

MICU Board of Directors Meeting

**Michigan Independent Colleges and Universities
120 N Washington Square #950
Lansing, MI 48933**

**Wednesday, May 20, 2020
9:00 AM**

AGENDA

- I. Welcome
 - Dr. Michael Le Roy, President, Calvin University | MICU Board Chair
- II. Governor Gretchen Whitmer
 - Brandy Johnson, Policy Advisor Education & Workforce, Governor's Office
 - Introduction by Dr. Michael Le Roy, President, Calvin University | MICU Board Chair
- III. (Tentative) Dr. Joneigh Khaldun, Michigan Chief Medical Executive
 - Introduction by Brandy Johnson, Policy Advisor Education & Workforce, Governor's Office
- IV. Bethany Wicksall, Director of Legislative and External Affairs, Michigan State Budget Office
 - Beth Bullion, Director of the Office of Education, Michigan State Budget Office
 - Introduction by Robert LeFevre, President | MICU
- V. Brian Tierney, President, Helix Diagnostics
 - Introduction by Dr. Michael Le Roy, President, Calvin University | MICU Board Chair
- VI. Open Safe - MICU Reopening Playbook
- VII. MICU Business Meeting (Separate Agenda)
- VIII. Adjournment

Consensus Revenue Agreement

Executive Summary

May 15, 2020

Economic and Revenue Forecasts

Fiscal Years 2020, 2021 and 2022



Principals

Rachael Eubanks
State Treasurer

Chris Harkins, Director
Senate Fiscal Agency

Mary Ann Cleary, Director
House Fiscal Agency

Staff

Eric Bussis
Michigan Department of Treasury

David Zin
Senate Fiscal Agency

Jim Stansell
House Fiscal Agency

Table 1
Consensus Economic Forecast

May 2020

	Calendar 2019 Actual	Percent Change from Prior Year	Calendar 2020 Forecast	Percent Change from Prior Year	Calendar 2021 Forecast	Percent Change from Prior Year	Calendar 2022 Forecast	Percent Change from Prior Year
United States								
Real Gross Domestic Product (Billions of Chained 2012 Dollars)	\$19,073	2.3%	\$17,967	-5.8%	\$18,506	3.0%	\$19,135	3.4%
Implicit Price Deflator GDP (2012 = 100)	112.3	1.7%	112.8	0.4%	114.0	1.1%	116.2	1.9%
Consumer Price Index (1982-84 = 100)	255.657	1.8%	255.019	-0.2%	258.914	1.5%	264.633	2.2%
Consumer Price Index - Fiscal Year (1982-84 = 100)	254.376	1.9%	255.337	0.4%	256.967	0.6%	262.912	2.3%
Personal Consumption Deflator (2012 = 100)	109.7	1.4%	110.4	0.7%	111.5	1.0%	113.4	1.7%
3-month Treasury Bills Interest Rate (percent)	2.1		0.4		0.1		0.6	
Unemployment Rate - Civilian (percent)	3.7		9.0		7.1		6.0	
Wage and Salary Employment (millions)	150.939	1.4%	143.540	-4.9%	148.560	3.5%	153.610	3.4%
Housing Starts (millions of starts)	1.290	3.2%	0.980	-24.0%	1.110	13.3%	1.240	11.7%
Light Vehicle Sales (millions of units)	17.0	-1.4%	12.9	-24.0%	15.5	20.2%	16.2	4.5%
Passenger Car Sales (millions of units)	4.7	-10.9%	3.3	-30.1%	3.7	12.1%	3.6	-2.7%
Light Truck Sales (millions of units)	12.2	2.8%	9.6	-21.6%	11.8	22.9%	12.6	6.8%
Big 3 Share of Light Vehicles (percent)	41.0		43.0		42.4		40.0	
Michigan								
Wage and Salary Employment (thousands)	4,433	0.3%	3,976	-10.3%	4,227	6.3%	4,281	1.3%
Unemployment Rate (percent)	4.1		12.7		8.8		7.9	
Personal Income (millions of dollars)	\$502,540	3.8%	\$495,002	-1.5%	\$499,952	1.0%	\$524,949	5.0%
Real Personal Income (millions of 1982-84 dollars)	\$213,604	2.5%	\$212,392	-0.6%	\$213,383	0.5%	\$220,412	3.3%
Wages and Salaries (millions of dollars)	\$246,802	2.7%	\$224,343	-9.1%	\$243,188	8.4%	\$258,752	6.4%
Detroit Consumer Price Index (1982-84 = 100)	235.267	1.3%	233.061	-0.9%	234.297	0.5%	238.167	1.7%
Detroit CPI - Fiscal Year (1982-84 = 100)	233.840	1.0%	234.900	0.5%	233.261	-0.7%	237.450	1.8%

Table 2
May 2020 Consensus Forecast
(millions)

Net Revenue Estimates									
	FY 2020			FY 2021			FY 2022		
	Jan 2020 Consensus	May 2020 Consensus	Change From Consensus	Jan 2020 Consensus	May 2020 Consensus	Change From Consensus	Jan 2020 Consensus	May 2020 Consensus	Change From Consensus
Net GF-GP Revenue	\$11,012.1	\$9,028.2	(\$1,983.9)	\$11,194.5	\$9,279.2	(\$1,915.3)	\$11,518.5	\$10,149.7	(\$1,368.8)
Percent Growth	-0.7%	-18.8%		1.7%	2.8%		2.9%	9.4%	
Dollar Growth		(\$2,087.6)			\$251.0			\$870.5	
Net SAF Revenue	\$13,925.5	\$12,676.7	(\$1,248.8)	\$14,317.5	\$13,180.4	(\$1,137.1)	\$14,640.1	\$13,920.4	(\$719.7)
Percent Growth	2.7%	-6.5%		2.8%	4.0%		2.3%	5.6%	
Dollar Growth		(\$875.7)			\$503.7			\$740.0	
Combined GF-GP/SAF	\$24,937.6	\$21,704.9	(\$3,232.7)	\$25,512.0	\$22,459.6	(\$3,052.4)	\$26,158.6	\$24,070.1	(\$2,088.5)
Percent Growth	1.2%	-12.0%		2.3%	3.5%		2.5%	7.2%	
Dollar Growth		(\$2,963.3)			\$754.7			\$1,610.5	

Revenue Limit Calculation				
	FY 2019	FY 2020	FY 2021	FY 2022
Personal Income	\$460,270	\$484,030	\$502,423	\$495,002
Ratio	9.49%	9.49%	9.49%	9.49%
Revenue Limit	\$43,679.6	\$45,934.4	\$47,679.9	\$46,975.7
Revenue Subject to Limit	\$33,779.4	\$31,212.2	\$32,217.1	\$34,102.4
Amount Under (Over) Limit	\$9,900.2	\$14,722.3	\$15,462.8	\$12,873.3

Note: CY 2017 Personal Income is used for the FY 2019 revenue limit calculation, CY 2018 for FY 2020, CY 2019 for FY 2021, and CY 2020 for FY 2022.

Long Term Revenue Trend		
	FY 2023	FY 2024
Net GF-GP Revenue	\$10,171.0	\$10,377.1
Growth	0.2%	2.0%
Net SAF Revenue	\$14,286.2	\$14,675.0
Growth	2.6%	2.7%
Combined GF-GP/SAF	\$24,457.2	\$25,052.1
Growth	1.6%	2.4%

Budget Stabilization Fund Calculation		
FY 2020 Calculations	PAY-OUT	(\$287.2)
FY 2021 Calculations	NO PAY-IN OR PAY-OUT	
FY 2022 Calculations	PAY-IN	\$286.7

School Aid Index		
	FY 2021	FY 2022
Revenue Adjustment Factor	0.9755	1.0406
Pupil Membership Factor	1.0055	1.0052
School Aid Index	0.9809	1.0460

Michigan Independent Colleges & Universities

Brian Tierney
Founding Member
Helix Diagnostics, LLC



Helix Diagnostics

- Founded in 2015
- Located in Waterford Township, Michigan
- 125 Employees
- Service Offerings: Therapeutic Drug Monitoring, Blood Chemistry, Pharmacogenomics / Molecular Pathogen Detection -qPCR



Introduction

- Helix Diagnostics is a state of the art clinical laboratory that incorporates the latest technologies and methods to provide comprehensive diagnostic testing including; urine and oral fluid drug monitoring, pathogen detection, Pharmacogenomics (PGx) and blood chemistry testing.
- Several hundred current clients (Physicians, Nurse Practitioners and Physician Assistants) in the state of Michigan.



Accreditations

- **CLIA (Clinical Laboratory Improvement Amendment)**
As a CLIA registered laboratory, Helix Diagnostics complies with the regulatory requirement and standards established by the Centers for Medicare & Medicaid Services (CMS) agency of the Federal government.
- Helix Diagnostics, is currently accredited to accept specimens from many U.S. states. We are currently applying to several more highly regulated states for additional accreditations.



Clinical
Laboratory
Improvement
Amendments

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Accreditations

- **COLA (Commission on Office Laboratory Accreditation)**

Helix Diagnostics, meets the criteria for Laboratory Accreditation by COLA. COLA is a physician-directed national healthcare organization whose purpose is to promote excellence in laboratory medicine. COLA accredits almost 8,000 laboratories and provides the clinical laboratory with a program of education, consultation and accreditation. Accreditation is awarded to laboratories that maintain established quality in day-to-day operations, demonstrate continued accuracy in proficiency testing performance and successfully complete regular on-site laboratory inspections.



VP of Operations- Don Henderson



- Don comes to Helix Diagnostics with more than 36 years of laboratory experience. Don's impressive background ranges and builds in scope from Technician, Medical Technologist, Chemistry Supervisor, Lab Manager, Administrative Director of Clinical Pathology Beaumont Royal Oak, Administrative Director Beaumont Laboratory Services, Vice President / Chief Administrative Officer of Laboratory Services for Beaumont Health, and finally Vice President of Corporate Laboratory Services for McLaren Healthcare Corporation.
- Mr. Henderson's education includes: Master of Science in Administration/Health Services Administration from Central Michigan University, Bachelor of Science/Medical Technology from Wayne State University, and Medical Technology Internship from Detroit General Hospital.



Pathogen Detection – PCR Testing

- Helix Diagnostics pathogen detection is quick & accurate with results for SARS-CoV-2 in 48-72 hours with our Corporate/Educational Clients.
- Our summaries are custom created to provide ease of viewing testing conclusions to reduce time spent scanning pages of reports in search of the information you
- We use the latest PCR technology : Quant Studio 3, Quant Studio 5 and Quant Studio 7 machines from Thermo Fisher along with Extraction machines from King Fisher for maximized daily throughput



Corporate/Educational Program Consent to Treat

(Insert University/College/Employer Logo Here)

Consent to Test for Covid-19 and Release of Medical Results Form

1. I _____ (patient name) give permission for **[employer/institution name]** to test me for Covid-19.
2. I allow **[employer/institution]** to receive results for the testing I receive. Results will be available to **[employer representative]** only and will remain confidential.
3. I understand that:
 - **[employer/institution]** will refer my test to an accredited medical facility for testing.
4. I understand:
 - I have the right to refuse any procedure or treatment.
 - I have the right to discuss all medical treatments with my clinician and will be provided with a copy of my test results upon request.

All positive results are required to be reported to the Michigan Department of Health

Employee's Signature

Date

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Print name



Corporate/Educational Program

- See attachment in email



Corporate/Educational Program Master Services Agreement

- See attachment in email



Thank You !

Questions ?





Educational Institution Testing Program

What is the Program?

Helix Diagnostics provides the medical personnel, testing supplies and equipment to collect student samples for testing Covid-19. Depending on the number of students to be tested, 2-4 medical personnel are provided to administer test collection on a pre-determined date. A private room space INSIDE the premises will need to be provided to safely administer sample collection. Students should be scheduled in 3-minute increments for sample collection.

7:30am: Medical personnel arrive at your campus for set up of testing area

Hours of Sample Collection: 8am - 5pm **or** 8am - 8pm depending on volume

Student Process?

Arrive at scheduled time for sample collection. Fill out test requisition form and paperwork authorizing testing. Sample collected from each participating student via an oral/nasal swab. Sample is sent overnight to Helix Diagnostics lab in Waterford, MI. Sample is identified by student name and date of birth on collection tube.

How do we get Student Results?

Results are provided within 72 hours from receipt of sample at the laboratory. The student health services department will receive student test results via secure web based portal Helix Diagnostics.

Helix Diagnostics laboratory tests conducted for COVID-19 are required to be reported to county and state health departments.

Cost of Program? The cost per student is \$100





Draft – For discussion purposes
Subject to additional due diligence

Testing Services Agreement

This Testing Services Agreement (this “**Agreement**”), dated as of _____, 2020 (the “**Effective Date**”), is by and between Ark Laboratory, LLC dba Helix Diagnostics, a Michigan limited liability company, 6620 Highland Road, Suite 240, Waterford, MI 48327 (“**Helix**”) and _____ University, a Michigan nonprofit corporation, with offices located at _____ (“**Client**” and together with Helix, the “**Parties**”, and each a “**Party**”).

