RE-ENTRY AND RESILIENCY PLAN
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I. Introduction

Carlow University’s leadership and administration developed a comprehensive Re-Entry & Resiliency Plan for reopening our campus for the fall 2020 semester. Central to our plan is the safety and well-being of our students, faculty and staff and the continuation of our mission as educators. This plan was developed in conjunction with guidance from the Centers for Disease Control (CDC), Occupational Safety Health Administration (OSHA), Department of Health (DOH), World Health Organization (WHO), Pennsylvania Department of Education (PDE) and, finally, the Allegheny County Health Department (ACHD). Effective June 5, the governor and State Department of Education provided Pennsylvania’s Reopening and Recovery Plan Guidance that Carlow University will implement within its re-entry plan.

The aforementioned guidance and Re-Entry & Resilience Plan (“the Plan”) will be reinforced with a robust communication plan, campus signage, and the implementation of health and safety protocols. Central to the plan is the ideal of the Common Good which goes back to the Greek philosophers and has long been espoused by the Catholic Church. The Common Good is found through everyone working together to create the best possible world for one another and the safest campus possible for our community.

This is not a static plan, but rather one that will be continuously adapted as new guidance, changes in the virus and new science emerge.

The purpose of this document is to provide all currently available best practices as a foundation to safely provide for all instructional and workplace activities, while protecting the health and safety of our community.

About Carlow University

Carlow is a private, co-educational, Catholic university located in the heart of Pittsburgh’s “Eds, Meds and Tech” district. Founded by the Sisters of Mercy in 1929, Carlow’s curricula and partnerships reflect its strong commitment to social justice; ethical, forward-thinking and responsible leadership; and service to the community that has a meaningful impact.

Guiding Principles

The COVID-19 pandemic continues to be an evolving situation. Since March, our COVID-19 Rapid Response Team has been working to monitor the situation. Senior leadership, faculty and staff across the University are diligently working to evaluate all viable options. We are working in close collaboration with state officials, universities in the region, public health officers and experts in the field.

Our decisions will be guided by five key principles:
• The health and well-being of our community will remain priority one.
• Plans will mirror all official public health guidelines (e.g., CDC, Gov. Tom Wolf’s office, DOH). \textit{(See Appendix O, PPE and CDC Guidance)}
• All decisions will be data-driven and based on science, and will be flexible and measured.
• Technology will be used as available to inform initiatives.
• The University standards of quality and care will not waiver.

These principles will permeate operations throughout the University, including but not limited to course delivery models, residence life, athletics, academic coaching and student tutoring support.

This pandemic can evolve quickly and be disruptive, creating an unprecedented time of uncertainty. Recognizing that this potential may exist for the foreseeable future, we will remain flexible, responsive and calculated in how we approach the upcoming fall. We continue to work to facilitate small classroom interaction, faculty collaboration, peer engagement and purposeful experiential learning opportunities.

\textbf{Strategy Plan}

Carlow’s reopening plan will address strategies to:

• Coordinate with local public health officials, or the equivalent of.
• Safely resume in-person instruction.
• Monitor health conditions of the campus community.
• Mitigate and contain the spread of the virus on campus, and to inform the Department of Health in the event that transmission occurs at the institution.
• Communicate accurate and timely information to students, faculty, staff and the communities it serves.
• Follow public health and safety measures that reinforce practices related to hygiene, sanitation and face masks on campus.

\textbf{The Common Good}

At Carlow, the goal of the Common Good is related to our value of the Sacredness of Creation through which we commit to the preservation of a world where all are reverenced and all may thrive. Now, more than ever, our decisions and our actions affect the welfare of the whole. The realization of the Common Good is found through everyone working together to create the best possible world and the safest possible campus. For that reason, we are inviting each member of this community to strengthen our Common Good by signing our Commitment Pledge to the Common Good. \textit{(See Appendix A, Common Good)}

\textbf{Personal Protective Equipment (PPE) and Personal Hygiene Guidelines}

Public health experts continue to emphasize the importance of personal hygiene, cleaning protocols, face masks and personal protective materials (when warranted) as a way to reduce the spread of COVID-19 and health and safety risks on campus.
The following guidance and practices related to hygiene, sanitation and face masks are to be implemented:

- Provide students and employees with hygiene information and clearly post information in locations with high student traffic.
- Place signs in key areas (e.g., near elevators, building entrances) and reminders in restroom facilities to encourage hand washing.
- Supply appropriate hand sanitizer, wipes or soap for students, staff and visitors.
- Conduct regular cleaning and disinfecting of surfaces and objects that are frequently touched, including objects or surfaces not ordinarily cleaned regularly (e.g., doorknobs, light switches, classroom sink handles, countertops, etc.).
- Ensure that disinfectant supplies meet the Environmental Protection Agency’s (EPA) criteria for use against SARS-CoV-2 (COVID-19).
- Follow additional CDC guidance for cleaning and disinfecting community facilities.
- Require face masks for all students, faculty and staff in all classrooms, public shared spaces and areas where social distancing cannot be observed. Cloth masks are preferred (CDC). Individuals may use their own face masks, but the University must make its best effort to ensure an adequate supply of face masks. Individuals unable to wear face masks due to a health condition or disability should be encouraged to be extra cautious about maintaining proper social distance and observing all other hygiene protocols.
- Communicate face masks and hygiene practices to individuals on campus.
- When warranted, ensure the availability of personal protective materials, such as masks, face shields or gloves required for a specific program or co-curricular activity. (See Appendix B, PPE Policy)

Source (adapted to meet specific needs of Carlow University Health and Counseling Services): Pennsylvania Department of Education (PDE). (June 3, 2020). Preliminary Guidance for Resuming In-Person Instruction at Postsecondary Education Institutions and Adult Education Programs and CDC Covid-19 recommendations.

Employees
Employees are required to wear masks in the workplace.

Gloves are necessary when coming in contact with high-touch surfaces likely to be contaminated. For example, Facilities and Residence Life employees should wear gloves while working in high touch areas and when entering students’ rooms/residence halls.

Additional PPE is required for employees interacting with a student who is suspected or confirmed to have COVID-19: N95 face mask, gloves, gown, and goggles or safety glasses. (See Appendix C, Mask and Glove Requirements)

Students
All students will be required to wear masks in classrooms, public shared spaces and areas where social distancing cannot be observed. Students will be required to follow CDC guidelines and
appropriate physical distancing. Study and other spaces that turn over frequently will be required to be cleaned by both student users and those intending to use them. Limitations will be placed on the number of occupants in given study spaces and common areas.

Visitors
Visitors must wear masks while on University property. Masks will be supplied by the University at designated screening location(s) for those who do not have them.

Contractors/Vendors/Service Providers
Contractors must wear masks and gloves while on University property. Masks and gloves will be supplied by the University for those who do not have them. Extra disposable masks and gloves will be placed in common areas.

II. Monitoring and Surveillance: Testing/Temperature Taking/Contact Tracing/Training

This section is to provide guidance for screening activities that may be necessary based on state regulations and guidance from the CDC for preventing workplace infection transmission. Carlow’s framework for monitoring the disease and capacity for responding accordingly is outlined below. Carlow will monitor its progress by measuring against objectives to assure we attain our goal of providing a safe and healthy campus.

Required Campus Entry Steps for Students, Faculty and Staff
There will be a required screening process at designated location(s) on campus that individuals must go through before they are able to access campus. Individuals will be asked to conform to the following:

1. Temperature Checks
There will be temperature checking for all individuals who enter campus at the designated screening location. Any individual that refuses to participate in the screening process will not be allowed to access campus.

Students, faculty or staff with a temperature of 100.4°F or higher will be separated from the general population. Employees and students who are able to do so will be sent home and referred to their medical providers. Employees who are sent home should refer to the (COVID-19) Policy for additional guidelines. (See Appendix D, COVID-19 Policy)

2. Screening Questions

Daily Campus Screening Protocol
- Temperature check- must be less than 100.4°F
- Have you had any of the following symptoms in the past 14 days?
- 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

- Have you or someone you have had close contact with had a lab confirmed Novel Coronavirus within the past 14 days? If you are a professional health care provider, have you had an unprotected exposure to a patient who tested positive for a Covid-19 infection?

- If you fail the screening, you will need to start a 14-day quarantine and seek medical attention. An information card will be provided.
- If you need to wait for transportation from campus, a quarantine space will be available in Aidan Hall. Screeners will give you directions to this or other locations.
- If you pass the screening, you will be given a color coded and dated sticker to wear or display for the day.

You must be screened daily whether you live in Campus Housing or Commute to Campus

- Wear a Mask, Wash your Hands and Maintain Social Distancing

3. Quarantine Activities
This section is to provide guidance for employees who must be put into quarantine and for those who must self-quarantine.

- Quarantine – Quarantine is used to keep a person who might have been exposed to an infection away from others. People in self-quarantine stay separated from others, and they limit movement outside of their homes (or current place). People may be unaware that they have been exposed to the virus (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of disease.
- Isolation – Isolation is used to separate sick people from healthy people. People who are in isolation should stay home. In the home, people who are sick should separate themselves from others by staying in a specific “sick” bedroom or space and using a different bathroom (if possible).

Employees/students may be asked to quarantine for a few reasons:
- Individual has been medically diagnosed with an infection.
- Individual answers “yes” to any of the daily screening questions.
- Individual reports a failed self-screening before leaving the home.
- Individual is witnessed showing symptoms in the facility after the daily screening.
Quarantine Procedure for Employees
The CDC minimum recommended quarantine duration is 14 consecutive days. Employees must follow the COVID-19 Policy regarding quarantine guidelines. (See Appendix D, COVID-19 Policy)

Closure of classrooms or spaces that have been occupied by a compromised individual (one who had a temperature or self-reported other symptoms related to COVID-19) as a measure to attenuate the magnitude of exposure to COVID-19 will occur as needed. The threshold for closure will depend on risk assessments by infection prevention employees and Carlow leadership.

4. Returning to Campus After Quarantine:
Students and employees who have recovered from recent symptoms associated with COVID-19 (no temperature or other symptoms) may rejoin the general population after being cleared by
their medical provider. Employees must follow the COVID-19 Policy regarding return-to-work guidelines. (See Appendix D, COVID-19 Policy)

Guidelines/Policies for Staff or Faculty Sick Leaves
Employees with a low-grade fever or other related COVID-19 symptoms will be asked to go home. Faculty members will be provided collegial coverage of their classes as necessary. Carlow will allow up to 80 hours of additional paid time if applicable for COVID-19-related situations. Employees must refer to the COVID-19 Policy for additional guidelines. (See Appendix D, COVID-19 Policy)

Guidelines for Visitors on Campus
Interactions with visitors who are not current students or employees must be carefully managed in order to prevent the spread of pandemic-related infections. For this purpose, a visitor is a non-employee, non-student, contractor, external client or guest of the University. We encourage limitation of visitors for only essential purposes that are unable to be achieved by remote or virtual means. Visitors must execute the entry screening process when arriving on campus and complete a Visitor Waiver form. (See Appendix E, Visitor Policy, and Appendix F, Visitor Waiver Form)

COVID-19 Contact Tracing
Following CDC guidelines, we are working collaboratively with the Allegheny County Health Department (ACHD) and City of Pittsburgh to devise an effective and complimentary contact tracing strategy. We have also identified free contact tracer training conducted by Syracuse University that will be made available to key personnel for these purposes.

If a confirmed case of COVID-19 occurs on campus, the Campus Nurse and the Executive Director of Health and Counseling Services (or their designees) should be informed immediately by calling 412-578-6474. Contact tracing will be conducted by ACHD, which will be contacted by the Campus Nurse or the Executive Director of Health and Counseling Services. As per the Pennsylvania Department of Education’s Preliminary Guidance for Resuming In-Person Instruction at Postsecondary Education Institutions and Adult Education Programs (released June 3, 2020), the following steps will be taken for a confirmed COVID-19 case on campus:

- Notification of ACHD and emergency management personnel.
- Determine if a temporary suspension (2-5 days) of in-person instruction is warranted.
- Clean and disinfect all areas thoroughly per CDC guidance.
- Communicate case or exposure information with students, staff and faculty.
- Ensure continuity of education and research for all those impacted by any temporary suspension of in-person operations.
- Ensure continuity of safe housing for affected students.
- If individuals were in close contact with someone who became infected with the disease, follow CDC guidance.
• Work with local public health officials, if possible, to determine when routine operations can resume on campus.
• Access additional CDC guidance on dealing with confirmed cases on campus.

COVID-19 Testing
Following CDC guidelines, we will work collaboratively with the ACHD and City of Pittsburgh to implement an effective and complimentary testing strategy. Screening that includes temperature monitoring and travel and possible exposure questions will be deployed working in conjunction with Health Services and the College of Health and Wellness BSN program. Given the limited scope of campus health facilities, we will not conduct direct testing on site and will refer students, faculty and staff to local testing venues and primary care physicians for consultation.

Role of Campus Health Services
Carlow University partners with the UPMC Children and Adolescent Clinic to provide on-site and telemedicine care. The Director of Health Services, UPMC and the Allegheny County Health Department will work closely to provide guidance for best practice safety protocols, screening and office visits. Enrolled students will be seen by appointment and when possible through telehealth mechanisms. The health center will serve as the primary pre-screening/triage service via telephone for student concerns related to general health needs, illness and COVID-19 in particular.

Modifications to the health center space, including relocation, easily cleanable furniture and workflow, are being explored to focus on safety, neutralizing spread and student service. Best practice, including use of physical distancing, proper protective equipment protocols and electronic recordkeeping, are being established. Positive phone screenings or diagnosis will be addressed through telemedical review or transport to an off-campus medical service provider for testing.

Training
Students and employees will be required to complete video training on how to best mitigate and prevent the spread of the COVID-19 virus. The training video will include considerations regarding making decisions when and how often to come to campus, preparations suggested to minimize the probability of passing or contracting the virus, and proper protocols for safeguarding the overall community. All will be asked to adopt the outlined recommendations into their daily routine. Once completed, all will be asked to sign the Commitment Pledge to the Common Good, agreeing to honor the Carlow University Catholic Mercy values and dignity and worth of all community members.

III. Satellite Sites
Cranberry Site
Carlow University will follow the COVID-19-based guidelines set forth by the Regional Learning Alliance (RLA) in Cranberry relative to use of our office space and classroom occupancy standards.

Regulations set forth by the RLA are as follows:
- Masks are required in all public/common areas, including restrooms.
- Temperature checks are recommended, not required. A thermometer will be available on the front desk if staff would like to use it upon entry.
- Social distancing of 6 feet is required in common areas. - RLA is not responsible for monitoring Carlow’s office and other rented space. The RLA will thoroughly clean and disinfect these rooms each time they are used.
- RLA will continue to provide daily cleaning and maintenance of individual office space. Health and Safety Protocol is in place, and these very rigorous cleaning standards will continue for the summer and likely beyond.

Greensburg Site
The Greensburg site will follow the same guidelines as set forth by the University for the Oakland campus. D&M Commercial Cleaning can support an increase to its current frequency of twice-a-week cleaning to align with established University protocols

IV. Student Affairs

Guidelines for Residential Housing
The Office of Residence Life knows that safety is an essential component of the campus residential experience. Therefore, the office will take several interim measures during the pandemic.

Assessing Residential Capacity
Carlow plans to cap the residential occupancy in the fall of 2020 at approximately 75% of maximum to help ensure the ability to physically distance.

Addendum to Student Code of Conduct and Housing Contract
Residents will be required to sign a housing contract addendum that outlines additional policies and procedures in relation to COVID-19. The Student Handbook will also be supplemented. Residents will have access to these updated documents in advance of arrival and will be expected to act in accordance with all new policies.

