Temple University
College of Public Health

Contingency Committee Report
Reopening Guidance, Scenarios, and Recommendations

May 16, 2020

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I. Executive Summary

While uncertainty exists about various aspects related to COVID-19, there is a clear need to plan for a return to campus. Importantly, all planning and any possible scenario must prevent or mitigate negative consequences that would jeopardize the welfare of students, staff, and faculty and/or the College of Public Health’s (CPH) and Temple University’s (Temple) standing. The Contingency Committee was charged with determining the best way to prepare for a return to campus while protecting our health and safety. The Committee employed a series of guiding principles, which influenced our deliberations and recommendations. Namely, the CPH and Temple are part of a global community; thus, it was imperative to take into account disease transmission and spread at the local-, state-, national-, and global-level. Additionally, sufficient local healthcare capacity to treat cases, including those who require hospitalization and intensive care, were critical to framing recommendations. Government mandates and restrictions were also considered. Overall, we were driven by the need to protect the health and needs of vulnerable and high-risk populations. Thus, our recommendations are data-driven and grounded in public health and safety guidelines to meet our educational, research, and service missions in a supportive environment for students, staff, and faculty, ultimately minimizing liability and maximizing both educational delivery and revenue.

National public health experts widely agree that an effective vaccine will not be available before the beginning of fall semester. Our recommendations therefore assume that Philadelphia meets the Commonwealth’s criteria for reopening (i.e., 14-day average of cases <50 per 100,000 residents, and <150 new hospitalizations during any 3-week period and the following containment strategies will be in place to start reopening: widespread COVID-19 testing, adequate contact tracing capacity, the ability to appropriately implement isolation and quarantine, and assurance that facilities have adequate safeguards in place to protect their employees and those they serve.

We are planning for the return to campus, but, the return will be gradual as it is unlikely that Philadelphia and the surrounding area will meet national, Commonwealth, and Philadelphia guidelines for reopening with students on campus in August. Also, it is important to acknowledge that there will be fluctuations in infection that will likely result in reverting to shutdowns and this cycling could happen throughout the 2020-2021 Academic Year. Thus, we developed four scenarios along with new procedures and new environments that will eventually restore the on-campus experience, while promoting transparency, safety, and responsiveness. The scenarios start with a solely remote option (except for laboratory-based classes where proper mitigation and physical distancing can be employed) and move to options that are consecutively less restricted than the previous scenario.

This report begins with an orientation to government guidelines and the epidemiology of COVID-19 as well as containment strategies, which provide the rationale for our Scenarios. General considerations and recommendations are provided for six primary topics: Prevention, Decontamination and Safety; Academics and Fieldwork and Clinical Experiences; Research; Administration and Facilities; and Communication.
II. Guiding Principles
The College of Public Health (CPH) Contingency Plan is guided by several important principles, which are shown in Figure 1. The CPH and Temple University (TU) are part of a global community; thus, it is imperative to take into account disease transmission and spread at the local-, state-, national-, and global-level. Additionally, sufficient local healthcare capacity to treat cases including those who require hospitalization and intensive care are critical to framing these recommendations. Government mandates and restrictions were also considered. Fortunately, shelter-in-place measures are in place in Pennsylvania and Philadelphia; however, state and local governments have varying guidance, which could impact reopening. That said, the Pennsylvania Governor’s Reopening Plan was useful as we considered various scenarios that would enable us to reopen campus. Overall, we were driven by the need to protect the health and needs of vulnerable and high-risk populations. Thus, our recommendations are grounded in public health and safety guidelines to meet our educational, research, and service missions in a supportive environment for students, staff, and faculty ultimately minimizing liability and maximizing revenue.

III. Governor’s Plan to Reopen and Timeline
Pennsylvania’s Governor, Tom Wolf, released a 3-phase plan to reopen Pennsylvania (see Figure 2, Appendix A, see the Plan for Pennsylvania for details). The decision to reopen Philadelphia and move from the red to yellow phase will be based on an assessment of COVID-19 cases per the population. Specifically, the first step for a county to enter the yellow phase of loosening restrictions is for the 14-day average of cases to be fewer than 50 per 100,000 residents. As of May 11, Philadelphia’s 14-day case rate was 270.4 per 100,000. (See Epidemiology of COVID-19 section for more information.) It is important to note that the number of tests performed influences the number of cases identified. Thus, numbers may decrease as a function of less testing than actually having fewer cases in the population. Other key factors include hospital capacity (i.e., beds, ICU beds, ventilators, and personal protective equipment (PPE) to respond to a surge in cases resulting from relaxation of assumptions), availability of testing, and availability of contact tracing. The Pennsylvania Hospital Preparedness Dashboard is updated regularly and available here.
While 37 of Pennsylvania’s 67 counties started a gradual reopening moving in the yellow phase May 8 and May 15 and 12 more are projected to open May 22, Governor Wolf extended the shelter-in-place order to June 4 for the remaining 18 counties. In an effort to provide additional guidance on a timeline when Temple’s campus could reopen, we used the Governor’s report as well as “Reopening Pennsylvania: COVID-19 Economic Recovery Plan” released April 29. The Economic Recovery Plan has 4 Waves with colleges and universities being in Wave 3.

- **June 4**: If Philadelphia begins to reopen Wave 1 businesses those businesses will need to be open for 3 weeks and at that time if there are not 150 new hospitalizations, Wave 2 businesses may open in Philadelphia.
- **June 25 – July 16**: Wave 2 business openings will run 4-6 weeks after the initial Wave 1 opening. However, if there are 150 new hospitalizations during any 3-week period, we revert to a shutdown.
- **July 23 – August 6**: Wave 3 opening, which includes colleges and universities, is expected to be 7-9 weeks after the initial opening as long as the 14-day average does not exceed 50 cases per 100,000 and there are not 150 new hospitalizations during any 3-week period.

Note that while Temple could reopen some time July 23 to August 6, 2020, Centers for Disease Control and Prevention (CDC) guidance for businesses/employers must be followed. For example, people must be a minimum of 6 feet apart and groups cannot be larger than 10 or 25 people. Thus, operations would continue to be significantly restricted to activities that do not require large groups of people congregated on campus.

### IV. Epidemiology of COVID-19

Understanding the epidemiology of COVID-19 is imperative to contingency planning. The total cases and deaths for the world, US, Pennsylvania, and Philadelphia are shown in Table 1. Overall, the US has 31.9% of the worldwide cases and 28.1% of worldwide deaths. This is noteworthy and unsettling as the US population is only 4.25% of the total world population. Philadelphia and the surrounding area have been impacted significantly. Overall, 30.2% of Pennsylvania cases are in Philadelphia and 23.2% of Pennsylvania’s deaths are in Philadelphia.
Globally, each person infected with COVID-19 infects 1.5–3.0 people, though estimates from Wuhan, China, suggest that figure is much higher; an average of 5.7 people were infected by each case. While limited testing in the United States makes it difficult to determine the average number of people infected by each case, there continues to be an increase in cases, hospitalizations, and deaths throughout the country, with the exception of New York City, where strict social distancing orders have been in place since March 20 and are in place until at least June 13, 2020. Despite the most densely populated counties in Pennsylvania remaining under a stay-at-home order as well as ascribing to the governor’s order that all citizens of the Commonwealth must wear masks when in public, there have been an average of 1021 news cases per day in the last week across the state as of May 15. Given the restrictive criteria for testing, this is likely a gross undercount of new cases of COVID-19 in Pennsylvania.

Table 1. COVID-19 cases and deaths by location
(updated 05/15/2020, 10:10am).

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Cases</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>4,444,670</td>
<td>302,493</td>
</tr>
<tr>
<td>United States</td>
<td>1,417,889</td>
<td>85,906</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>63,105</td>
<td>4,288</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>19,093</td>
<td>1,008</td>
</tr>
</tbody>
</table>

Source for world and United States: https://coronavirus.jhu.edu/map.html

Shelter-in-place efforts (combined with business and school closures, social distancing practices and mask wearing) to reduce transmission in Philadelphia County and Montgomery Counties have been effective, with the estimated R0 at 0.71 and 0.80, respectively. However, as shown in Figure 3, the number of COVID-19 cases and deaths continue to grow in Philadelphia and the surrounding counties. Further, the number of cases per 100,000 does not meet the threshold of 50 per 100,000 for reopening Philadelphia or the surrounding counties as shown in Figures 4, 5 and 6 and Table 2.

Figure 3. New confirmed cases and deaths per 1,000 residents
Figure 4. Pennsylvania COVID-19 Cases per 100,000 by County (updated 5/12/20 12:00pm)
Source: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx

Figure 5. Philadelphia COVID-19 cases per 10,000 residents by zip code

Figure 6. Case growth rate: Philadelphia, Montgomery, Delaware, Bucks, and Chester County, PA (updated 05/12/2020)
Source: The New York Times
### Table 2. Target and current 14-day case totals and case rates per 100,000 persons for Philadelphia, Montgomery, Bucks, Delaware, and Chester County, PA (updated 05/11/2020)

<table>
<thead>
<tr>
<th>County</th>
<th>14-day case total equal to target of 50 per 100,000</th>
<th>Average # of daily cases in 14-day period to meet threshold</th>
<th>Case total in past 14 days (as of 5/11/20)</th>
<th>Average # of daily cases (4/28/20- 5/11/20)</th>
<th>Past 14-day case rate per 100,000 persons (04/28/20- 05/11/20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia</td>
<td>792</td>
<td>57</td>
<td>4284</td>
<td>306</td>
<td>270.4</td>
</tr>
<tr>
<td>Montgomery</td>
<td>415</td>
<td>30</td>
<td>1413</td>
<td>101</td>
<td>100.9</td>
</tr>
<tr>
<td>Bucks</td>
<td>314</td>
<td>22</td>
<td>1335</td>
<td>95</td>
<td>212.5</td>
</tr>
<tr>
<td>Delaware</td>
<td>283</td>
<td>20</td>
<td>1622</td>
<td>116</td>
<td>286.2</td>
</tr>
<tr>
<td>Chester</td>
<td>262</td>
<td>19</td>
<td>684</td>
<td>49</td>
<td>130.3</td>
</tr>
</tbody>
</table>

No effective vaccine exists for COVID-19 and public health experts do not anticipate one will exist prior to August 2020. In his May 12, 2020 Senate testimony, Dr. Anthony Fauci noted, "Even at the top speed we’re going, we don’t see a vaccine playing [into] the ability of individuals going back to school this term.” The federal administration is optimistic that a vaccine will be available by the end of 2020. While COVID-19 vaccine development is being fast-tracked, it will likely take at least 12-18 months before it is ready for distribution. Thus, it is more realistic to consider that a vaccine could be available in Spring/Summer 2021 at the earliest. In addition, while serological (antibody) tests are available, the validity is low and therefore the tests do not meet the necessary standards for mass screening.

National, state, and local governments are attempting to balance economic recovery with public health and well-being. As reported in The New York Times, May 12, “If economic interests were allowed to override public health concerns, Dr. Fauci warned, ‘there is a real risk that you will trigger an outbreak that you may not be able to control.’ That could result not only in ‘some suffering and death that could be avoided,’ he said, ‘but could even set you back on the road to trying to get economic recovery.’”