Recitals

A. Helix has the capability and capacity to provide certain medical testing services as described in this Agreement and Exhibits attached to this Agreement; and

B. Client desires to retain Helix to provide the services, and Helix is willing to perform such services under the terms and conditions in this Agreement;

In consideration of the mutual covenants and agreements set forth in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Helix and Client agree as follows:

1. Services. Helix shall, on a non-exclusive basis, provide to Client the services (the “**Services**”) set out in one or more statements of work to be issued by Client and accepted by Helix (each, a “**Statement of Work**”) and Client retains Helix, on an exclusive basis, to perform the Services, including and without limitation, COVID 19 testing as described on Exhibit A. The initial accepted Statement of Work is attached to this Agreement as Exhibit A. Additional Statements of Work shall be deemed issued and accepted only if signed by the Helix Contract Manager and the Client Contract Manager (each defined below), appointed pursuant to Section 2.2 and Section 3.1, respectively.

2. Helix Obligations. Helix shall:

2.1 Designate a number of employees or independent contractors that it determines, in its sole reasonable discretion, to be capable of performing the Services.

2.2 Identify a primary contact to act as its authorized representative with respect to all matters pertaining to this Agreement (the “**Helix Contract Manager**”).

2.3 Require that the Helix Contract Manager respond promptly to any reasonable request from Client for instructions, information, or approvals required by Client in connection with receiving the Services

2.4 Provide all testing supplies and equipment to collect samples.

2.5 Use its best efforts to ensure that its turn-around time for delivering laboratory test result reports to Client shall not exceed seventy-two (72) hours from the time of receipt at Helix’s designated laboratory to the time a detailed lab report is received by Client or the turn-around time specified on

Exhibit A with respect to particular tests, in which event Helix shall use its best efforts to meet the turn-around times set forth on Exhibit A for those tests. If there is a delay in reported results or additional testing is required to confirm or clarify the result of a specific test or sample, and the additional testing cannot be performed within the applicable turn-around time, Helix shall notify Client when results will be available.

2.6 Cooperate with Client with respect to the performance of the Services.

3. Client Obligations. Client shall:

3.1 Designate one of its employees to serve as its primary contact with respect to this Agreement and to act as its authorized representative with respect to matters pertaining to this Agreement (the “**Client Contract Manager**”), with such designation to remain in force unless and until a successor Client Contract Manager is appointed.

3.2 Require that the Client Contract Manager respond promptly to any reasonable requests from Helix for instructions, information, or approvals required by Helix to provide the Services.

3.3 Provide for Helix’s exclusive use a private room and/or appropriate outdoor accommodations on site of Client’s premises to perform the Services, including the safe collection of samples, in compliance with all local, state, and national social distancing and health guidelines, which premises shall be available to Helix Monday through Friday, 8:00 am to 8:00 pm each day.

3.4 Identify the individuals subject to testing and prepare, with Helix’s input and approval, and deliver communications to such individuals regarding the testing process, requirements, location(s), date(s), time(s), etc.

3.5 Require the individuals presented to Helix from which it will obtain samples to review and execute the appropriate HIPAA releases and consent forms with the understanding by Client and each such individual must consent to the release of the test results for such individual to the State of Michigan, Oakland County, Client, and any other party directed or required of any governmental authority by law, regulation, ordinance, policy or otherwise.

3.6 Cause to be provided no less than _____,000 testing samples subject to the Services, within not longer than twelve months from the Effective Date.

3.7 Cooperate with Helix in its performance of the Services and provide access to Client's premises, employees, contractors, and equipment as required to enable Helix to provide the Services.

3.8 Take all steps necessary, including obtaining and paying for any required licenses, consents, or permits necessary or required for Helix's provision of the Services to Client, other than those licenses required of Helix's personnel necessary for their respective clinic functions (i.e., LARA and related licensing).

3.9 Reasonably promote Helix and its Services to other members of Michigan Independent Colleges & Universities and assist with establishing similar service agreements between Helix and such other members.

3.10 Subject to Section 1, obtain from Helix any services, on an exclusive basis, (i) similar to or the same as the Services or for the same or similar purpose, including, not limited to, services available through alternative means of testing to those set forth in the Statement of Work and testing for antibodies

for conditions diagnosed through the current Services; and/or (ii) to conduct drug testing of its employees, independent contractors, or other persons associated with Client pursuant to Client's policies and procedures.

3.11 Notify Helix of any complaint within twenty-four (24) hours of occurrence. Any complaint not provided within such time shall be deemed a waiver by Client and acceptance of the Services.

4. Fees and Expenses.

4.1 In consideration of the provision of the Services by Helix and the rights granted to Client under this Agreement, Client shall pay the fees set out in Helix's then current fee schedule attached to this Agreement as **Exhibit B** (the "**Fee Schedule**") (referred to on Exhibit B as the "**Fees**" and "**Complete Fees**"). The fee for the Services shall not increase unless agreed to, in writing, by Client. Unless otherwise provided in the Statement of Work, said fee will be payable within thirty (30) days of receipt by the Client of an invoice from Helix.

4.2 Any additional expenses incurred by Helix in the performance of this Agreement shall be submitted to Client in advance for pre-approved in writing by the Client Contract Manager not less than fifteen (15) days prior to the required purchase of such expenses and Helix will provide Client with a copy of the invoice and supporting documentation.

4.3 Client shall be responsible for all sales, use and excise taxes, and any other similar taxes, duties and charges of any kind imposed by any federal, state or local governmental entity on any amounts payable by Client hereunder; provided, that, in no event shall Client pay or be responsible for any taxes imposed on, or regarding, Helix's income, revenues, gross receipts, personnel, or real or personal property or other assets.

4.4 Except for invoiced payments that the Client has successfully disputed, all late payments shall bear interest at the lesser of (a) the rate of 4% per month and (b) the highest rate permissible under applicable law, calculated daily and compounded monthly. Client shall also reimburse Helix for all reasonable costs incurred in collecting any late payments, including, without limitation, attorneys' fees. In addition to all other remedies available under this Agreement or at law (which Helix does not waive by the exercise of any rights hereunder), Helix shall be entitled to suspend the provision of any Services if the Client fails to pay any fees when due under this Agreement.

5. Intellectual Property.

5.1 Intellectual Property Rights. All intellectual property rights, including copyrights, patents, patent disclosures and inventions (whether patentable or not), trademarks, service marks, trade secrets, know-how and other confidential information, trade dress, trade names, logos, corporate names and domain names, together with all of the goodwill associated therewith, derivative works, works developed by Helix, its employees, agents, or affiliates while rendering the Services (related or unrelated thereto) and all other rights (collectively, "**Intellectual Property Rights**") in and to all documents, work product and other materials that are delivered to Client under this Agreement or prepared by or on behalf of Helix in the course of performing the Services, including any items identified as such in the Statement of Work, except for any Confidential Information of Client or Client materials shall be owned by Helix. Except as provided in Section 5.2, Helix shall have no right to utilize any of the intellectual property of Client and shall specifically not use Client's name, logo, photographs or any likenesses without the prior written permission of Client.

5.2 Publicity. Client grants to Helix a perpetual right to use of Client's name, domain name(s), logo, trademark, service mark, for the sole purpose of Helix publicizing its portfolio of clients and examples of its work-product and services to others ("Helix Client Portfolio Reference"). Client acknowledges that Helix may use the Helix Client Portfolio Reference in various formats and media, including, without limitation, a banner at Client's campus showing the affiliation between Client and Helix in providing COVID 19 testing to Client's faculty and students, Helix's marketing materials, Helix's website, slide presentations and other formats and media as determined appropriate by Helix.

6. Confidentiality. From time to time during the Term of this Agreement, either Party (as the "**Disclosing Party**") may disclose or make available to the other Party (as the "**Receiving Party**"), non-public, proprietary, and confidential information of Disclosing Party, including, but not limited to, organizational information, marketing plans, financial information, and information regarding clients, vendors, suppliers, and employees ("**Confidential Information**"); provided, however, that Confidential Information does not include any information that: (a) is or becomes generally available to the public other than as a result of Receiving Party's breach of this Section 6; (b) is or becomes available to the Receiving Party on a non-confidential basis from a third-party source, provided that such third party is not and was not prohibited from disclosing such Confidential Information; (c) was in Receiving Party's Group's (as defined below) possession prior to Disclosing Party's disclosure under this Agreement; (d) was or is independently developed by Receiving Party without using any Confidential Information; or (e) is required to be disclosed in accordance with law or court order. The Receiving Party shall: (x) protect and safeguard the confidentiality of the Disclosing Party's Confidential Information with at least the same degree of care as the Receiving Party's Group would protect its own Confidential Information, but in no event with less than a commercially reasonable degree of care; (y) not use the Disclosing Party's Confidential Information, or permit it to be accessed or used, for any purpose other than to exercise its rights or perform its obligations under this Agreement; and (z) not disclose any such Confidential Information to any person or entity, except to the Receiving Party's representatives who need to know the Confidential Information to assist the Receiving Party, or act on its behalf, to exercise its rights or perform its obligations under this Agreement.

If the Receiving Party is required by applicable law or legal process to disclose any Confidential Information, it shall, prior to making such disclosure, use commercially reasonable efforts to notify Disclosing Party of such requirements to afford Disclosing Party the opportunity to seek, at Disclosing Party's sole cost and expense, a protective order or other remedy. For purposes of this Section 6 only, Receiving Party's Group shall mean the Receiving Party's affiliates and its or their employees, officers, directors, shareholders, partners, members, managers, agents, independent contractors, service providers, sublicensees, subcontractors, attorneys, accountants, and financial advisors. Each Receiving Party shall promptly return all Confidential Information of the other Party it holds in written form and all copies of it upon the Disclosing Party's written demand, except for Confidential Information that may be incorporated in any information that the Receiving Party is required to maintain by law to verify the work that it performed, which may be retained by such Party subject to the restrictions contained in this Section.

7. Term, Termination, and Survival.

7.1 This Agreement shall commence as of the Effective Date and shall continue thereafter until the completion of the Services under all Statements of Work (the "**Term**") unless sooner terminated pursuant to Section 7.2 or Section 7.3.

7.2 Either Party may terminate this Agreement, effective upon written notice to the other Party (the "**Defaulting Party**") if the Defaulting Party:

(a) Materially breaches this Agreement, and such breach is incapable of cure, or with respect to a material breach capable of cure, the Defaulting Party does not cure such breach within thirty (30) days after receipt of written notice of such breach.

(b) Becomes insolvent or admits its inability to pay its debts generally as they become due.

(c) Becomes subject, voluntarily or involuntarily, to any proceeding under any domestic or foreign bankruptcy or insolvency law, which is not fully stayed within seven (7) business days or is not dismissed or vacated within forty-five (45) days after filing.

(d) Is dissolved or liquidated or takes any corporate action for such purpose.

(e) Makes a general assignment for the benefit of creditors.

(f) Has a receiver, trustee, custodian, or similar agent appointed by order of any court of competent jurisdiction to take charge of or sell any material portion of its property or business.

7.3 Notwithstanding anything to the contrary in Section 7.2(a), Helix may terminate this Agreement before the expiration date of the Term on written notice if Client fails to pay any amount when due under this Agreement: (a) and such failure continues for ten (10) days after Helix's delivery of written notice of nonpayment; or (b) more than two (2) times in any six (6)-month period.

7.4 The rights and obligations of the Parties set forth in this Section 7 and in Sections 6, 8, 9, 10, 11, 12 and any right or obligation of the Parties in this Agreement which, by its nature, should survive termination or expiration of this Agreement, will survive any such termination or expiration of this Agreement.

8. Limitation of Liability.

8.1 EXCEPT AS PROVIDED HEREIN, HELIX MAKES NO WARRANTIES. ALL WARRANTIES, EXPRESS AND IMPLIED, ARE EXPRESSLY DISCLAIMED.

8.2 IN THE EVENT THAT HELIX FAILS TO PERFORM UNDER THIS AGREEMENT, THEN CLIENT SHALL FIRST SEEK TO OBTAIN A RECOVERY FROM HELIX' INSURANCE POLICIES PRIOR TO MAKING OR ISSUING A CLAIM AGAINST HELIX. HOWEVER, IN NO EVENT SHALL HELIX BE LIABLE TO CLIENT OR TO ANY THIRD PARTY FOR ANY LOSS OF USE, REVENUE, OR PROFIT OR LOSS OF DATA OR DIMINUTION IN VALUE, OR FOR ANY CONSEQUENTIAL, INCIDENTAL, INDIRECT, EXEMPLARY, SPECIAL, OR PUNITIVE DAMAGES WHETHER ARISING OUT OF BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, REGARDLESS OF WHETHER SUCH DAMAGE WAS FORESEEABLE AND WHETHER OR NOT HELIX HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, AND NOTWITHSTANDING THE FAILURE OF ANY AGREED OR OTHER REMEDY OF ITS ESSENTIAL PURPOSE.

8.3 IN NO EVENT SHALL HELIX'S AGGREGATE LIABILITY ARISING OUT OF OR RELATED TO THIS AGREEMENT, WHETHER ARISING OUT OF OR RELATED TO BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, EXCEED THE FEES ACTUALLY PAID TO HELIX PURSUANT TO THE APPLICABLE STATEMENT OF WORK,

PROVIDED SUCH STATEMENT OF WORK WAS ENTERED INTO IN THE 12-MONTH PERIOD PRECEDING THE EVENT GIVING RISE TO THE CLAIM.

