

URI Reopening Plan as of August 21, 2020

The University of Rhode Island is actively planning to welcome our community to campus this fall. We have worked diligently to explore planning scenarios focused on the health and well-being of our community and our commitment to deliver an outstanding learning experience. While our immediate goal relates to preparing for fall 2020 in the context of COVID 19, we also know that we are not seeking or expecting to return to the same “normal” that existed in the pre-COVID world. On an almost daily basis, COVID 19 is changing who we are, how we live our lives, and how we will live, learn, and interact in the future. This ongoing pandemic will no doubt prompt “a new reality” or a “new normal” for many institutions of higher education as well as for society more broadly. Institutions that hope to not just survive, but actually thrive, in a post-COVID 19 world will be those that innovate, differentiate themselves in the marketplace, and seek out and discover new opportunities and approaches to learning and discovery that are no doubt embedded in this extraordinary situation.

We play a vital role in the state, region and world as a research university. Many of our laboratories have remained open as we work on critically important research in high priority areas such as (but not limited to) COVID-19 rapid response research and for the maintenance of essential research capability such as animal care, essential equipment upkeep, and supporting institutions and agencies. (URI’s Principles and Framework Guiding a Phased Approach to Restarting University Research Activity, 2020 can be found in APPENDIX A.)

To prepare for the fall, the University of Rhode Island formed multiple teams of representatives from across campus to create:

- A plan for opening the campus that will provide for the safety and health of employees and students who will be returning to campus
- A flex mix blended model for curriculum delivery that manages and mitigates risk in a manner sensitive to the health and well-being for students, staff, and faculty
- A plan for monitoring health conditions and detecting infection
- A plan for containment to prevent spread of the disease when detected
- A plan to address an outbreak if it becomes necessary

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Return to Campus: The Rhode Ahead

*It is up to all members of the **URI Family** to keep ourselves and each other safe
#Rhodytogether*

As the University of Rhode Island prepares to resume in-person classes and research, we have begun the processes that will allow students, faculty, and staff back onto our physical campuses.

Fall planning to migrate a largely remote work-and-study community back to our campuses will look very different from what we are used to. The mix of returning students, faculty, and staff will vary, and in some cases, a segment of the community will continue to work and learn remotely. One thing is clear, however—the management of the process is without precedent.

We will make a community commitment to follow health and safety protocols. We will educate our community on COVID-19 and the importance of physical distancing, wearing face coverings, hand hygiene and sanitation. We will follow State guidelines and require face coverings for those who can wear them in classrooms and all other common areas and workspaces in doors and outdoors.

The university has created a COVID-19 response [website](#) that includes information on Health and Wellness, Academic, Campus Life, and Understanding COVID-19.

This plan is a summation of our work to date as we prepare for a new work and learning environment and we make space and service updates to maintain hygiene safety and physical distancing in six ways:

- Physical distancing (The 6-Foot Campus)
- Increased sanitization
- Behavioral signage
- Personal Protective Equipment (PPE) and hygiene
- Consistent communication
- Health monitoring, testing, and contact tracing

Academic Planning

Planning was undertaken to meet our mission as a land-grant, sea-grant university with a strong focus on research. We anchored our planning efforts on the following goals:

- Protect the health and vitality of the URI community
- Sustain the financial viability of the institution
- Ensure academic progress of our students, while maintaining the University workforce at or near full capacity, if possible, under all scenarios

A planning steering committee initially developed four draft academic scenarios that included various learning constructs within each. A range of potential risk and impact factors within the areas of safety and health, financial, schedule/facility, equity, and course planning and training were carefully evaluated across the potential scenarios. After considerable deliberation and extensive vetting of the scenarios with various campus constituencies, a new scenario emerged from two of the draft scenarios as the most viable for managing and mitigating the risk factors. The new *Flex Mixed Model* scenario was endorsed by URI's Senior team as the way to open the campus and plan forward and includes the plan for pivoting to an all virtual learning environment, if it becomes necessary. Scenario 3, which is a *Limited Mixed Scenario* would be enacted in its place, if the virus escalated to a point that allowed us to keep open a limited number of in-person classes that are most necessary, such as labs, studios, and capstone courses and limited residency of students.

Key elements of the Flex Mix plan

Enables URI to be **fully open for fall 2020**; students will be back on campus residence halls will be open, a full array of classes and campus services will be offered, and student support services will be available to all students.

Some aspects of campus life will certainly look and feel different because of COVID 19 and our focused attention on health and safety. This will include physical distancing, testing, face coverings, extra cleaning, potential quarantine of those that are ill, reduced density on residence halls, alternative dining strategies, and face to face instruction supplemented with online and blended courses and technology-enriched pedagogy in both synchronous and asynchronous modalities.

Classes will be offered in the modalities that have existed on campus previously – -in person, blended, and online. Just as with reduced density in housing and dining, a portion of courses must be in these remote modalities to de-densify classrooms, mitigate risks, and promote a healthy environment on campus for all. Class scheduling was coordinated to balance the preferences of the faculty for the best teaching modality for their course with their personal

preferences within this COVID environment. The University also went to great lengths to reduce in-person class sizes to meet safety requirements; all courses have been coded in E-Campus so that students are informed of the learning modalities with their courses. Advisors worked with students to make class adjustments to balance student needs and preferences to be the best extent possible.

Robust investments in technology to support the learning environment have been made to enable advanced synchronous technology in most classrooms to enable simultaneous in-person and virtual learning as well as in the learning platforms for online learning. As well, planning has been implemented for faculty development, which has been occurring during the spring and summer with large numbers of engaged faculty.

Students will be able to fully access advising, tutoring, career and internship services, and counselling both live and virtually and opportunities for undergraduate research, honors courses and projects, and an array of new seminars on contemporary topics that will engage our students.

On- and off-campus in-person and virtual experiential learning opportunities will be available. **Distinctive classes, such as capstone designs, studios, the performing arts, lab courses, graduate programs, etc. will have the opportunity to be offered largely in a face to face format where feasible.**

“Flex” aspects of the plan

While many students may have a mix of face to face and blended courses, there **flexibility has been given to customize programs to specifically meet the needs and preferences of students, including those** in special situations who may benefit from a fully remote or a fully face to face semester.

Similarly, while all faculty will be fully engaged in their teaching responsibilities, there has been **flexibility for faculty to choose a pedagogical option that best suits** their teaching strengths and/or their comfort level or unique health circumstances and vulnerabilities.

Every faculty member must be prepared to pivot to a fully virtual format so that each class needs to be prepared in two formats, which requires significant preparation efforts on behalf of our faculty.

Campus Safety and Health Protocols and Guidelines

1. Physical Space and Occupancy Limits

- 1.1. We have approximately 190 buildings on campus that we are prepping for our community members to return to campus.
 - 1.1.1. We are using an August 31, 2020 date by which the majority of our buildings will be ready for reopening.
 - 1.1.2. We have made steady progress on this effort. We have made actionable guidance that can be used for all buildings by creating Building Reopening [Guidelines](#) (See Appendix B) for departmental leadership, a Reopening Plan Worksheet (see Appendix C), and a Facilities Building Preparation Tasks checklist (see Appendix XX).
- 1.2. Capacity of rooms, spaces, and areas in our buildings
 - 1.2.1. Capacity of rooms is normally calculated based on the State Fire Code according to category of use. However, our 6-Foot campus in most cases requires a much lower COVID Modified Occupancy for each room or area in order to maintain social distancing. In an open, unfurnished area, a rule of thumb is 100 square feet per person, or 36 square feet per person in a furnished room. The COVID Modified Occupancy for each room is posted as part of the building preparation process.
 - 1.2.2. The following specific plans by area are in URI's Building Reopening Plan (Appendix B):
 - Building Entry Reception
 - Stairs, Elevators, and Hallways
 - Common Areas / Amenities
 - Meeting Rooms
 - Individual Workspaces (i.e. private offices)
 - Shared Workspaces (i.e. open offices)
 - Classrooms, Lecture Halls, Auditoriums
 - Laboratories
 - Food Service Areas
 - Fitness and Athletic Facilities
 - Shipping and Receiving Areas
 - Bathrooms
 - Circulation spaces
 - Signage for foot-traffic in main circulation paths; corridors, stairs, and entries
 - 1.2.3. Individual seats - we are using only alternate desks in classrooms (checkerboard); disabling the use of alternate desks or removing furniture altogether as needed to maintain 6' social distance. We are increasing

space between desks. We are specifying seating assignments for employees to ensure minimum work distances.

- 1.2.4. Meeting and shared space - decommissioning and repurposing large gathering spaces to the extent possible. We are reducing the capacity of spaces by removing chairs from meeting rooms. We are prohibiting the shared use of small rooms by groups and converting to single occupant use only. We are closing and forbidding the use of some rooms.

2. Business Processes, Procedures and Activities

2.1.1. Enhanced Cleaning and/or disinfecting procedures

- Increased Sanitation (Cleaning and Disinfection Frequencies can be found in Appendix D)

- 2.1.1.●.1. Classrooms, offices, certain Athletic areas, individual residential and other common areas will need to be cleaned after each use by the people that occupied those spaces.
- 2.1.1.●.2. We assume all PPE, equipment, chemicals and tools will be available to URI to perform the outlined service.
- 2.1.1.●.3. PPE for routine cleaning will include mask or face covering, nitrile gloves and safety glasses as well as any additional level of protection that may be specified for a given cleaning product by its manufacturer.
- 2.1.1.●.4. We assume the necessary staffing is available to reach our goals.
- 2.1.1.●.5. We have the ability to bring in contract clearing services in the event of wide spread illness to maintain CDC standards.

- URI Disinfection Solutions

- 2.1.1.●.1. URI custodial staff will only employ EPA registered, hospital grade disinfectants.
- 2.1.1.●.2. URI custodial staff will only utilize chemicals and cleaning products according to their labels.
- 2.1.1.●.3. URI will provide the employees applying such chemicals with the proper PPE and training.
- 2.1.1.●.4. URI will recognize the proper dwell time of each product to ensure disinfection.

- URI Tools and Equipment

- 2.1.1.●.1. URI will employ the following disinfection tools to aid in disinfection throughout campus in unoccupied timeframes:

Electrostatic Sprayers, Halo fogging systems, electric sprayers, auto-scrubbers, Kaivac restroom devices.

- 2.1.1.●.2. URI will continue to use the following traditional cleaning materials and tools: wiping with wet microfiber cloths of hard surfaces, wet and damp mopping with disinfectant.

2.1.2. A Shared Responsibility

- It is up to all members of our URI Family to keep ourselves and each other safe.
- However, it is impossible for custodial staff alone to perform these functions with the frequency and extent needed to combat the novel coronavirus. Every member of the URI community has a joint responsibility for sanitation in their own work area and when using shared resources (e.g. meeting rooms, commonly touched surfaces, etc.) Disinfecting wipes (or disinfecting spray and paper towels) will be provided in these areas so occupants can do their part to prevent surface transmission of pathogens.
- For example, students will be instructed to wipe down their desk, lab bench, etc. at the start of each class session. Disinfectant wipes are being provided in each classroom and teaching lab for this purpose.

3. Health

3.1.1. Screening Procedures

- Wellness/Health Screenings in which individuals have been conducting symptom monitoring every day before coming to physical campus. Daily monitoring of one's health and well-being prior to coming to campus will continue to aid in early detection of infectious disease and is a critical part of our plan to prevent community spread of COVID-19. The check-in has questions and if a member of our community answers yes to any of the questions, they MUST STAY HOME, faculty/staff will notify their supervisor and students will notify URI Health Services at 401-874-2246. In addition, if someone starts feeling ill while on campus, they should (employees) notify their supervisor or (students) URI Health Services and go home.
- A daily health attestation is available on the URI [website](#) and on the University's app Rhody Connect available at the Apple Store and through Google Play.
- The health attestation is required daily by all persons attending class and coming to campus. Student handbook COVID addendum updated to read, "Members of the community will be required to show their completed attestation when asked to do so

by a faculty or staff member, and may be denied access to the classroom or other spaces if it is not completed."

- The university continues to emphasize that all members who are feeling ill, whether it is related to coronavirus or not, should stay home for their well-being and the well-being of the URI community. Full information containing details of individual responses will be limited to only the health care professionals at the University. When required to do so, URI Health professionals will share data with the Rhode Island Department of Health.
- The current symptoms we will be asking about include one or more of the following per the Centers for Disease Control and Prevention (CDC) recommendations:
 - 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

3.1.2. Screening Procedures for Student Athletes

- See Appendix E for more detailed information pertaining to URI Athletics).

3.1.3. Flu vaccines

- Flu vaccines will be encouraged strongly and promoted widely throughout the URI community.

3.2. Procedures to Respond to Cases of Illness on Campus

- 3.2.1. In the event an employee becomes ill during the workday, he or she will be sent home immediately. Once a sick employee and those with possible exposure have left the impacted area(s), the area(s) will be closed off for heightened cleaning and disinfection in accordance with CDC protocols and guidelines. This would include a deep cleaning of all touchpoints throughout the impacted area and wiping down all surfaces, including glass. When possible, the area will remain closed off, with windows open for 24 hours prior to cleaning.

3.2.2. Isolation Process Students

- In the case that a student becomes ill with symptoms consistent with SARS CoV-2, Health Services will require immediate isolation and testing. Students will complete a minimum of 10 days of isolation regardless of testing results in accordance with RIDOH and CDC recommendations.
- Whenever possible, students whose home of record is close to campus and is a safe environment will be asked to isolate at home. Students who cannot travel home will be moved to an isolation room on campus or off campus (in a hotel), ideally with a private bathroom for the entire isolation period.
- Health Services and Human Resources will work with the RIDOH on contact tracing for potential contacts of positive cases as well as provide health education, guidance, and monitoring.

3.2.3. Quarantine Process Students

- All students with a positive exposure to a PUI (person under investigation) will be quarantined for a 14-day period. During this time, the student will self-monitor twice a day with a symptom check and temperature. If symptoms or fevers develop, students will be tested and placed on isolation status.
- Whenever possible, students whose home of record is close to campus will be asked to quarantine at home. Students who cannot travel home will be moved to a quarantine room on campus or off campus (in a hotel), ideally with a private bathroom for the entire quarantine period.

3.2.4. Plan for Meals for Quarantine/Isolation

- COVID-19 Meal Service Delivery Request Form needs to be completed and submitted to the Assistant Director of Catering/URI Catering Department.
- The form will be completed by Health Services and Housing and Residential Life staff when the student goes for testing and is assigned to a quarantine/isolation room.
- After the Request Form has been processed, a member of the URI Catering Team will make initial contact with the quarantined individual to confirm details and go over delivery details/times.
- A member of the URI Catering Team will deliver a 4-day pack of Shelf-Stable/Microwavable Products for Breakfast & Snacks.
- Daily, a member of the URI Catering Team will deliver a Hot & Cold Meal between 1-3pm for their lunch/dinner meals in a designated container and placed outside the door of the quarantined room. The individual will receive a call/text notifying them when the meal has arrived.

- Every 4 days, an update will be done on the status on each quarantined individual and adjusted appropriately.
 - Delivery Team
- 3.2.4.●.1. The URI Catering Team will be provided with appropriate PPE as deemed necessary. The list of required PPE will be posted in designated areas for staff.
 - 3.2.4.●.2. There will be a designated area within the facility for the staff to be issued the PPE and put it on and a designated area to remove/ discard PPE and sanitize.
 - 3.2.4.●.3. There will be no interaction between the URI Catering Staff and Quarantined Individual. If it occurs, the Team member needs to immediately notify the Assistant Director of Catering and begin self-quarantine until the Status of the quarantined individual is confirmed.

3.3. Face masks, handwashing and other personal protective equipment

- 3.3.1. Personal safety practices will be expected including use of *face coverings* worn by all community members including faculty/staff and students when on campus and in the presence of others (e.g classrooms, meeting rooms, common work spaces, etc.) Appropriate use of face coverings is critical to minimizing risks to others near you.
- 3.3.2. Personal safety practices will be expected including *hand washing* often with soap and water for 20 seconds or using alcohol based hand sanitizer that contains at least 60% alcohol often throughout the day, but particularly after you have been in public spaces, or after blowing your nose, coughing, sneezing or touching your face. New hand sanitizing stations are being added to many locations throughout campus to encourage use.
- 3.3.3. Expectations will be added to the URI Student Handbook.
- 3.3.4. In class use will be up to the individual program based on the activity being carried out in the class. For example, students will wear gloves and disposable masks in chemistry labs. We have also been providing PPE to programs such as Nursing, Pharmacy, Physical Therapy, and others for use in labs.
- 3.3.5. All persons on campus are absolutely required to wear face coverings while on campus including teaching f2f unless they have 1.) an ADA accommodation based on a disability, or 2.) an approved exemption for pedagogical reasons.
- 3.3.6. URI is creating a Face Covering requirements document that will be posted on our website

3.4. Testing Protocols and Procedures

- 3.4.1. COVID - 19 virus testing is considered an important element to our safe return to campus. URI Health Services worked to secure access to FDA/EUA approved tests for symptomatic students and surveillance testing for our students, faculty and staff.

3.4.2. Testing Plan

- Asymptomatic/Mass testing of incoming students
- 3.4.2.●.1. URI Health Services has contracted with the Broad Institute to conduct 5,000 entry tests for students residing in housing on the Kingston campus including students in university housing, greek housing and our international/texas instrument houses.
- 3.4.2.●.2. URI Health Services is unable to test the entire URI community upon return due to the number expected to exceed 20,000 individuals. We relied on the guidance from CDC and ACHA carefully weighing guidelines from ACHA, COVID-19 Task Force.
- 3.4.2.●.3. We know that congregate living situations pose the greatest risk and therefore selected on-campus congregate settings for our entry/move-in testing strategy. The CDC also updated their guidance on June 30, 2020 and indicated the following: “Testing of all students, faculty and staff for COVID-19 before allowing campus entry (entry testing) has not been systematically studied. It is unknown if entry testing in IHEs provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, masks, hand washing, enhanced cleaning and disinfection). Therefore, CDC does not recommend entry testing of all returning students, faculty, and staff.”
- 3.4.2.●.4. We understand that testing for virus will assess a person’s infection status at a single point in time. It may change within hours. A person who tests negative upon arrival may become infected that afternoon, or later.
- 3.4.2.●.5. We know that mass screening is likely to be unproductive in reducing the incidence of disease on the campus.
- 3.4.2.●.6. To assure our campus community remains clear of disease, regular repeat testing of everyone would be

needed. This imposes significant cost and requires resources that could perhaps be better deployed to other activities. We will conduct surveillance testing (see below).

- Symptomatic testing:

3.4.2.●.1. URI Health Services will offer testing to all symptomatic students 7 days per week upon start of the fall term. This testing is planned to be accomplished with a point-of-care (POC) antigen test providing same day results and the ability to quickly isolate positive students and quarantine identified close contacts. Testing will be acquired using a self-collected nasal specimen. POC testing will be accomplished in the URI Health Services lab.

- Surveillance:

3.4.2.●.1. URI Health Services will conduct surveillance testing/sentinel testing of the campus population in conjunction with recommendations from RIDOH. URI contracted with Broad Institute to conduct **700** tests per week and have been notified by RI DOH that they will allocate approximately 8,000 tests for the fall term.

3.4.2.●.2. URI Health Services will trace the percentage of positive test results to ensure early identification of campus outbreaks and publicly display testing information on our COVID webpage. .

3.4.2.●.3. Random sampling and target testing will be conducted for faculty, staff and students focusing the targeted testing on those from higher risk categories such as health sciences, athletics and then random sampling.

3.4.3. Testing Procedures

- We have one POC rapid testing instrument currently in our laboratory from Quidel Corporation, a SOFIA SARS Antigen FIA. We have worked with South County Hospital to borrow two additional instruments and are obtaining a third instrument from another RI school.
- The Quidel instrument can process 30 tests per hour on average and with three units should be able to meet our symptomatic demand on a daily basis. Antibody testing - URI Health Services can perform phlebotomy for specimen collection and send it to our reference lab, LabCorp for processing. Currently we are not using antibody testing as part of our Covid testing plan. Outbreak Plan

- 3.5. The greatest effect on the University of Rhode Island will be due to illness or exposure and the resulting campus closure due to an outbreak.
- 3.6. The State of Rhode Island has the primary responsibility for public health matters however we fully expect given the pandemic, we will work collaboratively to protect and support the health, safety and welfare of our faculty, staff, students and visitors. URI working with the RI Department of Health has identified key metrics that will be used in guiding our actions with the goal of avoiding an outbreak on campus that requires closure.
- 3.7. Key metrics that will be monitored regularly will be number of tests performed by Health Services, number of positive test results, test positive rate, number of isolation/quarantine spaces available, number occupied, % of occupied isolation/quarantine space, number of students in residence positive, and the number of essential staff out of work. The plan will also include surveillance and symptomatic testing with resulting contact tracing and self isolation/quarantine that may inform our response to an impending or actual outbreak in collaboration with our public health partners at the Rhode Island Department of Health (RIDOH).

4. Guidelines Related to Travel

- 4.1. URI will follow the most up to date Federal and State guidance in terms of domestic and international travel for students, faculty and staff related to university business.
- 4.2. URI has created a public health campaign to educate our students, faculty and staff of our shared responsibility in regards to all aspects of COVID-19 including adherence to our health and safety measures. #rhodytogether

5. Clear Communications Plan

- 5.1. The University has been consistently communicating with current students, parents, new students, faculty and staff regarding the health and safety of the URI community. Over the next several weeks and months, the University of Rhode Island will begin to communicate about the process and plans to bring our students, faculty, and staff back onto our physical campuses.
- 5.2. In accordance with directives from the Department of Education, a [URI COVID-19 website](#) was created in March with a link directly from URI's homepage. This website includes all of the current directives in the State of Rhode Island as well as important updates specific to the URI community. This website is being redesigned to be more user friendly as we approach the fall semester.