Pre-Screening for Move-In
Only residential students who have successfully completed a physician health screen will be permitted to move into the residence halls. Pre-screening will include the submission of a review of current health history, verification that all required immunizations are on file, confirmation of emergency contact information and submission of a Safety Plan as outlined below.

**Student Safety Plans**
All students will need to provide a Safety Plan document to the Office of Residence Life prior to arrival on campus, activated in the event that isolation, quarantine or closures of campus residence halls become necessary.

The student’s Safety Plan will include:
- Where the student will go if he/she must leave campus (isolation, quarantine and campus closure).
- The student’s transportation options.
- How quickly the student can get to his/her designated location given transportation options.
- Emergency contact information.

**Operations Guidelines to Ensure Physical Distancing**
Several operational considerations have been made in an effort to support residential student safety:
- Masks required in common area spaces, including restrooms, laundry rooms and hallways.
- A “no guests” policy strictly enforced in residence halls (aside from residents, only campus stakeholders deemed essential will be permitted access to residence halls).
- Closure of building lounges, Frannie’s and the residence hall fitness center.
- Single-entry, no-touch access and exit via the main third floor doorway to Frances Warde Hall.
- Closure of the Fifth Avenue residence hall access door.
- Reduced capacity in elevators and installation of physical distancing floor indicators.
- Spatial indicators and signage in restrooms and laundry rooms indicating occupancy limits.
- Alterations to Residence Life programming to comply with physical distancing guidelines and established policies.

**Guidelines for Move-In/Move-Out**
Move-in and move-out procedures will be amended. Preliminary amended procedures are as follows:
- For two weeks prior to arrival, students will be expected to reduce contact with others (isolate) outside of their family and follow CDC guidelines available at that time.
• Students will be limited to coordinated times to unload/load their belongings. Only two people will be permitted access to the residence halls to assist students during move-in or move-out.
• Designated move-in times will be coordinated in advance. Conflicts that arise with those arrival times must be communicated prior to arrival with the Office of Residence Life.
• Elevators will be designated for single family use.
• Carts may be borrowed to assist with move-in and move-out. Residents are responsible for wiping carts down both before and after use.
• Should move-out become necessary at an unforeseen time, parameters will be quickly established.

NOTE: Complete instructions and procedures will be communicated directly to fall residential students throughout the summer and leading up to the designated move-in dates via Carlow student email accounts.

A process to identify and separate individuals who appear to have symptoms related to COVID-19 (such as fever, cough or shortness of breath) will be incorporated into Carlow’s COVID-19 response plan. As part of basic safety principles, residents who are sick with relevant symptoms will be expected to stay home or return home. Students will be expected to participate in daily screenings to assess overall health and to comply with University Health Services, the Allegheny County Health Department (ACHD) and/or primary care physician recommendations. Carlow’s COVID-19 plan addresses several aspects associated with a suspected or confirmed case, including but not limited to:
• Initial investigation and coordination with Health Services, medical provider(s) and/or ACHD
• Testing
• Contact tracing
• Cleaning of affected area(s)
• Quarantine/isolation, as appropriate

When addressing the need to separate and protect the residential community, those who are recommended for quarantine will be expected to implement their signed Safety Plan submitted at arrival. Areas/and guidelines have been identified for isolation of individuals who may have been exposed and may be infected with COVID-19 but are not yet ill (asymptomatic). Additionally, areas have been identified for the isolation of those individuals who are ill (symptomatic) and recommended for isolation. However, students will be expected to follow University Health Services, ACHD and/or primary care physician guidelines that may include relocation to an off-site venue. Our plan accounts for capacity potential, an individual’s basic needs (such as meals and restroom access), medical support and facility maintenance. To the extent necessary, the University may elect to contact local hotel providers near campus to contract for hotel rooms to use for supplemental housing needs of students under this plan.
Guidelines for Campus Services and Student-Centered Programming

Campus Programming
Student Affairs will operate as recommended by CDC, Allegheny County Health Department (ACHD) and American College Health Association guidelines. Guidance will be provided for student leadership groups, events and general gatherings. Adaptive accessibility will be deployed whenever possible to facilitate participation in person or digitally, the emphasis placed on delivering the “Carlow experience” in an engaging, fun and healthy way.

Student Recreation and St. Joe’s Fitness Center
The American College of Sports Medicine (ACSM), National Intramural and Recreation Sports Association (NIRSA) and the Commonwealth of Pennsylvania have developed best practice guidelines for recreation and fitness center operation during the COVID-19 pandemic. Per Pennsylvania guidelines, fitness centers will only be permitted to open when Allegheny County is in the green phase, and then under limited capacity operation. Recommendations will be followed when St. Joe’s is open, including proper physical distancing, cleaning of equipment and personal care to minimize spread of the virus. Professional staff will instruct facility personnel on proper oversight and cleaning during facility use hours. Hours will be reduced slightly to accommodate periodic daily deep cleaning protocols. Measures will be taken to limit access to students only and to limit the number of participants in the facility at any one time. Locker rooms and showers will be accessible per recommended guidelines for good practice and based on participant compliance with protocols. Information will be thoroughly distributed and the facility will be properly marked for distancing and participant flow to minimize contact.

Athletics
Athletics teams will follow recommendations from the National Association of Intercollegiate Athletics (NAIA), UPMC and Commonwealth of Pennsylvania. Preliminary guidelines for fall seasons have been released, recognizing the scope of the pandemic continues to evolve. Emphasis, as with all aspects of this plan, will focus on student athlete safety related to both health and active participation. Therefore, proper preparation and health and participation protocols will be established and followed.

• Preparation – Seasons will be structured to permit appropriate virus mitigation and physical preparation. Student athletes will be required to self-quarantine prior to arriving on campus, demonstrate fitness to participate documentation when reporting, and undergo screening and monitoring throughout the participation period. Student athletes will experience a phased integration of conditioning, practice and competition to facilitate demonstration of physical and health fitness. Individuals and teams will not be advanced to competition level until all thresholds have been demonstrated.
• Health Protocols – Within the scope of athletic competition, athletes will be expected to comply with physical distancing and contact protocols. Temperature and interaction screenings will be conducted daily. Cloth masks will be issued with uniforms to be used within team and competition gatherings. Daily cleaning protocols for equipment will be
required. Access to athletic trainers, the training room and treatments will be structured consistent with UPMC guidelines.

- **Competition** – Preliminary guidelines from the NAIA have been issued to reflect slightly shortened seasons for fall competition. Commencement will be contingent on team clearance thresholds. While conference guidelines remain pending, we anticipate slightly reduced non-conference competition, emphasis on reduced travel and possible multi-game tournament formats. Travel teams will be limited, and student athletes will be required to distance properly as feasible and wear masks when not on the field of play. *(See Appendix P, Guidance for All Sports Permitted to Operate During COVID-19)*

**Guidelines for Academic Support Services**

Academic support services, including those provided by the Center for Academic Excellence and Disabilities Services offices, will be provided in all delivery formats. Face-to-face consultation, tutoring, coaching and concerns review will be limited to space allocations within CDC, state and good practice guidelines. Where possible, students will be encouraged to access services by phone or virtually and to access requests for appointments, resource materials and learning modules virtually.

**Center for Mercy Heritage**

The Center for Mercy Heritage will continue to lead with particular consideration for the delivery of the Carlow experience, emphasizing the essence of our Catholic Mercy tradition in action. Sacramental events, University Common Hour, spiritual and leadership development, and service learning opportunities will be adapted within current health guidelines and to facilitate full participation. Foundational fall events from the Center, including Mercy Service Day, Carlow Day and Founders Fortnight, will be adapted and delivered in alternative delivery modes that emphasize the essence of the experience within a safe format.

**Student Club and Organization Activities**

Clubs and organizations will be adapted to comply with all CDC, state and local health department guidelines. Meetings and social/programmatic gatherings will be permitted within existing guidelines, an emphasis being placed on using enhanced digital modalities to extend reach and participation. Enhanced cleaning protocols will be implemented in all public spaces to reduce spread and transmission of illness. Events will be limited to University students and personnel, though collaborative and regional issues work will continue in a virtual format. Student life will promote the use of virtual meetings and programming.

**V. Academic Affairs**

**Fall Semester Instructional Delivery and Modalities**

Carlow University’s commitment to delivering a transformational learning experience to our students resides in the advance planning that faculty and staff have done to prepare for the fall semester. The University has kept abreast of federal and state updates with regard to the health
and safety of the entire community, especially as we plan to welcome students back to campus this fall.

The plan for August (fall semester) is to return to campus on Aug. 24, 2020 and complete the semester on Dec. 11, 2020 as originally planned. Because the University has a contingency plan to ensure all fall classes are prepared for online delivery, we are able to move to a remote environment with limited disruption to student learning if we encounter a resurgence in COVID-19. In addition, if we must abbreviate the semester, this document provides guidance on the various ways faculty can achieve the requisite learning hours by course. Any deviations to our standard academic calendar will be based upon data and guidance from governmental and health agencies.

In collaboration with the Cabinet, President’s Executive Council, faculty leadership and staff, Carlow has formalized class delivery modality options that will be available to faculty within each college. We believe our deans, department chairs and program directors are in the best position to lead discussions on delivery method and modality to ensure optimal learning. Some modalities may not be appropriate for certain courses, given the nature of the content coupled with any potential conflict with accreditation and licensure. In addition to accreditation and licensure considerations, the decision on modality will be guided by numerous factors with special attention being given to courses where hands-on learning is a critical component and cannot be done via remote format. The dean and department chair/program director will be responsible for the final decision on modality in consultation with the applicable faculty member. All courses slated to run this fall will have a designated modality of instruction. The modality will be communicated to new and existing students July 20, 2020.

The many ways a course can be offered has taken on a number of characteristics such as remote, hybrid, and/or mixed. For the purposes of this document, the term modality will identify the alternative ways the University can deliver courses regardless of the delivery method or instructional format. The course delivery method and instructional format definitions that follow are official and can be found in both the undergraduate and graduate course catalogs.

**Course Delivery Methods:**

1. Onsite – All classes meet at a site (can be a combination of campus and another site, i.e., clinical rotation or student teaching).
2. Hybrid – Online meetings reduce the number of face-to-face meetings. Hybrid courses will have meeting dates onsite.
3. Online – All content is delivered online. There are no required face-to-face meetings.

**Instructional format:**

Clinical practicum; externship; seminar; field placement; student teaching; independent study; studio internship; thesis; lab; tutorial; lecture
Modality (created to address alternative ways to conduct classes for fall):

1. Split or staggered class schedule. Example: Tuesday-Thursday classes will stagger student attendance. On days when a student is not on campus, assignments and/or team exercises will be prescribed by the faculty member. The potential for meeting one time per week may be explored in this split or staggered format.

2. Simulcast class/video conference/teams. Faculty may stagger classes by offering on-ground and technology-aided instruction.

3. Alternate campus location. Faculty may co-teach their courses and/or alternate locations. Example: Faculty member may broadcast from one of our locations (main campus/Greensburg/Cranberry) to be delivered to students at an alternate site. Additionally, faculty may rotate lecture duties so there is a physical presence for like course sections on given days at alternating sites. This would allow students to have direct time with a faculty member regardless of their location.

4. Accelerated courses (8 weeks). Faculty may alternate student attendance every other week; instruction will be supplemented on those days when students are not physically on campus.

5. Courses running multiple sections can provide on-ground and hybrid options to the fullest extent possible

6. Faculty may choose to have a class meet one time per week in larger rooms; meetings can be designed as a check-in and/or to discuss material that must be reviewed in person.

7. Clinical practice-related courses requiring students to attend simulation labs may be staggered between morning and afternoon shifts.

8. Select courses may have to be offered in multiple sections to limit the number of students per course.

9. Select courses may be moved to Friday, Saturday and/or Sunday rotation, with potential for tutoring or reinforcement of learning materials moved to the weekend. Example: This may be a good solution for graduate-level programs that often gather in meeting-style formats.

10. Some courses designated for face-to-face instruction may be converted to online.

NOTE: Every fall course will have specific instructions for the modality and expectations of synchronous (real time) and asynchronous (not real time) events that will be part of the delivery method. These instructions will become part of the course comments in WebAdvisor. Courses already designed to run in online or hybrid formats will continue as planned.

For any course in which students come to campus and faculty choose the staggered modality, special meetings and/or staggering of days will adhere to the course meeting dates/times posted on the schedule. Example: A class regularly scheduled to meet Tuesday/Thursday from 1-2:15 p.m. running in a staggered meeting modality will follow the Tuesday/Thursday 1-2:15 p.m. schedule. Example: For a class of 20 students, 10 may attend Tuesday and 10 may attend Thursday during the posted hours. This requirement is also in place for any courses that require students to attend a synchronous (real time) session from a remote location. Any deviation from the course schedule will require faculty to ensure all students are able to attend the alternate session. If this is not possible and the alternate meeting occurs, faculty must provide students the learning materials, etc. missed due to scheduling conflict.
The Carlow University syllabus will be amended where applicable to cover expectations on student adherence to health recommendations as well as social distancing guidelines. Regardless of the delivery method or modality, the credit hours for online, hybrid and accelerated courses must adhere to the federal standard of a total expectation of 45 total learning hours for every 1 credit (15 hours of instruction with 30 hours of out of class academic engagement) earned in a semester regardless of time frame of delivery.

Given the need to modify our modalities, many courses will present unique learning activities not directly covered in the traditional definition of a credit hour. With that in mind, the Instructional Activities (exact and estimated) listed below serve as a guide to ensure students are receiving the requisite learning hours. (See Appendix G, Instructional Activity Exact and Estimated Equivalents)

**Classroom Set-Up and Virus Management**
For those classes that will meet face to face in one of the aforementioned modalities, safety will be a priority. Academic Affairs is working closely with the Facilities Department to provide up-to-date information on the safety equipment needed and the proper disinfecting regimen that will have to be deployed to keep all University constituents safe. When complete, the final schedule of classroom assignments will be shared with the University at large so others can plan meetings, events, etc. and Facilities can plan a cleaning schedule based on the student traffic flow on given days and times.

To ensure social distancing in buildings that house classroom spaces, Academic Affairs is working with Facilities to identify locations for directional signage and social distancing reminders and capacity designations in elevators and other physical spaces. In addition, Facilities is working with the University Registrar to identify the optimal table/chair design to allow for necessary social distancing per room. The classroom grid will be updated to list the technology equipment available to faculty and staff who will simulcast or videoconference directly from the classroom.

The University will provide faculty with the basic training needed to identify potential signs of illness and will establish a protocol where any staff or faculty member can refer a student to Health Services in the event COVID-19 symptoms appear to be present. Faculty are in no way being asked to serve as health care providers, but will be asked to remind students about the resources within the Health Services. Faculty will be provided additional guidance on classroom management techniques to address students or peers who exhibit symptoms.

All students, faculty and staff will be required to follow CDC guidelines on masking and other protective measures used to mitigate virus transfer. Faculty will not be expected to clean and/or disinfect classrooms. Students will be required to wear masks on campus and practice hand washing before touching desks, computers and other shared classroom equipment. Policy and procedure will be devised for students who are unable to wear masks due to medical conditions.
Students will be asked to limit the amount of personal property they bring into classrooms in order to minimize the spread and/or transfer of contaminants that can live on purses, bookbags, backpacks and the like. Where possible, students should only bring books, notebooks, laptops and other items specifically needed for the course.

Students will be able to hydrate but will not be permitted to eat in the classroom. Special considerations will be made for students with medical conditions.

Guests will not be permitted in classrooms unless approved by the responsible dean and/or President's Executive Council member.