9. Regulatory Compliance.

9.1 Compliance with Law/Material Breach. Each Party represents and warrants that in the performance of its obligations under this Agreement, it will comply with all applicable laws, rules, or regulations that pertain to its business operations and to this Agreement (“**Applicable Laws**”). Failure by either Party to comply with any Applicable Law as required by this Agreement shall be considered a material breach of this Agreement. In the event of a determination that this Agreement is not in compliance with any Applicable Law, then the Parties shall negotiate in good faith to bring this Agreement into compliance.

9.2 HIPAA/FERPA Compliance. Each Party represents and warrants that it shall protect the privacy, integrity, security, confidentiality and availability of the protected health information disclosed to, used by, or exchanged by the Parties by implementing and maintaining privacy and security policies, procedures, and practices, and administrative, physical and technological safeguards and security mechanisms that reasonably and adequately protect the confidentiality, integrity and availability of the protected health information created, received, maintained or transmitted under this Agreement, all as required by, and set forth more specifically in, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or related privacy regulations, as applicable, and Client represents and warrants that it shall further comply with the Family Educational Rights and Privacy Act (FERPA), as, in each case, may be amended from time to time. In the event HIPAA or FERPA or other the privacy regulations or security regulations require any addition to or modification of this Agreement, the Parties shall use commercially reasonable efforts to agree upon such additions or modifications in a timely manner. If such agreement cannot be reached in a timely manner, either Party may terminate this Agreement by written notice to the other Party.

10. Insurance. During the term of this Agreement, each of Client and Helix shall, at its own expense, maintain and carry insurance with financially sound and reputable insurers, in full force and effect that includes, but is not limited to, commercial general liability in the minimum amounts of one million dollars (\$1,000,000) per claim and two million dollars (\$2,000,000) annually in the aggregate. Upon the other’s request, each shall provide the other with a certificate of insurance from the insurer evidencing the insurance coverage specified in this Agreement (or if either self-insures, documented proof of the existence of a self-insurance program meeting the requirements set forth in this Section). The certificate of insurance shall name the other as an additional insured. Each shall provide the other with thirty (30) days’ advance written notice in the event of a cancellation or material change in the insurance policies. Except where prohibited by law, each shall require its insurer to waive all rights of subrogation against the other’s insurers. If such insurance is of the “claims made” type, each agrees that the insurance shall be continued for a period of at least four (4) years after the termination of this Agreement, or each shall purchase extended reporting period insurance (also known as “tail coverage”) to extend the insurance for a minimum of four (4) years after the termination of this Agreement.

11. Entire Agreement. This Agreement, including and together with any related Statements of Work, exhibits, schedules, attachments and appendices, constitutes the sole and entire agreement of the Parties with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, regarding such subject matter. The Parties acknowledge and agree that if there is any conflict between the terms and conditions of this Agreement and the terms and conditions of any Statement of Work, the terms and conditions of this Agreement shall supersede and control.

12. Notices. All notices, requests, consents, claims, demands, waivers and other communications under this Agreement (each, a “**Notice**”, and with the correlative meaning “**Notify**”) must be in writing and addressed to the other Party at its address set forth below (or to such other address that the receiving Party may designate from time to time in accordance with this Section). Unless otherwise agreed herein, all Notices must be delivered by personal delivery, nationally recognized overnight courier or certified or registered mail (in each case, return receipt requested, postage prepaid). Except as otherwise provided in this Agreement, a Notice is effective only (a) on receipt by the receiving Party; and (b) if the Party giving the Notice has complied with the requirements of this Section 12.

Notice to Client:

Attention: _____

Notice to Helix:

6620 Highland Road, Suite 240,
Waterford, MI 48327

Attention: Brian Tierney

13. Severability. If any term or provision of this Agreement is found by a court of competent jurisdiction to be invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. Upon a determination that any term or provision is invalid, illegal or unenforceable, the Parties shall negotiate in good faith to modify this Agreement to effect the original intent of the Parties as closely as possible in order that the transactions contemplated by this Agreement be consummated as originally contemplated to the greatest extent possible.

14. Amendments. No amendment to or modification, rescission, termination or discharge of this Agreement is effective unless it is in writing and signed by an authorized representative of each Party.

15. Waiver. No waiver by any Party of any of the provisions of this Agreement shall be effective unless explicitly set forth in writing and signed by the Party so waiving. Except as otherwise set forth in this Agreement, no failure to exercise, or delay in exercising, any right, remedy, power or privilege arising from this Agreement shall operate or be construed as a waiver thereof, nor shall any single or partial exercise of any right, remedy, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power or privilege.

16. Assignment. Client shall not assign, transfer, delegate or subcontract any of its rights or delegate any of its obligations under this Agreement without the prior written consent of Helix. Any purported assignment or delegation in violation of this Section 16 shall be null and void. No assignment or delegation shall relieve the Client of any of its obligations under this Agreement. Helix may assign any of its rights or delegate any of its obligations to any person, entity or organization acquiring all or substantially all of Helix's assets or more than fifty percent (50%) of the equity of Helix without Client's consent.

17. Successors and Assigns. This Agreement is binding on and inures to the benefit of the Parties and their respective permitted successors and permitted assigns.

18. Relationship of the Parties. The relationship between the Parties is that of independent contractors. The details of the method and manner for performance of the Services by Helix shall be under its own control, Client being interested only in the results thereof. Helix shall be solely responsible for supervising, controlling and directing the details and manner of the completion of the Services.

Nothing in this Agreement shall give the Client the right to instruct, supervise, control, or direct the details and manner of the completion of the Services. The Services must meet the Client's final approval and shall be subject to the Client's general right of inspection throughout the performance of the Services and to secure satisfactory final completion. Nothing contained in this Agreement shall be construed as creating any agency, partnership, joint venture or other form of joint enterprise, employment or fiduciary relationship between the Parties, and neither Party shall have authority to contract for or bind the other Party in any manner whatsoever.

19. No Third-Party Beneficiaries. This Agreement benefits solely the Parties to this Agreement and their respective permitted successors and assigns and nothing in this Agreement, express or implied, confers on any other person, entity, or organization any legal or equitable right, benefit or remedy of any nature whatsoever under or by reason of this Agreement.

20. Choice of Law. This Agreement and all related documents, including all exhibits attached to this Agreement, and all matters arising out of or relating to this Agreement, whether sounding in contract, tort, or statute, are governed by, and construed in accordance with, the laws of the State of Michigan, United States of America, without giving effect to the conflict of law provisions thereof to the extent such principles or rules would require or permit the application of the laws of any jurisdiction other than those of the State of Michigan.

21. Choice of Forum. Each Party irrevocably and unconditionally agrees that it will not commence any action, litigation or proceeding of any kind whatsoever against the other Party in any way arising from or relating to this Agreement, including all exhibits, schedules, attachments and appendices attached to this Agreement, and all contemplated transactions, including contract, equity, tort, fraud and statutory claims, in any forum other than the Sixth Judicial Circuit Court of the State of Michigan, the 51st District of the State of Michigan or the United States District Court of the Eastern District of Michigan, Southern Division, as dictated by the applicable jurisdiction of the court. Except as otherwise required by law or court rule, venue is proper in the courts set forth above. The choice of forum set forth above shall not be deemed to preclude the enforcement of any judgment obtained in such forum or taking action under this Agreement to enforce such judgment in any appropriate jurisdiction.

22. WAIVER OF JURY TRIAL. EACH PARTY ACKNOWLEDGES THAT ANY CONTROVERSY THAT MAY ARISE UNDER THIS AGREEMENT, INCLUDING EXHIBITS, SCHEDULES, ATTACHMENTS, AND APPENDICES ATTACHED TO THIS AGREEMENT, IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES AND, THEREFORE, EACH SUCH PARTY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY LEGAL ACTION ARISING OUT OF OR RELATING TO THIS AGREEMENT, INCLUDING ANY EXHIBITS, SCHEDULES, ATTACHMENTS OR APPENDICES ATTACHED TO THIS AGREEMENT, OR THE TRANSACTIONS CONTEMPLATED HEREBY.

23. Counterparts; Electronic Signatures. This Agreement may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement. Notwithstanding anything to the contrary in Section 12, a signed copy of this Agreement delivered by facsimile, email, or other means of electronic transmission is deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

24. Force Majeure. Helix shall not be liable or responsible to Client, nor be deemed to have defaulted or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement when and to the extent such failure or delay is caused by or results from acts or circumstances beyond the reasonable control of Helix including, without limitation, acts of God, flood, fire, earthquake,

explosion, governmental actions, war, invasion or hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest, national emergency, revolution, insurrection, epidemic, pandemic, lock-outs, strikes or other labor disputes (whether or not relating to either Party's workforce), or restraints or delays affecting carriers or inability or delay in obtaining supplies of adequate or suitable materials, materials or telecommunication breakdown or power outage, provided that, if the event in question continues for a continuous period in excess of five (5) days, Client shall be entitled to give notice in writing to Helix to terminate this Agreement, but Client shall be responsible for payment of the Fee described on Exhibit A without penalty and without any further obligation.

[Signatures appear on the following page]

Signature Page to Testing Services Agreement

The Parties have caused this Agreement to be executed as of the Effective Date by their respective duly authorized officers.

“Client”

University, a
nonprofit corporation

By: _____
Its: President

“Helix”

Ark Laboratory, LLC, a Michigan limited liability company (dba Helix Diagnostics)

By: Brian Tierney
Its: Founding Partner

EXHIBIT A

INITIAL STATEMENT OF WORK

Services is defined to mean that Helix will provide Client and Client will guaranty Helix a minimum of _____,000 Molecular Pathogen Detection Testing for COVID 19 during the period of _____ to _____ subject to the terms and conditions of the Agreement.

Helix may provide Antibody Serum testing for _____ University at a future date with an amount per test to be determined beyond this agreement.

EXHIBIT B

FEE SCHEDULE

1. Fee. In exchange for the Services, Client shall pay to Helix seventy dollars (\$70.00) per sample collected (the “**Fee**”). Initially, Client shall provide Client with ____,000 samples (“**Guaranteed Tests**”) for testing, the Fee for which shall be _____ thousand (\$_____,000) dollars (“**Service Fees**”) and Client shall pay as provided in Section 2 below. Fees for samples in excess of ____,000 shall be paid in accordance with the terms of the Agreement or as otherwise agreed by the Parties.
2. Payment Schedule. Client shall pay the Initial Fee by check or by Automated Clearing House electronic payments, as determined by Helix, as follows:
 - A. \$_____,000 upon Client’s execution of this Agreement (“**First Installment**” aka “**Initial Fee**”). Notwithstanding any provision in this Agreement to the contrary, the Initial Fee payment shall be non-refundable and necessary for Helix to advance pay for the cost to perform the Services, including without limitation, payment for the cost of COVID 19 test kits.
 - B. \$_____,000 on or before _____ (“**Second Installment**”).
 - C. \$_____,000 on or before _____ (“**Third Installment**”).
3. No Refund/Reimbursement. The Initial Fee and all other payments issued by Client to Helix shall be deemed nonrefundable for any reason or purpose.
4. Payment to Helix upon Termination of Agreement by Client. In the event that Client terminates this Agreement due to no fault by Helix, then in addition to the Initial Fee, Client shall pay Helix the sum of 20% of the Guaranteed Tests not performed by Helix as liquidated damages. For example, and for avoidance of doubt, if Client terminates this Agreement due to no fault by Helix and after Helix has performed _____ COVID 19 tests, then Client shall pay Helix \$_____,000 (_____ unperformed tests multiplied by \$___ per test) as liquidated damages.
5. Failure to Perform and Payment by Client. In the event that Helix is unwilling or unable to perform the Services in whole or part, then Helix and Client will coordinate a mutually agreeable time for Helix to perform and complete the Services described in this Agreement (“**Opportunity to Cure**”). Helix shall have not less than fifteen (15) days from the date that the Client Contract Manager notifies Helix in writing that Helix has not performed the Services as required under this Agreement (“**Cure Period**”). In the event that Helix is unable or unwilling to perform the Services during the Cure Period, then Client may withhold payment from the Third Installment (listed above) equal to the Fee per sample multiplied by the number of students tested, which is less than _____ thousand (_____,000).
 - a. For clarity and for avoidance of doubt the following examples shall control and govern Section 4 under this Agreement:
 - i. Example #1. In the event that Helix attempts to perform the Services at Client’s premises, but due to no fault of Helix, including without limitation, (i) Client’s

facility and students do not participate in the COVID 19 testing; or (ii) Client's faculty and students do not attend the COVID 19 testing during Helix's hours of operation at Client's premises; or (iii) Client's faculty and Students obtain COVID 19 testing from other sources; or Client's faculty or students are not sufficiently directed by Client to get tested for COVID 19 by Helix, then in such events, Helix's failure to perform the Services shall not be deemed a default by Helix and Client shall be required to pay Helix the complete Service Fees of \$____,000 as described herein even if Helix performs less than __,000 COVID 19 tests as described in this Agreement.