- 5.3.** The goals of the communications strategy that is being implemented now are as follows:
- 5.3.1.** **Communicate regularly over the next few weeks/months** to ensure that all members of the community are being provided with clarity on expectations for reopening of our campuses for the summer months and into the fall.
 - 5.3.2.** **Clearly communicate URI's plans** for returning to campus --timing, guidelines, health and safety measures that have been implemented that will need to be followed to prevent the spread of COVID-19 within our campus community and the surrounding communities as they come back to campus in phases.
 - 5.3.3.** **Seek feedback and input** from our community throughout the process.
- 5.4. Target audiences for URI communications include:**
- 5.4.1.** All students or only a subset of students (e.g., only undergraduates, only residents, etc.); New students, returning students; Faculty; Staff – those w/ and w/out internet access; Parents; Trustees; Alumni; Government officials; Local and national media via press announcements; Local hospitals, health department, urgent care clinics, etc.; Local town councils, managers; Visitors to campus — visiting teams, prospective students, visiting scholars and faculty, vendors, conference attendees, etc.; Off-site partners, community service facilities, internship locations
- 5.5. Communications Tactics:**
- 5.5.1.** Community Notices
 - 5.5.2.** Press announcements
 - 5.5.3.** Social Media posts
 - 5.5.4.** Website: current coronavirus website redesigned dedicated to “Coming Back”
 - 5.5.5.** Returning to campus policies, guidelines, updates
 - 5.5.6.** Call Center reactivated
 - 5.5.7.** Virtual meetings/town hall type information sessions for students, and the entire campus community. Livestreams in mid-July, August, and September.
 - 5.5.8.** Created separate ongoing email communication (biweekly) branded to COVID and “Rhode Ahead.” First email notice sharing health and safety directives for the fall sent on June 12, 2020 and [posted on the URI COVID-19 website](#).
 - 5.5.9.** Multiple layers of communications from VPs, Deans, Supervisors, Directors, Department Heads.
 - 5.5.10.** Possible video messaging from President Dooley as we announce return to campus plans.
 - 5.5.11.** On campus communications include #Rhodytogether campaign:

- Lawn signs to remind people about social distancing and face masks even before they get to buildings
- Digital signage with health screening questions.
- URI health and wellness communications campaign. Tagline to be created and top messages promoted to continuously educate and inform people on URI campuses about the health and safety expectations of URI.

5.6. Timeline:

5.6.1. JUNE

- *Researchers returning June 1*
- Biweekly communication distributed to community
- Website redesigned for Coming Back
- Building reopening guidance document
- Returning to campus guidebook including health and safety directives

5.6.2. JULY

- Early July announcement of plans for Fall 2020 semester
- Town Hall type forum, Livestream
- Biweekly communication distributed to community
- Health and Wellness Campus Compact drafted

5.6.3. AUGUST

- Testing plan released to the community.
- Notice about increased activity to expect as specific groups return to campus
- Instructions available for people returning to campus and what to expect including quarantine from hot spots
- RAs, athletes returning
- Possible social responsibility compact – all students may be required to sign prior to returning to campus
- Biweekly communication distributed to community

5.6.4. SEPTEMBER

- Reminder of returning to campus instructions
- Biweekly communication distributed to community

5.7. Notices that will be prepared in advance

- ### **5.7.1.** Urgent/important messages (e.g., a message in response to tragedy, such as the death of a community member or an outbreak will be

templated in advance, so that the language can be crafted, appropriately vetted, and available for immediate use.

- 5.7.2. Draft key health messages now for review and approval so they can be delivered to the campus in an orderly and timely manner.
- 5.7.3. Each message should include contact information for email and phone follow-up. Ensure staff are prepared to respond to concerns in a timely manner.
- 5.7.4. Important messages should not be sent in the late evening, at night, or on Friday afternoon. Typically, questions regarding the communication will arise, and it is important to have someone available to respond.

5.8. Community messages will be sent:

- To delineate action steps the University is taking to progressively reopen the campus.
- To share important safety measures.
- To describe specific approaches/instructions for subsets of the campus population (e.g., residential students, student athletes, health sciences students).
- To reassure the message's recipients.

6. Other Processes and Activities

6.1. Large Group Gatherings

- 6.1.1. The University is developing guidelines and requirements for all campus events that will meet or exceed State guidelines
- 6.1.2. A communication campaign will be created to educate community members about group sizes and health risks
- 6.1.3. URI will follow state guidelines and University requirements to work with spontaneous groups that gather on-campus to ensure health and safety measures

6.2. Shuttle buses

- 6.2.1. RIPTA provides service directly to campus
- 6.2.2. First Transit provides on-campus shuttles.
 - First Transit is following recommended CDC protocols for cleaning and sanitizing.
 - First Transit will establish proper distancing for buses.
 - First Transit has developed the proper steps and created a notification process to follow if an employee or passenger is diagnosed with the illness.
- 6.2.3. URI is developing Campus Transportation requirements that will address RIPTA service, campus shuttles, transportation for persons with

disabilities and use of University passenger vehicles. Information will be on the URI web site when complete.

6.3. Housing and Move-in

6.3.1. On-campus housing occupancy

- Three scenarios being explored to decrease density in on-campus housing. Decrease will be notable.
- Quarantine/isolation rooms will be provided - we are exploring partnering with a local hotel to provide off-campus quarantine and isolation rooms (approx 200 private rooms with bathrooms)
- We will strongly encourage those students who need to quarantine/isolate to go home if they can.

6.3.2. On-campus move-in

- We will do a staggered move-in period to decrease density during move-in. Move in till take place August 29 - September 4. (This will be adjusted as needed to allow for appropriate COVID-19 testing.) Residents from “hot spot” states or international locations will move in sooner (see 7.3.5 below)
- Students will either be assigned or select a scheduled move in time in 4 hour time slots. We will restrict all buildings to 10% of building occupancy during move in time.
- Students will be restricted to who they may bring to assist with move in to 2 people per student.
- Accommodations will be made for students with special needs that may deviate slightly from this.
- Students and those with them will be required to adhere to all current safety and hygiene practices.
- We will continue to use an electronic “touchless” check-in process implemented two years ago that does not require students to go to a common location to officially check-in. Their student ID (mailed to them over the summer) is their entry to their room, which registers their “first swipe” into the room as the official check in.
- We have arranged with a local moving company for students to have the ability to ship their belongings (at their cost) to a local warehouse prior to arrival and delivered to their room prior to their arrival, i.e. pack-ship-delivery plan

6.3.3. Off-campus housing

- The majority of URI students live off-campus. We are developing a health focused campaign for this group.
- We will not be able to accommodate any needs for off-campus residents to quarantine/isolate.

6.3.4. Greek housing

- Greek houses are on university property and privately owned

- Staff in Student Affairs oversee Greek Life and are in regular communication with Greek Life chapters regarding housing and event planning.
- Greek Life will follow federal and state guidelines and University COVID-related requirements
- Greek Life housing units will be responsible for providing their own quarantine/isolation housing

6.3.5. Housing for students from hot spots and international students

- Resident students from “hot spot” states (>5% infection rate) as listed on the RI DOH website (currently ~200 students) have been instructed to move back to campus on Aug. 24 or 25, which will allow them sufficient time to self-quarantine prior to the start of classes (Sept. 9). If they are unable to arrive on these days, they are instructed they will need to quarantine for 14 days, including past the 1st day of classes.
- When students arrive, they will be tested and directed to drop off their belongings in their regular assignment and then proceed to a pre-assigned Isolation/Quarantine space (270 spaces on campus, 200 spaces off campus at two local hotels). In a few situations, students may be able to remain in their regular assignment for quarantine if all of their suitemates and roommates are also from “hot spots” and they have a semi-private bath.
- Meals will be delivered daily by URI Dining Services to students in their I/Q space. Arrangements are being made for safe trash removal, and students will be provided contact information for two local laundry pickup and drop off (at student’s cost).
Transportation to and from the I/Q space at the start and end of the I/Q period will be provided by Health Services if the student is unable to safely self-transport.

6.3.6. Orientation

- Orientation for new students was conducted virtually during the summer.

6.4. Dining Halls

6.4.1. University Dining Spaces:

- There will not be any dining locations on campus that will allow for sit down dining at the start of the school year. Under the phases of reopening dining venues could accommodate up to 50% of total occupancy, Dining administration has decided that it makes sense to introduce that later in the semester after students have gotten used to the newly instituted best practices on campus.
- All service locations will have floor and wall signage to direct customers and designate appropriate physical distancing.

- Dining is reviewing a few locations where outside seating may be possible, whether near a dining hall/retail location or in an area that is proximate to a viable location for the university food truck.

6.4.2. Service Logistics:

- All locations, including all-you-care-to-eat (AYCE) dining halls, will have options for grab-n-go. These options will include such items as salads, sandwiches, hot entrees, desserts and beverages, along with cutlery and condiments.
- Additionally in AYCE dining halls there will be no self-serve buffets or open containers of product (e.g. peanut butter and jelly). Items that fall into these categories will either be served to the customer or be prepackaged for accessibility.
- In order to expedite service times at retail locations, the ability to pre-order food is being put in place (mobile app).

6.4.3. Sanitation and Safety:

- Plexiglass safety shields are being purchased and installed in all locations where deemed necessary that do not currently have sneeze guards in place.
- URI uses a biometric system to identify students allowing them into the dining halls, that system has been converted to a touchless version. Further all retail locations are being equipped with external card readers and scanners to greatly reduce the need to exchange anything during the process of payment.
- Additional cleaning procedures are being implemented, as well as reallocating staff responsibilities in order to better support this need.
- Dining will be reviewing its plan of action with a representative from the RIDOH on Monday, June 15.

6.5. Campus Recreation

6.5.1. Plans are currently underway to complete the COVID-19 Building Reopening Template for each building/area including a master listing of all required supplies and signage required. Initial steps to begin the approval process to reopen the Anna Fascitelli Fitness and Wellness is currently underway by Campus Recreation.

6.5.2. Occupancy - For fitness recreational exercise areas, the modified occupancy is the number of people who can use equipment in the given areas while maintaining at least 6 ft. away for physical distancing. Any equipment less than 6 ft. away will be removed or covered/marked off limits.

- We have developed *Specific COVID-19 Modified Occupancy Limits*:

6.5.2.1. **Mackal Field House:** Max. Occupancy **150**

- 6.5.2.●.2. Indoor Track: Max. Occupancy **18** for the indoor track (run/walk in same direction)
 - 6.5.2.●.3. Indoor Basketball Courts (4): Max. Occupancy **120** or **30** per one basketball court, with proper physical distancing and *only* to be used for physical conditioning exercises.
 - 6.5.2.●.4. **Mackal Cardio Center:** Max. Occupancy **40**
 - 6.5.2.●.5. **Mackal Weight Room:** Max. Occupancy **25** (note: weight room is *closed* until further notice).
 - 6.5.2.●.6. **Tootell West Gymnasium:** Max. Occupancy **65** with proper physical distancing and *only* use for physical conditioning exercises.
 - 6.5.2.●.7. **Tootell Group Exercise Studio:** Max. Occupancy **15 + 1** for group exercise classes.
- 6.5.3. Patrons must register for a “fitness workout time-slot” in advance, by using IMLeagues.com reservation system. Reservation slots will open at 12pm the day before. Patrons may walk-in but will be required to register in IMLeagues.com; and will only be allowed if the max. occupancy number has not been reached. Recreational Activity Spaces include: Mackal Cardio Room, Group Exercise Studio, and the Mackal Indoor Track and Basketball courts.
- 6.5.4. After each “fitness workout time slot”, the entire area will be closed for enhanced cleaning and/or disinfections procedures for a minimum of 30 minutes.
- 6.5.5. Drinking fountains & bottle filling stations inside all fitness activity spaces will be turned off.
- 6.5.6. No equipment rentals (basketballs, volleyball, soccer balls, etc.).
- 6.5.7. Fans will be adjusted upwards towards the ceiling to prevent air flow directly hitting participations.
- 6.5.8. Signage will be throughout buildings and we will create a Health Screening Station in Mackal Lobby - stocked with necessary supplies (hand sanitizer, etc.)
- 6.5.9. Cleaning
- All mandatory cleaning procedures will be implemented working closely with URI Facilities Operations (FO).
 - The daily housekeeping plan will be developed and reviewed with the FO Custodial Services Department.
 - High touchpoint areas will be continually cleaned throughout the day by both CR employees and Custodial Services.
 - To assist CR employees with cleaning, CR will purchase several Victory Electrostatic Sprayers (professional cordless electrostatic handheld sprayers).
 - Hand Sanitizing stations are around the facility for use by students, employees, and visitors.

- Mandatory employee training will be developed to educate employees the proper techniques using approved EPA cleaning products.

7. Athletics

- 7.1.1. DRAFT Guidelines as of June 10, 2020 can be found in Appendix E

8. Human Resources

- 8.1.1. Guidelines will be developed to assist individuals who are symptomatic and/or test positive for COVID-19, or are requested to quarantine based on potential exposure
- 8.1.2. We are creating a training plan in order to meet the safety guidelines proposed in the previous sections
- 8.1.3. Remote work will be continued to the extent possible in operational units to reduce density on campus
- 8.1.4. We have plans in place to provide coverage when personnel is absent

9. Supplies

- 9.1. With supplies in high demand, the University's COVID Task Force has established a COVID supply stockpile and distribution center with the goal of having sufficient supplies on hand by the end of August to carry us at least through the end of the Fall 2020 term.
- 9.2. The stockpile includes reusable cloth face coverings (24,000), disposable surgical masks (100,000), nitrile and vinyl gloves, infrared thermometers, disinfecting wipes, face shields, and hand sanitizer.
- 9.3. For employees, each department can request the number they need through the Task Force distribution center (they come as a pack of 5 per employee.) Students can request them through HRL or Health Services, or if they're a student worker, through the department they're working for.

10. Enforcement

- 10.1. URI is a university with a strong community focus. We are united in our values and have a strong commitment to health sciences, research, and solving the world's problems. This energy will propel us to adjust our sails to our changing reality.
- 10.2. Many of our community members, including our students, will do their part to ensure the health of the URI Family.
- 10.3. We will create a URI Campus Promise for our community members to sign stating we will do our part to ensure the health of our community
- 10.4. Student Code of Conduct will be updated to reflect our new reality in regards to Face Coverings, etc. Violations of the Student Code of Conduct are addressed thru our Community Standards process.
- 10.5. Faculty and staff situations will be addressed via our existing employee discipline process in Human Resources.

Appendix A URI Restarting University Research Plan

The University of Rhode Island

Principles and Framework Guiding a Phased Approach to Restarting University Research Activity

(draft of 18 May, 2020)

Ad Hoc Committee on Continuance of Research Activities During COVID-19 Pandemic:

VP Peter J. Snyder (Chair), Dean John Kirby, AVP Ted Myatt, AVP Ellen Reynolds, Prof. Lynda Stein, Prof. Matt Delmonico, Prof. Geoffrey Bothun, Assoc. Dean Carol Thornber, Assoc. Dean David Smith, Prof. Terry Bradley

Preface:

This document had been initially drafted by the University of California at Berkeley, with input by VCRs/VPRs from many other institutions within Association of Public and Land-grant Universities (APLU). At the University of Rhode Island (URI) we are tailoring the document below in order to meet our own particular needs and circumstances.

Our initial focus is on managing access to those types of research spaces to be found on main university campuses and their nearby satellites. These include science and engineering research laboratories, shared facilities for animal research and specialized facilities for scientific instrumentation (including computational facilities). They also include human research (i.e., with face-to-face encounters), maker spaces, and support for scholarly work in the arts, humanities, and social sciences, libraries, and studio and performance spaces.^[1] Often remote from the main university campus, additional research spaces include our boats and ship, farms and other off-campus facilities. Some spaces may be in common with collaborating research, evaluation and service partners (e.g., community mental health centers).

URI's planning for, and implementation of, this phased approach to increasing research activities will be revised and updated as necessary, as new 'best practices' and a better

understanding of the diagnosis, treatment and health risks of the COVID-19 virus become available.

Guiding Principles

Overarching Goal: To keep everyone safe, while increasing research activity in a phased approach as safety becomes easier to maintain.

Principle #1: *Follow the State of Rhode Island (Governor's Office) directives for shelter-at-home – which may be scaled up or down over time, and as circumstances warrant - and implement Centers for Disease Control and Prevention (CDC) guidelines for hygiene and social distancing.*

- Public health authority (PHA) directives have been restrictive in recent months, but there has also been a “loosening” of these restrictions in Rhode Island, starting on 09 May. However, there may well be the need to return to prior levels of shut-downs in the workplace as circumstances change over time.
- Until there exists adequate community-based testing (for either the virus and/or the antibody), a clinically effective treatment for the disease, and/or sufficient herd immunity, we will likely experience a fluctuating set of risks and safety measures for the next 12 to 24 months (and possibly longer).
- Older faculty and staff and/or those with underlying health conditions that place them at increased risk, are advised to follow all Rhode Island Department of Health (DOH) guidance with respect to sheltering at home longer. Specific risk factors for poorer outcomes following viral infection may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>
- URI will continue to preferentially adhere to stay-at-home and other health protective measures as deemed appropriate by Rhode Island DOH and the Governor's Office, in cooperation with other New England and eastern states.
- It is fair to expect that between “only essential/minimal activity outside of the home” and “return to business as usual,” there will be intermediate phases of increased access, with two to three weeks between phase changes, with the possibility of returning to a more restricted phase should COVID-19 infections again rise.

Principle #2: *Protect the health and safety of the research workforce, our students, as well as the health and safety of our human research participants.*

- No researcher should feel they are being compelled to work on campus, on university/off-campus farms, or in the field during periods of broad shelter-at-home directives. Safety within laboratories must be rigorously maintained, with adequate access to personal protective equipment (PPE) and other safety related supplies. Principal investigators (PI) must identify who among their workforce are considered to be essential personnel (and their corresponding replacements/backups), and a process should be established whereby any faculty, staff or students who feel uncomfortable about their work situation can either ask for assistance with Human Resources (HR) or report their concerns anonymously to URI's Ethics Hotline (<https://uri.alertline.com/gcs/welcome>). At URI, these reports will be investigated by the Vice President for Research & Economic Development (VPRED), and other leadership as appropriate, including Deans and Department Chairs.
- Limited ability for face-to-face contact is likely to persist for some time, and researchers will need to adapt to longer term limited access. State and national guidelines suggest that access should only be restored once there is more pervasive testing and contact tracing. Ultimately establishing immunity, through serological testing or an effective vaccine (or by the development of an effective treatment) may be a prerequisite for a full return to business as usual (to be determined), but that could take many months at best, or a few years at worst.
- Given that the relaxation of access constraints is locally determined, it may be especially challenging to ramp-up projects that are distributed across sites or which depend on multi-state and/or international collaborations.
- URI has allowed essential field research to continue, but these instances are approved on a case-by-case basis by the VPRED if out-of-state travel is required. Lifting of travel restrictions, such as those that limit international travel or restrict non-essential travel, are necessary before all normal field research can recommence. This includes human subject related field research that must be conducted in person.

Principle #3: *Implement a fair and transparent process for determining access to university buildings.*

- The conditions and priorities for allowing access, and for face-to-face contacts, should be rational, non-arbitrary, and transparent to all. These conditions should map directly to the staged approach that is planned by RIDOH and the governor's office.

- While the vast majority of people who have been allowed continued access are following the social distancing rules and maintaining low density within research spaces, a small number of abuses are inevitable. Enforcement will be by periodic inspection of authorized spaces by Environmental Health & Safety (EH&S) and facilities management, the VPRED, the auditing of card key swipes (when possible), and the engagement of Deans and Department Chairs applying discipline to abusers.
- It is everyone's job to respect and adhere to social distancing and density limitation guidelines for different kinds of activities in research space; the guidelines for a life sciences laboratory will differ from an art studio space.
- No one should come to work if they feel sick with any flu-like or other symptoms that have been attributed to this virus. Moreover, if any employee, student or faculty member becomes sick, a viral or antibody test will be required prior to return to work. If any such testing is positive, then the affected individual must adhere to state and CDC guidelines for isolation.
- All faculty, staff and students must keep daily logs of their personal contacts, outside of immediate family members, such that appropriate and effective contact tracing may be completed for anyone who becomes ill and/or is presumed to have had a possible exposure to the virus.

Phases and Permitted Research Activities

The five-phase description and tabular representation (see below) has been modified from the University of Washington's research resumption plan. Lower phases are more restrictive, higher phases less so.

Public health directives and the current state of the health care and COVID-19 public health response systems determine the timing as to when any given institution in its local context is permitted to move up or down between phases (See Principle #1 above). Before allowing greater researcher access to labs, libraries, and other research spaces, a plan for the rigorous enforcement of social distancing directives is necessary. Elements of such a plan may include (this list intended to illustrative, not exhaustive): scheduled/work-shift access; required facial coverings; minimum distancing between occupants; depending on size of research space and nature of activity therein, density limits such as no more than 2 researchers per bench, 1 researcher per 113 sq ft^[2], maximum number of faculty allowed to enter into office or library spaces, maximum numbers of individuals per lab unless further density is justified and approved; daily

self-monitoring of temperature and symptoms following guidance from the URI COVID-19 Health & Safety Committee; disinfecting books or artifacts after use by researchers; disinfecting work surfaces after use; and so on.

Example: All investigators using rodent facilities must wear a face covering anytime they are in the facility, for the protection of the Comparative Biology Resources Center (CBRC) staff. CBRC provides these masks; however there are challenges in maintaining PPE stocks. Therefore, CBRC has requested that investigators reuse masks where possible and be prepared to provide their own PPE in the face of shortages. VPRED and CBRC has provided guidance to PIs to maintain a low social density as well as social distancing (6 ft preferable). CBRC will be creating “Users Calendar” to sign up and monitor their own activities within the rooms or suites.

PHASED APPROACH

At the highest level, most institutions appear to be planning around three phases: shutdown, some intermediate state, and business as usual. In the approach advocated here, we identify finer graduations between “shutdown” (most institutions are never fully closed, but continue to support some minimal standby capability) and return to full access and activity:

- Phase 1 represents access restricted to critical and high priority activities, such as (but not limited to) COVID-19 rapid response research, and for the maintenance of essential research capability such as animal care, essential equipment upkeep, and supporting institutions and agencies performing immediate and direct care of vulnerable persons.^[3]
- Phase 2 represents a degree of access, as permitted by the university and public authorities, with priorities given to time-sensitive research activities.
- Phase 3 represents a level of access permitting new research to be initiated if it has been identified as a priority by the PI. We estimate that this represents 50-70% of normal activities.
- Phase 4 represents a level of access allowing most research activity, while maintaining the density of research personnel at no more than 70-90% of normal density.
- Phase 5 represents business as usual, full campus density and activity.

Note: Movement from one phase to another may occur in either direction, based on public health concerns and directives from the governor’s office of RI Department of Health.