**Class Size Guidelines**
The University will implement CDC guidelines that pertain to social distancing and room capacity in classroom spaces. In some cases, this may involve one or more of the following: reducing a class size maximum, opening additional course sections, moving a class to a larger classroom, coordinating online and onsite delivery of the same course, and potential meeting date/time changes.

The University Registrar will continue to assist faculty with special classroom reservations in the event they would like to convene students for meeting times and dates not specifically outlined in the course schedule. *(See Appendix M, Classroom Capacity and Technology Capabilities)*

**Technology Support and Training**
The Center for Digital Learning and Innovation (CDLI) will continue to provide support and training to faculty in the optimal use of Learning Management System and applicable technologies to support the various modalities available per course. The CDLI has planned to increase the use of Respondus for courses exams using lock-down browsers and/or test proctoring.

The CDLI will continue to assist faculty to prepare for online delivery should this be required because of a COVID-19 resurgence or is the preferred delivery method. The CDLI will continue to provide training to faculty over the summer on a number of topics related to the classroom delivery and modalities prescribed in this document.

**Disability Services Office (DSO)/Center for Academic Achievement (CAA)**
Both of these offices, along with the Office of Diversity and Inclusion, make up the Academic Support Functional Team. This team will continue to play an important role in planning for our return to campus. The DSO will provide guidance and best practice recommendations to ensure our students with accessibility needs receive the same opportunity to learn as their student counterparts. The CAA will supplement instruction through tutoring and academic coaching that will be needed for alternative delivery and learning modalities. Members of the Academic Support Functional Team can provide support and guidance in their respective areas, as well as
other student affairs-related areas, and subject matter expertise to support the various teaching modalities prescribed in this document.

**Reasonable Accommodations for Students/Employees**

The health and safety of our students and employees are a top concern for the University.

Students who present COVID-19-related symptoms and are not permitted on campus will be provided reasonable accommodations to support their continued progress in their program. Employees who encounter students having difficulty in attending class specifically due to illness or other reasons associated with COVID-19 will refer students to the DSO and direct them to the policies outlined in the course catalog (i.e. Leave of Absence, Incomplete Grade Policy). Employees may submit a CARE Report through our institution portal regarding any students that needs further assistance.

Employees with medical concerns and/or issues related to the COVID-19 virus will inform the Office of Human Resources. Human Resources will work with the appropriate Dean/Department Chair/Program Director/Supervisor to discuss possible accommodations.

1. The DSO (Students) and HR (Employees) will follow already established processes for addressing requests for accommodations.
   a. Students requesting accommodation should be directed to [DSOAccommodateStudents](#) to complete a confidential request form. Each request will be considered on a case-by-case basis and include an interactive conversation with the student to determine qualification for the accommodation. The syllabus statement for the DSO is available in Celtic Online in the University Teaching and Learning group folder. COVID-19 related requests will be considered under the Temporary Disability provision. Approved accommodations will be relayed to faculty electronically.
   b. Employees requesting a reasonable accommodation should be directed to the Office of Human Resources. Reasonable accommodations will be determined on a case-by-case basis. This is an interactive process with HR, employee, and their supervisor to determine the qualification for the accommodation. Approved accommodations will be communicated from the Office of Human Resources.

It is campus policy is that all people on campus MUST wear a face mask. Information about the effectiveness of different kinds of face masks is defined in the PPE section of the Resiliency plan.

   a. If an Employee feels they are unable to wear a face mask on campus, they must contact the Office of Human Resources to go through their accommodation process.
   b. If a student feels they are unable to wear a face mask on campus, they must contact the Disability Service Office and go through their accommodation process.

Students will not be permitted entrance to a classroom without a face mask. If a student enters class without a face mask, they should be referred to DSO to discuss face mask options or attend the class virtually if available.
VI. University Dining Services

Communication
Our top priority is effectively communicating our health and safety measures in order for students, faculty, staff and customers to feel comfortable dining with us. Measures include:

• Welcome back/health and safety reassurance signage at all entrances (poster and/or digital).
• Floor decals and signage for physical distancing.
• “I’m Trained” button and “Floor Manager” garments.
• New individually portioned catering menus and communications about services.
• Communication on digital screens, social media and other recommended channels.
• Daily pre-service meal topics in conjunction with ongoing safety, sanitation, CDC guidelines, etc.

Retail Restart
During the restart phase every effort will be made to make students and customers feel safe and cared for while maintaining a healthy environment.

The following are points for discussion prior to reopening:

• Phased approach to offerings based on CDC guidelines, vendor/product availability and client preferences.
• Communication plan and customer-facing signage.
• Packaged foods, grab & go and attended stations only, all under sneeze guards.
• Modified menu, operational plan, stations, etc., including self-serve elimination.
• Disposables only; wrapped cutlery and coffee stirrers.
• Edit POS to reflect menu modifications, if necessary.
- Identify equipment needs prior to reopening: cashier barriers, additional sneeze guards, crowd control, touchless hand sanitizer dispensers, etc.
- Review mobile, desktop and advance order and pay solutions; augment offerings, if necessary.

**Guidelines for Grab & Go and Attended Service Model**
The intent is to:
- Eliminate self-service open buffet stations (salad bar, global, breakfast bar, coffee, etc.).
- Wrap or package all self-serve items that cannot be washed (baked goods, desserts, etc.).
- Implement an individually packaged menu for office catering.
- Relocate coffee station to an attended station for breakfast and snack.
- Eliminate fountain beverage and self-serve hydration stations.
- Eliminate the use of personal mugs, cups or containers in cafes and coffee bars.
- Provide buttons for associates to wear demonstrating their commitment to guest safety.

**Physical Distancing**
The following physical distancing practices will be implemented for the safety of customers and employees:
- Limit traffic to reasonably maintain 6 feet between individuals.
- Align seating area with physical distancing.
- Designate an identifiable front of house associate to manage foot traffic and share social distancing protocol.
- Install floor decals help manage stations and check-out line.

**Coffee Bars**
Even with physical distancing guidelines in place, the coffee bar can be a welcoming service for guests and a go-to location for a pick-me-up or feeling part of the community. If applicable, it could also be perceived as a possibly safer dining space while guests regain trust in dining in the café.

**Campus Catering**
Enhanced safety measures are planned for campus catering team. The University should encourage no outside catering to ensure safe food. Refer to Appendix H.

**VII. Facilities**

**Facility Access**
During all phases of recovery, workplace practices including building access and egress as well as internal circulation patterns will require changes to facilitate social distancing activities and to prevent gatherings in common areas and corridors. Often hallways and entryways can be focal points for impromptu social gatherings and informal meetings. These gatherings increase the
risk of intra-office infection spreading. During the recovery efforts, corridors and access areas should only be used for moving in and out of buildings and between office locations. To facilitate efficient office circulation, which reduces the likelihood of infection transmission, the following best practices will be employed:

- Review operations floor plans and typical employee movements for moving to and from work areas as well as delivering materials and mail.
- Where possible, identify circular movement patterns which can be enhanced to cover larger areas. A circular pattern creates a means of moving within a space in a single direction. Single direction movements increase the ability to maintain social distance.
- Identify which stairwells should be used for moving up and which should be used for moving down between building levels.
- Set maximum occupancies for elevator cars.
- Designate entrances and exits. These pathways should be single-direction paths unless emergency conditions dictate otherwise.
- Train all employees on the updated circulation patterns throughout buildings before resuming work. Provide clear examples and work to identify any employee concerns and questions.
- Post signage around buildings to indicate preferred travel routes; update floor plans to indicate these routes. In gathering areas around access points, post signage regarding limiting groups and maintaining social distance.
- Maintain emergency egress routes, regardless of circulation patterns changing during recovery. During an emergency event, all circulation pattern updates will be suspended. Emergency response practices supersede those of the recovery plan.
- Consider maintaining the updated circulation patterns after normal business operations resume. Maintaining these updates will allow for easier transitions to pandemic response operations in the future.

Cleaning, Disinfecting and Decontamination
This section is to provide guidance for cleaning and disinfecting rooms or areas within Carlow as well as vehicles used for business purposes. This section also provides information on the sanitization of areas that may have been accessed by potentially infectious individuals. The entire campus will be cleaned and disinfected prior to a reentry process. All surfaces will be disinfected with a product meeting CDC guidelines to achieve a baseline of cleanliness. HVAC air filters will be replaced according to manufacturer’s recommendations.

Cleaning, disinfecting and decontamination are different activities that need to be utilized when allowing staff to reoccupy the facility.
• Cleaning is the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but by removing the germs, it decreases their number and therefore any risk of spreading infection.
• Disinfecting works by using chemicals – for example, Environmental Protection Agency-registered disinfectants – to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs.
• Decontamination: In the event of a positive COVID-19 case, according to the Occupational Safety and Health Administration, “the use of physical or chemical means to remove, inactivate or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.”

Using both cleaning and disinfecting practices will help with killing germs remaining on a surface, reducing risk of spreading infection.

Self-service disinfection stations will be established to promote continual disinfecting of personal spaces. These should include spray bottles of disinfectant solution for personal space decontamination (misting treatment and air dry to provide proper contact/dwell time, no wiping required).

Employees responsible for cleaning will be given the appropriate personal protective equipment (PPE). Cleaning will be completed using CDC-recommended active ingredients and processes, including:

• Environmental Protection Agency-registered household disinfectants
• Alcohol solutions with at least 60% alcohol
• Diluted household bleach solutions (if appropriate for the surface)
• Regular trash collection (staff will wear nitrile, latex or vinyl gloves)
• Cleaning and disinfecting of HVAC air filters according to manufacturer’s recommendations
• Frequent refilling of hand sanitizer dispensers

Surfaces and equipment will be disinfected at the end of each shift, removing visible dirt and contamination. For both hard (non-porous) and soft (porous, such as carpets and drapes) surfaces, staff will wear disposable gloves to be discarded after each cleaning. If reusable gloves are used, they should be cleaned and disinfected according to manufacturer’s recommendations.

Electronics (cellphones, tablets, touch screens, remotes, keyboards, etc.) and personal and shared vehicles used for transporting goods or people will also be disinfected.

<table>
<thead>
<tr>
<th>Cleaning and Disinfecting Frequency: <strong>Surfaces</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Frequency Touch Surfaces</strong></td>
</tr>
<tr>
<td>Common area surfaces: tables, hardback chairs, doorknobs, railings, lightswitches,</td>
</tr>
</tbody>
</table>
Phone, tablets, touchscreens, remote controls, keyboards, handles, desks, restrooms, vending machines

| Medium Frequency Touch Surfaces | Personal cubicles, personal office workstation, personal tools, equipment control buttons |
| Vehicle Interiors | All interior and exterior high touch surfaces including windows, controls, shift levers, screens, cargo areas, door handles, accessories, etc. |

The following is the process for cleaning and disinfection after a person suspected of being infected has been in the facility within the previous seven days:

- Identify and close off areas where the infected person visited within the facility, and clean and disinfect those areas.
- Clean and disinfect shared electronic equipment (tablets, touch screens, keyboards, remote controls, and ATM machines) used by the person, focusing especially on frequently touched surfaces.
- Focus on cleaning and disinfecting common areas where staff and others providing services may have encountered the person.
- Document that the cleaning was performed, including the date of sanitation.

The decontamination process will be followed after a person has tested positive for a pandemic disease.

In addition to our existing cleaning protocols, we will continue to add additional protocols to clean and disinfect high-touch surfaces routinely in accordance with CDC guidelines. (See Appendix I, COVID-19 Cleaning Protocols)

**Physical Layout of Classrooms and Offices**

For those classes that will meet face to face in one of the aforementioned modalities, safety will be a priority. Academic Affairs is working with the Facilities Department to provide up-to-date information on the safety equipment needed and the proper disinfecting regimen needed to keep all University constituents safe. As the final schedule of classroom assignments is completed, this information will be shared with the University at large so others can plan meetings, events, etc. This will also inform Facilities so staff can plan their cleaning routine based on the student traffic flow to campus on given days and times.

Academic Affairs is working with Facilities to identify the correct locations for directional signage, social distancing reminders, and capacity designations in elevators and other physical spaces. In addition, Facilities is working with the University Registrar to identify the optimal table/chair design to provide the necessary social distancing per room. The classroom grid will
be updated to list the technology equipment that is available to those faculty and staff who will simulcast or videoconference from the classroom.

The University will provide faculty with the basic training needed to identify potential signs of illness and will establish a protocol through which staff or faculty members can refer students to Health Services in the event COVID-19 symptoms appear to be present.

All students, faculty and staff will be required to follow CDC guidelines on masking and the utilization of other applicable protective measures used to mitigate virus transfer. Faculty will not be expected to clean and/or disinfect classrooms, but will ask students to wear masks and practice hand washing before and after touching desks, computers, and other classroom equipment. *(See Appendix M, Classroom Capacity and Technology Capabilities)*

**Operating Guidelines for Ventilation Systems**

A large portion of campus buildings are not equipped with centralized HVAC systems and have only ambient air exhaust systems. These buildings will have all exhaust systems placed in service to assist in achieving the maximum amount of fresh air movement through the building.

CDC guidelines, as they relate to modifying HVAC systems to handle the COVID-19 pandemic, state that an organization should consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Increase the percentage of outdoor air that circulates into the system.

The remaining buildings with centralized HVAC systems that introduce fresh air into the buildings will have the percent of outdoor air settings adjusted to maximize the amount of fresh air movement through the building. A minimum percent of fresh air by code is typically 10%-15% of the total output of the air handler. Under this procedure, the percent of fresh air will be adjusted to as high as 100% based on outdoor temperatures, humidity and the capacity of the unit to heat/cool the desired percent of fresh air. The setting of each unit will be adjusted daily based on weather conditions.

**Materials Management**

During all phases of recovery, supplies, inventories and deliveries will require consideration and maintenance. It will be necessary to implement infection controls on potentially contaminated goods. Control measures include controlled material and deliver access, isolated storage, enhanced cleaning and sanitization, and segregating materials based on type and probability of contamination.

PPE and pandemic supplies necessary for employee health and safety and ongoing recovery efforts will be managed conservatively to prevent contamination and the spread of infection. *(See Appendix J, Facilities – Materials Management)*
Signage
Signage will be posted throughout campus to indicate preferred travel routes, along with updated floor plans to indicate these routes. In gathering areas around access points, signage will be posted regarding limiting groups and maintaining social distance. Additional poster and communication on proper hand hygiene will be posted throughout campus.

VIII. ID Distribution

Large Groups
When onboarding, large groups of students or employees will be asked to submit their own photos. Guidelines for those submissions will be provided at the Police Communications Center, located on the third floor of Frances Warde Hall. The designated person in charge of the onboarding will collect photos and send them to the police department to create IDs. Should an individual picture not be appropriate, that individual will be asked to submit another photo.

Individuals
If a student/employee requires that an ID picture be taken on campus, they may do so. The student/employee will be required to wear the appropriate PPE until the photo is taken, then wait in the office lobby until the ID is printed. The office will be sanitized each time a person enters.

IX. Information Technology

IT staff will be on campus on a rotating schedule. Face-to-face interactions must be scheduled by appointment (no walk-ins) and must follow social distancing and PPE/safety guidelines. (See Appendix K, Information Technology)

Help Desk – Technical Support

• There will be no student workers at the University Commons Help Desk station. AnswerNet will continue to be on call 24/7 for Tier 1 support, as it is during the current remote work period.
• One technician will be on campus each day (Monday-Friday) to support those working on campus. All technicians will be available to support those working remotely. A rotating schedule will be maintained by the department administrative assistant and the Help Desk manager. The audio visual specialist will be on the weekly rotation.
• IT staff will be trained on AV classroom and conference room support.
• When possible, IT staff will leverage remote desktop support tools for user support and troubleshooting.
X. Employee Re-entry & Resiliency Administrative Services

Physical Distancing
Proper social distancing strategies will be implemented before, during and after shifts. As operations resume, employees will need to be prepared for different work arrangements. To practice social distancing:

- Stay at least 6 feet away from other people.
- Do not gather in groups.
- Stay out of crowded places and avoid mass gatherings.
- Eliminate contact with others, such as physical embrace.
- Avoid touching surfaces that have been touched by others.
- Avoid those who appear to be sick.
- Ensure employees are instructed to follow social distancing protocol in and out of the facility.

