ACHA Guidelines

Preparing for COVID-19

The American College Health Association has prepared these guidelines to help college health staff and campus administrators prepare for coronavirus disease 2019 (COVID-19) and related issues on their campuses. The guidelines are intentionally broad so that each institution, small or large, can modify them based on existing campus and local resources. Moreover, each institution should seek guidance and coordination from their local and state public health agencies.

Please keep in mind that the situation is rapidly evolving. Additional information about COVID-19 is available and consistently updated from the following sources:

U.S. Centers for Disease Control and Prevention (CDC) www.cdc.gov/coronavirus/2019-ncov/index.html

World Health Organization (WHO) www.who.int/emergencies/diseases/novel-coronavirus-2019

American College Health Association (ACHA) https://www.acha.org/COVID-19

Introduction

COVID-19 is a respiratory illness that can spread from person to person. A novel coronavirus called SARS-CoV-2 is the cause of COVID-19 and the outbreak first recognized in China in December 2019. The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness to severe pneumonia with respiratory failure and septic shock. Frequently reported signs and symptoms include fever, cough, myalgia or fatigue, and shortness of breath at illness onset. The fever course among patients with COVID-19 is not fully understood; it may be prolonged and intermittent. Sore throat has also been reported in some patients early in the clinical course. Less commonly reported symptoms include sputum production, headache, hemoptysis, and diarrhea. The incubation period is estimated at approximately 5 days (95% confidence interval, 4 to 7 days). Some studies have estimated a wider range for the incubation period. Data for human infection with other coronaviruses (e.g., MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2-14 days. There have also been reports of asymptomatic infection with COVID-19.

Based on what is currently known about SARS-CoV-2 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to persons under investigation (PUI) for COVID-19. Health care personnel evaluating PUI or providing care for patients with confirmed COVID-19 should use Standard Precautions, Contact Precautions, Airborne Precautions, and use eye protection (e.g., goggles or a face shield). For more information, see the CDC webpage "Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in Healthcare Settings" at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html.

While the first cases of COVID-19 seen in the U.S. were associated with international travel, local transmission has been documented and more community-associated cases should be expected. COVID-19 is a concern for college and university officials not only because of students, staff, faculty, and visitors traveling to and from COVID-19 affected areas, but also due to the potential for rapid transmission in a congregate setting within campus environments. These guidelines provide recommendations for the student health service (SHS), the campus itself, and members of the campus community.

Student Health Services (SHS) Preparation

Given the international focus of many U.S. colleges and universities and the academic and personal travel of domestic and international students, faculty, and staff, college student health services should quickly begin preparation for potentially infectious patients with COVID-19. Although these preparations may vary significantly depending upon the size and resources of the college health program, at a minimum, the SHS should adhere to basic infection control principles. Per CDC interim guidelines, available at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html, "Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, health care personnel, and visitors at the facility. All health care facilities must ensure that their

personnel are correctly trained and capable of implementing infection control procedures; individual health care personnel should ensure they understand and can adhere to infection control requirements."

Establish a Student Health Services COVID-19 Planning and Response Committee

In most college health settings, the first step will be to establish a committee to lead the organizational response to COVID-19. Health, counseling, and health promotion program leaders should identify individual staff members (and, if possible, alternates) with either expertise in infectious disease planning and response or a willingness to study current CDC and WHO recommendations and stay abreast of changing guidelines as the situation unfolds nationally and internationally. A team leader should be identified, and specific duties and responsibilities should be assigned to individual team members. Depending on the size and complexity of the campus health and well-being program, one person may be filling more than one of the committee roles.

The COVID-19 Planning and Response Committee could include the following:

- a team leader: a medical/nursing staff member with leadership skills; ideally a clinical or nursing director,
- an administrative leader in the SHS or college health program,
- an additional medical or nursing clinician,
- a health promotion professional with skills in population health services and prevention campaigns
- a counseling/mental health professional,
- an information technology (IT) professional or a staff member with a solid understanding of SHS and campus IT systems,
- a member of the reception staff at the health center,
- an infection prevention and control coordinator
- the chief financial officer or a business manager
- a marketing and communications representative
- a materials/supply manager
- a lab representative
- an environmental services/housekeeping/facilities management representative,
- a student member of the campus student health advisory committee, and
- a local and/or state health department official(s), if possible.

