



Note: This guidance is no longer in effect. Most businesses now follow the [COVID-19 Prevention Emergency Temporary Standards](#). Visit the California Department of Public Health's [COVID-19 website](#) for the current COVID-19 public health guidance. This document is provided only for historical purposes.



COVID-19 INDUSTRY GUIDANCE: Institutions of Higher Education

September 30, 2020

covid19.ca.gov



OVERVIEW

The following guidelines and considerations are intended to help institutions of higher education (IHE) and their communities plan and prepare to resume in-person instruction.

This guidance is interim. These guidelines and considerations are based on the best available public health data at this time, international best practices currently employed, and the practical realities of managing operations; as new data and practices emerge, the guidance will be updated. Additionally, the guidelines and considerations do not reflect the full scope of issues that institutions of higher education will need to address.

Implementation of this guidance as part of a phased reopening will depend on local conditions including epidemiologic trends (such as new COVID-19 case and hospitalization rates consistently stable or decreasing over at least 14 days), availability of IHE and community testing resources, and adequate IHE preparedness and public health capacity to respond to case and outbreak investigations. All decisions about following this guidance should be made in collaboration with local public health officials and other authorities.

Implementation of this guidance should be tailored for each setting, including adequate consideration of programs operating at each institution and the needs of students and workers. Administrators should engage relevant stakeholders—including students, their families, staff and labor partners in the school community—to formulate and implement plans.

The guidance is not intended to revoke or repeal any worker rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include local public health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA. IHEs should stay current on changes to public health guidance and state/local orders as the COVID-19 situation evolves.¹ In Particular:

- Cal/OSHA provides more comprehensive guidance for protecting workers on their [Cal/OSHA Interim General Guidelines on Protecting Workers from COVID-19 webpage](#).
- The California Department of Public Health and Cal/OSHA has additional relevant guidance for institutions of higher education including, but not limited to, [fitness facilities](#), [retail](#) and [childcare](#).

Finally, as this guidance is implemented, institutions should assess and mitigate any equity and access issues that might arise in resuming in person instruction.

Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure.

People in California must wear face coverings when they are in the high-risk situations listed below:

- Inside of, or in line to enter, any indoor public space;²
- Obtaining services from the healthcare sector in settings including, but not limited to, a hospital, pharmacy, medical clinic, laboratory, physician or dental office, veterinary clinic, or blood bank;³
- Waiting for or riding on public transportation or paratransit or while in a taxi, private car service, or ride-sharing vehicle;
- Engaged in work, whether at the workplace or performing work off-site, when:
 - Interacting in-person with any member of the public
 - Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
 - Working in any space where food is prepared or packaged for sale or distribution to others;
 - Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
 - In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance;
 - Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.
- While outdoors in public spaces when maintaining a physical distance of six feet from other persons is not feasible.

The CDPH Guidance Document also identifies individuals exempt from wearing a face covering, including but not limited to persons with a medical condition, mental health condition, or disability that prevents wearing a face covering, and persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.

Complete details, including all requirements and exemptions to these rules, can be found in the [guidance](#). Face coverings are strongly encouraged in other circumstances, and employers can implement additional face covering requirements in fulfilling their obligation to provide workers with a safe and healthful workplace.

Employers must provide face coverings to workers or reimburse workers for the reasonable cost of obtaining them.

Employers should develop an accommodation policy for any worker who meets one of the exemptions from wearing a face covering. If a worker who would otherwise be required to wear a face covering because of frequent contact with others cannot wear one due to a medical condition, the worker should be provided with a non-restrictive alternative, such as a face shield with a drape attached to the bottom edge, if feasible, and if the medical condition permits it.

Businesses that are open to the public should be cognizant of the exemptions to wearing face coverings in the [CDPH Face Covering Guidance](#) and may not exclude any member of the public for not wearing a face covering if that person is complying with the [guidance](#). Businesses will need to develop policies for handling these exemptions among customers, clients, visitors, and workers.

Institutions of higher education must require and reinforce use of face coverings amongst students in line with requirements for workers and members of the public, including exemptions to the requirement for persons with a medical condition, mental health condition, or disability that prevents wearing a face covering, and for persons who are hearing impaired or communicating with persons who are hearing impaired. During in-person classes, instructors in a lecture hall who maintain a distance of six feet or more may wear a face shield with a drape.

The California Governor's Office of Emergency Services (CalOES) and the Department of Public Health (CDPH) are working to support procurement and distribution of face coverings. Additional information can be found [here](#). The following areas have been identified as overarching issues that must be addressed in campus repopulation planning.



1. COVID-19 Prevention Plan

- Establish a written, campus-specific COVID-19 prevention plan, perform a comprehensive risk assessment of all work areas, work tasks, and student interactions, and designate a person at each campus to implement the plan. All decisions about IHE-specific plans should be made in collaboration with local public health officials and other authorities.
 - Incorporate the [CDPH Guidance for the Use of Face Coverings](#), into the Workplace Specific Plan that includes a policy for handling exemptions.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among students and workers.
- Train and communicate with workers and students on the plan. Make the plan available and accessible to workers and their representatives.
- Regularly evaluate the facility for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any factors related to the institution, campus, or activities of the institution could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Identify close contacts (within six feet for 15 minutes or more) of an infected worker or student and take steps to isolate COVID-19 positive worker(s) and quarantine close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.
- Ensure that vendors, independent contractors and others performing services in the establishment are knowledgeable about these guidelines, are provided or obtain their own supplies and PPE, and that they adhere to these guidelines.



2. General Measures

- Establish and continue communication with local and State authorities to determine current disease levels and control measures in your community. For example:
 - Consult your local health department website, or with your local health officer, or designated staff, who are best positioned to monitor and provide advice on local conditions and local public health directives. A directory can be found [here](#).
 - Regularly review updated data and guidance from state agencies, including the [California Department of Public Health and Cal/OSHA](#).
- Limit, to the greatest extent permitted by law, external community members from entering the site and using campus resources, as the number of additional people onsite and/or intermixing with students, faculty, and staff increases the risk of virus transmission.
- Develop a plan for the possibility of repeated closures of classes, groups, or entire facilities when persons associated with the facility or in the community become ill with COVID-19. See Section 10 below.



