The Post-Secondary Education - Fall Planning Workgroup is being constituted to provide recommendations to the Governor, the Department of Education, and New Hampshire Institutions of Higher Education about the return to school as the risks associated with the COVID-19 pandemic subside. The Workgroup worked to reestablish a sense of priorities while planning for campuses, students, families, faculty, staff, and school leaders.

Through extensive research on reopening strategies along with New Hampshire’s unique COVID-19 data, we have gained invaluable experience and information that can help guide our colleges and universities moving forward. That experience and information has made us better prepared to ensure the safety of our faculty, staff, and students, provide all with a high quality educational experience, identify and close equity gaps, and allow all students to engage an education system that meets individual student needs.

Purpose

The Workgroup has conveyed considerations and potential issues related to the restart of campus operations during the coronavirus disease 2019 (COVID-19) pandemic for institutions to use with their campus communities, legal, medical, or other professionals as they each plan their particular form of return for the Fall semester.

These recommendations are informed by what is currently known about COVID-19 and incorporates existing federal and state public health and safety recommendations directed at NH Institutions of Higher Education. It should also be noted that this guidance may change as new information becomes available. Lastly, it is imperative to point out that these NH recommendations were informed by input and feedback from various institutional leaders and regions of the State’s postsecondary landscape.
Workgroup Members

<table>
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<tr>
<th>Name</th>
<th>Title/Position</th>
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<tr>
<td>Stephen Appleby</td>
<td>Director Educator Support &amp; Higher Education, NHDOE</td>
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<td>Paul Dean</td>
<td>Chief- University Police Department, University of New Hampshire</td>
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<td>Legal Counsel, CCSNH</td>
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<td>Susan Huard</td>
<td>Interim Chancellor, CCSNH</td>
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<td>Todd Leach</td>
<td>Chancellor of USNH</td>
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<td>Wayne Lesperance</td>
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<td>Andrew Pollom</td>
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<td>Laura Sykes</td>
<td>Academic Vice President &amp; Dean of Faculty, Colby Sawyer College</td>
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<td>Melinda Treadwell</td>
<td>President, Keene State College</td>
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Workgroup Meeting Schedule

- **Wednesday, May 13, 2020**
- **Thursday, May 28, 2020**
- **Tuesday, June 9, 2020**
- **Tuesday, June 16, 2020**

Workgroup Goal

Reopening and returning to campuses in New Hampshire as safely as possible consistent with the available public health guidance. Creating a safe learning environment both on and off campuses will require a close partnership between our colleges and universities, the State of New Hampshire, State and local health departments, and medical providers. This guidance includes general considerations to support safe, healthy, and inclusive learning environments when resuming in-person instruction, operations, services, and activities.

This document is not intended to be prescriptive or all-inclusive. Each college or university will need to tailor its plans based on its unique facts and circumstances, campus community, and activities, as well as guidelines from federal, state, and local governments and health authorities in effect at the time of reopening and returning in the fall.
Creating Safe and Resilient Campuses

❖ Review and follow the **Universal Guidelines for All New Hampshire Employers and Employees**.
❖ Review CDC’s **guidance for colleges, universities, and higher learning**.
❖ All campuses should conform to the critical key metrics for regional (county/city) opening developed by Governor Sununu and other officials, including the local prevalence criterion, before commencing operations. It is essential to recognize that many institutions may have multiple campuses/extension centers.
❖ Close contacts between local health departments, DHHS and Institutions should be established.
❖ Institutions should establish a relationship, if not already established, with healthcare systems in the area for treating students.
❖ College and university health centers should be prepared with support from the State to ensure the necessary personal protective equipment (PPE), specimen collection supplies, and staff training are available to test students and staff for COVID-19 in order to rapidly and safely detect COVID-19.

❖ Surveillance, Testing and Tracing
   ➢ A contact tracing plan and identified personnel should be in place with the local and state public health officials.
   ➢ Institutions should have a plan to detect early warnings of an infection surge and a shutdown plan in place to respond rapidly.
   ➢ Institutions should work with campus and community partners to identify appropriate locations for student isolation (in case of infection) or quarantine (in case of exposure) and have plans in place for how to meet these students’ needs while undergoing isolation/quarantine (e.g., laundry, food, etc.).
   ➢ A health response system should be available to advise individuals who develop symptoms.

