Steps Administrators of U.S. Institutions of Higher Education (IHE) Should Take Now to Prepare for Coronavirus Disease 2019 (COVID-19)

Louisiana Higher Education Administrator,

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).

The U.S. Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Health officials are taking steps to prevent community spread of COVID-19 into U.S. communities. Institutions of higher education (IHE) can play an important role in this effort. Through collaboration and coordination with local health departments, IHE should disseminate information about the disease and its potential transmission to their students, staff and faculty. IHE should prepare to prevent the spread of COVID-19 among their students, staff and faculty should local health officials identify such a need.

IHE should continue to collaborate, share information and review plans with local health officials to help protect their entire IHE community, including those who may be at risk for severe disease with COVID-19. IHE plans should be designed to minimize disruption to teaching and learning and protect students and staff from social stigma and discrimination.

Who is this guidance for?

This interim guidance is intended to help administrators of public and private institutions of higher education prevent the spread of COVID-19 among students, staff and faculty. IHE include a diverse set of American colleges and universities: two- or four-year; public, private nonprofit or private for-profit; and comprehensive, research-focused or special mission. IHE administrators are individuals who make policies and procedures, set educational aims and standards, and direct programming of institutions of higher education. Administrators include a range of higher education leaders and managers, such as department chairs/heads, deans, presidents and provosts.

Why is this guidance being issued?

Information provided should help IHE and their partners understand how to help prevent the transmission of COVID-19 among students, faculty and staff. It also aims to help IHE react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching, learning and research if there is community spread of COVID-19 and address concerns related to COVID-19 associated stigma.

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What is the role of IHE in responding to COVID-19?

COVID-19 is a respiratory illness caused by a novel (new) virus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to avoid being exposed to the virus that causes it. Stopping transmission (spread) of the virus through everyday practices is the best way to keep people healthy. Learn more about COVID-19.

IHE, working together with local health departments, have an important role in slowing the spread of disease. IHE's efforts will help ensure students, staff and faculty have safe and healthy environments in which to learn and work. IHE welcome students, staff, faculty and visitors from throughout the community. All of these people may have close contact in IHE settings, often sharing spaces, equipment and supplies.

Some individuals are experiencing stigma and discrimination in the United States related to COVID-19. This includes people of Chinese and Asian descent, as well as some returning travelers and emergency responders who may have been exposed to the virus. It is important for IHE to provide accurate and timely information about COVID-19 to students, staff and faculty to minimize the potential for stigma on college and university campuses. It is also important to provide mental health support to promote resilience among those groups affected by stigma regarding COVID-19. CDC has information IHE can share to reduce COVID-19 associated fear and stigma.

Guidance for IHE that do not have COVID-19 identified in their community

To prepare for possible community transmission of COVID-19, the most important thing for IHE to do now is **plan and prepare**. As the global outbreak evolves, IHE should prepare for the possibility of community-level outbreaks. IHE want to **be ready** if COVID-19 does appear in their communities.

IHE administrators nationwide can take steps now to help stop or slow the spread of respiratory infectious diseases, including COVID-19:

- **Review, update and implement emergency operations plans (EOPs).** This should be done in collaboration with local health departments, the IHE's university system and other relevant partners. Focus on components, or annexes, of the plans that address infectious disease outbreaks.
    - Ensure the plan is updated to include strategies to reduce the spread of a wide variety of infectious diseases. Effective strategies build on everyday policies and practices.
    - Ensure the plan emphasizes preventive actions for students and staff. Emphasize actions individuals can take including, staying home when sick, appropriately covering coughs and sneezes, cleaning frequently touched surfaces and washing hands often.
        - CDC has workplace resources including guidance posters with messages for staff about staying home when sick and how to avoid spreading germs at work.
    - Ensure handwashing strategies include washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol if soap and water are not available.

- CDC offers several free handwashing resources that include health promotion materials and information on proper handwashing technique.
  o Reference key resources while reviewing, updating, and implementing the EOP.
    - Multiple federal agencies have developed resources on school planning principles and a 6-step process for creating plans to build and continually foster safe and healthy school communities *before*, *during* and *after* possible emergencies. IHE may find this guidance for developing high-quality emergency operations plans helpful.
    - Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's website contains free resources, trainings and TA for schools, including IHE, and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.
  o **Develop information-sharing systems with partners.**
    - Institutional information systems should be used for day-to-day reporting on information such as absenteeism or changes in student health center traffic to detect and respond to an outbreak.
    - Local health officials should be a key partner in information sharing.