Pennsylvania’s economic projections, as well as the projected cases and deaths for various reopening scenarios are shown in Table 3. If Pennsylvania adhered to policies where only essential businesses could be open and maintained shelter-in-place orders and social distancing practices, the GDP percent change is -12.5 and the number of deaths is projected to be 6,071. In stark contrast, if Pennsylvania, moves to a full reopening and reduced social distancing, the GDP percent change is -7.9 and the projected deaths is 47,421. Even if citizens maintain their social distancing practices, a full reopening of the Commonwealth, which includes lifting mandatory school closures and restrictions on business operations, would result in a -9.8 percent change in the GDP and 3 times the number of deaths (19,273 vs. 6,071) of the most cautious baseline scenario. As public health professionals and experts, it is difficult to condone such action. Specifically, if decision-makers implement this scenario, they are essentially claiming that the projected 2.7% gain in the GDP is worth the additional 13,202 projected deaths. Importantly, given human behavior, it is likely that citizens will relax or discontinue their social distancing. Thus, a 4.6% net gain in the GDP will be worth the “cost” of an additional 41,350 projected deaths. Not only are we concerned about the implications for the population of Pennsylvania, but we have similar concerns for the Temple community should we move too quickly to reopen campus.
Table 3. Pennsylvania Health and Economic Projections for July 15, 2020 (assuming May 15 reopening), by Policy and Behavior Scenarios

<table>
<thead>
<tr>
<th>Policy Scenario</th>
<th>Behavior Scenario</th>
<th>Projected Cases</th>
<th>Projected Deaths</th>
<th>Change in number of jobs during the past 7 days</th>
<th>Year-Over-Year GDP (%) change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Baseline</td>
<td>100,530</td>
<td>6,071</td>
<td>-47,390</td>
<td>-12.5</td>
</tr>
<tr>
<td>Partial Reopening</td>
<td>Baseline</td>
<td>126,727</td>
<td>7,492</td>
<td>-7,292</td>
<td>-10.8</td>
</tr>
<tr>
<td>Full Reopening</td>
<td>Baseline</td>
<td>331,082</td>
<td>19,273</td>
<td>127,556</td>
<td>-9.8</td>
</tr>
<tr>
<td>Baseline</td>
<td>Reduced distancing</td>
<td>132,442</td>
<td>7,806</td>
<td>-17,299</td>
<td>-10.3</td>
</tr>
<tr>
<td>Partial Reopening</td>
<td>Reduced distancing</td>
<td>208,473</td>
<td>11,982</td>
<td>22,799</td>
<td>-8.9</td>
</tr>
<tr>
<td>Full Reopening</td>
<td>Reduced distancing</td>
<td>853,729</td>
<td>47,421</td>
<td>157,647</td>
<td>-7.9</td>
</tr>
</tbody>
</table>

The simulator has different policy and behavior scenarios:
- **Policy Scenarios:** Baseline Policy = State maintains its current restrictions as of May 10. Some states are subject to an additional adjustment to bring their infection rates under control. Partial Reopening = As of May 15, state lift emergency declarations, stay-at-home orders, and school closures. Full Reopening = As of May 15, state lift all orders listed above as well as restrictions on the operation of businesses and restaurants.
- **Behavior Scenarios:** Baseline Behavior = Each individual maintains their current social distancing practices. Reduced Distancing = Individuals relax their social distancing efforts, returning fully to pre-pandemic behavior by the end of December 2020.

The simulator tracks four outcomes:
- **Cases:** Cumulative reported coronavirus cases, including those occurring before the start of the simulation on May 15.
- **Deaths:** Cumulative deaths due to coronavirus, including those occurring before the start of the simulation on May 15.
- **GDP:** Year-over-year GDP, which equals daily GDP compared to one year prior. So, for example, a value of -10% on May 15 for a particular state means that GDP as of May 15, 2020 is 10 percent lower compared to GDP on May 15, 2019.
- **Employment:** Total change in employment during the previous seven days. This measure is comparable to how "new jobless claims" are reported by the Department of Labor except our measure: (i) nets out new jobs to get a comprehensive change in employment; (ii) we show a rolling 7-day window on each day (not just on Thursdays of each week) to indicate changes in jobs during the previous 7 days. To get cumulative job changes since May 15, you will need to add the shown job change numbers on a consistent day of each week (e.g., each Friday) together. We are currently working on providing that series separately for ease of comparison.

**Note:** simulator is updated every two weeks and so only provides 2-month forecasts at a time

**Source:** [https://budgetmodel.wharton.upenn.edu/issues/2020/5/1/coronavirus-reopening-simulator](https://budgetmodel.wharton.upenn.edu/issues/2020/5/1/coronavirus-reopening-simulator)
Temple faculty from the Department of Epidemiology and Biostatistics and the Department of Geography and Urban Studies (Xiaojiang Li, Abby Rudolph, and Jeremy Mennis) conducted an analysis to investigate associations between changes in population mobility (from Google’s Community Mobility Report) and the rate of new daily COVID-19 diagnoses (from The New York Times) in the US across the urban-rural gradient (February-April, 2020). Figure 7 shows the spatial distributions of the correlation coefficients, and attendant catplots, for three location types (work, transit stations, and residential). The maps show that increased travel to transit stations and work locations are associated with an increased rate of new COVID-19 cases five days later. Conversely, an increase in the amount of time spent in residential locations is associated with a slowed growth rate. As seen in catplots, which stratify the correlation coefficients by urban-rural classification, significant correlations are more likely to occur in urban counties. Collectively, our findings show that daily rates of new COVID-19 cases slowed following concomitant reductions in mobility in the US during February-April, 2020, particularly in many urban regions. Of note, findings for Philadelphia are significant for all location types. Although not a predictive model, these results suggest that relaxing mobility restriction may increase the growth of COVID-19 cases, particularly in urban settings.

V. Containment Strategies are Critical to Reopening
To reopen campus, the Commonwealth and/or city of Philadelphia must ensure at least four containment strategies are in place. 1) Widespread COVID-19 testing must be available for individuals with symptoms and populations such as those at high risk, health care personnel, and first responders. 2) Robust case investigation and contact tracing infrastructure must be fully functional to facilitate early identification of cluster outbreaks. While contact tracing is currently not feasible due to the large numbers of new cases, as case numbers decrease, contact tracing must be in place. 3) In addition, we must be able to issue and enforce proper isolation and quarantine orders. 4) Identification of high-risk congregate settings, such as college campus (including dorms, gyms, dining halls, large classrooms, and shared common areas) and assurance that facilities have adequate safeguards in place such as staff training, employee screening, visitor procedures and screening, and adequate supplies of PPE to support continued operations.

Figure 7. Spatial distribution of COVID-19 cases: mobility and workplace, transit, and residence
Adequate COVID-19 testing is not available and as of April 28, 2020, Pennsylvania did not have plans to hire enough contact tracers to meet the need as shown in Figure 8.

Figure 8. Pennsylvania’s contact tracing deficit.

VI. Temple’s College of Public Health Contact Tracing Training

With over 1000 new cases identified daily in Pennsylvania, and the knowledge that it takes a team of 4 to 5 contact tracers three days to fully investigate all contacts of a single case, the Commonwealth needs a minimum of 3000 contact tracers working on cases alone – There are currently less than 150 contact tracers employed in Pennsylvania.

In an effort to address the state-wide and local contact tracing shortage and ultimately facilitate Philadelphia and Temple’s reopening, Temple’s College of Public Health is prepared to train people to do contact tracing using standard procedures, including privacy and ethics standards that are critical.

Temple’s Public Health Contact Tracing Training program will be available to our CPH students, faculty and staff as well as community volunteers. In addition, Temple’s Student Health Services and Employee Health, Temple’s Kornberg Dental School, and Temple’s School of Pharmacy will use the training for their staff and student volunteers.

We are coordinating across Temple and working with the Philadelphia Department of Public Health as they have contact tracing volunteer opportunities (and some fieldwork opportunities, too). In addition, we are talking with the Pennsylvania Department of Health and have discussed providing contact tracing training to help fill tracer positions in several counties. We also reached out to the surrounding Philadelphia metro-area counties. Thus, we may be providing training more broadly.

This is a fully online, ~10 hour, self-paced training program. The training (i.e., ~6 hours online modules with 3-4 hours of prep/activities) will cover the necessary contact tracing components. For example, disease transmission, case isolation and quarantine as a public health measure, ethics/privacy regarding data collection, health equity and vulnerable populations, cultural sensitivity, motivational interviewing, developing rapport/trust, and risk communication. Importantly, the training will also include at least one, if not two, mock contact tracing phone calls where participants will need to successfully/appropriately
interact with people during a contact tracing phone call. Proper data collection and entry procedures will also be assessed.

In short, our training will enable people to readily transition into the jurisdiction-specific protocol training offered by local/state public health and start contact tracing, including contact tracing on Temple’s campus by Student Health Services.

VII. Centers for Disease Control and Prevention Higher Education Institutional Guidance

When considering reopening campus, it is important to consider the CDC’s guidance for institutions of higher education (Figure 9). The CDC suggests a 2-5 day suspension of classes each time a COVID-19 case is identified on campus regardless of community spread. This suspension allows for, among other things, full disinfection of facilities. In addition, given high case density around campus, if there is community spread in local zip codes, the University should assume that a COVID-19 positive person has been on campus. Importantly, as of May 12, 2020, we are currently at “substantial community spread” based on the Philadelphia Department of Public Health data. More detailed CDC guidance is provided here.

Figure 9. CDC’s decision tree for institutions of higher education.

VIII. Return Scenarios

We are planning for the return to campus, but, the return will be gradual as it is unlikely that Philadelphia and the surrounding area will meet national, Commonwealth, and Philadelphia guidelines for reopening with students on campus in August. Also, it is important to acknowledge that there will be fluctuations in infection that will likely result in reverting to shutdowns and this cycling could happen throughout the 2020-2021 Academic Year. Thus, based on the current government mandates and public health guidance, as well as the remainder of our guiding principles, we provide four return scenarios to consider for planning purposes (see Figure 10).

The four scenarios along with new procedures and new environments will eventually restore the on-campus experience, while promoting transparency, safety, and responsiveness. The scenarios start with a solely remote option (except for laboratory-based classes where proper mitigation and physical
distancing can be employed) and move to options that are consecutively less restricted than the previous scenario. All scenarios require adherence to CDC guidance for personal prevention and safety as well as recommendations for employers, schools, colleges and universities, and restaurants, as relevant. This includes extra cleaning procedures and changing physical spaces to main social distancing. Campuses across the country are also planning for various scenarios. Most recently, the California State system announced that fall 2020 courses will be online.

It is useful to consider the four scenarios in the context of the Pennsylvania Governor’s Plan to Reopen described on pages 2-3. Briefly, all four scenarios require that CDC guidelines are followed. When in the Red phase of the Pennsylvania reopening plan, we are in our CPH Solely Remote scenario. When we move to the Yellow phase, the CPH Solely Remote scenario will be relevant at the beginning of the phase and moving to the CPH Restricted scenario is permitted. At present, no specific metrics are available for what will allow a transition from the Yellow phase to the Green phase of the Pennsylvania reopening plan. We anticipate that the CPH Relaxed Restrictions scenario or In-person Classes scenario may be implemented. However, it is important to note that if the CDC guidelines remain the same, classes with >20 students should still be online to ensure social distancing.