The COVID-19 Planning and Response Committee will:

Identify the content of staff education and training and arrange for the training. SHS personnel must be trained and capable of adhering to and implementing infection control procedures. If possible, a staff member or community health care professional experienced in infection prevention and control training should instruct SHS staff.

- At a minimum, non-clinical staff should be trained on respiratory and hand hygiene, including cough etiquette, the proper techniques for using alcohol-based hand sanitizers and washing hands with soap and water, and the use of standard facemasks and social distancing.

- Clinical staff should be trained on respiratory and hand hygiene as well as correct use of personal protective equipment (PPE) including long-sleeved isolation gowns, gloves, and eye protection (goggles or disposable face shield); proper donning (putting on) and doffing (taking off) of PPE; disposal of PPE; and the prevention of contamination of clothing, skin, and environment during the doffing process.

- Clinical staff should be medically cleared and fit-tested for N95 respirator masks and trained in their proper use as required by OSHA respiratory protection standards.

Prepare the SHS facility for triage and isolation of patients potentially infected with COVID-19. While ideally the SHS will be informed in advance of the arrival of a patient with a potential COVID-19 infection, that will not always be the case. Therefore, appropriate measures should be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the health care setting to protect the patient, SHS staff, other patients, and visitors. The SHS should take the following steps:

- Share information about COVID-19 on the campus and health services websites and through social media. Use visual alerts (e.g., posters, flyers) at the SHS entrances and other strategic places inside the SHS (e.g., front desk, waiting room) asking patients to notify SHS staff prior to or immediately upon arrival if they are experiencing symptoms of respiratory illnesses (cough, runny nose, fever) and any travel history to areas with documented COVID-19 transmission or close contact with an individual diagnosed with COVID-19 within the past 14 days. With more cases of community transmission occurring, COVID-19 must be considered with all respiratory illnesses without an identified source of exposure or an alternative explanatory diagnosis.

- Place face masks, tissues, and alcohol-based hand sanitizers at the SHS entrances and other strategic places in the health center and ask patients presenting with respiratory symptoms to don a face mask upon entry into the facility and follow triage procedures. In facilities where it is feasible, considering segregating the waiting area into "well" and "sick" sections.

- Identify a room in the facility most suited to isolating a patient with potentially serious respiratory infection (including COVID-19) and take steps to ensure that only essential health care personnel wearing appropriate PPE enter the room. While some student health services may have access to a negative-pressure isolation room (airborne infection isolation room or AIIR), it is likely that most will not. If an AIIR is not available, patients with a potential COVID-19 infection should be transferred as soon as feasible to a facility where an AIIR is available.

- Restrict visitors from entering the area of a suspected COVID-19 patient. Appropriate signage should be prepared in advance and posted to inform people that the area is restricted for the purpose of infectious disease control.

- Upon the arrival of a patient with a potential COVID-19 infection, immediately institute infection prevention and control procedures, including use of PPE.

Develop SHS protocols for triage and evaluation of potential COVID-19 patients. The COVID-19 Planning and Response Committee should consult current CDC guidelines regarding the assessment of potential COVID-19 patients. Details of appropriate protocols can be found at the CDC webpage "Evaluating and Reporting Persons Under Investigation (PUI)" at https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html.

Relevant CDC protocols, flowcharts, and tools should be incorporated into a larger policy and procedure that identifies responsibility for screening and documentation, specimen collection, reporting, and data review.

Develop an internal and external alert system regarding the arrival of a potential COVID-19 patient. The COVID-19 Planning and Response Committee should implement policies and procedures that promptly alert key individuals inside and outside the SHS about the arrival of a known or suspected COVID-19 patient. These individuals will include key SHS clinical and frontline personnel, college/university emergency preparedness leadership, emergency department and hospital contacts, infectious diseases experts, and public health officials.

- Prepare an internal alert system.
  - Develop a notification roster and checklist.
  - Include mobile and home phone numbers, pager numbers, and work and personal email addresses of key SHS, counseling, and health promotion personnel.
  - Review the internal alert plan with SHS staff, including designation of those individuals responsible for implementing these notifications.

