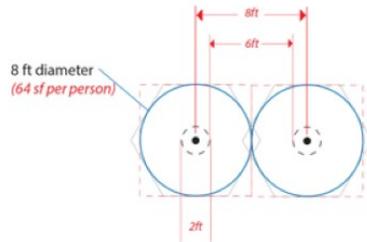
1 Bourouiba L. (2020) Turbulent Gas Clouds and Respiratory Pathogen Emissions: Potential Implications for Reducing Transmission of COVID-19, *JAMA* p E1-E2.

2 Public Health Recommendations for Community-Related Exposure. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

3 Rivers C. et al. (2020) Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors. *Johns Hopkins Bloomberg School of Public Health*.

CORRECT INTERPRETATION OF CDC SOCIAL DISTANCING GUIDELINES





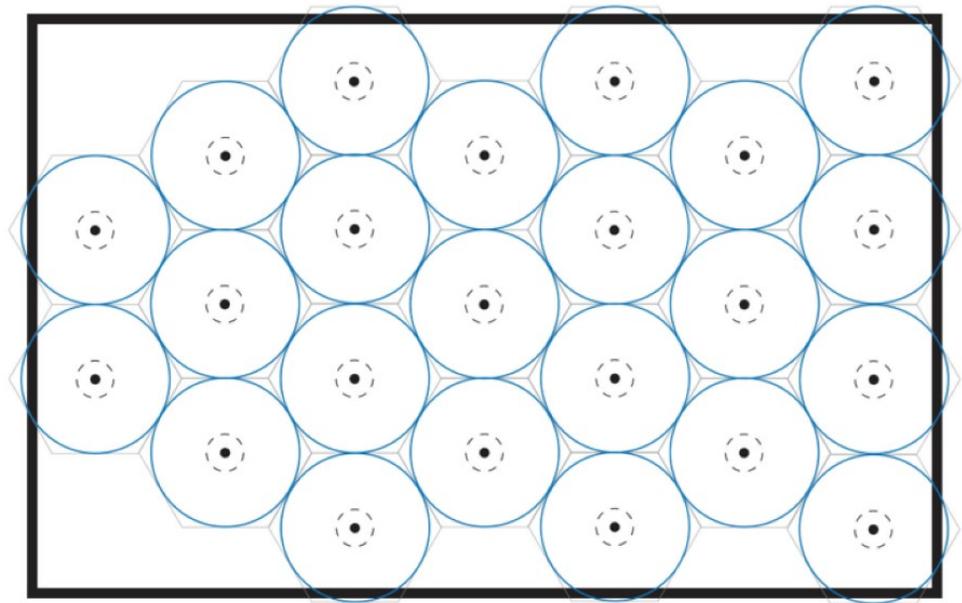
CDC COVID -19 Social Distancing



TYPICAL CLASSROOM

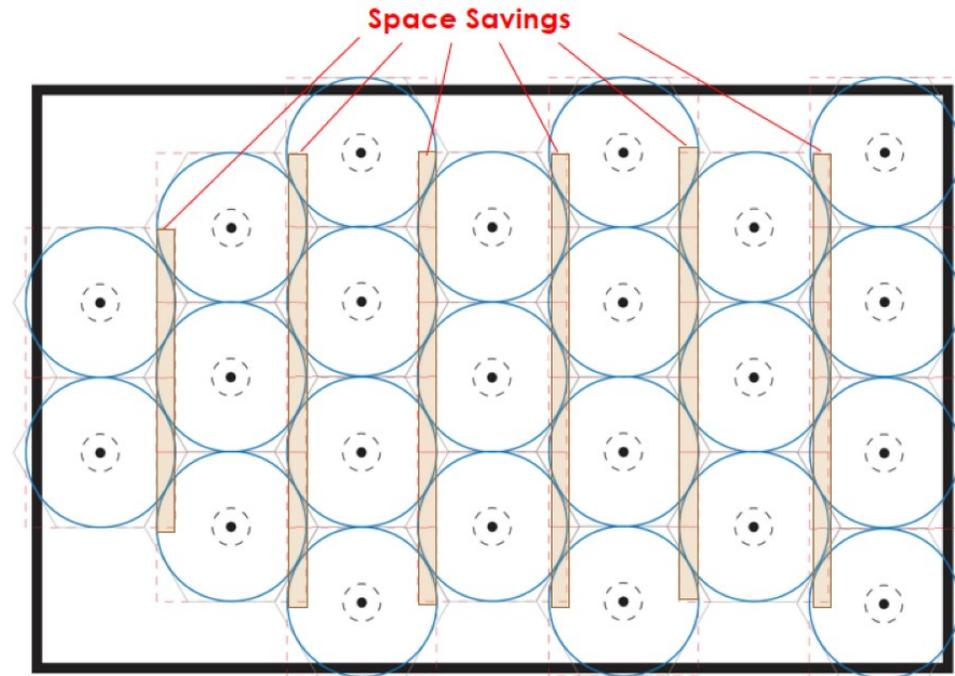
STANDARD CLASSROOM CONSIDERATIONS

Assignment of Social Distancing diameters and condense in a honeycomb pattern.



WHY THE HONEYCOMB CONDENSED APPROACH?

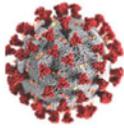
Condensed honeycomb spacing utilizes less space than the standard rectangular square footage layout.



TYPICAL CLASSROOM

Appendix 3

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



CS-314917A 06/01/2020

cdc.gov/coronavirus

Stop the Spread of Germs

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

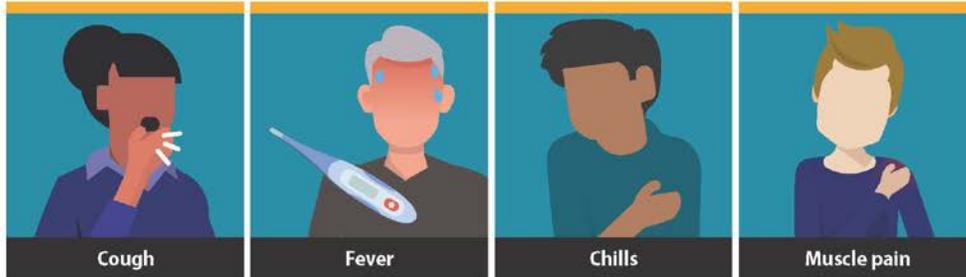


cdc.gov/coronavirus

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Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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Help Protect Yourself and Others from COVID-19

Practice Social Distancing



Stay 6 feet (2 arm's lengths) from other people.

And Wear a Cloth Face Covering



Be sure it covers your nose and mouth to help protect others.
You could be infected and not have symptoms.



CS 117297-A 05/29/2020

cdc.gov/coronavirus

Appendix 4

Social Stigma associated with COVID-19



A guide to preventing and addressing social stigma¹

Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).

WHAT IS SOCIAL STIGMA?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.



WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The level of stigma associated with COVID-19 is based on three main factors: 1) it is a disease that's new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with 'others'.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.