Based on current physical distancing guidelines that remains at 6 feet apart, occupancy limits (with signage clearly posted indicating such limits) will be placed at elevators, conference rooms, and other meeting spaces on campus to ensure proper distancing. Desks/work spaces will be modified as needed in offices utilizing communal work space to ensure proper distancing. Employees with their own offices will be encouraged to close their office doors whenever possible.

Employees who need to work on campus at least part of the time will be permitted to do so, but departments will be encouraged to adopt rotational work schedules, in which only a portion of the department’s employees are present on campus at a given time.

Continued Utilization of Web and Telephonic Platforms
Increased usage of telephonic and web-based platforms is a best practice that should continue even after the COVID-19 crisis has abated. University leadership will model and recommend that regular and non-critical meetings be held via web conference or telephone wherever possible even when all parties are on campus so that employees can stay in their own offices instead of traveling across campus for meetings.

Remote Work/Staggered Shifts
The University will continue to support and encourage remote work wherever feasible, including providing continued support to staff and faculty who are not used to working remotely, and advising on best practices regarding setting up a workspace at home, securing child care (whenever possible, in light of pandemic-related closures) and having realistic expectations of oneself when working remotely. Electronic/IT items will be provided to staff and faculty as needed.
To the extent feasible, the University will support, permit and/or require staggered shifts (for hourly employees) or regular on-campus work hours (for exempt employees). Staggered shifts/work times would permit employees to be on campus when necessary, but lessen the possibility of inadvertently overcrowding workspaces and offices. The University will take steps to protect and support staff and faculty as on-campus operations resume.

**Continued Preparation and Tracking Guidelines**

The University will continue to track and follow guidance and best practices as provided by relevant state and local authorities as normal operations resume, ensuring compliance with anti-discrimination laws. In addition, the Equal Employment Opportunity Commission has updated its Pandemic Preparedness in the Workplace and the Americans with Disabilities Act guidance. *(Please click to follow the link or see Appendix L, EEOC Pandemic Preparedness in the Workplace and the Americans with Disabilities Act.)*

Human Resources will provide staff and faculty with guidance as well as policies setting forth best practices in light of COVID-19 and other potential pandemics. For instance, handshakes/fist bumps/high fives should be avoided, and regular hand washing and use of hand sanitizer is required. Prior to or upon the beginning of the fall 2020 semester, all staff and faculty will be required to participate in trainings that are communicated by the University.

Human Resources will continue to track employees who are able to work remotely so that the University is able to transition smoothly in the future if there are additional periods of time when the governor mandates non-essential employees stay home.

**Procurement**

Procurement will play a critical role to ensure that the University is adequately equipped with the appropriate resources for PPE, safety and monitoring the health of the community.

To efficiently procure the needs of the University:

- The University’s Cabinet is to provide a consolidated list of needs as part of the reentry plan to achieve economy of scale through bulk purchase. This list can be appended by Cabinet on a rolling basis.
- Staff will communicate and collaborate with Pittsburgh Council of Higher Education to maximize opportunity on bulk buys.
- Staff will work with key vendor partners on a routine basis to keep educated on supply lead times.

**University Mailroom**

The mailroom typically has three or four individuals in the area to handle to mail and packages at peak times. Under the reentry plan, only two individuals will be permitted in the mailroom at one time. In addition to PPE and cleaning products required for those individuals to maintain a safe working environment, reduced contact with visitors is achievable through the following measures:
• Plexiglas for front desk, placeholders and signs to maintain distance between multiple customers (in process: Facilities).
• Point-of-sale system with card swipe/chip insert for payment with card (in process: IT). Card reader should be non-contact and wiped clean after each use.
• Parcel lockers could be placed for non-contact package delivery and receipt (evaluation needed).

**Student Accounts**
Recommendations for managing visitors are as follows:

• Virtual appointment management using video conferencing.
• In-person appointment management using an appointment book software to monitor occupancy. A staging area accommodating social distancing measures would be required. Additionally, in-person meetings may be required to be held outside of the HUB offices.

Additional Student HUB re-entry protocols are detailed in **Appendix N, Student Hub Re-Entry Plan.**

**Cashier’s Desk**
The cashier’s desk is a critical front-facing position in the HUB and typically handles a high volume of close-contact interactions. PPE and cleaning products are required to maintain a safe working environment. Under the re-entry plan, the cashier will return as a front-facing position with the following precautions:

• A clear divider will be installed in the cashier window.
• Masks and gloves will be required, due to the handling of shared documents.
• Line management will be required for social distancing (e.g., taped-off staging areas).
• Payment management: Electronic payment will be emphasized as primary payment method (cash will not be accepted); credit card readers should be non-contact and wiped clean after each use. All student refunds will continue to be mailed to the student address on file.

**XI. Travel**

**Business/Personal**
Business-related travel to certain areas has been suspended until further notice. Employees must contact Human Resources if they are asked to travel for work. Regarding personal travel for employees, please refer to the Personal Travel Guidance during the Pandemic, which is Appendix Q. The Pennsylvania Department of Health recommends that those who travel to a state(s) with high amounts of COVID-19 cases either stay at home or quarantine for 14 days, depending upon which state(s) they visit. Please visit website for the updates list of states that have this recommendation: (https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx). The University also recommends this course of action for its employees, however it will not be mandatory.
Recruitment
Enrollment Management will follow the lead of high schools, college access organizations, community college and universities, hospitals, businesses, and others planning recruitment
events. If these continue in an in-person format, staff will make decisions on attendance on an individual basis, taking into consideration staffing, health risks, etc. Many of these may be converted to a virtual format, and staff will likely need to introduce further virtual opportunities to engage with prospective students.

**XII. Campus Events**

**Student Affairs**
Limitations will be placed on the sizes of events (e.g., welcome week, club/organization meetings, etc.) in accordance with guidelines and recommendations from the CDC, state government and health officials. Physical distancing strategies will be implemented, along with health screenings as appropriate. Space allocation will occur on a University priority need, with effective delivery of curriculum, experiential learning, and leadership skills development receiving priority. Modalities to extend digital and unique participation means are being explored to permit accessibility and participation. Anticipating athletics events may be held with limited fan access, livestreaming of events may occur. Additional activities such as tabling informational events must be approved and will only be permitted in accordance with physical distancing and recommended guidelines.

**Enrollment Management**
- Overnight events are canceled.
- Saturday Tours, called Campus Visit Days, will proceed in a modified format.
- Continue Transfer Today events will continue in a virtual format through the summer (format can be revisited for December/January events).
- For the graduate open house (typically in November), a virtual format or multiple graduate open houses in person that are themed by programmatic area to reduce overall attendance at each one will be considered.

**General Guidelines for Enrollment Management Events**
- Registration is required for all events; no walk-ins.
- Students are limited to one guest, preferably someone who lives in the same household as the student. The guest’s name, contact information and relationship to the student must be provided during the registration process.
- All visitors, when registering for an event online, must agree to terms and conditions (an electronic waiver).
- Visitors who feel sick or show any symptoms, or who have traveled from any identified COVID-19 hotspot (any Pennsylvania county still in red or yellow phases, or any state with an active statewide stay-at-home order in place) should not visit campus.
- Tour guides, counselors and visitors must wear face masks throughout the visit. The office will provide face masks if needed. Disposable gloves may be provided for tour guides since they touch many door handles.
- At all times, visitors must be escorted by a staff member or SPIRiT Ambassador.
Advancement/Alumni Relations
The Advancement Division will not host alumni on campus in the summer and fall of 2020 due to people not yet being comfortable gathering in groups. The in-person events that will be postponed include Homecoming, Women of Spirit, the Rosie Scholarship fundraiser, Legacy Event and Breakfast with Santa. Staff are exploring the possibility of hosting Homecoming and the Legacy Event virtually. Advancement will ask the 50th reunion class for their input on the type of event that they would prefer.

Fundraisers will work with their portfolios of donors and determine if an alum is open to a virtual or in-person meeting outside of the University. They will forego renting any space for outside groups for the first semester. Advancement will begin to plan for spring activity and may move some events to the spring of 2021 if the pandemic has eased.

XIII. High Risk Populations
Protecting our most vulnerable populations (medically susceptible, undocumented, students of color, uninsured or underinsured, non-traditional, older, DACA, and homeless students, faculty, and staff members) is a moral and ethical obligation, and is integral to the mission, vision and values embraced by Carlow University. Vulnerable individuals will be given the opportunity to self-identify with Human Resources with the goal of collaboratively and proactively identifying a safer strategy for fulfilling their position duties.

The following strategies are strongly recommended to shield our vulnerable populations on campus:
• Develop and implement policies and practices to provide accommodations for individuals at higher risk of COVID-19 and individuals with disabilities.
• Ensure any accommodations for people with disabilities are consistent with Americans with Disabilities Act laws and regulations.
• Provide opportunities to work remotely for employees over age 60, employees with underlying health conditions and employees who are experiencing a mental health crisis as a result of COVID-19.
• Encourage those with increased risk of severe illness, with an underlying health condition or over age 60 to avoid gatherings of greater than 10 people or other situations of potential exposures, including travel.

Sources (adapted to meet specific needs of Carlow University Health and Counseling Services):
American College Health Association (2020), ACHA Guidelines: Considerations for Reopening Institutions of Higher Education in the COVID-19 Era; Pennsylvania Department of Education (PDE) (June 3, 2020), Preliminary Guidance for Resuming In-Person Instruction at Postsecondary Education Institutions and Adult Education Programs.
XIV. Sisters of Mercy
We will share this document with the Sisters of Mercy and Pittsburgh Mercy who also have a presence on our campus. We are confident, for the Common Good of all, the Sisters of Mercy and Pittsburgh Mercy will join us in observing these protocols. It is important for the safety of our Carlow community that all members follow these guidelines.

XV. The Campus Laboratory School
The Campus Laboratory School, which includes the Early Learning Center, embraces the Carlow Reentry and Resiliency plan and will also have a detailed Health and Safety Plan that will be in alignment with PDE guidelines. This plan will include information around the physical space at the school, staff/faculty protocols, academic planning, as well as drop-off/pick-up procedures. This information will be posted for public viewing on our school webpage as required by PDE.

XVI. Enforcement
Enforcement of expectations, commitments and safety measures will be a shared responsibility. Students will be asked to review and follow all guidelines within the Safety Plan, as well as amended policies and procedures within the Student Handbook. Employees will be expected to follow guidelines outlined, and supervisors will carry the primary means of assuring compliance and enforcement. Emphasis will be placed on community compliance and led by Human Resources, Student Affairs and University Police. Each Carlow University community member will be encouraged to engage those appearing to be noncompliant, requesting awareness and compliance. Those noncompliant will not be permitted to access facilities.

All community members are encouraged to report noncompliance to a staff or faculty member for follow-up. In the event that a person refuses to adhere to the PPE policy, he or she will be asked to leave campus and the appropriate personnel will be notified. Students will be referred to the vice president of Student Affairs; faculty members will be referred to the dean of their college; and staff members will be referred to their managers or Human Resources. Visitors/contractors who refuse to adhere will be asked to leave campus and the party that requested their service will be notified. The PPE policy will be distributed to all Carlow faculty, students and staff, and it will be the standard until further notice.

XVII. Assessing Success
In general, to reopen the University, the “Plan” phase includes the following assumptions:
• Plans for reopening the different areas of the University (residential housing, classrooms/library, dining, campus and student programming, intercollegiate athletics, and academic/non-academic offices) have been developed.
• Plans for testing, temperature taking and contact tracing have been established.
• Plans for COVID-19 awareness, personal hygiene and use of campus Health Services have been presented. These will be strengthened by student reorientation and faculty/staff training.
• Operational activities such as cleaning and engineering controls have been developed.
• Plans for stakeholder engagement is also discussed.
• Legal issues/considerations have been addressed.
• The plan takes into consideration, where appropriate, scope, schedule, cost, quality, resource, communication, risk and procurement management.

Critical to the plan is the possibility of a resurgence of COVID-19, so a plan for responding to a resurgence is also established.

Monitor
To “Monitor” the successful implementation of the “Plan,” all information concerning all aspects of project performance will be collected, recorded and reported. How well the strategy is performing compared to the plan will be monitored:
• Individual data – such as temperature, symptoms and whereabouts – will be gathered at designated checkpoint location(s).
• Completion of daily operational activities will be recorded.
• Compliance with physical distancing will be observed and reported to line supervisors.
• Local, regional and national news and governor’s office circulars will be monitored for awareness and understanding of any resurgence of COVID-19.

Control
Data supplied by the “Monitor” phase will be used to bring actual performance into compliance with the “Plan.”

To determine changes needed to meet “Plan” success, a list of “Control” measures will be used:
• Maintain a risk management log (risks/threats to the success of the “Plan”).
• Increase activities to create awareness (e.g., public service announcements, messages from the President/COVID-19 Rapid Response Team/Human Resources, social media campaigns).
• Alter frequency of cleaning.
• Adjust administrative controls – such as physical distance strategies/application.
• Implement updated guidance protocols and/or technologies as appropriate.
• Activate “Resurgence of COVID-19 Activity” strategy (see below)
XVIII. Responding to a Resurgence of COVID-19 Activity
Should a resurgence of COVID-19 activity occur that threatens the health and safety of the University as a whole, the COVID-19 Rapid Response Team will be convened to determine the threshold for remaining open or moving to closure. Metrics will be established to use in monitoring data from the campus community to assist the determination.

XIX. Legal Considerations
Carlow University will implement the policies and procedures outlined above to facilitate a safe return to study and work. These policies and procedures may be in addition to or different from existing policies and procedures and handbooks and shall be followed to ensure the safety, health and well-being of all students, faculty and staff.

Employees can reference the COVID-19 Policy when seeking additional guidance surrounding the virus, and should direct any questions to the Human Resources department. Carlow will continue to practice strategies that are consistent with applicable legal requirements (e.g., ADA and EEOC guidance, Title VII, Section 504 of the Rehabilitation Act, FERPA) including COVID-19 legislation.

XX. Conclusion
The emergence of COVID-19 has required all of us to adapt to a new normal for the foreseeable future until a vaccine is developed. No one yet knows when this will occur and be widely available. In the meantime, Carlow’s Re-Entry and Resiliency Plan provides a roadmap for making the changes needed to keep our community safe while also allowing us to advance our mission as educators. The framework of the Common Good and the pledge we will all take reminds us that we demonstrate our care for one another through action, wearing masks, washing our hands frequently and maintaining social distancing. The Carlow community is marked by our values, and those values call us to act for the Common Good in all we do. We are Carlow, Together We Can Do This.
The ideal of the Common Good goes back to the Greek philosophers and has long been espoused by the Catholic Church. It points to a state when all people have everything they need to thrive – adequate food, shelter and health care, access to quality education and meaningful employment, the love of their family and the respect of their peers. In these days of the coronavirus, we embrace the community’s renewed attention to the Common Good because we are, literally, dependent on one another for our health and well-being.