- Prepare an external alert system.
  - Develop a notification roster and checklist.
  - Identify website addresses; home, mobile, and pager numbers; and email addresses of key contacts, including:
    · university emergency preparedness team members
    · local and/or state health department/public health authorities
    · university employee health service personnel
    · local hospital emergency departments
    · closest academic medical center
    · emergency room
    · hospital epidemiology
    · infectious diseases consultant
    · severe communicable diseases unit (if available)
  - Review external alert plan with SHS staff, including designation of those individuals responsible for implementing these notifications.

Stock personal protective equipment (PPE) in accordance with CDC guidelines. The COVID-19 Planning and Response Committee should take steps to ensure that the SHS has appropriate PPE available for staff who may be providing treatment, care, or services to potential COVID-19 patients. Such PPE would include:

- N95 respirators (with appropriate medical clearance and fit-testing of clinical staff)

- long-sleeved isolation gowns

- gloves

- disposable face shields or goggles

Implement environmental infection control. SHS should make efforts to implement environmental infection control appropriate to emerging viral pathogens, including SARS-CoV-2, the virus that causes COVID-19. As per current interim CDC guidance:

- Dedicated medical equipment should be used for patient care.

- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.

- Ensure environmental cleaning and disinfection procedures are followed consistently and correctly and are appropriate for SARS-CoV-2 in health care settings. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2.

Develop a surge care plan. The SHS should consider how to provide care in the event COVID-19 becomes more widespread, creating increased health care demand. Actions could include:

- suspending routine care to focus on care for COVID-19 patients and other acute care.

- exploring telehealth (and telephone) capabilities to assess and treat patients.

- developing continuity of operations plans to allow for continued services.

- exploring options for remote work in the event of community social distancing.

For more detailed information about interim guidelines for preventing the spread of COVID-19 in a health care setting, read "Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings" at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.

Campus Preparation

Preparation is key to an organized, effective, and efficient campus-wide response to contagion and the disruption, misinformation, and chaos that could quickly ensue once a member of the campus community is diagnosed with COVID-19 or deemed a PUI. In addition to creating an SHS COVID-19 Planning and Response Committee, the campus should establish a working group to lead campus-wide efforts in preparing for COVID-19. At a minimum, membership should include persons with relevant

expertise and the authority to deploy resources and key partners involved in providing care, treatment, or support services.

Potential members include:

- the SHS director, medical director, or chief nursing officer

- the team leader of the SHS COVID-19 Planning and Response Committee

- the university's emergency preparedness team

- local or state health department consultants

- academic medical center consultants

- local emergency room/hospital/emergency medical services partners

- international Studies Office/Study abroad programs representatives

- housekeeping/facilities management/environmental services representatives

- information technology representatives

- campus safety representatives

- counseling/psychological services representatives

- food service representatives

- Housing/residence life representatives

- academic deans and/or advisors

- a representative from the Office of the President

- a representative from the Vice President of Student Affairs Office

- a representative from the Vice President of Finance Office

- a representative from the Dean of Students Office

- university relations/communications staff

- legal counsel/Risk management representatives

- human resources representatives

- a student government representative, preferably one who was elected by students to their position

Responsibilities of the campus COVID-19 work group include:

- Reviewing the university's emergency preparedness plan**,** SHS and local public health relevant protocols, communication plans, and relevant organizational charts.

- Monitoring the CDC and WHO websites regularly for updated information on COVID-19, guidelines, and travel advisories.

- Aligning campus policies and communications to ensure consistency and alignment with current public health guidelines.

- Coordinating decisions about cancellation or limitations on employee and student travel.

- Identifying or establishing a building or units on or off campus for students requiring isolation who cannot be isolated/quarantined at home.

  - Consult with local or state health department officials or local government officials to identify appropriate quarters that meet medical/public health requirements.

  - Consult with legal counsel and procurement to develop a memorandum of understanding (MoU) with local apartment complexes or hotels.

- Supporting and caring for the student deemed a PUI.

- Identifying the responsible individual or office for:

  - monitoring isolation compliance, such as the local public health department.

  - enforcing isolation compliance, such as campus safety or city/county public safety, in conjunction with local/state health department.

  - ensuring the student dons a surgical mask during transport to the isolation unit.

  - monitoring the isolated student's temperature and symptoms and determining if the student needs transfer to an appropriate hospital setting.

  - determining when the isolation period is no longer indicated.

