



# Interim Guidance for Institutions of Higher Education

## (July 17, 2020)

Governor Cooper has implemented a phased approach to slowly lift restrictions while combatting COVID-19, protecting North Carolinians and working together to recover the economy.

Institutions of higher education should follow the guidance below from the Centers for Disease Control and Prevention's (CDC's) [Considerations for Institutions of Higher Education](#), and [Guidance for Shared or Congregate Housing](#) to prevent the spread of COVID-19.

**Guidance for Institutions of Higher Education:** Any scenario in which many people gather together poses a risk for COVID-19 transmission. All institutions of higher education (IHE) where groups of people gather in an enclosed space should create and implement a plan to minimize the opportunity for COVID-19 transmission on their campuses. The guidance below will help institutions of higher education, including colleges, universities, and community colleges, reduce the spread of COVID-19 in their communities.

### It is recommended that institutions of higher education:

- Clearly communicate the expectation that students, staff, and faculty adhere to the institutions' COVID-19 rules and policies
- Consider non-adherence with policies to be a violation of an honor code or similar set of expectations guiding behavior

### This guidance covers the following topics:

- Guiding Principles to Keep in Mind
- Promoting Behaviors that Reduce Spread
- Maintaining Healthy Environments
- Maintaining Healthy Operations
- Preparing for When Someone Gets Sick
- Shared and Congregate Housing
- Additional Resources

### Guiding Principles to Keep in Mind

The more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in IHE non-residential and residential (i.e., on-campus housing) settings as follows:

### IHE General Settings

- **Lowest Risk:** Faculty and students engage in virtual-only learning options, activities, and events.
- **More Risk:** Small in-person classes, activities, and events. Individuals remain spaced at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

### IHE On-Campus Housing Settings

- **Lowest Risk:** Residence halls are closed, where feasible.
- **More Risk:** Residence halls are open at lower capacity and shared spaces are closed (e.g., kitchens, common areas).
- **Highest Risk:** Residence halls are open at full capacity including shared spaces (e.g., kitchens, common areas).

## Promoting Behaviors that Reduce Spread

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

### Staying Home or Self-Isolating when Appropriate

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

### Hand Hygiene and Respiratory Etiquette

- Recommend and reinforce [handwashing](#) with soap and water for at least 20 seconds.
  - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Encourage students, faculty, and staff to cover coughs and sneezes with a tissue or use the inside of your elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

### Cloth Face Coverings

- To align with NC's face covering requirement, IHE's should require and reinforce use of [cloth face coverings](#) among students, faculty, and staff. Face coverings should be worn as feasible and are **most** essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to all students, faculty, and staff on [proper use, removal, and washing of cloth face coverings](#).
  - Note: [Cloth face coverings](#) should **not** be placed on:
    - Babies and children younger than 2 years old
    - Anyone who has trouble breathing or is unconscious
    - Anyone who is incapacitated or otherwise unable to remove the cover without assistance
    - [Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other medical personal protective equipment.

### Adequate Supplies

- Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, hand sanitizer containing at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.

### Signs and Messages

- Post [signs](#) in highly visible locations (e.g., building entrances, restrooms, dining areas) that [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)).
- Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with faculty, staff, and students (such as on IHE websites, in emails, and on IHE [social media accounts](#)) in accordance with the [Clery Act](#).
- Find freely available CDC print and digital resources on CDC's [communications resources](#) main page.

### Maintaining Healthy Environments

IHEs may consider implementing several strategies to maintain healthy environments.

### Cleaning and Disinfection

- [Clean and disinfect](#) frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, dining hall tables) within IHE facilities at least daily or between use as much as possible.
- Use of shared objects (e.g., lab equipment, computer equipment, desks) should be limited when possible, or cleaned between use.
- If transport vehicles (e.g., buses) are used by the IHE, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect IHE buses, vans, or other vehicles, see guidance for [bus transit operators](#).
- Develop a schedule for increased, routine cleaning and disinfection.
- Ensure [safe and correct use](#) and storage of [cleaners and disinfectants](#), including storing products securely. Use products that meet [EPA disinfection criteria](#).
- Encourage students, faculty, and staff to keep their personal items (e.g., cell phones, other electronics) and personal work and living spaces clean. Encourage students, faculty, and staff to use disinfectant wipes to wipe down shared desks, lab equipment, and other shared objects and surfaces before use.
- Ensure there is adequate ventilation when using cleaning products to prevent students or staff from inhaling toxic fumes.

### Shared Objects

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

### Ventilation

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students, faculty, or staff using the facility.

### Water Systems

- To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected, but encourage faculty, staff and students to bring their own water to minimize use and touching of water fountains.