### Figure 10. Possible reopening scenarios with varying

<table>
<thead>
<tr>
<th>SOLELY REMOTE</th>
<th>IN-PERSON CLASSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online instruction only</td>
<td>Smaller courses meet in-person</td>
</tr>
<tr>
<td>&lt;10 people per space</td>
<td>No in-person lectures &gt;100</td>
</tr>
<tr>
<td>Essential employees only</td>
<td>Follow CDC guidance for personal prevention/safety and employers</td>
</tr>
<tr>
<td>Research contingencies</td>
<td>No mass gatherings</td>
</tr>
<tr>
<td>Enhanced support for students, faculty, and staff</td>
<td>Extra cleaning procedures</td>
</tr>
<tr>
<td>No dorms</td>
<td></td>
</tr>
<tr>
<td>No gyms/wellness centers</td>
<td></td>
</tr>
<tr>
<td>No food service</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESTRICTED</th>
<th>RELAXED RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hybrid instructions-majority online</td>
<td>Hybrid instructions-majority online</td>
</tr>
<tr>
<td>&lt;25 people per space</td>
<td>&lt;50 people per space</td>
</tr>
<tr>
<td>No dorms</td>
<td>Restricted dorms</td>
</tr>
<tr>
<td>No gyms/wellness centers</td>
<td>Restricted gyms/wellness centers</td>
</tr>
<tr>
<td>Limited food service and take-out only</td>
<td>Take-out only</td>
</tr>
<tr>
<td>Follow CDC guidance for personal prevention/safety and employers</td>
<td>Follow CDC guidance for personal prevention/safety and employers</td>
</tr>
<tr>
<td>Extra cleaning procedures</td>
<td>Extra cleaning procedures</td>
</tr>
</tbody>
</table>

### IX. Prevention, Decontamination, and Safety Considerations and Recommendations

The arrival of large numbers of students, faculty, and staff on campus necessarily increases risk of infection, a risk that must be monitored, mitigated and managed. Based on state and federal guidance and existing research on COVID-19, testing must be available to all people prior to their return to campus and should be available to all students, faculty, and staff once they return to campus. Traffic and density within campus buildings must be regulated and monitored to reduce the likelihood of transmission within buildings; this includes reducing elevator capacity and use of the stairwells. All Temple personnel and students should have access to protective measures, including disinfectant stations, face covers, personal thermometers, and physical barriers to protect staff (details in Appendices B and C).

Standard guidance suggests opening only if all criteria in Figure 11 (below) are met. In addition, general reopening considerations are shown in Figure 12.
Figure 11. Metrics to ensure healthcare and public health capacity prior to reopening

Figure 12. Reopening Considerations
A. National Guidelines for Reopening

Any reopening we do would need to be in phases, beginning with implementation of reduced density and extreme social distancing and sanitation guidelines

1. **White House Guidelines**
   - The following criteria be met before opening ([https://www.whitehouse.gov/openingamerica/](https://www.whitehouse.gov/openingamerica/)):
     - **Symptoms**: Downward trajectory of (a) influenza-like illness and (b) COVID-19-like syndromic cases in past 14 days
     - **Cases**: Downward trajectory of (a) COVID-19 cases and (b) proportion of COVID-19 tests that are positive in past 14 days
     - **Hospitals**: Treat all patients without crisis care and robust testing program in place for at-risk healthcare workers (Governor Cuomo of New York State suggests <70% filled)
     - 2-week reductions in the number of new hospitalizations and deaths

2. **CDC Standards for Cleaning Community and Higher Education Facilities**
   - Specific guidance regarding cleaning procedures following the detection of a positive case.

3. **Occupational Health and Safety Administration Guidelines**
   - Temple must adhere to the Occupational Health and Safety Administration (OSHA) standards as well as specific guidance about COVID-19.
     - [https://www.osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf)

4. **American Society of Heating, Refrigeration and Air-Conditioning Engineers Ventilation Guidelines**:
   - Prior to opening school, all spaces would need to be thoroughly cleaned and a schedule of such cleanings maintained.
   - Ventilation, HVAC, pipes, etc. should be checked to ensure everything is operational.
   - Outdoor air ventilation (use caution in highly polluted areas) should be increased given a lower population in the building increases the effective dilution ventilation per person.
   - Steps include:
     - Disable demand-controlled ventilation (DCV).
     - Further open minimum outdoor air dampers, as high as 100%, thus eliminating recirculation (in the mild weather season, this need not affect thermal comfort or humidity, but clearly becomes more difficult in extreme weather).
     - Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
   - Keep all related systems running longer hours, if possible 24/7, to enhance the two actions above
Consider portable room air cleaners with HEPA filters.
Consider UVGI (ultraviolet germicidal irradiation), protecting occupants from radiation, particularly in high-risk spaces such as waiting rooms/areas.

5. Decision makers
- Should have ongoing and up-to-date access to the number of beds, ICU beds, ventilators, isolation beds, and personal protective equipment for healthcare staff
  - Those currently in use
  - Those available for future use
  - Capacity to handle a potential surge

B. Considerations and Recommendations for On-campus Operations
A feature of Temple University is a large number of students, staff and faculty in classes, circulating on campus, and in the case of students, many living in nearby on and off-campus accommodations. Many faculty and staff are among those at high risk for severe symptoms of and death related to COVID-19. Additionally, while younger populations are generally considered at lower risk than older adults, Temple students may also have immune disorders, asthma, diabetes, or other conditions that put them at high risk for severe symptoms and COVID-19 related complications. This creates a liability issue, which the university must carefully consider. The following section provides information on considerations and recommendations for: COVID-19 testing and contact tracing for the Temple community, management of physical and human resources, campus traffic and density, policies to protect the Temple community and its members, health services and the mental/emotional environment, as well as public transportation and parking.

1. COVID-19 Testing Recommendations for Temple Community
- All students, faculty, and staff should receive a diagnostic test and be confirmed negative for COVID-19 before returning to campus
  - Requires that testing is available to all people, not just symptomatic people as is the current policy
  - After this initial testing, re-testing must be available on campus for those with symptoms, or who have been in close contact with someone who tested positive.
- Student Health Services and Employee Health Services on main campus or Temple University Health System (TUHS) must have capacity to perform tests and ensure turnaround time for results to support planning for and successfully implementing isolation and quarantine.

2. Contact Tracing for Temple Community
- Temple must have capacity for contact tracing if there is an outbreak (i.e. cluster of cases) on campus.
- Checkpoints strategically placed at building, floor, and room entries/exits to monitor overcrowding to support targeting of interventions to improve social distancing measures, and contact tracing if an outbreak occurs.

Figure 13. Contact Tracing Visual
Alternatively or in combination with checkpoints, hall monitors (equipped with appropriate PPE) should be appointed to monitor and enforce adherence to social distancing guidelines.

Must have the capacity to handle a surge in cases that could result from progressively relaxing guidelines

- Ability to handle double the number of hospitalizations (i.e., beds, ICU beds, ventilators, etc.) see dashboard.
- Sufficient PPE for Temple’s Student Health Services and Employee Health as well as TUHS healthcare workers even if the need doubles.

3. Management of Physical Resources

- There must be hand sanitizer and wipe stations at all exit/entry doors to buildings, rooms, stairways, and elevators, as well as strategically placed throughout hallways. Poster to indicate how often and when hand sanitizers, wipes, and soap will be replenished.
- For those handling food, housekeeping, and security, gloves should also be made available
- And inventory is needed of room occupancies (i.e., classrooms, conference rooms, offices, kitchens, common areas, offices, etc.) to determine how many people can safely occupy the room to permit a 6-foot buffer around each person. Need signage to indicate occupancy as well as floor markings to promote physical distancing
- Surplus furniture should be removed and may be added back in as distance requirements are relaxed.
- Plastic/vinyl furniture should be added first for easy disinfection.
- Floor markings are needed to indicate one-way directional flow through all hallways (including stairs - stay to right with 4-6 steps between persons), 6-feet perimeters around desks, 6-foot distance to indicate where people can stand when waiting in lines, etc.
- Physical barriers and tape markings must be in place to allow for distance between those entering and exiting buildings and those going up vs. down a stairwell.
- Plexiglass/Plexiglas® shields should be installed to protect receptionists and security staff who have a high degree of contact with visitors; contactless sign in.
- Waiting areas must be organized to promote social distancing.
- Ongoing communication about signs, symptoms, and availability of hand sanitizer/wipes.
- Single occupancy elevators and/or stickers on floor to indicate how many people can occupy it safely (and where to stand).
- Shared supplies/equipment must be removed.
- Touchless light switches, doors, faucets, soap dispensers, towel dispensers, water fountains are needed. Also consider removing push button locks (e.g., in Weiss restrooms).
- Extra PPE is necessary for housekeeping staff and security staff.
- Temperature, mask, and symptom checks are needed at entry doors (need to supply masks for those who do not have them; send those with fever or symptoms home or to get tested).

4. Management of Human Resources

- No off-campus visitors in Solely Remote scenario and limited visitors in Restricted and Relaxed Restrictions Scenarios.
Reduced in-person class offerings, staggered schedules, and rotating staff schedules to reduce
density on campus and overcrowding between class changes and lunch.

Rotating schedules could be operationalized with timesheets to indicate days on campus.

Courses offered in person offered at staggered times or in different buildings to reduce crowding
in hallways, by elevators, and outside of classrooms before class.

Zoom meetings to replace in-office meetings; if offices are large enough to accommodate more
than one person, furniture must be arranged to permit at least 6 feet between persons.

No standing in hallways waiting to go into offices, conference rooms or for “chatting”.

Discouragement for students and other visitors of being in office and classroom areas other than
for class, meetings, advising.

Kitchens and common areas will have occupancies posted; furniture removed or altered to permit
adherence to social distancing guidelines; commonly touched objects like coffee pots removed.

Elevator restrictions - single person occupancy preferred with occupancy labels to indicate safe
number of occupants and floor markings to indicate where to stand.

Risk Reduction Training

An online training must be available for the Temple community and completed prior to return to
campus that outlines: 1) protective steps being taken (e.g., cleaning, availability of PPE, sanitizer
etc.), 2) expected practices and best steps to mitigate personal risk (i.e., social distancing, hand
sanitizing, masks, etc.), 3) who to raise specific concerns to, and 4) potential consequences for
not following Temple guidelines.

Campus Traffic / Density

All non-essential employees should continue to be encouraged to work from home.

For all staff alternate day and other scheduling approaches should be used to reduce volume of
people in each building or in shared office space on a given day.

Moving as many classes online as possible, will create more usable space to promote social
distancing for courses that must be in-person.

Hallway, campus, elevator, and stair traffic must be minimized.

All items in “Management of Physical Resources” section below must be followed.