- **Current Guidance for students/staff who recently returned from a place where COVID-19 is spreading (03/04/2020):**

  o Monitor current travel advisories at COVID-19 Information for Travelers. This guidance changes almost daily, so our recommendations should always be cross-checked before implementing.
  o Current CDC guidance states that a traveler who returns from an area with a Level 3 travel advisory (currently China, Iran, Italy and South Korea) but is asymptomatic, should stay home and monitor their health for 14 days after returning to the United States. These individuals should not return to school or work for 14 days. They should monitor their health with twice daily temperature checks and monitor for respiratory symptoms (cough, shortness of breath). If they develop fever (>101) or respiratory symptoms, they should immediately call their healthcare provider and report their recent travel.
  o The CDC is recommending that anyone returning from an area with a level 2 travel advisory (currently Japan) where COVID-19 is spreading locally, should monitor their health for 14 days after their return and follow guidance listed on the CDC website at: COVID-19 Information for Travelers. All returning travelers should also follow common sense practices:

    - Avoid close contact with people who are sick.
    - Avoid touching your eyes, nose, and mouth with unwashed hands.
    - Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.

- Stay home if you do become sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- After 14 days, all well returning travelers can return to normal activity.

- **Monitor and plan for absenteeism.**
  - Review attendance and sick leave policies. Students, staff and faculty should not attend class or work when sick. Allow them to stay home to care for sick household members. Make accommodations (e.g., extended due dates, electronic submission of assignments), as possible, for individuals who may be temporarily unable to attend class due to restrictions placed on them related to possible exposure to the virus that causes COVID-19.
  - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff and faculty.
  - Review the usual absenteeism patterns at your institution and on your campus among students, staff and faculty. Consider identifying and implementing processes for faculty and IHE leadership to report noticeable changes in absenteeism, even if subjective, to a designated administrator.
  - Alert local health officials about large increases in student, staff and faculty absenteeism or substantial increases in student health center traffic due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to symptoms of COVID-19).
  - Determine what level of absenteeism will disrupt continuity of teaching, learning, and research.
- **Establish procedures for students, staff, and faculty who are sick (with any illness) on campus.**
  - Establish procedures to ensure students, staff and faculty who become sick (with any illness) on campus or arrive on campus sick are sent to their place of residence as soon as possible.
  - Keep sick individuals separate from well individuals until they can leave.
  - Sick residents of on-campus housing in communities with no identified COVID-19 and who are not believed to have been exposed to COVID-19 should avoid contact with well individuals while sick.
- **Ensure IHE health clinics prepare for COVID-19.**
  - Review CDC guidance to help healthcare facilities prepare for COVID-19. Guidance includes steps to take now and strategies for preparing for community transmission of COVID-19.
- **Perform routine environmental cleaning.**
  - Routinely clean frequently touched surfaces (e.g., doorknobs, light switches, countertops) with the cleaners typically used. Use all cleaning products according to the directions on the label.
  - Provide disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students, staff and faculty before each use.
- **Create plans to communicate accurate and timely information to the IHE community.**

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- Include strategies for sharing information with staff, students and faculty without increasing fear and stigma. Keeping the community informed with accurate information can counter the spread of misinformation and reduce the potential for fear and stigma.
- Include strategies to communicate steps being taken by the IHE to prepare and how additional information will be shared.
- Include strategies to communicate changes to usual campus schedules or functions.
- Include strategies to communicate information IHE community members can use to protect themselves from infectious disease, including COVID-19.
  - **Review CDC's guidance for businesses and employers.**
    - Review this CDC guidance to identify any additional strategies the IHE can use, given its role as an employer.

IHE administrators can also support their IHE community by sharing COVID-19 informational resources with students, staff and faculty. Coordinate with local health officials to determine what type of information is best to share with the IHE community. Consider sharing the following fact sheets and information sources:

- Information about COVID-19 available through state and local health departments
- General fact sheets to help students, staff, faculty, and their families understand COVID-19 and the steps they can take to protect themselves:
  - *What you need to know about coronavirus disease 2019 (COVID-19)*pdf
  - *What to do if you are sick with coronavirus disease 2019 (COVID-19)*
  - *Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19*
  - *Share facts about COVID-19 to help prevent stigma*
- CDC information for students, staff, and faculty who have recently traveled back to the United States from areas where CDC has identified community spread of coronavirus:
  - A list of countries where community spread of COVID-19 is occurring can be found on the CDC webpage: *Coronavirus Disease 2019 Information for Travel*

For guidance for **students, staff or faculty who plan to travel, or have recently traveled, to areas with community spread of COVID-19,** refer to CDC's FAQ for travelers and COVID-19 travel website. For specific guidance on **foreign exchange and study abroad programs, see CDC's guidance on student foreign travel for IHE.**

Guidance for IHE with identified cases of COVID-19 in their community

If local health officials report that there are cases of COVID-19 in the community, IHE need to take additional steps in **response** to prevent further spread of the disease. The first step for IHE in this situation is to talk with local health officials.