3. Promote Healthy Hygiene Practices

- Promote and reinforce [washing hands](#), avoiding [contact with one's eyes, nose, and mouth](#), and [covering coughs and sneezes](#) among students and staff.
 - Recommend to students, faculty, and staff to frequently wash their hands for 20 seconds with soap, rubbing thoroughly after application. Using “antimicrobial” soap is not necessary or recommended.
 - Encourage students, faculty, and staff to cover coughs and sneezes with a tissue or use the inside of the elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - Students and staff should use hand sanitizer when hand washing is not practicable. Sanitizer must be rubbed into hands until completely dry.
 - Do not use any hand sanitizer that may contain methanol per [FDA advisory](#). Methanol is dangerous to both children and adults.
- Ensure adequate supplies to support [healthy hygiene](#), including sanitation stations, soap, hand sanitizer containing at least 60 percent ethyl alcohol, paper towels, tissues, disinfectant wipes, and no-touch/foot pedal trash cans.

- Require or strongly recommend that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions, to help:
 - Protect the campus community
 - Reduce demands on health care facilities
 - Decrease illnesses that cannot be readily distinguished from COVID-19 and would therefore trigger extensive measures from the IHE and public health authorities.
- Post [signs](#) in highly visible locations (e.g., building entrances, restrooms, dining areas) that [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#), [physical distancing](#), and [properly wearing a cloth face covering](#)).
- Include messages (for example, [videos](#)) about behaviors that prevent the spread of COVID-19 when communicating with faculty, staff, and students (such as on IHE websites, in emails, and on IHE [social media accounts](#)) in accordance with the [Clery Act](#).



4. Intensify Cleaning, Disinfection and Ventilation



Cleaning and disinfection

- As described below, clean and disinfect frequently touched surfaces (e.g., door handles, light switches, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, dining hall tables, elevator controls) within IHE facilities throughout the day.
- Use of shared objects (e.g., lab equipment, computer equipment, desks) should be limited when possible, or disinfected between use. If transport vehicles (e.g., buses) are used by the IHE, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect IHE buses, vans, or other vehicles, see guidance for [bus transit operators](#). Drivers should be provided disinfectant wipes and disposable gloves to support disinfection of frequently touched surfaces during the day.
- Develop a schedule for increased, routine cleaning and disinfection that avoids both under-and over-use of cleaning products.

- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where possible.
- Plan cleaning only when occupants are not present; fully air out the space before people return. If the surface or object is visibly soiled, start with soap and water or an all-purpose, asthma-safer cleaning product certified by the U.S. Environmental Protection Agency (EPA) [Safer Choice Program](#).
- Choose disinfectant products approved for use against the virus that causes COVID-19 from the [EPA-approved List “N”](#).
 - To [reduce the risk of asthma](#) and other health effects related to disinfecting, programs should aim to [select disinfectant products on EPA List “N” with asthma-safer ingredients](#) (hydrogen peroxide, citric acid or lactic acid).
 - Avoid products that contain peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
 - Follow disinfectant product label directions for appropriate dilution rates and contact times. Provide workers training on [the hazards](#) associated with the product, manufacturer’s directions, ventilation requirements, and on Cal/OSHA requirements for safe use.
 - Use disinfectants in accordance with [instructions](#) from the [California Department of Pesticide Regulation](#).
 - Custodial staff and other workers who clean and disinfect the campus site should be equipped with proper protective equipment, including protective gloves, eye protection, respiratory protection and other appropriate protective equipment as required by the product instructions.
 - Establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products.
- Encourage students, faculty, and staff to keep their personal items (e.g., cell phones, other electronics) and personal work and living spaces clean. Encourage students, faculty, and staff to use disinfectant wipes to wipe down shared desks, lab equipment, and other shared objects and surfaces before use.

Ventilation

- Introduce as much fresh outdoor air as possible:
 - Open windows where possible, optimally with two or more openings on opposite sides of the room to induce good natural ventilation. In addition to opening windows or when opening windows poses a safety or health risk (e.g., allowing in truck exhaust or pollens) to facility occupants, use room air conditioners or blowers on “fresh air” setting, and room HEPA (high-efficiency particulate air) cleaners.
 - For mechanically ventilated buildings, increase outdoor air ventilation by disabling demand-controlled ventilation and opening outdoor air dampers to 100% or the greatest amount feasible as indoor and outdoor conditions permit.
 - Mechanical ventilation systems in buildings must be operated continuously when persons are in the building.
 - Improve building mechanical ventilation filtration to MERV-13 or the highest feasible level.
 - If possible, add portable room air cleaners with HEPA filters taking into account the recommend indoor space covered by portable air cleaners.
 - For additional information, [consult ASHRAE recommendations for reopening school](#).

Disinfection of Water Systems

- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains and decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.
- Use of drinking fountains is prohibited. Faculty, staff and students are encouraged to bring their own water and to use water refilling stations where available for personal water bottles. Water refilling stations should be cleaned and disinfected regularly. Post signs at refilling stations that encourage users to wash or sanitize their hands after refilling.



5. Implement Distancing on Campus

Modified Layouts

WARNING: physical distancing alone is insufficient to prevent transmission of COVID-19 indoors. Face coverings, enhanced ventilation, and other measures discussed in these guidelines must also be implemented in addition to physical distancing to reduce transmission risks.

