CONFIDENTIAL: DRAFT, PRELIMINARY AND ADVISORY

# COVID-19: EDUCATION

## Education Subcommittee

May 18, 2020

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# RECOMMENDATION

A successful in-residence Fall 2020 term depends upon the university's ability to continue to offer world-class education in a manner that mitigates risk of COVID-19 transmission enough for students, staff, and faculty to feel safe to participate in in-person instruction. Flexible, resilient teaching methods must be paired with sufficient availability of tests, rapid test results, surveillance, and containment plans.

The University of Michigan enrolled over 31,000 undergraduate and nearly 17,000 graduate students on the Ann Arbor campus in Fall 2019. The University of Michigan-Dearborn campus enrolled approximately 7,000 undergraduate and nearly 2,300 graduate students, while the University of Michigan-Flint campus enrolled nearly 6,000 undergraduate students and close to 1,500 graduate students in Fall 2019.

This report provides key recommendations that represent the most aggressive risk mitigation measures needed to support classroom instruction, as well as recommendations to scale back mitigation strategies over time. Published guidelines and plans from public health and academic organizations and institutions of higher learning inform the recommendations. Recommendations may need to be modified over time as additional public health guidance becomes available. **These strategies assume that students, instructors, and faculty will have completed baseline COVID-19 testing and engaged in self-quarantine two weeks prior to in-person learning.** Orientation and other student programming should be planned in a way that does not compromise the testing and self-quarantine recommendations.

## ACADEMIC CALENDAR AND CLASS SCHEDULING

**Recommendation 1:** The university should modify the academic calendar to minimize extended time away from campus. For the fall semester specifically: 1) the majority of in-person instruction should begin after the Labor Day holiday; 2) fall study break should be eliminated from the academic calendar; and 3) the in-person component of the term should be structured to end no later than noon on Wednesday, November 25, the day prior to the Thanksgiving holiday. In order to achieve the required days of instruction in the fall semester, instruction could be delivered remotely before Labor Day and after the Thanksgiving holiday. Similarly, for the winter semester the winter break should be eliminated; the start of the winter semester could be adjusted to allow for a consolidated

semester schedule.

**Recommendation 2:** A return to in-residence instruction should balance the benefits of in-person learning and the ability to mitigate risk of disease transmission. Highest priority for return to campus should be given to academic programs that require in-person instruction and/or specialized equipment/facilities. Examples may include courses needing clinical, laboratory, studio, or rehearsal space.

**Recommendation 3:** Class scheduling should take into account the need to de-densify classrooms. Risk mitigation will be more feasible in classes with a smaller density of students, which will need to be accounted for in class and section scheduling. This includes limiting the number of students in-person in the classroom by capping enrollment (see Social Distancing Recommendation 12) and using strategies such as assigning blocks of students to alternate in-person and remote attendance. To account for the latency period of infection (time from exposure to infectiousness), block rotations should be a minimum duration of one week. For example, a class of 30 students could be divided into two rotation blocks of 15 students who attend class in-person every other week, or three rotation blocks of 10 students attend class in-person every third week.

## INSTRUCTION AND COURSE DESIGN

**Recommendation 4:** Courses that will not be fully remote should adopt a hybrid-flexible (hyflex) course design model that combines in-person with online learning. In this model, students have the option of participating in-person, provided that section size and physical distancing guidelines are followed, or remotely. Learning activities provided in all modes of instruction should provide equivalent learning outcomes. All instructors should be prepared to transition to fully online teaching in the event that in-residence instruction is no longer feasible.

**Recommendation 5:** While in-person instruction is a priority for a return to an in-residence semester, instructors who are at high risk for severe illness should be given consideration to provide fully online instruction. All instructors should be prepared to transition to fully online teaching in the event that they must self-isolate/self-quarantine.

**Recommendation 6:** Instructors should be provided with sufficient instructional design support, technology support, and training on best practices for online course development and effective implementation of hyflex instructional models, including assistance with developing assessments. The university should acknowledge that

preparation of multiple course formats will require additional faculty effort.

## EXPERIENTIAL AND ENGAGED LEARNING

### Clinical experiential learning

**Recommendation 7:** Clinical rotations, internships, clerkships, and other types of clinical field experience required within the health sciences will require special consideration taking into account relevant accreditation and licensure/certification guidelines and specific field site requirements. Some laboratory work and clinical assessments require in-person training. A plan for implementation of clinical experiential learning activities (on-campus and off-campus) that follows all UM safety protocols should be developed by the Health Sciences Council and approved by the provost.

