



HEALTHIER WORKPLACES | A HEALTHIER WORLD

Reopening: Guidance for **Institutions of Higher Education**

Guidance Document

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Overview

Many institutions of higher education (IHEs), such as colleges and universities, are planning on reopening campuses in the fall and welcoming back the physical return of large numbers of students, faculty, and employees. SARS-CoV-2, the virus that causes COVID-19, is thought to be spread primarily through aerosolized respiratory droplets at close range. Airborne transmission from exposure to very small droplets over long distances is unlikely. However, there is evidence this mode of transmission is possible, particularly in crowded, indoor spaces. People may also become infected by touching contaminated surfaces. The virus has been shown to survive in aerosols for hours and on surfaces for days. Infection can occur through eyes, nose, and mouth exposures. There is also strong evidence that people can spread the virus while pre-symptomatic or asymptomatic.

Overall, it is advised that IHEs take a controlled and phased (stepwise) approach to re-opening campuses. Various methods will need to be employed to control and slow the spread of COVID-19, including physical distancing, disposable or cloth face coverings, increased disinfection and ventilation, and decreased campus density, among others. While new campus protocols may need to be developed and implemented, it will be important to continually re-evaluate the efficacy of those protocols and adjust accordingly.

With many colleges, universities, and other IHEs planning on re-opening campuses, administrators, students, parents, faculty, and employees are faced with difficult questions:

- How can we protect the health and safety of students, faculty, and employees returning to campus?
- How do we assure faculty, employees, students, parents, and other stakeholders that we are doing all we can to prevent the spread of disease?
- What do we do if a student, faculty member, or employee comes in contact with a person who has tested positive or has a suspected case of COVID-19?
- How do we best protect high risk populations?
- What steps need to be taken regarding increased cleaning and disinfection?
- Is it safe for students to move back into on-campus housing?
- How do we handle crowd management throughout high traffic or common areas, including at peak times?

The purpose of this guide is to provide clear and actionable guidance towards reopening and operation of IHEs through prevention, early detection, and control of COVID-19. This document is intended to provide guidance for a range of small to medium sized IHEs, including private and public universities and colleges, and technical, trade, and vocational schools, that may not have access to in-house health and safety professionals. It is encouraged that IHEs consider making a gradual return to modified operations, and to consistently monitor and evaluate the effectiveness of the implemented mitigation measures and alter their approach as needed.

The following document addresses areas of campus life that have not been previously evaluated in other AIHA Guidance documents. These areas include: shared or congregate housing (i.e., residence halls), instruction/learning environments (i.e., classrooms or lecture halls), and research facilities/laboratories. Please refer to the Resources section below for links to AIHA Guidance documents concerning other areas of campus life, including: libraries, offices, child-care facilities, restaurants/dining halls, retail, ride sharing, small and medium sports and entertainment venues, places of worship and religious gatherings, gyms and workout facilities, and construction work that may take place on campus.



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What actions should an **Institution of Higher Education** take to protect faculty, employees, and students on campus?

IHE leadership should continually monitor global (World Health Organization [WHO]), federal (Centers for Disease Control [CDC] and Occupational Safety and Health Administration [OSHA]), state, and local guidelines for changes in recommendations, disinfection strategies, worker protections, and other best management practices. They should seek guidance from regional, national, and international leaders relative to health policy and best practices. They should consider forming a knowledgeable team to monitor, assess, and implement new strategies as they become available. In addition, IHEs should consider the following strategies for reducing the risk of COVID-19 transmission in regard to physical distancing strategies, enhanced cleaning and disinfecting practices, restrooms, employee and student wellness, training, and risk communication.

Due to the wide variety of IHEs (e.g., geographic location, size, physical layout, and structure), it may not be possible to implement all of the following recommendations; however, IHEs are encouraged to work with state and local health officials on whether and how to implement these considerations, and make the necessary adjustments to meet the specific needs of the IHE, and the local community.

Shared or Congregate Housing

- Encourage physical distancing by asking employees and students to stay at least 6 feet apart from each other, and to wear disposable or cloth face coverings in any shared spaces.
- Limit employees and other students from entering students' rooms or living quarters (unless necessary).
- Provide natural ventilation by opening windows and doors whenever possible to increase air flow.

