



TEMPLATE (I/II)

COVID-19 Control plan

All institutions of higher education in the state of Massachusetts must develop a written control plan outlining how each of its campuses will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement for allowable Phase I and Phase II programming.

Control plans do not need to be submitted for approval but must be immediately available for review in the case of an inspection or outbreak. **If a plan is identical across all or multiple campuses, only one plan need be completed. If campuses require different approaches due to the nature of activities, building types, or other reasons, a separate plan should be completed for that campus or campuses. Plans should be disseminated to all applicable campuses.**

HIGHER ED INSTITUTION INFORMATION | please provide the following information

Institution name: _____

Plan applies to:

Campus name(s)/description(s): _____

Single Campus

Multiple Campuses

Campus address(es): _____

Primary point(s) of contact for campus(es) (President or designee): _____

SOCIAL DISTANCING | check the boxes to certify that you have:

Ensured that all persons, including faculty, staff and students remain at least six feet apart to the greatest extent possible, both inside and outside campus buildings

Established protocols to ensure that faculty, staff and students can practice adequate social distancing

Posted signage for safe social distancing

Required face coverings or masks for all faculty, staff and students

Implemented additional procedures. Please describe them here: _____

HYGIENE PROTOCOLS | check the boxes to certify that you have:

Provided hand washing capabilities throughout the campus

Ensured frequent hand washing by faculty, staff and students and provided adequate supplies to do so

Provided regular sanitization of high touch areas, such as desks, equipment, screens, doorknobs, restrooms throughout the campus

Implemented additional procedures. Please describe them here: _____



TEMPLATE (II/II)

COVID-19 Control plan

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STAFFING & OPERATIONS | check the boxes to certify that you have:

Provided training for faculty, staff and students regarding the social distancing and hygiene protocols

Ensured faculty, staff and students who are displaying COVID19-like symptoms do not report to campus

Established a plan for faculty, staff and students getting ill from COVID-19 on campus, and a return-to-campus plan

Implemented additional procedures. Please describe them here: _____

CLEANING & DISINFECTING | check the boxes to certify that you have:

Established and maintained cleaning protocols specific to the campus

Ensured that when an individual on campus is diagnosed with COVID-19, cleaning and disinfecting is performed

Prepared to disinfect all common surfaces at intervals appropriate to said part of campus

Implemented additional procedures. Please describe them here: _____
