HIGHER EDUCATION REOPENING GUIDANCE

GUIDANCE OVERVIEW

This document provides guidance to Virginia institutions of higher education regarding their plans for offering in-person instruction and reopening their campuses in the 2020-21 academic year. The criteria outlined here, in consultation with the Virginia Department of Health, concern measures relating to COVID-19 that institutions should take for promoting and fostering the health and safety of students, faculty, staff, and surrounding communities as equitably as possible.

Additionally, it recognizes the widely varied missions and circumstances of the many different colleges and universities, public and private, across the Commonwealth. Institutions are asked to prepare campus plans specific to their unique constituencies and settings, for timely submission to the Commonwealth.

The Virginia Department of Health (VDH), the State Council of Higher Education for Virginia (SCHEV), and local health departments will serve as close partners to institutions throughout the duration of this pandemic, providing guidance, data, and assistance facilitating relationships with local health infrastructure as needed.

SECTION I: WHY SAFE AND SUSTAINABLE OFFERING OF IN-PERSON INSTRUCTION AND REOPENING OF HIGHER EDUCATION ARE CRUCIAL FOR VIRGINIA

Virginia's colleges and universities are anchor institutions for the Commonwealth, and Virginia is widely regarded as having the best array of public and private institutions of higher education in America, as well as powerful workforce development and credentialing programs. COVID-19 has put at risk the more than $39.074 billion in annual economic impact higher education creates for the Commonwealth, and the 167,000 jobs tied directly or indirectly to Virginia colleges and universities. More fundamentally, COVID-19 has disrupted the education of the 525,335 total students at Virginia institutions this year – 51% of them from underrepresented populations.

To address this disruption, reopening higher education in Virginia in a safe and sustainable manner must be a statewide priority. While much can be achieved online, it is also true that the classroom environment, collaboration, and mentoring remain vital. Each of Virginia's colleges and universities has a distinct mission and unique circumstances, and that distinctiveness and autonomy will foster ingenuity in their approaches to this historic challenge.

Colleges and universities that have residential students have additional important considerations and challenges, and may take different precautions than those that may be largely or entirely nonresidential or part-time. Every institution must work to address the concerns of vulnerable populations, such as at-risk faculty and staff and at-risk members of local communities.

As institutions implement the guidance provided here, their campus plans are crucial and must address the following items: repopulating the campus; monitoring health conditions to detect infection; containing the disease when detected; and shutting down if necessary. The Virginia Department of Health will be a lead partner to help institutions open through providing best practice guidance on screening and testing and coordinating contact tracing.

SECTION II: PUBLIC HEALTH CONDITIONS AND CONSIDERATIONS FOR REOPENING CAMPUSES

The following are necessary conditions for campuses to reopen, and with these necessary conditions in place campus reopening may begin upon the Commonwealth, as well as the specific region of a given institution, having entered at least Phase II under the Forward Virginia Blueprint, unless directed otherwise by the Governor:

A. POSITIVE TRENDS IN PUBLIC HEALTH DATA

The COVID-19 pandemic is inherently unpredictable. The Commonwealth's Key Measures as outlined in the Forward Virginia Blueprint will continue to be updated with new information and guidance throughout the duration of the pandemic. It is anticipated that fall semester reopening of campuses would be most practicable in Phase Three of the Forward Virginia Blueprint, or with notably higher precautions in Phase Two. Executive Orders provide additional clarifying guidance for each phase of the Forward Virginia Blueprint and should be referenced and adhered to as campuses consider reopening. Institutions should consult with their local and regional health departments regarding questions about public health data.

B. SURGE HEALTH CARE CAPACITY

Hospital bed capacity in Virginia and hospitalization rates are presently stable. The continuation of this trend is vital for campuses to reopen. Adequate surge health care capacity must be available in nearby health care facilities for campuses to reopen – increasing the population size in their local community – and remain in operation. Institutions must work closely with local health departments and local and regional health care facilities to maintain awareness of preparedness.

C. CLIMATE OF ADHERENCE TO SOUND PUBLIC HEALTH PRINCIPLES

Institutions must foster a climate of adherence to sound public health principles among students, faculty, staff, and other constituencies. Following public health principles including social distancing, hygiene practices, quarantining, and wearing face coverings are most effective at preventing the spread of disease when all members of the institution participate in them. Therefore an institution must create a culture of compliance to encourage participation in the prescribed public health measures at all levels of the institution.

D. COVID-19 CAMPUS PREPAREDNESS PLANS DEVELOPED AND CONSISTENT WITH GUIDANCE SET FORTH BY THE COMMONWEALTH

Institutional campus plans must address COVID-19 preparedness on campus as it relates to each institution's unique conditions and setting. The plan must include considerations outlined in Section III regarding social distancing, hygiene practices, quarantining, face coverings, and PPE for staff in health services. Though the Virginia Department of Health will serve as a lead partner providing best practice guidance for testing and coordination for contact tracing (not to the exclusion of the role of academic medical centers for their universities or beyond), institutional plans must address these considerations, as would the planning of other governmental or private sectors. Plans should seek to implement actions that mitigate risk at each level of risk- low, more and high as described in CDC COVID-19 Considerations for IHE.