If windows and doors cannot remain open, provide good indoor air quality by:

- Keeping HVAC system operational to maintain thermal comfort and maximize outdoor air based on system design.
- Maintaining the relative humidity at 40-60%.
- Limiting the use of portable pedestal or overhead ceiling fans.
- Consider using portable HEPA filtration units.
- If you need assistance on HVAC issues, ask an HVAC professional and see the American Society of Heating, Refrigerating, and Air-Conditioning Engineers' (ASHRAE) [COVID-19 \(Coronavirus\) Preparedness Resources](#) updates for more information.
- AIHA Occupational and Environmental Health and Safety (OEHS) Science Professionals and industrial hygienists are also well versed in general dilution ventilation. AIHA has a [consultants list](#) of such qualified professionals.
- Consider discontinuing or limiting non-essential visitors or outside volunteers.
- Cancel or postpone special large group events/gatherings (e.g., festivals, holiday events, and special performances). If possible, encourage essential events (e.g., orientations for new students) to be outdoors or virtual as much as possible.
- If possible, arrange for administrative employees to work from home.
- If physical distancing is not possible for front desk personnel or other employees, then partitions should be considered between employees/desks and the students/residents.
- Consider providing disinfection supplies and other supplies such as tissues and trash bags (if possible).
- Guidance for common areas (e.g., lobby, check-in desk, laundry facilities, game rooms, computer rooms, etc.)



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- All common areas should be equipped with a hand sanitizing station with alcohol-based hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol at each entrance; this includes entrances to each room or building.
- Ensure that common areas are adequately and continuously stocked with hand sanitizer, soap, and paper towels. Encourage frequent hand washing.
- Provide training and signage in common areas on how to sanitize and/or wash hands properly.
- Regulate the use of common areas with clear signage (including maximum occupancy) and physical distancing measures in accordance with public health rules and guidelines.
- Place marks on floor of lobby and common areas wherever a line may develop to assure proper physical distancing.
- Common areas should be cleaned and disinfected daily (at a minimum) and consider performing cleaning and disinfecting hourly. This includes commonly touched surfaces and equipment (elevator buttons, doorknobs, light switches, etc.) in common areas (e.g., laundry facilities, shared kitchens, shared bathrooms, computer rooms, dining rooms).
- Consider closing some or all of the shared spaces. If not possible, limit the number of individuals allowed in a common area or shared space at one time, including visitors, and encourage physical distancing.
- Encourage students and employees not to linger or socialize in common areas.
- Activities that involve close contact are not recommended in common areas.
- Remove all shared literature, magazines etc. from common areas such as the front desk, lobby, etc.
- Stagger schedules during high traffic times in common areas to reduce mixing and close contact (e.g., move-in, meal, activity time).
 - Minimize foot traffic in enclosed spaces. Consider limiting the number of individuals in elevators and, if possible, designate one directional stairwells.
 - For move-in, consider ways to decrease the number of individuals in common or high traffic areas such as staggered schedules or shipping of personal items to residences.
 - Encourage online posting of classified discussions to discourage crowding in shared spaces.
- Use gloves when handling and removing trash and wash hands after touching garbage bags or trash cans.
- Shared Dining/Kitchen Areas (For Dining Halls, see AIHA Restaurant Guidelines)
 - Consider eliminating shared common areas for snacks, beverages (i.e., water, coffee).
 - Kitchen areas and equipment should be cleaned and disinfected daily (at a minimum).
 - The outside of dishwashers should be cleaned and disinfected at the beginning and end of the day.
 - All silverware and dinnerware should be cleaned in the dishwasher, when available; after cleaning, cutlery and dishware should be stored to prevent contamination
 - Silverware should be stored in a way so that adjacent silverware is not easily touched when retrieving a piece.
 - If silverware and dishes cannot be kept clean and covered, disposable options are recommended.
 - Install touchless water/beverage faucets when possible. Non-touchless water/beverage faucets should be disinfected throughout the day.



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- Ice machines that require a handheld scoop should not be used, as it is difficult to control potential contamination.
- Arrange seating of chairs and tables to be at least 6 feet apart during shared meals or other events.
- Living Quarters and Bathrooms (see also Restrooms Section below)
 - If possible, assign one single resident per room (unless they are in the same family unit).
 - Disinfect doorknobs and other high touch surfaces at least daily.
 - Encourage residents to keep their windows open when possible to increase airflow.
 - Shared bathrooms should be cleaned and disinfected regularly (at least twice per day and possibly after times of heavy use).
 - Inform residents that sinks or counter surfaces in shared bathrooms may be a source of contamination. Request residents refrain from placing toothbrushes or other toiletries directly on sink or counter surfaces. For example, totes can be used to store toiletries and hung to reduce contact with surfaces in bathroom (when possible).
 - Limit the capacity in shared bathrooms (depending on size and HVAC capacity). Consider using floor markings to encourage physical distancing. Consider staggering bathroom schedules to reduce density in bathrooms during times of peak use so that lines do not form.