- Developing policies and preparing academic advisors, faculty, and financial aid staff to address students' academic and financial concerns resulting from prolonged class absence or withdrawal.

- Developing a support program for students who are quarantined or isolated. The support program should include:

  - mental health support for students and parents via telehealth (telephone or online).

  - a system to provide students with food and supplies.

- online instruction options, live feeds, recordings, or implement a note-taking program for students.

- tutoring for those students after quarantine or isolation.

- student privacy and safety protection.

- Developing guidelines for campus events. Elements could include:

  - encouraging participants to stay home while sick through messaging and/or flexible refund policies.

  - making hand sanitizer/handwashing facilities widely available.

  - use of non-contact greetings.

  - planning for the economic impact of event cancellations.

- Developing guidelines for employees, such as use of PPE, absences, and compensation/pay of employees who are quarantined or asked to work from home.

- Developing and disseminating guidelines on environmental control, such as cleaning policies.

Preparing a COVID-19 Event Communications Plan

An important function of the campus COVID-19 work group will be the development and direction of campus communications. The group should:

- Define goals of communications plan for various scenarios, such as case on campus, case in community, travel restrictions, etc. Goals generally fall into one of three categories:

  - Providing reassurance and information about personal safety

  - Communicating action steps requested of community members

  - General information

- Develop key messages.

  - Define offices/subject matter experts to draft key messages on:
    - health
    - travel and immigration
    - business impacts
    - academic impacts
    - environmental health
    - human resources policies and resources

- Define approval/clearance process for messages. Consider the need for rapid response and with whom to coordinate/collaborate on messaging:
  - communications office
  - policy director/senior university leadership
  - subject matter expert
- Develop capacity to translate information for target audiences in languages that meet the needs of the campus community.
- Draft messages for potential future events. Campuses should consult with their campus Clery Director or appropriate campus official to evaluate the need to send a Timely Warning if a case is identified on campus.
  - first case/death on campus
  - first case/death in community
  - university disruption/closure
- Define target audiences and key issues for communications.
  - students
    - domestic
    - international
  - faculty
  - staff
  - parents
  - community members
- Define and develop communication mechanisms.
  - Electronic communications:
    - Develop mass email capability to all students, staff/faculty, and parents (assure 24/7 access to IT individual who has access to these lists).
    - Develop website announcement capability including timed updates and FAQs.
    - Develop designated a email address for questions from university community, parents, and members of the general public.
    - Develop campus text alert capability.
    - Develop social media capability, including channels unique to target populations. (e.g., WeChat for Chinese international students).

- Phone communications:
  - Plan hotline with appropriate staffing
  - Plan answering machine messages to include timed updates
- Written communications:
  - Develop patient education handouts
  - Create and post flyers and posters
  - Share announcements in the student newspaper
- Develop mechanisms to monitor and correct for rumors and inaccurate information, including monitoring social media.
- Define internal spokesperson(s) for communications/education. Identify individual(s) to do presentations and answer questions in the following settings:
  - residence halls
  - classrooms
  - "town meeting"
  - employee work site
  - live social media events
- Plan media relations communication.
  - Identify university spokesperson(s) for external communications.
  - Proactively engage campus/student media.
  - Build relationships with local public information officers from public health and medical centers/groups.
  - Funnel all media requests through the central communications office.

University Business and Finance Continuity Plans

Business and finance continuity plans are an integral part of emergency preparedness and disaster recovery and should address both short term and extended scenarios including if community mitigation through social distancing is recommended. Departments should consider the following in their plans:

- The potential financial ramifications of a campus COVID-19 outbreak and the estimated emergency funding to cover purchases and business

continuation. Departments highly reliant on international student tuition, international research and development, or visiting scholar or study abroad programs may be significantly impacted.

- The costs of stockpiling supplies (medical, food, paper products, and other consumables).

- Policies and procedures for rapid procurement and payment for supplies, equipment, and services.

- The continuation of payroll and accounting operations in the face of high employee absenteeism.

- Potential for campus closure on advice and consultation with local health department based upon factors such as high rate of infectivity, high morbidity, serious mortality, absenteeism, and other school system closure.

- Formulating and drilling plans to address anticipated financial needs.

- Information technology needs and capabilities to support social distancing

- Updating the plan to address departmental responsibilities and actions in the event of significant staff reduction or campus closure, including mission essential functions (e.g., ongoing research and research animals), mission critical employees, and alternative site possibilities.