At Carlow, the goal of the Common Good is related to our value of the Sacredness of Creation through which we commit to the preservation of a world where all are revered and all may thrive. Now, more than ever, our decisions and our actions affect the welfare of the whole. The realization of the Common Good is found through everyone working together to create the best possible world and the safest possible campus. For that reason, we are inviting each member of this community to strengthen our Common Good by committing to the following:

I commit that:

- I will be guided by the University values of mercy, hospitality, service, discovery and the sacredness of creation and use my voice to uphold our values and our public image;

- I will exhibit, in words and actions, my respect for each member of the community;

- I will follow all current CDC guidelines and university protocols as they relate to public health and safety
  - Wear a face mask on campus
  - Practice social distancing
  - Practice good hygiene, which includes frequent hand washing
  - Leave the spaces I have used clean and ready for the next person

- I will speak out to those who do not abide by these commitments and invite them to make choices that reflect our responsibility toward one another

______________________________  ______________________
Signature                               Date
Appendix B – PPE Policy

**Personal Protective Equipment (PPE) COVID-19 Policy**

| Category: | Employment, Public Health & Safety |
| Purpose: | The prevention of contracting and spreading of pandemic diseases by use of personal protective equipment (PPE). |
| Scope: | Faculty, Staff, Students and Visitors (All) |
| Responsible Party: | Human Resources |
| Related Policies: | 06-000 Employee Handbook |

1.0 Introduction

The purpose of the Personal Protective Equipment Policy (PPE) is to protect the employees, students and visitors of Carlow University from contracting and spreading of pandemic diseases.

2.0 Policy Overview

Given the widespread community transmission of COVID-19, Carlow University remains committed to ensuring the safety of our workforce. To this end, employees, students and visitors will be asked to wear a mask while on Carlow University campuses. The CDC has published guidelines recommending all persons wear cloth face masks in public settings where social distancing cannot be achieved. These practices will be continually monitored and re-evaluated.

Selection of the PPE will be determined on the exposure the employee will face. Below is a chart that lists the CDC and OSHA recommendation for employee protection:

<table>
<thead>
<tr>
<th>CDC Classification</th>
<th>OSHA Classification</th>
<th>PPE Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Healthcare Workers</td>
<td>Very High Risk</td>
<td>Maximally available PPE relevant to continued contact with infectious individuals and contaminated materials</td>
<td>PPE rationing should be avoided at all costs for clinical healthcare professionals as likelihood of infection is extreme</td>
</tr>
<tr>
<td>First Responders &amp; Mitigation Employees</td>
<td>Maximally available PPE to the extent which PPE does not interfere with essential work tasks such as emergency rescue, etc.</td>
<td>All decontamination efforts possible should be made to disinfect potentially contaminated tools and equipment as well as duty uniforms</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Non-clinical Healthcare Workers</td>
<td>PPE relevant to contaminated surfaces and unstained contact with infected individuals PPE relevant to enhanced disinfection processes accounting for all possible routes of chemical exposure</td>
<td>PPE should be matched to most probable workplace risks; when possible the highest level of available PPE should be provided Carefully review any necessary work changes, rationing, or decontamination efforts necessary to maximize PPE life and functionality</td>
<td></td>
</tr>
<tr>
<td>Essential Service Employees (Non-healthcare)</td>
<td>PPE relevant to contact with contaminated surfaces and objects PPE relevant to contact with potentially infectious individuals PPE relevant to enhanced disinfection process</td>
<td>All decontamination efforts possible should be made to disinfect potentially contaminated equipment and clothing</td>
<td></td>
</tr>
<tr>
<td>Essential Service Employees</td>
<td>PPE for contact with probable contaminated surfaces or materials and brief interactions with individuals not known to be infectious such as mercantile or delivery activities PPE relevant to enhanced disinfection processes</td>
<td>Where infectious respiratory droplets are unlikely or are limited by social distancing, respiratory protection is not necessary Review and maintain any necessary PPE requirements related to the use of harmful chemicals</td>
<td></td>
</tr>
<tr>
<td>Lower Risk</td>
<td>PPE relevant to brief interactions with or exchanges with individuals not known to be infectious PPE relevant to enhanced disinfection processes</td>
<td>Disposable gloves for contact with potentially contaminated surfaces if desired</td>
<td></td>
</tr>
</tbody>
</table>
The use of PPE should be required when cleaning activities are being performed and social distancing cannot be achieved.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Masks</td>
<td>N95 Disposable – fit tightly around the face. Filter out 95% or more of the smallest particles in the air. Surgical Masks – fits loosely across the nose and mouth. Masks shield against large droplets that come from a sick person’s cough or sneeze. Too loose to protect against all germs. Cannot block the tiniest particles that may contain the infection. Homemade Masks – These can be used when CDC guidelines are followed. See section below.</td>
</tr>
<tr>
<td>Nitrile / Latex Gloves</td>
<td>Glove selection for nitrile, natural rubber and polychloroprene glove should indicate a higher minimum tensile strength and elongation requirement compared to vinyl gloves.</td>
</tr>
<tr>
<td>Safety Glasses</td>
<td>Should meet the ANSI Z-87 standard which will be stamped on the glasses.</td>
</tr>
<tr>
<td>Safety Goggles</td>
<td>Should be tight fitting and have one-way valves around the eyes to prevent fluids from entering the eyes.</td>
</tr>
</tbody>
</table>

Employees

1. Masks

Employees are required to wear a mask while at the workplace. Individuals may use their own face masks, but Carlow University will make its best effort to ensure an adequate supply of face masks. The Pennsylvania Department of Health has provided guidance on how to make a homemade mask. Always inspect all PPE thoroughly for cleanliness and defect before use.

- Masks can be a disposable mask or reusable cloth mask. Cloth masks are preferred (CDC).
- Masks will be available for distribution if an employee does not have access to one.
- Face masks are to be used when social distancing cannot be achieved.
- When donning a face mask:
  - Wash your hands
  - Mask sure the mask is clean.
  - Inspect the straps and mask for damage. If damaged, discard.
  - Masks with rubber band straps: Place mask over your nose and mouth with one hand. With the other hand, pull the straps over your head and secure in place.
o Mask with ties: Tie lower straps around your neck. Then tie upper straps securely on the top of your head so it stays in place.
o Masks with elastic ear straps: Place mask over nose and mouth and then place ear straps over each ear.

2. Gloves
   • Gloves are necessary when contacting high-touch surfaces likely to be contaminated. For example, Facilities and Residence Life employees should wear gloves while working in high-touch areas and when entering students’ rooms/residence halls
   • Gloves should be inspected for defects such as tears, holes and cuts. If there are any defects, the gloves must be discarded.
   • Gloves should be the appropriate size for your hands.
   • Gloves should fit snug and cover the entire hand and up the wrist.
   • Removing gloves:
     o With one hand pinch the palm of other hands and pull the glove off into the gloved hand.
     o Gloved hand should ball up contaminated glove into a fist.
     o With clean hand, place index finger under wrist cuff and roll the other contami-nated glove inside out exposing the clean underside of the second glove.
     o If done correctly, one contaminated glove should be balled inside the other glove with the clean side exposed for disposal.
     o Lastly, wash hands.

3. Additional PPE required for employees interacting with a student who is suspected or confirmed to have COVID-19.
   • These employees must wear an N95 face mask, gloves, gown and goggles or safety glasses.

Students
All students will be required to follow CDC guidelines and appropriate physical distancing. Study and other spaces that turn over frequently will be required to be cleaned by both student users and those intending use to safeguard unintended spread. Limitations will be placed on the number of occupants in given study and campus common areas spaces. Masks will be required for students, faculty and staff in all public areas.

Visitors
Visitors must wear a mask while on University property. Masks will be supplied by the University at the designated screening location(s) if they do not have one.

Contractors/Vendors/Service Providers
Contractors must wear a mask and gloves while on University property. Masks and gloves will be supplied by the University if they do not have one. Extra disposable masks and gloves will be placed in common areas.

Individuals unable to wear face masks due to health condition or disability should be encouraged to be extra cautious about maintaining proper social distance and observing all other hygiene protocols.
Employees and students who may not be able to wear a mask are responsible for contacting the Human Resources Department (employees) and Disability Services Office (students).

3.0 Enforcement

Enforcement of expectations, commitments and safety measures will be a shared responsibility. Students will be asked to review and follow all guidelines within the Safety Plan, as well as amended policies and procedures within the Student Handbook. Employees will be expected to follow guidelines outlined and supervisors will carry the primary means of assuring compliance and enforcement. Emphasis will be placed on community compliance and led by Human Resources, Student Affairs and University Police. Each Carlow University community member will be encouraged to engage those appearing to be non-compliant, requesting awareness and compliance. Those non-compliant will not be permitted to access facilities.

All community members are encouraged to report non-compliance to a staff or faculty member for follow-up. In the event that there is a refusal to adhere to the PPE policy, they will be asked to leave campus the appropriate personnel will be notified. Students will be referred to the Vice President of Student Affairs, faculty members will be referred to the dean of their college, and staff members will be referred to their manager or Human Resources. Visitors/contractors on campus will be asked to leave and the responsible party that requested their service will be notified.

- End -
Appendix C – Mask and Glove Requirements

Mask Usage

- Masks can be disposable or reusable cloth. Cloth masks are recommended (CDC).
- Masks will be available for distribution if an employee does not have access to one.
- Face masks are to be used when social distancing cannot be achieved.
- When donning a face mask:
  - Wash your hands.
  - Mask sure the mask is clean.
  - Inspect the mask, including straps, for cleanliness and damage. If damaged, discard.
  - Masks with rubber-band straps: Place mask over nose and mouth with one hand; with the other hand, pull the straps over the head and secure in place.
  - Masks with ties: Tie lower straps around neck, then upper straps securely on top of head so it stays in place.
  - Masks with elastic ear straps: Place mask over nose and mouth and then place ear straps over each ear.

Glove Usage

- Gloves should be inspected for defects such as tears, holes, and cuts. If there are any defects, the gloves must be discarded.
- Gloves should be the appropriate size for hands.
- Gloves should fit snug and cover the entire hand and up the wrist.
- Removing gloves:
  - With one hand pinch the palm of other hands and pull the glove off into the gloved hand.
  - Gloved hand should ball up contaminated glove into a fist.
  - With clean hand, place index finger under wrist cuff and roll the other contaminated glove inside out exposing the clean underside of the second glove.
  - If done correctly, one contaminated glove should be balled inside the other glove with the clean side exposed for disposal.
  - Wash your hands.
Appendix D – COVID 19 Policy

(COVID 19) Policy

Category: Employment, Public Health & Safety

Purpose: To ensure that all essential services are continuously provided, and to make certain that all employees are safe within the workplace during any period of quarantine or communicable disease outbreak.

Scope: Faculty and Staff

Responsible Party: Human Resources

Related Policies: 06-000 Employee Handbook

1.0 Introduction

It is the goal of Carlow University during any period of quarantine or communicable disease outbreak to operate effectively, to ensure that all essential services are continuously provided and to make certain that all employees are safe within the workplace. This Communicable Disease Policy applies to the current coronavirus (COVID-19) pandemic and when applicable, governs all individuals on company premises, including contracted personnel and visitors.

2.0 Policy Overview

Carlow University reserves the right to exclude any person with any communicable disease, including those potentially sick with COVID-19, from all facilities, programs and functions if Carlow decides that the restriction is in the best interests of the organization.

Individuals shall not be excluded solely on the basis that they have a communicable disease, including COVID-19. Factors that will be considered in determining whether to exclude individuals will include whether the disease is communicable in ordinary public association, the nature of the disease, including the typical risks to other individuals in good health, the public health situation in the region, the nature of the individual’s employment or (if applicable) clinical, cooperative or service learning placement, and whether Carlow is required by law to exclude individuals with the disease. Any individual suspected of having COVID-19 will be asked to leave company premises immediately and will be expected to seek medical treatment promptly.
Carlow reserves the right to require a written statement from an individual’s physician indicating that the person is no longer communicable.

Carlow has a commitment to treat all employees, contractors and visitors openly. This policy represents the intention to inform all individuals of the Carlow community about the risk of exposure to COVID-19. This policy also represents a commitment to strive to preserve and protect the confidentiality of employees, contractors and visitors who have developed COVID-19. Carlow protects those affected from discriminatory or imposed isolation from the workforce community if possible. Carlow assumes that informed employees, contractors and visitors will take the necessary steps to continuously protect themselves from infection.

### 3.0 Individual Responsibilities

All individuals have a responsibility to prevent the spread of COVID-19 when they are aware or suspect that they are, or could be, asymptomatic of COVID-19. Awareness is showing or feeling signs of illness, such as coughing, fever, joint aches, chills, repeated shaking, muscle pain, headache, sore throat, and loss of taste or smell. Awareness also includes known exposure to someone with COVID-19.

### 4.0 Required Self-Isolation or Self-Quarantine Procedures

Employees that have COVID-19 symptoms (i.e., fever, cough, shortness of breath or any other symptom illustrated previously) or are ill with the virus without symptoms, should notify their Supervisor and Human Resources immediately. The employee should stay home, self-isolate for a minimum of 14 days, follow their physician’s orders, and/or follow CDC recommended guidelines for care.

Employees that have no symptoms, but who have been in close contact with an individual with known or suspected COVID-19, should notify their Supervisor and Human Resources immediately. The employee should self-quarantine at home, and follow CDC recommended precautions. Human Resources will provide additional direction, and in most cases, employees will be required to stay home and self-quarantine for a minimum of 14 days from the date of exposure.

Good judgment skills by all employees are critical in safeguarding the health of the public, co-workers, contractors and others.

### 5.0 Return to Work following COVID-19 Exposure or Illness

When a physician return-to-work statement is not obtainable, employees who have been in self-isolation (or self-quarantine) at home must complete the Return to Work Self Certification Form reporting that they have satisfied the CDC’s criteria for Discontinuation of Home Isolation before returning to the workplace.

Employees hospitalized with the illness must provide documentation that they have satisfied the CDC’s criteria to Discontinue Transmission-based Precautions before returning to work and when requested by Human Resources, provide additional information from their physician that
they are completely recovered from COVID-19.

Contact Human Resources for more details on the CDC requirements or review the criteria on https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html.

6.0 Travel

Business-related travel to certain areas has been suspended until further notice. You must contact Human Resources if you are asked to travel for work at this time. If you have been to a restricted area in the last 14 days, or plan to travel to a restricted area outside work (e.g., on a personal vacation or for family reasons), inform Human Resources, and Supervisor immediately. Please refer to the “Personal Leave

7.0 Paid Sick Time and Protected Leave

Carlow will allow up to 80 hours additional paid time if applicable for COVID-19 related situations. The Request for Paid COVID-19 Leave form must be completed and submitted to Human Resources. If any governmental agency in conjunction with the CDC, declares a pandemic in our counties of business that impacts our operation in another way and/or impacts the sick time benefits we offer, we will comply with the regulations as required.

In addition to these benefits, employees diagnosed with COVID-19 should request Short Term Disability (STD) paperwork for the possibility STD benefits will be available. STD benefits will be provided only when employees are deemed temporarily disabled in accordance with the terms of our Lincoln Financial STD contract. Paperwork should be requested immediately upon diagnosis.

As required under the Family and Medical Leave Act (FMLA), and/or any other applicable state or city leave laws, eligible employees will be provided unpaid job-protected and benefit-protected leave. When applicable, regulated leave will run concurrent with vacation, sick, personal time, STD or any other income replacement benefits employees might receive while unable to work.

8.0 Supervisor Responsibilities

A supervisor always has the responsibility to manage the employee's workplace in an appropriate manner. If the supervisor notices or receives a report that an employee is exhibiting signs of COVID-19, the supervisor will send the employee home if a reasonable person could conclude that a person appears to have a COVID-19 (or another communicable disease) and the spread of that disease is probable.