- Space seating/desks at least six feet apart. Hold smaller classes in larger rooms.
- In-person lectures are permitted depending on which Tier the county is in.
 - **Purple – Widespread – Tier 1:** Lectures prohibited.
 - **Red – Substantial – Tier 2:** Lectures are permitted but must be limited to 25% capacity or 100 people, whichever is fewer, with modifications.
 - **Orange – Moderate – Tier 3:** Lectures are permitted but must be limited to 50% capacity or 200 people, whichever is fewer, with modifications.
 - **Yellow – Minimal – Tier 4:** Lectures are permitted but must be limited to 50% capacity, with modifications.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting.
- When practical, offer synchronous distance learning in addition to in-person classes to help reduce the number of in-person attendees.
- Provide adequate distance between individuals engaged in experiential learning opportunities (e.g., labs, vocational skill building activities).
- Maximize the [distance](#) between students in IHE vehicles (e.g., skipping rows) to the extent possible and ensure that face coverings are worn. Introduce fresh outdoor air by opening windows where possible and via the vehicle's ventilation system.
- Consider redesigning activities for smaller groups and rearranging spaces to maintain separation.

Physical Barriers and Guides

- Install impermeable physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least six feet apart (e.g., cash registers).
- Provide physical guides and cues, such as tape on floors or sidewalks and signs on walls, to ensure that individuals remain at least six feet apart in lines and at other times.
- Consider designating routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Maintain or expand procedures for turning in assignments that minimize contact.

Communal Spaces

- Limit, to the greatest extent permitted by law, any nonessential visitors or volunteers from accessing campus. In-person activities or meetings involving external groups or organizations-- especially with individuals who are not from the local geographic area (e.g., community, town, city, or county) are not allowed at this time.
- Close nonessential shared spaces, such as game rooms and lounges; for essential shared spaces, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least six feet apart, and [clean and disinfect](#) between use. Develop systems to enforce this.
- Set up study spaces available for individual study so students are seated at least six feet apart and install physical barriers where possible. Such spaces must limit occupancy to 25% of room capacity or 100 people, whichever is less.
- Add physical barriers, such as plastic flexible screens between bathroom sinks, especially when they cannot be at least six feet apart. When sinks are closer than six feet, disable every other sink to create more distance.
- Encourage students to consistently use the same bathroom and shower facilities to contain any possible transmission to within that cohort.

Gyms, Pools and Fitness Facilities

- Refer to the guidance on fitness facilities and pools on the [Blueprint for a Safer Economy" website](#).
- As referred to in the guidance on college athletics, athletic facilities must limit occupancy to essential personnel, such as players, coaches, trainers, etc.

Food Service & Dining Halls

- Provide grab-and-go options for meals. If a dining hall is typically used, if possible, serve individually plated meals (versus buffet or any self-serve stations).
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) before putting on and after removing their gloves, and after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and consider the [safety of individuals with food allergies](#).
- Food courts should follow the relevant guidance in accordance with the reopening approvals of the facility's local health officer, as follows:
 - **Purple – Widespread – Tier 1:** Outdoor operations (delivery/take-out) are permitted with modifications.
 - **Red – Substantial – Tier 2:** Indoor dining operations are permitted but must be limited to 25% capacity or 100 people, whichever is fewer, with modifications.
 - **Orange – Moderate – Tier 3:** Indoor dining operations are permitted but must be limited to 50% capacity or 200 people, whichever is fewer, with modifications.
 - **Yellow – Minimal – Tier 4:** Indoor dining operations are permitted at 50% capacity, with modifications.
- Follow additional guidance on the [Blueprint for a Safer Economy website](#) for additional campus services such as [bookstores](#), [libraries](#), [childcare](#), food courts, etc.



6. Limit Sharing

- Discourage sharing of items that are difficult to [clean or disinfect](#), as described above.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each student their own art supplies, lab equipment, computers) or limit use of supplies and equipment by one group of students at a time and [clean and disinfect](#) between use, as described above.
- Avoid sharing electronic devices, books, pens, and other learning aids.



7. Housing under Authority of the IHE

- Review on-campus guidelines elsewhere in this document and current [CDC COVID-19 Guidance for Shared or Congregate Housing](#) regarding:
 - IHE should assess and mitigate any equity and access issues when prioritizing limited housing for students and faculty.
 - Frequent reminders of COVID-19 prevention, including proper hand hygiene (verbally, posters, videos) with hand sanitizer widely available in common areas and rooms.
 - Cleaning and disinfection of common areas and high-touch surfaces throughout the day, consistent with Section 3.
 - Requiring face coverings and physical distancing in common areas.
 - Training on public health measures and signs and symptoms of COVID-19 for all live-in professionals, graduate hall directors, resident advisors (RA), and others in similar roles.
 - No social events or activities as per current local and state health officer orders.
 - Reconfiguring seating in common areas to permit proper physical distancing.
- It is difficult to maintain physical distancing in on-campus housing, and even modified guidelines may be difficult to achieve. However, every effort should be made to decrease the risk for exposure at on-campus housing arrangements by reducing occupancy, including:

- Establishing allowable occupancy and developing plans to monitor and enforce.
- Prioritizing single room occupancy wherever possible, except for family housing. This may be feasible if the college/university has a limited number of students on campus for in-person instruction. When there must be two students per room, ensure at least six feet between beds, and require students sleep in opposite directions (head to foot).
- Minimizing the number of residents per bathroom. When shared bathrooms are used, stagger times of use to the extent possible, and increase the frequency of cleaning.
- Restricting building access by non-residents, including outside guests, non-residential staff, and others. These restrictions may not apply to some people, such as personal care attendants for students with disabilities.



8. Train Staff & Students

- Provide effective training to faculty, staff, and students on preventing COVID-19, including:
 - Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
 - The facility's COVID-19 prevention plan.
 - Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
 - To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
 - Enhanced sanitation practices
 - Physical distancing guidelines
 - Use of PPE and [proper use, removal and washing of cloth face coverings](#), including:
 - Face coverings are not personal protective equipment (PPE).
 - Face coverings can help prevent exposure of people near the wearer and the wearer, but do not replace the need for physical distancing and frequent handwashing.