❖ Residential Campus testing considerations
   ➢ A plan for surveillance, virus testing, and symptom surveillance should be in place that detects the emergence and spread of infection. The testing process should be identified and communicated to faculty, staff, and students. Testing plans should include both initial screening and testing upon arrival to campus in the summer/fall to identify COVID-19 before it is introduced to the campus community, and ongoing monitoring and surveillance testing as a way to detect early transmission after campus activities and classes resume.

   ■ **NH DHHS Bureau of Infectious Disease Control**
   ➢ To the extent possible, the capacity for immediate viral testing of all symptomatic students, faculty, and staff should be in place, including the ability to rapidly test close contacts of persons identified with COVID-19 or potentially exposed groups, in collaboration with the NH DHHS Bureau of Infectious Disease Control (BIDC).
   ➢ Consider populations and timing such as:
   ■ Returning Residential Students Upon Arrival
   ■ When symptoms present
   ■ Creating staggered cohorts for move-in/arrival
   ➢ Whether testing is available or not, develop a symptom surveillance plan to screen students and staff for symptoms of COVID-19. Such a plan may include appropriate combinations of medical questionnaire screening or isolation procedures.
   ➢ Facilities should be identified and a staffing plan in place to quickly isolate suspected or confirmed virus carriers.
   ➢ Symptomatic students should have confirmatory COVID-19 testing performed, which is important for informing public health investigations and isolation and quarantine of students/staff.

❖ Commuter Campus testing considerations
   ➢ Develop a symptom surveillance plan. Such a plan may include appropriate combinations of medical questionnaire screening or isolation procedures.
   ➢ Institutions and individuals can utilize the CDC’s “Self-Checker” to assist in making decisions in regards to seeking testing and/or medical care.
Campuses should identify and/or enact specific policies to provide accommodations for students, faculty, and staff who have medical risk.

Remote learning and/or work should continue to the extent possible for operational units.

Clear sick leave and stay at home procedures should be in place and widely communicated.

Flu vaccine should be encouraged of all community members.

Sufficient Personal Protective Equipment (PPE) should be available.

Modification of travel and visitor policies should be clearly articulated as appropriate to the area, and campus reentry should be coordinated with the overall surveillance plan.

Conduct regular cleaning and disinfecting of surfaces and objects that are frequently touched. Cleaning/disinfecting plans should be in place. Disinfectant supplies should meet EPA’s criteria for use against SARS-CoV-2 (COVID19).

Follow additional CDC guidance for cleaning and disinfecting community facilities.

Residential living plans should include enhanced cleaning, social distancing, personal cloth face covering use protocols in common or public areas, restrictions on group events and activities, limited cross-access by students to other dorms, special housing and class attendance considerations for students with medical conditions, and public health training.

Institutions should have a plan for physical distancing and cloth face covering use during university activities (teaching, dining, extracurricular activities, etc.), including facilities modifications where appropriate.

Use of cloth face coverings by students and staff should be strongly encouraged or required when people are out in public or classroom settings and physical distancing may not always be possible, including when transiting between buildings or classrooms.

Alcohol-based hand sanitizer should be made readily available everywhere on college and university campuses, including in dormitories, hallways, classrooms, cafeteria and snack shops, lobbies, recreation centers, and other common areas.

Increase messaging and recommendations encouraging frequent hand hygiene for students and staff.

Institutions should have communication and education plans in place for students, families, faculty and staff, along with community members.

Social Distancing

Students, faculty, and staff should maintain a safe social distance of at least 6 feet apart when feasible. This includes offices, classrooms, laboratories, studios, hallways, restrooms, common areas, and outdoor spaces.

Install plastic partitions or barriers into places where social distancing cannot be observed (e.g., student service counters, cash registers, dorm spaces, bathroom sinks, etc.).

Provide guidance such as tape on floors or sidewalks to enforce social distancing.

Consider closing down common areas or limiting seating to avoid large group gatherings and congregating.

Limit appointments with student service offices (e.g., financial aid, registrar, etc.) to scheduled appointments for issues only (i.e. eliminate ‘walk-in’ services).

Encourage alternative methods of contact such as email, chat, and telephone calls.

Other social distancing strategies include grouping students into cohorts that live on campus, use shared facilities, and attend courses together to minimize the frequency of contact with other groups/cohorts.

Planning Process

Each institution should develop detailed plans establishing educational and workforce development priorities and protocols for use and occupation of campus facilities for return to onsite delivery for the fall semester.

Plans for each phase (full operation, hybrid, remote instruction or closure) should be determined through completing academic/workforce development and functional area reviews.

Determine which programs will run (if any), (remote; face-to-face; and/or hybrid).

Determine which functional areas will return physically to campus.