If the supervisor is unsure after consulting with the employee, others, such as a department Director/Vice President and Human Resources, may be consulted. As a standard operating procedure, supervisors should visually come into contact with those they supervise, when possible, before making a determination.

Supervisors should advise employees who have symptoms of any illness to consult with their health care providers and report to work only after symptoms have subsided and the employee
has been cleared by Human Resources to return. Employees must keep their supervisors and/or Human Resources informed on the anticipated length of absence.

9.0 Administrative Response

When a disease is identified by the CDC or another governing authority to be a threat to the community, reasonable accommodation (e.g., Remote Work) is made on a case-by-case basis by Human Resources in consultation with health officials. All applicable federal, state and local laws apply, and recommendations of the CDC are followed.

10.0 Confidentiality

COVID-19 or other communicable disease-related diagnostic information reported to the Carlow University is treated as confidential and privileged information. Carlow University will adhere to all federal, state and local privacy laws and health reporting requirements.

11.0 Communications

The COVID-19 Rapid Response Team will be designated to monitor and coordinate events around a communicable disease outbreak, as well as to create work rules that could be implemented to promote safety within our organization. This is a rapidly changing situation. We will continue to provide updates as to how COVID-19 is affecting our business operations, including any changes to working arrangements that might be necessary and/or required by law.

- End –
Appendix E – Visitor Policy

Visitor Policy

Category: Visitors on Campus
Purpose: To ensure that all essential services are continuously provided and to make certain that all visitors are provided guidance on how to enter campus.
Scope: All Visitors
Responsible Party: Campus Police
Related Policies: COVID-19 Policy

Introduction
The Carlow community welcomes and encourages interest in the educational programming and other school-related activities. The Carlow community recognizes that such interest may result in visits by parents, guardians, residents, educators and other officials. To ensure order and to protect students and employees, it is necessary to establish a policy governing visits.

Visitors
Visitors can include guests of employees, community members and others who are not members of the University staff wishing to conduct business.

Scheduling of Appointments
Persons wishing to visit the University shall make arrangements in advance with the University staff or faculty member that they will be conducting business with during their visit. The member of the Carlow Community has the prerogative to approve, disapprove or reschedule the visit for a more appropriate time.

Visitors who plan to arrive on campus must follow these entry guidelines:

1. All visitors to Carlow’s campuses must make an appointment through a department. No walk-ins are allowed at this time.
2. All visitors must enter campus through the screening area on the third floor of Frances Warde Hall unless specific arrangements are made for an alternative screening location.
3. All visitors must be escorted at all times by, or in the presence of, the Carlow employee/student who has arranged for them to be on campus.
4. At the screening location, visitors will be screened for COVID-19 symptoms with temperature checking and completion of a short questionnaire. If denied access to campus due to being symptomatic or if a temperature is detected, visiting privileges will be suspended or curtailed until the compromised person presents without fever or symptoms. If no symptoms or temperature is detected, the visitor can begin entry on campus.

5. All visitors must complete the Visitor Waiver Form when entering campus grounds or online if option is available. This form will be distributed and collected by the member of the Carlow community hosting the visitor.

6. Approved visitors will be given a PPE mask (if they do not have one upon arrival) as well as a dated sticker to confirm entry on campus is allowed for that particular day. Please note that if visitors will need to be on campus for multiple days, this screening process must be completed each day that they arrive on campus to protect the safety of our Carlow community.

7. Students will not be permitted to have guests in the residential community.

Those hosting visitors on campus must follow these guidelines:

1. Hosts must provide, in advance, information to their guests about Carlow’s visitor guidelines and protocols, including screening questions.

2. Hosts must meet their visitors at the screening station and escort them at all times while on campus. At the end of their visit, hosts must escort guests off campus, or to their vehicle on campus, and confiscate and destroy the screening sticker that had been given to the visitor.

3. Hosts must distribute and collect the Visitor Waiver upon the visitor’s arrival.

4. At the conclusion of the visit, the host must submit an electronic form detailing the visitor’s name, title/company (if applicable), reason for visiting campus, date, time in, and time out. This should be accompanied by an uploaded copy of the signed visitor waiver. This information will be stored centrally to be later referenced as necessary for contact tracing.

5. Hosts are responsible for enforcing that their visitor complies with all university policies, including mandatory face masks.

- End -
WAIVER AND RELEASE OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to transmit from person to person through respiratory droplets and can also spread from contact with contaminated surfaces and objects. People can be infected and show no symptoms. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Carlow University’s highest priority is the safety of its students, faculty, staff and visitors. The University has put in place certain preventative measures per guidance from government and public health officials to reduce the spread of COVID-19. However, despite all reasonable efforts by the University, an individual can never be completely shielded from becoming exposed to, contracting or spreading COVID-19 while physically present on Carlow’s main campus (located in Pittsburgh, Pennsylvania) or in any of Carlow’s regional education centers (located in Cranberry Township, Pennsylvania, and Greensburg, Pennsylvania). Therefore, if you choose to enter onto Carlow’s premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK:

I have read and understood the above warning concerning COVID-19. I agree to comply with all procedures, guidelines and expectations outlined by the University and recognize that I am fully and personally responsible for my own health, safety and actions while on University grounds. I hereby choose to accept the risk of contracting COVID-19 in order to enter onto Carlow’s premises.

WAIVER OF LAWSUIT/LIABILITY:

With full knowledge of the risks involved, I hereby forever release and waive my right to bring suit against Carlow University and its officers, directors, managers, officials, trustees, agents, employees or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my physical presence on Carlow’s premises. I understand that this waiver discharges Carlow University from any liability or claim that I, my heirs or any personal representatives may have against the University with respect to any illness, personal injuries, death, disease, or property losses, or any other loss, including but not limited to claims of negligence. Furthermore, I give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

Appendix F – Visitor Waiver Form
I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

Signature ___________________________ Date ________________

Printed ___________________________ Phone ________________
Name

I am the parent or legal guardian of the minor named above. I have the legal right to consent and, by signing below, I do hereby consent to the terms and conditions of this Release.

Signature ___________________________ Date ________________

Printed ___________________________ Phone ________________
Name
Appendix G – Instructional Activity Exact and Estimated Equivalents

INSTRUCTIONAL ACTIVITY – EXACT EQUIVALENT

• 1:1, i.e., one learning or contact hour for every hour spent.
• Face-to-face or live synchronous sessions, such as classroom or web-based lectures or class sessions, real-time chat sessions, or conference calls.
• Other live “classroom” time (i.e., internships or practica, guided field experiences such as museum or facility tours, studio work, virtual or at-home labs for chemistry/biology, service projects, etc.).
• Videos, audio recordings, recorded lectures or webinars, or timed animations/simulations/demonstrations.
• Student presentations via web conferencing.
• Proctored exams or quizzes.

INSTRUCTIONAL ACTIVITY – ESTIMATED EQUIVALENT

• LMS/module pages (estimated number of words at average adult reading rate).
• Learning assets such as assigned reading, digital mini-books, articles, simulations, self-paced modules, case studies, etc. (calculated average time needed to “consume” the material assuming the student reads 10-15 pages per hour. Time may vary by department.).
• Instructor-facilitated or instructor-feedback-rich activities such as discussion boards, wikis, journals and group projects (instructor expectation of time to be spent).
• Student presentations via virtual poster session (instructor expectation of time spent reviewing and commenting on “posters” or presentations).
• Instructor-guided research activities (instructor expectation of time to be spent).
• Low-stakes quizzes used as comprehension checkers (instructor estimation of time to be spent).
• Preparation for examinations (instructor estimation of time to be spent).
• Discussion question preparation (instructor estimation of time to be spent).
• Homework/working problems time (instructor estimation of time to be spent).
Appendix H – Dining Services Campus Catering

- All foods are sourced and traceable from Compass-approved suppliers.
- Audit programs assure all suppliers follow robust food safety and quality programs.
- Strict employee health policies assure employees with symptoms of illness are not working.
- Compass Group policy mandates single-use gloves in all food preparation.
- Managers and chefs are ServSafe certified. Associates have completed enhanced COVID-19 pandemic training.

Catering and culinary teams will take a proactive approach with the following:
- Share a new individually portioned catering guide with clients, catering customers, etc.
- Update menu and details in catering management system (Catertrax).
- Follow up with clients on catering events or bookings in the system, advise on new menu offerings, consult on a different style of service, or suggest future dates for events.
- Identify equipment and supply needs for quality and safety assurance.
Appendix I – Facilities – COVID-19 Cleaning Protocols

Residence Halls
- Shower rooms cleaned twice daily.
- Disinfection stations with spray bottles of disinfectant solution for personal space decontamination (misting treatment and air dry to provide proper contact/dwell time, no wiping required).

Classroom Buildings
- Disinfection stations with spray bottles of disinfectant solution for personal space decontamination (misting treatment and air dry to provide proper contact/dwell time, no wiping required).
- Full cleaning/disinfection of classrooms once daily.

Office Spaces
- Disinfection stations with spray bottles of disinfectant solution for personal space decontamination (misting treatment and air dry to provide proper contact/dwell time, no wiping required).
- Staff and faculty self-clean high-touch areas as needed.

Public Bathrooms
- Full service twice daily.
- Paper towels in all bathrooms.
- Disinfection stations with spray bottles of disinfectant solution for personal space decontamination (misting treatment and air dry to provide proper contact/dwell time, no wiping required).
  - Hand soap.
  - Hand sanitizer available just outside door.

Large Gathering Areas
- Full service once daily.
- Misting treatment available for areas such as classrooms and labs.
Appendix J – Facilities - Materials Management

- Segregate health-related supplies from all other materials.
- Control access to storage areas. Designated symptom-free employees should access and distribute materials as necessary.
- Maintain PPE supplies in an area where weather, heat or other issues could not damage or soil the inventory.
- Schedule all deliveries to coincide with secure work times and during periods when area traffic is low.
- Stage pickups and deliveries in areas which are less likely to be occupied.
- Delivery people should be instructed to leave items in certain locations and to complete and document transfers electronically to the extent possible.
- Once items are dropped off on premises, the items should undergo an initial sanitizing before being moved into occupied work areas.
- Delivered goods sanitization should be completed using methods outlined by the CDC or other authorities that are safe for the material.
- Employees accepting and managing deliveries (and pickup of certain items) should wear PPE and practice appropriate infection control hygiene.
- When possible, leave delivered goods idle for at least 48 hours prior to employee contact.
- Efforts should be made to limit employee contact with supplies and to prevent equipment from becoming a source of infection.
- Sanitize existing stocks before resuming business operations.
- Consider staging supplies in work areas to prevent employees from gathering and contamination of larger supply areas.
- Sanitize supply storage areas daily and satellite (more accessible) supply locations frequently.
- Clean and sanitize workplace equipment and devices before resuming operations.
- High-touch devices should be sanitized frequently throughout the workday and before the start of the next workday.
- Consider assigning individuals to certain pieces of equipment, i.e., only certain employees can use the office copier or access mail equipment.
- Clean and sanitize equipment used for maintaining properties after use.
Appendix K – Information Technology

Help Desk – Technical Support

- There will be no student workers at the University Commons Help Desk station. AnswerNet will continue to be on call 24/7 for Tier 1 support, as it is during the current remote workperiod.
- One technician will be on campus each day (Monday-Friday) to support those working on campus. All technicians will be available to support those working remotely. A rotating schedule will be maintained by the department administrative assistant and the Help Desk manager. The audio visual specialist will be on the weekly rotation.
- IT staff will be trained on AV classroom and conference room support.
- When possible, IT staff will leverage remote desktop support tools for user support and troubleshooting.

Help Desk – Audio Visual Support

- The audio visual specialist will be on campus during classroom/conference room upgrades.
- Classroom equipment tip sheets will provide information/assistance for faculty.
  
  *(NOTE: Classroom upgrades include year one of a four-year equipment standardization project, which will make moving from one classroom to the next easier as the project progresses.)*
- IT staff will be trained on new classroom technology so they can support needs on their scheduled on-campus days.
- The audio visual specialist will be on campus for any events that need AV support.

Help Desk – Computer Deployment

- IT staff will be on campus to image all computers for deployment (nearly 200).
- Two or more technicians will assist with deployment of computers.
- The deployment will be set up on the first floor of Antonian Hall.
- Faculty/staff receiving new computers will enter Antonian Hall through one door after going through appropriate campus entry screening, then proceed in one direction and exit from another door to maintain proper social distancing. Deployment stations will be spaced to accommodate social distancing requirements.
- Deployments will be by scheduled appointment times only for social distancing and safety.
- Face masks are required during deployment process.
- Staff/faculty using Carlow-owned laptops are required to bring them to scheduled appointments to minimize face-to-face appointments with technicians.
  
  *(NOTE: New laptops will not be deployed if a current laptop is not turned in at the scheduled appointment.)*
- If a faculty/staff member is currently using a desktop and receiving a laptop, a second appointment must be made for a technician to retrieve the desktop to be sure face-to-face time is minimized. Face masks are to be worn during this time.
The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

*UPDATED IN RESPONSE TO COVID-19 PANDEMIC – March 21, 2020*

*NOTE ABOUT 2020 UPDATES: The EEOC is updating this 2009 publication to address its application to coronavirus disease 2019 (COVID-19). Employers and employees should follow guidance from the Centers for Disease Control and Prevention (CDC) as well as state/local public health authorities on how best to slow the spread of this disease and protect workers, customers, clients, and the general public. The ADA and the Rehabilitation Act do not interfere with employers following advice from the CDC and other public health authorities on appropriate steps to take relating to the workplace. This update retains the principles from the 2009 document but incorporates new information to respond to current employer questions. For readers’ ease the COVID-19 updates are all in bold and marked by an asterisk.

I. INTRODUCTORY INFORMATION

A. PURPOSE

This technical assistance document provides information about Titles I and V of the Americans with Disabilities Act (ADA) and Section 501 of the Rehabilitation Act and pandemic planning in the workplace. This document was originally issued in 2009, during the spread of H1N1 virus, and has been re-issued on March 19, 2020, to incorporate updates regarding the COVID-19 pandemic. It identifies established ADA principles that are relevant to questions frequently asked about workplace pandemic planning such as:

- How much information may an employer request from an employee who calls in sick, in order to protect the rest of its workforce when an influenza pandemic appears imminent?
- When may an ADA-covered employer take the body temperature of employees during a pandemic?
- Does the ADA allow employers to require employees to stay home if they have symptoms of the pandemic influenza virus?
- When employees return to work, does the ADA allow employers to require doctors’ notes certifying their fitness for duty?

In one instance, to provide a complete answer, this document provides information about religious accommodation and Title VII of the Civil Rights Act of 1964.

B. BACKGROUND INFORMATION ABOUT PANDEMIC INFLUENZA AND OTHER PANDEMICS
A "pandemic" is a global "epidemic." The world has seen four influenza pandemics in the last century. The deadly "Spanish Flu" of 1918 was followed by the milder "Asian" and "Hong Kong" flus of the 1950s and 1960s. While the SARS outbreak in 2003 was considered a pandemic "scare," the H1N1 outbreak in 2009 rose to the level of a pandemic.

*On March 11, 2020, the coronavirus disease (COVID-19) was also declared a pandemic.*

The U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) are the definitive sources of information about pandemics. The WHO decides when to declare a pandemic. Pandemic planning and pandemic preparedness include everything from global and national public health strategies to an individual employer’s plan about how to continue operations.