- Face coverings must cover the nose and mouth.
 - Hands should be washed or sanitized before and after using or adjusting face coverings.
 - Avoid touching eyes, nose, and mouth.
 - Face coverings must not be shared and should be washed or discarded after each use.
- Information contained in the [CDPH Guidance for the Use of Face Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the IHE has adopted to ensure the use of face coverings. Training should also include how the IHE's policies on how people who are exempted from wearing a face covering will be handled.
 - Information on paid leave benefits the worker may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting paid sick leave for COVID-19](#), including workers' paid sick leave rights under the federal [Families First Coronavirus Response Act](#).
 - The importance of not coming to work or attending class:
 - If a worker or student has symptoms of COVID-19 as [described by the CDC](#), such as a fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea, OR
 - If a worker or student was diagnosed with COVID-19 and has not yet been released from isolation, OR
 - If, within the past 14 days, a worker or student has had contact with someone who has been diagnosed with COVID-19 and is considered potentially infectious (i.e., still on isolation).
- To return to work or class after a worker or student receives a COVID-19 diagnosis only if 10 days have passed since symptoms first appeared, their symptoms have improved, and the worker or student has had no fevers (without the use of fever reducing medications) for the last 24 hours. A worker or student without symptoms who was diagnosed with COVID-19 can return to work or class only if 10 days have passed since the date of specimen collection for the first positive COVID-19 test.
 - Ensure any independent contractors, temporary or contract workers, and volunteers are also properly informed about campus COVID-19

prevention policies and have necessary supplies and PPE. Alert organizations supplying temporary and/or contract workers ahead of time of these responsibilities, and ensure that workers have training.

- Consider conducting the training virtually, or, if in-person, ensure [six-foot physical distancing](#) is maintained.



9. Check for Signs and Symptoms

- COVID-19 symptoms, as [described by the CDC](#), include:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- If feasible, conduct daily health screenings or ask faculty, staff, and students to conduct self-checks (e.g., temperature screening and/or [symptom checking](#)).
- Health checks should be done safely in accordance with physical distancing recommendations and respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and regulations. IHE administrators may use examples of screening methods found in CDC's [General Business FAQs](#).



10. Plan for When a Staff Member, Student or Visitor Becomes Sick

Advise Sick Individuals of Home Isolation Criteria

- Remind staff and students who are sick or who have recently had [close contact](#) with a person with COVID-19 to stay home or, if they live in campus housing, to follow [isolation](#) procedures.
- For serious injury or illness, call 9-1-1 without delay.
- Sick faculty, staff, or students should not return to in-person classes or IHE facilities, or end isolation until they have met CDC's [criteria to discontinue home isolation](#). Develop a plan to provide services including food and healthcare to students living on campus who are diagnosed with or have symptoms of COVID-19.
- Develop policies that encourage and remind sick staff and students to stay at home without fear of reprisal and ensure staff and students are aware of these policies.

Isolate and Transport Those Who are Sick

- Make sure that faculty, staff, and students know they should not come to the IHE if they feel sick, and should notify college officials (e.g., IHE designated COVID-19 point of contact) if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed case.
- Immediately separate faculty, staff, and students with COVID-19 [symptoms](#) (as listed above). Individuals who are sick should:
 - wear a mask or face covering,
 - go home, or if they live in campus housing follow isolation procedures, or go to a local or campus-based health care facility, depending on how severe their symptoms are, and
 - follow [CDC Guidance for caring for oneself and others](#) who are sick. IHEs may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE housing.
- Work with IHE administrators and health care providers to identify an isolation room, area, or building/floor (for on-campus housing) to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE health care providers must be protected in

accordance with [Title 8, Section 5199](#) when caring for sick people.
See: [The California Workplace Guide to Aerosol Transmissible Diseases](#).

- Establish procedures for safely transporting anyone who is sick to their home or to a health care facility in compliance with Title 8, Section 5199. If you are calling an ambulance or bringing someone to the hospital, call first to alert them that the person may have COVID-19.

IHE-Affiliated Student Health Services

- See [CDC](#) and [Cal/OSHA](#) detailed guidance on safety
 - providing health care services to persons symptoms of COVID-19, and
 - protecting staff and students from COVID-19 while receiving care.



Clean and Disinfect

- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting, as described above.
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants with [trained](#) staff using personal protective equipment and ventilation recommended for cleaning, as described above. Keep disinfectant products away from children. Consider third party cleaning services specializing in decontaminating infected areas.

Notify Health Officials and Close Contacts

- Notify local health officials and appropriate members of the campus community immediately of any positive case of COVID-19 while maintaining confidentiality as required by state and federal laws, including FERPA and the ADA. Additional guidance can be found [here](#).
- Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home or in their living quarters and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.
- Document/track incidents of possible exposure and notify local health officials, appropriate staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality, as required under FERPA and state law related to privacy of educational records. Additional

guidance can be found [here](#). The staff liaison can serve a coordinating role to ensure prompt and responsible notification.

- Advise sick staff and students not to return until they have met CDC criteria to discontinue [home isolation](#), including 24 hours with no fever, symptom improvement, and 10 days since symptoms first appeared.
- Ensure non-discrimination against students and staff who were or are diagnosed with COVID-19.



11. Maintain Healthy Operations

Protections for Persons at Higher Risk for Severe Illness from COVID-19

- Offer options for faculty and staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework, remote course delivery, and modified job responsibilities).
- Offer options for students at [higher risk for severe illness](#) that limit their exposure risk (e.g., virtual learning opportunities).
- Provide all staff opportunities for telework, and students opportunities for virtual learning, independent study and other options, as feasible, to minimize transmission risk.

Regulatory Awareness

- Be aware of current state or local regulatory agency policies related to group gatherings to determine if events can be held.

Activities

- For IHE-specific student activities, pursue virtual group events, gatherings, or meetings, if possible. In-person gatherings must abide by the following guidelines:
 - **Purple – Widespread – Tier 1:** Gatherings are prohibited.
 - **Red – Substantial – Tier 2:** Gatherings are permitted but must be limited to 25% capacity or 100 people, whichever is fewer, with modifications.

