

YOUTH PROTECTION WHITE PAPER (MAY 2020)

# COVID-19: EFFECTIVE PRACTICES MINORS ON THE CAMPUSES INSTITUTION OF HIGHER EDUCATION

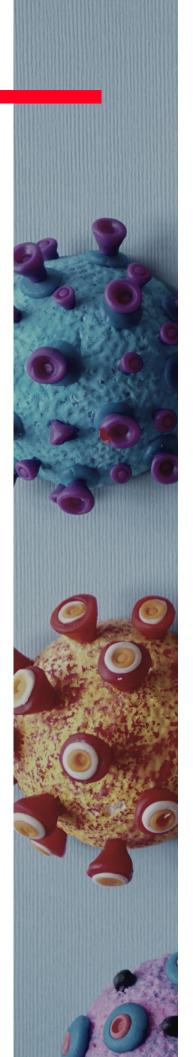
COMPLIANCE AND RISK MANAGEMENT

#### SCHOOL OF SOLUTIONS

# COVID-19: EFFECTIVE PRACTICES FOR MINORS ON THE CAMPUSES OF INSTITUTIONS OF HIGHER EDUCATION

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# COVID-19: EFFECTIVE PRACTICES FOR MINORS ON THE CAMPUSES OF INSTITUTIONS OF HIGHER EDUCATION

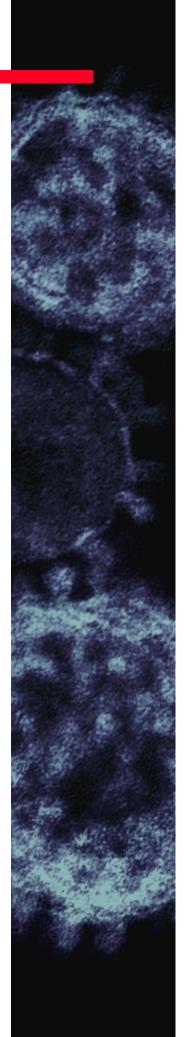
The severe acute respiratory syndrome coronavirus 2 is responsible for the coronavirus disease of 2019, also known as COVID-19 (World Health Organization, 2020). Signs (an objective measurement that characterizes illness during a physical exam) include a temperature higher than 100.4° F and changes in breathing rate, while symptoms (what patients say they feel) include:

- fever.
- dry cough,
- tiredness.
- aches and pains,
- · sore throat,
- diarrhea,
- conjunctivitis,
- headache.
- loss of taste or smell,
- a rash on skin or discoloration of fingers or toes,
- difficulty breathing or shortness of breath,

- chest pain or pressure, or
- loss of speech or movement (WHO, 2020).

The CDC reports that the best current estimate of asymptomatic infections (an infected individual who does not exhibit symptoms during infection) is 35% of all cases (Center for Disease Control and Prevention, 2020).

According to the COVID-19 Contact Tracing training from John Hopkins University, Bloomberg School of Public Health (John Hopkins University, 2020), the incubation period (time from infection until an individual develops symptoms) is between 2 and 14 days with an average of 5 days. The infectious period (the time transmission of the disease begins) of the coronavirus disease starts 2 days before signs and symptoms and lasts for at least 10 days after the onset of illness and without the presence of fever for 3 days.





Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19 is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs (CDC, 2020). As of May 26, 2020, the causes of MIS-C are unknown to the CDC.

According to the Bloomberg School of Public Health (John Hopkins University, 2020), the transmission of COVID-19 occurs in two ways:

- droplets from talking, laughing, coughing, sneezing, singing, and enters another person's mouth, nose, or eyes; or
- surfaces may have viruses that an individual may touch or step in.

The maximum transmission distance could be up to 13 feet (Crist, 2020), and the CDC (2020) recommends 6 feet for social distancing. There is also a high transmission risk in congregate housing (many people living in close quarters), such as dormitory housing (John Hopkins University, 2020). There are currently two tests to diagnose COVID-19:

- diagnostic test: Polymerase Chain Reaction (PCR) (molecular tests) for current signs and symptoms by testing ribonucleic acid (RNA) genetic material through a swab of the nose, throat, or mouth (respiratory tract), or an
- antibody test (saliva sample) (John Hopkins University, 2020).

Implications for Minors on the Campuses of Higher Education Institutions

COVID-19 is a global pandemic that has so far infected more than 5.5 million people, with more than 350,000 deaths worldwide (WHO, 2020). This pandemic caused the

closure of the majority (94%) of the United States, including higher education institutions (Secon, 2020). The White House, along with the CDC, published Guidelines for Opening Up America Again (2020). Also, the CDC (2020) updated Considerations for Institutes of Higher Education to "help protect students and employees (e.g., faculty, staff, and administrators) and slow the spread of the Coronavirus Disease 2019 (COVID-19). "This update provides considerations for spread prevention, hygiene, sanitation, and preparing for when someone gets sick.