PHASE	EXTERNAL CONDITIONS	SUMMARY & METRICS	CRITERIA	TIME PERIOD
1	<p>Most restrictive:</p> <p>Situation unknown and changing. COVID-19 hospitalizations on the rise; testing limited; PPE shortages</p> <p>Initial Stay Home/Stay Healthy directive in place</p> <p>Researchers must be designated as Essential to be on site, per prior communications from the VPRED & Provost.</p>	<p>Only research deemed critical is allowed</p> <p>Researchers must be designated as ‘essential’ to be on site</p> <p>On-campus access allowed to maintain research capability or prevent catastrophic disruption</p> <p>COVID-19 related research encouraged</p>	<p><i>Research access limited to social-distanced essential personnel (see above) only for priority research activities:</i></p> <ul style="list-style-type: none"> • Minimum staffing. • Infrequent and limited access to faculty offices to pick up books and materials, shut down instrumentation, etc. • “Essential Research”, where a delay would have significant financial impacts or catastrophically disrupt the project, community health partnership or protocol. Completion of critical projects - no “new” projects can be initiated on campus that do not meet the definition of essential research (see footnote #2, above). • COVID-19 related rapid response activities (e.g. diagnostic tests, ventilators, risk reduction strategies, etc.) • Prioritize core facilities that support COVID-19 research • Field Research: Prioritize seasonal data collection or experiments close to completion where pause or deferral would lead to “catastrophic loss” of research results. <p>Undergraduates are generally not approved to participate, but exceptions will be made as deemed appropriate by individual college Deans and/or the VPRED.</p>	<p>3/16/20-present (at least thru 5/8/20)</p>

	<p><i>Preparations for moving to less restrictive phase</i></p>		<ul style="list-style-type: none"><i>· Necessary core facilities are staffed and operational</i><i>· Labs are able to purchase necessary supplies</i><i>· Social distancing, facial coverings, cleaning measures understood and in place (e.g., face coverings for all on-campus personnel required) All personnel should familiarize themselves with proper donning and doffing of PPE:</i> <i>https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</i>	
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<p>2</p>	<p>To move from more restrictive to this phase:</p> <p>Local COVID-19 hospitalizations flatten, then drop, COVID-19 testing capacity remains limited, PPE shortages still exist</p> <p>RIDOH & Governor allows work to include persons beyond 'essential workers'</p> <p>No one should come to campus with any flu-like symptoms or elevated body temperature.</p> <p>Everyone should maintain a log of their daily contacts</p>	<p>Definition of "essential" includes time-sensitive research, in addition to the above.</p> <p>All research that can be done remotely should continue</p> <p>URI may implement one or more technological solutions to monitor building access, social distancing, body temperature and/or other parameters designed to manage campus health safety in the continuing absence of sufficient virus testing capacity on campus and within Rhode Island.</p>	<p><i>Deadline-driven research activities:</i></p> <ul style="list-style-type: none"> · Seasonal data collection such as field and agricultural work, experiments close to completion, or deadline driven, <u>whose pause or deferral would lead to catastrophic delay or loss of research results (see above).</u> · Animal experiments where a delay would result in euthanasia or loss of a colony. · Research and evaluation with community partners engaged in human health activities, where delay would result in negative impact on partners and/or health-related activities. · Prioritize access for graduate students and postdocs close to completing their degree/term of appointment. · Prioritize research for completion of grants with end dates within 6 months of transition to Phase 2. · <u>Core facilities:</u> use facilities based on sufficient 'customer' demand (approved projects, community partnerships) where work cannot be done remotely. · Explore options for expanded/contracted on-campus library research (e.g., paging services, where faculty and grad students nearing degree completion can order books and other materials to pick up from campus location). Prioritize researchers with deadlines (tenure, book contracts, degree completion, etc.). Access to offices for those at critical career points (tenure, promotion). · <u>Field research:</u> expand/contract approvals depending on what current restrictions are in the settings or 	<p>May</p>
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		Plans for sudden return to Phase 1 in place	countries where field research is to be conducted.	
	<i>Preparations for moving to less restrictive phase</i>		<ul style="list-style-type: none"> · <i>Core campus functions are staffed and operational to handle increased load (e.g., CBRC)</i> · <i>Core facilities are staffed and operational</i> · <i>Social distancing, face mask, cleaning measures remain in place</i> 	
3	<p>To move from more restrictive to this phase:</p> <p>Local COVID-19 hospitalizations continue to decrease, COVID-19 testing capacity meets community monitoring needs, PPE more widely available</p>	<p>Gradually expand/contract # of people on campus while maintaining social distancing in common areas.</p> <p>Critical new on-campus research allowed, but labs/groups only allowed to operate with social distancing</p> <p>All research that can be done remotely should</p>	<ul style="list-style-type: none"> · Allow access to offices for faculty and grad students with continuation of social distancing and max occupancy per building · <u>Field Research</u> – expand/contract on case by case basis (depending on local conditions/restrictions at field sites, travel restrictions, ability to travel safely and ability to social distance at field sites) · Use of libraries, archives, labs, and collections to limited numbers of researchers using hygiene and social distancing protocols. Access to offices can be allowed with social distancing practices in place (see above). · <u>Human research (not already covered above) allowed to occur while adhering to all social distancing guidance.</u> If physical examination is required, full PPE use is mandatory. 	June? - TBD

		continue to be, including all seminars, group meetings, etc.		
4	<p>To move from more restrictive to this phase:</p> <p>New cases of COVID-19 are low.</p> <p>COVID-19 testing is at maximum needed capacity</p> <p>PPE availability normal</p> <p>Restrictions in place - standards for activity based on ability to social distance</p>	<p>Continued expansion/initiate contraction of research on campus while maintaining social distancing</p> <p>Critical new on-campus research allowed, but labs/groups only allowed to operate with social distancing</p> <p>All research that can be done remotely should continue to be, including all seminars, group meetings, etc.</p>	<ul style="list-style-type: none"> · <u>Field Research</u> - further expand/continues on case by case basis (depending on local conditions/restrictions at field sites, travel restrictions, ability to travel safely and ability to social distance at field sites) · Access to offices allowed generally, with attention to social distancing and cleaning · Access to libraries, collections, studio spaces, performance spaces and labs with social distancing and disinfection of materials 	?July-Aug?

		On site research activity estimated at 70-85% of normal		
5	To move from more restrictive to this phase: Vaccine or effective treatment is widely available and used in combination with widespread testing and identification of new COVID-19 cases, with quarantining No or minimal state restrictions	All types of on-site research are allowed On site research activity normal and growth opportunities are being explored	· Restart/ continue normal research operations, including opening/ maintaining libraries, field research and human subjects research.	Late 2020 or sometime in 2021

Additional Requirements:

- Principal Investigators should be assessing ongoing awards and **actively document** COVID-19 impacts (e.g., reduction in time spent on award, inability to recruit research participants). This documentation may be needed to add to the next period’s effort certification documentation.
- Laboratory PI’s and studio/shared workspace directors must develop and maintain a safety plan for restarting their unique facilities. Start now to develop restart/safety plans based on the above noted phases - **Plans should be**

flexible enough to enable the swift ramp down of research to an earlier phase in response to changing circumstances.

- Plans must comply with physical distancing requirements and should provide for the lowest density of people reasonable to carry out research, and gatherings, including group meetings, and even one-to-one discussions should continue to occur virtually.
 - Consider staggering work schedules to maintain low personnel density
 - PI's should register their work plans with the Dean of their college where the lab or facility is located, including a listing of all individuals who will access their facility (and updated as needed).
 - Follow all university requirements for reporting and tracking of symptoms of illness, following procedures and practices to be determined by the COVID-19 Health & Safety Committee
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- Adhere to URI Facilities and URI COVID-19 Health & Safety Committee guidance on the cleaning/sanitizing labs and research work spaces prior to restarting work
 - Research teams utilizing shared space must coordinate their plans
 - Any personnel (including graduate students) returning from out-of-state and international locations are required to follow current guidance on 14-day self-quarantine in Rhode Island prior to reporting to campus – these individuals should work from their place of quarantine to the greatest extent possible if they are asymptomatic. This requirement will be amended as needed, over time, to comply with RIDOH guidance and executive orders by the governor.
 - DO NOT restart research that requires PPE without first ensuring/acquiring an adequate supply of PPE.
 - Non-critical research that generates large volumes of hazardous waste and/or necessarily involves chemical, biological, radiation or other hazardous materials should not restart until Phase 4.
 - Engagement in research should be limited to URI employees and registered students (including participants in special educational programs [e.g., SURF, Coastal Fellows]). Involvement of unpaid volunteers in research should be minimized until Phase 4 (or 5) is reached.

- All restart planning must consider the needs of employees/students with current disability accommodations or those who will require new accommodations, as may be practical for related duties and complies with law.

Laboratory Techniques for the Management of COVID-19 (All Phases)

These procedures are roughly based on Biosafety Level 2 strategies.

1. Lab access will be restricted, as follows, until Phase 5 (see above chart) is reached.
 - a. Only personnel who are practicing strict CDC-recommended social distancing, in their daily lives, will be allowed to access URI facilities. The university recognizes that it is relying on faculty, staff and students to adhere to the following principles, in good faith:
 - No attending gatherings with more than 5 people (to be modified from time to time, by governor's executive order)
 - Keep a distance of 6ft from people outside your household
 - Wash your hands frequently and whenever touching objects that have been touched by other people (take out food, groceries, etc.)
 - If you or somebody in your household has flu like symptoms, you should stay at home. A review of symptoms can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
 - b. Only essential employees are allowed access to the lab. This includes graduate students, PIs, participating faculty and support staff. This does not generally include undergraduate students, although exceptions may be made in the case of animal care, or at the discretion of a college dean or VPRED.
 - c. Whenever possible, lab access will be limited to one person.
 - If more than one person needs to access the lab at once, the most recent CDC guidelines for social distancing will be in effect.
 - Use the "buddy" system. Ensure that, even if you are alone in the laboratory, somebody in the building has access to the lab and checks on you frequently.
 - Follow specific reporting and lab access instructions as put in place by individual college dean's offices and/or individual building managers.
 - For work in close proximity, face coverings should be worn.

- Lab doors must remain closed at all times.
2. Disinfection and decontamination
 - a. Wash your hands each time you enter/exit the lab.
 - b. Limit the number of times you enter/exit the lab as much as possible.
 - c. Work surfaces should be disinfected at the beginning of each day (or researcher shift), before and after an experiment, and at the end of the day (or researcher shift). This includes work surfaces, equipment, keyboards and computer mice, door handles, and light switches.
 - d. Disinfect with any of the following solutions/materials:
 - 10% bleach made fresh each day
 - 70% alcohol (ethanol, isopropanol)
 - Disinfectant wipes (or equivalent)
 - Any disinfectant registered by EPA for effectiveness against SARS-CoV-2 and any microorganisms that are being used for research purposes; EPA registered disinfectants are listed here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - Do not mix alcohol and bleach disinfectants, this can produce harmful byproducts.
 - e. Keep personal items and outdoor clothes (coat, backpack) separated from your work area. Avoid using any personal electronic devices and, if you need to use them, disinfect before and after use.
 3. Visits to the lab
 - a. Visitors to the lab should be discouraged except when absolutely necessary.
 - Conduct as much business with potential visitors outside of the lab and at a social distance.
 - b. When equipment/samples are exchanged, they should be exchanged from a social distance.
 - One person drops off the equipment, then walks away and the other person picks it up. Drops should be secure (e.g., person who drops observes the pick-up and does not leave equipment unattended or vulnerable to misplacement).
 - The exchanged equipment should be disinfected by the person who drops off the equipment and the person who is picking it up
 4. Personal protective equipment (PPE)

- a. PPE should be worn whenever appropriate, and at a level necessary to complete individual tasks (e.g., animal care) as determined by relevant managers (e.g., CBRC/animal care standard operating procedures)
- With shortages in PPE, please be careful to use our limited resources wisely. Masks should be worn when working in close proximity to others.
- b. Never wear gloves while using a computer, mouse, or when touching a door knob.

[1] This document does not specifically address managing use or access to URI's marine vessels, which is being handled separately at this time.

[2] With radius, $r = 6$ ft, and with A (area) = $\pi r^2 = 113.1$ sq. ft.

[3] **Time-sensitive and Essential Research** is defined as:

- Active research intended to improve the ability to detect, diagnosis, treat or protect others from the COVID-19 virus.
- Continuation of ongoing research that, if halted, would compromise the accrued value of one or more year's work to date, such as studies involving multi-year longitudinal data collection.
- Access to laboratories to ensure the integrity of biological samples (e.g., cell cultures), to provide required maintenance of expensive equipment, or to maintain the health, nutrition, and/or proper care of live animals and plants.
- Research projects that a principal investigator (PI) deems to be essential for near-term grant submissions
- Research that must be continued to serve the *immediate* health, safety and/or nutritional needs of under-served and vulnerable populations/communities.

Appendix B DRAFT URI COVID-19 Building Reopening Plan

University of Rhode Island

COVID-19 Building Reopening Plan

Introduction

Returning to the Physical Campus

Over the next several weeks and months, as our region stabilizes from the COVID-19 pandemic and stay-at-home restrictions are lifted, the University of Rhode Island will begin to bring our students, faculty, and staff back onto our physical campuses.

The migration of a largely remote work-and-study community back to our campuses will look very different from what we are used to. The mix of returning students, faculty, and staff will vary, and in some cases, a segment of the community may continue to work and learn remotely. One thing is clear, however—the management of the process is without precedent.

Preparing for a New Work Environment

We are making space and services updates to maintain hygiene safety and physical distancing best practices in six ways:



Social distancing (The 6-Foot Campus)

By modifying shared spaces with staggered seating and buffer zones, teams can continue to operate in the workplace while still maintaining a healthy physical distance from colleagues and fellow members.



Increased sanitization

We've implemented heightened cleaning measures to ensure the health and wellbeing of our members. We are disinfecting common areas more frequently and are providing complimentary sanitization products in our spaces.



Behavioral signage

New cleaning standards and capacity protocols will be reinforced with strategically-placed signage and wayfinding—friendly reminders to community members and guests that the well-being of our community depends on all of us to do our part.



Personal Protective Equipment (PPE) and hygiene

Good hand hygiene and use of appropriate Personal Protective Equipment (PPE), including masks or face coverings, will be essential to preventing person-to-person transmission of COVID-19 in our community.



Consistent communication

Sharing of timely, accurate, and pertinent information will be essential to engaging the URI community in measures to prevent the spread of COVID-19 within our campus community.



Health monitoring and contact tracing

Students and employees will be required to check in daily when on campus to attest that they have no symptoms of COVID. In the event of an outbreak on campus, the Rhode Island Department of Health will be responsible for contact tracing—the process of determining who each sick person might have come into contact with.

Planning Process

Preparations to reopen our campuses are being coordinated by an interdisciplinary “Reopening Support Team” that includes the Office of Emergency Management, Environmental Health & Safety, Fire & Life Safety, and Facilities Operations, with additional support from Health Services and other partners.

IMPORTANT: The URI Senior Leadership Team is currently developing a priority-based timeline for reopening each building on URI’s campuses.

The following process should be utilized by the decision-makers for each campus building:

1. Convene a team that includes building/department leadership (those having decision-making authority) along with those most knowledgeable about the building’s operations. This will be the “Building Team.” (In the case of buildings occupied by more than one department, the team should include representation from all departments in the building.)
2. Using the *Building Reopening Plan Worksheet* (see Appendix 1), conduct a room-by-room survey of the building, making note of steps that are needed for each type of space based on the Worksheet.
3. Calculate the COVID Modified Capacity for each common room/area (see Appendix 2.) Record this information on a copy of the building floor plans or by room number in a spreadsheet.
4. Make a note of all modifications needed, either on the Worksheet or on floor plans. (A written outline of plans if also acceptable.) Be sure to note what’s specifically needed in terms of furniture moves, signage, one-way traffic, and other modifications as indicated in the Worksheet and this Plan.
5. Work with Custodial Services to determine daily cleaning needs once the building reopens and record these on the Worksheet.
6. Have the Dean(s) and/or Department Head(s) responsible for the building approve the completed plan documents, then forward them to the Reopening Support Team for review.

Once the plans have been reviewed and approved, the Reopening Support Team will submit work orders to Facilities Operations (or other facilities group as applicable) and arrange the move request with Property Services. The COVID Modified Occupancy for each room will also be given to Planning & Real Estate Development to record in the campus space database.

General Information

This COVID-19 Campus Reopening Guide incorporates direction from the State of Rhode Island, the U.S. Centers for Disease Control (CDC), and the World Health Organization (WHO) along with practices being followed by other institutes of higher education, government agencies, and private companies.

Much is still being learned about the 2019 novel coronavirus. Accordingly, any part this document may be subject to change as new information comes to light and updated guidance is received. Check <http://www.reopeningri.com>, the RI Department of Health website, and the Governor's Executive Orders on a weekly basis or whenever notified of the availability of new guidance.

The 6-Foot Campus (Social Distancing)

Social distancing is a cornerstone of preparing for our Rhody community's return to campus. Over the weeks and months ahead, we will have to reimagine the place we work, learn, and live as a "6-Foot Campus." Such physical separation is critical to reducing transmission of COVID-19 and other contagious diseases among colleagues. Solutions may differ from building to building and will likely depend on how many people are expected to return to campus versus continuing to work or study from home. Understanding that dynamic will allow calculation of the total number of people expected to be accommodated in the given area and assessment of the demand for workspaces.

IMPORTANT: Public safety codes, building codes, applicable laws, and security requirements must not be compromised to achieve social distancing.

Determining Modified Capacity

The capacity of rooms, spaces, and areas in our buildings is normally calculated based on the State Fire Code according to category of use. However, our 6-Foot Campus in most cases requires a much lower COVID Modified Occupancy for each room or area in order to maintain social distancing.

See Appendix 2 for an explanation of occupancy calculation.

Accomplishing 6' of Separation

Social distancing in shared spaces—classrooms, laboratories, open offices, lounge areas, etc.—can be especially challenging and requires cooperation on everyone's part. The goal is to maintain at least 6 feet of physical separation at all times, which may be accomplished by removing or rearranging furnishings, modifying work practices, and/or eliminating unnecessary foot traffic. Such measures will be incorporated in the specific reopening plan developed for each campus building.



Circulation spaces

- Designate and signpost the direction of foot-traffic in main circulation paths: corridors, stairs, entries
- Consider one-way circulation routes through the workplace (when used, one-way circulation will be counterclockwise by default)
- Mark increments of locally acceptable social distance on floors where queues could form

Individual seats

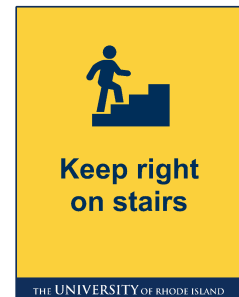
- Only use alternate desks (checkerboard); disable the use of alternate desks; or remove alternate desks altogether as needed to maintain 6' social distance
- Add desks to spaces previously used for group activities (convert training/meeting rooms, café area and the like into desk areas)
- Increase space between desks
- Add panels between desks including height adjustable panels for sit/stand desks
- Specify seat assignments for employees to ensure minimum work distances
- Review sharing ratios if new sanitization protocols are introduced

Meeting and shared spaces

- Decommission and re-purpose large gathering spaces to the extent possible
- Reduce capacity of spaces—e.g., remove some chairs from large meeting rooms
- Prohibit shared use of small rooms by groups and convert to single occupant use only
- Close/forbid use of some rooms

When 6 Feet Isn't Possible

Given the many historic buildings on our campuses, there will be instances where it is impossible to achieve a full 6 feet of separation. This is especially true of hallways and stairways. Where feasible, modifications may be made to provide one-way travel, in other instances we must all do the best we can to use our common sense and minimize contact in locations. (This is why other measures such as PPE and good hygiene are so critically important!)



Standardizing Circulation

To minimize confusion, modifications and instructions will be standardized as much as possible. For example:

1. Stay right in hallways and when ascending or descending stairs.
2. Elevators will be single occupancy unless exceptionally large (i.e. freight elevators.) which are double occupancy.
3. When utilized, one-way foot traffic in hallways/corridors will follow a counterclockwise circulation (like a traffic rotary) unless otherwise indicated by a particular building layout.

Remote Work and Learning

By reducing the number of people in the office or classroom, we reduce the number of potential exposures should someone become ill. Each department must determine which of its personnel can continue working remotely while still performing their essential functions. Departments should also adjust meeting, conference, and social gathering plans to minimize face-to-face contact.

Emergency Evacuation

Building evacuation during a fire alarm or other emergency situation is of particular concern to many community members because it is difficult to maintain social distancing while evacuating. The URI Office of Fire & Life Safety will be working with campus buildings/departments to plan safe egress from their work areas. Until further notice, the Department of Public Safety will not schedule fire egress drills except where explicitly required by the Fire Code (i.e. residence halls.)

Increased Sanitation

Current orders by the State of Rhode Island require plans for “enhanced cleaning” as part of our campus reopening. As defined by the CDC, sanitation includes two components:

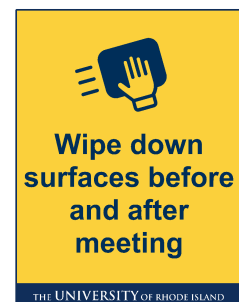
- **Cleaning** is the removal of foreign material (e.g., soil, and organic material) from objects;
- **Disinfection** means the thermal or chemical destruction of pathogenic and other types of microorganisms.

Additionally, more extensive disinfection of a room or area following known exposure to hazardous or infectious material is typically referred to as **decontamination**.

A Shared Responsibility

Building custodial staff will clean and disinfect campus buildings more frequently to reduce the spread of pathogens via frequently touched surfaces.

However, it is impossible for custodial staff alone to perform these functions with the frequency and extent needed to combat the novel coronavirus. Every member of the URI community has a joint responsibility for sanitation in their own work area and when using shared resources (e.g. meeting rooms, commonly touched surfaces, etc.) Disinfecting wipes (or disinfecting spray and paper towels) will be provided in these areas so occupants can do their part to prevent surface transmission of pathogens.



Sanitation Procedures and Safety

Protocols for cleaning, disinfecting, and decontaminating campus buildings have been jointly developed by Facilities Operations and the URI Office of Environmental Health & Safety in consultation with URI Health Services and Housing & Residential Life. These protocols may be found on the URI coronavirus web site at <https://web.uri.edu/coronavirus/>. Safety Data sheets for disinfecting products may also be found at [\[add link\]](#).

IMPORTANT: Many of the provisions in this plan assume that sufficient custodial staffing is available to carry out the cleaning and disinfecting schedule determined during each building's planning process. Without sufficient custodial staff, building use must be reduced in terms of opening hours, occupancy, and number of rooms/spaces being utilized.