According to the Centers for Disease Control and Prevention (CDC), the level of risk for COVID-19 transmission increases as follows:

- **Lowest Risk:** Faculty and students engage in virtual-only learning options, activities, and events.

- **More Risk:** Small in-person classes, activities, and events. Individuals remain spaced at least 6 feet apart and do not share objects (ie hybrid virtual & in-person class structures or staggered scheduling to accommodate smaller class sizes).

- **Highest Risk**: Full-sized in-person classes, activities and events. Students are not spaced apart, share classroom materials or supplies, live in campus housing, and mix between classes and activities.

SECTION III: DEVELOPMENT OF CAMPUS PLANS FOR REOPENING

Referencing CDC guidance and other best practice guidelines, public institutions of higher education and specified degree-granting private institutions shall prepare campus plans for offering in-person instruction and reopening and submit them to the Commonwealth for purposes of documentation to the State Council of Higher Education (SCHEV) no later than July 6, 2020. The specified degree-granting private institutions shall include, subject to criteria established by SCHEV: (i) all those certified to operate by SCHEV and (ii) all those operating without the requirement of certification as per Code of Virginia §23.1-219(D).

SCHEV will review the plans in a form and manner prescribed by SCHEV to ensure each is compliant in containing the required components in this guidance document, which was developed in consultation with the Virginia Department of Health. Institutions are strongly encouraged to post their plans on their websites.

As they receive additional health guidance, institutions may update their plans, and any update should be reflected on institution websites. These plans do not supersede any relevant state or federal level guidance that is in place, and institutions must be in compliance with such guidance. At all times, institutions must remain in close contact with their local health departments.

Even in Phases Two and Three of the Forward Virginia Blueprint, it is likely that outbreaks of COVID-19 will continue, including on campuses. Therefore, the campus plans outlined in this section should consider various contingencies for continuing operations in the event of a campus outbreak. Institutions must report cases and outbreaks to their local health department, and consult with their respective local health department regarding management of outbreaks, dismissals or similar decisions such as a shutdown of campus activities.

At a minimum, campus plans must address the following considerations:

A. REPOPULATION OF THE CAMPUS

1. Establishment of a COVID-19 coordinator/campus team

2. Contact information and procedures for reaching the local health department.

3. Students' initial return to campus (such as initial screening, move-in)

4. Education/training of students: consider COVID-19 prevention education as part of student orientation. (hand washing, staying home if ill, etc.)

5. Physical Distancing, [according to CDC guidance](#):

   a) Strategies to allow physical distancing in classrooms/learning environments. (e.g. occupancy, staggered schedules, classroom layouts, workspace distancing, etc.)

   b) Social distancing considerations outside the classroom (e.g. limiting visitors, changes to dining services, extracurricular activities, sorority/fraternity life, etc.)

   c) Restrict occupancy/stagger use of communal, shared spaces such as lounges, exercise rooms, dining halls, etc. to ensure physical distancing. Occupancy must be consistent with any active Executive Orders.

   d) Limitations on size of gatherings and/or strict physical distancing to be in place during gatherings.

   e) Strategies for food/dining services should be consistent with plans to optimize physical distancing. Plans regarding dining services should consider strategies such as requirements for face coverings, policies to encourage staff to stay home if ill, ensuring adequate hand hygiene, routine cleaning/disinfection, and health screenings for staff. Implement engineering controls including: limiting the number of diners or other methods of crowd control, appropriate spacing between tables, eliminating buffet-style or self-serve food, and take out/delivery options.

6. Hygiene practices and cleaning/disinfecting protocols.

   a) Cleaning and disinfection protocols to include frequently touched surfaces; transport vehicles; schedules for increased cleaning, routine cleaning, and disinfection; ensuring adequate cleaning supplies and correct use/storage

   b) Provisions for hand sanitizer/handwashing stations

c) Minimize shared objects and ensure adequate supplies to minimize sharing to the extent possible (e.g. dedicated student supplies, lab equipment, computers, etc.).

7. Housing: it is difficult to maintain physical distancing in on-campus housing, even with modifications. Plans should consider strategies to decrease the risk such as requirements for face coverings in shared spaces, reminders of proper hand hygiene, enhanced cleaning, training for residential advisors/live in staff, restrictions on events/social activities in housing facilities, establishment of occupancy limits, restrictions on building access, etc. IHEs may want to require training and document training of certain staff.

8. Consideration of vulnerable individuals (e.g. 65 years or older, underlying health conditions):

   a) Policy options to support those at higher risk for severe illness to mitigate their exposure risk (e.g. telework, modified job duties, virtual learning opportunities).

   b) Implement flexible sick leave policies and practices that enable faculty, staff and students to stay home or self-isolate when they are sick or have been exposed.

   c) Develop policies for return to class/work after COVID-19 illness.

9. International student considerations (e.g. COVID-19 travel health risks, CDC returning travelers guidelines, travel registry, etc.)