Policies to Protect Temple Community and Campus

Faculty, staff, and students, who identify as high risk populations may not be required to attend
events or meetings in congregate facilities.

Faculty and staff with allocated laboratory spaces in congregate facilities (e.g., 1700 North Broad,
Aramark STAR Complex) must be assigned office spaces that will not put them at higher risk for
exposure to coronavirus.

- For example, 1700 North Broad houses Student Health Services and Employee Health
  Services, as well as research labs and offices. Researchers and staff cannot access the
  offices without climbing a tight stairwell or using a small elevator, both of which may
  sustain droplets with coronavirus if a prior occupant is not wearing a face cover properly.

Temperature, mask, and symptom checks are needed at entry doors (need to supply masks for
those who do not have them; with a protocol to 1) send those with fever or symptoms home or to
get tested) and 2) inform those in contact with someone with symptoms or confirmed diagnosis
not to come in office and to follow isolation/quarantine recommendations.
o No off-campus visitors in Solely Remote scenario and limited visitors in Restricted and Relaxed Restrictions Scenarios.

o All people on campus must wear masks or a face cover (e.g., scarf, gaiter, etc.).
  • If people do not have a mask, disposable masks must be available to supply to students, staff, and faculty upon entry into a campus building.
  • Persons refusing to wear a mask or face cover will be denied entry to any campus building.
  • Gloves are not required for students and faculty, but staff members should follow guidelines set forth by their department.

8. **No Tolerance Policy on Discrimination**

o At orientation, all incoming students will be informed of a policy against discrimination, which will explicitly include COVID-19 related discrimination.

o All syllabi should include a section about the zero tolerance policy against COVID-19 related discrimination and a syllabus quiz must be completed, requiring students to acknowledge that they are aware of the policy and the repercussions of disobeying.

9. **Student Health Services and Employee Health Services** should ensure:

o Testing for COVID-19 is available to all students, staff, and faculty who have a temperature or symptoms upon attempting to enter/exit any campus building. (Note: for clinics (and perhaps research as well) campus visitors need a list of community resources for testing.)

o That a student who tests positive for COVID-19 has access to necessities required to isolate – designating a dedicated building should be considered Policies to ensure that employees who test positive for COVID-19 have sick leave to maintain financial and physical wellbeing.

o Collaboration with Philadelphia Department of Public Health regarding contact tracing.

o Mental and emotional wellbeing of students, faculty, and staff.

10. **Mental / Emotional Environment**

   COVID-19 has been and will continue to be challenging for students, staff, and faculty and a return to campus will not necessarily alleviate previous stress. Further, it and may raise new concerns that may affect individuals’ ability to cope. For these reasons there will be a need for additional and continuing supports.

   o Create a pop-up in TU Portal with information about and links to Student Health Services, Employee Health Services, and Tuttleman Counseling Services

   o Offer telehealth services with Temple counselors for those who do not feel comfortable attending on campus appointments and to reduce traffic in Tuttleman Counseling Center

   o Increase Student Health Services’ and Employee Health Services’ mental health service capacity

   o Increase surge capacity for Student Health Services by enabling doctoral candidates in clinical psychology to complete their clinical experience in Student Health Services.

11. **Public Transportation**

   o Public transportation may not be available or may not be safe on which to travel.

   o Shuttle service between and around campus should be increased and must have strict occupancy limits and frequent disinfection of vehicles.

   o Consider having reserved parking for drop off as an alternative to public transportation.
12. Parking
   o Staggering of staff and faculty schedules and reduced numbers on campus should support alternate spot parking so that social distance may be maintained when entering and/or leaving vehicles.
   o Parking hang-tags should be mailed rather than asking people to wait in line to pick up at Parking Services.

C. Considerations and Recommendations of Campus Shared Spaces

Housing and other shared spaces on campus will pose risks for infection and proactive educational and environmental steps are needed to monitor, reduce, mitigate and manage that risk. The following sections provide additional information on these issues as related to students, faculty, and staff.

1. Classrooms
   o The number of students and the size of classroom must be considered:
     ▪ Must be within public health order requirements.
     ▪ Classrooms must be large enough for the number of students to maintain social distance. Large classes must go online.
     ▪ Having some courses in class and some online may complicate students' ability to attend. Spaces are needed on-campus where students may log into online classes if there is not time to return to their accommodation.
   o Physical classroom environment must be reorganized:
     ▪ Replace/remove furniture to ensure social distancing; remove multiple-seat furniture in particular.
     ▪ There should be tape markings on floors for guidance on social distancing and not crowding entrance hallways and doorways.
   o Sanitation of classroom environment:
     ▪ Sanitizer and wipe dispenser in each room; faculty/staff/students should be encouraged and have supplies to wipe down high-touch surfaces (Appendices B and C) before and after each use
     ▪ Computers, white boards, markers, and student desks must be disinfected between each class; Faculty may wish to use personal equipment rather than shared equipment

2. Dormitories and Campus Apartments require special consideration. The following must be instituted to protect health and well-being:
   o Single occupancy only for individual rooms to support maintaining social distance.
   o Reduced occupancy for larger dorm suites and larger apartments to support maintaining social distance.
   o Taking temperature at monitored entrances/exits.
   o Single bathroom privileges only to prevent infection via fomite (i.e., through touching common surfaces - doors, locks, faucet handles, paper towel dispenser, etc.).
   o Plan to reduce traffic on elevators and stairs and/or create physical barriers that will support social distancing.
Provide opportunities for students in on-campus housing to isolate/quarantine to prevent spread in residential halls.

Given absenteeism may increase, there must be accommodations for students to be able to access materials remotely.

Move-in Day represents particular concern and risk that may be managed through the following strategies:

- Stagger move-in schedules by hall/unit with instructions for social distancing and wearing of masks.
- Institute testing for all persons entering the building and refer positive cases for follow-up (students to SHS, parents/friends/etc. referred elsewhere).

3. **Off-campus Housing / Greek Life**, although not under Temple supervision, also pose a risk. As well as educational mailings and other contacts with landlords and with fraternity and sorority leadership. The following strategies should be implemented to reduce/manage risk:

- Enlist peer change agents to support changing social norms on and off campus.
- Include students as part of all communication strategies to ensure messages will resonate.
- Provide guidance regarding housing occupancy recommendations, management of parties/gatherings, reporting of COVID-19 related concerns.

4. **Dining Facilities**

Maintaining social distancing in cafeterias, restaurants, and dining areas is recognized as challenging. Locations on campus should follow recommended practices such as:

- Only serve pick-up meals with drinks and disposable eating utensils only with availability for diet-specific meals.
- Encourage no congregating in or around cafeterias and dining halls/areas including removing seating.
- Place markings on floor to facilitate/encourage social distancing while in lines.
- Require gloves for those touching food.
- Install plexiglass/Plexiglas® shields for those with close interactions with others at counters, cash registers, etc.

5. **Gym / Athletic Facilities and Wellness Centers**

- Gyms must remain closed, as common equipment spreads infection and are not set up to support social distancing.
- State, NCAA, and NFL guidance should be followed regarding any planned sports events but spectators should not be permitted.
- Opening of tracks will require that they be supervised and that steps are taken to ensure social distancing compliance.

6. **Charles Library and Computer Labs**

- Capacity of the Charles Library will be reduced to 20 to 30% occupancy depending on stage and federal, state, and local guidelines.
- Disinfectant wipes and sanitizers should be at the entrance, on every level, and within easy access of each study table/study room.
As indicated in Appendix B, keyboards and other computer equipment should not be shared, so laptop loans and computer labs will be unavailable and closed, respectively.

7. Other Shared Spaces (including kitchens, bathrooms, meeting areas, conference rooms) – see details provided in Section IX.B.3 and Appendix B).

- There should be disposable wipe stations near copy areas, conference rooms, kitchens and other shared spaces.
- Chairs, desks, work stations, and kiosks should be reduced and spread further apart to ensure 6-foot perimeter and use markings on floor including waiting areas.
- One-way floor plans should be employed in campus buildings to reduce overlapping traffic.
- All bathrooms on campus should be single occupancy and should have locking capability to ensure this limit is adhered to.
- All break rooms must have maximum capacity noted at the doorway.

X. Professional and Personal Travel Recommendations

Travel should adhere to CDC guidance and government mandates to limit risk. Travel by faculty and staff may occur in three areas: to local meetings, to conferences, and to complete data collection. In the initial scenarios of a return to campus meetings (i.e., Solely Remote, Restricted and perhaps Relaxed Restricted), conference attendance and data collection should be virtual only (unless there is research exception). During the timeframe when professional travel is restricted by the university, personal travel should be discouraged. As university, state, city and local requirements change, if in-person activities are intended there should be an emphasis on avoiding use of public transportation and on ensuring that sites have measures in place to support maintaining physical distance and following appropriate hygiene practices.

XI. Academic Considerations and Recommendations

A. General Considerations and Recommendations

The CPH’s Associate Dean for Research led a committee that considered research-related issues for reopening. Overall, a return to academic operations should at a minimum: 1) adhere to government mandates, 2) follow public health guidelines for prevention, distancing, and safety, which reduces liability, 3) meet CDC guidance for schools and/or forthcoming recommendations for colleges and universities, 4) consider American College Health Association guidelines, 5) meet CDC guidance and adhere to OSHA standards for employers/ workplaces as well as guidance for preparing workplaces for COVID-19, 6) consider guidance from the various accrediting bodies of our CPH training programs, 7) continue to meet NC-SARA distance learning requirements, and 8) align with Temple contingency plans.

Given disease dynamics, government mandates, and current distancing requirements, we anticipate a full return of students on campus will not be feasible in fall 2020 and spring 2021 will likely be impacted as well. Several aspects of this report relate to the CPH academic mission and should also be considered for reopening educational activities. Perhaps most relevant are the Scenarios section with the gradual movement from distance learning to a full return to campus; Prevention, Decontamination, and Safety section with necessary personal protections, distancing, and cleaning guidance; Administration and Facilities section with traffic flow and facilities considerations; and Communications.
B. Training, Technology, and Connectivity Recommendations
Additional training and technology considerations that must be taken into account as we continue distance learning.

At a minimum the following training resources are needed:
- All CPH faculty must complete the CPH online training course in Canvas.
- All CPH students must complete an online boot camp that covers expectations for distance learning as well as tips for effectively using Canvas and Zoom and engaging in online courses.

Adequate technology is necessary:
- All CPH students are required to have a laptop beginning in 2020. This mandate along with the necessary equipment specifications should be widely communicated to students, CPH advisors, Program Directors, and Chairs via multiple channels.
- In addition, faculty must have a technology package that facilitates their ability to work effectively and efficiently. Various faculty are working on personal computers and/or working with one monitor, which makes online education extremely difficult. Thus, each faculty should, at a minimum, have a laptop and an external monitor by the end July (or by August 17 for new teaching faculty) at the latest to facilitate planning and educational continuity.

Internet connectivity and access impacts all; however, students are likely disproportionately affected.
- Continuing and incoming students may have difficulties reliably accessing Canvas and other online platforms such as Zoom.
- Special considerations should be made and communicated including leave of absence for continuing students and deferring admission to either spring 2021 or fall 2021 for incoming students.
- Relatedly, international students may be unable to travel to campus and live in locations with firewalls that will prohibit their ability to access the TU Portal, Canvas, and Zoom; thus, similar consideration should be made.