Instruction/Learning Environments

- Consider developing a physical distancing plan for each course, classroom, or lecture hall which may include number of students/faculty per session, length of session, nature of activities, process for symptom checks (see below), physical distancing, cloth or disposable face coverings, enhanced cleaning and disinfecting, and good hygiene.
- Modify the layout of classrooms to allow for physical distancing.
 - Space seating/desks at least 6 feet apart (when feasible).
 - For large lecture halls, consider taping off seats or rows to allow for proper physical distancing.
 - Limit the number of in-person attendees; conduct smaller classes in larger classrooms to allow for proper physical distancing/spacing.
 - Consider offering a combination (hybrid) approach of some distance learning and some in-person learning to reduce the number of in-person attendees. Consider creating multiple sections/shifts to reduce the number of in-person attendees.
 - Consider outdoor learning, when feasible.
- Consider staggering class schedules to reduce the density of students in high traffic areas. Consider touchless entry for buildings, classrooms, or lecture halls.
- Avoid sharing objects such as electronic devices, books, pens, demonstratives, or other learning aids. Discourage the use of shared items that are difficult to clean or disinfect.
- Develop specialized plans for courses/instruction where physical distancing is not possible, or that involve high contact activities.

Research Facilities/Laboratories

- Laboratory occupants should always wear appropriate face coverings and (when needed, based on the test or procedure) face shields.
- Ensure that laboratories are adequately and continuously stocked with disinfectant supplies, alcohol-based hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol, soap, and paper towels. Encourage frequent hand washing.



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- Arrange workstations to accommodate physical distancing of at least six feet (taking into consideration flow of foot traffic). Use physical dividers if unable to separate workstations.
- Use floor markings as needed to promote physical distancing. Consider making one-way foot traffic.
- Avoid sharing personal protective equipment (PPE) as much as possible; disinfect reusable PPE between uses (e.g., safety glasses, splash goggles, face shields).
- Establish a disinfection routine so that common areas can be routinely cleaned and disinfected. Consider using a checklist or audit system to track when and how cleaning is conducted.
- Do not mix different EPA registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach), or hydrogen peroxide.
 - Review product labels and Safety Data Sheets (SDSs) and follow manufacturer specifications for cleaning and surface contact duration.
- Consider consulting an Industrial Hygiene expert if additional advice is needed. AIHA has a [consulting list](#) of qualified Industrial Hygienists.
- Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
- Any reusable cloth materials (such as lab coats) should be washed with detergent and dried on the highest temperature setting for the fabric after use.
- Ensure all commercial laundry services are aware of the potential for SARS-CoV-2 viral exposure before laundering.
- Limit the number of laboratory occupants to allow for physical distancing. Consider staggering laboratory schedules/shifts to reduce the number of

laboratory occupants. Create schedules for shared equipment. Maintain compliance with local or IHE-specific guidance where applicable (i.e., maintaining no fewer than two personnel in the laboratory at a time during certain analytical procedures or use of certain chemicals).

- Determine which procedures can be performed remotely, including laboratory meetings, study design, data analysis, writing, etc.
- Review laboratory-assigned duties and consider reassignment, cross-training, or coordination.
- Confirm outside contractors have established COVID-19 protocols and procedures consistent with IHE requirements.

Enhanced Cleaning and Disinfecting Practices

- Provide cleaning and disinfecting supplies for employees to utilize before and after they use common spaces and contact surfaces.
- Select appropriate disinfectants – consider effectiveness and safety.
 - The U.S. Environmental Protection Agency (EPA) has developed a [list of products](#) that meet EPA's criteria for use against SARS-CoV-2.
 - Do not mix different EPA registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach) or hydrogen peroxide.
 - Review product labels and Safety Data Sheets (SDS) and follow manufacturer specifications for cleaning/disinfecting.
 - Consider consulting an Occupational and Environmental Health and Safety (OEHS) Science Professional or Industrial Hygiene expert if additional advice is needed. AIHA has a [consultants list](#) of such qualified professionals.
- Establish a disinfection routine.