WHAT IS THE IMPACT?

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours

¹ This checklist includes recommendations from Johns Hopkins Center for Communication Programs, READY Network.

HOW TO ADDRESS SOCIAL STIGMA

Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.

How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.

Here are some tips on how to address and avoid compounding, social stigma:

1. [Words matter](#): dos and don'ts when talking about the new coronavirus (COVID-19)
2. [Do your part](#): simple ideas to drive stigma away
3. [Communication tips and messages](#).

WORDS MATTER:

When talking about coronavirus disease, certain words (i.e suspect case, isolation...) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, strengthen false associations between the disease and other factors, create widespread fear, or dehumanise those who have the disease.

This can drive people away from getting screened, tested and quarantined. We recommend a 'people-first' language that respects and empowers people in all communication channels, including the media. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new coronavirus (COVID-19), patients and their families and affected communities are perceived and treated.

There are many concrete examples of how the use of inclusive language and less stigmatizing terminology can help to in control epidemics and pandemics from the HIV, TB and H1N1 Flu.²

DOS and DON'TS

Below are some **dos and don'ts** on language when talking about the new coronavirus disease (COVID-19):

DO - talk about the new coronavirus disease (COVID-19)

Don't - attach locations or ethnicity to the disease, this is not a "Wuhan Virus", "Chinese Virus" or "Asian Virus".

The official name for the disease was deliberately chosen to avoid stigmatisation - the "co" stands for Corona, "vi" for virus and "d" for disease, 19 is because the disease emerged in 2019.

² [UNAIDS terminology guidelines](#): from 'AIDS victim' to 'people living with HIV'; from 'fight against AIDS' to 'response to AIDS'.

