



Coronavirus Disease 2019 (COVID-19)

Considerations for Institutes of Higher Education

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As some institutes of higher education (IHE) open in the United States, the Centers for Disease Control and Prevention (CDC) offers the following considerations for ways in which IHEs can help protect students and employees (e.g., faculty, staff, and administrators) and slow the spread of the Coronavirus Disease 2019 (COVID-19). IHEs vary considerably in geographic location, size, and structure. As such, IHE officials can determine, in collaboration with [state and local health officials](#), whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the IHE and local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. Health facilities managed by the IHE may refer to CDC's [Guidance for U.S. Healthcare Facilities](#) and may find it helpful to reference the [Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic](#). These considerations are meant to supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which IHEs must comply.

Guiding Principles to Keep in Mind

The more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in IHE non-residential and residential (i.e., on-campus housing) settings as follows:

IHE General Settings

- **Lowest Risk:** Faculty and students engage in virtual-only learning options, activities, and events.
- **More Risk:** Small in-person classes, activities, and events. Individuals remain spaced at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

IHE On-Campus Housing Settings

- **Lowest Risk:** Residence halls are closed, where feasible.
- **More Risk:** Residence halls are open at lower capacity and shared spaces are closed (e.g., kitchens, common areas).
- **Highest Risk:** Residence halls are open at full capacity including shared spaces (e.g., kitchens, common areas).

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental prevention

practices (such as [cleaning and disinfection](#)) are important principles that are covered in this document. Fortunately, there are a number of actions IHE administrators can take to help lower the risk of COVID-19 exposure and spread.

Promoting Behaviors that Reduce Spread

IHEs may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home or Self-Isolating when Appropriate**

- If a decision is made to have any version of in-person classes, before returning to campus, actively encourage students, faculty, and staff who have been sick with COVID-19 [symptoms](#), tested positive for COVID-19, or have been potentially [exposed](#) to someone with COVID-19 (either through [community-related exposure](#) or [international travel](#)) to follow CDC guidance to [self-isolate or stay home](#).
- Once back on campus, educate students, faculty, and staff on when they should [stay home or self-isolate](#) in their living quarters.
 - Actively encourage students, faculty, and staff who are sick or have recently had a [close contact](#) with a person with COVID-19 to stay home or in their living quarters (e.g., dorm room). Develop policies that encourage sick individuals to stay at home without fear of reprisals, and ensure students, faculty, and staff are aware of these policies. Offer virtual learning and telework options, if feasible.
 - Students, faculty, and staff should [stay home](#) when they have tested positive for or are showing [symptoms](#) of COVID-19.
 - Students, faculty, and staff who have recently had a [close contact](#) with a person with COVID-19 should also [stay home and monitor their health](#).
 - CDC's criteria can help inform return to work/school policies:
 - [If they have been sick with COVID-19](#)
 - [If they have recently had a close contact with a person with COVID-19](#)

- **Hand Hygiene and Respiratory Etiquette**

- Recommend and reinforce [handwashing](#) with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Encourage students, faculty, and staff to cover coughs and sneezes with a tissue or use the inside of your elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.

- **Cloth Face Coverings**

- Recommend and reinforce use of [cloth face coverings](#) among students, faculty, and staff. Face coverings should be worn as feasible and are **most** essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all students, faculty, and staff on [proper use, removal, and washing of cloth face coverings](#).
 - Note: [Cloth face coverings](#) should **not** be placed on:
 - Babies and children younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cover without assistance
 - [Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other

medical personal protective equipment.

- **Adequate Supplies**

- Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, hand sanitizer containing at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.

- **Signs and Messages**

- Post [signs](#) in highly visible locations (e.g., building entrances, restrooms, dining areas) that [promote everyday protective measures](#)  and describe how to [stop the spread](#)  of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#) ).
- Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with faculty, staff, and students (such as on IHE websites, in emails, and on IHE [social media accounts](#)) in accordance with the [Clery Act](#) .

- Find freely available CDC print and digital resources on CDC's [communications resources](#) main page.