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- Ensure disinfection protocols follow product instructions for application and contact time. All items should be allowed to dry thoroughly after cleaning.
 - Use disposable wipes or rags when available. If not available, ensure rags are maintained, handled, and cleaned per product instructions.
 - Consider developing a standard operating procedure, a checklist, or audit system to consistently train employees on enhanced cleaning/disinfecting practices or to track when and how cleaning and disinfecting is conducted. Note that this may be a requirement in some states or local jurisdictions.
 - Disinfect all surfaces and commonly touched equipment and educate employees on common high-touch surfaces in the facility (e.g., doorknobs, faucet handles, light switches, etc.).
 - Seating, doors, restrooms, common areas, etc. should be disinfected at the end of each day.
 - Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
 - Any reused cloth materials should be washed and dried on the highest temperature setting allowable for the fabric.
 - Deeper cleaning and disinfecting protocols should be developed and implemented in cases where confirmed cases of COVID-19 are discovered. Refer to AIHA's [Workplace Cleaning for COVID-19](#).
 - Perform normal routine cleaning of outdoor areas, such as parks.
 - Do not spray disinfectant on outdoor playgrounds or benches.
 - High touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned and disinfected routinely.
 - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
 - Do not disinfect sidewalks and roads.
 - Potential for spread of COVID-19 from these surfaces is very low and disinfection is not effective.
 - Develop strategies to minimize contact with commonly touched surfaces, and wash hands/utilize hand sanitizer before and after touching high-touch surfaces.
 - Books and other paper-based materials are not considered a high risk for transmission and do not need additional cleaning or disinfection. Plastic coverings on books or other plastic or metal materials should be disinfected between use.
- ### Ventilation
- Application of perfumes and colognes indoors should be discouraged to prevent sneezing and coughing.
 - Provide natural ventilation in classrooms and other spaces by opening windows and doors whenever possible to increase air flow. If windows and doors cannot remain open, provide good indoor air quality by:
 - Keeping HVAC system operational to maintain thermal comfort and increase outdoor air based on system design.
 - Maintaining the relative humidity at 40-60%.
 - Limiting the use of portable pedestal or overhead ceiling fans for mixing and air distribution.
 - Consider using portable HEPA filtration units.
 - If you need assistance on HVAC issues, ask an HVAC professional and see the American Society of Heating, Refrigerating, and Air-Conditioning Engineers' (ASHRAE) [COVID-19 \(Coronavirus\) Preparedness Resources](#) updates for more information.
 - AIHA Occupational and Environmental Health and Safety (OEHS) Science Professionals and industrial hygienists are also well versed in general



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dilution ventilation. AIHA has a [consultants list](#) of such qualified professionals.

- If fans such as pedestal fans or hard mounted fans are used, take steps to minimize air from fans blowing from one person directly at another individual. If fans are disabled or removed, employees should remain aware of, and take steps to prevent [heat hazards](#).

Restrooms (**NOTE: See Supplement guidance on use of air dryers**)

- Post signage limiting restroom occupancy to allow for proper physical distancing and to remind students, faculty, and employees to wash hands before and after using the restroom.
- Minimize touchpoints entering and existing restrooms, if possible.
- If the door cannot be opened without touching the handle, provide paper towels and a trash can by the door so a paper towel can be used when touching the handle and then discarded.
 - Consider controlling access to bathrooms with a key so disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.
- Doors to multi-stall restrooms should be able to be opened and closed without touching handles if possible.
- Place signs indicating that toilet lids (if present) should be closed before and after flushing.
- Use no-touch faucets, towel dispensers, soap dispensers, and waste receptacles when possible.
- Hand soap should be readily available for use by occupants.
- Provide paper towels and air dryers in restrooms.
 - The WHO and CDC currently state that hands can be dried using a paper towel or hand dryer.
 - Due to current uncertainties surrounding the transmission of SARS-CoV-2, care should be taken when using a hand dryer or paper towel.
 - The use of touch or push hand dryers is discouraged due to possible surface contamination. If hand dryers are used, consider touchless devices.

- Businesses and employers should work with HVAC professionals to ensure that bathrooms are well ventilated, and if filtration is used, that proper filtration practices are being followed.

- Increase frequency and efforts to keep bathrooms clean and properly disinfected and maintain a record of sanitary work practices.