- **Orange – Moderate – Tier 3:** Gatherings are permitted but must be limited to 50% capacity or 200 people, whichever is fewer, with modifications.
- **Yellow – Minimal – Tier 4:** Gatherings are permitted but must be limited to 50% capacity, with modifications.
- Follow guidance applicable to sporting events and participation in sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities. (See guidance on collegiate athletics below.)
- For all other gatherings, such as public performances, follow current published state and local health officer orders of guidance applicable to gatherings.
- Limit, to the greatest extent permitted by law, any nonessential visitors or volunteers from accessing campus. In-person activities or meetings involving external groups or organizations – especially with individuals who are not from the local geographic area (e.g., community, town, city, or county) are not allowed at this time.



Telework and Virtual Meetings and Services

- Encourage telework for as many faculty and staff as possible, especially workers at [higher risk for severe illness from COVID-19](#).
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Provide student support services virtually, as feasible.
- When possible, use flexible work or learning sites (e.g., telework, virtual learning) and flexible work or learning hours (e.g., staggered shifts or classes) to help establish policies and practices for social distancing.



Travel and Transit

- Consider options for limiting non-essential travel in accordance with state and local regulations and guidance.
- Encourage students, faculty, and staff who use mass transit to consider using other transportation options (e.g., walking, biking, driving, or riding by car alone or with household members only) if feasible.

Designated COVID-19 Point of Contact

- Designate an administrator or office to be responsible for responding to COVID-19 concerns. All IHE students, faculty, and staff should know who they are and how to contact them. The liaison should be trained to coordinate the investigation, documentation and tracking of possible COVID-19 exposures, in order to appropriately instruct close contacts to quarantine, and notify local health officials, staff, and families in a prompt and responsible manner.

Participation in Community Response Efforts

- Consider participating with state or local authorities in broader COVID-19 community response efforts including pursuit of delegated authority for contact tracing, sitting on community response committees, and utilizing IHE labs and resources, when available, to increase testing capacity.

Communication Systems

- Maintain communication systems that
 - Allow students, faculty, and staff to
 - report to the IHE if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 in accordance with [health information sharing regulations for COVID-19](#), and
 - receive prompt notifications of exposures and closures while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records. Additional guidance can be found [here](#).
 - Notify faculty, staff, students, families, and the public of IHE closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

Leave and Excused Absence Policies

- Develop policies for returning to classes and IHE facilities after COVID-19 illness. CDC's criteria to [discontinue home isolation](#) and [quarantine](#) can inform these policies.



Back-up Staffing Plan

- Monitor absenteeism of workers and students, cross-train staff, and create a roster of trained back-up staff.



Affiliated Organizations

- Ensure that any organizations affiliated with the IHE, such as off-campus clubs, Greek organizations, etc., also follow these guidelines. Develop systems to enforce and hold affiliated organizations accountable for adhering to this guidance.



Support Coping and Resilience

- Encourage workers and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
- Promote eating healthy, exercising, getting sleep and finding time to unwind.
- Encourage workers and students to talk with people they trust about their concerns and how they are feeling.
- Consider posting signage for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.
- Post signage for on-campus resources to help students manage stress and attend to their mental health.



Testing

- Consider regular periodic screening testing of students and staff for current COVID-19 infection, and procure resources to test exposed IHE students and staff if exposed. The benefit of initial or routine testing for the presence of antibodies in serum after infection is currently unclear.



12. Considerations for Partial or Total Closures

- Check State and local health officer orders and health department notices frequently about transmission in the area or closures and adjust operations accordingly.
- When a student, faculty, or staff member tests positive for COVID-19 and has exposed others at the school, implement the following steps:
 - Consult the local public health department regarding additional follow-up needed to identify close contacts, and recommended actions, closures, or other measures to protect your community.
 - Give standard guidance for isolation at home for 10 days after symptoms begin or after test collected for COVID-19 infected persons.
 - Give standard guidance for quarantine at home for at least 14 days after close contact, parts or all of the campus might need to close temporarily as students or staff quarantine. Refer to local health department website or [CDPH Isolation & Quarantine Guidance](#).
 - Additional close contacts outside of the residence and classroom should also quarantine for 14 days after the last exposure at their residence.
 - Develop communication plans for exposure notifications or school closure to include outreach to students, parents, faculty, staff, and the community.
 - Include information for workers regarding labor laws, information regarding Disability Insurance, Paid Family Leave, and Unemployment Insurance, as applicable.
 - Provide guidance to students, parents, faculty, and staff reminding them of the importance of community physical distancing measures while some or all of campus is closed, including discouraging students or staff from gathering elsewhere.
 - Develop or review plans for continuity of education.
 - Monitor local public health department website and maintain regular communications.

Specific Interim Guidance for Collegiate Athletics

The following guidelines and considerations are intended to help institutions of higher education (IHE) and their communities plan and prepare for resumption of college athletic training, and to resume competition when conditions warrant.

The risk of transmitting the COVID-19 virus depends on several factors germane to sports, including:

- Number of people in a location
- Type of location (indoor versus outdoor)
- Distance or physical contact between people
- Length of time at location
- Touching of shared objects
- Use of face coverings
- Mixing of people from locations with different levels of community transmission

The length of time, proximity of contact and use of shared equipment increases the potential risk for athletes. To help mitigate those risks, colleges who wish to resume competition should provide strong protections for their student athletes, including allowing them the choice to opt-out of the season without the risk of a scholarship being revoked, reduced or cancelled, or any other kind of retaliatory activity. College athletic departments are also expected to vigorously enforce the testing and reporting protocols described below.

As general guidance, smaller groups are safer than larger; outdoor locations are safer than indoor; sports that can ensure distance of six feet or more are safer than close contact; and shorter duration is safer than longer. For most sports activities, this guidance assumes that use of face coverings while playing is not feasible, although they should be worn by players and others while on the side lines. Athletic directors and coaches need to consider all these factors as they plan to resume training and conditioning.

In addition, student-athletes train, study, potentially live off-campus, and travel to compete in other geographies, increasing the risk of transmission. IHEs need to consider these factors as they resume practicing, develop protocols for the use of fitness facilities on campus, and develop guidance for student-athlete housing. Allowing teams to come to the campus from other geographic areas also increases risk of disease transmission.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of student-athletes, workers, and the public.