- Informing community members about personal preparedness.

Planning Related to Arrivals on Campus from COVID-19 Affected Areas

The CDC has developed interim guidance for individuals arriving from COVID-19 affected areas available at https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html.

Key points to consider:

- The situation continues to fluctuate as more is learned about the virus that causes COVID-19. It is important to check the CDC website for updated travel information and guidance. Travel to or from some countries has been restricted, and guidance for returning travelers varies by country or region. In some cases, this may include a need for quarantine or monitoring.

- Identify students and/or scholars who have traveled within the past 14 days to countries assigned a Level 3 Travel Warning by the CDC. Institutions should coordinate closely with local public health authorities regarding recommendations on travel and activity restrictions. All returning travelers from areas with community transmission should receive instructions and advised to actively monitor for symptoms of illness (fever and respiratory symptoms).

- Students living in on-campus housing who have recent travel history to a Level 3 Travel Warning country and who may be subject to self-quarantine will need special assistance as described in the Campus Preparation section.

- If a university or college official becomes aware of an individual from a COVID-19 affected area who has developed a fever and respiratory symptoms, appropriate campus health care personnel should be notified prior to arrival at the SHS so that infection control procedures can be implemented. Notification of appropriate state or local health officials should also occur if COVID-19 is suspected.

- Additional educational steps may be taken by institutions to inform arriving students, scholars, and visitors from COVID-19 affected areas about symptoms as well as preventative measures through various outlets including admission materials, health forms, orientation sessions, and websites. These materials should be available in different languages.

- ACHA recommends that institutional health insurance policies be made readily available to students and scholars upon arrival on campus to assure resources are available to care for suspected COVID-19 cases.

Planning for University Students, Faculty, or Staff Travelling Internationally

Universities should establish institutional policies or advisories for employees and students who travel outside the U.S. To quickly locate and communicate with university-associated travelers, particularly during an emergency, a travel registry with mandatory registration should be considered.

Any university-related persons traveling internationally should:

- seek appropriate pre-travel guidance prior to travel. The CDC, WHO, and U.S. State Department have developed guidelines for travelers to COVID-19 affected areas. The CDC has issued travel advisories for countries where active outbreaks of COVID-19 are ongoing and the risk of exposure is high. Non-essential travel to these countries is discouraged. See https://wwwnc.cdc.gov/travel/notices.

- ensure that they are covered by adequate health and evacuation insurance for the duration of travel. Communicable disease epidemic and pandemic events are frequently excluded by travel insurance programs and travelers should be made aware of this.

- register with the U.S. State Department Smart Traveler Enrollment Program: https://step.state.gov/step/

- develop an action plan regarding potential scenarios including evacuation in case of active COVID-19 outbreaks arising in their destination; a robust and accurate list of contacts (family, university, insurance, embassy, etc.); and viable communication plans.

- remain current on the rapidly evolving travel advisories issued by the CDC, WHO, and the U.S. State Department.

- reevaluate travel plans if they involve travel (including interim itinerary layovers) to areas of potential high risk.

- actively and intentionally

  - learn about and exercise appropriate preventive measures to prevent COVID-19 infection;

  - learn to identify

    · signs and symptoms of COVID-19 infections

    · appropriate steps to take in the event of developing any such symptoms (rapid evaluation at a health care facility, mask use, social isolation pending diagnosis)

  - monitor themselves for symptoms which could represent COVID-19 infection. These travelers should not embark on travels and consider interrupting travel-in-progress if symptoms develop.

University-Related Persons Currently in Countries with New COVID-19 Activity or Advisories

As COVID-19 continues to spread throughout the world, university-related persons may find themselves in countries with newly arising COVID-19 activity and advisories. During this worldwide outbreak, the traveler must remain vigilant and monitor current news and advisories. Guidance for the traveler will vary based on a multitude of potential scenarios. At a minimum, institutions of higher education (IHEs) should work with travelers to:

- actively monitor the institution's travel registry and take appropriate action as advisories arise.

- establish and maintain a comprehensive bidirectional communication plan with the individual(s), their families and the institution of higher education (IHE). IHEs should designate a point person from the sponsoring program/department with whom travelers can correspond.

- familiarize themselves with the basics of COVID-19 prevention and symptom recognition as noted in the previous section.