Reducing Commonly Touched Surfaces

To reduce the spread of pathogens, and facilitate regular sanitation, every effort should be made to reduce the number of commonly touched surfaces. This may involve removing shared phones, remote controls, dry erase markers, and other objects from shared meeting/work areas.

Behavioral Signage and Markings

Temporary, COVID-specific signage and markings will be added to each building. These serve to inform and remind community members and visitors alike of required measures to help prevent spread of the novel coronavirus. Compliance with posted signs and notices is required by order of the URI Department of Public Safety.

The need for signage is determined as part of the reopen planning process for each campus building. Signs are printed by the Office of Emergency Management and/or others as designated using a standard template provided by the URI Publications office.

IMPORTANT: Building occupants should not apply tape, markings, or signage on their own; all such work must be coordinated through Facilities Operations (or the applicable facilities maintenance department for other campuses and locations.)

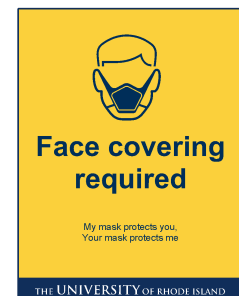
Personal Protective Equipment (PPE) and Hygiene

Personal Protective Equipment (PPE) and good hygiene (specifically hand washing) are additional critical elements in reopening plans. These are shared responsibilities that reduce our likelihood of becoming sick while also reducing the chances we might make someone else sick should we be infected and not know it.

Masks and Face Coverings

The University requires all students, employees, and visitors to wear face coverings at all times while in public or in shared spaces on campus unless doing so would damage their health. Please note the following general guidance regarding use of face coverings, surgical masks, and N95 respirators:

- A **cloth face covering** is typically a reusable item made from cloth fabric. It serves to protect others from exposure to illnesses the wearer may be carrying. This is the appropriate protection for most employees and should be laundered in a washing machine daily after use.
- A **disposable surgical mask** is a disposable face covering approved for health care environments. These are generally reserved for health care workers and emergency responders but may be used by other individuals as a temporary measure when cloth face coverings are not available.
- An **N95 respirator** is a device evaluated, tested and approved to reduce the wearer's exposure to fine particles, and is the respiratory protection of choice for units dealing with COVID-19 patients. An N95 respirator is tight fitting and must be fit-tested. N95 respirators are not appropriate or necessary for most employees and should be reserved



for health care workers and emergency responders in contact with individuals who are ill and are also needed by facilities maintenance personnel while performing specific tasks that generate fine dust.

Distribution of Masks and Face Coverings

PPE procurement and distribution for all departments and all campus is coordinated through the URI Office of Emergency Management.

- Masks for **employees** are distributed by the Office of Environmental Health & Safety to departments that request them. Employees needing a mask should request one from their supervisor.
- **Students** may obtain masks by contacting their hall director, employer if they are a student employee, or Health Services.
- **Visitors** to Kingston Campus will be able to obtain disposable masks at the Welcome Center.

All students and employees who are issued reusable cloth masks are responsible for washing them daily.

Good Personal Hygiene

Frequent hand washing is an equally important element of preventing disease transmission. Hands must be washed for at least 20 seconds with soap and warm water multiple times a day. Additionally, the University is working to significantly increase the number of touchless hand sanitizer dispensers throughout our campuses.

Consistent Communication

Timely, accurate, and pertinent communication is essential to engaging our community in combating the spread of COVID-19 on our campuses and continuing the academic, research, and service mission of our institution.

Creating a sense of safety and security for our community is a key component of a successful return to campus. This goal will be jointly owned by University administration, students, faculty, and staff; all share some responsibility with communications. Stakeholders must work together to understand new policies that impact the way people arrive at, move through, work/learn/research in, and utilize the spaces and amenities in and around the building.

Consider the following:

- Discuss the **level of community communication** that will be needed before employees return to campus throughout the course of the weeks and months ahead
- Agree and outline the **responsibilities each party will take** in communicating safety measures and protocols that have been implemented to date—and that will continue to govern the day-to-day use of the building—to create a sense of security and safety for all building users
- Discuss **communication protocols and plans** should risk increase suddenly

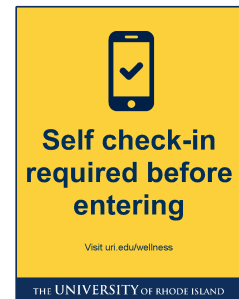
See “Preparing the Community” below for additional information.

Health Monitoring and Contact Tracing

When the University's campuses reopen, students, faculty, and staff will be required to monitor their own health daily and attest each day that they have no signs or symptoms of COVID-19. Employees may not come to campus if sick and must immediately report their illness to their supervisor. Students likewise may not come to campus if ill and should report their illness to Health Services. More specific guidance will be forthcoming about this process.

When any member of the URI community becomes ill with COVID-19, Health Services will work with the RI Department of Health to identify those with whom the individual has been in close contact and assess the significance of the exposure.

NOTE: The University will report all positive COVID-19 cases in the campus community to the RI Department of Health as required.



Preparing the Community

As we plan for the best way to bring large numbers of students, faculty, and staff back to our campuses, everyone is looking for answers to make the transition as smooth and successful as possible. Effective communication between decision-makers and those who actually use our buildings is an essential element of this process.

While workplace design, policies, and safety protocols are critical pieces of the puzzle, they do not touch on perhaps the most important aspect of return to work—the readiness of our community physically, emotionally and psychologically.

IMPORTANT: Culturally appropriate messaging... international presence... many cultures and languages on campus... consider the most effective methods of reaching all segments of the campus community... [Need language for this from Comms & Marketing]

Community Outreach

URI Communications & Marketing is preparing a community outreach plan that will keep our students, faculty, staff, and other stakeholders informed as we prepare to reopen the campus.

Targeted messaging will keep community members informed about topics such as:

- When they will return to campus, how they will be told
- What's being done to prepare the campus and keep everyone healthy
- What's expected of them in terms of social distancing, hygiene, PPE use
- What will be done to keep the campus safe (hygiene, wellness monitoring, etc.)
- What will happen when we have a positive COVID case in the campus community

The outreach plan will also emphasize:

- Everyone's shared responsibilities to make the 6-Foot Campus work for everyone
- Be diligent about mask use, hand washing, etc. (including regular washing of reusable cloth masks, if applicable)
- Daily check-in with self-monitoring wellness app before coming to campus
- The importance of not coming to campus if sick

Change Management

The campus our students, faculty, and staff return to will likely look and feel very different than what they're used to. Ensuring our students, faculty, and staff understand what the campus will be like upon return is critical. Some community members may expect nothing to change, while others will assume everything will be different. Preparing the community and reminding them that these changes are designed to help keep them safe will ease anxiety.

To help our community adjust to the new reality of our 6-Foot Campus, campus leaders at all levels will:

- Take time to **engage with students, faculty, and staff** to understand their attitudes and perspectives. This informs the creation of strategies that enable their success.

- **Provide timely and useful information** to the community about what is happening.
- **Give virtual work support** to help students and employees continue their transition to virtual collaboration tools, whether working on campus or remotely.
- Offer **proactive virtual training** to help community members learn new patterns of behavior and understand the “new normal” for their campus.
- **Provide students and employees with reinforced training** after returning to campus; repetition will help community members acknowledge and retain important messages and information. Consider signage that reinforces key messages in high traffic areas such as main entrances, restroom facilities and so forth. (Outdoor “lawn signs” are also an effective way to accomplish this.)

Preparing Each Building

Before our community returns to our physical campuses, we must consider a variety of pre-return checks, tasks, and assignments. As part of that pre-return activity, a COVID-19-specific reopening plan will be developed for each building that outlines strategies and tactics to combat and/or minimize the likelihood of spread of virus in workplace.

A *Building Reopening Plan Worksheet* is provided in Appendix 1.



Cleaning, Disinfecting, and Supplies

As part of preparing each building for reopening:

- Review site inventory of cleaning chemicals, materials, and consumables to ensure inventory levels are aligned with forecasted building occupancy; Ensure a safety data sheet is available for all chemicals and requirements for safe use are followed
- Ensure cleaning equipment and tools are in working condition
- Have cleaning staff review and complete refresher training on general cleaning and site-specific protocols; Train cleaners on proper disinfecting guidelines
- Determine areas that require thorough cleaning due to heavy usage such as event centers, gyms/locker rooms, conference rooms and restrooms
- Prior to initiating cleaning tasks, ensure all staff practice hand hygiene, washing hands thoroughly prior to putting PPE on
- Treat all surfaces using disinfectants from government approved or authorized lists ensuring all chemical dwell times are adhered to



Building Core Infrastructure Inspection

Although none of our buildings have been shut down completely during the Governor's stay-at-home order, many have been unoccupied for an extended period of time. Accordingly, the applicable facilities group (e.g. Facilities Operations for most of the Kingston Campus) will review the proper function of the following systems:

- Mechanical Systems
- Water Systems
- Chilled/condenser water: open/closed loops
- Water features
- Conveyances
- Potable water: flush faucets
- Fire Life Safety Systems
- Ensure open site drains are inspected and traps are primed

Facilities Operations is also reviewing pertinent standards and working with HVAC vendors building-by-building to determine optimum configuration for air handlers, filtration, etc. to

minimize any potential for spread of environmental contaminants. Because there are significant differences in HVAC age and design from one campus building to another, there is no single configuration that can be used campus wide.



Building Entry/Reception

Consider guidelines and recommendations to control building ingress and egress, and that promote ongoing safety and precautionary measures at those points. These might include:

Entrances

- Reduce the number of entrances (but maintaining code compliance) to direct occupants to use monitored and protected routes
- Hand sanitizer at doorways both inside and outside
- Floor markings for safe distancing for any queues or waiting areas
- Sanitized floor mats

Reception

- Train reception personnel on safe interactions with guests
- Install glass or acrylic screens between guests and reception personnel
- Remove reception furniture to reduce public touchpoints
- Provide disposable masks (and other PPE as appropriate) to building guests

Signage

- Install signage at multiple, relevant locations in the entry sequence
- Explain building access rules and other protocols that impact how occupants use and move throughout the building

PPE and Cleaning

- Provide receptacles for used/discarded PPE
- Monitor and review of existing cleaning guidelines and adjust or enhance as needed for cleaning paths of travel and high touch areas



Stairs, Elevators, and Hallways

Elevators represent a particularly challenging area to establish social distancing. Most campus elevators will have to be single occupancy while social distancing measures are in effect.

Methods for managing the use of elevators might include the following:

- Social distancing queue management for waiting passengers
- Instructional signage displaying healthy elevator use protocols including passenger limits and safe distances in the carriage
- Review elevator cleaning processes, and updates to ensure on-going cleaning of high touch surfaces like elevator panels / buttons

Many stair towers are too narrow to provide a full 6' of social distancing.

- Post signs directing people to keep right when as they go up or down
- Provide hand sanitizer stations near the top and bottom of staircases

For hallways, emphasis is on maintaining social distancing as people pass each other.

- Use striped floor tape, directional arrows, and signage to divide hallways into travel lanes
- For hallways too narrow to accommodate two-way traffic, consider one-way traffic following a counterclockwise circulation



Common Areas / Amenities

Consider guidelines and recommendations that promote safety and guide building occupants through common and amenities areas beyond the entry.

- Provide hand sanitizer in each common area or nearby hallway
- Remove or redistribute furniture to ensure 6' social distancing
- Provide wayfinding signage or floor markings to direct foot traffic and ensure safe social distancing; consider the need for one-way traffic flow (see above)
- Explain new rules or protocols for common areas



Meeting Rooms

Consider the need to reduce the number of in-person meetings when possible and prepare meeting rooms as follows:

- Remove meeting room seating as needed to ensure at 6' social distancing
- Remove whiteboard pens and erasers and encourage individuals to bring and manage their own
- Provide a spray bottle of cleaning solution and disposable wipes; require those using the room to wipe down contact surfaces before and after every meeting



Individual workspaces (i.e. private office)

Employees with individual offices should generally take responsibility for disinfecting their desk surface, keyboard, telephone and other items. Consideration should be given to the following:

- Minimize objects on the desktop to facilitate regular disinfecting
- Remove visitor chairs if office size is not sufficient to provide minimum social distancing
- Instruct office visitors that they should have conversations with office occupants from the doorway and not enter individual offices; meetings should be held via videoconference or in a designated Meeting Room with sufficient space to maintain 6' social distancing



Shared workspaces (i.e. open office)

Shared/open workspaces present particular challenges, especially when desks are shared by multiple individuals. Such practices should best be avoided by converting meeting rooms or common areas to shared workspaces with additional desks. Additionally:

- Furniture should be removed or redistributed to ensure 6' of social distancing
- Workers should be required to sanitize all surfaces upon arrival at their seat and before departing for the day
- Provide hand sanitizer and disinfecting wipes within each shared workspace



Classrooms

Classroom capacity must be significantly reduced to accomplish 6' of social distancing.

Consider the following needs:

- Remove/redistribute seating to facilitate social distancing and restrict occupancy as determined (fixed seating that cannot be removed should be blocked off with tape)
- For fixed seating, mark seats not to be occupied per social distancing
- Install hand sanitizer station in hallways outside classrooms
- Install disinfecting wipe dispenser at front of classroom
- Require faculty to wipe down lectern, etc. at start and end of every class



Laboratories

The needs of every laboratory space are unique and department staff must develop specific plans for each lab to accomplish 6' social distancing while preventing contamination. Consider the following needs:

- Install hand sanitizer station in hallways outside labs
- Install disinfecting wipe dispenser in lab
- Rearrange equipment (where possible) to encourage social distancing
- Consider the need to stagger worker schedules so as to minimize the number of people working in the lab at any one time
- For teaching labs, space students out along benches to maintain 6' of separation; consider the distance between students working across the bench from one another if applicable.



Food Service Areas

Food service areas include dining services/concessions as well as self-serve kitchen areas and breakrooms.

- Consider acrylic dividers between service provider and users
- Offer pre-packaged foods only
- Reduce self-service access to foods
- Clearly signpost queuing areas
- Remove/redistribute seating to facilitate social distancing and restrict occupancy as determined (fixed seating that cannot be removed should be blocked off with tape)
- Install disinfecting wipe dispensers
- Clean common touch surfaces frequently and wipe down tables after every use



Fitness and Athletic Facilities

Fitness facilities are difficult to decontaminate frequently as users circulate from one station to another. For this reason, most facilities should remain closed to the greatest extent possible. If open, consider the following:

- Clearly signpost queuing areas
- Require use of face masks in fitness facilities
- Rearrange equipment (where possible) to encourage social distancing (use colored tape and signage to block off equipment that cannot be used without violating social distancing)
- Prohibit all activities that require close contact such as “spotting”



Shipping and Receiving Areas

Before reopening, department/building staff should review current processes for inbound and outbound deliveries (parcels, mail, food deliveries, couriers and so forth) and develop a revised plan to align to COVID-19 safety precautions. These might include:

- Routing instructions and plans to avoid deliveries through employee or main entrance and instead route through areas that will minimize contact with the larger building population
- Separating shipping and receiving areas from the general population
- Require personnel handling mail and parcels to wear PPE to receive parcels, mail and other deliveries, and train them in the proper use and disposal of PPE
- Sanitizing the exterior of packing
- If appropriate and feasible, removing items from boxes and appropriately discarding



Bathrooms / Locker Rooms

Most bathrooms and locker rooms will have limited occupancy and consideration should be given to:

- At queuing areas, post sign and distance floor markers
- Install touch-free soap dispensers at every other sink fixture
- Post signs with instructions for 20-second hand washing
- Mark off-limits sinks, urinals, etc. as needed to maintain social distancing
- Block off lockers as needed to maintain social distancing; Consider markings on floor and/or benches to enforce distancing

Returning to Campus

Our community's return to campus will be a gradual one, and we don't yet know what the Fall 2020 term will look like. It bears repeating that a well thought out community outreach program aimed at building occupants should prepare them for what to expect when they arrive and help to alleviate anxiety.

The following are ongoing efforts that will be important to the success of reopening.



Commuting, Transportation, Vehicles

Promote safe and healthy ways to commute to and from the workplace.

Suggestions for public transport might include:

- Avoiding overcrowded public transportation
- Wearing face masks and other PPE
- Maintaining safe distance from other passengers
- Using hand sanitizer when entering and exiting
- Wiping surfaces with disinfecting wipes prior to touching them

Other transit methods might include:

- Ride-sharing: wear PPE
- Solo transit modes such as bikes, scooters, cars: sanitize touchpoints especially if shared modes like public bicycles

For employees with long commutes, consider advocating that they temporarily continue working from home.



Arrival Experience

Utilize the workplace arrival area to reinforce messages, new policies and protocols, which may include:

Digital signage or posters

- Remind staff how to stay safe and keep others safe in the workplace by maintaining social distancing, following new meeting guidelines, hand washing reminders, the use of virtual collaboration tools rather than meeting rooms and so forth

Cultural reminders, such as

- The vision and priorities of the organization at this time of change and stress
- Taking care of the employee is a high priority
- Shared responsibility for the health of all employees



Emergency Response

Provide reminders of how to manage an emergency in the workplace with relevant details defining who to notify, where to go, how to get help, and how to respond afterwards.

NOTE: URI Fire & Life Safety will be working with offices and departments to address concerns regarding building evacuation in the event of a fire alarm activation.



Workplace Hygiene

Encourage good **personal hygiene** and infection control practices when employees are in the workplace, including:

Respiratory etiquette

- Encourage covering coughs and sneezes
- Turn away from others when coughing or sneezing

Hand hygiene

- Promote frequent and thorough hand washing
- Make hand sanitizers available in multiple locations adjacent to common touchpoints

Avoid touchpoints

- Provide disposable wipes so that common touchpoints (e.g., doorknobs, light switches, desks, desktop peripherals, remote controls, and more) can be disinfected by employees before each use
- Discourage the use or borrowing of other people's phones, desks, offices or equipment

Maintaining a **clean workplace** will assist in minimizing risk to everyone in the community. This involves:

Regular housekeeping

- In open work environments, increase the frequency of cleaning and disinfecting frequently touched surfaces, equipment, and other surfaces in the workplace:

- Kitchen areas
- Vending machines
- Bathrooms
- Meeting rooms

- When choosing cleaning chemicals, consult products from approved lists from governing authorities, and reference disinfectant labels, data and specifications with claims against emerging viral pathogens.

For **shared/agile/flexible workplaces**, consider:

- Creating and posting guidelines for desk and equipment sharing, disinfecting and use

- Removing shared keyboards and mice and distribute personal peripherals to mobile workers
- Providing storage units (lockers) for storing personal items in the workplace

Develop new practices on **kitchen and meal preparation areas**, which may include some temporary measures such as:

- Encourage occupants to bring food and beverage items from home and manage them individually
- Minimize touchpoints by removing coffee pots and the like
- Eliminate open food items
- Provide prepackaged items in containers
- Increase frequency of cleaning appliances such as refrigerators and microwaves
- Consider installing physical barriers, such as clear plastic sneeze guards
- NOTE: these approaches will impact sustainability initiatives as additional waste is produced from individually packaged food and beverages



New Workplace Operations

To maintain social distancing, minimize touchpoints and manage potential contamination of the workplace, consider the following practices:

Space use / density monitoring

- Conduct regular counts of occupants per floor
- Add sensors to quantify utilization of spaces (concept currently under development)
- Provide real-time meters/dashboards at entries to display how many people are present (concept currently under development)
- Implement a reservation system for desks so that employees can check attendance before arriving in the workplace (concept currently under development)
- Work from Home for non-essential employees to reduce the density of personnel

Individual desks

- Implement a strict clean-desk policy so that non-essential items are not stored on the desk, but rather enclosed in cabinets or drawers
- Supply disposable daily paper placemats for use at each desk
- If desks or work areas are shared, advise individuals to sanitize all surfaces upon arrival at that seat. Supply disinfectants in the immediate proximity (or on each desk)
- Unless stringent cleaning protocols are enforced, and if possible, avoid sharing of desks

In-person meetings

- Coach employees to critically evaluate the requirement for in-person meetings
- Limit the number of attendees at in-person meetings and limit to spaces that accommodate safe distances
- Host large team/staff meetings via video conference rather than in-person
- Restrict or eliminate in-person meetings with external guests



Ongoing Support

In addition to the recommendations outlined in “Preparing the Community,” our students, faculty, and staff will need ongoing communication and training, especially during onboarding of new staff or orientation for visitors to the space. Consider:

- A regular cadence of employee training on emergency procedures, good workplace hygiene, effective work practices for distributed teams
- Training materials on URI web site
- Posters, signage and displays related to employee learnings about new practices

Appendix 1: Building Plan Worksheet

Using the current COVID Building Reopening Worksheet:

1. Determine what outside entrances/exits will be used and mark them on the floor plan.
2. Calculate modified occupancies for each common space/area in the building and record on a floor plan or in a spreadsheet (see Appendix 2).
3. Determine what furniture will need to be reconfigured or removed to achieve 6' of distance between occupants.
4. Determine if any hallways need to be one way.
5. Mark up building plans with locations for each type of signage (see Appendix 3), floor markings, etc. and record number of each sign type on Worksheet.
6. Mark up building plans with locations for hand sanitizer dispensers and disinfecting wipes.
7. Work with custodial staff to determine daily housekeeping requirements and record on Worksheet.
8. Walk through the building with the Worksheet and a set of floor plans, making sure that every requirement is addressed for each type of space.

Appendix 2: COVID Modified Occupancy

Calculating COVID Modified Occupancy for social distancing purposes must not be confused with determining occupancy under the State Fire Code. Whereas the fire code is based on a formula for so many people per square foot given a particular type of use, the COVID Modified Occupancy is based on how many people can use the space simultaneously while remaining six feet apart given the configuration of the room's furnishings.

The following are guidelines for calculating COVID Modified Occupancy for each of the space types used in this plan. A rough baseline is provided for each occupancy type. This is intended only for initial planning and should never be used to calculate the final COVID Modified Occupancy. (Note that "normal capacity" refers to the number of people normally allowed in the given space, which may or may not be different from the fire code occupancy based on square footage.)

IMPORTANT: The COVID Modified Occupancy must never exceed the occupancy established by the State Fire Code, nor should the rearrangement of furniture result in any Fire Code violation.

In an open, unfurnished area, a rule of thumb is 36 square feet per person as this allows at least six feet between people side to side and front to back. However, provisions must be made to ensure occupants remain equidistant (for example, grid lines on the floor) rather than grouping as often occurs in an open area. For this reason, it is generally best to use seating or other furnishings to define how many people fit in a given area.