Student, Faculty, and Employee Wellness

- Health checks and reporting requirements of individuals infected with COVID-19 should be explained prior to reopening and again once operations have resumed.
- Communicate to students, faculty, and employee the importance of being vigilant for symptoms and staying in touch with campus officials if or when they start to feel sick.
- Revisit your leave or sick program to allow for time off and follow all HR Policies and HIPAA/other regulatory requirements.
- Establish routine, daily wellness health checks on arrival (such as temperature screening and symptom screening of students, faculty, and employees). Conduct screenings safely, respectfully, and with measures in place to ensure confidentiality, as well as in accordance with any applicable privacy laws or regulations. (**NOTE: be sure to comply with OSHA's Access to Employee Exposure Medical Records standard for confidentiality**):
 - Temperature screening methods can include manual (use non-contact infrared thermometers) or thermal camera meeting [FDA recommendations](#). Additional screening information/guidance can be found on the [CDC website](#).



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- Assign an employee to manage and conduct the temperature screenings while following CDC guidelines in the above link. If this is not possible, employees can self-check their own temperature.
- Screening should be done in a manner such that the privacy of employees is respected.
- Perform a visual inspection for other signs of illness (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, extreme fussiness, cough).
- Employees who have a fever of 100.4° F (38° C) or above, or other signs of illness should not be admitted to the facility.
- Employers can consider incorporating a wellness questionnaire with questions such as:
 - Have you, or a person you have been in close contact with, been diagnosed with COVID-19 within the last 14 days? (close contact is 6 feet or less for more than 10 minutes.)
 - Have you experienced any cold or flu-like symptoms in the last 72 hours (to include fever, shortness of breath, cough, sore throat, difficulty breathing, nausea, vomiting and diarrhea)?
 - Have you traveled to an international or domestic “hot spot” in the last 14 days?
 - There are a number of examples available for wellness questionnaires (see Resources below).
- Require employees who have symptoms or signs (i.e., fever, cough, or shortness of breath) or who have a sick family member at home with COVID-19 to notify their supervisor and stay home.
- Sick employees should follow the CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met in consultation with healthcare providers and state and local health departments. Consider waiving requirements for medical documentation during the pandemic, as CDC has advised people with mild illness NOT to go to the doctor’s office or emergency room.
- If employee is sick or receives positive COVID-19 test results, results should be reported to employer. In the case of a positive COVID-19 test result, the employee must stay home until cleared for physical return to the workplace by their medical provider, following the CDC’s [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#).
- If an employee tests positive:
 - Follow federal, state, and local recommendations for reporting and communicating cases, while remaining compliant with regulations and guidelines pertaining to protecting private health information such as confidentiality required by the Americans with Disabilities Act (ADA). See OSHA for guidance on reporting workplace exposures to COVID-19.
 - Engage HR immediately and enforce all applicable HR rules and regulations.
 - The employee shall be isolated to the area they are in currently and removed from the work site for a minimum of 14 days.
 - Any individuals having “close contact” (within approximately six feet) with the sick should also be isolated from the work site for 14 days; and all other employees should continue to follow physical distancing rules. Communicate and reinforce with employees, while maintaining PII and HIPAA requirements, that they may have been exposed and to closely monitor their health, temperature, and current symptoms as identified by the CDC. Contact tracing and sharing of employee information should be done under the guidance of Human Resources due to privacy requirements of HIPAA, ADA, and EEOC. See the CDC’s [“Coronavirus Disease 2019 \(COVID-19\) General Business Frequently Asked Questions”](#).