### Modified Layouts

- Space seating/desks at least 6 feet apart when feasible. For lecture halls, consider taping off seats and rows to ensure six-foot distance between seats.
- Host smaller classes in larger rooms.
- Offer distance learning in addition to in-person classes to help reduce the number of in-person attendees.
- Provide adequate distance between individuals engaged in experiential learning opportunities (e.g., labs, vocational skill building activities).
- Create distance between students in IHE vehicles (e.g., skipping rows) when possible.

### Physical Barriers and Guides

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., cash registers).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart in lines and at other times.

### Communal Spaces

- Close shared spaces such as dining halls, game rooms, exercise rooms, and lounges if possible; otherwise, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and clean and disinfect between use.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds especially when they cannot be at least 6 feet apart.
- For more information on communal spaces in student or faculty housing (e.g., laundry rooms, shared bathrooms and recreation areas) follow [CDC's guidance for Shared or Congregate Housing](#).

### Food Service

- Provide grab-and-go options for meals. If a cafeteria or group dining room is typically used, if possible, serve individually plated meals (versus buffet or any self-serve stations).
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and consider the [safety of individuals with food allergies](#).

### Maintaining Healthy Operations

IHEs may consider implementing several strategies to maintain healthy operations.

### Protections for Students, Faculty, and Staff at Higher Risk for Severe Illness from COVID-19

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- Offer options for faculty and staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework and modified job responsibilities).
- Offer options for students at [higher risk for severe illness](#) that limit their exposure risk (e.g. virtual learning opportunities).
- Consistent with applicable law, put in place policies to protect the privacy of people at [higher risk for severe illness](#) regarding underlying medical conditions in compliance with applicable federal and state privacy and confidentiality laws.

### **Regulatory Awareness**

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

### **Gatherings**

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Pursue options to convene sporting events and participate in sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, or county).

### **Telework and Virtual Meetings**

- Encourage telework for as many faculty and staff as possible, especially employees at [higher risk for severe illness from COVID-19](#).
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Provide student support services virtually, as feasible.
- When possible, use flexible work or learning sites (e.g., telework, virtual learning) and flexible work or learning hours (e.g., staggered shifts or classes) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between people, especially if social distancing is recommended by state and local health authorities.

### **Travel and Transit**

- Consider options for limiting non-essential travel in accordance with state and local regulations and guidance.
- Encourage students, faculty and staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Encourage students, faculty and staff who use public transportation or ride sharing to follow CDC guidance on how to [protect yourself when using transportation](#). Additionally, encourage them to commute during less busy times and [clean their hands](#) as soon as possible after their trip.

### Designated COVID-19 Point of Contact

- Designate an administrator or office to be responsible for responding to COVID-19 concerns. All IHE students, faculty and staff should know who this person is and how to contact them.

### Participation in Community Response Efforts

- Consider participating with state or local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

### Communication Systems

- Put systems in place for:
  - Consistent with applicable law and privacy policies, having students, faculty and staff report to the IHE if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19](#) (e.g. see “Notify Health Officials and Close Contacts” in the **Preparing for When Someone Gets Sick** section below), and other applicable federal and state privacy and confidentiality laws, such as the Family Educational Rights and Privacy Act (FERPA).
  - Notifying faculty, staff, students, families, and the public of IHE closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

### Leave (Time Off) and Excused Absence Policies

- Implement flexible sick leave policies and practices that enable faculty, staff, and students to stay home or self-isolate when they are sick, have been exposed, or [caring for someone who is sick](#).
  - Examine and revise policies for excused absences and virtual learning (students) and leave, telework, and employee compensation (employees).
  - Leave and excused absence policies should be flexible, not be punitive to people for taking time off and should allow sick employees and students to stay home and away from others. Leave and excused absence policies should also account for employees and students who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- Develop policies for returning to classes and IHE facilities after COVID-19 illness. CDC’s criteria to [discontinue home isolation](#) and [quarantine](#) can inform these policies.

### Back-Up Staffing Plan

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

### Staff Training

- Train staff on all safety protocols
- Conduct training virtually or ensure that [social distancing](#) is maintained during training.

### Recognize Signs and Symptoms

- If feasible, conduct daily health checks or ask faculty, staff, and students to conduct self-checks (e.g., temperature screening and/or [symptom checking](#)).
- Health checks should be done safely and respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and regulations. IHE administrators may use examples of screening methods found in CDC's [General Business FAQs](#).

### Sharing Facilities

- Encourage any organizations that share or use IHE facilities to also follow these considerations.

### Support Coping and Resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746
- Provide students, faculty and staff with information on how to access [resources for mental health and wellness](#) (e.g., 211 and Hope4NC Helpline 1-855-587-3463).