Building Entry/Reception

Every entrance area/lobby is unique and requires some effort to determine COVID Modified Occupancy. If the area largely functions as a hallway or vestibule, it should be treated as such. If there is a reception/greeting function, the Modified Occupancy should take any account any staff working in the area plus the number of people who can queue up at one time while remaining 6 feet apart and not blocking any egress pathways. *Rough guideline: 20-30% of normal capacity*



Stairs, Elevators, and Hallways

COVID Modified Occupancy for most elevators is 1, because most elevator cars are too small to realistically accommodate anyone else while maintaining social distancing. Modified Occupancy for stairs and hallways is generally impractical to calculate because the occupants are generally in constant motion. However, care must be taken to monitor hallways/stairways for overcrowding at peak times and to prevent congregation at any time. *Rough guideline: N/A*



Common Areas / Amenities

To calculate the COVID Modified Occupancy, remove enough seating so that the remaining seats are at least 6 feet apart in all directions. The resulting number of seats is the Modified Occupancy for the room/area. *Rough guideline: 40-50% of normal capacity. Seats will be staggered as much as possible so persons are not facing in the same direction.*



Meeting Rooms

To calculate COVID Modified Occupancy, remove enough chairs around the conference table that the remaining chairs are at least 6 feet apart. If the table is too narrow to provide 6 feet of distance across the table, then seating must be staggered so as to maintain this distance diagonally. The resulting number of seats is the COVID Modified Occupancy for the room and the locations of the chairs should be marked on the table. NOTE: Excess chair must be removed from the room, not lined up along the wall where they will inevitably be returned to the table at a later date. *Rough guidelines: 40-50% of normal capacity*



Individual workspaces (i.e. private office)

Other than very large offices, individual workspaces (as defined by having a door and walls with a single desk) should be limited to a single occupant. Visitors chairs should be removed unless there is sufficient room to maintain 6 feet of distance between occupant and visitor. Any meetings should be conducted in a designated meeting room, or preferably online. *Rough guideline: N/A*



Shared workspaces (i.e. open office)

To calculate the COVID Modified Occupancy in an open/shared office area, first determine if the existing desks/cubicles can be configured to provide at least 6 feet of social distancing between workers. If so, the Modified Occupancy is the number of workstations (i.e. no visitors.) If workstations need to be modified or reduced to meet social distancing requirements, then the resulting number of workstations is the Modified Occupancy. *Rough guideline: 60-80% of normal capacity*



Classrooms, Lecture Halls, Auditoriums

COVID Modified Occupancy for classrooms and lecture halls is based on the number of seats that can realistically be used while keeping learners 6 feet apart, plus the instructor. **For lecture halls with fixed, auditorium style seating**, the typical configuration is that every other row must be kept empty and in the occupied rows only two out of every three seats may be used. An alternative is to use every row but stagger the seats to achieve 6 feet of space diagonally. In either case, the resulting number of useable seats plus the instructor is the Modified Occupancy and “unusable” seats must be so marked. **For classrooms and lecture halls with moveable seating and/or tables**, excess seating is removed until only enough seats remain to achieve the required social distancing. The resulting number of seats plus the instructor is the Modified Occupancy and excess seats and tables must be removed and stored. *Rough guideline: Fixed seating 20-30%; Flexible seating 30-40% of normal capacity*



Laboratories

The COVID Modified Occupancy for laboratories is the number of workstations that can be occupied at one time while keeping occupants 6 feet apart, plus the instructor. Keep in mind that social distancing requirements apply not only to adjacent workstations on the same bench, but also those behind and across from a given workstation. *Rough guideline: 40-50% of normal capacity*



Food Service Areas

The COVID Modified Occupancy for food service areas (cafeterias, coffee shops, etc.) should usually be broken down into food preparation, food sales/service, and seating areas. **Modified Occupancy for food preparation areas** is the number of people who can work in the area at the same time while maintaining at least 6 feet of social distancing. Because food prep often involves a lot of movement, planners knowledgeable about kitchen functions will ultimately need to determine what is reasonable and safe. **Modified Occupancy for food sales/service areas** (i.e. where consumers order/select/pick up their meals) is the number of employees plus the total number of counter workstations where customers can pick up and pay for their food, plus the number of people who can reasonable wait in line while remaining at least 6 feet apart. **Modified Occupancy for seating areas**, if not eliminated altogether, is based on the number of chairs available when tables are placed at least 6 feet apart with no more than two chairs per table. *Rough guideline: 20-30% of normal capacity*



Fitness and Athletic Facilities

The COVID Modified Occupancy for fitness/athletic facilities are broken down into exercise areas, locker rooms, and shower areas. **For exercise areas**, the Modified Occupancy is the number of people who can use equipment in the given area while maintaining at least 6 feet of social distancing. (Any equipment less than 6 feet apart must be removed or marked off. Any activities requiring close contact, such as spotting weights, should be prohibited.) **For locker rooms**, the Modified Occupancy is based on either one locker for every six linear feet, or the number of people who can be seated on locker room benches while at least six feet apart, whichever is less. **For shower areas**, the Modified Occupancy is the number of people who can fit in the shower area at one time while remaining 6 feet apart. *General guideline: Exercise areas 20-30%; Locker rooms 10-20%; Showers 20-30%*



Shipping and Receiving Areas

The COVID Modified Occupancy is the number of people who can work in the area at one time while remaining 6 feet apart, taking into account that most people in a shipping/receiving area must be able to move around considerably without coming into close contact. *General guideline: 20-50%*



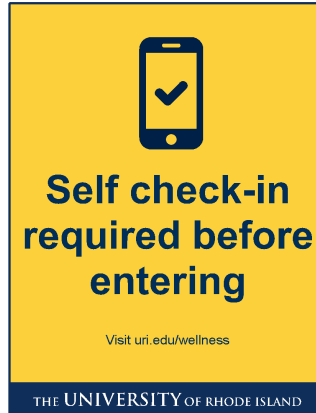
Bathrooms

The COVID Modified Occupancy is the number of people who can simultaneously use bathroom facilities while remaining at least six feet apart. Depending on the specific bathroom, this will generally be the number of commodes plus half the urinals. Note that that in most instances, half the urinals and half the sinks must be taped off and not used. *General guideline: 50-60%*

Appendix 3: Building Signage



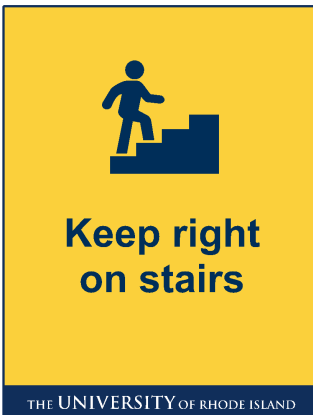
ModifiedCapacity.pdf
Post as needed in rooms and common areas



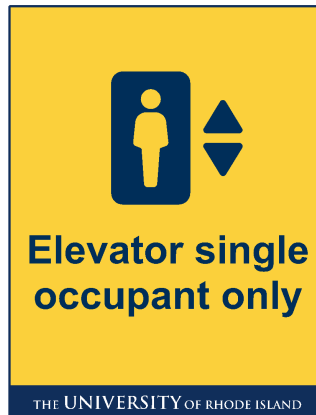
SelfScreening.pdf
Post at entrance to every building



SixFeetApart.pdf
Post strategically as needed



KeepRightonStairs.pdf
Post at top and bottom of staircases



ElevatorSingle.pdf
Post at each elevator door (as applicable)



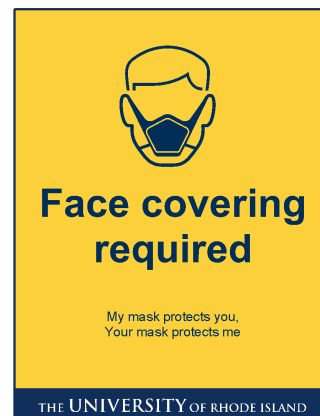
KeepRightHallway.pdf
Post strategically in hallways



MeetingWipeDown.pdf
Post in every meeting/conference room



WashHands.pdf
Post at all handwashing

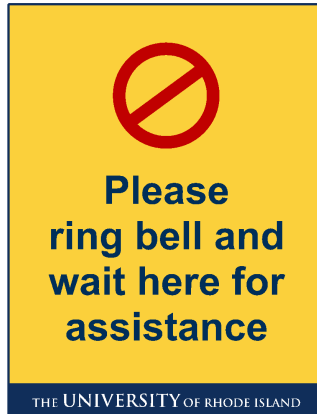


FaceCovering.pdf
Post at entrance to every building

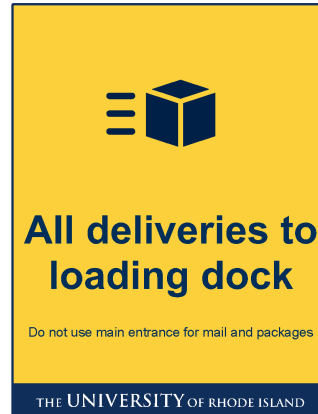
sinks (bathrooms, kitchens, etc.)



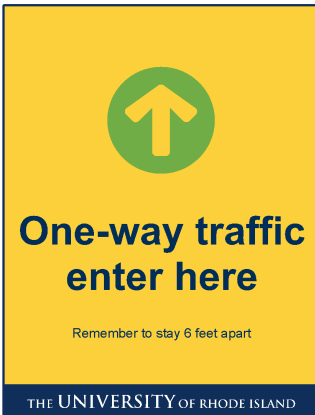
WaitforAssistance.pdf
Post outside office suites as applicable



WaitforAssistance.pdf
Post outside office suites with wireless doorbell



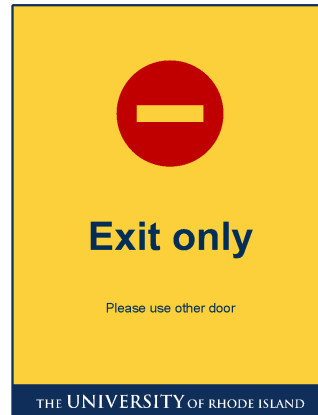
DeliveriesEntrance.pdf
Post at all building entrances



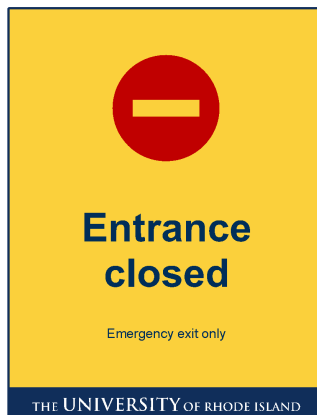
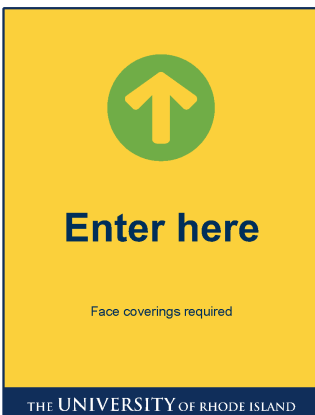
OneWayEnter.pdf
Post at entrance to one-way hallways



OneWayExit.pdf
Post at exit end of one-way hallways



ExitOnly.pdf
Post on outside of building exit doors (i.e. next to entrance doors)



Entrance.pdf

Post on outside of designated building entrance doors

EntranceClosed.pdf

Post on outside of entrance doors that are closed

EmergencyExitOnly.pdf

Post on inside of entrance doors that are closed

UNIVERSITY OF RHODE ISLAND
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF EMERGENCY MANAGEMENT
44 Lower College Road, Kingston, RI 02881 USA
401.874.4960 uri.edu/emergency

Appendix C URI COVID-19 Building Reopening Plan Worksheet

UNIVERSITY OF RHODE ISLAND COVID-19 Building Re-Opening Plan Worksheet

DO NOT MODIFY THIS TEMPLATE. PLEASE SAVE YOUR OWN COPY FIRST.

1. Building and contact information

Building Name _____

Assessment Date _____

Building Point(s) of Contact _____

2. Building entrances

GOAL: Monitor and control access to building

Will building access be restricted to faculty/staff/students?

Will any building entrances be closed?

Will each active entry point be monitored by building staff?

- Mark open and closed entrances on floor plan
- At active entrances, post [SIGN: Mask required; SIGN: Health-check required]
- At closed entrances, post [SIGN: Entrance closed]
- Lock closed entrances; test panic hardware to ensure egress
- Install disposable face masks dispenser (if visitors allowed)
- Install hand sanitizer station
- Install waste bin for PPE

SUPPLIES

Hand sanitizer _____

Mask dispenser _____

PPE waste bin _____

SIGNS

Entrance closed _____

Masks required _____

Health check _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____

Check/refill disposable masks and hand sanitizer as needed

Mop/vacuum floor every X hours from _____ to _____

Empty PPE waste bin

3. Reception areas

GOALS: Reduce public touchpoints; Facilitate social distancing; Provide PPE to visitors who do not bring their own

- Determine modified capacity for area, mark on floor plan
- Post [SIGN: Modified capacity]
- Remove/redistribute reception area seating as needed to maintain social distancing
- Install distancing floor markers (if applicable)
- Post [SIGN: Mask required]
- Make disposable face masks available to visitors (if applicable)
- Make hand sanitizer available in each reception area
- Create work orders to install acrylic shields at reception counters, etc.
- At entrance to an office suite with a receptionist, consider posting [SIGN: Wait Here] and have visitors wait at the suite entrance to be greeted

SUPPLIES

Hand sanitizer _____
Mask dispenser _____
PPE waste bin _____

SIGNS

Modified capacity _____
Masks required _____
Wait here _____
Queuing area _____
Floor markers _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every _____ hours from _____ to _____

Wipe down acrylic shields every X hours from _____ to _____

Mop/vacuum floor every X hours from _____ to _____

Check/refill disposable masks and hand sanitizer

4. Stairs, elevators, hallways

GOALS: Reduce public touchpoints; Facilitate social distancing

- Determine and post modified capacity for each elevator (may have to be single occupancy in most cases)
- Install distancing floor markers in each elevator
- Post [SIGN: Queuing; SIGN: Single Occupancy] outside each elevator
- Post [SIGN: Use Stairs] outside each elevator directing people to the nearest staircase
- Post [SIGN: Stay Right] at top and bottom of each flight of stairs
- Install distancing floor markers outside each elevator
- Install hand sanitizer station outside each staircase
- Evaluate need for traffic pattern floor markers on hallway floors
- Evaluate need for wayfinding signage

SUPPLIES

Hand sanitizer _____

SIGNS

Modified capacity _____
Queuing _____
Use stairs _____
Single occupancy _____
Stay right _____
Queuing area _____
Floor markers _____
Floor traffic arrows _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____

Mop/vacuum floor every X hours from _____ to _____

Check/refill hand sanitizer

5. Common areas, amenities

GOALS: Reduce public touchpoints; Facilitate social distancing; Minimize occupancy

- Determine modified capacity for room or area, mark on floor plan
- Post [SIGN: Modified capacity]
- Remove/redistribute furniture to facilitate social distancing
- Install hand sanitizer station in each common area or nearby hallway
- Evaluate need for traffic pattern floor markers on hallway floors

SUPPLIES

Hand sanitizer _____

SIGNS

Modified capacity _____

Floor traffic arrows _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____

Mop/vacuum floor every X hours from _____ to _____

Check/refill hand sanitizer

6. Meeting rooms

GOALS: Reduce occupancy; maintain social distancing; reduce touchpoints

- Determine modified capacity for room or area, mark on floor plan
- Post [SIGN: Modified capacity]
- Remove/redistribute furniture to facilitate social distancing and restrict occupancy
- Install hand sanitizer station outside the entrance to meeting room
- Install disinfecting wipe dispenser inside meeting room
- Post [SIGN: Wipedown]
- Remove dry-erase markers, erasers, etc. (issue to individuals instead)

SUPPLIES

Hand sanitizer _____

SIGNS

Modified capacity _____

Wipedown _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____

Mop/vacuum floor every X hours from _____ to _____

Meeting host to wipe down table and common touch surfaces at beginning and end of every meeting

7. Individual workspaces (i.e. private office)

GOALS: Promote good hygiene; minimize occupancy

- Remove visitor chairs if office size is not sufficient to provide minimum social distancing

SUPPLIES

None

SIGNS

None

DAILY HOUSEKEEPING PLAN

Occupant(s) to wipe down own desks and frequently touched surfaces daily

8. Shared workspaces (i.e. open office)

GOALS: Reduce occupancy; maintain social distancing; reduce touchpoints

- Determine modified capacity for room or area, mark on floor plan
- Post [SIGN: Modified capacity]
- Remove/redistribute furniture to facilitate social distancing and restrict occupancy
- Install hand sanitizer station within workspace
- Install disinfecting wipe dispenser
- Post [SIGN: Wipedown]

SUPPLIES

Hand sanitizer _____

Disinfecting wipes _____

SIGNS

Modified capacity _____

Wipedown _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____

Mop/vacuum floor every X hours from _____ to _____

Check/refill hand sanitizer

Workers required to sanitize all surfaces upon arrival at their seat and before leaving for the day

9. Classrooms

GOALS: Reduce occupancy; maintain social distancing; reduce touchpoints

- Determine modified capacity for room, mark on floor plan
- Post [SIGN: Modified capacity]
- Remove/redistribute seating to facilitate social distancing and restrict occupancy as determined (fixed seating that cannot be removed should be blocked off with tape)
- Install hand sanitizer station in hallways outside classrooms
- Install disinfecting wipe dispenser at front of classroom
- For fixed seating, mark seats not to be occupied per social distancing
- Post [SIGN: Wipedown] at front of classroom

SUPPLIES

Hand sanitizer _____

Disinfecting wipes _____

SIGNS

Modified capacity _____

Wipedown _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____
 Mop/vacuum floor every X hours from _____ to _____
 Check/refill hand sanitizer

Faculty to wipe down lectern, etc. at start and end of every class

10. Laboratories

GOALS: Reduce occupancy; maintain social distancing; reduce touchpoints

- Determine modified capacity for laboratory, mark on floor plan (and separate occupancy for adjacent office space if applicable)
- Post [SIGN: Modified capacity]
- Install hand sanitizer station in hallways outside labs
- Install disinfecting wipe dispenser in lab
- Rearrange equipment (where possible) to encourage social distancing
- Post [SIGN: Wipedown] at lab entrance

SUPPLIES

Hand sanitizer _____
 Disinfecting wipes _____

SIGNS

Modified capacity _____
 Wipedown _____

DAILY HOUSEKEEPING PLAN

For teaching labs, custodians to wipe down common touch surfaces every X hours from _____ to _____
 Mop/vacuum floor every X hours from _____ to _____

Each researcher responsible for their own schedule of frequent cleaning

11. Food service areas

GOALS: Reduce public touchpoints; Facilitate social distancing; Avoid food contamination; Minimize occupancy

- Determine modified capacity for room, mark on floor plan
- Post [SIGN: Modified capacity]
- Post [SIGN: Mask required] at entrance to food service area
- Install hand sanitizer stations at entrance to food service area
- Remove/redistribute seating to facilitate social distancing and restrict occupancy as determined (fixed seating that cannot be removed should be blocked off with tape)
- Install acrylic dividers between service providers and users
- Install disinfecting wipe dispensers
- Offer pre-packaged foods only, reduce self-service access to foods
- Evaluate feasibility of offering only pre-packaged, single-use cutlery and condiment packs

SUPPLIES

Hand sanitizer _____
 Disinfecting wipes _____

SIGNS

Modified capacity _____
 Queuing area _____
 Floor markers _____

- At handwashing sinks, post [SIGN: Handwashing] with instructions for 20-second washing
- At queuing areas, post [SIGN: Queuing] and distance floor markers

DAILY HOUSEKEEPING PLAN

Wipe down tables after each guest (if applicable)
 Wipe down common touch surfaces every X hours from _____ to _____
 Mop/vacuum floor every X hours from _____ to _____
 Check/refill hand sanitizer
 Check/refill disinfecting wipes

12. Fitness and athletic facilities

GOALS: Reduce public touchpoints; Facilitate social distancing

- Determine modified capacity for room or area, mark on floor plan
- Post [SIGN: Modified capacity]
- Rearrange equipment (where possible) to encourage social distancing (use colored tape to block off equipment that cannot be used without violating social distancing)
- Post [SIGN: Equip disinfecting; SIGN: Social distancing] (prohibit all activities that require close contact such as “spotting”)
- Install hand sanitizer stations
- Install disinfecting wipe dispensers

SUPPLIES

Hand sanitizer _____
 Disinfecting wipes _____

SIGNS

Modified capacity _____
 Equip wipedown _____
 Social distancing _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____
 Mop/vacuum floor every X hours from _____ to _____
 Check/refill hand sanitizer
 Check/refill disinfecting wipes

Each facility user required to wipe down equipment before and after use

13. Shipping and receiving areas

GOALS: Separate shipping/receiving activities from the larger building population; Facilitate social distancing

- Determine modified capacity for room or area, mark on floor plan
- Post [SIGN: Modified capacity]
- Evaluate ability to limit access between shipping/receiving and other areas of the building

SUPPLIES

Hand sanitizer _____
 Disinfecting wipes _____

- Post [SIGN: Deliveries] at building entrances to ensure packages and mail are delivered only to the building's designated receiving entrance (loading dock or other specific entrance away from normal public entrance)
- Instruct regular delivery vendors regarding modified delivery procedures
- Post [SIGN: Restricted access] at entrances to shipping/receiving area
- Consider special procedures for disinfecting arriving packages (if applicable) and procedures for disposing of packaging/boxes before delivering items to recipient
- Consider 24 hour "quarantine" area for packages (cardboard boxes) prior to delivery, space permitting

SIGNS
 Modified capacity _____
 Restricted access _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____
 Mop/vacuum floor every X hours from _____ to _____
 Check/refill hand sanitizer
 Check/refill disinfecting wipes

14. Bathrooms, locker rooms

GOALS: Reduce public touchpoints; Facilitate social distancing

- Determine and post modified capacity for room or area, mark on floor plan
- Post [SIGN: Modified capacity]
- At queuing areas, post [SIGN: Queuing area] and distance floor markers
- Install touch-free soap dispensers at every other sink fixture
- Post [SIGN: Handwashing] with instructions for 20-second washing
- Mark off-limits sinks, urinals, etc. as needed to maintain social distancing
- Block off lockers as needed to maintain social distancing; Consider markings on floor and/or benches to enforce distancing

SUPPLIES
 Hand soap _____

SIGNS
 Modified capacity _____
 Handwashing _____
 Queuing area _____

DAILY HOUSEKEEPING PLAN

Wipe down common touch surfaces every X hours from _____ to _____
 Mop/vacuum floor every X hours from _____ to _____
 Check/refill hand sanitizer

