

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

WHAT TO CONSIDER FOR FALL 2021

As we navigate the second year of this pandemic, we are trying to address as many possible scenarios that likely need addressed going into the next academic year. 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.

COVID-19 VACCINATION STATUS

With the FDA's emergency use authorization of two COVID-19 vaccines and full FDA approval of the Pfizer vaccine and easy access all three vaccines around the country, we are at a new, more hopeful stage of the pandemic. The American College Health Association (ACHA) published guidance on COVID-19 vaccination, stating:

where state law and available resources allow, ACHA recommends COVID-19 vaccination requirements for all on-campus college and university students for fall semester 2021, in accordance with the IHE's (institutions of higher education) normal exemption practices, including exemptions for medical contraindications. This recommendation applies to all students who live on campus and/or participate in on campus classes, studies, research, or activities.

On campuses where COVID-19 vaccination is required except for those with medical or religious exemptions and as long as community spread remains low, it will free up sorority chapters and chapter houses to relax testing and other mitigation strategies, such as masking and physical distancing.

On campuses where COVID-19 vaccination is not required, it will be important for sorority chapter and House Corporation leadership to remain vigilant with their oversight of their members, volunteers, and employees. On these campuses, many, if not all, of the same mitigation strategies that were implemented last year will need to be maintained, such as physical distancing, masking, limiting gatherings, appropriate ventilation, testing requirements, etc.

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

Much of the guidance in the remainder of this resource is based on your specific campus' vaccination rates.

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.
- + 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.

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

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 week. 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.

Specifically, make sure that your communication plan covers the following questions and issues:

Campuses benefit from maintaining a coordinated communication approach with access to public health expertise

- + Will your organization's messaging and policies on residency in the chapter house mirror what your campus is doing in the dorms?
- + What does your campus say needs to happen with those who do not comply with requirements? How are they enforcing it and making any exemptions? How can you best communicate these expectations to your members?

With message development, communicate early and often, maintain consistent expectations and acknowledge uncertainty

- + Will Panhellenic be publishing guidance for recruitment events (including spirit week) specific to chapter facilities?
- + How might you make your tenants aware of behavioral expectations and compliance in the facility before move-in?
- + Can you post extra signage to make guests aware of behavioral expectations?

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 the university's plans for the fall.
- + 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 specifics.

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

- + Parents and members. It is imperative that clear and frequent communication is open between the House Corporation/Chapter and the members and their parents. For years now, we have recommended that our clients utilize a resource that we created as a template to be sent to member's parents to help address insurance and risk management expectations. Due to the COVID-19 pandemic, we have edited that letter template to include verbiage regarding the pandemic.

Review the [revised letter here](#) and feel free to use it if desired.

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 [Important Terms for Housing Agreements 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 plan 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.

If a location does choose to quarantine ill members, [this is the CDC guidance for quarantining sick members](#).

Although CDC still recommends 14 days of quarantine for a close contact, they have provided other options:

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

- + Unvaccinated individuals who have come in close contact (within 6 feet for more than 15 minutes) with someone diagnosed with COVID-19 could end quarantine without a test for SARS-CoV-2 on day 10.

OR

- + Quarantine can be ended on day 7 with a negative SARS-CoV-2 test. The test must be performed no earlier than day 5. Individuals should continue to self-monitor for symptoms through day 14, wear a mask, maintain physical distancing, and avoid crowds. If symptoms develop, quarantine should resume and a private health care provider should be contacted.

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.

Guests

Questions and considerations when planning for the presence of visitors, guests, and the public at events or at the chapter house:

- + Decide which spaces are open to visitors and which are limited to members and employees
- + Determine the behavioral expectations of visitors while at the facility and/or event (e.g., masking, distancing) and how will this be conveyed and enforced.
- + Whenever possible, rules for visitors should mirror those for members and employees who use the same space.
- + Determine the occupancy limits of each space in which visitors will be permitted and how the limits will be enforced.
- + Decide whether viral testing will be required for certain visitors (e.g., for visitors participating in higher risk activities such as large gatherings, events with food and drink, or other mask-free interactions).
- + Place masks and hand sanitizer at highly trafficked building entries.
- + Where feasible, maintain a registry of guests to facilitate contact tracing.