Maintaining Healthy Environments

IHEs may consider implementing several strategies to maintain healthy environments.

- **Cleaning and Disinfection**

- [Clean and disinfect](#) frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, dining hall tables) within IHE facilities 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.
- If transport vehicles (e.g., buses) are used by the IHE, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect IHE buses, vans, or other vehicles, see guidance for [bus transit operators](#).
- Develop a schedule for increased, routine cleaning and disinfection.
- Ensure [safe and correct use](#) and storage of [cleaners and disinfectants](#) , including storing products securely. Use products that meet [EPA disinfection criteria](#) .
- Encourage students, faculty, and staff to keep their personal items (e.g., cell phones, other electronics) and personal work and living spaces clean. Encourage students, faculty, and staff to use disinfectant wipes to wipe down shared desks, lab equipment, and other shared objects and surfaces before use.
- Ensure there is adequate ventilation when using cleaning products to prevent students or staff from inhaling toxic fumes.

- **Shared Objects**

- Discourage sharing of items that are difficult to [clean or disinfect](#).
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each student their own art supplies, lab equipment, computers) or limit use of supplies and equipment by one group of students at a time and [clean and disinfect](#) between use.
- Avoid sharing electronic devices, books, pens, and other learning aids.

- **Ventilation**

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students, faculty, or staff using the facility.

- **Water Systems**

- To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected, but encourage faculty, staff and students to bring their own water to minimize use and touching of water fountains.

- **Modified Layouts**

- Space seating/desks at least 6 feet apart when feasible. For lecture halls, consider taping off seats and rows to ensure six-foot distance between seats.
- Host smaller classes in larger rooms.
- Offer distance learning in addition to in-person classes to help reduce the number of in-person attendees.
- Provide adequate distance between individuals engaged in experiential learning opportunities (e.g., labs, vocational skill building activities).
- Create [distance](#) between students in IHE vehicles (e.g., skipping rows) when possible.

- **Physical Barriers and Guides**

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., cash registers).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart in lines and at other times.

- **Communal Spaces**

- Close shared spaces such as dining halls, game rooms, exercise rooms, and lounges if possible; otherwise, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and [clean and disinfect](#) between use.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds especially when they cannot be at least 6 feet apart.
- For more information on communal spaces in student or faculty housing (e.g., laundry rooms, shared bathrooms and recreation areas) follow [CDC's guidance for Shared or Congregate Housing](#).

- **Food Service**

- Provide grab-and-go options for meals. If a cafeteria or group dining room is typically used, if possible, serve individually plated meals (versus buffet or any self-serve stations).
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and consider the [safety of individuals with food allergies](#).



Maintaining Healthy Operations

IHEs may consider implementing several strategies to maintain healthy operations.

- **Protections for Students, Faculty, and Staff at Higher Risk for Severe Illness from COVID-19**

- Offer options for faculty and staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework and modified

job responsibilities).

- Offer options for students at [higher risk for severe illness](#) that limit their exposure risk (e.g. virtual learning opportunities).
- Consistent with applicable law, put in place policies to protect the privacy of people at [higher risk for severe illness](#) regarding underlying medical conditions in compliance with applicable federal and state privacy and confidentiality laws.

- **Regulatory Awareness**

- Be aware of state or local regulatory agency policies related to group gatherings to determine if events can be held.

- **Gatherings**

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Pursue options to convene sporting events and participate in sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, or county).

- **Telework and Virtual Meetings**

- Encourage telework for as many faculty and staff as possible, especially employees at [higher risk for severe illness from COVID-19](#).
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Provide student support services virtually, as feasible.
- When possible, use flexible work or learning sites (e.g., telework, virtual learning) and flexible work or learning hours (e.g., staggered shifts or classes) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between people, especially if social distancing is recommended by state and local health authorities.

- **Travel and Transit**

- Consider options for limiting non-essential travel in accordance with state and local regulations and guidance.
- Encourage students, faculty and staff who use mass transit to consider using other transportation options (e.g., walking, biking, driving or riding by car- alone or with household members only) if feasible.