Appendix D Cleaning and Disinfection Frequencies

CLEANING AND DISINFECTION FREQUENCIES			
AREA	ACTION	FREQUENCY	RESPONSIBLE PARTY
Entrances/Lobbies	Clean and disinfect touch points	2x Daily	Fac ops,
Entrances/Lobbies	Disinfection with electrostatic/spray equipment	1x Weekly	Fac ops,
Entrances/Lobbies	Hard Floor Cleaning- damp mop	1x Daily	Fac ops,
Corridors	Entry Level Hard surface floor cleaning- damp mop or autoscrub	1x Daily	Fac ops,
Corridors/Stairwells	Disinfection with electrostatic/spray equipment	1x Weekly	Fac ops,
Corridors/Stairwells	Clean and disinfect touch points	1x Daily	Fac ops,
Stairwells	hard floor cleaning- wet mop	1x Weekly	Fac ops,
Elevators	Clean and disinfect touch points	1x Daily	Fac ops,
General Office Areas	Clean and disinfect touch points in common areas	1x Weekly	Fac ops,
General Office Areas	Hard floor cleaning- damp mop	1x Weekly	Fac ops,
Offices	Disinfection of personal areas		Occupant
Conference Rooms	Clean and disinfect touch points	1x Daily	Fac ops,
Conference Rooms	Disinfection with electrostatic/spray equipment	1x Weekly	Fac ops,
Conference Rooms	Hard floor cleaning- damp mop/spot mop	1x Daily as needed	Fac ops,
Conference Rooms	Hard floor cleaning- wet mop/autoscrub	1x Weekly	Fac ops,
Conference Rooms	Disinfection after use		Occupant
Classroom	Clean and disinfect touch points	1x Daily	Fac ops,
Classroom	Disinfection with electrostatic/spray equipment	1x Weekly	Fac ops,
Classroom	Hard Floor Cleaning- damp mop/spot mop	1x Daily as needed	Fac ops,
Classroom	Hard Floor Cleaning- wet mop/autoscrub	1x Weekly	Fac ops,
Classroom	Disinfection after use		Occupant
Auditorium/Lecture hall	Clean and disinfect touch points	1x Daily	Fac ops,
Auditorium/Lecture hall	Disinfection with electrostatic/spray equipment	1x Weekly	Fac ops,
Auditorium/Lecture hall	Hard Floor Cleaning- wet mop/autoscrub	1x Weekly	Fac ops,
Public Restrooms/ Lockers/ Showers	Clean and disinfect all surfaces	1x Daily	Fac ops
Labs and Research Area	Clean and disinfect common area touch points	1x Daily	Fac ops
Labs and Research Area	Disinfection of lab areas and materials		Occupant
Labs and Research Area	Floor Cleaning/Surface Cleaning- to follow all current lab protocols		Fac ops, occupant
Athletic/Fitness Areas	Clean and disinfect touch points	2x Daily	Fac ops, occupant
Athletic/Fitness Areas	Disinfect equipment after use		occupant
Athletic/Fitness Areas	Disinfection with electrostatic/spray equipment	1x Daily	occupant
Kitchenette/Break Areas	Clean and disinfect touch points	1x Daily	occupant
Kitchenette/Break Areas	Disinfection with electrostatic/sparay equipment	1x Weekly	Fac Ops

Appendix E DRAFT URI Department of Athletics COVID-19 Action Plan

University of Rhode Island

Department of Athletics

COVID-19 Action Plan

DRAFT

Disclaimer: This action plan has been created using the guidelines and recommendations of university officials with expertise in campus health and safety, Rhode Island Department of Health (RIDOH), Centers for Disease Control and Prevention (CDC), the Intercollegiate Council for Sports Medicine (ICSM), NCAA, Atlantic-10 conference (A10), and Colonial Athletic Association conference (CAA). These guidelines have been created in attempts to mitigate the risk of transmission of the COVID-19 virus as we return to athletic participation. The health and safety of the student- athletes and staff has been first and foremost during the creation of these guidelines. The information regarding COVID-19 and reopening society guidelines continue to evolve and change. Our guidelines will continue to be fluid and reflect the ever changing information provided by the aforementioned groups and associations. Please refer to the “Resource and Guidelines” page for more information.

URI COVID-19 Athletic Action Team:

- | | |
|--|---|
| 1. Associate AD for Health & Performance | Andy Llaguno |
| 2. Director of Medical Services | Christopher Nasin, MD |
| 3. Head Strength & Conditioning Coach | Richard Johnson |
| 4. URI Health Services | Fortunato Procopio, MD |
| 5. Mental Health | Lindsey Anderson |
| 6. Facilities | Vinny Turco |
| 7. Athletic Department Administration | Gina Sperry |
| 8. Athletic Training
Harrall | Michelle Barber / Carrie Milner/ Lauren |
| 9. Liaison to Housing / Dining | Brittney Miles |
| 10. Recreation | Jodie Hawkins |

- | | |
|------------------------------------|-------------------------------|
| 11. URI EMS | Raymond Lovell |
| 12. Ryan Center | Eric Postemsky |
| 13. Coaching Staff Representatives | Gareth Elliott & Megan Jessee |

URI COVID-19 Advisory Group:

- | | |
|-----------------------------|-----------------|
| a. Custodial Staff | Doug Michaels |
| b. URI Athletics Compliance | Paul Kassabian |
| c. Operations / Equipment | James Morris |
| d. Academics | Linda Moffat |
| e. Human Resources | Laura Kenerson |
| f. Risk Management | Cynthia Stanton |
| g. Emergency Management | Samuel Adams |
| h. URI PD | Mike Jogada |

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General Overview

Introduction:

URI COVID-19 Athletic Action Team Plan addresses the administrative, medical, mental health, health promotion/wellbeing, and campus-wide considerations in the reopening of URI Athletics as COVID-19 pandemic abates. These guidelines have been created in attempts to minimize the risk of COVID-19 infection and a recurrent surge of infection as we plan for the physical return of our students, student-athletes, coaches, administration, and staff. The URI Athletics COVID-19 Action Team Plan was created to fit within the constructs of the guidelines laid out by the University of Rhode Island, Rhode Island Department of Health, Centers for Disease Control and Prevention, the NCAA, Intercollegiate Council for Sports Medicine, Atlantic- 10 conference and Colonial Athletic Association conference.

Campus leadership has created an incident command structure, an effective COVID-19 surveillance system, and has partnered with the Rhode Island Department of Health and other pertinent state organizations. All student health entities on campus will work in concert, to provide campus leadership with surveillance capability, a sound prevention and control strategy, and a means to quickly identify, isolate, treat, and refer potential COVID cases in attempts to mitigate a second wave of infection.

URI Health Services (SHS) remains central to this public effort and will have enough resources to address both COVID-19 surveillance and containment in addition to all other routine medical duties. The Psychological Consultation Center (PCC) and URI Counseling Center will be imperative in aiding the student body's mental health during this difficult transition period.

The URI Sports Medicine staff will work in conjunction with campus resources to promote infection prevention practices of the student-athletes. Their well-being is first and foremost when creating and implementing all guidelines.

These guidelines have been created with the knowledge that until a vaccine or sufficient immunity within the community has been established, there is no way to eliminate the risk of transmission and infection entirely. Because each case of COVID-19 manifests differently in each individual, infection and transmission has the potential to be fatal or may result in permanent damage on a physiological level.

Purpose:

The purpose of these guidelines are to provide basic infection prevention recommendations to the URI athletic department, facilities, and healthcare services based on industry standard precautions and best practices. These will attempt to prevent transmission of infectious agents during student-athlete care, training, practice, and competition.

Athletics General Statement

Athletics presents a unique environment that can increase the risk of transmission of COVID-19. Due to the high degree of physical contact of some sports, the potential of aerosolization of respiratory droplets during exercise, fomites such as towels, water bottles, athletic equipment, etc., and the potential excess physical stress and strain placed on the body, it is important to create guidelines that will limit potential transmission.

The health and safety of our student-athletes and staff are our highest priority. URI Athletics and Sports Medicine will ensure department policies, procedures, and communications regarding COVID-19 align with institutional, state, federal guidelines and recommendations laid out by the Centers for Disease Control and Prevention.

COVID-19 Basics

COVID-19 is a disease caused by a novel coronavirus recently discovered in December 2019. The World Health Organization (WHO) declared COVID-19 a pandemic on January 30, 2020. The virus can cause mild to severe respiratory illness. Most people will recover from the virus without medical intervention, however the progression through the illness should be monitored by a physician.

Transmission of the virus happens through the exchange of respiratory droplets when in close contact with infected individuals. The droplets can enter the body through the mucous membranes of the nose, eyes, or mouth and can be inhaled into the lungs.

The incubation period for the virus is 2-14 days from initial exposure. Many of those who develop symptoms do so in the first 4-5 days. Many people can have the virus, but not show symptoms.

The virus has been found to be viable outside of the body for various periods of time. Studies have shown that the virus has been found in aerosol droplets for up to 3 hours after leaving the host, about 5 days on glass, 4 days on wood, 3 days on plastic, 24 hours on cardboard, and up to 24 hours on copper surfaces.

For more information regarding COVID-19, please visit the CDC website.^[1]

Signs and Symptoms¹

Most common signs and symptoms include: fever, cough, shortness of breathing or difficulty breathing, chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

General Prevention^[3]

There is currently no vaccine or proven treatment for COVID-19. Prevention has been proven to be most effective in stopping the spread of the virus. Prevention has included the use of face masks in public spaces where face to face contact may occur, social distancing of at least 6 feet from another individual, and home isolation/quarantine when contact in an infected individual or a presumptive COVID positive diagnosis has occurred.

Home isolation and quarantine has been heavily stressed on those individuals who are most at risk, such as members of the elderly population and those who are immunocompromised.

Prevention Measures:

- Hand washing
 - Washing often with soap and water 20 seconds
- Use of hand sanitizer when hand washing is not available
 - Must have alcohol content above 70%
- Face mask/covers when in face to face situations
 - Should assume everyone has come into contact with the virus
 - Face covers protect asymptomatic individuals from spreading virus
- Appropriate social distancing^[4]
 - Keep 6 feet of distance between people even while wearing a mask
 - Athletic facilities will reflect social distancing in adherence with university policies
 - Athletics will comply with all state and university social distancing guidelines
- Screening
 - Pre-participation questionnaire sent out 2 week before arrival to campus
 - Daily symptom checking
- Testing
 - Early detection of symptomatic individuals allows swift isolation/quarantine which decreases potential transmission
- Contact tracing
 - The governor has asked all persons residing in Rhode Island to keep a daily contact tracing journal of movements away from home and any contact with people outside of the household.
 - RIDOH CRUSH COVID-19 App

Isolation/quarantine

Screening Guidelines

All student- athletes will be screened for a positive COVID-19 diagnosis prior to their arrival on campus. The questionnaire asks to confirm whether they have had any COVID-19 symptoms in the last 2 weeks, if they themselves or a family member has had a positive diagnosis, any pre-existing conditions that would put them in the high risk of infection category, and if they had a positive diagnosis, what kinds of symptoms did they exhibit.

Current standard of care with a history of a positive COVID-19 diagnosis is a repeat in- person preparticipation physical exam by a URI team physician after arrival to campus. Additional testing such as an electrocardiogram (ECG), blood work to view cardiac biomarkers (i.e. hs-troponin), an echocardiogram, and tests to determine kidney function may be prescribed by a team physician to be complete prior to arriving on campus or prior to participation in their sport.

High risk of infection student- athletes will be screened prior to their arrival on campus. High risk pre-existing conditions include serious heart conditions, uncontrolled or moderate to severe asthma, chronic lung disease, diabetes, obesity, pre-existing kidney disease, or a weakened immune system. These student- athletes will be reviewed by the URI Sports Medicine staff and team physicians to determine if and when they can rejoin their teams.

Daily questionnaires for COVID-19 signs and symptoms will be required by the university before student-athletes and staff can enter the athletics facilities. The questionnaire and platform will be provided by the university in the near future. Should the questionnaire reveal any signs or symptoms, staff and student-athletes will not be permitted into the facilities or allowed to participate in team activities. Student- athletes will be required to call Health Services and staff members are encouraged to contact their primary care physicians and immediate supervisors.

Communication

Any member of the athletics staff and student- athletes must report any COVID-19 related signs or symptoms as soon as they occur or if they have come into contact with suspected or confirmed positive COVID-19 cases.

Student- athletes should call, text, or use teleconferencing methods to contact their team athletic trainer and then contact Health Services for further instruction. Student- athletes should not enter any facilities unless instructed by Health Services staff.

Staff members should not report to work and speak to their immediate supervisor that they are exhibiting symptoms and make contact with their primary care physicians.

Health Services: 401-874-2246

URI Health Services along with RIDOH will conduct contact tracing should any member of the URI Athletics Department become positive. Those two agencies will work in conjunction and will use their own means of communication to reach those that have been in close contact with the positive case.

Education

All staff, coaches, team personnel, and student- athletes will receive ample and regular education regarding what COVID-19 is, signs and symptoms, how it spreads, how to prevent transmission, how to properly disinfect personal and team equipment. They will be instructed on URI athletic department policies and procedures, facility procedures, and athletic training room procedures. Education will continuously be provided through the entirety of the pandemic and the transition afterwards. Education will need to be provided prior to the return to campus to decrease the amount of information given at one time. It will be at the discretion of the coaching staff and athletic trainer for each team how and when this information is disseminated. All information will be uniform to provide consistency to staff and student- athletes.

Education topics to be covered should include: general COVID-19 related information, the importance of social distancing, use of mask/ face coverings, the importance of contact tracing, reporting of symptoms of illness, quarantine and isolation protocols, new URI facility policies and procedures, proper personal hygiene with emphasis on hand washing and using hand sanitizer frequently, and personal responsibility for limiting exposure and adhering to new university policies and procedures.

Social responsibility

While every attempt to mitigate the risk of transmission and exposure to COVID-19 is being made by the athletic department during team sanctioned activities and daily work routines, it is the responsibility of student- athletes and athletics staff to take action to reduce their exposure away from the athletic facilities. The amount of time spent participating in team activities is relatively small compared to time spent interacting with the rest of the URI and local communities. It is during that time that all student- athletes and staff should take every precaution to lower their risk of infection by following all university and state recommendations such as universal masking when appropriate, observing social distancing measures, limiting friend group size and interacting with the same people consistently, avoiding large gatherings, good hygiene and hand washing/ sanitizing, etc. By following these recommendations away from athletics, everyone can help decrease the chances of large scale community spread within our athletics community and attempt to ensure everyone gets to continue to participate in athletic activities.

Personal Protective Equipment (PPE)

- PPE will be ordered through the university for each department and team
- PPE will be provided to staff in person facing environments
- PPE kits will be provided to each team
 - Kits will include:
 - Mask
 - Gloves
 - Gowns
 - Face shields/goggles
 - Cleaning supplies

Mask/Face coverings

- Masks/ face coverings have been recommended by the CDC and are now mandatory for all persons in Rhode island. Masks/ face coverings are to be worn at all times while in contact while in public and in contact with others. Mask/face coverings are worn to decrease the spread of respiratory droplets.
- URI is now requiring masks at all times while on any campus
- 1 mask will be provided to all staff when they return to work
 - A 2nd mask will be given should the first be forgotten or lost
 - Should a staff member forget their mask for a 3rd time, the staff member will be asked to retrieve the mask and vacation/compensated time must be used to cover the time away from work
- Reusable cloth masks should be cleaned after each day
- Masks should be replaced if they become wet or soiled
- Avoid adjusting mask once it is on
- Avoid touching nose, eyes, mouth while applying and wearing mask

Personal Hygiene

- Good general hygiene must be observed by all staff and student- athletes at all times
- Handwashing must be done as often as possible
 - At least 20 seconds with soap and water
- Use hand sanitizer when hand washing is not available
- Avoid touching the face (mouth, eyes, and nose) whenever possible
- Keep personal areas as clean as possible

Athletic Facility Cleaning/ Disinfection^[5]

- Each venue/ facility will have a cleaning procedure that needs to be observed at all times and performed multiple times throughout the day
 - Procedures to follow:
 - Allow cleaning/disinfection solution to be in contact with surfaces for prescribed amount of time as outlined on the bottle in order to kill the virus
 - Allow surface to fully dry before surface can be reused
 - Surfaces should be cleaned between each use if different people are using the surface
 - High touch areas (door knobs/handles, mouses, shared desks, etc.) must be cleaned multiple times a day
- It is the responsibility of the members of those departments to keep environment clean during the day
- Custodial staff will work to keep the building clean and disinfected throughout the day

- Additional cleaning measures may be taken such as fogging machines, etc.

Contract Tracing

- Contact tracing information should be provided to all staff and student- athletes prior to the return to campus
- It is currently recommended that all staff and student- athletes download the RIDOH app, CRUSH COVID-19, as a preliminary solution to contact tracing
- URI Health Services will be creating their own contact tracing team prior that will work in conjunction with RIDOH
- Health Services and RIDOH will ask for detailed log about who a person has come into close contact² with if a confirmed positive diagnosis occurs
- All staff and student- athletes are encouraged to create a contact tracing log and update it daily

Testing

- The university and Health services will work in conjunction to create a campus wide testing policy
- Testing procedures and protocols will be dictated by the medical professionals at Health Services
- Testing regarding student- athletes will be at the discretion of the administration, team physicians and the availability of tests

Surveillance System

- The university and Health Services will develop and implement policies and procedures that will allow for tracking the virus

Contingency plan for staffing shortages

At any point, athletics staff members may be asked to quarantine or isolate based on their own positive diagnosis or a positive diagnosis within their families or living arrangements, leading to a reduction in services offered and staffing shortage. If a department/coaching staff is not able to provide adequate coverage or supervision to student- athletes during team activities, it is recommended that all team activities are discontinued until staffing has returned to a manageable and safe level for that department

NCAA hotline information

The NCAA Board of Governors has given schools specific requirements to meet in order to conduct on campus athletic activities. If you are aware of any concerns or violations regarding these requirements, please contact 833-661-2819 or email covidconcerns@ncaa.org.

² Close contact per CDC guidelines: closer than 6ft. for prolonged period of time or come into contact with positive COVID-19 case or infected bodily fluids
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

URI Athletics Department Reopening Steps^{[7][8]}

Step 1: Preparation (May- August)

- Creation of COVID- 19 University Task Force
- Creation of URI Athletics COVID-19 Action and Advisory Committee
- Creation of Action Plan to reopen athletics and bring staff and student- athletes back safely
- Establishing protocols, procedures, and guidelines outlining day to day operations and safety measures taken by each department and facility
- Begin mandatory education for staff and student- athletes of COVID-19 information, new university and athletic department policies and procedures

Step 2: Return to Campus (August- September)

- Initial return of employees and limited number of student- athletes
- Begin student- athlete pre- participation exams and screening
- Continue mandatory education of COVID-19 related information, cleaning and disinfecting measures, university and athletic departmental policies and protocols
- Instruction of proper use of personal protective equipment protocols when in athletic facilities
- Implementation of screening techniques

Step 3: Return to Sport (September- October)

- Resumption of team practices/ activities following safety guidelines laid out by RIDOH, university, NCAA, A10, and CAA
- Continuing mandatory education for student- athletes and staff of updated COVID-19 related information, cleaning and disinfecting measures, university and athletic departmental policies and protocols
- Utilize best practices as recommended by various sport governing bodies, NCAA, A10 and CAA

Step 4: Return to Competition (Winter 2020/Spring 2021)

- Resumption of competition following safety of guidelines regarding team travel, competitions, and championships laid out by URI, A10, CAA and the NCAA
- Continuing mandatory education for staff and student- athletes of updated departmental and sport related information, athletics policies and procedures, and COVID-19 related information

Step 1: Preparation

(May- August)

- Creation of COVID- 19 University Task Force
- Creation of Athletic COVID-19 Action and Advisory Committee
- Creation of Action Plan to reopen athletics and bring student- athletes back safely
- Establishing protocol, procedures, and guidelines outlining day to day operations and safety measures taken by each athletics department and facility
- Begin mandatory education for staff and student- athletes of COVID-19 information, new athletic and university facility protocols and procedures

URI Athletics Illness Protocol and Resource Overview

Illness Protocol

URI Athletics will work in conjunction with Health Services to provide continuous care through this pandemic. The way sports medicine is delivered at URI has been altered to keep all staff and student- athletes safe. The following protocols were created with the health, safety, and well-being of all staff and student- athletes in mind.

