

WHAT TO CONSIDER BEFORE RE-OPENING THE CHAPTER HOUSE

As we navigate these crazy times dealing with the COVID-19 pandemic, we are trying to address as many possible scenarios that will need to be addressed before chapter facilities can re-open. We are relying on the experts and doing our best to collect the experts' advice and information that impacts our clients. **It is important that our clients are staying as up-to-date as possible on the current recommendations by their organization, by their state and local governments, and by the campus (including campus health and residential life departments) in which they are affiliated.**

The following guidance was created to help advise house corporations and chapters – working together with residents, employees, and public health officials – prevent the spread of COVID-19. As information is rapidly changing and evolving, please ensure you are following the advice of your national organization and local public health guidance.

CHALLENGES SPECIFIC TO SORORITY CHAPTER HOUSES

We have been researching various scenarios and questions that face sororities specifically. Because each chapter facility faces unique challenges depending on their specific facility, their campus, state, etc., we cannot offer clear guidance that applies to every chapter house. For that reason, we are offering the advice on the following situations with the stipulation that each location will need to do what is best for their individual situations, ensuring that **they are following their own organization's policies and the guidance from local and campus public health departments.**

Cold dorms/warm dorms/sleeping porches/other group sleeping arrangements

The risks associated with the communal sleeping arrangements that do exist in some sorority chapter houses will need to be closely reviewed. At face value, these congested/densely populated and poorly ventilated rooms will be a breeding ground for the virus and the eventual spread to others in the same room. If it is possible to utilize the personal rooms for the temporary sleeping arrangements, this would be the best recommendation; however, we recognize that this may not be possible from a business perspective. This is another example of where you must choose your risks, so to speak, and the business risk to your operation with significantly less members paying room and board may outweigh the risks of members being exposed to the virus.

Some best practices to consider should you have no choice but to maintain the usual group sleeping arrangements are as follows:

- + To the extent that physical barriers can be used to segregate the sleeping beds, this will possibly minimize, but not eliminate the risk of the virus spreading.

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- + We also believe that an increase in the flow of air throughout the room and a neutralizer such as an air filtering system should also be considered.
- + The cleaning of these rooms will have to be significantly enhanced in order to remove any virus from the hard surfaces of the room and the cleaning of the soft surfaces should also be given more attention by the members (see [CDC guidelines](#)).
- + In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure resident's faces are at least 6 feet apart and align sleeping arrangements/beds so residents sleep head-to-toe.

Importance of communication

Communication during a crisis is crucial, and it is possibly even more important during a global pandemic, in which conditions are changing sometimes multiple times during the same day. It has become abundantly clear that the success of a university and a sorority chapter house to be able to maintain operations will be closely tied to the students' and members' commitment to follow the best practices established. It is of utmost importance that communication lines are open between the chapter and House Corporation leadership and the following entities:

- + University officials
 - o It is important that someone from the House Corporation and/or chapter is communicating with the University health department *and* residential housing personnel to stay updated with what steps the University is considering in order to re-open.
 - o [Here is a resource](#) we have created that offers some questions that we recommend you discuss with your university contact(s).
- + Your [state](#) and [local](#) health departments
- + Your national organization. Your sorority Headquarters will be making decisions and offering guidance. It is imperative that you stay in touch with them regarding re-opening specifics.
- + Parents and members. It is imperative that clear and frequent communication is open between the House Corporation/Chapter and the members and their parents. We are recommending that an addendum waiver be added to the house rules that members are required to agree to in order to live in the chapter facility during the COVID-19 pandemic. [Sample verbiage here](#). We have also seen this agreement referred to as a "Wellness Pledge" that the members are required to sign.

Importance of House Corporation Board and Chapter Advisory Boards communication

- + During normal times, it is important to clearly delineate House Corporation business from chapter business; however, these are extraordinary times, and it is important that the House Corporation and Chapter Advisor(s) are in open and continual communication with each other in order to share information regarding possible re-opening and what steps will be necessary to re-open the chapter house.
- + We recommend that the House Corporation and chapter be on the same page regarding communication with members and their parents to ensure that expectations to live in the chapter house during the COVID-19 pandemic are accepted by the members and their parents. Our sample verbiage for the [Member Agreement addendum can be found here](#).
- + One of the biggest concerns of the sorority leadership is the support of the collegiate and alumnae members to follow the operating guidelines for each campus. It will be critical that the members know the rules and guidelines and that there will be strict reinforcement of these rules and guidelines. Being aware of the division of responsibility between the house corporations and chapter advisors, it will be critical that the standards boards are aware of the important role that they will play in keeping the sorority houses in operation.