Collegiate athletic teams are permitted to begin a return to practice only if:

- The institution of higher education adopts, and its teams follow, an institution-specific “return to play” safety plan.
- Regular periodic COVID-19 testing of athletes and support staff is established and implemented by the IHE. Both periodic PCR testing as well as daily antigen testing are acceptable. (See Section 3 below for specific requirements for testing.)
- Consistent with requirements imposed by the National Collegiate Athletic Association (NCAA), athletes are not required to waive their legal rights regarding COVID-19 as a condition of athletics participation.
- The institution of higher education adheres to the general guidance for institutions of higher education and state and local public health guidance related to isolation and quarantine of individuals who test positive for COVID-19 and close contacts of those individuals.

Competition between teams without spectators is permitted to begin only if:

- IHE can provide COVID-19 testing and results within a 48 hour period in advance of competition in high contact risk sports.⁴
- Athletics departments have considered how best to secure reasonable assurance that the same risks have been adequately considered and addressed by other teams. This includes consideration of how to share testing results and related safety assurances with opposing teams before the start of an event in a manner consistent with applicable health information and education privacy laws.
- In conjunction with local public health officials and contact tracers, schools must have in place a mechanism for notifying other schools should an athlete from one team test positive within 48 hours after competition with another team.
- Athletics departments, in consultation with institutional leadership, must evaluate the availability of, and accessibility to, local contact tracing resources. Where the availability of local contact tracing resources is inadequate, schools must train on-site personnel or procure contact tracing resources. Staff who complete formal training in contact tracing can be an invaluable resource with respect to institutional risk-management efforts and resources.

This guidance is interim. These guidelines and considerations are based on the best available public health data at this time, international best practices currently employed, and the practical realities of managing operations. As new data and practices emerge, the guidance will be updated. Additionally, the guidelines and considerations do not reflect the full scope of issues that collegiate athletic programs will need to address.

Institutions of higher education and athletic departments are expected to follow standards adopted by the NCAA, including the NCAA's [guidelines for resocialization of sports](#),⁵ and/or their athletic conference, as applicable. To the extent those guidelines

or local health department guidelines impose additional restrictions or requirements beyond this guidance, are stricter than these guidelines, institutions of higher education and athletic departments must adhere to the stricter requirements.

Implementation of this guidance as part of a phased reopening will depend on improving or favorable local epidemiologic trends and health care capacity availability of IHE and community testing resources, and adequate IHE preparedness to respond to case and outbreak investigations. All decisions about IHE-specific plans should be made in collaboration with local public health officials and other authorities. Local public health departments may have more stringent requirements than these guidelines that must be followed.

Implementation of this guidance should be tailored for each setting, including adequate consideration of programs operating at each institution and the needs of student-athletes and workers. Administrators should engage relevant stakeholders—including student-athletes, their families, staff, and labor partners in the school community—to formulate and implement plans.

Even with adherence to physical distancing, convening in a setting that brings people from multiple different communities together to engage in the same activity, particularly indoors or with close contact, carries a higher risk for widespread transmission of the COVID-19 virus, and may result in increased rates of infection, hospitalization, and death, especially among more vulnerable populations.

Athletic facilities must therefore limit occupancy to essential personnel, such as players, coaches, trainers, security, and event staff. The California Department of Public Health, in consultation with local departments of public health, will review and assess the impact of these imposed limits on public health and provide further direction as part of a phased-in restoration of leisure activities.

Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure. All of those involved in collegiate athletics, including coaches, staff, media and players not engaged in play, are subject to these requirements. Details on face coverings can be found on [page 3](#) of this guidance.

The following areas have been identified as overarching issues that must be adhered to in planning for the resumption of collegiate athletics.



1. Athletic Facility-Specific Plan

- Establish a written, facility-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work and athletic areas, and designate a person at each facility to implement the plan. All decisions about IHE-specific plans should be made in collaboration with local public health officials and other authorities.
- Designate a person responsible for responding to COVID-19 concerns for athletics overall, and for each team or sport. All coaches, staff, and student-athletes should know who their COVID-19 contact person is and how to contact them.
- Incorporate the [CDPH Guidance for the Use of Face Coverings](#) into the Athletic Facility-Specific Plan that includes a policy for handling exemptions.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among workers or student-athletes.
- Train and communicate with workers, worker representatives, and student-athletes on the plan and make the plan available to workers and their representatives.
- Regularly evaluate the facility for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related or athletic-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines and orders from the local health department](#).
- Adhere to the guidelines below. Failure to do so could result in illnesses that may cause operations to be temporarily closed or limited.



2. Additional Topics for Student-Athlete and Worker Training

Student-athletes, staff, and coaches should be provided an education session on COVID-19 upon or before return to campus, including additional topics such as:

- Risks COVID-19 poses for athletes
- Proper use of face coverings, including:
 - Face coverings are not personal protective equipment (PPE).
 - Face coverings can help prevent exposure of people near the wearer and the wearer, but do not replace the need for physical distancing and frequent handwashing.
 - Face coverings must cover the nose and mouth.
 - Workers should wash or sanitize hands before and after using or adjusting face coverings.
 - Avoid touching eyes, nose, and mouth.
 - Face coverings must not be shared and should be washed or discarded after each shift.
- Information contained in the [CDPH Guidance for the Use of Face Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings. Training should also include the IHE's policies on how people who are exempted from wearing a face covering will be handled.
- All personnel, staff, coaches and student athletes should be aware of their daily activity and high-risk contacts (within 6 feet for at least 15 minutes).
- Information on employer or government-sponsored leave benefits workers may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and worker's compensation for COVID-19](#), including worker's sick leave rights under the [Families First Coronavirus Response Act](#) and worker's rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20 while that Order is in effect](#).
- Importance of physical distancing.

- Protocols for reporting any symptoms.
- Any facility specific changes.