- establish a detailed plan for obtaining medical evaluation and treatment.

- create and execute evacuation plans if necessary.

- work with the U.S. State Department, appropriate embassies, and contracted insurance (medical, evacuation, travel, etc.) companies as appropriate.

- make emergency funds available if necessary.

- aid in repatriation efforts as appropriate.

Xenophobia and Community Values

Given the origins of COVID-19 in China and the recent expansion of the CDC's level 3 travel warnings to other countries, university leaders should be prepared for the possibility of xenophobic responses within the campus community. Fear and anxiety can lead to social stigma which may arise when people associate a specific illness with a population or nationality, despite the fact that not everyone in that population is at increased risk of having the illness. This virus knows no geopolitical boundaries.

Every effort should be made to dispel misinformation that COVID-19 is linked to individuals of a specific ethnicity, race, or national origin.

To advance and support a healthy campus climate of inclusiveness, respect, and diversity:

- Deliver community-level messaging (preferably from someone at the highest levels of authority) that reinforces the university's shared values (e.g., mutual respect) within the context of the emerging threats. This is an opportunity for leaders to frame the current situation with a perspective that encourages respectful behavior, minimizes microaggressions and outright discrimination toward students, faculty/staff, and visitors from COVID-19 infected countries or perceived to be descendants from those countries. People of Chinese descent might also be unjustly blamed for "causing" this problem for the world. Be aware that attempts of using humor to defuse a tense situation may be interpreted as insensitivity, particularly among highly affected communities.

- Messaging directly from senior leadership (e.g., President, Provost, Dean) will likely have the greatest effect with regard to campus-wide response.

- Encourage individuals who experience discrimination to report these experiences to the appropriate office at the university (e.g., office of ombudsperson, equal employment opportunity, affirmative action, diversity/inclusion, etc.).

- Be aware of biases. In many countries, the wearing of surgical masks in public is a social norm, especially during cold and flu season. As such, campuses should keep in mind that the wearing of a mask by a community member should not be construed as a sign of infectiousness or an invitation to ridicule or avoidance.

- Don't limit travel histories or similar screenings only to individuals from a specific racial/ethnic background. Staff scripts should be explicit that such questions are being routinely asked of all patients; otherwise minority patients may interpret such questions as racial profiling.

- Avoid imagery that reinforces stereotypes (e.g., if using images of people wearing masks, avoid photographs that exclusively show Asian faces).

- Speak out against negative behaviors, stigma, and discrimination.

- Keep in mind that some community members might have friends and family still living in regions that are most heavily affected by the outbreak. Social stigma can worsen the fear and anxiety among these people who are already under stress. Offer support through the counseling center, chaplain's office, employee assistance program, or other similar resources. The institutional office that supports international students and scholars will likely have a registry of foreign nationals from affected countries; that office is likely familiar to these individuals and can send targeted messages of support.

- Engage with stigmatized groups through channels that reach these communities.

- Leverage students to serve as advisory members to pertinent boards or committees to vet or contribute to policy and messaging.

Conclusion

Much has been done to mobilize resources and expertise to protect the public health during the COVID-19 outbreak. This continues to be a fluid situation as new information and cases arise throughout the world. This is the window of time to evaluate current emergency plans and business continuity plans, educate and train the staff, stock supplies, and develop screening tools and clinical protocols.

Preparing a response to COVID-19 should be a priority for campuses and a part of a larger plan for control of infectious diseases in college settings. This document serves as a supplement to the guidelines available through the CDC and WHO and as a companion document to ACHA's *Emergency Planning Guidelines for Campus Health Services: An All Hazards Approach*, available at www.acha.org/EmergencyPlanning.

COVID-19 Task Force

These guidelines were developed by ACHA's COVID-19 Task Force. A special thanks to the task force members: Jean Chin, MD, MBA, FACP, FACHA (Task Force Chair); Deborah Beck, MPA, EdD; Michael Deichen, MD, MPH; Catherine Ebelke, PA-C; Mike Huey, MD, FACHA; Cheryl Hug-English, MD, MPH; Jim Jacobs, MD, PhD; Giang Nguyen, MD, MPH, MSCE, FAAFP; Craig Roberts, MS, PA-C; and Sarah Van Orman, MD, MMM.

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