Another publication from the CDC (2020) is a decision-making tool for youth programs and camps. This tool assists personnel at higher education institutions with preparing to invite minors on campus to participate in PCOPs. This tool asks youth program and camp leadership three primary questions when considering reopening:

- Should you consider opening?
- Are recommended health and safety actions in place?
- Is ongoing monitoring in place?" (CDC, 2020)

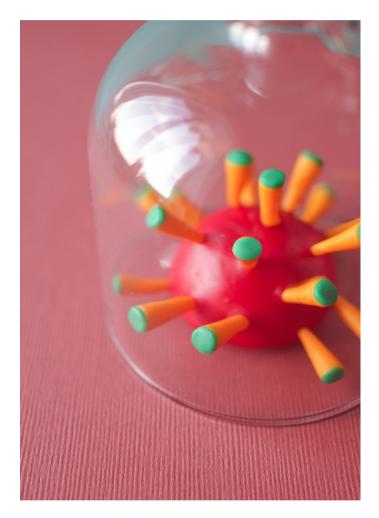
While addressing these questions, the CDC offers a secondary set of questions for leadership to consider in their reopening plans. The actions taken as a result of these questions aid institutions in slowing the spread of COVID-19.

#### COVID-19

## **EFFECTIVE PRACTICES**

1.) Identify a point person from each PCOP to serve as the contact for university, as well as the parents and youth participants. This person would be responsible for all communications from the program to the university, staff, parents, and youth participants. The person should also complete the following training:

- Understanding COVID-19: to gain an understanding of the signs and symptoms of the coronavirus disease.
- Related institution policies and procedures
- Developing a Spread
   Prevention Plan: each PCOP contract should submit a plan to the university that addresses hygiene, cleaning/sanitation, physical distancing, classroom spacing, transportation (if applicable), housing (if applicable), food service (if applicable), aquatic facilities (if applicable), play area spacing (if applicable), and other activities/areas
- Communication
   Procedures: for messages
   to the staff, parents, and
   youth participants
- HIPPA or Confidentiality/ Privacy Training



An additional four effective practices were identified based on a review of the available guidelines, considerations, and operation/field guides to assist institutions of higher education with preparing to reopen PCOPs (Ambrose & Gaslin, 2020; American Camp Association, 2020; Association of Camp Nursing, 2020; Carr, 2020; CDC, 2020; Craven, Mysore, & Wilson, 2020; Environmental Health & Engineering, Inc., 2020; Erceg, 2019; IASC, IFRC, UNICEF, 2020; Occupational Safety and Health Administration, 2020; Schwartz, Hatfield, Scoble Williams, & Volini, 2020; The White House, CDC, 2020; United States Environmental Protection Agency, 2020).



- 2.) Require the development of a Spread Prevention Plan from each PCOP. Each PCOP should submit a plan that addresses the following:
- Food Service: cleaning/sanitation procedures, distribution, and physical spacing
- Cleaning/Sanitation: a list of EPA approved disinfectants used to clean and sanitize areas, cleaning schedule (common/shared areas, frequency)
- Hygiene: hygiene practices
   training for staff and youth
   participants including a list of
   sanitizing supplies available for
   staff and youth participants (hand
   soap, hand sanitizer, paper towels,
   tissue, no-touch trash cans),
   personal protection equipment
   (gloves, goggles, face shields, face
   masks, and respiratory protection)
- Classrooms: physical spacing, cleaning/sanitation procedures
- Housing: physical spacing, cleaning/sanitation procedures
- Play Areas: physical spacing, hygiene procedures
- Transportation: physical spacing, cleaning/sanitation procedures
- Aquatic Facilities: physical spacing, cleaning/sanitation procedures, hygiene procedures
- Other Areas/Activities
- 3.) Require the development of a Suspected Case Plan from each PCOP. Each PCOP should submit a plan that addresses the following:
- Pre-Arrival: youth participant prescreening (physician's note or 14day log of signs and symptoms, travel details), notification to the local health department or hospital of PCOP dates and activities, immunization records/medical history/medication distribution forms, Parent/Youth Participant Agreement that states youth participant agrees to arrive to PCOP with no communicable disease

- Arrival: check-in screening for staff and youth participants (signs and symptoms check), high-risk youth participant procedures
- Suspected Case Procedures: isolation procedures, check-out procedures, contact tracing procedures
- 4.) PCOP COVID-19 Communication must focus on type, how-to, and when. PCOPs must maintain open communication lines that provide transparent messaging to the university, staff, parents, and youth participants to slow the spread of COVID-19. PCOPs should consider the following when drafting communications:
- Type: signage (hygiene recommendations, sanitation locations), guidelines for staff and volunteers, guidelines for parents and youth participants, messages to the university, marketing (website, phone messages, text messages, emails)
- How-to: timely, neutral language, concise messages, customerservice oriented
- When: before, during, after, immediate/urgent

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