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- Enhanced cleaning and disinfecting should be done immediately by trained personnel, who should wear face coverings and gloves, dispose of gloves after use, and wash hands and face when complete. Visibly dirty surfaces shall be cleaned using a detergent or soap and water PRIOR to disinfection.
- For disinfection, use only EPA-registered disinfectants on [List-N](#).
- Stagger employee shifts, start times, and break times (as feasible).
- Ask students, faculty, and employees to consider the following if they commute to work using public transportation:
 - Use other forms of transportation if possible.
 - If taking public transportation, maintain physical distancing and wear a cloth or disposable face covering.
 - Change their commute time to less busy times when possible.
 - Wash their hands before and as soon as possible after their trip.
- Provide students, faculty, and employees with adequate time and access to soap, clean water, and single use paper towels for handwashing.
 - Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues) to support healthy hygiene practices.
- At minimum, students, faculty, and employees should wash their hands after they have been in a public place, after touching their face covering, after blowing their nose, coughing, or sneezing, after using the restroom, after touching any common contact surfaces, and before eating. **Avoid touching eyes, nose, or mouth with unwashed hands.**
- Students, faculty, and employees should wash hands with clean, running water, apply soap, lather and scrub for at least 20 seconds, then rinse. Dry hands using a clean paper towel or air dry. When soap and water can't be used, use an alcohol-based hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol. Any use of alcohol-based hand sanitizers should follow local and State guidelines.
- Make hand sanitizer stations available throughout work and public places. Stations should also be placed in convenient locations, such as at entrances, exits, near elevators, and restrooms. Touch-free hand sanitizer dispensers should be installed where possible.
- [Post signs and reminders](#) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. This should include signs with images for non-English readers, as needed.
- Use no-touch waste receptacles when possible.
- Remind students, faculty, and employees to cover their mouth and nose with a tissue when they cough or sneeze and throw used tissues in the trash. If they don't have a tissue, cough or sneeze into their elbow, not their hands. They should immediately wash their hands after blowing their nose, coughing or sneezing. Learn more about [coughing and sneezing](#) etiquette.
- Remind employees that people may be able to spread COVID-19 even if they do not show symptoms. Consider all close interactions (within 6 feet) with students, faculty, employees, and others as a potential source of exposure.
- Cloth or disposable face coverings should be worn as feasible.
 - Teach and reinforce use of cloth or disposable face coverings among all students, faculty, and employees. Face coverings are most essential in times when physical distancing is not possible. Students, faculty, and staff should be frequently reminded not to touch their face covering and to



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wash their hands frequently. Information should be provided to all on proper use, removal, and washing of cloth face coverings.

- Consider providing disposable or cloth face coverings to students and employees (if possible). Consider enlisting campus student, faculty, or employee leadership to serve as face covering ambassadors by carrying cloth or disposable face coverings and distributing them to students, faculty, or employees not wearing face coverings when on campus.
- Additional information on cloth face coverings can be found on [CDC's website](#).
- Cloth or disposable face coverings primarily protect other people. A cloth or disposable face covering is not a substitute for physical distancing.
- If an IHE chooses to provide or an employee supplies their own N95 respirator, please fully consider all the potential OSHA requirements.

Training

- IHEs should notify students, faculty, and employees of new policies and changes prior to reopening and upon resuming operations.
- Train students, faculty, and employees on new or modified schedules, how they can stay up to date on new scheduling requirements, and how faculty and employees can make requests for schedule changes if a need arises.
- Faculty and employees should receive, at minimum, awareness training on cleaning and disinfection products used in the workplace following OSHA Hazard Communication Standards. For employees who will use disinfectants and cleaners, training should also include proper use, PPE, disposal, and all precautionary measures. Consider also offering these trainings to students, particularly those who live on campus.

- Provide Safety Data Sheets (SDS) for cleaning and disinfection products and ensure employees are aware of the hazards of use. Incorporate new hazards into existing OSHA Hazard Communications Program.
- Health checks and reporting requirements of individuals infected with COVID-19 should be explained to students, faculty, and employees prior to reopening and again once operations have resumed.
 - Students, faculty, and employees should evaluate their health constantly; if they are sick, have a fever or other symptoms, or someone at home is sick, then they should remain home.

NOTE: Employer HR Policies, HIPAA guidelines and other laws should be followed at all times.

Communication

- Communicate to students, faculty, and employees about what is being done to mitigate the spread of COVID-19 (e.g., disinfection routine, health policies for employees, physical distancing, and health and safety measures in place).
- Consider communicating the visible symptoms of COVID-19 exposure.
- Educate students, faculty and employees to recognize the [symptoms of COVID-19](#) and provide instructions on what to do if they develop symptoms. At a minimum, any worker should immediately notify their supervisor, their health care provider, and the local health department, who will provide guidance on what actions need to be taken.
- Platforms for verbal or written communication can include the use of social media, websites, the course website and/or syllabus, and posting information on indoor or outdoor bulletin boards.

Other Control Measures

- Plan for students, faculty, or employee absences by developing flexible attendance and sick-leave



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policies, plan for alternative coverage, and monitor and track COVID-19 related employee absences. Consider offering distance learning or testing options if needed.