Quarantining sick members

Whether or not to quarantine sick members at the chapter house is up to each individual chapter and house corporation to decide based on their organization's guidance, their campus and local health department guidance, and the structure and layout of their individual facilities.

We have [created some questions to consider](#) in making the decision whether or not to quarantine sick members at the chapter house.

If a location does choose to quarantine ill members, this is the CDC guidance for quarantining sick members:

- + All household members should educate themselves about COVID-19 symptoms and preventing the spread of COVID-19 in homes.
- + **Clean and disinfect high-touch surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks)**
- + In the bedroom/bathroom dedicated for an ill person: consider reducing cleaning frequency to **as-needed** (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.

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- + As much as possible, an ill person should stay in a specific room and away from other people in their chapter, following [home care guidance](#).
- + A designated individual should be the caregiver who can provide personal cleaning supplies for an ill person's room and bathroom. These supplies include tissues, paper towels, cleaners and EPA-registered disinfectants.
- + If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the designated caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- + All household members should follow [home care guidance](#) when interacting with persons with suspected/confirmed COVID-19 and their isolation rooms/bathrooms.

This is the CDC guidance if there is known COVID-19 infection for facilities that house people overnight:

- Follow Interim Guidance for [US Institutions of Higher Education](#) on working with state and local health officials to isolate ill persons and provide temporary housing as needed.
- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
- In areas where ill persons are being housed in isolation, follow [Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019](#). This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as-needed.
- In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

Quarantining a House Director

Generally, a house director has a private living arrangement that would lend itself to a quarantine. However, this does not align well with the house director being able to continue to perform their job responsibilities. A possible alternative may be to secure a temporary employee to temporarily takeover the house director's responsibilities for oversight of the property.

Social distancing challenges

The [CDC guidance on social distancing](#) is particularly difficult in communal living spaces. We recommend the following measures be put in place should you chose to re-open the chapter house:

- + Move all chapter meetings to virtual meetings.
- + The CDC recommends the following in terms of shared meal times/spaces:
 - o Arrange seating of chairs and tables to be least 6 feet apart during shared meals or other events.
 - o 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.
- + If your facility has group sleeping arrangements, try to create more space and ventilation in those areas to maintain adequate social distancing. In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure resident's faces are at least 6 feet apart and align sleeping arrangements/beds so residents sleep head-to-toe.
- + All staff and resident members should wear a [cloth face covering](#) when in shared areas of the facility and maintain social distancing to slow the spread of the virus.
- + Limit all visitors to the facility, including volunteers.
- + Again, the house corporation and the chapter need to be in close communication to carefully consider how to accommodate non-resident sorority members and their access to the sorority house.

Additionally, the CDC [recommends the following considerations](#) for common spaces in your facility.

Higher-risk individuals

We recommend that our clients offer tremendous flexibility to employees and members at higher risk of infection. Based on what we currently know, the CDC defines those individuals at [higher risk of severe illness](#) from COVID-19 as follows:

- + [People 65 years and older](#)
- + People of all ages with [underlying medical conditions, particularly if not well controlled](#), including:
 - o People with chronic lung disease or moderate to severe asthma

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- People who have serious heart conditions
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

Employee considerations

It is important that employers are following the [CDC guidance for businesses and employers](#). We recommend that all chapter house employees be provided with [cloth face coverings](#) and disposable gloves. When cleaning and disinfecting, employees should always wear gloves and gowns appropriate for the chemicals being used. Additional personal protective equipment (PPE) may be needed based on setting and product.

Here are some additional resources for review:

- + [COVID-19 and Your Workplace Checklist](#)
- + [OSHA Guidance on Preparing Workplaces for COVID-19](#)
- + [COVID-19 Resources for Employers](#) at mjininsurance.com

Testing

Testing availability and requirements are so widely disparate based on various areas around the country that we cannot make any recommendations on testing at this time. We recommend that you contact your [state](#) and [local](#) health departments for additional information and clarification.

In order to re-open, it may be recommended to take temperatures of residents, employees, and guests. The federal government has [waived certain HIPAA privacy rules](#) during this emergency situation, but, again, it is important that you abide by the recommendations set forth by your national organization, your campus health department, and your [state](#) and [local](#) health departments for clarification.