- ii. Example #2. If Helix is legally prohibited from performing the Services on Client's premises due to a Force Majeure event, then Client shall only be responsible for paying Helix the Initial Fee plus an amount equal to the number of COVID 19 test performed by Helix multiplied by the Fee of \$___ per test actually performed.
- iii. Example #3. If Helix performs __,000 COVID 19 tests, but is unable or unwilling to perform the additional tests due to Helix' own fault or lack of staffing, then, Client may withhold from the Third Installment the sum of \$__,000 (__ ,000 tests not performed by Helix multiplied by \$___ per test).

PLAYBOOK for COVID-19 Response & Reopening

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As a network of non-profit, independent colleges and universities we treasure the task of educating students in the learning communities that are our campuses. Our students chose our institutions for the opportunity to learn side-by-side with highly qualified faculty and staff. Each one of us also understands the critical role we have been obliged to play since Governor Whitmer issued the stay-at-home order. Many of our campuses continue to house students who have nowhere else to go. We have adapted our instruction to online modalities, provided take-out dining for students left on campus, and have implemented CDC disinfecting protocols for our facilities and residence halls. We have also used excess capacity in our housing and conference centers for the use of first responders and health care staff to rest, self-isolate, and rejuvenate away from their families.

Our eyes now look to the coming months, but there is no playbook for this. Higher education has not faced a global pandemic since 1918. We recognize that our state needs a sustained decline in the number of infections before restrictions can be reasonably lifted, and we will continue to do our part to support this goal. Each of our members has expressed a strong desire to chart a path for opening our campuses in ways that adapt to the new realities we face in the next phase. This document represents our association's effort to develop a resource for our institutions to aid in their own plans and protocols for a safe return to learning on campus. We believe we can do this because we are large enough to have the resources needed to conduct a safe return of our students. We believe we can do it because our educational communities are small enough that we know one another by name which allows us to train and develop students, faculty, and staff with the guidance necessary to adapt to this new reality.

INTRODUCTION

*Michael K. Le Roy Ph.D.
President, Calvin University
Board Chair, Michigan Independent Colleges and Universities*

We, the membership of the Michigan Independent Colleges and Universities (MICU), recognize that these are trying times for every person, business, civic, and social institution in our society. The emergence of COVID-19 has been challenging for independent higher education, but we also observe that the members of Michigan Independent Colleges and Universities (MICU) have adapted quickly and well to these less than ideal circumstances.

Our members have been fully compliant with the executive orders that have been implemented over the last two months. We are all doing our part to slow the spread of the virus, give time for our health care providers and first responders to meet the demands of our current circumstances, and provide our resources to meet the needs of public servants and the vulnerable. This playbook represents our best effort to identify resources and approaches for our member institutions that may be used to develop plans in collaboration with local public health authorities.

MICU represents 25 nonprofit institutions of higher education in our state. Our members educate nearly 100,000 students and award one of every four higher education degrees in Michigan each year. We provide 26,000 jobs to Michiganders—17,000 of whom are directly employed, and 9,500 of whom provide institutional support in the surrounding communities—serving as one of the state’s largest employers.

Our institutions include those which are residentially based undergraduate-only, nursing and health-sciences-focused, engineering-focused, arts-and-design-focused, and institutions whose instruction delivery options range from exclusively in-person to completely online.

MICU members contribute \$2 billion in direct spending in Michigan communities, provide jobs, which result in \$1.4 billion in earnings for Michigan families.

Because we provide comprehensive care and support for our students in distinctive communities, we are uniquely equipped to help lift the burdens of care from our towns and counties, and to support the public health and safety efforts of these same communities.

In contrast to some of the larger state institutions in Michigan, MICU members demonstrate different strengths and, also face different operational realities. For instance, our institutions tend to have:

- Smaller class sizes, and fewer faculty and staff, and smaller campus populations;
- Ability to implement campus-wide changes quickly;
- Lower population density that allows for reconfiguration and alternative uses of space;
- Strong community collaboration and relationships; and,
- Ability to control service standards due to smaller scale operations.

These strengths and realities of our institutions will allow us to develop and implement strong plans in the areas of repopulating campuses, monitoring the health of our campus populations, containing the disease when infection is detected, and shutting down our campuses if warranted.

As of May 8th, the infection rate curve was beginning to flatten in Michigan but had not yet exhibited the sustained decline required to move to the next stage of social distancing. Current stay-at-home orders were not issued with the belief that this order would end the pandemic. Rather, it was instituted out of a serious concern that the health system could not absorb an exponential increase of the illness.

It was only as of the week of April 20 that testing availability was adequately available to most people, although personal protective equipment (PPE) and other medical supplies are still in short supply.

The implications of this state-of-affairs for MICU members and students are significant. Essential employees are the only employees permitted on campus, all instruction has been moved online, and residence halls and take-out dining continue to be available for more than a thousand of our students who have nowhere else to go.

In her *MI Safe Start* plan, Governor Whitmer outlines six phases of re-engagement. As of May 8th, the State of Michigan was in phase three “Flattening”. Institutions of higher education may resume live instruction with strict mitigation measures when we reach phase five “Containing”. The criteria to move from phase three to phase five are when the cases and deaths in the state decline more sharply and are at low absolute rates per capita, when health system capacity is very strong, and when robust testing, contact tracing, and containment protocols are in place. As of May 8th, the State of Michigan remains under stay-at-home orders and the five-day rolling average of new cases in the U.S. is only beginning to show signs of a downward trajectory.

Widely available testing and contact tracing will be critical for our institutions to move to the next phase. It is not clear how long this will take, but it is also clear that the county and state need to add substantial capacity to public health staff for this to take place.

These circumstances have already required the postponement of commencement and many on-campus events through the month of June, and the change of many summer courses to an online delivery format.

A Safe Return to Learning in Place

While our semesters wrap up this spring, the leadership of our institutions have been hard at work to incorporate the best science, medical advice, and public health practice to develop concrete plans for educating our students in the coming months.

MICU’s member institutions want to be sure that our efforts are aligned with the state’s public health goals and that our approach to operations does not undermine the good progress that has been made to mitigate the spread of the virus in Michigan. In addition, we feel a deep obligation to deliver the on-campus community-based living and learning that we believe works best for our students.

The plan and protocols that follow assume that opening in the coming months is not a return to normal that we knew in January 2020. Instead this playbook is the product of the adaptive and innovative work characteristic of our sector at its best. The safe return playbook outlined below is grounded in four essential principles:

- The health, safety, and well-being of students, faculty, and staff.
- The mitigation of the risk of spread of COVID-19 in the campus communities we call home.
- The fulfillment of our institutional missions of academic excellence, research, scholarship, and community service.
- The sustainability of academic institutions that provide important public service and employment in the state at minimal taxpayer expense.

As in other aspects of our economic and social life, a safe return to learning in phase five involves continuing some level of physical distancing and limit risk of non-essential congregate behaviors.

This phase allows the vast majority of schools and businesses to open, while focusing on ways to mitigate the risk of spread of the virus. Moving toward this phase must be managed with cautious actions by decision makers at all levels. ***The plan that follows recognizes that MICU members must follow CDC guidance, collaborate with local health departments, and adapt to different modes of operation and educational delivery if the risk of community spread rises.***

As in phase three, phase five assumes that anyone who is symptomatic is placed in isolation and close contacts are placed into quarantine to avoid an outbreak on campus.

It will be crucial for campuses to be able to demonstrate their capacity to house residential students properly to meet the current isolation and quarantine standards with anticipation that COVID-19 will likely still be prevalent in the community. Without herd immunity, a vaccine, or medical therapy widely available, the main form of mitigation risk during phase five will be careful planning to limit physical distancing and limit risk of nonessential congregate behaviors. It is also worth noting that many reports describe social interaction during this phase as still highly regulated, which raises questions about what it will be like to return to college and university life in the coming months if we are able to open.

Phase five will present significant complications for opening but our member institutions express a strong preference to find a way to do so. The challenge for ***colleges and universities in this state will be to re-imagine our operations so that education can continue for students and be delivered safely by faculty and staff.***

In addition, our institutions' capacities to monitor and track the health status of faculty, staff, and students living in a variety of circumstances will serve to support the over-stretched efforts of our public health professionals in each county.

The challenge of running colleges and universities under these phase five conditions is formidable. It will require a variety of modes of delivery and the capacity for the college or university to adapt with changing government orders, student needs, and public health conditions. The member institutions of Michigan Independent Colleges and Universities recognize that success in phase five is not a given. Renewed outbreak of the disease could result in a return to the conditions of earlier phases and require our institutions to adapt to less desirable educational and operational strategies.

Because of this we are highly invested in all current efforts to mitigate the spread of the virus and reduce rates of infection.

Our commitment

This playbook will serve as a resource for our member institutions as they make plans to return to community-based living and learning.

In compliance with Governor Whitmer's Executive Order No. 2020-91, each member institution will develop a COVID-19 preparedness and response plan, consistent with guidance developed by the Occupational Health and Safety Administration, within two weeks of resuming in-person activities.

This plan will comply with the measures outlined in the executive order. This playbook is consistent with Executive Order No. 2020-91 and provide tangible examples, models, and checklists for institutions to utilize as they develop their individual plans. Each member institution will need to adapt these possible models to fit its mission, unique contexts, and the needs of its students, faculty, and staff.

This document seeks to provide a comprehensive overview of the areas that may need to be addressed. Member institutions may use this document as a basis for further conversation with their local health department, and to develop their own plans for resuming face-to-face interactions on campus.

Pandemic Response Team

Each institution should identify a pandemic response team which will be cross-functional in nature. The form, organizational structure, and titles may vary from institution to institution, but clear roles should be defined. The executive team of the institution will be responsible for ensuring a plan is in place for adaptive pandemic response that is consistent with guidelines from agencies including FEMA, CDC, the MDHHS, and local health departments. The Pandemic Response Team (PRT) will be responsible for developing institutional-specific protocols, monitoring the adoption of the plan, and responding to new developments in the pandemic as they arise.

In accord with Executive Order no. 2020-91, the team will be responsible for designating the institutional coordinator(s). An institutional coordinator(s) must remain on-site at all times faculty and staff are on site. The coordinator(s) will also be responsible for implementing monitoring, and reporting on the COVID-19 control strategies.

Some potential PRT positions may include:

- **Sanitation and disinfection lead:** Manage daily and periodic disinfection logistics including routine and deep cleaning and disinfection processes in accord with current CDC and EPA disinfection and cleaning guidelines.
- **Virus prevention and protocols lead:** Oversee the development of the institution pandemic preparedness and response plan; develop and monitor protocol related to virus prevention including, but not limited to, symptom monitoring, access to testing, and contact tracing. Work closely alongside institutional access lead to develop and monitor physical distancing protocol.
- **Education and training lead:** Oversee all pandemic related communication and ensure all communication is scientifically accurate and vetted through relevant channels; oversee all pandemic related training processes including both preparedness and response for faculty, staff, students, and other members of the institutional community as necessary (e.g., Board of Trustees).
- **PPE and materials lead:** Identify necessary types and quantities of preventative materials and personal protective equipment; ensure procurement of preventative materials and PPE; use the CDC PPE burn rate calculator to determine amount of PPE necessary.
- **Communication lead:** Responsible for vetting all COVID-19-related communication for the institution; ensure all communication accurately reflects current scientific knowledge and current state and local guidance; oversee development/identification of communication channels; ensure communication is delivered in a timely and efficient manner.
- **Quarantine lead:** Oversee the management of quarantined and isolated individuals; work with the local health department and other department leads to address non-medical needs of quarantined and isolated students.
- **Team leader:** Responsible for the overall implementation of the institutional pandemic preparedness and response plan; ensures the institutional response is consistent with current local, state, and federal guidelines and orders.
- **Institutional access lead:** Oversee protocol ensuring recommended physical distancing including, but not limited to, classroom configurations and operations, laboratory logistics, common campus arrival and departure times, on-campus residential hall protocol, dining hall and other food service set-ups, and configuration of common areas such as libraries and computer labs. Develop and oversee any access control measures such as limiting who can be on campus and/or when people can be on campus at any given time.
- **Community partner lead:** Liaises and coordinates with key players including the local health department, local health systems, the state health department.



Aquinas College

SECTION ONE: STUDENT HEALTH, SAFETY, & WELLNESS

Guiding Principles & Goals

- Ensure the health, safety, and well-being of all students
- Provide students with the education and training needed to live and learn in a university environment under phase five conditions
- Mitigate the risk that students will be a conduit for community spread of the virus
- Allow the safe return of students to college university learning environments

Public Health Strategies

This section includes strategies focused on the overall health, safety, and wellness of students that member institutions can consider for their campus needs. Separate sections discuss needs around residence life, dining halls, and the instructional environment. Student health, safety, and wellness is the primary concern of institutions, particularly as it relates to those who are high-risk, those who have tested positive for COVID, and those who face emotional and/or mental health needs related to COVID.