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

- + Place increased signage at entrances to (and within) spaces used by the general public, as visitors will be less knowledgeable about campus rules and protocols.
- + Decide how restrictions might be modified based upon variations in the level of community risk (e.g., community infection rates, vaccination levels, etc.).
- + Review local and state public health guidelines to ensure compliance with applicable regulations.

Social distancing challenges

As mentioned above, the level of social distancing required depends greatly on whether or not your campus/IHE has a COVID-19 vaccination requirement. The [CDC guidance on social distancing](#) is particularly difficult in communal living spaces. We recommend the following measures be put in place:

- + 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.

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

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
 - o People who have serious heart conditions
 - o People with severe obesity (body mass index [BMI] of 40 or higher)
 - o People with diabetes
 - o People with chronic kidney disease undergoing dialysis
 - o People with liver disease
 - o 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 mjinurance.com

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

Testing

According to the ACHA,

COVID-19 testing remains a cornerstone for containment and mitigation of the pandemic. Even with a fully vaccinated campus, testing will still be required in some circumstances. It is crucial to have a clear understanding of the available tests; their uses, advantages, and limitations; and their place in the context of the larger campus COVID-19 mitigation plan. Testing is used for diagnosis, screening, and surveillance.

Testing is far more widely available now than during any other time in the pandemic. It is important that you communicate with your campus health department about testing expectations. For additional information, [refer to page four of this resource from ACHA](#).

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.

Ventilation concerns

The Center for Disease Control (CDC) has recommended increased ventilation for COVID-19 prevention. Covid-19 viral particles spread between people more readily indoors than outdoors. Indoors, the concentration of viral particles is often higher than outdoors, where even a light wind can rapidly reduce concentrations. 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. Review the [CDC tools to improve ventilation for additional information](#).

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.

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

- + 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](#).

MENTAL HEALTH CHALLENGES

From the ACHA report on collegiate mental health:

The COVID-19 pandemic has significantly increased the mental health needs of our chapter communities due to the consistent stress related to fear and uncertainty; burnout; and a sense of powerlessness, sorrow, and loss that has characterized life for so many. There is clear consensus that there will be a considerable psychological and psychiatric aftermath to this pandemic, resulting in high demand for counseling and psychiatric services when students return in the fall.

The pandemic's mental wellness impact was widely experienced but affected some more than others. Those who reported the poorest mental health were young adults and individuals with financial adversity or those unable to receive care for other medical conditions. According to CDC, one in four young adults age 18–24 seriously considered suicide in spring 2020. The 18–24-year age group appears to be especially vulnerable, possibly due to many of the drastic transitions they were required to make and the isolation they experienced at what is typically a highly social stage of life. Factors such as inadequate sleep, exercise, or face-to-face socialization also increased the risk for poorer mental well-being. One of the most salient factors is not knowing when the pandemic and its consequences will end.

Now more than ever, a comprehensive public health approach is needed to address the looming mental health impact of the COVID-19 pandemic. Mental health must be viewed not just from an individual level but from a public health standpoint. This is the time to engage and unite the campus in the goal of providing a safety net for students, faculty, and staff. There is an acute need to bolster resilience and create an environment of compassion and understanding. The campus should engage in

Please refer to <https://mjsorority.com/covid-19-response/> for most updated version and guidance. With the situation changing so frequently, please be sure you are reviewing the most updated version of this document and, as always, check with your national organization before taking action.

strategic planning that is inclusive and considers not only the impact of COVID-19 but also proactively addresses the intersection of related academic, social, and institutional issues.

Your sorority's leadership likely has resources for your use, and we also encourage you to reach out to your campus counseling center to see what campus-wide resources and initiatives they are implementing. Review [the expansive list of mental health resources](#) on the ACHA website for additional information.

ADDITIONAL RESOURCES

- + [Considerations for Reopening Institutions of Higher Education for the Fall Semester 2021 \[pdf\]](#)
- + [ACHA COVID-19 Resources page](#)
- + [MJ Sorority's COVID-19 Response page](#)
- + [Campus COVID-19 Vaccine Initiative](#)
- + [CDC COVID-19 Guidance and Resources](#)
- + [MJ Sorority's Guide to Planning Safer Events During COVID-19](#)