C. Fieldwork and Clinical Experience
CPH fieldwork placement needs are extensive. In the Fall 2019 semester 1,036 students were registered in clinical education courses, resulting in the need for 1,504 fieldwork placements. In the Spring 2020 semester 1,188 students were registered in clinical education courses, resulting in the need for 1,633 fieldwork placements. Fall 2020 fieldwork needs are expected to be comparable to Fall 2019 numbers. In Spring 2020, all fieldwork placements were disrupted due to COVID-19. Large health systems who take a majority of our students ended clinical education experiences for students within their facilities, as did many other community partners.

It is currently unknown exactly when all large health systems will resume clinical education programs for a majority of our students. Several programs, such as athletic training and recreational therapy, have professionals who have been furloughed from their employment, further decreasing numbers of community preceptors to supervise CPH students in fieldwork. Multiple factors determine the availability of fieldwork placements for CPH students. Thus, planning that involves rigid and heavy reliance on external community partners will be difficult. In addition to the recommendations below, it is likely that all programs will need to continually monitor the situation throughout the summer and fall, and maintain flexible contingency planning.
D. General Fieldwork and Clinical Considerations and Recommendations

1. Canvas and Preparatory Training
   - CPH students registered in fieldwork courses for AY 2020-21 will be required to complete a Canvas course on COVID-19 education and awareness. No student will be permitted to go into fieldwork sites without first successfully completing this.
   - The Canvas course is being created by a working group comprised of Nursing, Public Health, and Social Work fieldwork staff, in collaboration with Office of Clinical Practice and Field Experience (OCPFE).
   - The course will be created in Canvas. It will be module-based to include relevant education on COVID-19 risk and protective factors. Each module will include a quiz with 100% pass rate prior to moving forward in the course.
   - This course will be made available to preceptors and community site partners. OCPFE will create a Destiny One course to allow the sites to gain access. Communication of the availability of the course will be provided to sites by fieldwork staff and faculty, and will be reiterated by communication from OCPFE.
   - The group creating this Canvas course meets weekly, with a June 5, 2020 completion deadline.

2. Governmental Orders
   - All students will follow the governmental orders of the jurisdiction in which their fieldwork is taking place. It will be the responsibility of each student to monitor and make program field staff/faculty aware of any change in the jurisdiction.
   - Fieldwork staff and faculty will articulate this requirement to students through eValue and Canvas communication and will reinforce this throughout the semester.

3. Contingency for Stay-at-Home Order
   - If students enter fieldwork and a governmental shut-down order is implemented during the course of the semester, a two-week suspension in fieldwork will be put into place to allow for appropriate planning. Only after careful consideration and individual programmatic factors are reviewed, will decisions for continuing fieldwork be made. A complete shutdown of fieldwork will not occur in the absence of a two week suspension period.
   - During this suspension period all programs and OCPFE will meet to review current fieldwork accreditation standards and any COVID-19 allowances.
   - Based on accreditation review, planning to pivot to remote, telehealth, and simulation learning will be considered. Educational and financial factors and implications will also be reviewed.
   - Accreditation and licensing board approval will be sought during this time period for those programs for which this is required.

4. Delay / Deferral of Fieldwork or Practicum
   - Students who choose to delay participating in fieldwork will be required to attend a joint meeting with their fieldwork faculty/staff and their advisor to understand the academic implications of this, including possible delays in program completion.
   - All programs will create a program-specific response to students who delay fieldwork. This response will need to be consistent within each program.
   - If there is not a return to campus in Fall 2020 and all courses are online, programs should be given the option of a delay in starting fieldwork. This would allow for extra planning time likely needed for placing students in sites where they live. This will require allowance of incompletes.
and extended time provided for fieldwork completion. These incompletes may result in a delay in graduation for some students.

5. Increasing Internal Fieldwork and Clinical Practice Opportunities
   o Programs and OCPFE will focus on increasing internal opportunities for fieldwork that will positively impact TU and TUHS communities dealing with COVID-19 and decreasing reliance on community partners depleted by COVID-19.
   o Beginning May 12, 2020, all programs will begin meeting with OCPFE to review anticipated Fall 2020 individual fieldwork challenges, and possible solutions. Based on experiences from the Spring semester, and unpredictable fieldwork variables that include governmental orders, university decisions, as well as external community partner circumstances, this planning is expected to be extensive throughout the summer. Leadership in each program will need to create a plan to ensure those responsible are available for this planning.
   o Key community partnerships will be explored and meetings with these partners will be scheduled to explore expanding fieldwork possibilities. When appropriate, expansion to include other CPH fieldwork programs will be explored in the context of these meetings.
   o Based on accreditation review, planning to pivot to remote, telehealth, and simulation learning will be considered. Educational and financial factors and implications will also be reviewed.
   o Increasing internal clinical education experiences will require review of physical space to ensure CDC compliance. Internal experiences will also require additional resources for supervision of students. In some programs, supervision requirements are 1:1, while others have less restrictive requirement. CPH will need to evaluate to determine if increased costs are feasible. The cost/benefit ratio of internal expenses vs. potential delayed academic progress/graduation will need to be evaluated.

E. Special Fieldwork and Clinical Considerations and Recommendations
   1. Accreditation
      o All program directors will maintain contact with accrediting bodies and knowledge of most current accreditation updates related to fieldwork and COVID-19.
      o All programmatic fieldwork staff/faculty will advocate for fieldwork concessions when appropriate given circumstances created by COVID-19
   2. Personal Protective Equipment
      o CPH students participating in fieldwork will be equipped with masks and hand sanitizers. These materials are being ordered through the OCPFE and will be distributed in their programs via fieldwork staff/faculty.
      o Health systems and clinical practices may identify additional PPE items they will require in order to allow students to return to their facilities. This is especially true for Nursing students. It will be important for the Nursing Department to be in communication with the health systems and clinical practices, and for CPH to be prepared for additional PPE requests.
      o Communication Sciences and Disorders requires specialized masks that allow for full facial visibility. These masks have been ordered, and it will be important to monitor inventory vs. need, as there is limited availability for these.
      o Masks will be provided in the quantity required by CDC pandemic guidelines. Distribution of masks sanitizers to students in fieldwork placements will be at the discretion of each program.
All programs will create a plan for PPE storage, inventory, and distribution in collaboration with OCPFE.

3. Waivers
   - If governmental orders necessitate CPH discontinuing on-site fieldwork, students will be permitted to sign University Counsel approved waivers in order to continue. Seeking waivers is dependent on the availability and use of PPE.

   - Regarding fieldwork implications and decisions, all students will follow governmental orders in the states in which they are living, and the jurisdiction in which they are completing fieldwork.

5. Telehealth
   - Communication Sciences and Disorders, Occupational Therapy, Physical Therapy, and Social Work have worked to expand telehealth services for increased fieldwork opportunities for students. When possible, CPH programs will utilize telehealth to support community partners suffering from COVID-19 related closures.
   - CPH programs will continue to expand telehealth fieldwork opportunities with emphasis on serving on-campus clinic patients. CARES Act/COVID-19 telehealth grant is being applied for to provide these patients equipment to participate in the telehealth sessions.
   - These programs may require ongoing support of additional faculty adjuncts to allow students to offer services to the community.

6. Contact Tracing
   - Over 100 students from Social Work, Nursing, Communication Sciences and Disorders, Epidemiology and Biostatistics, Health Rehabilitation Sciences, Health Services Administration and Policy, and Social and Behavioral Sciences will participate in COVID-19 contact tracing through a partnership with TU and the City of Philadelphia Department of Public Health.
   - Each program will analyze ways in which this training and contract tracing activities can be incorporated into fieldwork hours and projects.

7. Community Sites
   - Programs will maintain ongoing communication with community partners and share contingency plans with OCPFE and other programs to allow us to incorporate community partner plans into a CPH plan.

8. Communication
   - Programs will share a consistent, unified message to community partners and students developed in partnership with OCPFE about CPH plans for fieldwork in the Fall 2020 semester.
   - Messaging to communicate CPH’s approach to PPE will be shared with community partners to give them an opportunity to provide feedback about their PPE preferences.
   - Fieldwork coordinators and OCPFE will create surveys for students and for community partners to assess and mitigate perceived safety concerns.

XII. Research Recommendations
The CPH’s Associate Dean for Research led a committee that considered research-related issues for reopening. Overall, a return to research operations should at a minimum: 1) ensure protection of human subjects, 2) adhere to government mandates, 3) follow public health guidelines for prevention, distancing, and safety, which limits liability, 4) meet CDC guidance and Occupational Safety and Health Administration standards for employers/ workplaces as well as guidance for preparing workplaces for...
COVID-19 to minimize risk, and 5) align with funders’ guidelines, and contingency plans from the TU Office of Research. Several aspects of this report relate to the CPH research mission and should also be considered for reopening research activities. Perhaps most relevant are the Scenarios section with the gradual movement from teleworking to a return to campus; Prevention, Decontamination, and Safety section with necessary personal protections, distancing, and cleaning guidance; and Administration and Facilities section with traffic flow and facilities considerations.

XIII. Administration and Facilities

The following section provides information on considerations for sanitation and temperature monitoring, facilities and distancing, furniture to maximize distancing, signage, and examples of suggested traffic flow. Also, the Prevention, Decontamination, and Safety section as well as Appendices B and C has additional recommendations that pertain to facilities and ultimately reducing liability.

A. Sanitation and Temperature Monitoring
  - Process for cleaning and visible documentation with housekeeping department. Users should be able to know when a space was last sanitized. Regular surface cleaning with posted documentation may be necessary. Documentation is key to both ensuring cleaning is performed and to increase trust and transparency for users.
  - Disposable wipe stations near copy areas, conference rooms, kitchens and other shared spaces.
  - Prepare spaces for nightly cleaning by getting items off the desk surface. Use monitor arms, under tray storage to facilitate cleaning.
  - Disposable paper desk mats should be considered for shared workstations.
  - All spaces should have easy, quick access to hand sanitizer and disposable wipe stations.
  - Classroom and common area furniture should have high-rub count, bleach-cleanable surfaces such as vinyl. The use of fabric and other difficult to clean porous surfaces should be eliminated.

B. Facilities and Distancing
  - 6-foot perimeter circular markings on floors beneath workstations may be effective measures to remind occupants of distancing needs. (See Figure 14.)
  - Quick solution would be simple tape markings.
  - Long term solution – customized carpet tile with distance markings built into the floor.
  - Emphasize traffic control with one-way routes within common areas and hallways to support distancing. Signage on walls and/or floor should indicate one way flow of traffic (See Figure 15).