Providing scientifically sound training and communication

Extensive health and safety training is essential for students prior to their return to campus. Components of training should include current campus-specific policies and procedures, including symptom monitoring, hygiene practices (e.g., handwashing, cough etiquette, frequent disinfection of surfaces, and how to ask questions),

physical distancing, and testing, isolation, and quarantine procedures. Additionally, implementation of signage regarding hygiene practices, room/building capacity, distancing, masks, and other public health measures is recommended.

Development of Quarantine/Isolation Protocol

Institutions with residential facilities should demonstrate the capacity to provide appropriate isolation and quarantine for residential students. Protocol should be established on campus for students who have tested positive for COVID-19 including the designation of isolation rooms and provision of basic needs for those students including food, laundry, and other services.

Additionally, protocol should be developed for students who have been exposed including quarantine protocol and provision of basic needs.

High-risk populations and students in quarantine/isolation

Institutions of higher education are committed to providing uninterrupted education to their students. To the extent practical, virtual instruction options, real-time, and/or recorded digital access to classes should be provided for students in isolation, quarantine, or high-risk populations. Student support services including library materials, academic and career advising, tutoring, and counseling should continue to be made available online and in other formats, as practical.

Stigma, Mental, and Emotional Health Needs

Institutions should prepare for increased services addressing stigma and mental and emotional health needs. Some students may face stigma and discrimination due to COVID-19. These groups may include people who are of Chinese or Asian descent, as well as some individuals who have traveled from hot spot areas, have served as emergency responders, or have been exposed to or tested positive for COVID-19. Further, the uncertainties around COVID-19 and the physical isolation students may experience as a result of distancing efforts may cause or heighten other mental health needs such as depression and anxiety.

It is important for institutions 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. Institutions should be prepared to provide mental health support to promote resilience among those groups affected by stigma and other mental health needs related to COVID-19.

All mental health services should be provided in accord with protocol developed by the institution around distancing, disinfection, and mitigation of risk around COVID-19. As such, protocol should be developed to outline how these services can be provided safely while also complying with professional confidentiality guidelines.

Potential Models for Student Health

- Develop training modules for new students as part of first-year orientation.
- Utilize existing student listservs for regular COVID-19 updates.
- Work with the student government or similar organizations, along with communication department(s), to develop an effective communication plan.
- Work proactively to increase supports in the wellness center and/or work with community mental health partners to anticipate an increased need for mental health services.
- Partner with local anti-stigma and mental health organizations (e.g., Be Nice) to develop anti-stigma messaging.
- Develop a reporting system for stigma-related incidences on campus and/or concerns about student mental health.
- Encourage students to use personal protective equipment and hand sanitizer when using public transportation.

Checklist: Student health, safety, & wellness

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Develop comprehensive student training program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish a system for on-going communication with students around new protocol and/or developments around COVID-19 and the response to COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop protocol for students who identify as high-risk, who are living with individuals who are high-risk, or who are in quarantine or isolation due to COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare for increased mental health needs among students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop protocol for delivery of emotional and mental health services including both individual and group counseling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION TWO: EMPLOYEE HEALTH, SAFETY, & WELLNESS

Guiding Principles & Goals

- Ensure the safety, health, and well-being of all faculty and staff.
- Provide employees with the education and training needed to work in a university environment under phase five conditions.
- Mitigate the risk that faculty and staff become a conduit for spread of the virus.
- Adapt the work environment, workflows, meetings, and congregating spaces to mitigate virus transmission and ensure college and university operations.
- Provide faculty and staff with protocols and necessary personal protective equipment (PPE) to reduce exposure and work safely.

Public Health Strategies

As our campuses reopen, member institutions will consider best practices for ensuring employee health, safety, and wellness. Given the variety of settings and contexts, this will vary widely. Public health strategies that institutions will want to consider include training, risk mitigation, communication, and accommodations for those with extenuating health needs and/or health concerns.

In order to promote safety, health, and well-being, prior to returning to work, faculty and staff should receive comprehensive training that minimally addresses COVID-19 risk factors and protective behaviors (e.g., handwashing, cough etiquette, workplace infection-control practices, frequent disinfection of surfaces, methods to control occupational exposure, how to ask questions or report unsafe working conditions, and, the proper use of PPE, donning and doffing of PPE, limitations of PPE), as well as additional campus-specific safety requirements, protocols, and expectations (e.g., including the steps an employee must take to notify the institution of any symptoms of COVID-19 or any suspected or confirmed diagnosis of COVID-19) to ensure everyone and their communities stay safe and prevent the spread of COVID-19.

Trainings should be consistent with COVID-19 guidelines issued by OSHA, CDC, and relevant regulatory bodies. On-going training should be provided when new or modified tasks or procedures are developed as well as to reinforce the initial messages.

A protocol should be developed to mitigate the risk that faculty and staff become a conduit for community spread (refer to section on “Monitoring, Testing, Contact Tracing, and Surveillance). Institutions should require face coverings to be worn when faculty and staff cannot consistently maintain six feet of separation from other individuals in the workplace and consider the use of face shields for those whom cannot consistently maintain three feet of separation. Institutions should also continually re-examine faculty and staff travel policies in accord with national, state, and local recommendations and guidelines.

As of May 20, 2020, Executive Order 2020-91 requires institutions to restrict all non-essential travel for faculty and staff, including in-person conference events. Institutions should identify communication channels to provide faculty and staff with up-to-date information around COVID-19 and the institutional response and protocols.

Policies and procedures should be developed to promote remote work to the fullest extent possible. These procedures should provide reasonable accommodations for work from home or similar arrangements for faculty and staff in high-risk medical categories, living with people in high-risk medical categories, or who are currently in quarantine or isolation for COVID-19.

Special attention should be given to the work environment specifically identifying ways to limit the number of people on campus at once, limit in-person meetings and/or develop protocol for safe in-person meetings, discourage congregating on campus at any time, and pay special attention to common spaces and equipment (e.g., departmental offices, copy machines, laboratories).

Potential Models for Employee health, safety, & wellness

- Develop a series of trainings to be held prior to returning to work, the first day of work, and on-going as protocol or the COVID-19 context changes.
- Utilize existing communication channels to convey information (e.g., emergency alert systems, daily e-mail listservs).
- Communicate with faculty and staff which communication channels should be used for what types of information around COVID-19.
- Promote remote work to the fullest extent possible.
- Develop a system for approving in-person meetings for faculty and staff and/or develop criteria for in-person meetings.
- Require face-coverings in shared spaces, including during in-person meetings and in restrooms and hallways.
- Limit the number of people on campus by staggering start times, adopting “shifts” or a rotational schedule, or assigning on-campus hours that include evenings and weekends.
- Designate spaces for specific groups of people (e.g., limit access to individual laboratories or department offices to a specific subset of people). For instance, whereas in the past, anyone on campus could enter a department office, adjust policies to limit access to the department office only to faculty and staff members from that office along with maintenance and facilities staff.
- Design new ways of providing services on campus that limit physical contact including library, mail, and print services.
- Encourage faculty and staff to use personal protective equipment and hand sanitizer when using public transportation.

Checklist: Employee health, safety, & wellness

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Develop comprehensive employee training program in compliance with Executive Order 2020-91.

Establish a system for on-going communication with faculty and staff around new protocol and/or developments around COVID-19 and the response to COVID-19.

Develop protocol for employees who identify as high-risk or who are living with individuals who are high-risk, or who are in quarantine or isolation.

Develop policies and procedures to address the work environment including workflow, faculty/staff meetings, and shared spaces.

Establish a system for the distribution of PPE to on-campus employees, where needed.

Develop a plan that requires face coverings to be worn when faculty and staff cannot consistently maintain six feet of separation from other individuals in the workplace.

Follow Executive Order 2020-36, and any executive orders that follow it, that prohibit discharging, disciplining, or otherwise retaliating against employees who stay home or who leave work when they are at particular risk of infecting others with COVID-19.

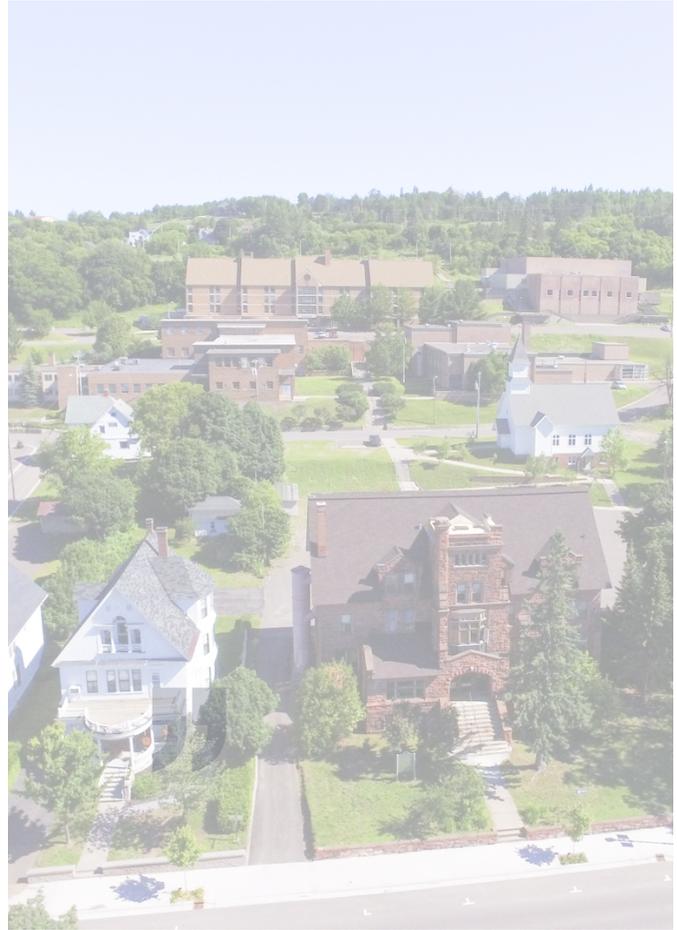
SECTION THREE: COMMUNITY SAFETY & WELLNESS

Guiding Principles & Goals

- Ensure the institution does its part to promote safety, health, and well-being in the neighborhoods, schools, towns, and cities where our member institutions carry out its educational mission.
- Provide clear communication and instruction for all visitors to campus with appropriate registration, screening, and prevention protocols needed to preserve the health and safety of the campus community.
- Mitigate the risk that faculty, staff, and students become a conduit for community spread of the virus both within and beyond campus spaces.
- Adapt the work environment, workflows, meetings, and congregating spaces to mitigate virus transmission and ensure the safety of college and university operations.

Public Health Strategies

Institutions of higher education often serve and rely on members of the community to participate in the life of the institution. Historically, these opportunities included public lectures, plays, and concerts; guest lecturers; and sporting event spectators. Our institutions recognize that these kinds of events may need to be adapted, limited, postponed, or canceled altogether to help mitigate the risk of transmission of COVID-19.



Finlandia University

“Mitigate the risk that faculty, staff, and students become a conduit for community spread of the virus both within and beyond campus spaces.”

Each institution will want to think about their community presence and what strategies they can adopt to promote health within the broader community. In the current environment, protocol should be developed to limit and register campus visitors. Protocol should include elements of temperature and symptom monitoring.

Although models of interaction will change, institutions should continue to invest in the community through student internships (with proper protocol in place), online opportunities (e.g., lectures, community classes), and critical partnerships with community organizations (e.g., faculty and staff participation on community advisory boards, collaborative community research and evaluation projects). These interactions should occur with safe and healthy precautionary measures in place such as developing hazard assessments for each setting students are placed.

The success of the strategies outlined in this document rely on well-established partnerships and close collaboration with local health departments and health systems. These communication channels need to be established and/or strengthened to ensure community health and well-being.

Potential Models for Community Safety & Wellness

- Work with the local health department to develop a set of guidelines as to what needs to be the status of COVID-19 in the community and what set of criteria need to be demonstrated at the institution prior to holding community events.
- Develop innovative clinical internships that interact with the community without face-to-face contact (e.g., teletherapy models) in conjunction with guidance from professional accrediting bodies, the CDC, and other relevant organizations.
- Solicit the community for ways the institution can support the COVID-19 response such as assisting with research and evaluation, providing professional support for contact tracing efforts, manufacturing PPE and hand sanitizer, or serving in other critical volunteer roles.

Checklist: Community safety & wellness

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Develop policies and procedures to limit and register on-campus guests.

Develop protocol to monitor symptoms and temperatures of on-campus guests.

Identify low-risk ways to continue to provide high-quality engagement with the broader community.

Develop strong partnerships with local health systems and the local health department.

SECTION FOUR: MONITORING, TESTING, CONTACT TRACING, & SURVEILLANCE

Guiding Principles & Goals

- Determine self-monitoring and quarantine guidelines in accordance with current recommendations from the CDC and local health department prior to reopening the campus.
- Monitor and surveil all members of the institution who return to campus to ensure a healthy start to the academic year.
- Identify students, faculty, and staff with symptoms, manage asymptomatic carriers when more is known about this population, manage the isolation and care of individuals with positive test results, and manage the needs of individuals in quarantine due to recent exposure to a COVID-19 case to prevent community spread of the virus.
- Assist the local health department, as they see fit, in contact tracing work to inform and quarantine those who may have been exposed to the virus.
- Develop a system of on-going communication and information exchange with the local health departments and health systems to ensure an accurate understanding of the state of COVID-19 in the community.