*The new information added to this EEOC technical assistance document in 2020 about COVID-19 focuses on implementing these strategies in a manner that is consistent with the ADA and with current CDC and state/local guidance for keeping workplaces safe during the COVID-19 pandemic. This document recognizes that guidance from public health authorities will change as the COVID-19 situation evolves.*

II. RELEVANT ADA REQUIREMENTS AND STANDARDS

The ADA, which protects applicants and employees from disability discrimination, is relevant to pandemic preparation in at least three major ways. First, the ADA regulates employers’ disability-related inquiries and medical examinations for all applicants and employees, including those who do not have ADA disabilities. Second, the ADA prohibits covered employers from excluding individuals with disabilities from the workplace for health or safety reasons unless they pose a "direct threat" (i.e. a significant risk of substantial harm even with reasonable accommodation). Third, the ADA requires reasonable accommodations for individuals with disabilities (absent undue hardship) during a pandemic.

This section summarizes these ADA provisions. The subsequent sections answer frequently asked questions about how they apply during an influenza pandemic. The answers are based on existing EEOC guidance regarding disability-related inquiries and medical examinations, direct threat, and reasonable accommodation.

A. DISABILITY-RELATED INQUIRIES AND MEDICAL EXAMINATIONS

The ADA prohibits an employer from making disability-related inquiries and requiring medical examinations of employees, except under limited circumstances, as set forth below.

1. Definitions: Disability-Related Inquiries and Medical Examinations
An inquiry is "disability-related" if it is likely to elicit information about a disability. For example, asking an individual if his immune system is compromised is a disability-related inquiry because a weak or compromised immune system can be closely associated with conditions such as cancer or HIV/AIDS. By contrast, an inquiry is not disability-related if it is not likely to elicit information about a disability. For example, asking an individual about symptoms of a cold or the seasonal flu is not likely to elicit information about a disability.

A "medical examination" is a procedure or test that seeks information about an individual’s physical or mental impairments or health. Whether a procedure is a medical examination under the ADA is determined by considering factors such as whether the test involves the use of medical equipment; whether it is invasive; whether it is designed to reveal the existence of a physical or mental impairment; and whether it is given or interpreted by a medical professional.

2. ADA Standards for Disability-Related Inquiries and Medical Examinations

The ADA regulates disability-related inquiries and medical examinations in the following ways:

- **Before a conditional offer of employment:** The ADA prohibits employers from making disability-related inquiries and conducting medical examinations of applicants before a conditional offer of employment is made.

- **After a conditional offer of employment, but before an individual begins working:** The ADA permits employers to make disability-related inquiries and conduct medical examinations if all entering employees in the same job category are subject to the same inquiries and examinations.

- **NOTE: New questions 16-19 below address specific questions about hiring during the COVID-19 pandemic.**

- **During employment:** The ADA prohibits employee disability-related inquiries or medical examinations unless they are job-related and consistent with business necessity. Generally, a disability-related inquiry or medical examination of an employee is job-related and consistent with business necessity when an employer has a reasonable belief, based on objective evidence, that:
  1. An employee’s ability to perform essential job functions will be impaired by a medical condition; or
  2. An employee will pose a direct threat due to a medical condition.

This reasonable belief "must be based on objective evidence obtained, or reasonably available to the employer, prior to making a disability-related inquiry or requiring a medical examination."

All information about applicants or employees obtained through disability-related inquiries or medical examinations must be kept confidential. Information regarding the medical condi-
tion or history of an employee must be collected and maintained on separate forms and in separate medical files and be treated as a confidential medical record.

B. DIRECT THREAT

A "direct threat" is "a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation."[20] If an individual with a disability poses a direct threat despite reasonable accommodation, he or she is not protected by the nondiscrimination provisions of the ADA.

Assessments of whether an employee poses a direct threat in the workplace must be based on objective, factual information, "not on subjective perceptions . . . [or] irrational fears" about a specific disability or disabilities.[21] The EEOC’s regulations identify four factors to consider when determining whether an employee poses a direct threat: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that potential harm will occur; and (4) the imminence of the potential harm.[22]

**DIRECT THREAT AND PANDEMIC INFLuenza, COVID-19, AND OTHER PUBLIC HEALTH EMERGENCIES**

**Direct threat** is an important ADA concept during an influenza pandemic.

Whether pandemic influenza rises to the level of a direct threat depends on the severity of the illness. If the CDC or state or local public health authorities determine that the illness is like seasonal influenza or the 2009 spring/summer H1N1 influenza, it would not pose a direct threat or justify disability-related inquiries and medical examinations. By contrast, if the CDC or state or local health authorities determine that pandemic influenza is significantly more severe, it could pose a direct threat. The assessment by the CDC or public health authorities would provide the objective evidence needed for a disability-related inquiry or medical examination.

During a pandemic, employers should rely on the latest CDC and state or local public health assessments. While the EEOC recognizes that public health recommendations may change during a crisis and differ between states, employers are expected to make their best efforts to obtain public health advice that is contemporaneous and appropriate for their location, and to make reasonable assessments of conditions in their workplace based on this information.

*Based on guidance of the CDC and public health authorities as of March 2020, the COVID-19 pandemic meets the direct threat standard. The CDC and public health authorities have acknowledged community spread of COVID-19 in the United States and have issued precautions to slow the spread, such as significant restrictions on public gatherings. In addition, numerous state and local authorities have issued closure orders for businesses, entertainment and sport venues, and schools in order to avoid bringing people together in close quarters due to the risk of contagion. These facts manifestly support a finding that a significant risk of substantial harm would be posed by having someone with COVID-19, or symptoms of
C. REASONABLE ACCOMMODATION

A "reasonable accommodation" is a change in the work environment that allows an individual with a disability to have an equal opportunity to apply for a job, perform a job’s essential functions, or enjoy equal benefits and privileges of employment. (23)

An accommodation poses an "undue hardship" if it results in significant difficulty or expense for the employer, taking into account the nature and cost of the accommodation, the resources available to the employer, and the operation of the employer’s business. (24) If a particular accommodation would result in an undue hardship, an employer is not required to provide it but still must consider other accommodations that do not pose an undue hardship. (25)

Generally, the ADA requires employers to provide reasonable accommodations for known limitations of applicants and employees with disabilities. (26)

III. ADA-COMPLIANT EMPLOYER PRACTICES FOR PANDEMIC PREPAREDNESS

The following Questions and Answers are designed to help employers plan how to manage their workforce in an ADA-compliant manner before and during a pandemic.

A. BEFORE A PANDEMIC

HHS advises employers to begin their pandemic planning by identifying a "pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning." (27) This team should include staff with expertise in all equal employment opportunity laws. (28) Employees with disabilities should be included in planning discussions, and employer communications concerning pandemic preparedness should be accessible to employees with disabilities.

When employers begin their pandemic planning, a common ADA-related question is whether they may survey the workforce to identify employees who may be more susceptible to complications from pandemic influenza than most people.

1. Before an influenza pandemic occurs, may an ADA-covered employer ask an employee to disclose if he or she has a compromised immune system or chronic health condition that the CDC says could make him or her more susceptible to complications of influenza?
No. An inquiry asking an employee to disclose a compromised immune system or a chronic health condition is disability-related because the response is likely to disclose the existence of a disability. The ADA does not permit such an inquiry in the absence of objective evidence that pandemic symptoms will cause a direct threat. Such evidence is completely absent before a pandemic occurs.

2. Are there ADA-compliant ways for employers to identify which employees are more likely to be unavailable for work in the event of a pandemic?

Yes. Employers may make inquiries that are not disability-related. An inquiry is not disability-related if it is designed to identify potential non-medical reasons for absence during a pandemic (e.g., curtailed public transportation) on an equal footing with medical reasons (e.g., chronic illnesses that increase the risk of complications). The inquiry should be structured so that the employee gives one answer of "yes" or "no" to the whole question without specifying the factor(s) that apply to him. The answer need not be given anonymously.

Below is a sample ADA-compliant survey that can be given to employees to anticipate absenteeism.

**ADA-COMPLIANT PRE-PANDEMIC EMPLOYEE SURVEY**

**Directions:** Answer "yes" to the whole question without specifying the factor that applies to you. Simply check "yes" or "no" at the bottom of the page.

**In the event of a pandemic, would you be unable to come to work because of any one of the following reasons:**

- If schools or day-care centers were closed, you would need to care for a child;
- If other services were unavailable, you would need to care for other dependents;
- If public transport were sporadic or unavailable, you would be unable to travel to work; and/or;
- If you or a member of your household fall into one of the categories identified by the CDC as being at high risk for serious complications from the pandemic influenza virus, you would be advised by public health authorities not to come to work (e.g., pregnant women; persons with compromised immune systems due to cancer, HIV, history of organ transplant or other medical conditions; persons less than 65 years of age with underlying chronic conditions; or persons over 65).

**Answer:** YES______, NO______

3. May an employer require new entering employees to have a post-offer medical examination to determine their general health status?
Yes, if all entering employees in the same job category are required to undergo the medical examination \(^{(30)}\) and if the information obtained regarding the medical condition or history of the applicant is collected and maintained on separate forms and in separate medical files and is treated as a confidential medical record.

**Example A:** An employer in the international shipping industry implements its pandemic plan when the WHO and the CDC confirm that a pandemic may be imminent because a new influenza virus is infecting people in multiple regions, but not yet in North America. Much of the employer’s international business is in the affected regions. The employer announces that, effective immediately, its post-offer medical examinations for all entering international pilots and flight crew will include procedures to identify medical conditions that the CDC associates with an increased risk of complications from influenza. Because the employer gives these medical examinations post-offer to all entering employees in the same job categories, the examinations are ADA-compliant.

4. **May an employer rescind a job offer made to an applicant based on the results of a post-offer medical examination if it reveals that the applicant has a medical condition that puts her at increased risk of complications from influenza?**

   No, unless the applicant would pose a direct threat within the meaning of the ADA. A finding of "direct threat" must be based on reasonable medical judgment that relies on the most current medical knowledge and/or the best available evidence such as objective information from the CDC or state or local health authorities. The finding must be based on an individualized assessment of the individual’s present ability to safely perform the essential functions of the job, after considering, among other things, the imminence of the risk; the severity of the harm; and the availability of reasonable accommodations to reduce the risk. Before concluding that an individual poses a direct threat, the employer must determine whether a reasonable accommodation could reduce the risk below the direct threat level.

   **Example B:** The same international shipping employer offers a financial position at its U.S. headquarters to Steve. This position does not involve regular contact with flight crew or travel to the affected WHO region. Steve’s post-offer medical examination (which is the same examination given to all U.S. headquarters employees) reveals that Steve has a compromised immune system due to recent cancer treatments. Given the fact that the position does not involve regular contact with flight crew or travel, and that the influenza virus has not spread to North America, Steve would not face a significant risk of contracting the virus at work and does not pose a "direct threat" to himself or others in this position. Under the ADA, it would be discriminatory to rescind Steve’s job offer based on the possibility of an influenza pandemic.

**B. DURING AN INFLUENZA PANDEMIC**

The following questions and answers discuss employer actions when the WHO and the CDC report an influenza pandemic.
5. May an ADA-covered employer send employees home if they display influenza-like symptoms during a pandemic?

Yes. The CDC states that employees who become ill with symptoms of influenza-like illness at work during a pandemic should leave the workplace. Advising such workers to go home is not a disability-related action if the illness is akin to seasonal influenza or the 2009 spring/summer H1N1 virus. Additionally, the action would be permitted under the ADA if the illness were serious enough to pose a direct threat. 

*Applying this principle to current CDC guidance on COVID-19, this means an employer can send home an employee with COVID-19 or symptoms associated with it.

6. During a pandemic, how much information may an ADA-covered employer request from employees who report feeling ill at work or who call in sick?

ADA-covered employers may ask such employees if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. Employers must maintain all information about employee illness as a confidential medical record in compliance with the ADA.

If pandemic influenza is like seasonal influenza or spring/summer 2009 H1N1, these inquiries are not disability-related. If pandemic influenza becomes severe, the inquiries, even if disability-related, are justified by a reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat.

*Applying this principle to current CDC guidance on COVID-19, employers may ask employees who report feeling ill at work, or who call in sick, questions about their symptoms to determine if they have or may have COVID-19. Currently these symptoms include, for example, fever, chills, cough, shortness of breath, or sore throat.

7. During a pandemic, may an ADA-covered employer take its employees’ temperatures to determine whether they have a fever?

Generally, measuring an employee’s body temperature is a medical examination. If pandemic influenza symptoms become more severe than the seasonal flu or the H1N1 virus in the spring/summer of 2009, or if pandemic influenza becomes widespread in the community as assessed by state or local health authorities or the CDC, then employers may measure employees’ body temperature.

However, employers should be aware that some people with influenza, including the 2009 H1N1 virus *or COVID-19, do not have a fever.

*Because the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions as of March 2020, employers may measure employees' body temperature. As with all medical information, the fact that an
employee had a fever or other symptoms would be subject to ADA confidentiality requirements.

- 8. *When an employee returns from travel during a pandemic, must an employer wait until the employee develops influenza symptoms to ask questions about exposure to pandemic influenza during the trip?*

   No. These would not be disability-related inquiries. If the CDC or state or local public health officials recommend that people who visit specified locations remain at home for several days until it is clear they do not have pandemic influenza symptoms, an employer may ask whether employees are returning from these locations, even if the travel was personal.

   *Similarly, with respect to the current COVID-19 pandemic, employers may follow the advice of the CDC and state/local public health authorities regarding information needed to permit an employee’s return to the workplace after visiting a specified location, whether for business or personal reasons.*

- 9. *During a pandemic, may an ADA-covered employer ask employees who do not have influenza symptoms to disclose whether they have a medical condition that the CDC says could make them especially vulnerable to influenza complications?*

   No. If pandemic influenza is like seasonal influenza or the H1N1 virus in the spring/summer of 2009, making disability-related inquiries or requiring medical examinations of employees without symptoms is prohibited by the ADA. However, under these conditions, employers should allow employees who experience flu-like symptoms to stay at home, which will benefit all employees including those who may be at increased risk of developing complications.

   If an employee voluntarily discloses (without a disability-related inquiry) that he has a specific medical condition or disability that puts him or her at increased risk of influenza complications, the employer must keep this information confidential. The employer may ask him to describe the type of assistance he thinks will be needed (e.g. telework or leave for a medical appointment). Employers should not assume that all disabilities increase the risk of influenza complications. Many disabilities do not increase this risk (e.g. vision or mobility disabilities).

   If an influenza pandemic becomes more severe or serious according to the assessment of local, state or federal public health officials, ADA-covered employers may have sufficient objective information from public health advisories to reasonably conclude that employees will face a direct threat if they contract pandemic influenza. Only in this circumstance may ADA-covered employers make disability-related inquiries or require medical examinations of asymptomatic employees to identify those at higher risk of influenza complications.
10. May an employer encourage employees to telework (i.e., work from an alternative location such as home) as an infection-control strategy during a pandemic?

Yes. Telework is an effective infection-control strategy that is also familiar to ADA-covered employers as a reasonable accommodation.[35]

In addition, employees with disabilities that put them at high risk for complications of pandemic influenza may request telework as a reasonable accommodation to reduce their chances of infection during a pandemic.

11. During a pandemic, may an employer require its employees to adopt infection-control practices, such as regular hand washing, at the workplace?

Yes. Requiring infection control practices, such as regular hand washing, coughing and sneezing etiquette, and proper tissue usage and disposal, does not implicate the ADA.

12. During a pandemic, may an employer require its employees to wear personal protective equipment (e.g., face masks, gloves, or gowns) designed to reduce the transmission of pandemic infection?

Yes. An employer may require employees to wear personal protective equipment during a pandemic. However, where an employee with a disability needs a related reasonable accommodation under the ADA (e.g., non-latex gloves, or gowns designed for individuals who use wheelchairs), the employer should provide these, absent undue hardship.