![Traffic Flow Indicator](traffic_flow.png)

Figure 15. Traffic Flow Indicator
Source: Creative Safety Supply
C. Furniture to Maximize Distancing (See Figures 16 and 17)

- Eliminate use of shared seating such as benches in common areas. Replace with individual seating with necessary 6-foot minimum spacing between. Discontinue use of porous fabric use easy clean vinyl or similar easy clean surface.
- Explore options for creating physical separation between workers and patients in clinical settings using easy clean physical barriers at reception areas.
- Move away from more dense and/or shared desk office layouts to encourage separation where possible. Consider providing more private spaces or personal office.
- Install clear plexiglass/Plexiglas® separation barriers and sneeze guards where appropriate. They may be freestanding in some cases to allow for flexibility of use. Reception areas should have more permanent style barriers.
- Make sure any connected workstations with more than one user have partitions and or dividers which are easy to clean.

D. Signage

Signage is necessary to alert occupants to:
- Markings on floor for guidance on social distancing
- Locations of necessary sanitation equipment such as wipes and hand sanitizer, and non-contact thermometers.

Figure 18 shows examples of signage for: one way circulation within classrooms, distancing reminders thru floor signage, and queuing reminders.
E. Examples of Traffic Flow Management

Figures 19, 20, and 21 provide the floor plans with traffic flow (user circulation) in selected spaces. Namely, the Old Dental School, 4th floor Nursing Simulation lab; the Weiss Hall, 1st floor Communication Sciences and Disorders clinic; and the Bell Building, 3rd floor CPH Dean's office space are shown.

Figure 18. Social Distancing Signage
Source: Steelcase / Corporate Interiors

Figure 19. Proposed traffic flow: Weiss Hall, Communication Science and Disorders
Figure 20. Proposed traffic flow: Old Dental Nursing Simulation Lab

Figure 21. Proposed traffic flow: Bell Building Offices
XIV. Communication Considerations and Recommendations

The main goal of communication for CPH is to provide transparent, meaningful communication to students, faculty, staff and parents and families, as well as stakeholders in the community. It should include information on how we will be moving forward to provide academic, research, and service activities during and after the COVID-19 pandemic and subsequent outbreaks.

Figure 22 provides the primary components of a communication tree that should be used to guide CPH communications with faculty and staff, students and families, and community stakeholders.

A. University and CPH Decisions

All university and CPH decisions should be communicated quickly and through appropriate communication channels based on the needs of all stakeholders. CPH should work in tandem with the university to ensure consistency in messaging across platforms. Risk communication principles should be employed for all messaging.

B. Stakeholders

CPH stakeholders include:

- **Students**: Students in any undergraduate or graduate CPH program
- **Parents/Family**: Parents and family of any undergraduate in a CPH program
- **Faculty**: All faculty (tenured, tenure track, non-tenure track, research, clinical or adjunct) in CPH
- **Staff**: All CPH and research or centers affiliated with CPH staff (part, full time and hourly)
- **Community stakeholders**: Preceptors, research partners, community partners, Board of Visitors, or any other community member invested in CPH
- **Local community**: users of CPH services or programs, general community

These stakeholders all have different communication needs and priorities, as well as potential communication channels. Specific concerns for each group may include:

- **Students/Parents/Family**: how classes and fieldwork will be implemented, housing and financial aid issues (i.e. if/when to apply for loan), transportation, bookstore and access to on-campus
resources like healthcare, mental health services, technology services and software needed for classes.

- **Faculty**: How classes will be implemented, technology access to effectively run classes, software access, what is needed to teach online (i.e., complete CPH online course), transportation issues. For those involved in research, impact on current studies and grants, support from college and university to complete research. Safety strategies (i.e., decontamination, social distancing) when back at work and in the classroom.

- **Staff**: potential furloughs, transportation, work schedules; Safety strategies when back at work.

- **Community Stakeholders**: What to with a students still remote or want student in person but university is not allowing (preceptors); lack of programming or community service from CPH; Effects on current community relationships or projects.

- **Community**: Local businesses and effect of not having students on campus. Concerns about further encroachment in neighborhoods if we aren’t going to have students in campus housing.

### C. Communication Channels

Each of these stakeholders should be reached through appropriate communication channels based on their needs, recognizing that not all students/family/faculty/staff or community members read emails, especially when coming from multiple people. A combination of communication channels should be utilized to reach a majority, including using emails from program directors, social media posts, Canvas posts, program list serves, and website posts. In some instances, emails from the chair of a department or a direct supervisor are advisable.

### D. Messaging

All communication to these stakeholders should be honest, direct, and provide needed information. If decisions are still pending, stakeholders should be made aware of the process that is being completed to make these decisions and the timeline in which decisions will be made. Understanding that some decisions will not be under the purview of CPH, it is also important to work with university communications to ensure consistency across not only CPH but the university.

All communications should also be developed with input from these stakeholders, if possible. Understanding the needs of each unique group and communicating in a way that addresses those needs will be critical to cooperation and compliance with decisions.

### E. Departmental / Faculty Needs

The CPH should administer standard survey to comprehensively assess departmental and faculty needs for education and research continuity.

### XV. Conclusions

The CPH and Temple have a responsibility to protect the health and well-being of our community and its members while ensuring that we meet the needs of vulnerable and high-risk populations. This report provides data-driven recommendations that are grounded in public health and safety guidelines to meet our educational, research, and service missions in a supportive environment for students, staff, and
faculty. Resources must be leveraged to swiftly implement these recommendations to minimize liability and ultimately maximize educational delivery and revenue.

Given the uncertainty and ever-changing dynamics of COVID-19 and related issues, our eventual return to campus is dependent on regularly monitoring federal, state, and local government mandates and CDC guidelines and updating plans accordingly.
### Appendix A. Pennsylvania Governor’s 3-Phase Reopening Plan

<table>
<thead>
<tr>
<th>Red Phase</th>
<th>Work &amp; Congregate Setting Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Sustaining Businesses Only</td>
<td></td>
</tr>
<tr>
<td>Congregate Care and Prison Restrictions in Place</td>
<td></td>
</tr>
<tr>
<td>Schools (for in-person instruction) and Most Child Care Facilities Closed</td>
<td></td>
</tr>
<tr>
<td><strong>Social Restrictions</strong></td>
<td></td>
</tr>
<tr>
<td>Stay at Home Orders in Place</td>
<td></td>
</tr>
<tr>
<td>Large Gatherings Prohibited</td>
<td></td>
</tr>
<tr>
<td>Restaurants and Bars Limited to Carry-Out and Delivery Only</td>
<td></td>
</tr>
<tr>
<td>Only Travel for Life-Sustaining Purposes Encouraged</td>
<td></td>
</tr>
<tr>
<td>Reiterate and reinforce safety guidance for businesses, workers, individuals, facilities, update if necessary</td>
<td></td>
</tr>
<tr>
<td>Monitor public health indicators, adjust orders and restrictions as necessary</td>
<td></td>
</tr>
</tbody>
</table>

As regions or counties move into the yellow phase, some restrictions on work and social interaction will ease while others, such as closures of schools, gyms, and other indoor recreation centers, as well as limitations around large gatherings, remain in place. For example, retail locations will be able to open with forthcoming guidance in place that is substantially similar to the worker safety and building safety order. Otherwise retail will be able to allow for curbside pickup. The purpose of this phase is to begin to power back up the economy while keeping a close eye on the public health data to ensure the spread of disease remains contained to the greatest extent possible.

<table>
<thead>
<tr>
<th>Yellow Phase</th>
<th>Work &amp; Congregate Setting Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telework Must Continue Where Feasible</td>
<td></td>
</tr>
<tr>
<td>Businesses with In-Person Operations Must Follow Business and Building Safety Orders</td>
<td></td>
</tr>
<tr>
<td>Child Care Open with Worker and Building Safety Orders</td>
<td></td>
</tr>
<tr>
<td>Congregate Care and Prison Restrictions in Place</td>
<td></td>
</tr>
<tr>
<td>Schools Remain Closed for In-Person Instruction</td>
<td></td>
</tr>
<tr>
<td><strong>Social Restrictions</strong></td>
<td></td>
</tr>
<tr>
<td>Stay at Home Restrictions Lifted in Favor of Aggressive Mitigation</td>
<td></td>
</tr>
<tr>
<td>Large Gatherings of More than 25 Prohibited</td>
<td></td>
</tr>
<tr>
<td>In-Person Retail Allowable, Curbside and Delivery Preferable</td>
<td></td>
</tr>
<tr>
<td>Indoor Recreation, Health and Wellness Facilities (such as gyms, spas), and all Entertainment (such as casinos, theaters) Remain Closed</td>
<td></td>
</tr>
<tr>
<td>Restaurants and Bars Limited to Carry-Out and Delivery Only</td>
<td></td>
</tr>
<tr>
<td>All businesses must follow CDC and DOH guidance for social distancing and cleaning</td>
<td></td>
</tr>
<tr>
<td>Monitor public health indicators, adjust orders and restrictions as necessary</td>
<td></td>
</tr>
</tbody>
</table>

The green phase eases most restrictions by lifting the stay at home and business closure orders to allow the economy to strategically reopen while continuing to prioritize public health. While this phase will facilitate a return to a “new normal,” it will be equally important to continue to monitor public health indicators and adjust orders and restrictions as necessary to ensure the spread of disease remains at a minimum.

<table>
<thead>
<tr>
<th>Green Phase</th>
<th>Work &amp; Congregate Setting Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Businesses Must Follow CDC and PA Department of Health Guidelines</td>
<td></td>
</tr>
<tr>
<td><strong>Social Restrictions</strong></td>
<td></td>
</tr>
<tr>
<td>Aggressive Mitigation Orders Lifted</td>
<td></td>
</tr>
<tr>
<td>All Individuals Must Follow CDC and PA Department of Health Guidelines</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B. Prevention, Decontamination, and Safety Guidelines for Limited Operation

Please note that per the PA Governor’s Reopening Plan, the following information is contingent on having proper containment strategies in place, which are COVID-19 testing for all, contact tracing, isolation, and limiting gathering size. Note that the gathering sizes range across the reopening stages from ≤10 people keeping 6-feet of distance (red stage), ≤25 people keeping 6-feet of distance (yellow stage), to ~50-100 people keeping 6-feet of distance (green stage).

I. Information about Containment Strategies

COVID-19 Testing:

- All students, faculty, and staff should be tested before returning to campus.
- We need adequate numbers of tests to also be able to test those who have symptoms or a temperature when they come to campus
- Capacity to handle testing in an outbreak

Contact Tracing and Facilitating Tracing:

- Temple’s Public Health Contact Tracing Training Program: This program will be active and train Temple Student Health and Employee Health staff as well as students across campus to assist with Temple’s contact tracing as well as contact tracing in Philadelphia and PA.
- Check-points on entry/exit of each building, floor, and room: Scan a barcode on entry and exit (or use a fob or ID swipe) to keep track of the density across campus. This should trigger changes in enforcement of practices and can facilitate contact tracing.
  - This is more private and accurate than using GPS tracking data and also pertains most to what Temple has control over.
  - This is costly - not all buildings equipped with this and $2,000 per unit.