3. Individual Control Measures and Screening

- Establish effective procedures for regular periodic testing of athletes and workers that work with athletes for COVID-19 in accordance with any published CDC & CDPH guidance and in discussion with the local health department.
- Limit building or facility entry points when possible.
- Provide symptom and health screenings for all workers and student-athletes entering the facility or event. Make sure the temperature/symptom screener avoids close contact with workers or student-athletes to the extent possible.
 - Screening: athletes and staff should be screened for fever and COVID-19 symptoms or exposure before each conditioning session, team meeting, practice or competition
 - Temperature check for fever ($\geq 100.4^{\circ}\text{F}$)
 - Ask if they have had a new cough, a new sore throat, shortness of breath, new onset of loss of taste or smell, vomiting, or diarrhea
 - Ask whether they have had an exposure to a known or suspected COVID-19 case in the previous 14 days
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving home for their shift and follows [CDC guidelines](#).
- Workers should wear gloves when handling items contaminated by body fluids.
- Coaches or referees moving items used by athletes (e.g., balls) or handling trash bags should use disposable gloves (and wash hands before putting them on and after removing them) or wash hands before and after handling shared items.
- Limit any nonessential visitors, staff, and volunteers as much as possible. No spectators are currently permitted during training or competition.

Testing

- Regular periodic COVID-19 testing of athletes and support staff must be established and implemented by the IHEs agree to a minimum testing standard that includes frequency of testing, who is subject to testing (all athletes and staff that have close contact with the athletes), and what type of testing is done, prior to return to practice.
 - Based on current evidence and standards, both daily antigen testing and periodic PCR testing are acceptable testing methods for both baseline and ongoing screening testing.
 - If following a daily antigen testing protocol, the protocol must begin with a PCR test followed by daily antigen testing. Any positive antigen test must trigger a PCR test for confirmation. PCR testing is required for symptomatic athletes and staff and should be conducted within 24 hours of symptoms being reported.
- Testing strategies are always contingent on the availability of ample testing supplies, laboratory capacity, efficient turnaround time and convenient access to testing. If PCR testing in a community is prioritized for symptomatic individuals (updated testing priority criteria on [CDPH website](#)), if daily antigen testing is not possible, if PCR supplies/turnaround time are compromised, or as testing technology evolves, alternative strategies may need to be considered.
- Note that a positive PCR test result indicates that SARS-CoV-2 RNA is present at that point in time, which can represent current or past infection, and may not indicate current infectiousness. A positive antigen test indicates that SARS-CoV-2 antigen is present at that point in time, and likely indicates current infectiousness. It is possible to test negative on either test if the sample is collected early in an infection. False positive results are also possible with either test.
- Competition between teams without spectators is permitted to begin only if:
 - The IHE can provide COVID-19 testing and results within 48hours of competition in high risk contact sports. ⁶



4. Isolation & Quarantine

- In order to engage in contact sports practice or competition, Institutions of Higher Education, athletic team administrators and athletes must commit to adherence with appropriate isolation and quarantine procedures.
- All symptomatic athletes and staff must remain in isolation until test results are available, and repeat testing should be considered if initial testing is negative and symptoms continue and are consistent with COVID-19 symptoms.
- All athletes and staff who test positive or are clinically diagnosed with COVID-19 disease must isolate:
 - For 10 days after symptoms first appeared (or 10 days after specimen collection for their first positive test), AND
 - At least 24 hours have passed with no fever (without use of fever-reducing medications), AND
 - Other symptoms have improved.
- Individuals who test positive for SARS-CoV-2 who **never develop symptoms**, may return to work or school 10 days after the date of specimen collection for their first positive test for SARS-CoV-2.
- Individuals identified as close contacts (within 6 feet for at least 15 minutes) must follow state and local public health directives or orders for quarantine, regardless of the frequency of testing for those in the cohort or footprint. Close contacts must quarantine for 14 days after the last exposure.

Due to the nature of athletic participation, institutions will take steps to assist with the contact tracing process including, but not limited to, film review of practice, if available, and extended assessment of contact associated with athletic participation so that all athlete contacts can be identified.



5. Cleaning and Disinfecting Protocols

- Perform thorough cleaning and disinfection of surfaces in high-traffic areas, including locker rooms, dugouts, benches, stairwell handrails, chairs, doors/door handles, etc., as appropriate.
- Use of shared objects and equipment (e.g., balls, bats, gymnastics equipment, golf flags) should be avoided, or cleaned between use by each individual if possible. Do not let players share towels, clothing, or other items they use to wipe their faces or hands.
 - Avoid sharing equipment or balls as much as possible. For applicable sports, balls should be rotated on a regular basis to limit contact by multiple users until disinfected. For example, in baseball and softball umpires should limit their contact with the ball unless wearing gloves, and catchers should retrieve foul balls and passed balls where possible. Balls used in infield/outfield warm-up should be isolated from a shared ball container.
- Make sure there are adequate supplies of items to minimize sharing of equipment to the extent possible, for example by labeling and assigning them to individuals (e.g., protective gear, balls, bats, water bottles); otherwise, limit use of supplies and equipment to one group of players at a time and clean and disinfect between use.
- Identify a staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to game clocks, scoreboards, rakes, counters, common pens for sign-in sheets, etc.
- Avoid sharing audio equipment, phones, tablets, pens, and other work supplies wherever possible.
- Discontinue shared use of audio headsets and other equipment between workers unless the equipment can be properly disinfected after use. Consult equipment manufacturers to determine appropriate disinfection steps, particularly for soft, porous surfaces such as foam earmuffs.
- Develop and implement a schedule for increased, routine cleaning and disinfection.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the workers' job duties.

- Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.
- Ensure sanitary facilities always stay operational and stocked, and provide additional soap, paper towels, and hand sanitizer when needed.
- When choosing disinfecting chemicals, athletic departments should use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide workers training on the [chemical hazards](#), manufacturer's directions, ventilation needed, and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves and other protective equipment as required by the product instructions. The California Department of Pesticide Regulation's [requirements for safe use](#) of disinfectants must be followed. Follow the [asthma-safer cleaning](#) methods recommended by the Department of Public Health.
- Indoor facilities should increase fresh air circulation by opening windows or doors, if possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling or triggering asthma symptoms) to players or others using the facility.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- Ensure indoor practice and game spaces are large indoor areas with good ventilation and air exchange.
 - For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- Install hand sanitizer dispensers, touchless if possible, at entrances and high contact areas.
- Follow [CDC guidelines](#) to ensure that all water systems are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.