- **Designated COVID-19 Point of Contact**

- Designate an administrator or office to be responsible for responding to COVID-19 concerns. All IHE students, faculty and staff should know who this person is and how to contact them.

- **Participation in Community Response Efforts**

- Consider participating with state or local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

- **Communication Systems**

- Put systems in place for:
 - Consistent with applicable law and privacy policies, having students, faculty and staff report to the IHE if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with

COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19](#)  (e.g. see “Notify Health Officials and Close Contacts” in the **Preparing for When Someone Gets Sick** section below), and other applicable federal and state privacy and confidentiality laws, such as the Family Educational Rights and Privacy Act (FERPA).

- Notifying faculty, staff, students, families, and the public of IHE closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

- **Leave (Time Off) and Excused Absence Policies**

- Implement flexible sick leave policies and practices that enable faculty, staff, and students to stay home or self-isolate when they are sick, have been exposed, or [caring for someone who is sick](#).
 - Examine and revise policies for excused absences and virtual learning (students) and leave, telework, and employee compensation (employees).
 - Leave and excused absence policies should be flexible, not be punitive to people for taking time off and should allow sick employees and students to stay home and away from others. Leave and excused absence policies should also account for employees and students who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Develop policies for returning to classes and IHE facilities after COVID-19 illness. CDC’s criteria to [discontinue home isolation](#) and [quarantine](#) can inform these policies.

- **Back-Up Staffing Plan**

- Monitor absenteeism of employees and students, cross-train staff, and create a roster of trained back-up staff.

- **Staff Training**

- Train staff on all safety protocols
- Conduct training virtually or ensure that [social distancing](#) is maintained during training.

- **Recognize Signs and Symptoms**

- If feasible, conduct daily health checks or ask faculty, staff, and students to conduct self-checks (e.g., temperature screening and/or [symptom checking](#)).
- Health checks should be done safely and respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and regulations. IHE administrators may use examples of screening methods found in CDC’s [General Business FAQs](#).

- **Sharing Facilities**

- Encourage any organizations that share or use IHE facilities to also follow these considerations.

- **Support Coping and Resilience**

- Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746

Preparing for When Someone Gets Sick

IHEs may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
 - Sick faculty, staff, or students should not return to in-person classes or IHE facilities, or end isolation until they have met CDC's [criteria to discontinue home isolation](#).
- **Isolate and Transport Those Who are Sick**
 - Make sure that faculty, staff, and students know they should not come to the IHE if they are sick, and should notify IHE officials (e.g., IHE designated COVID-19 point of contact) if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
 - Immediately separate faculty, staff, and students with COVID-19 [symptoms](#) (such as fever, cough, or shortness of breath). Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others](#) who are sick. IHEs may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE housing.
 - Work with IHE administrators and healthcare providers to identify an isolation room, area, or building/floor (for on-campus housing) to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
 - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
- **Clean and Disinfect**
 - Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#)
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#) [↗](#), including storing products securely away from children.
- **Notify Health Officials and Close Contacts**
 - In accordance with applicable federal, state and local laws and regulations, IHEs should notify [local health officials](#), faculty, staff, and students immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#) [↗](#), FERPA or and other applicable laws and regulations.
 - Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home or in their living quarters and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.

Other Resources

[Latest COVID-19 information](#)

[Cleaning and Disinfection](#)

[Guidance for Business and Employers](#)

[Shared and Congregate Housing](#)

[Guidance for U.S. Healthcare Facilities](#)

[COVID-19 Prevention](#)

[Handwashing Information](#)

[Face Coverings](#)

[Social Distancing](#)

[People at Higher Risk](#)

[Managing Stress and Coping](#)

[COVID-19 Frequently Asked Questions](#)

[HIPAA and COVID-19](#) 

[CDC Communication Resources](#)

[Community Mitigation](#)

[OSHA Guidance on Preparing Workplaces for COVID-19](#)  

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