



Novel Coronavirus Best Practices Part 2

COVID-19

Outbreak on Campus

Purpose

In February 2020, we released a Novel Coronavirus Best Practice sheet that focused on prevention and individual health. Due to the continued spread of the virus, we are providing guidance on how to deal with Coronavirus should you have a resident who is diagnosed. All our sites are different, and the key stakeholders may vary. You will need to communicate with the appropriate stakeholders to determine the viability of these steps. If your partner institution has a defined plan, please use this as a resource and make sure you discuss expectations with your campus partner.

It is recommended you utilize the CDC website to share information on symptoms, prevention, and treatment <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html> You can also rely on your local and state health department websites for more information.

Background

The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak caused by a novel (new) Novel Coronavirus ("2019-nCoV") first identified in Wuhan City, Hubei Province, China. The CDC is monitoring the situation and is working with the World Health Organization (WHO). The WHO has declared the outbreak a Global Health Emergency. The CDC considers the 2019-nCoV coronavirus a serious but not immediate health risk to the general American public. The 2019-nCoV coronavirus is a new virus for humans and was first identified in China.

Communication

COCM staff should work with appropriate stakeholders and campus partners to communicate to resident's their responsibilities and expectations during this or any other pandemic outbreak.

Communication should request residents to:

- Monitor their health for signs of the virus.
- Contact the housing department (or other determined department on campus), if they are feeling ill or have traveled to a region that is experiencing a large outbreak.
- Self-isolate, if possible when feeling ill. Isolation should only end after consultation with health care provider and/or local health department.

Communication with key stakeholders and corporate staff should be on an ongoing basis. Be mindful of the following:

- Determine a communication plan with stakeholders for updates concerning the coronavirus. This plan should include at a minimum, weekly updates.

- Identify the person or department that will provide updates to the university or college community. Inform your regional manager who the identified person is.
- All communication to residents should be coordinated with designated university or college personnel, if applicable.
- COCM will hold weekly conference calls to discuss national updates until the outbreak is contained.
- COCM staff should adhere to the COCM Media Protocol (contact corporate office for copy).
- Utilize sensitive language: “resident who has been diagnosed” (example: not infected resident)
- Be mindful of tone and messaging as this is a sensitive issue for many (families impacted by illness, financial consequences, etc.)

Coronavirus Confirmed

Once the housing staff is notified of a resident who has been diagnosed, COCM will determine a course of action. The following steps should be implemented:

- Request residents who have been diagnosed be isolated (quarantined) in their room or in a predetermined location. Consideration must be given to roommates, if applicable.
- Consideration of bathroom use for communities with common area bathrooms will need to be determined (and should be in the closest location to the resident’s unit).
- Isolation should end after consultation with a healthcare provider and local health department.
- Create a plan to check on the resident who is diagnosed at least daily during the isolation period. This contact should be via phone by a predetermined person.
- Provide short term nourishment (canned meats, soups, noodles, protein bars, hydrating liquids, etc.) to the resident who is diagnosed. Delivery of these items can be left outside the resident unit.
- Work with food service or other parties, to provide a longer-term solution.
- Provide cleaning supplies to resident who is diagnosed to clean their unit after the isolation period has ended. COCM should be prepared to assist resident with cleaning if necessary, to ensure disinfection. This includes proper protection and cleaning supplies.
- Staff should not enter the room, if possible. Emergency situations should be considered on an individual basis. If entry is required, staff should at a minimum wear a N-95 respirator or higher, eye protection, a disposable gown or covering, footwear coverings, and gloves. This is the minimum that should be worn when cleaning any area that is possibly contaminated. No one from a CDC determined high-risk group should enter the room. Those groups are defined here: <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>

Common Bathrooms

Some communities do not have in unit bathrooms. There are some keys things to consider in this circumstance:

- If a resident is confirmed diagnosed and only has access to a common area bathroom, all efforts should be taken to isolate the bathroom used. The resident diagnosed should be asked and provided a mask (if available) to wear when walking to restroom.
- Special care should be given to cleaning this bathroom. A schedule or process for notification can be created between the resident and staff.
- Any option to provide a close, private bathroom should employed.

Employees

Employees are responsible for the monitoring of their health. All employees should:

- Self-isolate if feeling flu like symptoms and notify their supervisor.
- Be pro-active and at first sign of symptoms, leave the premises until fully recovered.
- Fully recovered should include no fever for a 24-hour period without the use of fever reducing medication.
- Contact a healthcare provider to determine the best course of action if symptoms do not improve.
- All Continuity of Operation Plans (COOPS) should be updated to include operating with a smaller staff due to illness (telecommuting for example). COOPS should include the plan for widespread infections leading to office and/or university closure.

Cleaning Response

Once COCM is notified of a resident who may be diagnosed, our cleaning protocols should include the following:

- Determine common areas frequented by the resident. These areas should be deep cleaned and sanitized.
- Common household cleaning solutions can be used – let the chemicals dry on the surface.
- Staff should at a minimum wear a N-95 respirator or higher, eye protection, a disposable gown or covering, footwear coverings, and gloves.
- Supplies should be ordered to ensure adequate supplies are on hand for cleaning (inventory below)
- Increase cleaning of high touch areas should continue.

Inventory

Some supplies are already on back order with companies. We recommend ordering adequate quantities should the access to materials continue to be a shortage. The following items should be in inventory:

- Bottled Water
- Soup/Noodles
- Protein Bars (enough food for an emergency meal kit, if necessary)
- Hydrating Liquids/Pedialyte
- Cleaning supplies (have extra on hand in case of a shortage)
 - Wipes
 - Disinfectant Cleaner
 - Standard cleaning supplies currently used
 - Potentially vireo (used for MRSA clean up)
- Latex gloves
- Respirator N-95 or better
- Disposable gown or body covering
- Protective eye wear
- Footwear covers
- Hand Sanitizer (have extra in case of shortages)
- Soap
- Antibacterial wipes (especially for fitness centers, computer labs, etc.)
- Toilet paper
- Paper towels