Public Health Strategies

Member institutions will want to work with their local health departments to determine their role in monitoring, testing, contact tracing, and surveillance. The level of involvement will vary greatly based on the institutional capacity and the presence of a fully staffed health center on campus. Some institutions may rely more on the resources of the local health departments and health systems while others may be able to play a more active role in these processes and procedures.

When a faculty or staff member, or student is identified with a confirmed case of COVID-19, within 24 hours, the institution will notify both the local public health department and anyone on campus who may have come into contact with the person with a confirmed case of COVID-19.

Temperature and Symptom Monitoring Protocol

Temperature checks and symptom monitoring protocols should be developed for residential students, faculty, and staff as well as those students living off-campus.

A process for daily symptom monitoring should be implemented in accordance with the current CDC or health department requirements and Executive Order 2020-91 that should include all current symptoms of COVID-19 and suspected or confirmed exposure to people with possible COVID-19. The process should ensure feedback to the faculty, staff, or student on how to proceed. Additionally, measures should be instituted to review and monitor symptoms to identify potential cases, identify and investigate trends, and to assist in contact tracing.

If visitors are permitted on campus, the institution should consider a plan to screen the temperature and symptoms of visitors before they enter campus spaces. Institutions should consult with their local health departments who may already have plans in place for reopening safely such as the *Kent County Back To Work Safely* plan.

Reopening campuses and remaining open is contingent upon protocol to safely isolate and quarantine their community in order to prevent rapid spread.

Early strict isolation for a minimum of 72 hours of the onset of any, even mild symptoms is foundational. Then consideration should be given for testing for COVID-19 after the completion of the 72 hours of isolation to ensure an abundance of caution was used when the person could have been most contagious. During the 72-hour isolation testing could occur for persons with symptoms of potential COVID-19 infection. Current symptoms include fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, new vomiting or diarrhea, and/or sore throat.

Availability and Capacity to Perform Molecular Testing

The institution should establish an adequate molecular testing plan (*in this document, molecular testing refers to testing that identifies viral nucleic acids within a biological sample, not serology testing*) for symptomatic students and employees. Protocols should also be developed for tracking and testing faculty, staff, and students traveling from high risk areas. Ideally, the test sample for COVID-19 should be collected on-campus, limiting symptomatic persons from potentially transmitting the virus to the broader community. If on-campus collection is not feasible, there should be a plan in place for molecular testing approved by the local health department. The tests should be conducted at a CLIA certified laboratory to ensure that positive tests are clinically actionable. Institutions need to adjust testing protocols as the types of tests and recommendations for testing changes.

Institutions should rely on information from the state and local health departments and private laboratories regarding the availability of molecular testing. The institution should demonstrate access to sufficient capacity for molecular testing with rapid turnaround times.

Surveillance

Institutions should work closely with local health departments to identify best practices and data needs of local health departments.

Minimally, institutions should have surveillance data which includes symptom monitoring, number of tests completed and percentage testing positive, and rates of transmission.

Contact Tracing

Contact tracing is an integral part of outbreak control. The institution should work with their local health departments to identify the level of involvement the local health department would like them to take in contact tracing. The role of the institution in the contact tracing process will vary depending on the institution's clinical capacity and ability to abide by HIPAA standards

If the local health department chooses to partner with the institution in the contact tracing process, the protocol should minimally include

- a comprehensive training for those who will engage in contact tracing,
- development of a survey document to use with those who were exposed,
- a system to follow up with those who were exposed who are and become symptomatic,
- a process for supporting the quarantine of those who were exposed,
- a plan for appropriate follow-up, and
- a plan for sharing information with the local health department.

All of this needs to occur while maintaining the privacy of the person. These processes will rely on a strong partnership with the local health departments who already have these processes and procedures laid out. It is anticipated that the institutions can ease some of the burden of the local health department by facilitating contact tracing within the institution.

On-going Reporting

All efforts in monitoring, testing, contact tracing, and surveillance should to be done in collaboration with the local health department. As noted in sections above, institutions should work closely with local health departments and health systems to determine best practices in this area, differentiate the roles/responsibilities of both entities in these areas, and develop a plan for reporting that meets regulations outlined in HIPAA, FERPA, and other relevant policies.

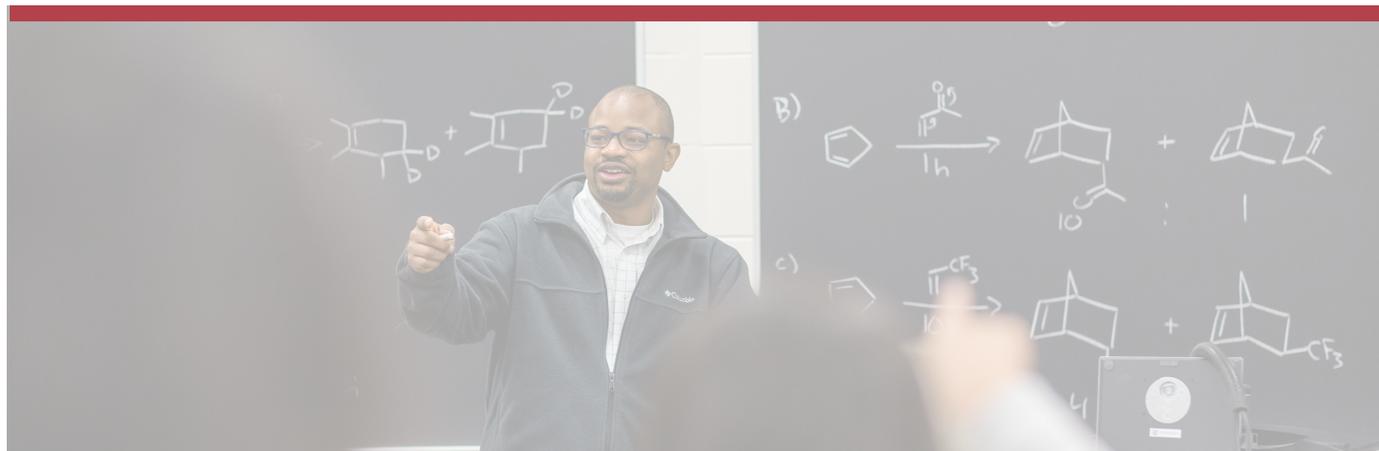
Potential Models for Monitoring, Testing, Contact Tracing, & Surveillance

- Gather daily symptom monitoring (e.g., gathered through apps or other methods).
- Establish temperature checkpoints to be set up across campuses.
- Collaborate with nursing departments to add public health rotations to nursing clinical rotations. These rotations could assist with functions such as temperature checks, reviewing symptom monitoring data, and assisting with non-medical needs of students in quarantine and isolation.
- Employ population screenings for COVID-19 as individuals return to campus. By conducting tests of the entire population in addition to symptom monitoring, it may identify asymptomatic and/or cases with lack of awareness of symptoms. Population screening/testing will allow the institution to carry out immediate quarantine and isolation methods. It will also aid in decision-making and assessment of need. Based on current public health guidelines, the entire population may be rescreened after 7 to 14 days to insure against false negatives on the first round of testing.
- Contract with private laboratories to fulfill testing needs. It is imperative that these laboratories are CLIA certified.
- Work with the state and local health departments to define roles. For instance, in Connecticut, they are authorizing institutions of higher education to engage in contact tracing efforts.
- Under guidance from a local health department, an institution may adopt a variety of methods of contact tracing including utilizing existing technological resources to convey information quickly.
- Universities with nursing and other allied health programs may be able to develop clinical rotations in public health that train students to engage in symptom monitoring and contact tracing efforts. On-going surveillance models will likely evolve as testing becomes more widely used.

Checklist: Monitoring, testing, contact tracing, & surveillance

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Protocol developed for daily entry self-screening protocol for all employees or contractors entering the workplace that includes symptom monitoring and suspected or confirmed exposure to people with possible COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protocol developed for temperature and symptom monitoring of all faculty, staff, students, and visitors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-campus capability to obtain/provide testing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing agreements are in place with a CLIA certified laboratory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded contact tracing through local health departments to identify and isolate positive institution-related cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protocol developed in conjunction with the local health department and other relevant bodies to develop a reporting system in compliance with Executive Order 2020-91.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional liaison to local health authority to assist with contact tracing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collection of surveillance data in collaboration with the local health department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Kalamazoo College

SECTION FIVE: INSTRUCTION, CLINICAL TRAINING, & LEARNING SPACES

Guiding Principles & Goals

- Ensure a safe return to campus community-based learning and adaptive face-to-face instruction.
- Leverage institution's commitment to high-quality education in the context of smaller class sizes.
- Provide faculty with the development, training, and technology to adapt to the changing conditions caused by the virus and the directives of state and local authorities.
- Promote safety and well-being among all students, faculty, staff, and community members by ensuring proper physical distancing, disinfection strategies, and preventative measures.

Public Health Strategies

Campus life will be different upon our return, perhaps most noticeably in the instructional environment. Each institution will need to consider the best strategies for in-person learning that fit its instructional environments. While no one-size-fits-all in this area of functioning in higher education, some common changes should include reductions in the density of groups in classrooms, seating arrangements in classroom, instructional design, laboratory settings and protocol, and hybrid course offerings (i.e., various combinations of face-to-face and online instruction).

Classroom and laboratory occupancy and density should be consistent with current guidelines on square footage per student. Careful thought should be given in order to maximize the educational experience while minimizing the risk of transmission. This may also include considering making changes to the academic calendar including earlier start dates, later start dates, rolling starts, continuing through holidays and other breaks, and/or changing the length of terms.

Multiple physical distancing strategies should be implemented per the CDC guidelines, including:

- Cancel or modify courses where students are likely to be in very close contact, such as lecture courses with close seating, or music or physical activity classes where students are likely to be in close proximity.
- Implement current CDC guidelines of physical distancing for seating arrangements and instructor lecture area. Where possible, rearrange desks to maximize the space between students or designate which seats can be used in lecture halls to increase space between students and adhere to current social distancing guidelines. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- Limit number of students in laboratory settings and implement physical distancing measures. This may be done through shortening lab times and increasing lab sections or decreasing the frequency of in-person lab sessions.

Disinfection strategies should be developed and employed for all shared classroom spaces including sanitation of desks after use, and regular sanitation of classroom doorknobs, light switches, and shared computer equipment. Similarly, stringent disinfection protocol should be implemented in all laboratory settings.

Current preventative materials should be used in all in-person settings as determined in consultation with the local health department and current recommendations from the state health department and CDC. For instance, face masks may be required in all classroom and laboratory environments.

Strategies should be developed to accommodate the needs of students and staff at higher risk of COVID-19, for those living with individuals at higher risk, and for those who are in isolation due to a positive COVID-19 test result or in quarantine due to exposure to someone who tested positive.

Potential strategies include:

- Live streaming of all in-person lectures allowing students to attend in-person or online.
- Provide faculty in high-risk categories, or living with individuals at high-risk, to offer their courses in an online environment or provide them with alternate responsibilities.
- Develop more flexible course drop policies and/or course incompletes for students who test positive for COVID-19.

Strategies should also be in place for developing a strong online presence for each course to ensure that students have the tools for a high-quality education regardless of how they are able to participate.

While not directly related to public health, promoting a strong online presence may prevent students and faculty from hiding symptoms and should help ensure they follow symptom reporting and quarantine guidelines. Preparing hybrid courses (with both an online and in-person format) should also make it easier for institutions to more quickly suspend in-person classes as necessary with minimal disruption for students.

Professional programs (e.g., nursing, education, recreation therapy, speech pathology, social work) should work with accrediting bodies to develop clinical internships that both meet the requirements of the accrediting organization and promote overall health and safety.

Courses and programs which require academically-based service learning should suspend that pedagogy until effective strategies for engaging in such learning can be implemented.

Potential Models for Instruction, Clinical Training, & Learning Spaces

There are a variety of ways public health strategies can be fully incorporated into in-person instructional settings and will vary based on the type of course and the unique setting/context of the institution.

In order to fully comply with strategies outlined by the CDC and in consultation with the local health department, some models may include:

- Prioritize in-person instruction for courses with academic outcomes that cannot be measured or achieved virtually such as laboratory and clinical experiences.
- Implementation of close monitoring and tracking of in-person attendance and seating arrangements to facilitate contact tracing in the event of an exposure.
- Implement smaller class/lab sizes and adding more sections.
- Block off the first row of seats to provide additional space between instructors and students.
- Use larger gathering spaces on campus to provide appropriate physical distancing for class sections.
- Develop cohort models of learning. These cohorts could take all the same classes, live on the same floors, and be assigned the same dining times. The cohorts may be divided by class level or major or some other variable.
- Create hybrid courses which allow subsections of students to attend in-person/online on any given day. For example, if a course were offered on T/Th group one attended in-person on Tuesdays and online via live streaming on Thursdays versus group two who attended online on Tuesdays and in-person on Thursdays.
- Implement targeted curriculum, with more limited numbers of courses that permit flexible formats or appropriate physical distancing structures.
- Implement split curriculum, with all students taking some on-line courses to facilitate social distancing, or HyFlex, with courses designed for simultaneous online and in-person learning.
- Implement resident virtual learning, with students residing on campus having access to virtual classes.