Temperature Checks and Self-Monitoring:

- Before coming on campus or leaving housing, each person should take their temperature.
- Those with a temperature that is high for them (since body temperature individually varies) or those with a temperature of 100.4 or higher need to stay home.
- Also, if temperature checks can be done with sufficient accuracy at building points of entry, that should be done too. (See related information in sections below.)
- Consider implementing a systematic way for students, staff, faculty, and visitors to monitor and report their COVID-19 symptoms. If this is required every day, it would facilitate self-monitoring and allow us to understand whether symptoms are increasing, stable, or decreasing, which we could use to adjust our procedures. For example, at some threshold, we will want to make changes.
- Note that in the initial stage of reopening campus, visitors from the community or off-campus should be prohibited with the restriction lessened as COVID-19 cases and new hospitalizations decrease.

Isolation:

- Dorms and campus-related housing need banks of rooms for quarantine and banks of rooms for isolation.
Fact sheets and/or checklists with guidance about how to properly isolate and quarantine are necessary.

II. General Building Guidelines

Maximum Occupancy:
- Using square-footage of each room and the layout, determine occupancy of each space, allowing for a 6-foot perimeter buffer around each person. Note that the majority of Temple classrooms can only hold 10 students with proper distancing guidelines.
- Room occupancies could be indicated with a sign by the door and with markings on the floor.
- Furniture in these spaces should comply with distancing recommendations. For example,
  - Single-person desks spaced out in a checkered pattern
  - Extra classroom desks removed or marked if seating is prohibited
  - Classroom chairs that cannot be removed are marked to indicate which seats can be used

Hand Sanitizer / Wipe Stations:
- Inside and outside of each entry (i.e., exterior doors as well as offices, conference rooms, classrooms, elevators)
- Signage to indicate how often and when these materials will be replenished

Facility Entry:
- Face masks: Face masks are required for entry; masks must be provided to those without them to permit entrance
- Temperature checks: Temperature checks on entry; those with fever should be sent home or sent for testing. (See above for self-monitoring alternative if mass screening for temperature is not accurate.)
- Physical partition/barrier: Install physical partition between single-file entry and exit lines, if/as there is not 6-feet of separation between the two.
- Single-file entry: Apply tape markings on floor to indicate 6-feet for those standing in line to enter to ensure no bottle necks.
- Touchless door entry: Install touchless door entry (i.e., motion sensor, propped open, foot lever rather than handle)
- Surfaces to pay attention to: Important surfaces in building entry to pay attention to are: door handles, surfaces where there is likely overcrowding in entry/exit and lobby areas
- Check-points on entry/exit: Scan a barcode on entry and exit (or use a fob or ID swipe) to keep track of the density across campus. This should trigger changes in enforcement of practices and can facilitate contact tracing.
- Distancing Monitors / Infection Control Monitors: Alternatively or in combination with checkpoints, hall monitors appointed to monitor and enforce adherence to social distancing guidelines; hall monitors should have the appropriate PPE.

Security staff / reception desk:
- Physical barrier: Physical barriers installed between the person sitting at the desk and those entering – (i.e. a plexiglass/Plexiglas® shield affixed to the desk).
• **Temperature checks and mask checks at the door.** Those with high temperatures will be sent home and will not be permitted entrance. If those with a temperature or symptoms are required instead to get tested, we need a protocol for this. (See above for self-monitoring alternative if mass screening for temperature is not accurate.)

• **Regular screenings:** Consider implementing a systematic way for students, staff, faculty, and visitors (include presence of COVID-19 symptoms). We may want to do this in a systematic way to get an idea of whether symptoms in general are increasing or staying steady and use this to adjust our procedures. For example, at some threshold, we will want to make changes.

• **Visitor Sign-in:** The visitor sign-in for should be contactless. Potentially, staff member can complete this verbally so that multiple people are not touching the pen, paper, and clipboard.

• **Tape markings:** Tape markings should be placed on the floor to indicate safe distance to stand from security and/or reception desks.

• **Hand sanitizer:** Hand sanitizers need to be available at all security and reception desks.

**Housekeeping staff:**

• **PPE:** All housekeeping staff need access to gloves/disposable gowns which can be changed multiple times a day. If cleaning when others are present in high volumes, staff should wear a mask and goggles or a face shield. If gowns are not available, can use coveralls, aprons, or work uniforms. Clothing used while cleaning should be laundered afterwards. PPE breaches (i.e. any potential exposures due to flaws with equipment) should be reported immediately to supervisor.

• **Consider separate receptacles for PPE and trash.**

• **Frequent handwashing:** Frequent handwashing is advised per CDC guidelines. Handwashing should be done immediately after removing gloves and frequently thereafter.

**Density:**

• **No off-campus visitors**

• **Telework:** All non-essential employees should work from home to reduce density on campus.

• **In-person vs. Zoom:**
  - Limit in-person meetings in favor of Zoom unless there is adequate space to conduct the meetings with 6-foot perimeter around each attendee.
  - Large lectures held via Zoom
  - Only classes that need to be held in-person will be held in-person and in a room that can accommodate the class size with distancing protocols in place.

• **Check-points on entry/exit:** Scan a barcode on entry and exit (or use a fob or ID swipe) to keep track of the density across campus. This should trigger changes in enforcement of practices and can facilitate contact tracing.

• **Distancing Monitors / Infection Control Monitors:** Alternatively or in combination with checkpoints, hall monitors appointed to monitor and enforce adherence to social distancing guidelines; hall monitors should have the appropriate PPE.

**Hallways:**

• **Clockwise flow:** Tape markings on floor must indicate direction. Alternate plan is necessary for areas where this is not feasible, which must be clearly marked.

• **Signage:** Signs posted to indicate no standing in hallways so as not to impede physical distancing (i.e., instructions on where to wait to go into offices, conference rooms, no standing and chatting).
• **Hand-sanitizer and wipe stations:** Hand sanitizers and wipe stations strategically placed throughout.

• **Check-points strategically placed:** Scan a barcode on entry and exit (or use a fob or ID swipe) to keep track of the density across campus. This should trigger changes in enforcement of practices and can facilitate contact tracing.

**Stairwells:**

• **Physical partition/barrier:** Install physical partition to separate stairwell into a side walking up and a side walking down.

• **Bannisters:** Clean hourly

• **Signage:** Signage is needed to remind people to keep 6 feet between them and the person ahead of them while climbing the stairs. Also, information should be posted about staying single-file.

• **Hand sanitizer and wipe stations:** Hand sanitizers and wipe stations strategically on each floor and each stairwell landing.

• **Check-points at entry/exit:** Scan a barcode on entry and exit (or use a fob or ID swipe) to keep track of the density across campus. This should trigger changes in enforcement of practices and can facilitate contact tracing.

• **Distancing Monitors / Infection Control Monitors:** Alternatively or in combination with checkpoints, hall monitors appointed to monitor and enforce adherence to social distancing guidelines; hall monitors should have the appropriate PPE.

**Elevators:**

• **Signage:** Clearly indicate occupancy outside of elevator. Post signage to encourage people to wipe buttons before entry and before exit.

• **Use of elevators should be restricted to single use occupancy and reserved for those who are not able to use the stairs. Single occupancy should be marked outside of the elevator and with a buffer drawn inside the elevator to indicate single occupancy only**

  o If elevators are large enough to accommodate more than one person, indicate with signage outside of elevator and use floor stickers to establish distancing zones and describe where and how to stand

• **Tape markings:** Tape markings should be placed on the floor to indicate safe distance to stand for social distancing queue management for waiting passengers.

• **Hand sanitizer and wipe stations:** Hand sanitizers and wipe stations need to be placed immediately outside as well as inside all elevators

• **Check-points on entry / exit:** Scan a barcode on entry and exit (or use a fob or ID swipe) to keep track of the density across campus. This should trigger changes in enforcement of practices and can facilitate contact tracing.

**Office space:**

• **Occupancy:** Using square-footage of each room and the layout, determine occupancy of each space, which allows for a 6-foot perimeter buffer around each person; room occupancies can be indicated with a sign by the door and with markings on the floor; furniture in these spaces should comply with distancing recommendations (i.e. single-person desks spaced out in a checkered pattern).
• **Meetings via Zoom**: Use Zoom for meetings rather than in person meetings, when possible to maintain social distancing.

• **PPE for in-person meetings**: Even when masks are used, the size of most offices make it difficult to maintain 6 foot distance for meetings – potentially need face shield or goggles when >1 person is in office or cube.

• **Door knobs**: Prop open doors to the extent possible or add foot levers.

• **Desk space and high touch surfaces**: Desks, door knobs, phone, keyboard, monitor, hard drive, mouse, light switch, cabinets/drawers are high touch surfaces. Clean desk space before and after use. This includes telephones, keyboards, mice, mouse pads, monitors, etc.

• **Hand sanitizer and wipe stations**: Hand sanitizers and wipes must be inside and outside of each entry. Offices and cubicles must contain hand sanitizers and wipes.

• **Shared office space**:
  - Arrange furniture to comply with 6-foot perimeter and use markings on floor.
  - Items should be wiped down before/after use.
  - Regular handwashing must be done.
  - Depending on determined occupancy of space, alternate work days to allow for increased personal space (schedules can be created to facilitate this – e.g., similar to a timesheet for student work days)

• **Equipment used by multiple persons**: limit or provide plastic disposable coverings for keyboards (i.e., shared phones, staplers, office supplies, etc.)

• **Shared cabinets for office supplies**:
  - Remove doors to eliminate high-frequency contact area
  - Wash hands before and after touching common surfaces.
  - Put hand-sanitizing and wipe stations near all high-touch surfaces. These surfaces should be cleaned as if they are workout equipment – handles/knobs wiped down before and after touching.

**Copier/Printer/Scanner/Fax**:
- One person in charge of interacting with machine and distributing to a common area

**Shipments with office supplies**:
- If items are non-perishable, let boxes sit for at least 24 hours before opening.
- Consider sanitizing boxes before opening; proper disposal of boxes
- Wash hands after touching

**Other concerns**:
- Discourage students and other visitors of being in office and classroom areas other than for class, meetings, advising.
Appendix C. CPH Shared Space Building Operations Detailed Guidelines

Please note that per the PA Governor’s Reopening Plan, the following information is contingent on having proper containment strategies in place, which are COVID-19 testing for all, contact tracing, isolation, and limiting gathering size. Note that the gathering sizes range across the reopening stages from ≤10 people keeping 6-feet of distance (red stage), ≤25 people keeping 6-feet of distance (yellow stage), to ~50-100 people keeping 6-feet of distance (green stage). In addition, these guidelines are predicated on the fact that appropriate prevention, decontamination, and safety guidelines are followed for Building Operations (see Appendix B).