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Disinfection and cleaning guidelines

The most important and relevant resource for decontamination is the [CDC's Guidance on Cleaning and Disinfection for Community Facilities](#). Stay tuned to the CDC guidance for the most updated information based on our evolving knowledge of the novel coronavirus. [Review our recorded webinar](#) on cleaning and decontamination recommendations.

Ventilation concerns

The Center for Disease Control (CDC) has recommended increased ventilation for COVID-19 prevention. Though it is not predominately an airborne disease, a recent study conducted by scientists with Princeton University, the University of California- Los Angeles, and the National Institute of Health found that "viable virus could be detected in aerosols up to three hours past aerosolization."

The CDC has stated that COVID-19 is spread mainly from person-to-person, through respiratory droplets produced when an infected person coughs or sneezes. The droplets can possibly be inhaled by people nearby. Because of this, the CDC recommends increasing building ventilation to cut down on recycled contaminated air.

Now, more than ever, it is imperative that HVAC system filters are inspected, exhaust systems are operational, and outside air sources are maximized. Many older buildings do not meet current codes, often lacking outside air intakes and exhaust. Even newer buildings, which may be equipped with intakes and exhaust, can be out of service or improperly balanced.

We urge you to consider this inspection as a part of your enhanced cleaning/decontamination work in your chapter house.

CDC GUIDANCE FOR COMMUNAL LIVING SPACES

People living and working in sorority chapter houses will have challenges with [social distancing](#) to prevent the spread of COVID-19. In this type of shared housing, residents often gather together closely for social, leisure, and recreational activities, shared dining, and/or use of shared equipment, such as kitchen appliances, laundry facilities, stairwells, and elevators.

It is imperative that local house corporation and chapter volunteers are working together, communicating openly and often, and touching base with their state, local, and campus health departments, which can help you decide when and if you need to scale up or loosen prevention measures.

To maintain safe operations according to the CDC:

- + Review the CDC [guidance for businesses and employers](#) to identify strategies to maintain operations and a healthy working and living environment.

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- + Develop flexible sick leave policies. Require staff to stay home when sick, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family or household members or to care for children in the event of school or childcare dismissals. Make sure that employees are aware of and understand these policies.
- + Create plans to protect the staff and residents from spread of COVID-19 and help them put in place [personal preventive measures](#).
- + [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, social activities, and exercise rooms) that might need to be limited or temporarily discontinued. Consider alternative solutions.
- + Identify a list of healthcare facilities and [alternative care sites](#) where residents with COVID-19 can receive appropriate care, if needed.

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](#) health departments
- + Encourage [social distancing](#) by asking staff and residents to stay at least 6 feet apart from others and wear [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 older adults, people with disabilities, and people of any age who have serious underlying medical conditions.
- + 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.
- + 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](#).
- + Suggest that residents keep up-to-date lists of medical conditions and medications, and periodically check to ensure they have a sufficient supply of their prescription and over-the-counter medications.
- + If possible, help residents understand they can contact their healthcare provider to ask about getting extra necessary medications to have on hand for a longer period of time, or to consider using a mail-order option for medications.
- + Make sure that residents are aware of serious symptoms of their underlying conditions and of [COVID-19 symptoms that require emergency care](#), and that they know who to ask for help and call 911.

Note: Surgical masks and N-95 respirators are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. All staff and residents should wear a [cloth face covering](#) when in shared areas of the facility and maintain social distancing to slow the spread of the virus.

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 and [state](#) and [local](#) health departments.
- + 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 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 stairwells, 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.
- + 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 in your facility

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 apart from one another.
 - o 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.

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- + 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 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 apart.
- + Consider closing exercise rooms.
- + Activities and sports (e.g., ping pong, basketball, chess) that require close contact are not recommended.

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)

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- + Have the resident seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.
- + If a resident has confirmed COVID-19, immediately notify the [local health department](#) and campus health department and communicate with staff and residents about potential exposure. Maintain confidentiality as required by the Americans with Disabilities Act (ADA) and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA), and include messages to counter potential [stigma](#) and discrimination.
- + 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 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](#).
- + 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, ride-sharing, or taxis. Follow [guidelines](#) for cleaning and disinfecting any transport vehicles.

Accepting guests at facilities

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First, review and follow the guidance and directives from your state and local officials. It is our recommendation that chapter houses do not allow guests during the pandemic.

If you decide to allow guests, we recommend that you put in place check-in requirements and provide any guests with a clean [cloth face covering](#).