Determine if, when and for how long the IHE may need to suspend classes and postpone or cancel events and activities.

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Temporarily suspending classes is a strategy to stop or slow the further spread of COVID-19 in communities. When classes are suspended, IHE may stay open for staff or faculty (unless ill) while students temporarily stop attending in-person classes. Keeping the IHE facilities open a) allows faculty to develop and deliver lessons and materials electronically, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts.

IHE administrators should work in close collaboration with local health officials and the IHE's university system to make class suspension and event and activity cancellation decisions. IHE are not expected to make decisions about suspending classes or canceling events on their own. IHE can seek specific guidance from local health officials to determine if, when and for how long to take these steps. Class suspension and event and activity (e.g., on-campus sporting, theater and music events) cancellation may be recommended for at least 14 days, or possibly longer if advised by local health officials. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

If a student, staff or faculty member attended class or was active on campus prior to being confirmed as a COVID-19 case:

- **Local health officials may recommend temporary class suspension and event or activity cancellation**. Individuals may be considered active on campus if they had attended class, work, work-study or some other type of gathering or event (e.g., student meetings, recreational activities) on campus. Local health officials' recommendations for the scope (e.g., all campuses in a university system or only select campuses) and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the impacted community.
- **IHE should work with the local health department and other relevant leadership to communicate the possible COVID-19 exposure.** This communication to the IHE community should align with the communication plan in the IHE's emergency operations plan. In such a circumstance, it is critical to maintain confidentiality of the student, staff member or faculty member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.
- **IHE administrators should seek guidance from local health officials to determine when students, staff and faculty should return to campus and what additional steps are needed for the IHE community.** In addition, students, staff and faculty who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to campus.

If classes are suspended, IHE can consider the following steps:

- **Temporarily cancel extracurricular group activities and large events.**
  - Cancel or postpone events such as club meetings, performances, social events, athletic team practices and sporting events.
- **Discourage students, staff and faculty from gathering or socializing anywhere.**
  - Discourage gatherings at places like at a friend's house, a favorite restaurant or a local coffee shop.

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- **Ensure continuity of education and research.**
  - Review continuity plans, including plans for the continuity of teaching, learning and research. Implement e-learning plans and distance learning options as feasible and appropriate.
  - Ensure continuity plans address how to temporarily postpone, limit or adapt research-related activities (e.g., study recruitment or participation, access to labs) in a manner that protects the safety of researchers, participants, facilities, and equipment.
  - Consider the following approaches:
    - Use of existing infrastructure and services (e.g., Blackboard, Skype, Zoom) to support efficient transition of classes from in-person to distance-based formats. This may include using strategies such as faculty check-ins, recorded class meetings or lectures, and live class meetings.
    - Other student support services such as online library services, print materials available online, phone- or internet-based counseling support, or study groups enabled through digital media.
  - IHE will need to determine, in consultation with their university system:
    - How to convert face-to-face lessons into online lessons and how to train faculty to do so.
    - How to triage technical issues if faced with limited IT support and staff
    - How to deal with the potential lack of students' access to computers and the Internet at home or in temporary housing.
  - **Ensure continuity of safe housing.**
    - **Work in close collaboration with local health officials to make all decisions related to on-campus housing.**
    - **If cases of COVID-19 have <u>not</u> been identified among residents of on-campus community housing**, students may be allowed to remain in on-campus housing. In this situation, educate housing residents on the precautions they should take to help protect themselves when there is community spread of COVID-19. Residents should follow any more specific recommendations provided by local health officials.
    - **If cases of COVID-19 <u>have</u> been identified among residents of on-campus community housing, work with local health officials to take additional precautions.** Individuals with COVID-19 may need to be moved to temporary housing locations. These individuals will need to self-isolate and monitor for worsening symptoms according to the guidance of local health officials. [Close contacts](#) of the individuals with COVID-19 may also need temporary housing so that they can self-quarantine and monitor for symptoms. Consult with local health officials to determine when, how, and where to move ill residents. Information on providing home care to individuals with COVID-19 who do not require hospitalization is available on CDC's [website](#).
    - <u>Residents identified with COVID-19 or identified as contacts of individuals with COVID-19 should not necessarily be sent to their permanent homes off-campus.</u> Sending sick residents to their permanent homes could be unfeasible, pose logistical challenges or pose risk of transmission to others either on the way to the home or once there. IHEs should work with local health officials to determine appropriate housing for the period in which they need to self-isolate and monitor for symptoms or worsening symptoms.