Potential Models for Instruction, Clinical Training, & Learning Spaces (continued)

- Waive residency requirements, with students combining intensive periods of faculty interaction on campus with periods at home.
- Offer modified tutorials, with faculty teaching small groups of students at increased intervals.
- Provision of clinical internships that serve public health needs such as a nursing rotation in public health that includes assistance with contact tracing, symptom monitoring, and surveillance efforts.
- Create structured experiences for learning off-campus for small groups of students.
- Implement calendar changes including earlier start dates, delayed starts, rolling starts, altering break schedules to limit student travel, and/or changing the length of terms.
- Development of attendance and excuse policies that acknowledge and support students who become ill without creating barriers and without requiring unnecessary visits to health facilities for documentation of illness.



Checklist: Instruction, clinical training, & learning spaces

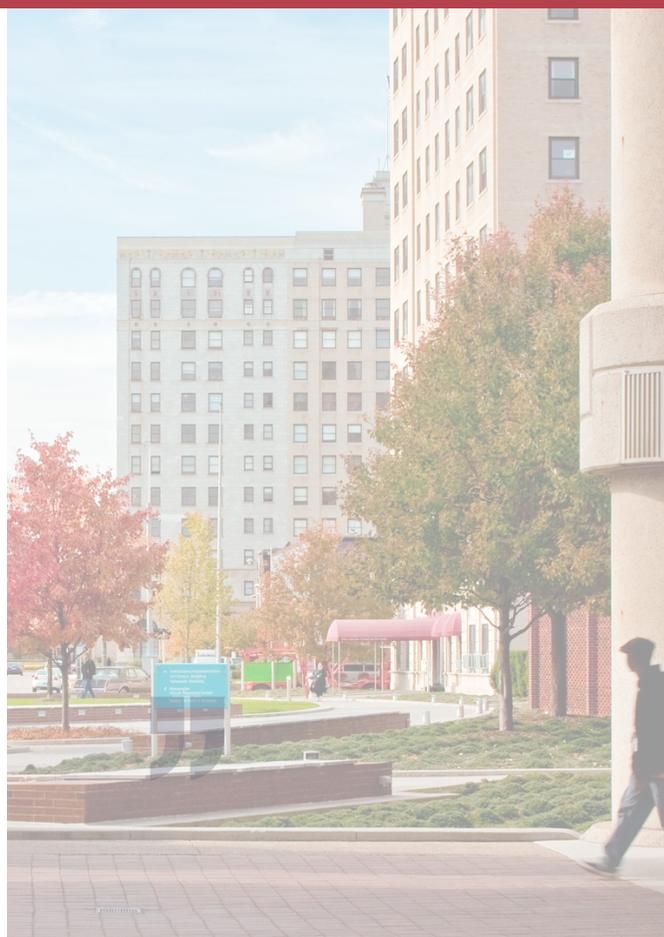
COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Physical distancing protocol in place for all in-person instructional spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfection protocol in place for all instructional spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfection sprays and wipes available in all instructional spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear communication and training are provided regarding in-person instructional expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in-person courses are offered in a hybrid format to allow students at risk, living with a person at risk, and/or quarantined, to successfully continue/complete the course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty at risk or living with someone at risk are given (1) the option to teach a course exclusively online, or (2) an alternative assignment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person instructional models should be developed in consultation with the local health department and/or with other non-institutionally affiliated public health experts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION SIX: RESIDENCE HALLS & OTHER RESIDENTIAL SPACES

Guiding Principles & Goals

- Ensure a safe return to on-campus living and learning in place in college and university housing.
- Build supportive student communities to advance academic excellence and learning goals aligned with the mission of each college or university.
- Promote health, safety, and well-being among all student residents by ensuring proper training, disinfection strategies, and preventative measures for community living.
- Work in partnership with campus health officials and community health providers to develop adaptive strategies to prevent, monitor, detect, and trace infection outbreak among residents.



College for Creative Studies

“**Ensure a safe return to on-campus living and learning in place in college and university housing.**”

Public Health Strategies

For those member institutions with residential housing, thought will need to be given to the housing environment. The plans employed will vary greatly due to the variation in types of housing and density of housing on our campuses. Major goals of residence life efforts are community and relationship building in the campus environment. These facets of residence life spill into residential housing options and are designed to facilitate social gathering and community-building.

In response to COVID-19, many of the practices that are intentionally designed for residence halls and other residential buildings will have to be modified/adapted or abandoned.

The institution should work with the local health department to determine if and when residents can return to on-campus housing. When this determination is made, safe on-campus housing should be provided based on adherence to CDC guidelines and in consultation with the local health department.

Some public health strategies may include:

- Develop regular messaging to residents about public health guidelines and hygiene practices.
- Monitor symptoms and temperatures of residents.
- Designate of isolation and quarantine rooms for those with symptoms and provision of case management services including food delivery, psychological support, and other essential services).
- Limit occupancy in residential facilities to decrease density and promote distancing.
- Establish procedures for how to re-house roommates of those who are sick.
- Work with local public health officials to take additional precautions if cases of COVID-19 have been identified among residents of on-campus housing. 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.
 - Protocol should be established in consultation with local health officials to determine when, how, and where to move ill residents.
- Work with local public health officials to determine appropriate housing for those who need to be in isolation or quarantine. Residents with COVID-19 or identified as contacts of individuals with COVID-19 should not necessarily be sent to their permanent homes off-campus. 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.
- 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. Adequate cleaning and personal hygiene supplies should be made available.
- Clean and disinfect shared areas (such as exercise room, laundry facilities, shared bathrooms, and elevators) and frequently touched surfaces using EPA-registered disinfectants more than once a day, if possible.
- Consider any special needs or accommodations for those who need to take extra precautions, such as staff and students of any age who have serious underlying medical conditions. Special housing arrangements should be provided for students with these needs who opt to live on campus.
- Limit staff entering residents' rooms or living quarters unless it is necessary. Use virtual communications and check-ins (phone or video chat), as appropriate.
- Limit the presence of non-essential volunteers and visitors in residential facilities.
- Use physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with residents, visitors, and the public.
- Provide COVID-19 prevention supplies for staff and residents in common areas such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, cloth face coverings that are washed or discarded after each use.

Potential Models for Residence Halls & Other Residential Facilities

- Close off all common gathering areas and/or designate common gathering areas per floor.
- Develop an in-house laundry service or assign laundry times to students and develop cleaning protocols for shared laundry facilities.
- Designate sinks, bathrooms, showers for specific rooms/people. Provide cleaning caddies for each room and student. Develop cleaning instructions and schedule for student rooms and shared bathrooms.
- Implement structural changes in residential and dorm rooms such as removing bunk beds and identifying modes for physical distancing in rooms.
- Reduce occupancy in rooms and buildings (two students instead of three, or two per suite rather than four).
- Provide “health kits” to each student upon check-in for symptom monitoring.
- Designate units and/or buildings for isolation and quarantine, possibly separate from other residential spaces.
- Develop and implement student training on “doing your part” to clean up after meals, bathroom visits, etc. Ensure the entire responsibility for mitigating risk is not on staff but the entire campus community.
- Move residential staff in higher risk populations out of residential life jobs and into other jobs with less face-to-face interaction.
- Implement no visitor or limited visitor policies (requiring visitors to fill out health forms ahead of entering buildings).
- Develop protocols for shifting student housing or removing students from campus should the health situation or state policy require it.
- Provide comprehensive services for students in isolation or quarantine including: delivery of meals, counseling and/or spiritual services remotely as needed, develop and train a team of staff and students to provide on-call assistance for personal needs (e.g., medication pick-up, delivery of hygiene supplies), provide transportation to medical care if needed.

Checklist: Residential halls & other residential spaces

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Identify isolation and quarantine locations on campus.

Close or develop physical distancing protocols in common lounges and gathering places in residence halls and other residential facilities.

Require face coverings outside of living quarters (e.g., dorm rooms, on-campus suites and apartments).

Regularly disinfect common areas.

Develop protocol regarding room configurations.

Work in close collaboration with local public health officials to make all decisions related to on-campus housing.

Develop housing protocol for those students who have been exposed to someone who has tested positive for COVID-19.

Develop protocols for shifting student housing or removing students from campus should the health situation or state policy require it.

SECTION SEVEN: DINING HALLS & OTHER FOOD SERVICES

Guiding Principles & Goals

- Implement safe preparation and delivery of food services, developed in-house and/or in collaboration with contractors and vendors.
- Promote safety and well-being among all students, faculty, staff, and community members by ensuring proper physical distancing, disinfection strategies, and preventative measures in on-campus dining settings.
- Mitigate the risk that food service staff become a conduit for community spread of the virus.

Public Health Strategies

The public health strategies in the area of dining services will largely be dependent on plans developed by our dining services vendors. However, it is important to coordinate with those vendors to ensure that the health and safety of students, faculty, and staff are being considered. Dining services should operate under regulations set by the local and state health departments.

When dine-in service is possible, it should include distance spacing between tables and seats, implement limited hours, and include increased hygiene for staff and cleaning of shared dining spaces.



Adrian College

“Mitigate the risk that food services become a conduit for community spread of the virus.”

Further, it should include extensive signage and availability of sanitation stations. Options should be explored for developed a greater range of premade and to-go options to limit in-person contact. Since dining services are often contracted out, it is imperative that the institutions are active in the design and implementation of these policies and procedures.

Protocol should be developed based on community risk and presence of COVID-19 on campus.

When there is a case of COVID-19 on-campus, minimally protocol should include:

- Consult with local health officials to determine strategies for modifying food service offerings to the institution's community.
- Consider ways to distribute food to students, particularly those who may remain on campus, while classes or other events and activities are dismissed.
- Consider how meals can be provided to students who have been relocated to temporary housing. Work with local public 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.
- Develop strategies to ensure commuting students or faculty/staff have tested positive for COVID-19 or are placed in quarantine due to exposure have access to health services and basic needs.
- 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. Training should include appropriate use of PPE in conjunction with food safety guidelines, food safety health protocol (e.g., cleaning between customers), and how to manage symptomatic customers upon entry or in the restaurant.
- Require all employees to monitor symptoms and maintain a symptom log.
- Develop a system to notify food service staff if the institution learns an individual with a confirmed case of COVID-19 has visited the dining hall/dining services area.

When there is mild to moderate community risk:

- Consider if and how existing dining services should be scaled back or adapted. For example, an institution may close some of or all its cafeterias/cafes and exclusively provide food offerings through meal delivery or grab-and-go options to discourage students, staff, and faculty from gathering in group settings.
- Eliminate all self-service buffet options.
- 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.
- Require all employees to monitor symptoms and maintain a symptom log.
- Install portable hand-washing and sanitation stations by dining hall entrances.
- Only reopen food service areas when there are adequate systems for monitoring social distancing and establishing and enforcing maximum capacity.
- Distribute utensils individually with food.



Potential Models for Dining Halls & Other Food Services

- Install physical barriers, such as sneeze guards and partitions at registers, host stands. Develop table shields to allow different groups to interact over a meal.
- Work with the National Association of College and University Food Services (NACUFS) and the restaurant industry to develop best practices.
- Develop and expand grab-and-go options that include kosher, vegetarian, vegan, and gluten-free options, as requested or appropriate to the customer base.
- Implement on-campus mobile ordering and meal delivery services. Explore ways to implement food ordering through existing online management systems such as Blackboard or Moodle.
- Work with the institutional food service vendor to design and implement policies and protocol.
- Eliminate shared food or drink options such as buffets, salad bars, pizza bars, sandwich stations, beverage stations, etc.
- Require six feet of separation between groups by spreading out tables, using every other table, or removing chairs that are not in use.
- Limit the number of individuals dining in a single facility at one time to 50% of normal seating capacity using access control (once capacity is reached only allowing in additional diners as others leaves) or instituting cohort dining (established dining times for customers).
- Install physically spaced floor markers and/or signage for waiting lines inside and outside the facility.
- Post signage at entrances informing individuals not to enter if they are sick or recently were sick. Signage should also indicate masks should be worn until they are seated at a table.
- Require staff to wear face coverings and gloves in the kitchen areas where handling food, consistent with recommendations from the Food and Drug Administration.
- Limit shared items for customers (e.g. condiments) and clean high-contact areas after each customer (e.g. tables, chairs, condiments).

Checklist: Dining halls & other food services

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Develop protocol for dine-in services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Install signage and sanitation stations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with contracted dining services provider to develop staff policies and procedures specific to COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implement mobile ordering/delivery or other method of food distribution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION EIGHT: EVENTS & LARGE GATHERING SPACES



Madonna University

Guiding Principles & Goals

- Acknowledge the important role institutions play in the engagement of the broader community.
- Identify when and how to safely engage the institutional and broader community through academic, cultural, and social events and gatherings.
- Engage with prospective and admitted students and their families in a safe way.

Public Health Strategies

Institutions of higher education often hold large gatherings including convocations, commencements, sporting events, public lectures, concerts, religious services, conferences, and festivals. As noted by the Johns Hopkins *Guidance for Governors* report, what constitutes a mass gathering is largely based on the current national and local healthcare capacity and context.