## Preparing for When Someone Gets Sick

IHEs may consider implementing several strategies to prepare for when someone gets sick.

### Advise Sick Individuals of Home Isolation Criteria

- Sick faculty, staff, or students should not return to in-person classes or IHE facilities, or end isolation until they have met CDC's [criteria to discontinue home isolation](#).

### Isolate and Transport Those Who are Sick

- Make sure that faculty, staff, and students know they should not come to the IHE if they are sick, and should notify IHE officials (e.g., IHE designated COVID-19 point of contact) if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
- Immediately separate faculty, staff, and students with COVID-19 [symptoms](#) (such as fever, cough, or shortness of breath). Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others](#) who are sick. IHEs may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE housing.

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- Work with IHE administrators and healthcare providers to identify an isolation room, area, or building/floor (for on-campus housing) to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

### Clean and Disinfect

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#)
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.

### Notify Health Officials and Close Contacts

- In accordance with applicable federal, state and local laws and regulations, IHEs should notify local health departments, faculty, staff, and students immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#), FERPA or and other applicable laws and regulations.
- Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home or in their living quarters and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.

### Shared or Congregate Housing

[CDC Guidance for Shared or Congregate Housing](#)

#### To maintain safe operations

- [Clean and disinfect](#) shared areas (such as exercise room, laundry facilities, shared bathrooms, and elevators) and frequently touched surfaces using [EPA-registered disinfectants](#) more than once a day if possible.
- Identify services and activities (such as meal programs, religious services, and exercise rooms and programs) that might need to be limited or temporarily discontinued. Consider alternative solutions (e.g., virtual services) that will help programs continue while being safe for residents.

#### Encourage staff and residents to prepare and take [action to protect themselves and others](#)

- Follow the guidance and directives on community gatherings from your state and local officials.
- Encourage [social distancing](#) by asking staff and residents to stay at least 6 feet (2 meters) apart from others
- Require [cloth face coverings](#) in any shared spaces, including spaces restricted to staff only.
- Consider any special needs or accommodations for those who [need to take extra precautions](#), such as people with disabilities and people of any age who have serious underlying medical conditions.

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- Limit staff entering residents' rooms or living quarters unless it is necessary. Use virtual communications and check ins (phone or video chat), as appropriate.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.
- Use physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with residents, visitors, and the public.
- Provide COVID-19 prevention supplies for staff and residents in common areas at your facility, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, [cloth face coverings](#) that are washed or discarded after each use.
- Consider any special communications and assistance needs of your staff and residents, including [persons with disabilities](#).

### **Communicate to staff and residents**

Identify platforms such as email, websites, hotlines, automated text messaging, newsletters, and flyers to help communicate information on:

- Guidance and directives from state and local officials
- How your facility is helping to prevent the spread of COVID-19.
- How additional information will be shared, and where to direct questions.
- How to stay healthy, including [videos, fact sheets, and posters](#) with information on [COVID-19 symptoms](#) and how to stop the spread of germs, [how to wash your hands](#), and what to do [if you are sick](#).
- How staff and residents can [cope and manage stress](#) and protect others from [stigma and discrimination](#).
- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information. Communications may need to be framed or adapted so they are culturally appropriate for your audience and easy to understand. For example, there are resources on the CDC website that are in many [languages](#).

### **Considerations for common spaces in your facility, to prevent the spread of COVID-19**

- Consider how you can use multiple strategies to maintain [social \(physical\) distance](#) between everyone in common spaces of the facility.
- Consider cancelling all public or non-essential group activities and events.
- Offer alternative methods for activities and social interaction such as participation by phone, online, or through recorded sessions.
- Arrange seating of chairs and tables to be least 6 feet (2 meters) apart during shared meals or other events.
- Alter schedules to reduce mixing and close contact, such as staggering meal and activity times and forming small groups that regularly participate at the same times and do not mix.
- Minimize traffic in enclosed spaces, such as elevators and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one directional stairwell, if possible.
- Ensure that social distancing can be maintained in shared rooms, such as television, game, or exercise rooms.
- Make sure that shared rooms in the facility have good air flow from an air conditioner or an opened window.

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- Consider working with building maintenance staff to determine if the building ventilation system can be modified to increase ventilation rates or the percentage of outdoor air that circulates into the system.
- Clean and disinfect shared areas (laundry facilities, elevators, shared kitchens, exercise rooms, dining rooms) and frequently touched surfaces using EPA-registered disinfectants more than once a day if possible.