- Implement and inform employees of supportive workplace policies as applicable:
 - Flexible sick leave policies consistent with public health guidance. Providing paid sick leave is an important way to encourage employees to stay home when sick.
 - Consider not requiring a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness in order to qualify for sick leave. If you do require a doctor's note from your employees to verify that they are healthy and able to return to work, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Get more information related to the [Americans with Disabilities Act during the COVID-19 pandemic](#).
 - Flexibility to stay home to care for a sick family member.
 - Human resources policies consistent with public health guidance, and state and federal workplace laws. For more information on employer responsibilities, visit the [Department of Labor's](#) and the [Equal Employment Opportunity Commission's](#) websites.
 - Employee assistance program and community resources to help employees manage stress and receive support.
 - Encourage employees at increased risk for severe illness to request special accommodations to allow them to perform their job duties safely while also protecting sensitive employee health information.
- Post signs and reminders at entrances and in strategic places providing instruction on hand hygiene,

respiratory hygiene, and cough etiquette. This should include signs for non-English speakers, as needed.

- Encourage those who are sick or at greater risk to stay home. This includes:
 - People with underlying medical conditions.
 - People who live with elderly people or those who are at risk.
 - People with upper respiratory or flu-like symptoms or who live with someone with these clinical symptoms.
 - People with COVID-19, people who live with someone with COVID-19, or who have been exposed to someone with COVID-19.
- Stay informed about local COVID-19 information and updates in your geographic area.
- Depending on local requirements, for those who cannot maintain physical distancing as part of their job, provide or encourage all employees to wear cloth or disposable face coverings and gloves and to use alcohol-based hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol.

What can IHE Faculty and Employees do to protect themselves and minimize the transmission of COVID-19?

- Evaluate your health constantly. If you are sick, stay home. If you have an elevated temperature, stay home. If someone at home is sick or you came into contact with someone who became sick, stay home and monitor your health. If you have another medical illness or are at high risk, stay home as much as possible. **NOTE: Employer HR Policies, HIPPA guidelines and other privacy laws should be followed at all times.**
- If an employee tests positive for COVID-19:
 - Stay home and isolate until cleared for physical



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return to the workplace by your medical provider, following the CDC's [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#).

- Contact your supervisor and report your results as soon as possible.
- Notify your supervisor about others in the workplace with whom you came into contact.
- Depending on local requirements, in alignment with CDC recommendations, wear a cloth or disposable face covering whenever physical distancing cannot be maintained (indoors or outdoors). Ensure the face covering is properly maintained and cleaned. Additional information on cloth face coverings can be found on [CDC's website](#). **(NOTE: Cloth or disposable face coverings primarily protect other people. A cloth or disposable face covering is not a substitute for physical distancing.)**
- With the exception of children less than two, and individuals who have difficulty breathing, are unconscious, or otherwise unable to remove a face covering without assistance, CDC recommends that all people wear a cloth or disposable face covering in public settings and when around people who don't live in their household, especially when other physical distancing measures are difficult to maintain.
- Non-medical cloth or disposable face coverings or cloth or disposable face coverings are NOT Personal Protective Equipment (PPE), but they do offer some protection to others and should be worn while near other people in common spaces or shared workspaces. They are not a substitute for physical distancing, engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.
- Remove cloth or disposable face coverings correctly and wash hands after handling or touching a used face covering.
- Wash cloth face coverings after each use. Cloth face coverings can be included with regular laundry. Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering. Use the highest heat setting and leave in the dryer until completely dry. If air drying, lay flat and allow to completely dry. If possible, place in direct sunlight.
- Let your employer know if you have concerns about PPE that may be provided to you and that you are properly instructed on how to use it. [The CDC has recommended sequences for donning and doffing PPE](#).
- Maintain good hygiene practices (washing hands with soap and water for 20 seconds or a hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol). For more information, refer to [CDC's handwashing guidelines](#).
- At minimum, employees should wash their hands after they have been in a public place, after touching their face covering, after blowing their nose, coughing, or sneezing, after using the restroom, after touching any common contact surfaces, and before eating. **Avoid touching eyes, nose, or mouth with unwashed hands.**
- Employees should wash hands with clean, running water, apply soap, lather and scrub for at least 20 seconds, then rinse. Dry hands using a clean paper towel or air dry. When soap and water can't be used, use an alcohol-based hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol. Any use of alcohol-based hand sanitizers should follow local and State guidelines.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you don't have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing or sneezing. Learn more about [coughing and sneezing](#) etiquette.



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Worker Rights

AIHA believes that basic protections are worker rights, as well as an essential ingredient of occupational health and safety systems, and that employers must provide a safe and healthful work environment.

What can Students do to protect themselves and minimize the transmission of COVID-19?