General Illnesses

- Student- athletes and staff are not permitted to enter the athletics facilities while sick
 - Sick student- athletes will not be seen during Monday's general medical clinic
- Student- athletes must contact their athletic trainer via phone, text message, or video chat prior to leaving their home
- Those exhibiting any signs of illness must be obtain a COVID-19 test at a local testing site or Health Services (if applicable)
- **Regardless of test results, a 10 day isolation period must be observed from the onset of symptoms**
- Athletic trainers will direct student- athletes to contact Health Services for further instructions
 - Intake line: 401-874-2246
- Student- athletes are not permitted to return to team activities unless cleared by a URI team physicians
- Staff are encouraged to contact their immediate supervisor and primary care physicians

COVID-19 Illness

- Anyone exhibiting any signs or symptoms of COVID-19, must contact their athletic trainer or immediate supervisor prior to taking any action
- Every attempt should be made to isolate immediately
- Student- athlete will be instructed to contact Health Services for further instructions
- Staff will be encouraged to stay home and contact their primary care physician as soon as possible
- Student- athletes and staff must follow the directives of their physicians regarding testing, treatment, recovery and return to play/work
- **Student- athletes must make every attempt to transport themselves to appointments and testing sites**
 - Transportation recommendations:
 - **Call 911 for ambulance transport for severe symptoms or shortness of breath**
 - On-campus student- athletes may call ex. 2121 for a non-emergent transportation
 - Personal cars of university employees should not be used if at all possible
 - Student- athletes are encouraged to use their own cars
 - Sick individual must wear a mask

- Driver must be in full personal protective gear- as long as it does not impede visions
 - PPE includes: mask, gloves, gown, face shield/ goggles
- Sick individual must sit as far from the driver as possible
- Only driver and sick individual should be present in the car
- Vehicle must be thoroughly cleaned and disinfected with appropriate cleaning solutions following use

If a student- athlete tests positive for COVID-19:

- It does not mean an entire team or department will have to quarantine immediately however it depends on if positive individual was in “close contact” with members of their team and other staff members
 - Close contact CDC definition³:
 - Within 6ft. of someone for prolonged period of time (15 minutes or longer)
 - Unprotected contact with known COVID-19 positive individual or bodily fluids
- Also depends on when symptoms began or when positive test occurred for asymptomatic individual and who they came into contact with
- Thorough contact tracing will be done by Health Services and RIDOH following a positive diagnosis
- Teammates would need to quarantine if:
 - Living with positive case⁴
 - Came into close contact
- Positive case isolation measures:
 - Isolate per university guidelines
 - On-campus guidelines will be provided by the university
 - Off- campus student- athletes will follow “family unit isolation/quarantine” guidelines laid out by the CDC⁵
- Isolation and quarantine ends with guidelines outlined by RIDOH and Health Services
- 2nd acclimatization period would need to be observed following quarantine for safe return to sport
- Return to play protocol will need to be closely monitors by team physicians and athletic trainers

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/living-in-close-quarters.pdf>

If a URI staff member tests positive for COVID-19:

- Staff members must contact their immediate supervisor if they begin to feel ill
- They will be directed to contact their primary care physician and obtain a COVID-19 test at a local testing site
- The staff member will need to isolate per guidelines laid out by the CDC
- Staff members may also need to quarantine if there is close contact with another staff member or a student- athlete that has tested positive for COVID-19
- Athletic Administration will make a contingency plan should a large group or an entire department fall ill or need to quarantine at the same time, reducing the ability to provide services to the student- athletes

Isolation⁶⁷

- Self- isolation is required for anyone with a *positive COVID-19 diagnosis*
- Isolation procedures will be provided by the university for on-campus housing
- It is imperative that a contact tracing log be available to the RIDOH following positive COVID-19 diagnosis per university guidelines
- Isolation may end based on symptom-based strategy:
 - At least 10 days have passed since onset of symptoms AND
 - 24 hours with no fever without taking fever reducing medication AND
 - Symptoms have improved
- Individuals may require assistance from other specialists such as nutrition or mental health
- It is highly encouraged to stay in contact with teammates, coaches, staff, friends, etc. via phone, text, or video

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

⁷ <https://health.ri.gov/publications/guidance/COVID-19-Quarantine-and-Isolation-Guidance-by-Population.pdf>

Quarantine⁸

- Quarantine is required for all those that have come into contact with a positive or presumptive positive COVID-19 case
- Individuals must quarantine themselves from all teammates, other URI staff members and students
- Individuals are not permitted to leave their residence and must make arrangements for delivery for food and supplies
- Student- athletes who are asymptomatic may not workout while in quarantine
- Quarantine guidelines will be provided by Health Services and/or RIDOH
- Symptoms and temperature should be monitored twice daily
- **Quarantine may end 14 days from last exposure date and no signs or symptoms have appeared**
 - *If symptoms appear while in quarantine, individual must begin isolation measures and contact Health Services or their primary care physician*

Off- campus Housing Isolation and Quarantine Guidelines

Student- athletes that live with other members of the URI community in off-campus housing will be treated as a “family unit” due to their close proximity and shared spaces within the house. To protect each other and their teammates, we ask that they take every precaution laid out by the CDC when sharing a space.

Should any member of that household receive a positive COVID-19 diagnosis, the entire house will be asked to quarantine and continuously monitor for symptoms. Again we recommend they follow the guidelines laid out by the CDC for living with a positive case within the household.⁹

If a member of the household who has traveled from a location with a 5% positivity rate or higher (“hot spot”) and is observing the state mandated 14 day quarantine, the entire household does not need to observe the same quarantine. Only the household member who has traveled from a “hot spot.”

⁸ <https://health.ri.gov/publications/factsheets/COVID-19-IsolationVsQuarantine.pdf>

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/living-in-close-quarters.pdf>

Return to Play Protocol (RTP)

- RTP will be determined by and only by a URI team physician based on new established standard of care protocols:
 1. Student- athletes with current positive diagnosis will be continuously monitored by team physicians
 2. Student- athletes who received a positive diagnosis prior to arriving on campus will need an in person physical performed by the team physicians regardless of their year in school when then arrive back to campus
 3. Additional physiological testing may be required based on symptoms exhibited during illness
 - Additional testing may include: electrocardiogram, echocardiogram, blood work, and kidney function test
 - These tests may be prescribed by team physicians to be performed at home prior to student- athlete arrival back on campus to reduce wait time for testing
- RTP may be slow and require an additional acclimatization period
- Team physician will direct athletic training staff on specifics of acclimatization period based on each individual student- athlete and case
- We ask student- athletes and coaches be patient during this process

Gating Criteria for Returning to Campus^[13]

- Per NCAA recommendations, a gating criteria should be created when discussing the return of student- athletes and staff back to campus
- When returning to campus, it is recommended that all individuals:
 - Comply with potential RIDOH quarantine procedures upon entrance into the state
 - Follow CDC, state and university guidelines for gating criteria when returning to the US and campus
 - Use every precaution when using public transportation i.e. use of mask/ face covering at all times, good hand washing/ sanitizing hygiene, disinfecting of personal area when entering mode of transportation
- High risk staff and student- athletes should consider not returning to campus until Step 3 of reopening or unless they have consulted a physician to deem it safe for them to return to team activities
- High risk individuals are outlined by the CDC^[14]

Gating Criteria for Returning to Campus¹⁰

- Per NCAA recommendations, a gating criteria should be created when discussing the return of student- athletes and staff back to campus
- When returning to campus, it is recommended that all individuals:
 - Comply with potential RIDOH quarantine procedures upon entrance into the state
 - Follow CDC, state and university guidelines for gating criteria when returning to the US and campus
 - Use every precaution when using public transportation i.e. use of mask/ face covering at all times, observing appropriate social distancing measures, good hand washing/ sanitizing hygiene, disinfecting of personal area when entering mode of transportation
- High risk staff and student- athletes should consider not returning to campus until Step 3 of reopening or unless they have consulted a physician to deem it safe for them to return to team activities
- High risk individuals are outlined by the CDC¹¹
- RIDOH Travel Update 6/30/2020¹²:
 - “If you are coming to Rhode Island from one of the states listed here¹³ with a positivity rate of COVID-19 greater than 5%, you will either have to self-quarantine for 14 days while in Rhode Island, or produce proof of a negative test for COVID-19 that was taken within 72 hours prior to arrival in Rhode Island. *If you receive a test after arriving in Rhode Island and get a negative test result, you can stop quarantining.*”

****Per university recommendations: Students will not be allowed to provide a negative test result to end quarantine early. A full 14 day quarantine period must be observed.****

¹⁰ <http://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-action-plan-considerations>

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

¹² <https://health.ri.gov/covid/>

¹³

<https://docs.google.com/spreadsheets/d/e/2PACX-1vSUCk9FIHBoJt5Z00U6PKTTY7jHH8V4MovED0WiqpTTixdgMS CnUWI25xX5DCmQmtLknzu7Bo0jwY02/pubhtml?gid=0&single=true>

Out of State Travel Protocol

The following steps will be taken if a student- athlete needs to travel away from campus for any reason at any point of the semester after their initial arrival to campus

1. Student- athletes should contact their coaches and athletic trainers to notify them of the travel
 - Student- athletes will be asked the location, mode of transportation, and current housing arrangements
 - If living on campus: Housing and Residential Life and Dining Services will be contacted for quarantine living/dining arrangements if needed
2. Coaches will contact sport administrators
3. Athletic trainers will determine if travel location is a “hot spot”¹⁴(a location with a 5% positivity rate or higher) based on the list on RIDOH’s website
 - If travel location is in a “hot spot”, the student- athlete will need to comply with all travel restrictions and protocols from the university and the state regardless if the process has been completed before
4. Student- athletes are asked to observe all safety recommendations while traveling including wearing a mask/ face cover, appropriate social distancing, frequent handwashing, using hand sanitizer, cleaning of personal area while using public transportation, etc.

Upon arrival back to Rhode Island

1. Student- athlete will need to begin quarantine upon arrival if returning from a “hot spot”
 - a. If living off: campus, student- athlete will need to make arrangements for essential items to be delivered to their place of residence
 - b. They will need to isolate themselves from other students and housemates
 - c. If living on campus: housing and dining quarantine procedures will be completed prior to leaving campus
2. Student- athlete will be tested at the discretion of Health Services following the testing protocol

¹⁴ RIDOH list of current hot spots:

<https://docs.google.com/spreadsheets/u/1/d/e/2PACX-1vSUCk9FIHBoJt5ZO0U6PKTTY7jHH8V4MovED0WiqpTTixdgMSCnUWI25xX5DCmQmtLknzu7Bo0jwY02/pubhtml?gid=0&single=true>

Mental Health Support

Student Athlete mental health will be addressed through primary, secondary, and tertiary means in collaboration with the Psychological Consultation Center (PCC) and URI Counseling Center. In addition to providing care for the general mental health concerns that student athletes present with during any given year, services this year will highlight some of the specific concerns that we expect might be exacerbated as a result of the COVID-19 pandemic: grief, isolation, feeling a loss of control, financial instability, loss of identity, increased substance use, concerns about their athletic futures, and specific health-related (including performance-related) anxiety, among others.

The unexpected onset of the COVID-19 pandemic and indeterminate nature of its trajectory has left many people – including student athletes – at substantially increased risk for mental health concerns such as anxiety, depression, substance misuse, domestic violence, and suicidal ideation and/or behavior. Clinical resources on campus are available to support student athletes who are experiencing both acute and non-acute clinical needs (including the need to have someone who is uninvolved in other parts of their academic, athletic, and interpersonal lives to help them think through some of their experiences). Clinical services can be utilized for as long or as brief a period of time as student athletes need, and can be accessed throughout the calendar year (no matter when the student athlete is in [or out of] season).

Given the ever-increasing mental health needs among college students nationally, the mental health screening of student athletes at the start of the academic year is a critical part of the mental health effort at URI. Student athletes will be provided with a virtual screening assessment that will measure important mental health indicators such as depression, anxiety, substance misuse, eating disorder behaviors, and sleep disturbance. We will be doing virtual MH screenings with all student- athletes. Any student- athlete with elevated scores on any of the mental health screening measures will receive a follow-up phone call and Webex outreach from PCC clinicians.

To provide ongoing system-wide support to Athletics, PCC Clinicians will provide a series of targeted mental health training to athletics teams throughout the academic year. This training will be specifically tailored to meet the needs of specific teams (as determined and communicated by coaches and other athletics staff) (e.g. sleep disturbance, conflict management). With specific thought toward the impact of COVID-19 on student athletes, coaches, and other Athletics staff, the PCC clinicians will ensure that COVID-19 considerations are built into each of their presentations and a pointed topic for discussion and processing. At an even more fundamental level, Athletics Staff are in daily contact with student athletes and regularly interact with them as they navigate their athletics, academic and interpersonal roles and responsibilities.

They are in frontline positions to identify, support, and refer those student athletes who demonstrate notable shifts in behavior, mood, or affect, who communicate difficulties in their lives and/or relationships, or who otherwise present as struggling with mental health concerns. Providing Athletics staff with foundational information about mental health, concrete skills and

strategies for supporting individuals who may be struggling, and more in-depth information about campus resources and the prevalence of mental health concerns among college students extends the network of support for student athletes beyond the clinical service centers on campus, facilitates referrals, and aims to destigmatize help seeking. This type of education for Athletics Staff will be achieved through the *virtual* delivery of Mental Health First Aid to all Athletics Staff to maintain their certifications.

SUMMARY

Primary Clinical Support: *Individual Therapeutic Services (PCC, Counseling Center)*
Student Athlete mental health screening (academic year)

Psychological Consultation Center (PCC): 401-874-4263

Counseling Services: 401-874-2288

Secondary Clinical Supports: *Team Psychoeducational Trainings (PCC)*

Tertiary Supports: *Mental Health First Aid Training for all Coaches and Athletics Staff to assist in the identification and support of student athletics who may be struggling and in need of support (URI Mental Health First Aid Instructor Team).*

Student- athletes who are experiencing any insecurities regarding food or housing, please contact URI Student Affairs as soon as possible

<https://web.uri.edu/student-affairs/>

Education

- Information regarding all COVID-19 related information will be provided to teams prior to arrival on campus through teleconferencing resources such as WebEx
- Staff and student- athletes will be provided with new athletic department policies and procedures prior to their arrival on campus to allow them ample time to process changes
- Emails will be sent out with any new information and changes that are made to policies and procedures
- Student- athletes will be asked to attest that that understand and will comply with all changes made in regards to COVID-19

URI Athletic Facilities Procedures

Entering Athletic Facilities:

- New entering and exiting procedures have been created in conjunction with URI Recreation to limit traffic flow throughout the facilities
- Flow plans can be accessed in the appendix of this document
- Must be symptom free in order to be allowed entrance into buildings
- All individuals will be asked to be cognizant of all new signage within the athletic facilities
 - Signs will inform individuals of all new policies and procedures that have been implemented for protection against the transmission of COVID-19
 - Signage will be discussed during educational sessions prior to arrival to campus

Sports Medicine

Screening

- Student- athletes will fill out daily symptom questionnaire on KONGiQ app monitored by team athletic trainer
 - This will be discontinued once the university's app is up and running
- Student- athletes should keep an accurate contact tracing log until it deemed unnecessary
 - Student- athletes will be encouraged to download the RIDOH CRUSH COVID-19 app which helps keep a record of locations that a person has been for more than 10 minutes.
 - However, we do ask that student- athletes also keep a record of who their are spending time with
 - This is not a function of the CRUSH COVID-19 app and will be necessary for the university and RIDOH should a positive diagnosis occur
 - Student- athletes will be educated on the importance of maintaining an accurate contact tracing log for RIDOH should they receive a COVID-19 positive diagnosis
 - The university will determine how a contract tracing log is kept
 - This may be a feature on the university's app
- Screenings outside of normal facilities hours
 - Screening will need to be conducted by individual athletic teams prior to their entrance into the building and beginning of team activities
- Coaching staff and personnel may be utilized to help conduct screenings

Athletic Training Room

- Entrance: main entrance door to athletic training room
 - Entrance only
 - Front desk area will be used as screening area, if needed
 - Proceed to sink to thoroughly wash hands for 20 seconds
 - Student- athletes will no longer check in using the communal computers or finger scanners
- Exit: lower door by physician's office
 - Exit only
- Masks must be worn at all times
 - Student- athletes and Athletic Trainers should wear a mask at all times

- Treatment and rehab
 - Times will be determined by team athletic trainer based team practice times and student- athlete availability
 - One team will be allowed to use the athletic training facility at a time to limit close contact and cross- contamination of teams during pre-season
 - Additional accommodations may need to be made once classes resume
 - Athletic trainer will determine number of athletes per treatment group
 - Student- athletes will be kept in similar groups to practice and living arrangements whenever possible to reduce instances of close contact
 - Modality use may be limited due to sanitation abilities and only at the discretion of the athletic training staff. This includes use of whirlpools, moist heat packs and other modes of recovery units. If deemed necessary, all modalities will be used by appointment only
 - Treatment/rehab will be by appointment only
 - Treatment/rehab plans will be limited
 - Student- athletes may be referred out to physical therapy for post surgical rehab and potentially overly chronic conditions
- Taping
 - All attempts will be made to tape in the athletic training room if feasible
 - Additional space may be created outside or at alternative venues to accommodate appropriate social distancing measures
- Student- athletes should exit the training room following treatments

Training Room Facility

- Training room square footage: 1717 sq. ft.
 - 100 sq. ft. per 1 person= 17 people max occupancy
 - This is to account for social distancing with furniture within the training room such as treatment tables, etc.
- Treatment tables and equipment will be rearranged and/or removed in order to comply with state social distancing measures

- Cleaning and disinfecting measures^[15]
 - Tables will be wiped down with Cavicide after each student- athlete
 - Cavicide requires 2 minute of contact time on the surface to eliminate the virus from a surface
 - 15 minutes cleaning periods will be implemented in between each treatment group to allow for cleaning solutions to fully dry
 - Tables will be allowed to fully dry before being used again
 - Shared equipment such as rehabilitation equipment, modality machines, IASTM tools, etc. will be disinfected after each use and in between each treatment group
 - High touch areas will be disinfected routinely throughout the day
 - An end of day clean will be performed by the athletic training staff. Each surface of the training room and high touch areas will be thoroughly disinfected
 - Team medical kits will be disinfected at end of each session
 - Athletic Trainers will be responsible for cleaning coolers/pumpers used during practices appropriate cleaning solutions
 - Health care staff engaged in environmental cleaning will be wearing appropriate PPE
 - For EPA approved cleaning products:
<https://www.epa.gov/pesticide.registration/list-n-disinfectants>

Pre-participation exams and forms

- Pre-participation physicals will no longer be done in large groups
 - A larger space than athletic training room will be considered in order to accommodate social distancing measures
 - Student- athletes will be put into groups and given specific times to arrive in order to limit congregation of student- athletes waiting
 - All necessary in- person exams will be completed by athletic trainer once called into exam room
 - Necessary in- person exams:
 - History
 - Blood pressure
 - Heart Rate
 - Vision
 - Baseline temperature
 - All equipment will be disinfected after each student- athlete
- Freshmen/ transfer team physician pre- participation exams will be completed by team physician prior to beginning team practices/ activities
- Returning student-athlete will have their history reviewed along with temperature, heart rate, blood pressure taken by an athletic trainer
- Any student- athletes with previous COVID-19 positive diagnosis will need an in person physical by a team physician and may be referred for further testing in accordance with new standard of care protocol

- Physicals may take several weeks to complete due to limited resources such as available physicians and large enough space. Mandatory quarantine and possible testing procedures may also increase processing time.
- Concussion exams done virtually:
 - ImPACT
 - SAC/ BESS

Pre- participation paperwork

- Regular paperwork to be completed via computer in Vivature software and app KONGiQ
 - Vivature alert will be turned on to alert staff to any individuals who may have exhibited COVID-19 symptoms prior to arriving to campus
- A specific COVID-19 questionnaire will be added to standard paperwork to be completed 2 weeks before returning to campus
- See appendix for questionnaire

Sports Medicine and Health Services

- Sports medicine referrals to Health Services will be different in the upcoming year
- Student- athletes will no longer be referred to Health Services on a walk-in basis
- Appointments will need to be made prior to arrival for any type of Health Services visit
- Health Services will provide further detailed information about clinic set-up going forward

In-house physician clinics

- General medical: clinic will only be for non-illness related cases
 - All student- athletes with illnesses must follow new illness referral protocol outlined by Health Services
- Orthopedic
 - Student- athletes will be given a specific appointment time
 - Visit length will be determined by Dr. Tabaddor and athletic training staff
 - Student- athletes will be referred to University Orthopedics office as often as possible
 - Only Dr. Tabaddor and student- athlete will be allowed in exam room at one time
 - Masks will be worn by both parties at all times
- Nutrition
 - All attempts will be made to keep nutrition consultation appointments vixa current telemedicine channels
- Physical Therapy
 - Post surgical and chronic conditions may be referred to physical therapy to reduce number of student- athletes who may need athletic training services
 - In- house physical therapy will be done in a satellite facility within the athletics complex

General athletic training room guidelines

- Offices are allowed 1 person at a time in order to comply with social distancing measures
- All staff must wear masks while in the facilities
- Staff schedules should be created around specific team practices and treatment times
- New signage will be posted in the training room outlining new training room policies and procedures, coughing/sneezing etiquette, personal hygiene recommendations, etc.

Varsity Weight Room¹⁵

- 28 total max occupancy
 - 1 person per work out space
 - 26-27 student- athletes max to accommodate 1-2 strength and conditioning coaches

Workout/Lift Parameters

- Pre- workout screening questionnaire may be utilized
- Student- athletes must come dressed for lift
 - No extra bags, gear, electronics will be permitted into weight room
- Entrance: south doors, nearest offices (can be hallway or outside door exit)
- Exit: north door, furthest from office (can be hallway or outside door exit)
- Staff required to wear masks during workouts
- Student- athletes will need to wear masks unless 14ft. of social distance can be maintained
- Student- athletes must be on time
 - No one will be admitted once sessions have begun
- Coaches will not be permitted in weight room during workouts in order to minimize the number of people to potential exposure and comply with max occupancy guidelines
- If a student- athlete must leave the weight room during lift, they will not be given extra time to complete the workout
 - Limited time available to properly clean and disinfect workout stations due to limited staff and number of groups that need to utilize the weight room
 - No make up lifts due to high number of groups using the weight room throughout the day
- Turf, cardio, and dumbbell area will not be used and roped off due in order to minimize areas that can become contaminated and will need to be cleaned and disinfected following use
 - Limited time available to properly clean and disinfect workout stations due to limited staff and number of groups that need to utilize the weight room
- Student- athletes will not be permitted early access to the weight room before lifts

¹⁵

<https://reopeningri.com/wp-content/uploads/2020/07/Gyms-and-Fitness-Center-Phase-3-06.25.20.pdf?189db0&189db0>

- Student- athletes will report to their rack and stay there for the entirety of the lift
 - Every piece of equipment needed will be available at each rack
 - All pieces of equipment will be cleaned in between each student- athlete
- Workouts will have no spotting due to an inability to social distance while spotting
 - Workouts will be modified to eliminate need for spotting
- Student- athletes will need to exit the weight room following the end of the workout
 - Student- athletes will not be allowed to use the weight room to perform extra reps or additional exercises following their team workouts

Team Rooms/Locker Rooms¹⁶

****All locker rooms and team lounges will be closed until further notice****

- Locker rooms may be reopened in future steps to teams depending on size of locker room, max occupancy limits, cleaning and sanitization availability, and ability to monitor appropriate social distancing protocols
- Locker room use protocol will be created to allow for proper social distancing and reducing potential cross contamination amongst teams
- Student- athletes are encouraged to use dorms/ residences for equipment storage and showers until locker/team rooms are reopened
- Once locker/ team rooms reopen, limited amount of student- athletes will be allowed in to accommodate state social distancing guidelines
- Capacity limits of all locker rooms will be set to comply with state and university social distancing policies
- Custodial staff will continue with cleaning and disinfection
- Additional disinfection measures may be taken such as fogging, etc.