10. Partnership and communication/information sharing with the local community, health systems and other stakeholders.

11. Face coverings.

   a) Plans submitted by each institution should include information on how it intends to teach/reinforce use of face coverings among students, faculty and staff.

   b) For Faculty cloth face coverings should be worn in times when at least six feet physical distancing cannot be maintained. For example, an instructor standing in a classroom seven feet from students could teach without a face covering. During meetings or gatherings or in narrow hallways or other settings where physical distancing may not be easy to maintain, a face covering would be prudent to wear. Other considerations such as speaking loudly, singing, etc should be considered and may require additional distance.

c) Students should be encouraged to wear cloth face coverings in times when at least six feet of physical distance cannot be maintained.

d) Institutions should consider adopting relevant business-sector guidance for staff regarding the use of face coverings (e.g. fitness center, dining, student services, etc.). Face coverings should be worn in public facing areas and in office spaces where six feet of physical distance cannot be maintained.

12. Student Health Services (SHS):

e) Assurance of provision of medical-grade PPE for health services staff

f) Maintenance of typical (non-COVID-19) health services

g) Mental health services

h) SHS facility considerations such as waiting areas, signage, environmental management/cleaning, IT considerations, etc.

i) SHS administrative/staff considerations such as PPE, employee health program protocols, education/training of staff, billing/charges, staff scheduling, etc.

a) SHS patient care considerations such as online appoint-ments, strategies to limit shared objects (e.g. pens, keypads), triage protocols, screening forms, patient screening procedures (e.g. for symptoms/temperature checks before entering the clinic).

13. Large events, including athletic events, and others such as ceremonies or performances

14. Communications strategy

15. Orientation and education/training, including anti-stigma training

B. MONITORING HEALTH CONDITIONS TO DETECT INFECTION

1. Daily health screening questions and/or other health monitoring approaches that can be used to monitor health of the campus population.

2. Campus level syndromic (disease) surveillance using electronic health record data or other disease surveillance methods as feasible.

3. Establishment of a testing strategy. Testing strategies should consider testing for all students, faculty or staff with symptoms and access to testing for close contacts of cases as recommended by public health. Institutions may consult with their local health department, local health systems and other relevant partners.

C. CONTAINMENT TO PREVENT SPREAD OF THE DISEASE WHEN DETECTED

1. Partnership with VDH for contact tracing

2. Quarantining and isolating (provision of housing, basic needs, medical case management)

3. Campus outbreak management

4. Partnership with local health systems to assure care for symptomatic individuals as needed. (e.g. a local health system representative could serve on the COVID-19 team)

D. SHUTDOWN CONSIDERATIONS IF NECESSITATED BY SEVERE CONDITIONS AND/OR PUBLIC HEALTH GUIDANCE

1. Plans regarding the criteria and process for campus dismissals or shutdowns. Decisions regarding dismissals and shutdowns should be made in consultation with local and state public health officials.

2. Nature of reduced campus activity in the event of severe conditions/public health direction or guidance.

3. Considerations regarding student health and safety on campus versus returning home.

4. Communications plan for dismissals/shutdowns.

SECTION IV: LICENSING AND REGULATORY FLEXIBILITY

In light of the unpredictable complexities to which COVID-19 may give rise, it is recommended that state agencies and boards responsible for professional licensing and/or educational programs explore initiating and/or continuing appropriate regulatory flexibilities. The flexibilities adopted should generally support the ability of educational institutions to continue to provide instruction and related activities in a manner consistent with state and federal guidance.

Agencies are urged to allow innovative solutions regarding the full range of educational activities, but especially clinical training, field experiences, student teaching, and similar endeavors. Relevant agencies include, but may not be limited, to the following agencies and their boards: State Council of Higher Education for Virginia, Virginia Department of Education, Virginia Department of Health, Virginia Board of Nursing, and the Virginia Department of Professional and Occupational Regulation.

Following development of robust plans, institutions are expected to implement and adhere to the plans in accordance with the latest public health guidance. One effect of the COVID-19 crisis has been a spirit of strong collaboration across the Commonwealth, across all of education in Virginia, and across higher education in particular. This guidance builds on that spirit of collaboration, putting health and safety foremost and emphasizing the critical importance of continuing to provide high quality education across the system, and especially the equity of in-person learning where possible.

ADDITIONAL RESOURCES FOR IHES

- ✓ Higher Education Reopening Guidance
  https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/Higher-Education-Reopening-Guidance.pdf

- ✓ VDH Higher Education Testing Guidance
  https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html

- ✓ VDH : Role of Public Health and Colleges/Universities in Preparedness and Response Efforts
  https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/COVID-and-Public-Health-CollegesUniversities.pdf

- ✓ VDH Higher Education Contact Tracing Partnership
  https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-IHE-and-Contact-Tracing_061720_final.pdf

- ✓ CDC Guidance for Institutions of Higher Education
  https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html

- ✓ ACHA
  https://www.acha.org/documents/Resources/COVID_19/COVID-19_Testing_June-3-2020.pdf

- ✓ ACHA Considerations for Reopening for Higher Ed
  https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf