

Guidelines for Post School Education and Training (PSET) **Institutions for management of and response to the** **COVID- 19 outbreak**

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Disclaimer

The information contained in this document, be it guidelines, recommendations, diagnostic algorithms or treatment regimens, are offered in the public interest. To the best of the knowledge of the guideline writing team, the information contained in these guidelines is correct.

Implementation of any aspect of these guidelines remains the responsibility of the implementing agency in so far as public health liability resides, or the responsibility of the individual clinician in the case of diagnosis or treatment. It is the responsibility of the person using these guidelines to check for updated versions of this document on the HIGHERHEALTH website at www.higherhealth.ac.za

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Background and Introduction

These guidelines are based on what is currently known as of 8th April 2020 about the transmission and severity of coronavirus disease 2019 (COVID-19). Guidance will be updated as new information emerges. Please check the HIGHERHEALTH website (www.higherhealth.ac.za) for updated guidance.

Institutions of the Post-School Education and Training (PSET) sector (Universities and Technical and Vocational Education and Training (TVET) and Community Education and Training (CET) colleges) can play an important role in efforts to control the spread of COVID-19. Campuses can take steps to circulate information about the disease and its potential transmission to their students, academic and support staff, and clinic staff. Campus administrators should prepare to prevent and contain the spread of COVID-19 among their students, academic and support staff, and clinic staff, and fulfil their duty of care responsibility when members of the campus community develop infection. Close partnership with local public health officials is essential for a coordinated and effective response.

Plans should be designed to minimize disruption to teaching and learning and protect all members of the campus community from social stigma and discrimination. Plans can build on everyday practices already entrenched in the current campus environment (e.g., encouraging hand hygiene, and providing routine communication to the campus community).

Who are these guidelines for?

These guidelines are intended to help five specific sectors of leadership within public and private PSET institutions to prevent and contain the spread of COVID-19. These sectors are:

- Senior Management
- Academic and support staff
- Student communities (including peer educators and student leaders)
- Student Support Services
- Campus Health Care, Occupational Health, and Employee Wellness staff

Universities and colleges play complementary, but different, roles within the PSET system, and have varying levels of autonomy and different governance structures and arrangements. As such, each institution must identify which of these guidelines fall within their governance mandate, as well as within their decision-making authority; and act accordingly. While these guidelines are intended to provide over-arching guidance, we have distinguished where guidance for universities and colleges may differ as far as possible throughout the document.

Why are these guidelines being issued?

Information provided is intended to help institutions better understand how to help prevent and contain the transmission of COVID-19. It also aims to help them to react quickly should an individual or groups of individual be confirmed with COVID-19. The guidance includes considerations for

administrators to plan for the continuity of teaching, learning, and research if there is a need to isolate or quarantine learners or staff within, or to close, institutions as a result of spread of COVID-19.

What is the role of universities and colleges in responding to COVID-19?

COVID-19 is a respiratory illness caused by a novel (new) coronavirus, the SARS-CoV-2 virus. We are learning more about it every day.

Prevention of the transmission of SARS-CoV-2 is currently the most effective and evidence-based method to contain the epidemic. Advice to regularly wash hands with soapy water for 20 seconds, maintaining a physical distance of two metres from others, and to moving away to sneeze or cough into your elbow (known as cough etiquette) are the pillars of prevention. When water and soap is not available, sanitizer with at least 60% alcohol should be used.

Social distancing is the term widely used to describe measures to reduce close contact between individuals. A recent paradigm shift has recognised that it should be reframed as *physical distancing* rather than *social distancing*. Using the term *physical distancing* highlights the need to keep physically apart but recognises that people should still try to spend time together through digital technology and telephonic communication to maintain good mental health.

While there is currently no vaccine to protect against SARS-CoV-2 and no treatment for COVID-19, many clinical trials across the world are actively evaluating new treatments, and vaccine prototypes are under development. Several South African PSET institutions are collaborating with international partners to coordinate local trial sites. One such large, multinational trial - with a leg in South Africa - is the SOLIDARITY trial led by the World Health Organization (WHO). This trial aims to evaluate the efficacy of several treatment modalities.

The WHO categorises the coronavirus and the disease it causes (COVID-19) into four categories:

- Stage 1 - imported by travellers
- Stage 2 - clustered transmission
- Stage 3 - local transmission
- Stage 4 - widespread community transmission

As of 6th April 2020, NICD had conducted 56,873 tests of which 1,655 individuals tested positive for COVID-19 with 11 deaths unfortunately recorded. The outbreak is now reaching the stage of local transmission and of clustered and community transmission where it is no longer a majority-imported disease.

The Presidential State of National Disaster announcement on 15 March 2020 was followed by an announcement to 'lockdown' on March 27, which is due to run for 21 days. Lockdown is intended to reduce contact between people to a minimum by implementing strict physical distancing

measures, which include school and PSET institution closures, confinement to one's home, gatherings banned and remote or staggered working practices.

PSET institutions, working together with the local and provincial departments of health, have an important role to play in contributing to reducing the spread of disease. Provision of a safe and healthy campus environment will ensure that students and academic and support staff are able to learn and work productively. This will be especially important when campuses re-open following the current period of closure.

Some individuals are experiencing stigma and discrimination related to COVID-19. It is important for students, academic and support staff, and clinic staff, to be provided with accurate and timely information about COVID-19, to minimize the potential for stigma on our campuses.

It is also important to provide mental health support to promote resilience among those groups affected by stigma regarding COVID-19 and to all members of the campus community. Many will be experiencing prolonged periods of anxiety related to COVID-19 due to illness or changed circumstances.

The most important thing for institutions to do now is **plan and prepare** for how to **prevent** and **respond** to COVID-19 on the return of faculty, staff and students to their campuses.

Key responses that are likely to be required include:

- Decisions around when to open or close the entire campus, or a specific part thereof;
- Managing community-level outbreaks within the campus;
- Recommendations from health officials for students or staff to be quarantined at home or in university residences; and
- Considerations for learning and teaching using online platforms

As demonstrated when closures were implemented prior to the lockdown, such decisions should always be taken in consultation with the Department of Higher Education and Training (DHET), the Department of Health (DoH) and the NICD and be based on available scientific evidence.

1. Preparing to prevent and respond to COVID-19

Some PSET campuses have already experienced the very stressful situation of managing individuals with suspected or confirmed infection.

The following preparatory activities are essential to avoid unnecessary anxiety amongst students and staff, and in their respective communities, and remain applicable to all settings. When lockdown restrictions are lifted, the following should already be in place:

a. Review, update, and implement Emergency Operations Plans (EOPs)

A sectoral approach should be adopted as much as possible. This means that universities and colleges must work closely with relevant government departments, including DHET and DoH and relevant institutions such as the NICD.

All universities and colleges should have an EOP in place which should include sections or annexures that address infectious disease outbreaks. As COVID-19 is caused by an infectious agent, it may be possible to adapt current institutional EOPs focused on outbreak plans accordingly. However, in some cases, it may be necessary to develop these plans if they are not already in place.

- Ensure the plan is updated to include strategies to reduce the spread of a wide variety of infectious diseases. Effective strategies build on everyday policies and practices. This will be useful in the future.
- Ensure the plan emphasizes **preventive** actions for students and staff. Emphasize actions individuals can take including:
 - Staying home or at residence when sick;
 - Washing hands often for 20 seconds with soapy water;
 - Staying at a two-metre distance from others;
 - Appropriately using cough and sneeze etiquette by walking away from others and sneezing or coughing into elbow; and
 - Disinfecting frequently touched surfaces.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Reference key resources while reviewing, updating, and implementing the EOP. Reliable sources of information include [WHO](#), [National Department of Health](#), [NICD](#), [HIGHERHEALTH](#) and [CDC](#).

b. Health Promotion and Prevention Strategy

- Administrators of universities and colleges, in partnership with [Higher Health](#) when appropriate, must support their communities by providing a *daily* flow of informational and other resources to staff and students regarding effective prevention practices. This increases individuals' feelings of agency and provides the broad campus community with actions which they can implement to actively contribute to prevention measures.
- We recommend a *daily* brief summary of information tailored to the campus community which always includes the 'KEEP' prevention mantra:
 - **Keep – yourself at home if you are sick**
 - **Keep – washing your hands for 20 seconds**
 - **Keep – your physical distance from others**
 - **Keep – away if you cough or sneeze and cough and sneeze into your elbow**
- Administrators of universities and colleges where [Higher Health](#) student peer educators are active, can work together with [Higher Health](#) to create opportunities for wider dissemination of COVID-19 health promotion and prevention strategies directly to and between students.
- Clear codes of conduct for maintaining physical distancing on campus should be developed, communicated and made widely available.

c. Communication Guidelines

- Position campus information and communication as an authentic and trusted news source.
- Consider using several methods of broadcast media for communication including social media, emails, text and campus radio. The latter is especially important to reach those students who are not on social media or who have connectivity constraints.
- Promote education as the most powerful means of preventing infection, addressing misinformation and stigma, and reducing the impact of COVID-19.
- Keep the campus community informed with accurate information. This can counter the spread of misinformation and fake news.
- Include strategies for sharing authentic information with staff, students, and faculty without increasing fear, panic or stigma.
- Regularly remind the campus community of the need for kindness and understanding towards each other, especially to those who are ill and those caring for ill family and friends.
- [HIGHERHEALTH](#) in partnership with [SEAD](#), a specialist healthcare provider, is preparing a series of webinars to provide information and to train management, academic staff, students and support services. These will be delivered over several weeks to ensure

that all members of campus communities are informed of current COVID-19 information.

- Make sure that everyone in the institution knows how to access up-to-date information on how to prevent the spread of COVID-19. This should be obtained from reliable sources including the [National Department of Health](#), [NICD](#) or other international reputable sources such as the [WHO](#) (see section on Resources). A good resource is the Frequently Asked Questions on the NICD site <https://www.nicd.ac.za/diseases-a-z-index/covid-19/frequently-asked-questions/>
- Clear codes of conduct for maintaining physical distancing on campus should be developed, communicated and made widely available.

d. Establish procedures for students and staff who are sick (with any illness) on campus

- Identify a **local public health official** who will be the main point of contact for any concerns regarding sick individuals on campus. This is essential for both universities and TVET and CET colleges.
- Establish procedures to ensure students, staff, and faculty who become sick (with any illness) on campus or who arrive on campus sick are rapidly isolated and local health care officials are contacted to advise on further management (see Section 2, page 12 for specific scenarios).
- COVID-19 can present with symptoms ranging from mild flu-like symptoms to pneumonia, but many other forms of non-respiratory symptoms are increasingly recognized, such as loss of smell and taste, and gastrointestinal symptoms (diarrhoea and vomiting). For this reason, all ill individuals should be considered infected until healthcare officials advise otherwise.
- [Higher Health](#) can provide guidance to institutions to identify suitable small zones that can be sectioned off in the residence facilities or a classroom or a room in the Health and Wellness clinic where suspected sick individuals can be immediately isolated.
- Remember that currently, institutions are not expected to screen students or staff to identify cases of COVID-19. These guidelines may change once rapid screening and testing is made available by the State, allowing for possible introduction of rapid screening via campus clinics. At the current time, if a community (or more specifically, a campus) has individuals who have tested positive for COVID-19, **local health officials** will help identify those individuals and will follow up on next steps.

e. Ensure Health and Wellness clinics prepare for COVID-19

- Review [NICD guidance](#) to help healthcare facilities prepare for COVID-19.
- [HIGHERHEALTH](#) in partnership with [SEAD](#), a specialist healthcare provider, is preparing a series of webinar trainings for clinic staff and for [HIGHERHEALTH's](#) existing healthcare workers towards preparation for managing the outbreak.
- Current health activities and prevention programmes should continue, and the following should be prioritized during the COVID-19 epidemic:

- Gender-based Violence (GBV) Prevention programmes: prolonged periods of confinement such as during quarantine or lockdown may increase the risk of GBV incidents. Health and Wellness Clinic staff should ensure that adequate support and links to relevant social services are available for victims of GBV.
- HIV, TB and Sexually Transmitted Infections (STI) prevention and treatment programmes: Health and Wellness Clinic staff should ensure adequate availability and accessibility of contraception including condoms, and where relevant, provision of antiretroviral treatment and referral.
- Sexual Reproductive Health: Health and Wellness Clinic staff should ensure adequate availability and accessibility of contraception, including condoms.

f. Mental Health and Substance Use

- Develop plans to support students, academic and support staff, and clinic staff, who may feel overwhelmed by COVID-19 and associated events on campus.
- Ensure continuity of established mental health and substance abuse services, such as offering remote counselling.
- Encourage students and staff to seek help if they are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like wanting to harm themselves or others. They should also be encouraged if they are drinking alcohol or using substances, especially to deal with anxiety and uncertainty around COVID.
- Disseminate the campus helpline for mental health counselling as well as national helplines, such as the South African Depression and Anxiety Group 24-hour helpline 0800 456 789 and the suicide line 0800 567 567.

g. Perform routine environmental cleaning

- All cleaning staff to receive appropriate training to understand the nature of COVID-19 and the importance of cleaning to reduce transmission. Cleaners are at the frontline of prevention and should be provided with adequate personal protective equipment.
- Cleaners to routinely clean frequently touched surfaces (e.g., doorknobs, taps, light switches, countertops) with the cleaners typically used. Use all cleaning products according to the directions on the label.
- Provide sanitisers (at least 60% alcohol) in areas which are highly frequented including entrances to buildings, lecture halls and classrooms, and lifts.

h. Explore opportunities for on-line or web-based teaching programmes in partnership with the DHET.

- Review educational continuity plans, including plans for the continuity of teaching and learning. For universities and those colleges for which it is practicable, develop

and implement e-learning plans, including digital and distance learning options as feasible and appropriate in partnership with DHET.

- If necessary, determine the following:
 - How to convert face-to-face lessons into online lessons and how to train educators to do so;
 - How to triage technical issues if faced with limited Information Technology support and staff;
 - How to deal with the potential lack of students' access to computers and the Internet at home.

i. Student volunteerism

- The COVID-19 crisis demands an extraordinary response to an unprecedented situation. All PSET institutions can contribute meaningfully through mobilising student volunteerism in partnership with HIGHERHEALTH and their extensive peer educator system.
- Consideration to be given to adequate supervision of student volunteers and coordination of efforts across institutions and within each institution
- Universities and colleges can explore the following options which are not exhaustive:
 - Healthcare students to provide clinical duties according to their designation and legal mandate;
 - Social work and psychology work students to provide counselling services and support to affected individuals and families;
 - Students engaged in education and pedagogical studies to contribute to assisting with online learning development;
 - Students of communication and design to contribute to authentic messaging;
 - HIGHER HEALTH Peer Educators and mobilisers to provide knowledge and education to peer students and communities at large.

j. Prepare for possible future temporary closures

- The duration of the COVID-19 pandemic is unknown and the effectiveness of the lockdown is still to be determined both globally and in South Africa. The situation is evolving and dynamic. Determining when to close PSET institutions will depend on a complex set of factors. As a result, it is not possible to provide a quantitatively driven algorithm to direct closures. However, PSET administrators must prepare for the possibility of repeated closures in the future based on experience observed in countries affected by COVID-19 earlier than South Africa.
- Administrators of both universities and colleges should follow government protocols regarding nationwide closures. Universities may select to close at additional time-points based on their own determination of risks according to the COVID-19 situation on their campus, after consultation with local public health officials.

k. Consider travel plans amongst students and staff carefully

PSET guidelines for travel must be in alignment with national travel bans. All official international travel for students and staff is currently prohibited, effective immediately. Students and staff travelling for personal reasons must follow the national process of testing, self-isolation and quarantine before re-joining the campus. Further, staff from PSET institutions are discouraged from all non-essential domestic travel, particularly by air, rail, taxis and bus.

Travel restrictions or bans can change from time to time and [NICD](#) and [HIGHERHEALTH](#) will inform the institutions as and when these are confirmed.

It is essential therefore that institutions minimize the risk of the spread of this virus by limiting contact amongst groups of people. All gatherings are prohibited till further notice. Mass celebrations, graduation ceremonies, sporting events, and conferences must be cancelled or postponed until further notice.

l. Monitor and plan for absenteeism

- Review attendance and sick leave policies. Students, academic and support staff, and clinic staff should not attend class or work when sick. Allow them to stay home to care for sick household members.
- Make reasonable alternatives available such as the extension of due dates for submissions, and electronic submission of assignments where possible for individuals who may be temporarily unable to attend class due to restrictions placed on them related to possible exposure to SARS-Cov-2.
- Discourage the use of perfect attendance awards and incentives as these may encourage people to come to campus sick.
- Determine a threshold for what level of absenteeism will disrupt continuity of teaching, learning, and research at your institution. This can be done in partnership with the DHET for universities and colleges.

2. Approach to COVID-19 when campus is operational

Important terms to understand

Isolation A period during which someone who is suspected or confirmed to have COVID-19 is separated from people who are healthy. The period stops if they test negative or, if they test positive, they remain in isolation until they are well. Isolation can be involuntary if demanded by the State.

Quarantine A period during which someone who has been exposed to someone who is confirmed to have COVID-19 is separated from healthy people and observed for development of symptoms of COVID-19. This is usually for a period of 14 days in the case of COVID-19 and can be involuntary if demanded by the State.

Self-isolation A term used widely in the context of COVID-19 to imply that an individual who either has COVID-19 or has been exposed to someone with COVID-19 voluntarily selects to separate themselves from other healthy people. It thus covers both the terms of 'isolation' and 'quarantine'.

a. Exposure of a student or staff member to a person outside the institution who is being tested for COVID-19

A student or staff member who has been exposed to an individual who is suspected to have COVID-19, needs to self-isolate until the individual has tested negative for the virus.

As soon as it is known that the student or staff member has been exposed to an individual who has laboratory-confirmed COVID-19, that person should remain in self-quarantine, and should not attend the institution for a period of 14 days.

If the test is negative, the student or staff member can return to campus.

b. Exposure of a student or staff member to an individual from outside of the institution who has a laboratory-confirmed positive test for COVID-19

In order to contain the spread of the virus, all persons who have had close contact with an individual with a laboratory-confirmed positive test for COVID-19 should self-quarantine at home for 14 days while they monitor themselves for symptoms. They may not attend the institution at any time.

Students and staff who are not direct contacts of an individual who has tested positive for COVID-19 may continue to attend campus. For example, friends of students whose family members have been diagnosed with COVID-19 have very low risk of contracting COVID-19.

They become 'contacts of contacts. Family and friends who have not had close contact with the individual who has tested positive do not need to take any precautions. They do not need to make any changes to their own activities unless they become unwell.

Students or staff who have interacted with a healthy contact of an individual who has tested positive for COVID-19 should not be removed from the institution. This guidance may change as the epidemic moves to wider community transmission and we understand more about asymptomatic carriage and community transmission.

c. COVID-19 is diagnosed in a single student or staff member at an institution.

When/if COVID-19 is diagnosed in a single person, the institution should immediately consult local public health officials who will discuss the situation and identify staff, students and others who have been in contact with them. Persons who have been in direct contact with the individual positive for COVID-19 case will be requested to self-quarantine at home or other appropriate place for 14 days after exposure. In the case of a student, direct contacts might include close friends, people living in the same residence, members of study groups or members of sporting teams who have had close contact with the case. Who is a contact will depend on the date when the person became ill with symptoms and the activities that have taken place? In the case of a staff member who is diagnosed with COVID-19, direct contacts may include students or staff who the staff member has had close interactions with.

Assessment of who is a close contact should be done on an individual basis and public health officials will advise on specific actions or precautions that should be taken.

Administrators may contact the NICD public hotline **080 002 9999** who will refer the campus to appropriate authorities for advice.

d. COVID-19 is diagnosed in more than one student/staff member in the same student group

When/if COVID-19 is diagnosed in more than one student in the same student group, the institution must immediately consult the public health officials who will discuss the situation and identify staff, students and others who have been in contact with them. Persons who have been in direct contact with the individuals who have tested positive for COVID-19 case will be requested to self-quarantine at home or other appropriate place for 14 days after exposure.

In the case of students in the same group, direct contacts would include other students in the group and possible staff members who have been in close contact with the student, depending on the date when the students became ill with symptoms and the campus activities that have taken place.

In the case of a staff member, direct contacts may include some students who have had close contact with the staff member and certain colleagues. The officials will advise on any actions or precautions that should be taken. Campus administrators may contact the NICD public hotline 080 002 9999 who will refer the campus to appropriate public health consultants.

e. COVID-19 is diagnosed in multiple students and/or staff members in the institution.

When/if COVID-19 is diagnosed in multiple students and or staff members across different areas, the institutions should immediately consult the public health officials who will discuss the situation and identify staff, students and others who have been in contact with them.

The institution must work with the relevant local or provincial department of health and other relevant leadership to communicate the possible COVID-19 exposure to the campus community. This communication to the community should align with the communication plan related to the institution's emergency operations plan. **In such a circumstance, it is critical to maintain confidentiality of the person(s) involved.**

More radical physical distancing steps may be considered if institutional closure is not considered necessary by health officials. These may include:

- Cancellation or postponement of group activities and large events such as graduation ceremonies, guest lectures, club meetings, performances, social events, athletic team practices, field trips and sporting events.
- Temporary closure of affected parts of the institutions for in-person teaching may be considered. Temporarily suspending classes is a strategy to stop or slow the further spread of COVID-19 in communities. When classes are suspended, institutions may stay open for staff or faculty (unless ill) while students temporarily stop attending in-person classes. Keeping the facilities open a) allows faculty to develop and deliver lessons and materials electronically, thus maintaining continuity of teaching and learning – this may be required when staff do not have good interconnectivity at home; and b) allows other staff members to continue to provide services and help with additional response efforts. Administrators should work in close collaboration and coordination with health officials to make decisions on closing parts of the institution or cancelling face-to-face classes.
- Class suspension and event and activity (e.g. on-campus sporting, theatre, and music events) cancellation may be recommended for at least 14 days, or possibly longer if advised by local health officials. The nature of these actions (e.g. geographic scope, duration) may change as the local outbreak situation evolves.
- Clear codes of conduct for maintaining physical distancing on campus should be developed, communicated and made widely available. These may include limiting numbers of student per class, ensuring markings in place to guide responsible queuing practices, and use of sanitiser before and after class.

- Consideration to be given to implementing registries for attendance at gatherings and for students attending classes in order to facilitate contact tracing. This will be more feasible to implement where students attend classes in cohorts, and administrators will therefore need to consider how to record class attendance when students attend classes across campus in mixed cohorts.

f. Waste disposal and cleaning of educational establishments after a student or staff members or others have been diagnosed with COVID-19

COVID-19 is transmitted through droplets which contain infective virus particles, and through direct contact of virus particles on hands, followed by 'self-inoculation' by touching eyes, nose or mouth. The coronavirus particles may persist on surfaces for up to 9 days. Therefore, cleaning of the environment is an important part in preventing transmission of coronavirus infection. The coronavirus is easily destroyed by usual household cleaning agents such as bleach and ammonium compounds ('Handy-Andy' or equivalent). All surfaces that are frequently touched by people should be cleaned using disposable cloths and household detergents. These include:

- surfaces and objects which come into contact with body fluids such as toilets, residence and sports complex showers
- high-contact areas such as toilet handles, door handles, telephones, desk surfaces
- high contact areas such as campus gymnasiums

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected. If a person becomes ill in a shared space, these should be cleaned as detailed above.

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It can then be put in the normal waste.

3. Specific circumstances in Universities and TVET and CET Colleges

a. Research

At a university level, consideration needs to be given to continuity plans to address how to temporarily postpone, limit, or adapt research-related activities (e.g. study recruitment or participation, access to laboratories) in a manner that protects the safety of researchers, participants, facilities, and equipment. Attention should be given to:

- Safety and security of laboratory animals
- Secure storage and safety of biohazards
- Well-being of participants involved in research studies

Certain research activities cannot be stopped immediately and may require a structured closure approach to avoid posing dangers.

Given the focus on research within the PSET sector, institutional administrators need to consider opportunities for partnership with parastatals (such as the Human Sciences Research Council, the South African Medical Research Council and the Council for Scientific and Industrial Research) and other government agencies (such as the Department of Science and Technology and the Department of Health) to leverage internal research capacity to contribute to a better understanding of COVID-19 and our responses to it. Examples of this may include engagement with biomedical research including clinical trials such as the SOLIDARITY trial and social sciences research regarding knowledge and behavioural interventions. Opportunities exist for studies to evaluate how to improve communication and influence behavioural change.

b. Accommodation including meal services

There are several different models of PSET accommodation across the country. Each institution will need to consider their own particular set of accommodation circumstances. Below we provide guidance for three different models, each requiring different levels of oversight from the PSET institution and resultant levels of responsibilities:

1. *On-campus accommodation*: this mainly comprises residences and housing facilities located within the designated campus precinct and which are directly managed by the institution, or their designated contracted providers.
2. *Off-campus accommodation*: this comprises residences and housing facilities which are not located within the designated campus precinct and which may be directly or indirectly managed by the institution, or their designated contracted providers. Accredited private accommodation would also be included under this category.
3. *Non-institutional private or home accommodation*: this comprises private residences and student-shared housing which are not located within the

designated campus precinct and which are managed privately or by external providers with no formal management from the institution.

Remember to consider all types of institutional-affiliated housing when making response plans. Distinct housing types and situations may require tailored approaches. Each institution will need to understand what levels of control and coordination they have within the above three settings. The ability to intervene will be dependent on that.

On-campus accommodation:

- Ensure any staff who support students in on-campus housing receive necessary training to protect themselves and residents from spread of COVID-19.
- Staff should be trained on how to respond if a resident becomes ill as per the protocols and should be aware of the local public health official and how to contact them.
- If individuals have been diagnosed with COVID-19 among residents of on-campus community housing, **administrators must work with local health officials** to take additional precautions.
- Institutions should work with local health officials to determine appropriate housing for the period in which they need to self-isolate and monitor for symptoms or worsening symptoms.
- Consult with local health officials to determine when, how, and where to move ill residents.
- Individuals who have COVID-19 may need to be moved to temporary housing locations or designated isolation areas within the residence. These individuals will need to self-isolate and monitor for worsening symptoms according to the guidance of local health officials.
- Close contacts of the individuals with COVID-19 may also need temporary housing so that they can self-quarantine and monitor for symptoms.
- Residents identified with COVID-19 or identified as contacts of individuals with COVID-19 should not necessarily be sent to their permanent homes off-campus, unless this is a government decree.
- Sending sick residents to their permanent homes may not be feasible, may pose logistical challenges, or pose risk of transmission to others either on the way to the home or once there. This will be very important when community transmission is widespread.
- Clear codes of conduct for maintaining physical distancing within the accommodation should be developed, communicated and made widely available. These may include limiting numbers of student per room, ensuring markings in place to guide responsible queuing practices, and use of sanitiser before entering the premises.
- If on-campus housing residents have been relocated to temporary alternative housing, consider how meals can be provided to these students. Work with local health officials to determine strategies for providing meals to residents with COVID-19 and their contacts.