Return to campus building preparation protocol
- **Physical plant**
  - Maintenance to systems such as air-filtration systems
  - Identify need for physical protections such as plexiglass shields
- **Access and flow control**
  - Entrances
  - Hallways and stairways

  ➢ Return to campus day-to-day operations protocol

- **Social distancing and personal hygiene**
  - Calculate and monitor building and room density
  - Handwashing and hand sanitizer
  - Use of facemasks for protection of others
  - Cleaning practices
  - Continuous in frequently used and high-touch areas
  - Periodic deep clean

❖ Determine communication protocol for new cases:
  ➢ Notification to state public health, which should occur before notification of students, faculty, and staff. Public health can help inform messaging and communication.
  ➢ Timely notification to students, faculty and staff directly if affected
  ➢ Notification and/or signage to campus and local community as needed
  ➢ Closure and cleaning protocols for affected buildings and rooms

❖ Partnership with DHHS NH DHHS Bureau of Infectious Disease Control for direct contact and communication
  ➢ Post-Secondary Point of Contact

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<tr>
<th>REMOTE</th>
<th>HYBRID</th>
<th>OPEN</th>
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<tr>
<td>Telework required for all non-essential staff.</td>
<td>Telework should continue for faculty and staff where feasible, especially for populations at higher risk for COVID-19.</td>
<td>Institutions may more fully resume in-person instruction and other routine operations.</td>
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<td>Remote (virtual-only) instruction permitted.</td>
<td>Limited in-person instruction that adheres to proper social distancing guidelines is permitted.</td>
<td>Restrict large, non-instructional gatherings</td>
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<td>Clinical training and in-person instruction permitted for selected programs preparing individuals for licensure and that adhere to proper social distancing guidelines.</td>
<td>Clinical training and field experience allowed for all individuals preparing for licensure and credentialing.</td>
<td>Continue to limit group sizes to the extent possible.</td>
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<td>Large gatherings prohibited.</td>
<td>Restrict gatherings of non-instructional activities to no more than 25 people.</td>
<td>Continue to adhere to the Governor’s guidelines, CDC, and DHHS recommendations.</td>
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<tr>
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<td>Monitor public health indicators and adjust plans as necessary.</td>
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Enabling State Actions

❖ Request State and local health departments to prioritize coordination with colleges and universities within their region/county/city.
❖ Prioritize higher education students, staff, and faculty for specimen collection and testing.
❖ Authorize adequate testing capacity at minimal cost to enable virus testing (both symptomatic and surveillance virus testing).
❖ Enable universities, working in partnership with local health departments, to conduct surveillance virus testing for purposes of identifying asymptomatic, infected individuals.
❖ Allow campuses a ‘soft restart’ in July-August to prepare for students, including making necessary modifications to facilitate social distancing and resuming grant-funded research.
❖ Updated Department of Health and Human Services recommendations can be found at: NH DHHS Bureau of Infectious Disease Control
❖ Support Institutions in supply obtainment and/or financial assistance for things such as:
  ➢ PPE; Testing; Contact Tracing

NOTE: Please note that this is general guidance that institutions can consider for planning purposes and does not constitute legal advice or medical guidance. Nothing herein creates an attorney-client relationship, nor is this document intended to define or create legal obligations for institutions. Citation to guidance documents and legal authorities are provided for reference only, and institutions are urged to consider if and how those authorities apply to their individual circumstances.
Resources:

New Hampshire Department of Health and Human Services:

https://www.dhhs.nh.gov/dphs/cdcs/contact.htm
NH DHHS Bureau of Infectious Disease Control

The Centers for Disease Control and Prevention:

CDC Coronavirus (COVID-19)

U.S. Department of Education:

https://www.ed.gov/coronavirus

Council for Higher Education Accreditation:

https://www.chea.org/covid-19-resources-institutions-and-accreditors

New England Board of Higher Education:

https://nebhe.org/coronavirus/

Return to School Roadmap:

https://returntoschoolroadmap.org/

The Commission on Independent Colleges & Universities in NY:


Reimagining RI Education: Fall Reopening Plan:


PA DOE: Preliminary Guidance for Resuming In-Person Instruction […]:


The National Law Review:

https://www.natlawreview.com/article/regulatory-agency-and-selected-accreditor-resources-higher-education-institutions

This document is for the sole purpose of providing suggestions for consideration. No legal, medical or professional advice or opinions are given herein or may be relied upon. Each institution should consult with their own legal, medical and professional advisors prior to implementing a restart plan.