Equipment Room

- Student athletes will pick up all equipment needs through the window at the Ryan Center and Keaney gym
 - Both equipment rooms will have a piece of plexiglass over the windows for additional safety concerns
- Social distancing of 6ft. will be observed for staff and student- athletes
- 95% of equipment and practice gear will be delivered through a cubby system or into bins for student- athletes therefore reducing the number of people handling the items
- Appointments will be utilized in both equipment rooms when equipment room services are needed by student- athletes and staff
 - A sign up and equipment staff availability schedule will be placed outside of the equipment rooms for this purpose
- Student-athletes and staff are responsible for placing dirty laundry in correct bins that have been provided by the equipment room

¹⁶

https://www.reopeningri.com/resource_pdfs/Phase-II/Phase-II-guidelines-for-gyms-and-fitness-centers-05.29.20.pdf

- Equipment staff will no longer go into locker rooms and collect laundry loops
- Bins will be sanitized daily
- Laundry will be done daily for each sport
- Laundry will be washed in hot water at approximately 115-120°F
- Laundry will then dried at approximately 165°F, for at least 25 minutes^[18]
- Equipment staff will wear appropriate PPE, such as gloves and masks, when handling laundry
- Equipment room occupancy will comply with state and university social distancing guidelines
- Equipment staff will disinfect machines and high touch areas throughout the day with the proper disinfectant and cleaners
- Equipment staff asks student-athletes to drop off laundry in a timely manner following practice and competition to allow staff time to comply with proper laundering and disinfection protocols
- Signage will be posted outside and throughout equipment room to inform student- athletes and staff of new policies and procedures
- All reusable team equipment should be disinfected following use in accordance with CDC recommendation protocols for shared equipment
- Personal equipment will be the responsibility of the student- athletes to disinfect following use

Academic Facility

The goal is to limit the number of student- athletes and staff within each academic venue to accommodate social distancing guidelines in the advising suite, computer lab, and classroom spaces. All academic policies are subject to change based on university and state guidelines.

- No mask, no entry.
- Services will be a hybrid of in person and remote. All services are subject to change.
- Common Area/Advising Suite
 - Common area total occupancy: 6 people
 - 2 chairs at large conference table
 - 2 chairs against the wall outside offices placed 6 ft. apart
 - 2 chairs in the center area on opposite sides placed 6 ft. apart
 - The suite occupancy is greatly reduced, most chairs have been removed, and will no longer be an area for congregating
 - Main printer will be cleaned with disinfecting wipes after each individual use
 - All common pens, pencils, staplers will be removed from use
 - Communal computers within the Advising Suite will not be utilized
 - Student- athletes will be directed to computer lab
 - Cleaning and disinfection will take place at the end of each day
 - PPE/cleaning supplies will be stored in the Advising Suite's small bathroom, which will be closed for any other purpose with appropriate signage

- Sharing of computers, tablets, phones, or writing implements during appointments will not be permitted
- All surfaces and common touch points like chair arms, door knobs, handles must be disinfected and allowed to dry between every appointment.
- Individual Appts. & Tutoring
 - Advising and Tutoring **by appointment only**, with no “Drop-Ins”. Advisors will be using the University's "Starfish" system for booking all appointments and **virtual** "Drop-Ins." They are prepared to help students learn how to use this system.
 - Students should text advisor upon arrival and will be let into suite once surfaces are cleaned
 - Note: Academic suite will remain locked as there is no one to manage traffic flow and/or social distancing while advisors are in individual offices
 - Staff will be rotating M/T, W/R and alternating Fridays (subject to change)
- Individual Offices
 - Desks and chairs rearranged to accommodate social distancing guidelines
 - Individual offices hold max of 2
 - 2 individual offices have a capacity for 3 people
- Computer Lab
 - To accommodate for social distancing, only 10 terminals will be available for student- athlete use
 - Every other computer will be in use
 - Entry to lab managed by student monitor who will count off to ten, do verbal “swipe-ins” for Tutortrak data, and be trained on cleaning protocols as students enter and exit
 - Lab monitors will be trained on cleaning protocols and traffic management.
 - Every keyboard, mouse and table surface will be disinfected and allowed to dry after each individual use
- Lounge Area
 - Lounge will be reopened only when there is sufficient staff to monitor and disinfect the space as outlined in university and state guidelines

Step 2: Return to Campus

(Late August - Early September)

- Initial return of employees and limited number of student- athletes
- Begin student- athlete pre- participation exams and screening
- Continue mandatory education of COVID-19 related information, cleaning and disinfecting measures, university and athletic departmental policies and protocols
- Instruction of proper use of personal protective equipment protocols when in athletic facilities
- Implementation of screening techniques

Education

- Staff and student- athletes will need to review information prior to arrival on campus regarding all new athletic policies and procedures as well as all COVID-19 related information

Testing

- All on- campus students will be tested as they arrive and will be based on their move in dates
 - For more information about on campus testing:
<https://web.uri.edu/coronavirus/2020/08/12/virus-testing-plans/>
- Off- campus
 - Off- campus student- athletes will not be tested until all on- campus students have been tested at the expense of the athletic department
- COVID-19 Testing and results are required before any athletic pre-participation examinations with Sports Medicine can begin
- Staff will not be initially tested upon arrival, but will be included in the surveillance program implemented throughout the the semester
- Staff will need to make own arrangements for symptomatic testing
- Surveillance testing:
 - 25-50% of team “inner bubble” will be tested every 2 weeks for surveillance testing
 - Inner bubble includes: student- athletes, coaches, essential team personnel (managers, Ops, etc.), athletic trainers, and strength and conditioning coaches
 - Surveillance testing will be conducted by the Sports Medicine team
 - Samples will be sent out for testing, expecting results to be returned within 24-48hrs.

Pre- participation exams

- Pre-participation exams will be conducted on an individual basis this fall due to new quarantine and testing requirements
- A schedule will be created based on when student- athletes arrive back to campus, when they complete their quarantine and when they have been tested, and physician availability
 - This includes returning student- athlete updates
- All quarantine and COVID-19 testing will need to be completed in order to begin athletic pre-participation examinations
- Physicals will be scheduled for in 30 minute intervals to accommodate both the examination and the cleaning procedures
- Student- athletes and examiners are required to comply with all masking and social distancing requirements during physical examinations unless otherwise instructed to do so

Personal Protective Equipment

Universal masking/ face covering

Masks/ face coverings must be worn at all times by all student- athletes and athletics personnel while within the athletics facilities. This includes during practices and workouts unless mask/face covering impedes breathing ability while participating in activities or ample physical distancing can be maintained easily and continuously. Coaches and team personnel must be masked at all times during team activities unless participating in practice.

Examples of when face coverings are mandatory include:

- Conversing with coaches, staff, and teammates during breaks in practice/ workouts
- Walking in and out of practice
- Bathroom breaks
- Moving from one venue to another or around the building (I.e going from practice to the weight room)
- In the athletic training room
- Rolling out and stretching
- Academic and meeting rooms

Implementation of Screening Techniques

- Student- athletes and staff will need to complete a the daily symptoms checklist on the University app prior to their arrival on campus everyday
 - The app will display an affirmative notification giving clearance to come to campus
- Student- athletes and staff must be ready to all times to present the affirmative notification for proof
 - Student- athletes will be asked to present the notification when entering the athletic facilities before practice or lift
 - Coaches and other team personnel may be asked to monitor these notifications
- If YES is answered to any of the questions and that person is exhibiting any signs or symptoms of illness, that person is not permitted to come campus and is not permitted to participate in team activities
 - Health Services will be notified of the symptomatic persons and will contact that person
 - That is expected to contact their athletic trainer or immediate supervisor for further instructions

Step 3: Return to Sport
(Mid-September- October)

- Resumption of team practices/ activities following safety guidelines laid out by RIDOH, the university, NCAA, A10, and CAA
- Continuing mandatory education for student- athletes and staff of updated COVID-19 related information, cleaning and disinfecting measures, university and athletic departmental policies and protocols
- Utilize best practices as recommended by various sport governing bodies, NCAA, A10 and CAA

Recommendation from the Athletic Covid Action Team on Acclimatization

Due to the increase in incidence of catastrophic and non-catastrophic related injuries because of exertional heat, exertional rhabdomyolysis, and cardiorespiratory failure, the National Strength and Conditioning Association (NSCA) and the Collegiate Strength and Conditioning Association (CSCCa) have jointly established guidelines for a safe athlete return to regular training after relative in-activity.¹⁷ These protocols recommend upper limits of volume and intensity, as well as work to rest ratios for this transition period when athletes are most vulnerable. This protocol gives the strength and condition staff and sport coaches a framework for a safe 2-4-week acclimatization program following a period of relative in-activity.

Below you will find the guidelines by which the University of Rhode Island Strength and Conditioning staff will follow to ensure a safe and effective training program for our student athletes. Additional attention will be emphasized due to in-activity from the Covid-19 pandemic.

- Conditioning testing is not recommended at this time
 - Sub-threshold evaluation may be considered to guide coaches of student- athlete physical fitness.
 - *These evaluations should be discussed with your individual S&C staff members*
- Length of practices should be limited in the beginning and gradually increase over time
- All coaches should document their practice plans
- Coaches should discuss workout plans with strength and conditioning staff if needed
- Consult strength and conditioning staff with questions regarding NSCA and CSCCa charts
 - *These include: Frequency, Intensity, Time, etc.*
- Observe recommended work to rest ratios
- Scrimmages are not recommended for all sports within 2 weeks of starting practice
 - Football: 6 weeks of acclimatization is recommended before the first football game/scrimmage
 - Contact sports such as volleyball and soccer: 4 weeks of acclimatization before first game/ scrimmage
 - Non- contact sports: 2 weeks of acclimatization before first contest/scrimmage
 - However, this can be evaluated on a case by case basis
- All coaches are recommended to talk with their athletic trainer about any health conditions of their student- athletes
- All coaches are recommended to talk with both athletic trainer and strength and conditioning staff regarding expectations prior to start of their preseason
- The strength and conditioning staff asks that all coaches and other staff personnel remember this is a shared responsibility
- All education material regarding sudden deaths and catastrophic injuries can be found in an educational PowerPoint located in the Sports Medicine section on the URI Athletics website

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https://journals.lww.com/nsca-scj/Fulltext/2019/06000/CSCCa_and_NSCA_Joint_Consensus_Guidelines_for.1.aspx

Practice Guidelines

- All practices must comply with state, university and NCAA guidelines for social distancing outside of the necessary contact needed to participate in the respective sports
- All team personnel will follow state guidelines in regards to masks/face coverings during practices
- Every attempt should be made to keep student- athletes in groups with similar living arrangements to reduce amount of close contact unless necessary for contact within that sport
- Practices and lifts may need to be split into groups to accommodate social distancing and max occupancy requirements
- It is important to identify the sports which have high, medium and low level of contact risk
- Contact vs non- contact sports:
 - Low contact:
 - Golf
 - Tennis
 - Track & Field*
 - Swimming & Diving
 - Medium contact:
 - Baseball
 - Cross Country*
 - Softball
 - Volleyball
 - High contact:
 - Basketball
 - Football
 - Rowing
 - Soccer

*Cross Country/ Track and Field may have instances of medium to high contact risk depending on their proximity to unmasked individuals during training sessions.

Hydration¹⁸

- Student- athletes will be given personal water bottle at the beginning of the year
- Student- athletes will be responsible for bringing water bottle to all team events
 - They will not be issued another bottle
- Student- athletes are responsible for cleaning water bottle, preferably every day
- Bottles should be filled prior to practice by student- athlete
- Bottles will then be lined up, 6ft. apart around practice facility to reduce congregation at one point of the field during water breaks
- Techniques for refilling of bottles during practice will be developed on a team by team basis

¹⁸ University officials agreed this method of hydration was acceptable and takes all precautions to reduce risk of transmission

- Coolers/pumpers
 - Coolers/ pumpers will be disinfected with an EPA approved cleaner after each team session
 - Coolers/pumpers will be stored in area away from treatment area
 - Football shed- M/W Soccer, Softball
 - Ryan Center- Football, M/W Basketball
 - Athletic training room- Volleyball, Baseball, Tennis

Disinfection and Cleaning of Reusable Team Equipment¹⁹

- Student- athletes and team personnel will be educated on proper disinfection techniques based on CDC guidelines
- It will be the responsibility of the student-athletes to disinfecting personal equipment at the end of each session
- Athletic trainers will instruct coaches and student- athletes and team personnel how to properly disinfect shared team equipment such as balls, shared protective equipment, field equipment, recovery techniques, high touch areas in practice facilities, etc.
- Team medical kits handled by the athletic trainer will be disinfected by the athletic trainer at the end of each team activity session
 - Medical kits handled by team personnel and student- athletes, will be the responsibility of the team and must be wiped down at the end of every team activity
- Approved EPA disinfection solution must come into contact with surface for amount of time outlined on the bottle
 - 10 minutes should be allowed for surface to fully dry

Discontinuation of athletic activities

Athletics, in collaboration with the University will implement COVID-19 testing, surveillance, and containment plans to monitor the health and safety of the athletics community and to minimize the likelihood of outbreaks. In the event that Athletics cannot adhere to the following criteria as outlined by the NCAA Resocialization of Collegiate Sport, the University will determine the appropriate response to pause or discontinue athletic activity/competition until the outbreak can be contained.

- Lack of ability to isolate new positive cases or to quarantine high contact risk cases on campus.
- Unavailability or inability to perform symptomatic, surveillance or pre-competition testing when warranted.
- Campuswide or local community test rates that are considered unsafe by local public health officials.
- Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.

¹⁹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

- Local public health officials stating that there is an inability for the hospital infrastructure to accommodate a surge in COVID-19-related hospitalizations.

Step 4: Return to Competition
(Winter 2020/Spring 2021)

- Resumption of competition following safety of guidelines regarding team travel, competitions, and championships laid out by URI, A10, CAA and the NCAA
- Continuing mandatory education for staff and student- athletes of updated departmental and sport related information, athletics policies and procedures, and COVID-19 related information

Competition Guidelines

- Team health
 - URI Athletics will rely on A10, CAA and NCAA guidelines on how to ensure health and safety while student- athletes are competing against opponents
- Facility set up
 - State and CDC guidelines should be adhered to when setting up facility for competition
 - Student- athletes on the bench should adhere to social distancing measures if recommended by university and state guidelines
 - Masks should be worn by team personnel when not playing on the field or warming up
 - Coaches and student- athletes may be allowed to forego use of a mask if permitted by NCAA and conference regulations

Visiting Team

- Visiting team protocols will be determined by the best practices recommendations by the CAA and A10
- These will be developed at a later date as the beginning of winter sports competitions draws closer

Travel considerations

Teams

- Modes of transportation will need to be considered prior to team travel
 - It is recommended that URI thoroughly investigate each travel company to determine what public health policies those companies are implementing
 - While traveling, staff and student- athletes should continue to keep up good personal hygiene such as washing hands as often as possible and to use hand sanitizer
- While traveling by bus, it is recommended that one person per row should be observed
 - Masks will be worn during travel in compliance with state, federal, and NCAA recommendations
- It is recommended that only essential team personnel be permitted to travel to mitigate exposure for both student- athletes as well as non-essential travelers
- Teams should adhere to local guidelines when traveling
- Potential exposure at rest stops/ restaurants should be limited
 - Consider using grab and go or curbside pick up or catering for team meals and no eating in an establishment
 - Use of in- house bathroom on bus rather than stopping at a rest area

Staff Travel

- Staff should take all necessary precautions while traveling for recruiting or URI business
- Staff should follow all local guidelines in regards to mask/ face coverings and social distancing protocols

- Staff should practice good personal hygiene while traveling

If a student- athlete or staff member falls ill during travel:

- Follow similar plan to when a student- athlete is too injured to travel home with the team
- A URI staff member should be designated on each team to stay behind with ill student-athlete or staff member should they are unable to return to campus with team
- It will be the responsibility of the staff member to make arrangements for accommodations and travel back to campus for both ill individual and themselves should they need to stay for an extended period of time due to quarantine or isolation protocols
- Each team will be provided with full PPE kit to protect both ill individual and chaperone
- Isolation and quarantine rooms may need to be designated when traveling overnight incase of sudden illness
- Those in close contact with ill individual will need to be identified and potentially quarantine to mitigate the spread to rest of the team

Education

- Staff and student- athletes will continue to be updated with new information regarding athletic department policies and procedures, new COVID-19 related information, and updates to conference/ NCAA guidelines regarding competitions and championships

Resources and Guidelines

University of Rhode Island COVID-19 Response

<https://web.uri.edu/coronavirus/>

Rhode Island Department of Health COVID-19 Information

<https://health.ri.gov/covid/>

Reopening RI Guidelines

<https://www.reopeningri.com/>

Centers for Disease Control and Prevention COVID-19 Index

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

NCAA Core Principles of Resocialization of Collegiate Sport

<http://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-sport>

National Athletic Trainers Association (NATA)

<https://www.nata.org/practice-patient-care/health-issues/covid-19-coronavirus>

Intercollegiate Council for Sports Medicine (ICSM)

https://www.nata.org/sites/default/files/icsm_return_to_campus_packet_covid19.pdf

American College Health Association (ACHA)

https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf

Atlantic- 10 Resources & Colonial Athletic Association Resources

Available in appendix

CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity

https://journals.lww.com/nsca-scj/Fulltext/2019/06000/CSCCa_and_NSCA_Joint_Consensus_Guidelines_for.1.aspx

Appendix

Room occupancy

All occupancy numbers were found by adhering to both RIDOH and CDC social distancing guidelines

Locker Rooms

****All locker and team rooms are currently closed to comply with state regulations****

Baseball:

- 35 lockers
- Maintaining 6ft. of distance using every fourth locker = 14 max occupancy

Men's Basketball:

- 16 lockers
- Maintaining 6ft. of distance using every other locker = 8 max occupancy

Men's Basketball coaches:

- 7 lockers
- Maintaining 6ft. of distance using every other locker = 4 max occupancy

Women's Basketball:

- 16 lockers
- Maintaining 6ft. of distance using every other locker = 8 max occupancy

Women's Basketball coaches:

- 7 lockers
- Maintaining 6ft. of distance using every other locker = 4 max occupancy

Basketball video room:

- 18 chairs
- Maintaining 6ft. of distance using every other chair = 10 max occupancy

Football:

- 100 lockers
- Maintaining 6ft. of distance using every other locker = 51 max occupancy

Football coaches:

- 13 lockers
- Maintaining 6ft. of distance using every other locker = 7 max occupancy

Men's Soccer:

- 26 lockers

- Maintaining 6ft. of distance using every fourth locker = 10 max occupancy

Women's Soccer:

- 29 lockers
- Maintaining 6ft. of distance using every fourth locker = 14 max occupancy

Softball:

- 24 lockers
- Maintaining 6ft. of distance using every fourth locker = 12 max occupancy

Swimming & Diving:

- 36 lockers
- Maintaining 6ft. of distance using every fifth locker = 10 max occupancy

Tennis:

- 15 lockers
- Maintaining 6ft. of distance using every fourth locker = 6 max occupancy

Men's Track and Field:

#1:

- 40 lockers
- Maintaining 6ft. of distance using every fourth locker = 14 max occupancy

#2

- 30 lockers
- Maintaining 6ft. of distance using every fourth locker = 11 max occupancy

Women's Track and Field:

- 40 lockers
- Maintaining 6ft. of distance using every fourth locker = 15 max occupancy
-

Rowing:

- 33 lockers
- Maintaining 6ft. of distance using every fourth locker = 13 max occupancy
- Erg room:
 - 1907 total sq. ft., 52 max occupancy

Volleyball:

- 18 lockers
- Maintaining 6ft. of distance using every other locker = 9 max occupancy

Academic Facilities Occupancy

Academic advising

Total square footage: 616

Empty occupancy: 36 sq.ft./ person= 17 max occupancy

Academic classroom:

Total square footage: 999

Empty occupancy: 36 sq.ft./ person= 27 max occupancy

Computer lab:

Total square footage: 429

Empty occupancy: 36 sq.ft./ person= 11 max occupancy

Student- athlete lounge

Total square footage: 704

Empty occupancy: 36 sq.ft./ person= 19 max occupancy

Meeting Rooms

Tootell #123: 27 max occupancy

Tootell #208: 15 max occupancy

Tootell #209: 11 max occupancy

Tootell #210: 11 max occupancy

Keaney #218: 18 max occupancy

Tootell # 118: 20 max occupancy

Athletic Venue Occupancy

Mackal Field House: 150 people

Keaney Gymnasium: 85 people

Tootell West Gym: 65 people

Anthony J. Rose Athletic Training and Sports Medicine Center: 17 people

Eleanor M. Carlson Strength and Conditioning Center: 28 people

Baseball and Softball Hitting Barn: 16 people

Tootell Aquatics Center: 30 people

Katie DeCubellis Memorial Foundation Academic Commons: CLOSED

COVID-19 Pre-participation Questionnaire

1. Have you had any of the following symptoms in the past 2 weeks?
 - a. Fever
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Shaking chills
 - e. Chest pain, pressure, or tightness
 - f. Fatigue or difficulty with exercise
 - g. Loss of taste or smell
 - h. Persistent muscle aches or pains
 - i. Sore throat
 - j. Nausea, vomiting, or diarrhea
2. Do you have a family or household member with current or past COVID-19?
3. Do you have moderate to severe asthma, a heart condition, diabetes, pre-existing kidney disease, or a weakened immune system?
4. Have you been diagnosed or tested positive for COVID-19 infection?
5. If you had COVID-19:
 - a. During the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?
 - b. Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?

^[1] <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

^[2] <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

^[3] <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

^[4] <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html>

^[5] <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

[6] Close contact per CDC guidelines: closer than 6ft. for prolonged period of time or come into contact with positive COVID-19 case or infected bodily fluids

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

[7] Progression through each step is dictated by recommendations made by the University of Rhode Island, RI Department of Health, and the NCAA

[8] Steps may differ depending on traditional sport seasons

[9] <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

[10] <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

[11]

<https://health.ri.gov/publications/guidance/COVID-19-Quarantine-and-Isolation-Guidance-by-Population.pdf>

[12] <https://health.ri.gov/publications/factsheets/COVID-19-IsolationVsQuarantine.pdf>

[13]

<http://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-action-plan-considerations>

[14]

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

[15] <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

[16]

https://www.reopeningri.com/resource_pdfs/Phase-II/Phase-II-guidelines-for-gyms-and-fitness-centers-05.29.20.pdf

[17]

https://www.reopeningri.com/resource_pdfs/Phase-II/Phase-II-guidelines-for-gyms-and-fitness-centers-05.29.20.pdf

[18]

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Guidelines-Resident-Laundry.pdf

[19] <http://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-sport>

[20] <http://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-sport>

[21] <https://www.nscs.com/about-us/position-statements/safe-return-to-training/>

[22] University officials agreed this method of hydration was acceptable and takes all precautions to reduce risk of transmission

[23] <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

[24] <http://www.ncaa.org/sport-science-institute/core-principles-resocialization-collegiate-sport>