- Cleaning staff are a special category of staff that will require specialized training and support.

Off-campus accommodation:

- The same considerations as for on-campus accommodation apply with the following proviso:
 - There needs to be recognition of a lesser control of these environments, and that this may affect the PSET response. It will require a partnership-like relationship to be most productive.
 - Institutions should share protocols developed for on-campus accommodation with managers of off-campus premises and accredited private accommodation for adaption and adoption. A copy of protocols for use specifically within the individual off-campus accommodation should be submitted to the relevant institutional department (e.g. Student Affairs) for consideration
 - Ensure there are clear lines of communication between the managers of off-campus accommodation and institutional administrators to facilitate efficient communication
 - Ensure that the responsibility of duty of care is clearly vested within the manager of the off-campus accommodation, but that all decisions are to be made **in partnership with the institutional administrator** as advised by the local public health officials

Non-institutional accommodation:

- These will often be entirely private locations, where the institution or Department will have no authority.
- The PSET institutional administrator is not directly responsible for the management of the housing facilities but can play an active advisory role given that students who are enrolled within the institution live in these facilities.
- Provide information regarding the relevant local public health officials and how to contact them in advance
- Ensure that protocols for managing sick students are widely available and shared in advance with managers of accommodation.
- Ensure that codes of conduct as applied to campus-managed accommodation are shared for consideration within the types of housing facilities

c. Cafeterias and canteens

- Consult with local health officials to determine strategies for modifying food service offerings.
- Ensure any staff on campus to support food services receive necessary training to protect themselves and those they serve from spread of COVID-19.

- Consider ways to distribute food to students, particularly those who may remain on campus, while classes or other events and activities are suspended.
- If there is community spread of COVID-19, design strategies to avoid food distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.
- Consider if and how existing dining services should be scaled back or adapted. For example, an institution may close some of or all its cafeterias/cafes to discourage students, staff, and faculty from gathering in group settings.
- Clear codes of conduct for maintaining physical distancing on campus should be developed, communicated and made widely available. These may include limiting numbers of student per meal, ensuring markings in place to indicate where to queue to ensure physical distancing and use of sanitiser before and after meals.

d. Other support services on campus

- Consider alternatives for providing students with essential medical and social services. Identify ways to ensure these services are provided while classes are suspended, or students are in temporary housing.
- Identify other types of services provided to students, staff, and faculty (e.g., library services, cleaning services). Consider ways to adapt these to minimize risk of COVID-19 transmission while maintaining services deemed necessary.
- Security services need to be reviewed to ensure safety of staff with special consideration to areas which pose a biochemical or biological risk.
- Engage with trade unions to ensure that reasonable steps have been taken to ensure the safety of all staff including cleaning staff, security staff and other relevant service staff.

4. References and other resources

These guidelines draw on the CDC Interim Guidance for Administrators of US Institutions for Higher Education

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>

1. NICD COVID-19 Frequently asked questions

<https://www.nicd.ac.za/diseases-a-z-index/covid-19/frequently-asked-questions/>

2. WHO situational reports

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

3. WHO risk communication for institutions

[https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)

4. WHO mental health considerations

<https://www.who.int/publications-detail/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>