DO - talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” or “people who died after contracting COVID-19”

Don't - refer to people with the disease as “COVID-19 cases” or “victims”

DO - talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”

Don't - talk about “COVID-19 suspects” or “suspected cases”.

DO - talk about people “acquiring” or “contracting” COVID-19

Don't talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame.

Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.

DO - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

Don't - repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.

DO - talk positively and emphasise the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

Don't - emphasise or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

DO - emphasise the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment.

DO YOUR PART:

Governments, citizens, media, key influencers and communities have an important role to play in preventing and stopping stigma surrounding people from China and Asia in general. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviors around the new coronavirus disease (COVID-19).

Here are some examples and tips on possible actions to counter stigmatizing attitudes:

- **Spreading the facts:** Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. In response, prioritise the collection, consolidation and dissemination of accurate country- and community-specific information about affected areas, individual and group vulnerability to COVID-19, treatment options and where to access health care and information. Use simple language and

avoid clinical terms. **Social media** is useful for reaching a large number of people with health information at relatively low cost.³

- **Engaging social influencers**⁴ such as religious leaders on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma. The information should be well targeted and the celebrities who are asked to communicate this information must be personally engaged, and geographically and culturally appropriate to the audiences they seek to influence. An example would be a mayor (or another key influencer) going live on social media and shaking hands with the leader of the Chinese community.
- **Amplify the voices**, stories and images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery to emphasise that most people do recover from COVID-19. Also, **implementing a “hero” campaign** honouring caretakers and healthcare workers who may be stigmatized. Community volunteers also play a great role in reducing stigma in communities.
- **Make sure you portray different ethnic groups**. All materials should show diverse communities being impacted and working together to prevent the spread of COVID-19. Ensure that typeface, symbols and formats are neutral and don't suggest any particular group.
- **Ethical journalism**: Journalistic reporting which overly focuses on individual behaviour and patients' responsibility for having and “spreading COVID-19” can increase stigma of people who may have the disease. Some media outlets have, for example, focused on speculating on the source of COVID-19, trying to identify “patient zero” in each country. Emphasizing efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections now. Instead, promote content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care.
- **Link up**: There are a number of initiatives to address stigma and stereotyping. It is key to link up to these activities to create a movement and a positive environment that shows care and empathy for all.

COMMUNICATION TIPS and MESSAGES

An “infodemic” of misinformation and rumours is spreading more quickly than the current outbreak of the new coronavirus (COVID-19). This contributes to negative effects including stigmatization and

³ Nigeria successfully contained the 2014 Ebola outbreak that affected three other countries in West Africa partly through employing targeted social media campaigns to disseminate accurate information and correct hoax messages circulating on Twitter and Facebook. The intervention was particularly effective because international non-governmental organisations (NGOs), social media influencers, celebrities and bloggers used their broad platforms to forward and share information and opinions on the health communication shared. Fayoyin, A. 2016. Engaging social media for health communication in Africa: Approaches, results and lessons. *Journal of Mass Communication and Journalism*, 6(315).

⁴ The term “Angelina Jolie effect” was coined by public health communication researchers to account for increased Internet searches about breast cancer genetics and testing for several years after 2013 actress Angelina Jolie underwent a much-reported preventative double mastectomy. The “effect” suggests that celebrity endorsements from trusted sources can be effective at influencing the public to seek health knowledge, their attitudes towards and uptake of healthcare services for Covid-19.

discrimination of people from areas affected by the outbreak. We need collective solidarity and clear, actionable information to support communities and people affected by this new outbreak.

Misconceptions, rumours and misinformation are contributing to stigma and discrimination which hamper response efforts.

- **Correct misconceptions**, at the same time as acknowledging that people's feelings and subsequent behaviour are very real, even if the underlying assumption is false.
- **Promote the importance of prevention**, lifesaving actions, early screening and treatment.

Collective solidarity and global cooperation are needed to prevent further transmission and alleviate the concerns of communities.

- **Share sympathetic narratives**, or stories that humanize the experiences and struggles of individuals or groups affected by the new coronavirus (COVID-19)
- **Communicate support** and encouragement for those who are on the frontlines of response to this outbreak (health care workers, volunteers, community leaders etc).

Facts, not fear will stop the spread of novel coronavirus (COVID-19)

- Share facts and accurate information about the disease.
- Challenge [myths](#) and stereotypes.
- Choose words carefully. The way we communicate can affect the attitudes of others (see do's and don'ts above).