6. Physical Distancing Guidelines

- Prioritize outdoor practice and play, as much as possible.
- If daily antigen testing is the adopted protocol, teams may train outdoors in groups of no more than 75. It is recommended that the teams, to the extent possible, divide into cohorts of 25.
- Train in Cohorts. IHEs should establish cohorts as a strategy to minimize the potential spread of COVID-19. A cohort may be composed of no more than 25 individuals, all members of the same team including coaches and staff, who consistently work out and participate in activities together. Cohorts should avoid mixing with other groups.
- Keep different cohorts separate to the greatest extent possible. Consider using signs, cones, or tape to make dividing lines clear.
- Particularly for athletes in high contact risk sports as defined previously, IHES are strongly encouraged to provide dedicated on-campus housing separate from the rest of campus to minimize transmission risks to other members of the campus community.
- Athletes and coaches should maintain at least six feet of separation from others when not on the field of play or otherwise engaged in play/activity, where feasible.
 - Create reasonable distance between players when explaining drills, rules of the game, or huddling.
 - Limit the number of players sitting in confined player seating areas (e.g., dugouts) by allowing players to spread out into spectator areas if more space is available.
 - Prohibit unnecessary physical contact such as high fives, handshake lines, and other physical contact with teammates, opposing teams, coaches, umpires, and fans. Coaches should regularly review physical distancing rules with athletes.
 - Consider providing physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least six feet apart.
 - Maintain at least six feet of distance between players while participating in the sport whenever possible (e.g., during warm-up, skill-building activities, simulation drills).
- Officials should maintain six feet of separation from others and when interacting with athletes and coaches off the field of play. Officials should

avoid exchanging documents or equipment with players and coaches. This may require digital entry of lineups, and other adjustments.

- If practice or competition facilities must be shared, consider increasing the amount of time between practices and competitions to allow for one group to leave before another group enters the facility. For facilities that may be shared with the broader campus community, dedicate separate time for team use. If possible, allow time for cleaning and/or disinfecting.
- Physical distancing protocols should be used in any high-density, high-traffic areas.
- Meetings and trainings of more than 25 persons should be conducted virtually, and in-person meetings may have a maximum of 25 persons. Meetings should occur outdoors, and in areas that allow for appropriate physical distancing between staff, athletes or other workers.
- Stagger breaks, in compliance with wage and hour regulations where relevant, to maintain physical distancing protocols.
- Consider offering workers who request modified duties options that minimize their contact with athletes, coaches, officials, and other workers.



7. Food and Dining

- All players, coaches, and referees should bring their own individual water or drink bottles. Drink bottles should be labeled with the name of the owner. Do not provide team water coolers or shared drinking stations. Teams may also provide bottled water.
- If food is provided, have pre-packaged boxes or bags for players instead of a buffet or family-style meal.
- Prohibit the use of:
 - Self-service condiment caddies, utensil caddies, napkins, lids, straws, water pitchers, to-go containers, etc.
 - Self-service machines, including ice, soda, frozen yogurt dispensers, etc.
 - Self-service food areas, such as buffets, salsa bars, salad bars, etc.
- Follow the California Department of Public Health and Cal/OSHA safety guidance set out for [dine-in restaurants](#).



8. Travel during Competition

- Travel should be limited to essential personnel (e.g., athletes, coaches, medical staff).
- When possible, teams should drive to events.
 - If using more than one vehicle, travel parties should be split according to those already with the closest contact (e.g., cohorts).
 - Face coverings must be worn and removed only minimally for eating or drinking.
 - If traveling by bus, try to keep seats open in front of and behind each person (e.g., using a “checkerboard” pattern).
- When air travel is necessary, it should be on a carrier with robust infection control methods (e.g., required face coverings for all passengers and flight personnel), and handwashing or using hand sanitizer should occur frequently, per [CDC guidelines](#).
- When traveling to away games, teams must remain in a team cohort, with no mixing with the local teams or other members of the host community.



9. Return to Facility or Training after a Positive Test

- Advise sick staff and student-athletes not to return until they have met CDC criteria to discontinue [home isolation](#), including 24 hours with no fever (without fever reducing medication), symptom improvement, and 10 days since symptoms first appeared or since test conducted.
- Student-athletes should work with their medical provider and any team medical staff member to determine how to be cleared to safely return to training. Return to activity in all cases should allow an acclimatization process.
- Discontinuation of practice with contact and competition for the rest of the season may be considered by local health departments if more than 10% of athletes on a team test positive within a 14-day period. For teams with less than 20 athletes total, if more than 5 members test positive, discontinuation of practice with contact and competition for the rest of the season may be considered.



10. Communication and Public Outreach

IHEs must commit to developing and implementing a communication plan, or create addendums to existing plans, that address risk reduction among the campus community, alumni, and the broader fan base in regard to safer ways to enjoy the game or competition (physical distancing, masks, and the need to adhere to the local public health orders and directives regarding any gatherings or events both at home and away games) and distribute these messages in multiple modes (social and traditional media) ahead of and during televised viewing of sporting events.

¹ The Centers for Disease Control and Prevention provides additional information specific [to universities and colleges](#).

² Unless exempted by state guidelines for specific public settings

³ Unless directed otherwise by a worker or healthcare provider

⁴ This guidance adopts the "high risk sport" classification specified in the National Collegiate Athletic Association's guidelines for resocialization of sports which include: basketball, field hockey, football, ice hockey, lacrosse, rowing, rugby, soccer, squash, volleyball, water polo, and wrestling.

⁵ [NCAA: Resocialization of Collegiate Sport: Developing Standards for Practice and Competition](#). 7/16/20.

⁶ See above.