- Remember to consider all types of IHE-affiliated housing when making response plans. Distinct housing types (e.g., residence halls, apartments, fraternity and sorority houses) and situations (e.g., housing owned and run by the IHE, housing on the IHE campus but not run by the IHE) may require tailored approaches.
- Ensure any staff remaining to support students in on-campus housing receive necessary training to protect themselves and residents from spread of COVID-19. Staff should also be trained on how to respond if a resident becomes ill.
- **Ensure continuity of meal programs.**
  - Consult with local health officials to determine strategies for modifying food service offerings to the IHE community.
  - Consider ways to distribute food to students, particularly those who may remain on campus, while classes or other events and activities are dismissed.
  - If there is community spread of COVID-19, design strategies to avoid food distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.
  - Consider if and how existing dining services should be scaled back or adapted. For example, an IHE may close some of or all its cafeterias/cafes to discourage students, staff and faculty from gathering in group settings.
  - If on-campus housing residents have been relocated to temporary alternative housing, consider how meals can be provided to these students. Work with local health officials to determine strategies for providing meals to residents with COVID-19 or who are being monitored because of contact with persons with COVID-19.
  - Ensure any staff remaining on campus to support food services receive necessary training to protect themselves and those they serve from spread of COVID-19.
- **Consider if and when to stop, scale back or modify other support services on campus.**
  - Consider alternatives for providing students with essential medical and social services. Identify ways to ensure these services are provided while classes are dismissed or students are in temporary housing.
  - Identify other types of services provided to students, staff and faculty (e.g., library services, cleaning services). Consider ways to adapt these to minimize risk of COVID-19 transmission while maintaining services deemed necessary.
  - **Help counter stigma and promote resilience on campus.**
  - Share facts about COVID-19 through trusted dissemination channels to counter the spread of misinformation and mitigate fear.
- Speak out against negative behaviors, including negative statements on social media about groups of people.
- Develop plans to support students, staff and faculty who may feel overwhelmed by COVID-19 and associated events on campus.
  - Ensure continuity of mental health services, such as offering remote counseling. Encourage students to call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) if they are feeling overwhelmed with emotions such as sadness, depression, anxiety or feeling like wanting to harm themselves or others.

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Guidance for student foreign travel for IHE

This guidance is for Institutes of Higher Education with students participating in foreign exchange or study abroad programs.

Consider postponing or canceling student foreign exchange programs.

Given the global outbreak of COVID-19, IHE should **consider** postponing or canceling upcoming student foreign exchange programs. IHE should **consider** asking current program participants to return to their home country. Those overseeing student foreign exchange programs should be aware that students may face unpredictable circumstances, travel restrictions, challenges in returning home or accessing health care while abroad.

IHEs should **consider** asking students participating in study abroad programs to return to the United States. IHEs should work with state and local public health officials to determine the best approach for when and how (e.g., chartered transportation for countries or areas assessed as high-risk for exposure) their study abroad students might return. All plans for returning study abroad students should be designed to protect participants from stigma and discrimination.

The COVID-19 situation is dynamic. Given the speed of spread and the number of countries experiencing human-to-human transmission, IHEs should evaluate the risks associated with choosing to maintain programs abroad and take the appropriate proactive measures. IHEs that continue to maintain programs abroad should monitor cdc.gov/COVID-19 for additional information.

Resources

- For the most up-to-date information, visit www.cdc.gov/covid19.
- For more information about COVID-19 in Louisiana visit: Http://www.ldh.la.gov/coronavirus
- For questions from the general public about COVID-19 call: (855)-523-2652

Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020

Louisiana Business,

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

CDC is working across the Department of Health and Human Services and across the U.S. government in the public health response to COVID-19. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

CDC industry guidance

- Resources for airlines
- Resources for the ship industry

Coronavirus

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person to person in China and some limited person-to-person transmission has been reported in countries outside China, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many U.S. communities.

The following interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity and other features of COVID-19, and investigations are ongoing. Updates are available on CDC's webpage at www.cdc.gov/coronavirus/covid19.

Recommended strategies for employers to use now

- **Actively encourage sick employees to stay home:**

  - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever and any other symptoms for at least 24 hours, without the use of

fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.