### **Considerations for specific communal rooms:**

#### **Shared kitchens and dining rooms**

- Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
  - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. Wash hands after handling used food service items.
- Use gloves when removing garbage bags and handling and disposing of trash. Wash hands

#### **Laundry rooms**

- Maintain access and adequate supplies to laundry facilities to help prevent spread of COVID-19.
- Restrict the number of people allowed in laundry rooms at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
- Provide disposable gloves, soap for washing hands, and household cleaners and EPA-registered disinfectants for residents and staff to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and shared laundry items.
- Post guidelines for doing laundry such as washing instructions and handling of dirty laundry.

#### **Recreational areas such as activity rooms and exercise rooms**

- Consider closing activity rooms or restricting the number of people allowed in at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
- Consider closing exercise rooms.
- Activities and sports (e.g., ping pong, basketball, chess) that require close contact are not recommended.

#### **Pools and hot tubs**

- Consider closing pools and hot tubs or limiting access to pools for essential activities only, such as water therapy.
  - While proper operation, maintenance, and disinfection (with chlorine or bromine) should kill COVID-19 in pools and hot tubs, they may become crowded and could easily exceed recommended guidance for gatherings. It can also be challenging to keep surfaces clean and disinfected.

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- Considerations for shared spaces (maintaining physical distance and [cleaning and disinfecting](#) surfaces) should be addressed for the pool and hot tub area and in locker rooms if they remain open.

### **Shared bathrooms**

- Shared bathrooms should be cleaned regularly using [EPA-registered disinfectants](#), at least twice per day (e.g., in the morning and evening or after times of heavy use).
- Make sure bathrooms are continuously stocked with soap and paper towels or automated hand dryers. Hand sanitizer could also be made available.
- Make sure trash cans are emptied regularly.
- Provide information on how to wash hands properly. Hang [signs](#) in bathrooms.
- Residents should be instructed that sinks could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes could also be used for personal items to limit their contact with other surfaces in the bathroom.

### **If a resident in your facility has COVID-19 (suspected or confirmed)**

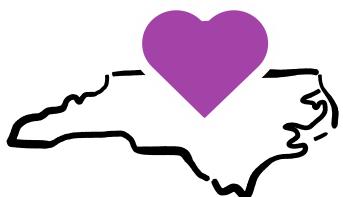
- Have the resident seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.
- If you do receive information that someone in your facility has COVID-19, you should work with the local health department to notify anyone in the building who may have been exposed (had close contact with the sick person) while maintaining the confidentiality of the sick person as required by the Americans with Disabilities Act (ADA) and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA).
- Provide the ill person with information on [how to care for themselves](#) and [when to seek medical attention](#).
- Encourage residents with [COVID-19 symptoms](#) and their roommates and close contacts to self-isolate – limit their use of shared spaces as much as possible.
  - If possible, designate a separate bathroom for residents with COVID-19 symptoms.
  - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons.
  - Follow guidance on [when to stop isolation](#).
- Minimize the number of staff members who have face-to-face interactions with residents who have suspected or confirmed COVID-19.
- Encourage staff, other residents, caregivers such as outreach workers, and others who visit persons with COVID-19 symptoms to follow [recommended precautions](#) to prevent the spread.
- Staff at [higher risk](#) of severe illness from COVID-19 should not have close contact with residents who have suspected or confirmed COVID-19, if possible.
- Those who have been in close contact (i.e., less than 6 feet (2 meters) with a resident who has confirmed or suspected COVID-19 should monitor their health and call their healthcare provider if they develop [symptoms suggestive of COVID-19](#).

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- Be prepared for the potential need to transport persons with suspected or confirmed COVID-19 for testing or non-urgent medical care. Avoid using public transportation, ridesharing, or taxis. Follow [guidelines](#) for cleaning and disinfecting any transport vehicles.

### Additional Resources

- [NC DHHS COVID-19 Webpage](#), [Know Your W's: Wear, Wait, Wash](#), [NC DHHS COVID-19 Latest Updates](#), [NC DHHS COVID-19 Materials & Resources](#), [Social Media Toolkit for COVID-19](#)
- NCDHHS: [North Carolina COVID-19](#)
- CDC: [Colleges, Universities, and Higher Learning](#)
- CDC: [Shared and Congregate Housing](#)
- CDC: [Cleaning and Disinfecting Your Facility](#)
- CDC: [Reopening Guidance](#)
- CDC: [Coping with Stress](#)
- EPA: [Disinfectants for Use Against SARS-CoV-2](#)
- FDA: [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#)
- HHS/OSHA: [Guidance on Preparing Workplaces for COVID-19](#)
- DHS: [Guidance on the Essential Critical Infrastructure Workforce](#)
- Johns Hopkins University Council for Higher Education Association: [COVID-19 Planning Guide for Higher Education](#)



#StayStrongNC

Staying apart brings us together.  
Protect your family and neighbors.

Learn more at [nc.gov/covid19](http://nc.gov/covid19).



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