- Evaluate your health continuously. If you are sick, stay home. If you have a fever or symptoms, or someone at home is sick, then remain at home. If you have another medical illness and are at high risk, stay home as much as possible.
- Maintain cloth or disposable (or better if you have it) face covering, clean or replace frequently, and use at minimum when unable to maintain physical distancing of 6-feet.
- Maintain good hygiene practices (washing hands with soap and water for at least 20 seconds or a hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol). For more information, refer to [CDC's handwashing guidelines](#).
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you don't have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing or sneezing. Learn more about [coughing and sneezing](#) etiquette.
- [CDC COVID-10 Guidance for Shared or Congregate Housing](#).
- [CDC Considerations for Institutions of Higher Education](#).
- [CDC What Bus Transit Operators Need to Know about COVID-19](#).
- [CDC's General Business FAQs](#).
- [CDC General Business Frequently Asked Questions](#).
- [CDC Cleaning and Disinfection for Community Facilities](#).
- [CDC Cleaning and Disinfecting Your Facility Everyday Steps, Steps When Someone is Sick, and Considerations for Employers](#).
- [CDC Cleaning and Disinfection for Non-emergency Transport Vehicles: Interim Recommendations for U.S. Non-emergency Transport Vehicles that May Have Transported Passengers with Suspected/Confirmed Coronavirus Disease 2019 \(COVID-19\)](#).
- CDC Health Screening "[Should we be screening employees for COVID-19 symptoms?](#)" section of General Business Frequently Asked Questions
- AIHA's Indoor Environmental Quality Committee developed these guidance documents about reopening and cleaning buildings after closures due to COVID-19: [Recovering from COVID-19 Building Closures](#) and [Workplace Cleaning for COVID-19](#).
- AIHA's [Considerations on the Safe Use of UVC Radiation](#)
- AIHA's [Focus on Construction Health: COVID-19](#)
- AIHA's [Effective and Safe Practices: Guidance for Custodians, Cleaning and Maintenance Staff](#)
- AIHA's [Employers Guide to COVID-19 Cleaning & Disinfection in Non-Healthcare Workplaces](#)
- AIHA's [Reducing Risk of COVID-19 Using Engineering Controls](#)

Resources

- [American College Health Association \(ACHA\). Considerations for reopening Institutions of Higher Education in the COVID-19 Era](#).
- [Campus Safety, Health, and Environmental Management Association \(CSHEMA\)](#).



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- AIHA's [PPE for SARS-CoV-2](#)
- AIHA's [Use of Real Time Detection Systems](#)
- AIHA's [Proper Use of Respirators for Healthcare Workers & First Responders](#)
- AIHA's [Workers Rights White Paper](#)

Disclaimer

AIHA is not legally responsible and shall be held harmless from all claims, causes of action, and demands, whatsoever, any third party may incur on account of damage, loss or injury resulting from adhering to these guidelines.

These guidance documents were primarily developed for those smaller business that don't have readily available occupational health and safety resources, and designed to help business owners, employers, employees and consumers implement science-backed procedures for limiting the spread of the coronavirus. They are subject to any local, state, or federal directives, laws, or orders about operating a business and should only be used if they do not conflict with any such orders.

These documents are subject to revision and shall be updated accordingly.

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AIHA is the association for scientists and professionals committed to preserving and ensuring occupational and environmental health and safety (OEHS) in the workplace and community. Founded in 1939 as the American Industrial Hygiene Association® (AIHA®), we support our members with our expertise, networks, comprehensive education programs and other products and services that help them maintain the highest professional and competency standards. More than half of AIHA's nearly 8,500 members are Certified Industrial Hygienists (CIH), and many hold other professional designations. AIHA serves as a resource for those employed across the public and private sectors, as well as to the communities in which they work. For more information, visit [AIHA.org](https://www.aiha.org).

About Occupational and Environmental Health and Safety Professionals

Occupational and environmental health and safety (OEHS) professionals (also known as industrial hygienists) practice the science of anticipating, recognizing, evaluating, and controlling workplace conditions that may cause workers' injury or illness. Through a continuous improvement cycle of planning, doing, checking and acting, OEHS professionals make sure workplaces are healthy and safe.

- Get additional resources at AIHA's [Coronavirus Outbreak Resource Center](https://www.aiha.org/coronavirus).
- Find a qualified industrial hygiene and OEHS professionals near you in our [Consultants Listing](https://www.aiha.org/consultants).



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