- o Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- o Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- o Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- o Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

- **Separate sick employees:**

  - o CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**

  - o Place posters that encourage staying home when sick, cough and sneeze etiquette and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
  - o Provide tissues and no-touch disposal receptacles for use by employees.
  - o Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60% to 95% alcohol, or wash their hands with soap and warm water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
  - o Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
  - o Visit the coughing and sneezing etiquette and clean hands webpage for more information.

- **Perform routine environmental cleaning:**

  - o Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - o No additional disinfection beyond routine cleaning is recommended at this time.

- o Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls and desks) can be wiped down by employees before each use.

- **Advise employees before traveling to take certain steps:**

  - o Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
  - o Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
  - o Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
  - o If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates and military facilities do not have the legal authority, capability and resources to evacuate or give medicines, vaccines or medical care to private U.S. citizens overseas.

- **Current Guidance for students/staff who recently returned from a place where COVID-19 is spreading (03/04/2020):**

  - o Monitor current travel advisories at COVID-19 Information for Travelers. This guidance changes almost daily, so our recommendations should always be cross-checked before implementing.
  - o Current CDC guidance states that a traveler who returns from an area with a Level 3 travel advisory (currently China, Iran, Italy and South Korea) but is asymptomatic, should stay home and monitor their health for 14 days after returning to the United States. These individuals should not return to school or work for 14 days. They should monitor their health with twice daily temperature checks and monitor

for respiratory symptoms (cough, shortness of breath). If they develop fever (>101) or respiratory symptoms, they should immediately call their healthcare provider and report their recent travel.

o The CDC is recommending that anyone returning from an area with a level 2 travel advisory (currently Japan) where COVID-19 is spreading locally, should monitor their health for 14 days after their return and follow guidance listed on the CDC website at: COVID-19 Information for Travelers. All returning travelers should also follow common sense practices:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Stay home if you do become sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- After 14 days, all well returning travelers can return to normal activity.

- **Additional measures in response to currently occurring sporadic importations of COVID-19:**

  o Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

Planning for a possible COVID-19 outbreak in the U.S.

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business response plans as needed. For the general American public, such as workers in non-healthcare settings and where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low. The CDC and its partners will continue to monitor national and international data on the severity of illness caused by COVID-19, will disseminate the results of these ongoing surveillance assessments and will make additional recommendations as needed.

Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020

Planning considerations

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains. Some of the key considerations when making decisions on appropriate responses are:

- Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where the business is located;
- Impact of disease on employees that are vulnerable and may be at higher risk for COVID-19 adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness.
    - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
    - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
    - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).
- Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on the condition in each locality.
- Coordination with state and local health officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside. Since the intensity of an outbreak may differ according to geographic location, local health officials will be issuing guidance specific to their communities.

Important considerations for creating an infectious disease outbreak response plan:

All employers should be ready to implement strategies to protect their workforce from COVID-19 while ensuring continuity of operations. During a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.

- **Employers should:**

- o Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- o Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.
- o Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- o Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce and associations to improve community response efforts.

Recommendations for an infectious disease outbreak response plan:

- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to protect workers from potential exposures to COVID-19.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor's and the Equal Employment Opportunity Commission's websites).
- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
- Set up authorities, triggers and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas) and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors and misinformation, and plan communications accordingly.
- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.

Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020

- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- If there is evidence of a COVID-19 outbreak in the U.S., consider canceling nonessential business travel to additional countries per travel guidance on the CDC website.

  - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
  - Consider cancelling large work-related meetings or events.

Engage state and local health departments to confirm channels of communication and methods for dissemination of local outbreak information.

Resources

- For the most up-to-date information, visit www.cdc.gov/covid19.
- For more information about COVID-19 in Louisiana visit: Http://www.ldh.la.gov/coronavirus
- For questions from the general public about COVID-19 call: (855)-523-2652

CDC guidance

- COVID-19 Website
- What You Need to Know About COVID-19
- What to Do If You Are Sick With COVID-19

What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.

Patients with COVID-19 have had mild to severe respiratory illness.

- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby. Close contact may include:
- Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
- Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.

To protect yourself from exposure

- <u>If possible, maintain a distance of at least 6 feet</u>.
- <u>Practice proper hand hygiene</u>. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, If available.

Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS. Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e. coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.

The minimum PPE recommended is:

- A single pair of disposable examination gloves,
- Disposable isolation gown or single-use/disposable coveralls*,
- <u>Any</u> NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

If close contact occurred during apprehension

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

For law enforcement personnel performing <u>daily routine activities</u>, the immediate health risk is considered low. Law enforcement leadership and personnel should follow CDC's Interim General Business Guidance.

Resources

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- For more information about COVID-19 in Louisiana visit: Http://www.ldh.la.gov/coronavirus
- For questions from the general public about COVID-19 call: (855)-523-2652