Historically, mass gatherings have been sources of infectious disease outbreaks and contribute to the spread of disease. Each of our member institutions have different types of gatherings to consider and, as such, their plans will be individualized to their needs.

Institutions need to be aware of the contribution mass gatherings have on the spread of infectious disease. Even if precautions are taken to mitigate the spread of disease in these gatherings, the high density of people paired with the high-probability of spread beyond the institution and even the local community add to the concerns of holding such gatherings.

Institutions should develop mass gathering protocols that comply with national, state, and local guidelines and restrictions, include COVID-19 specific risk assessments and mitigation tools, and include consultation with local health officials.

Depending on the type of event, institutions should reference relevant technical guidance documents including the World Health Organization (WHO), National Collegiate Athletic Association (NCAA), and the US Olympic and Paralympic Committee (USOPC).

Although mass gatherings will not be held until safety measures are in place and allowed by executive orders, institutions must continue to engage with prospective and admitted students and their families.

The in-person processes of admissions, enrollment, and student services will look much different in our current context. However, protocol will be developed in these areas to allow for visits that adhere to current health and safety standards.

Potential Models for Events

- Follow current guidelines and in consultation with local health officials, phase-in events by pilot-testing smaller events with lower density.
- Develop systems to register all visitors and event participants, allowing for symptom monitoring, temperature checks, and ease of necessary contact tracing post-event.
- Develop models for admissions and campus tours that consider current public health practices. Compared to larger admissions events held in the past these may shift to individual counseling visits and small group or individual campus tours. More information may shift online such as virtual open houses or meetings with families about financial aid.

“**Acknowledge the important role institutions play in the engagement of the broader community.**”



Cornerstone University

Checklist: Events & large gathering spaces

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Develop risk assessment and mitigation tools for holding group gatherings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop protocols for holding large events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify innovative ways to gather and hold “mass events” without in-person contact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop protocol for meeting with prospective and admitted students and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION NINE: STUDENT ACTIVITIES AND VARSITY ATHLETICS

Guiding Principles & Goals

- Acknowledge student well-being relies on community-building and engagement efforts.
- Develop and implement safe ways for students to interact socially, physically, and emotionally to promote a holistic approach to well-being.



Andrews University

“**...student well-being relies on community-building and engagement efforts.**”

Public Health Strategies

Many of our member organizations promote a variety of student activities and sports in addition to their instructional offerings. Plans may be made within these institutions to address these areas of functioning and well-being.

Student Activities

Student activities remain an important part of higher education. Protocol should be developed to maximize student interaction while minimizing physical contact. Some examples of changes in student activities should include designing safe ways to orient new students, providing guidelines and recommendations for student organization operations, limiting sizes of group gatherings based on current recommendations, and identifying creative ways to safely promote human interactions.

Resumption of intramural sports and club sports should be evaluated on a case-by-case basis and should involve a risk assessment, mitigation strategies, and consultation with local health officials.

Varsity Athletics

Protocols should be developed for varsity athletics in accordance with guidance from the institution's athletic association. These include the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), the National Christian College Athletic Association (NCCAA), Association of Christian College Athletics (ACCA), and other athletic associations and leagues.

Institutions will develop policies and procedures using guidelines provided by the institution's athletic association along with consideration given to recommendations from the National Athletic Trainers Association and the US Olympic and Paralympic Committee (USOPC).

In consultation with local health officials, determination of when athletes can resume normal training should occur, taking into consideration risk of disease transmission and amount of physical contact.

Further, athletic travel and event planning should be done in consultation with the NCAA, NAIA or other institutional athletic association and the local health department(s) in accordance with local, state, and national guidelines.

Potential Models for Student Activities

- Adopt cohort models for orientation and/or other student activities—for instance, designing activities for a single residence hall floor rather than entire building.
- Assess recreation and sports programs for their potential for COVID-19 transmission (e.g., individual vs. team sports; high intensity workouts with possible enhanced risk for aerosolization). Consider a phased return of sports and recreation programs based upon potential risk of transmission in a given activity.
- Start or continuing to offer virtual recreation classes.
- Determine protocol for team training to occur. For instance, athletic team members could self-isolate for two weeks or the institution could opt that all athletes test negative for the virus twice prior to beginning team training.
- Implement a phased-in opening of workout facilities by first opening these up to select groups of student athletes.
- Consider different athletic needs such as contact versus non-contact sports. For instance, perhaps a sport like golf could be safely introduced earlier with proper protocols in place. Use USOPC Sports Event Planning Considerations to assist with determining risk.
- Create a COVID-19 Athletics Action Team.
- Create an Athletics and Sports Medicine COVID-19 Action Plan utilizing resources from athletic associations, the USPOC, and the American College Health Association (ACHA).

Checklist: Student activities & varsity athletics

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Protocols for new student orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidance for student organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies and procedures identified for use of training facilities by student athletes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policies and procedures for athletic practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protocols in place for athletic event scheduling and travel in accordance with institution's athletic association, guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION TEN: SUPPLIES & EQUIPMENT

Guiding Principles & Goals

- Identify types and quantities of preventative materials and PPE needed for the institution to operate at capacity (or at certain percentages of capacity).
- Procure an adequate supply of preventative materials and PPE prior to reopening.
- Maintain an adequate supply of preventative materials and PPE.

Public Health Strategies

The size and needs of member institutions vary greatly thus there will be a variance in the types and quantity of PPE and preventative materials needed to reopen safely.

The institution will need to determine what PPE and preventative supplies should be supplied by the institution versus what should be supplied by the individuals on campus for personal use.

The institution should procure an adequate supply of preventative materials including soap, disinfectant spray, hand sanitizer, paper towels, and tissues.

Additionally, the institution should minimally maintain an adequate supply of PPE including face masks, gloves, and glasses/shields for relevant staff. In the context of acute supply shortages, institutions should comply with CDC recommended strategies for PPE extended use and reuse.

To increase individual investment in mitigating the spread of the disease, institutions may opt to require members of the campus community to provide some of their own preventative and PPE masks. For instance, students, faculty, and staff may be required to provide their own face masks or to have a personal supply of hand sanitizer.

Potential Models for Supplies & Equipment

- Procure PPE and other supplies now in preparation for reopening and to account for limited supply chains.
- Order supplies from multiple vendors to increase the chances of procuring an adequate inventory.
- Consider maintaining a 30-day surplus of preventative materials and PPE necessary for the institution's daily operations.
- Create a "supply list" for students, faculty, and staff to provide such as provision of their personal face masks.
- Develop "welcome packages" for students that include items such as hand sanitizer, disinfectant wipes, and face masks, along with messages of how to procure cleaning supplies and explaining basic cleaning instructions. This may also assist in community engagement and support for campus cleaning.

Checklist: Supplies & equipment

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

Plan for distributions of PPE to staff and students and/or communication on what must be provided by the individual.

Adequate supply of preventative materials and PPE procured.

Plan for continued procurement of preventative materials and PPE.

Plan to provide non-medical grade face coverings to faculty and staff, with supplies of N95 masks and surgical masks reserved, for now, for health care professionals, first responders, and other critical workers.

Plan for providing cleaning supplies to faculty and staff at the workplace and for providing time for faculty and staff to wash and/or sanitize hands frequently.



Davenport University

SECTION ELEVEN: FACILITIES OPERATIONS

Guiding Principles & Goals

- Develop a cleaning and disinfection plan that is consistent with current CDC and EPA guidance.
- Ensure the institution is completely cleaned and disinfected prior to opening.
- Ensure the institution should engage in on-going cleaning and disinfection measures. Implement engineering controls such as high efficiency air filters and sneeze/cough barriers where reasonable.

Public Health Strategies

General Facilities Needs

Institutions may consider facility needs based on their unique settings and campus environments. Institutions of higher education are largely designed to facilitate interaction and exchange. Common spaces in buildings should be reconfigured to account for physical distancing and may involve removal of furniture or closing off sections of buildings. Protocols should be implemented that consider other shared spaces and equipment including, but not limited to, restrooms, locker rooms, copiers, and office kitchen appliances such as coffee makers. Water fountains should be turned off. The cleaning staff should follow label instructions for dilution, appropriate surfaces, application method, length of time to leave wet (dwell time), etc. The label should also list precautions such as wearing gloves and making sure there is good ventilation during use of the product. Facility cleaning and disinfection should be increased, especially on high-touch surfaces like door handles.

Current cleaning guidelines and practices include:

- Normal routine cleaning with soap and water will decrease the amount of the virus on surfaces and objects, which reduces the risk of exposure.
- 2. Disinfection using EPA approved disinfectants against COVID-19 can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
- When EPA approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together. This can produce toxic fumes that may be very dangerous inhalation hazards.

Disinfection practices and protocols should be continually adjusted through the frequent monitoring of new recommendations and emergent guidance.

The entire physical campus of the institution should be disinfected prior to anyone returning to campus. Additionally, institutions may opt to replace or clean/disinfect HVAC air filters. A protocol should be in place to ensure the campus establishes a sanitary baseline prior to reopening.

In institutions of higher education, special attention should be given to disinfecting to shared equipment and spaces including:

- Workstations and equipment
- Whiteboards, pens, whiteboard markers, and remotes
- Restrooms
- Food service areas
- Computer screens and keyboards
- Residence halls
- Library facilities
- Laboratory equipment and shared laboratory spaces
- Workout facilities
- Locker rooms
- Tools and equipment used by grounds crew and physical plant staff

During the cleaning shutdown there should be tight controls on who enters/exits the physical campus.

Engineering Controls

Additionally, engineering controls could be considered as appropriate to help reduce the spread of the virus.

- Installing high efficiency air filters
- Increasing ventilation rates in the work environment
- Installing physical barriers, such as clear plastic sneeze/cough guards
- Creating one-way walking patterns in hallways
- Limiting building entry to a single entry and separate single exit
- Installing touchless door entry systems
- Installing a drive-by window for customer service

Research Laboratories

Special consideration should be given to research laboratories including use of PPE, number of people permitted in labs at each time, protocol for disinfecting shared lab equipment, clear reporting process for symptomatic individuals and/or individuals who have tested positive for COVID-19.

Deep-Cleaning and Disinfection Protocol

The general disinfection protocol is employed for reopening and routine disinfection of the institution. The deep cleaning and disinfection protocol should be implemented when an active faculty, staff, student, or other community member is identified as COVID-19 positive by testing. Institutions may opt, at their discretion, to employ elements of deep cleaning for presumed positives as well.

In the event that a faculty, staff, student, or other community member is identified as COVID-19-positive, the following protocol should be implemented:

- Close off areas visited by the individual. If possible, open outside doors and windows to increase air circulation in the area and then begin cleaning and disinfection. If it is not possible to open outside doors, delay entry into the areas until sufficient time has elapsed for enough air changes to remove potentially infectious particles.
- Clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the COVID-19-positive individual, focusing especially on frequently touched surfaces. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Use only EPA-approved products for disinfection. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).

Protocols should be adjusted as new guidance and recommendations emerge from the CDC, EPA, and other regulatory health officials.



Baker College

Potential Models for Facilities Operations

- Assign dedicated entry point(s) for all faculty and staff to reduce congestion at main entrances.
- Use ground markings, signs, and physical barriers as appropriate to the area of the institution to keep everyone at least six feet from one another. This can include visual indicators of appropriate spacing for employees outside the building in case of congestions.
- Determine best methods for performing deep cleans on campus. Some institutions may opt to contract with private companies to conduct deep cleans prior to opening or following a COVID-19-positive case on campus.
- Adopt any additional infection-control measures that are reasonable in light of the work performed in each area of campus and the rate of infection in the surrounding community.
- Adopt engineering controls in various parts of campus. For instance, the institution may opt to install clear plastic cough guards in front of all front desks such as in department offices.
- Remove chairs and desks to ensure proper physical distancing in conference and waiting rooms.
- Post maximum occupancy in common break areas and configure to accommodate appropriate physical distancing.
- Turn off water fountains.
- Eliminate reusable kitchen items (flatware, dishes, and cups) and cleaning tools (sponges, brushes, and towels) and replace with single use options.
- Identify frequently touched areas (e.g., doors, cabinets) and investigate options to implement no/reduced touch options.
- Assign dedicated entry point(s) and/or times into laboratory buildings and/or spaces.
- Limit the number of people per square feet of floor space permitted in a particular laboratory at once.

Checklist: Facilities operations

COMPLETE IN PROGRESS NOT STARTED NOT APPLICABLE

All common/shared areas are assessed and adjusted to account for physical distancing of at least six feet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior to opening, the entire institution is cleaned and disinfected in accord with current CDC and EPA guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Installation of physical barriers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ventilation rates where possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air filters replaced, possibly with high efficiency filters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deep cleaning and disinfection plans are established for when there is a person who tests positive for COVID-19 on-campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning and disinfection plans are continually updated to reflect changes in CDC and EPA guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and implement an on-going cleaning and disinfection plan in accord with current CDC and EPA guidance that pays particular attention to high-touch surfaces and shared equipment and areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop signage about the importance of personal hygiene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Acknowledgements

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