13. May an employer covered by the ADA and Title VII of the Civil Rights Act of 1964 compel all of its employees to take the influenza vaccine regardless of their medical conditions or their religious beliefs during a pandemic?

No. An employee may be entitled to an exemption from a mandatory vaccination requirement based on an ADA disability that prevents him from taking the influenza vaccine. This would be a reasonable accommodation barring undue hardship (significant difficulty or expense). Similarly, under Title VII of the Civil Rights Act of 1964, once an employer receives notice that an employee’s sincerely held religious belief, practice, or observance prevents him from taking the influenza vaccine, the employer must provide a reasonable accommodation unless it would pose an undue hardship as defined by Title VII (“more than de minimis cost” to the operation of the employer’s business, which is a lower standard than under the ADA).[36]

Generally, ADA-covered employers should consider simply encouraging employees to get the influenza vaccine rather than requiring them to take it. *As of the date this document is being issued, there is no vaccine available for COVID-19.*
14. During a pandemic, must an employer continue to provide reasonable accommodations for employees with known disabilities that are unrelated to the pandemic, barring undue hardship?

Yes. An employer’s ADA responsibilities to individuals with disabilities continue during an influenza pandemic. Only when an employer can demonstrate that a person with a disability poses a direct threat, even after reasonable accommodation, can it lawfully exclude him from employment or employment-related activities.

If an employee with a disability needs the same reasonable accommodation at a telework site that he had at the workplace, the employer should provide that accommodation, absent undue hardship. In the event of undue hardship, the employer and employee should cooperate to identify an alternative reasonable accommodation.

**Example C:** An accountant with low vision has a screen-reader on her office computer as a reasonable accommodation. In preparation for telework during a pandemic or other emergency event, the employer issues notebook computers to all accountants. In accordance with the ADA, the employer provides the accountant with a notebook computer that has a screen-reader installed.

All employees with disabilities whose responsibilities include management during a pandemic must receive reasonable accommodations necessitated by pandemic conditions, unless undue hardship is established.

**Example D:** A manager in a marketing firm has a hearing disability. A sign language interpreter facilitates her communication with other employees at the office during meetings and trainings. Before the pandemic, the employer decided to provide video phone equipment and video relay software for her at home to use for emergency business consultations. (Video relay services allow deaf and hearing impaired individuals to communicate by telephone through a sign language interpreter by placing a video relay call. [37]) During an influenza pandemic, this manager also is part of the employer’s emergency response team. When she works from home during the pandemic, she uses the video relay services to participate in daily management and staff conference calls necessary to keep the firm operational.

*The rapid spread of COVID-19 has disrupted normal work routines and may have resulted in unexpected or increased requests for reasonable accommodation. Although employers and employees should address these requests as soon as possible, the extraordinary circumstances of the COVID-19 pandemic may result in delay in discussing requests and in providing accommodation where warranted. Employers and employees are encouraged to use interim solutions to enable employees to keep working as much as possible.*
15. During a pandemic, may an employer ask an employee why he or she has been absent from work if the employer suspects it is for a medical reason?

Yes. Asking why an individual did not report to work is not a disability-related inquiry. An employer is always entitled to know why an employee has not reported for work.

Example E: During an influenza pandemic, an employer directs a supervisor to contact an employee who has not reported to work for five business days without explanation. The supervisor asks this employee why he is absent and when he will return to work. The supervisor’s inquiry is not a disability-related inquiry under the ADA.

D. *HIRING DURING THE COVID-19 PANDEMIC

16. If an employer is hiring, may it screen applicants for symptoms of COVID-19?

*Yes. An employer may screen job applicants for symptoms of COVID-19 after making a conditional job offer, as long as it does so for all entering employees in the same type of job. This ADA rule allowing post-offer (but not pre-offer) medical inquiries and exams applies to all applicants, whether or not the applicant has a disability.

17. May an employer take an applicant’s temperature as part of a post-offer, pre-employment medical exam?

*Yes. Any medical exams are permitted after an employer has made a conditional offer of employment. However, employers should be aware that some people with COVID-19 do not have a fever.

18. May an employer delay the start date of an applicant who has COVID-19 or symptoms associated with it?

*Yes. According to current CDC guidance, an individual who has COVID-19 or symptoms associated with it should not be in the workplace.

*CDC has issued guidance applicable to all workplaces generally, but also has issued more specific guidance for particular types of workplaces (e.g., health care employees). Guidance from public health authorities is likely to change as the COVID-19 pandemic evolves. Therefore, employers should continue to follow the most current information on maintaining workplace safety. To repeat: the ADA does not interfere with employers following recommendations of the CDC or public health authorities, and employers should feel free to do so.

19. May an employer withdraw a job offer when it needs the applicant to start immediately but the individual has COVID-19 or symptoms of it?

*Yes.
*Based on current CDC guidance, this individual cannot safely enter the workplace, and therefore the employer may withdraw the job offer.

C. AFTER A PANDEMIC

20. May an ADA-covered employer require employees who have been away from the workplace during a pandemic to provide a doctor’s note certifying fitness to return to work?

Yes. Such inquiries are permitted under the ADA either because they would not be disability-related or, if the pandemic influenza were truly severe, they would be justified under the ADA standards for disability-related inquiries of employees.

As a practical matter, however, doctors and other health care professionals may be too busy during and immediately after a pandemic outbreak to provide fitness-for-duty documentation. Therefore, new approaches may be necessary, such as reliance on local clinics to provide a form, a stamp, or an e-mail to certify that an individual does not have the pandemic virus.

IV. EEOC AND RELATED RESOURCES

Employers are encouraged to consult the following EEOC publications for further information about the Americans with Disabilities Act, as well as other agency materials regarding COVID-19.

- **Disability-Related Inquiries and Medical Examinations:**
  - Disability-Related Inquiries & Medical Examinations of Employees Under the ADA (2000) at [https://www.eeoc.gov/policy/docs/guidance-inquiries.html](https://www.eeoc.gov/policy/docs/guidance-inquiries.html);
  - Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures (2001) at [https://www.eeoc.gov/facts/evacuation.html](https://www.eeoc.gov/facts/evacuation.html);


- **Centers for Disease Prevention and Control**: [www.cdc.gov](http://www.cdc.gov)

- **U.S. Department of Labor**
  - Occupational Safety and Health Administration [https://www.osha.gov/](https://www.osha.gov/)

- Wage and Hour Division

"COVID-19 or Other Public Health Emergencies and the Family and Medical Leave Act"
[https://www.dol.gov/agencies/whd/fmla/pandemic](https://www.dol.gov/agencies/whd/fmla/pandemic)
### Appendix M – Classroom Capacity and Technology Capabilities

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* All quantities are in inch
Source: Module
Appendix N – Student HUB Re-Entry Plan

The Student HUB is actively engaged in planning for a safe return to campus. At this juncture, the majority of staff are performing their duties in remote settings. With the exception of essential Student HUB staff that must come to campus to complete duties, we have been able to limit the footprint of staff on campus. All details specific to a HUB re-entry fall under the premise that we are meeting state and federal guidelines for the health and safety of the campus community.

As we prepare to welcome students, faculty and staff back to campus, the Student HUB is currently working on multiple plans to ensure a safe and productive service environment. Where applicable, staff will continue to work in a remote capacity. As the need for staff on campus grows, we are considering staggering work shifts to limit the number of staff inside the HUB at any given time. In addition to staggered work shifts, we are considering adjusting the hours of operation, as well as identifying specific times students may access the HUB. If we are unable to accommodate walk-in traffic to the HUB, we may have to conduct business by appointment.

The Student HUB may deploy technology to limit our physical presence in the HUB and throughout campus. Where possible, we will engage students, staff and faculty via Microsoft Teams. In addition, we may use computer stations within the HUB to conduct virtual appointments with staff members who work in the back offices within the HUB.

The Student HUB is working closely with Human Resources as it pertains to the master plan for total campus re-entry. A HUB designee has been assigned to a work team comprising members from Enrollment Management and Human Resources to discuss plans to welcome guests to campus.
Appendix O – PDE and CDC Guidance

Preliminary Guidance for Resuming In-Person Instruction at Postsecondary Education Institutions and Adult Education Programs


SECTION I: Phased Reopening and Planning to Safely Resume In-Person Instruction Plan For PA:

Pennsylvania’s Reopening and Recovery Plan Pennsylvania’s reopening and recovery plan is based on the designation of counties as red, yellow, and green. Each color designation signals how counties may implement social distancing and establish restrictions on work, instruction, non-essential operations, social interactions, and gatherings. Red, yellow, and green designations are data-driven and based on the following criteria established by the commonwealth:

1. Decrease in the Number of New Cases
2. Availability of Testing
3. Robust Surveillance and Monitoring Infrastructure
4. Adequate Health Care Capacity
5. Sufficient Supply of Personal Protective Materials

While the future of COVID-19 remains uncertain, decisions about designating counties as yellow or green and resuming non-life sustaining business operations are anchored in the principles of public health, safety, and economic vitality for all Pennsylvanians. With these principles in mind, the commonwealth continues to plan a path forward that will not only safely return its residents to work, but to a more resilient Pennsylvania.

Applying the Phased Reopening Plan to the Operations of Postsecondary Institutions

The red phase of the PA plan represents the most restrictive and aggressive mitigation efforts of the state and has the sole purpose of minimizing the spread of COVID-19 through aggressive social distancing, closure of non-life sustaining businesses, and building safety protocols. During the red phase, there is no provision for in-person instruction at postsecondary institutions in PA, with the exception of certain medical, nursing, and allied clinical health training programs.

In the yellow phase, limited in-person instruction may resume at institutions in PA. Additionally, clinical training and field experience for all individuals preparing for licensure and certification are also permitted. However, before resuming in-person instruction, operations, services, and
activities, institutions must plan and implement strategies to support healthy, safe, and inclusive learning environments informed by guidance from the Pennsylvania Department of Health (DOH) and Centers for Disease Control and Prevention (CDC).

Procedures to increase personnel on campus who are essential to the provision of in-person instruction and other related operations are permitted as counties move across the various phases of the PA reopening plan. Figure 1 provides a list of allowable instruction, operations, services, and activities for postsecondary institutions and adult basic education programs that are organized within each of the three colored phases of PA’s plan.

While institutions may choose to resume some level of in-person instruction and operations in the red, yellow, or green phases of the PA plan, the decision is ultimately an institutional one. Postsecondary institutions must consult state and federal guidance to inform their decision. It is possible that counties may transition from red, to yellow, to green, and back to yellow and red. Institutions should prepare for this possibility.

For additional details refer to the link:


**CDC Considerations for Institutes of Higher Education**

**Promoting Behaviors that Reduce Spread**

IHEs may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home or Self-Isolating when Appropriate**
  - If a decision is made to have any version of in-person classes, before returning to campus, actively encourage students, faculty, and staff who have been sick with COVID-19 symptoms, tested positive for COVID-19, or have been potentially exposed to someone with COVID-19 (either through community-related exposure or international travel) to follow CDC guidance to self-isolate or stay home.
  - Once back on campus, educate students, faculty, and staff on when they should stay home or self-isolate in their living quarters.
    - Actively encourage students, faculty, and staff who are sick or have recently had a close contact with a person with COVID-19 to stay home or in their living quarters (e.g., dorm room). Develop policies that encourage sick individuals to stay at home without fear of reprisals, and ensure students, faculty, and staff are aware of these policies. Offer virtual learning and telework options, if feasible.
    - Students, faculty, and staff should stay home when they have tested positive for or are showing symptoms of COVID-19.
• Students, faculty, and staff who have recently had a close contact with a person with COVID-19 should also stay home and monitor their health.
• CDC’s criteria can help inform return to work/school policies:
  • If they have been sick with COVID-19
  • If they have recently had a close contact with a person with COVID-19

For additional details refer to the link:

Collegiate Sports

All collegiate sports sanctioned by the National Collegiate Athletic Association (NCAA), as well as intramural and club sports, may resume in-person activities in counties designated in the yellow and green phases, in alignment with the Pennsylvania Department of Education (PDE) Preliminary Guidance for Resuming In-Person Instruction at Post Secondary Higher Education Institutions and Adult Basic Education Providers, guidance issued by the Pennsylvania Department of Health (DOH), the Centers for Disease Control and Prevention, National Collegiate Athletic Association and the team’s relevant collegiate athletic conference. Postsecondary institutions must develop and post online an Athletic Health and Safety Plan for resuming sporting activities. The plan does not need to be submitted to DOH or PDE for approval.

While institutions may resume in-person sports-related activities in counties designated in the yellow and green phases, the decision to do so is at the discretion of the institution, and such events may only occur in compliance with the Phased Reopening Plan and this Guidance. All sports-related gatherings must conform with the gathering limitations set forth by the Governor’s Plan for Phased Reopening (25 in yellow, 250 in green), and the facility as a whole may not exceed 50% of total occupancy otherwise permitted by law. Gatherings’ occupancy counts include student athletes, coaches, athletic staff, officials, spectators, site staff and any other individuals on site during the event. All event attendees, except for the athletes and coaching staff, are expected to maintain social distancing when arriving, attending and departing the facility.

This guidance is preliminary; as more public health information is available, the administration may work with impacted entities to release further guidance which could impact fall, winter or spring seasons.

For additional details refer to link:

https://www.governor.pa.gov/covid-19/sports-guidance/
Appendix Q – Personal Travel Guidelines During the Pandemic

Carlow University employees have a shared responsibility to protect the health and safety of the campus community and should be mindful of any travel that may increase their risk of exposure to COVID-19 and thus elevate the risk of infecting others on campus. The Pennsylvania Department of Health recommends that those who travel to a state(s) with high amounts of COVID-19 cases either stay at home or quarantine for 14 days, depending upon which state(s) they visit. Please visit website for the updates list of states that have this recommendation: (https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx).

The University also recommends this course of action for its employees, however it will not be mandatory. Cases of coronavirus disease (COVID-19) have been reported in all states, and some areas are experiencing community spread of the disease. Travel increases your chances of getting and spreading COVID-19. Personal travel (travel that is not for business purposes) must be reported to their Supervisors and Human Resources so that appropriate work arrangements can be made.

Employees who choose to stay home or quarantine immediately following travel to a state(s) with high amounts of COVID-19 cases are eligible for up to two weeks (80 hours) of paid sick leave. Because these two weeks (80 hours) are available only once, employees utilizing this option will not be eligible to use it again in the future should they find themselves needing to be out due to COVID-19. As an alternative, employees can use their available unused accrued leave (sick, vacation, or personal) to cover the recommended quarantine period or can take the days unpaid.

If an employee is unable to perform his or her duties remotely and chooses to immediately return to work following travel to a state with high amounts of COVID-19, they must immediately report any health changes to their supervisor and continue to follow the CDC guidelines when on campus such as wearing a face masks and social distance. Because strict compliance with these conditions of return can directly affect the operations of the University and the health and well-being of other members of the campus community, disciplinary action will be taken in cases of non-compliance.

Precautions If You Must Travel:
If you travel, make sure you are aware of and adhere to restrictions for your destination and place of return. Within the United States, check the state and territorial health department websites for the latest information. During travel, take the appropriate precautions to protect yourself and others:

- Wash your hands often with warm soap and water for at least 20 seconds. If you cannot wash your hands, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth.
- Remain at least six feet from others.
- Wear a mask.
- Limit activities in crowded areas.
- Monitor your health for changes and notify your Primary Care Provider for guidance if symptoms appear.

While these procedures are more restrictive than normal, we feel obligated to take these steps to help keep employees safe. If the University learns an employee traveled and did not communicate to Human Resources, this could be grounds for corrective action, up to and including termination from employment. These guidelines will be in effect until the risk of COVID-19 is reduced.