General Shared Space Guidelines

**Maximum Occupancy**

- Using square-footage of each room and the layout, determine occupancy of each space, allowing for a 6-foot perimeter buffer around each person. Note that the majority of Temple classrooms can only hold 10 students with proper distancing guidelines.
- Room occupancies should be indicated with a sign by the door and with markings on the floor.
- Furniture in these spaces should comply with distancing recommendations. For example,
  - Single-person desks spaced out in a checkered pattern
  - Extra classroom desks removed or marked if seating is prohibited
  - Classroom chairs that cannot be removed are marked to indicate which seats can be used

General common areas / shared spaces:

- **Physical distance / separation:**
  - Chairs, desks, work stations, and kiosks should be reduced and spread further apart to ensure 6-foot perimeter and use markings on floor including waiting areas.
  - Depending on determined occupancy of space, create a schedule rotation to facilitate safe access to maximum number of people throughout the day.
- **Equipment used by multiple persons:**
  - Limit/prohibit or provide plastic disposable coverings for keyboards, mice, mouse pads, and desks.
  - Items should be wiped down before/after use.
- **Hand sanitizer and wipe stations:** Hand sanitizers and wipes must be inside and outside of each entry. Common area spaces must contain hand sanitizers and wipes.
- **Use motion-sensor lights:** Use sensors rather than switches to limit/eliminate need for regular cleaning.
- **Door knobs:** Prop open doors to the extent possible or add foot levers.
- **Seating:** Avoid fabric seating covers in favor of hard surface seating and tables that can be cleaned more easily.
- **Handwashing:** Regular handwashing must be done.

Classrooms/Conference rooms:

- **Occupancy labels and markings:** See maximum occupancy guidelines above. In addition,
Surplus furniture should be removed although it may be added back in as distance requirements are relaxed.
Display occupancy outside of entry
Arrange furniture so that 6-foot buffers are permitted
Install markings around furniture to indicate 6-foot buffers

- **Classes online and in classrooms:**
  - Classes can only be offered in rooms that can accommodate the enrolled class size given occupancy guidelines
  - All classes that can be offered online should be in order to free up space on campus and reduce density.
  - All large classes should be held online.
  - Classes that cannot be offered online should be spread out over the space that is now vacant. The aim is to minimize traffic on campus to promote social distancing
    - Medium-sized classes held in vacated large rooms
    - Small classes held in vacated medium-sized rooms

- **Hand sanitizer and wipe stations:** Hand sanitizers and wipes must be inside and outside of each entry. Common area spaces must contain hand sanitizers and wipes.

- **Cleaning:** Wipe equipment before and after each use, use hand sanitizer before entering and exiting rooms. This extends also to light switches, door knobs, desk/table surfaces, as well as the items mentioned above. Faculty should also be given disposable wipes to be able to clean off commonly touched surfaces in the event that wipes are missing from rooms.

- **Use motion-sensor lights:** Use sensors rather than switches to limit/eliminate need for regular cleaning.

- **Door knobs:** Prop open doors to the extent possible or add foot levers.

- **Check-points on entry/exit:** Scan a barcode on entry and exit (or use a fob or ID swipe) to keep track of the density across campus. This should trigger changes in enforcement of practices and can facilitate contact tracing.

- **Distancing Monitors / Infection Control Monitors:** Alternatively or in combination with checkpoints, monitors appointed to monitor and enforce adherence to social distancing guidelines; monitors should have the appropriate PPE.

- **Seating:** Avoid fabric seating covers in favor of hard surface seating and tables that can be cleaned more easily.

- **Other concerns:**
  - AV equipment is touched by multiple faculty (i.e., keyboard, mouse, monitor, clicker, hard drive, etc.), desks, white boards and markers, chairs. Perhaps each faculty uses their own markers, pointer, etc.
  - Discourage students and other visitors of being in office and classroom areas other than for class, meetings, advising.

- **Common kitchen areas:**
  - **Occupancy:** Display occupancy outside of entry
• **Areas of concern:** All handles (i.e., refrigerator, shelves, microwave, coffee pot, sink, cabinets and drawers), light switches, countertop, paper towel dispenser and high-touch surfaces.

• **Paper towel dispenser:** switch to air dryers, motion sensor towel dispensers or the type where towels are pulled directly from the bottom, rather than touching a lever.

• **No-touch faucets:**
  - If there is no change in status quo, take care when touching faucet handles and paper towel handles after your hands are “clean”. Recommendations: first get paper towel to turn faucet on and to dry clean hands, wash hands, dry hands with a clean paper towel, then use a paper towel to turn off the sink and dispose of the paper towel. To be considerate to others, we can make sure that there is always a bit of paper towel at the base of the dispenser without needing to turn the handle before we leave.

• **Seating areas:**
  - Arrange seating to provide 6-foot perimeter around each person.
  - Furniture should be replaced to promote this change (i.e., only long tables with chairs at either end); tables should also be separated by at least 6 feet (more so, because when people get up to walk, they will be in closer proximity to those around them).
    - People should only sit at the same table if they can be separated by at least 6-feet.
  - Use tape markings on floor to show necessary physical distancing space.

• **Hand sanitizer and wipe stations:** Hand sanitizers and wipes must be inside and outside of each entry. Common area spaces must contain hand sanitizers and wipes.

• **Touchless Soap Dispenser:** Soap at sink should be well stocked.

• **Signage:** Signs to indicate people should clean as well as when and how frequently soap, hand sanitizer, and wipes will be replaced/replenished; also to indicate room occupancy

• **Door knobs:** Prop open doors to the extent possible or add foot levers.

• **Use motion-sensor lights:** Use sensors rather than switches to limit/eliminate need for regular cleaning.

**Bathrooms:**

• **Occupancy:** Depending on the size of the bathroom, usage should be restricted to the number of persons who can safely occupy the space with a 6-foot buffer and occupancy should be posted - not sure how to control this.

• **Areas of concern:** entry door handle, stall door/lock, flush handle, toilet handrails, toilet paper dispenser, sink knobs, paper towel dispenser. Consider removing push button locks (e.g., in Weiss restrooms).

• **WHO Handwashing video:** [https://youtu.be/3PmVJQUc4E](https://youtu.be/3PmVJQUc4E)

• **Flush with foot**

• **Lights always on**

• **Touchless soap dispenser:** Soap at sink should be well stocked.

• **Touchless paper towel dispenser:** switch to air dryers, motion sensor towel dispensers or the type where towels are pulled directly from the bottom, rather than touching a lever.

• **No-touch faucets**
• Create distance between sinks and urinals
• Foot levers for entry doors

**Shared cabinets for office supplies:**
- Remove doors to eliminate high-frequency contact area
- Wash hands before and after touching common surfaces.
- Put hand-sanitizing and wipe stations near all high-touch surfaces. These surfaces should be cleaned as if they are workout equipment – handles/knobs wiped down before and after touching.

**Shipments with office supplies:**
- If items are non-perishable, let boxes sit for at least 24 hours before opening.
- Consider sanitizing boxes before opening; proper disposal of boxes
- Wash hands after touching
Appendix D. Temple Miscellaneous Operations – Detailed Guidelines

Please note that per the PA Governor’s Reopening Plan, the following information is contingent on having proper containment strategies in place, which are COVID-19 testing for all, contact tracing, isolation, and limiting gathering size. Note that the gathering sizes range across the reopening stages from ≤10 people keeping 6-feet of distance (red stage), ≤25 people keeping 6-feet of distance (yellow stage), to ~50-100 people keeping 6-feet of distance (green stage). In addition, these guidelines are predicated on the fact that appropriate prevention, decontamination, and safety guidelines are followed for Building Operations (see Appendices B and C).

Dorms:
- Single-occupancy only.
- One person per bathroom.
- Banks for rooms to allow residents to self-quarantine/isolate when necessary.
- Elevator/stairs/entry guidelines from Appendices A and B apply.
- Remove furniture from areas where students would congregate and use floor markings and signage to promote social distancing.

Food Service:
- Pick-up meals only with option to specify dietary restrictions.
- Install plexiglass/Plexiglas® shields for preparers / check-out personnel.

Public transportation and our neighboring counties:
- Consider risk of transmission by using public transportation for those who commute to school/work in this way – SEPTA, Regional Rail, and Shuttle Buses, NJ Transit, etc.
- Consider changes to schedules / capacity.
- Many students, faculty, and staff live in New Jersey, so any spikes in New Jersey can very easily impact us, particularly in a high-contact area such as a University.

Increased mental health resources:
- Increase capacity for telehealth counseling.
- Provide information on how to seek help.
- HD monitors around the school could also display information on how to get help.
- No-tolerance policy on stigma and discrimination related to COVID-19.
  - [https://store.chronicle.com/products/overwhelmed?cid=CSCHEEM20MAYOVERWHELMED9&mkt_tok=eyJpIjoiWXpRFMIUUTBabUV4T0RZNCIsInQiOiJsd0ttOEV3bigyODFHWpUTUg2QkpbFl2RDJKNmwwas1wvd0xENTJbbzVvRlbVvbGdROHJ5MVJLM1pnT0s3Y2ZXTTA5OTcxRG52eUwrYJZd05uYGRxXC80SXMSdG1VZzhiuUppV3BCRkdFNkdod3JWYzYyZUICWJHRlwwZVRYyzBEcyJ9](https://store.chronicle.com/products/overwhelmed?cid=CSCHEEM20MAYOVERWHELMED9&mkt_tok=eyJpIjoiWXpRFMIUUTBabUV4T0RZNCIsInQiOiJsd0ttOEV3bigyODFHWpUTUg2QkpbFl2RDJKNmwwas1wvd0xENTJbbzVvRlbVvbGdROHJ5MVJLM1pnT0s3Y2ZXTTA5OTcxRG52eUwrYJZd05uYGRxXC80SXMSdG1VZzhiuUppV3BCRkdFNkdod3JWYzYyZUICWJHRlwwZVRYyzBEcyJ9)
- Consider the 2019 telemental health in higher education settings resource from the Higher Education Mental Health Alliance, “College Counseling From a Distance: Deciding Whether and When to Engage in Telemental Health Services”
Issues to consider regarding stay-at-home guidelines for high-risk populations:

- Policy/guidance on not coming to work if you have symptoms, quarantining if someone in your household or a close contact was infected.
- Policy/guidance to allow leave to take care of someone who is sick are still in place.
- Monitor absenteeism. Increases in absenteeism should trigger changes in our response.
- Because absenteeism may be more likely, we will need to make sure that all teaching materials are available to students who are not able to attend class, even if classes are offered in person. This could be allowing participants to attend class via zoom or posting videos of classes.

Distancing Monitors / Infection Control Monitors: Monitor social distancing practices to identify bottlenecks on floors, in buildings, etc. and ensure that procedures are being followed 100% of the time.

Good Handwashing video from WHO: https://youtu.be/3PmVJQUCm4E

Cleaning Recommendations:

- Cleaning products that will kill coronavirus: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- Hard surfaces: If surfaces are dirty, they need to be cleaned before they are disinfected so that the disinfection works properly. They can be cleaned with a soap and water solution or detergent.
  To disinfect, please use one of the EPA approved agents that kill coronavirus: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2. Use cleaning agents as recommended and make sure that they are used in proper concentrations and are on surfaces for the appropriate amount of time. If bleach solutions are used, bleach should be at least 1000ppm sodium hypochlorite. Contact time should be at least 1 minute and areas should be properly ventilated. When preparing a bleach solution, make sure bleach is not expired and mix 5 tablespoons (1/3 cup) bleach per gallon of water (i.e., 4 teaspoons per quart)
- Electronics: (computer screens, tablets, touch screens, mouse, keyboard, remote controls, etc.): alcohol-based wipes and sprays with >70% alcohol.
- Additional procedures for cleaning contaminated areas where a known positive worked.

Personal smartphones:

- Should also be routinely cleaned as they are vectors.