### Engaged learning

Engaged learning is a signature component of a University of Michigan education and essential for preparing many students for their chosen career path. Factors in determining how to promote engaged learning during a pandemic include:

- Ability of the site to provide a learning environment for the student that mitigates risk of exposure to the virus to a low level.
- Willingness of the site to provide and adhere to a safety plan for the learning experience.
- Level of risk the student presents to the community as part of the engaged learning experience, as many activities involve work with populations most vulnerable to COVID-19.
- Extent to which the student will adhere to a safety plan and all possible risk mitigation measures.
- Student perception of risk and safety of participating in the activity.
- Nature of the learning experience itself.
- Accreditation, certification, and licensure requirements associated with engaged learning activities.

**Recommendation 8:** All in-person engaged learning activities should be limited to the UM campuses until the State of Michigan determines the state to be in Stage 6 (post-pandemic) of the Michigan Safe Start Plan. Limited travel to and from campus is a key risk mitigation strategy to support an in-residence academic year. Remote engaged

learning opportunities for students are strongly encouraged.

On-campus engaged learning opportunities should include a safety plan such as the documentation currently requested by the Office of the Provost. Should Stage 6 be reached during the academic year, a safety plan should no longer be required for on-campus engaged learning activities but should be required for off-campus engaged learning activities.

**Recommendation 9:** The university should consider establishing a working group to further catalog, review, and assess risk of participation in preparation for full resumption of the diverse engaged learning activities it supports.

## ACCESS CONTROLS

### Restricting entry to classroom buildings

**Recommendation 10:** Building access should be limited to only those students, instructors and staff attending educational events or working in the building. At minimum, communication strategies and signage at entry sites should be utilized to limit building access. Guests from outside the institution, such as guest lecturers, are encouraged to participate in events remotely. Seminars and other co-curricular and extra-curricular events should be offered virtually. Office hours should take place virtually.

**Recommendation 11:** Limit and monitor building entry points. Building entry points should be monitored to ensure people are wearing cloth face masks in accordance with UM Environment, Health & Safety recommendations. The university should provide cloth face masks at building entry for those who do not have one. A COVID-19 health promotion team should be formed to assist with monitoring building entrance as well as managing other issues related to the COVID-19 response. Points of building entry should be limited as much as possible to make monitoring more feasible.

### Common areas in classroom buildings

**Recommendation 12:** All common areas in educational buildings such as lounges, group work spaces, social spaces, and study rooms will be closed for at least the first four weeks of the term. Common areas should open conditional on effective implementation of overall risk mitigation strategies or once a determination has been made that risk mitigation strategies can be lessened. For common spaces that necessitate access, such as

restrooms, computer labs, and dining spaces, a plan should be developed to stagger access and control density of students and ensure procedures related to social distancing, face mask requirements, and regular cleaning and disinfecting of the areas are followed as prescribed.

## SOCIAL DISTANCING

### Classroom and other learning space configurations

**Recommendation 13:** Centers for Disease Control and Prevention guidance suggests that classroom seating and desk space should be placed at least 6 feet apart when feasible. Seats and rows should be skipped/removed and blocked off to ensure safer distancing. Seating students against walls can maximize the class space. In general, learning spaces such as classrooms, laboratories, studios and performance spaces should be reconfigured to accommodate a minimum physical space of between 36 sq ft and 144 sq ft among students depending on the following criteria.

**Space Configuration Considerations**

| Criterion | Lowest Risk | Medium Risk |
|---|---|---|
| Student must regularly move within the learning space (e.g., labs, performance spaces) | No | Yes |
| Engineering controls are installed to further distancing (e.g. barriers, plexiglass) | Yes | No |
| Air flow and ventilation is sufficient for a shared space | Yes | No |
| Students and instructors are regularly wearing appropriate personal protective equipment | Yes | No |
| Cleaning and sanitation protocols for classrooms and other learning spaces are followed as prescribed | Yes | No |
| Positive cases identified within the class cohort within 14 days of class meeting | No | Yes |

**All categories are lowest risk:** 36 sq ft of space between students may be strongly considered.
**All categories are medium risk:** 144 sq ft of space between students should be strongly considered.
**Categories are a mix of risk:** specific sq ft of space between students should be determined based on a comprehensive analysis of risk mitigation strategies and implementation plans.

**Recommendation 14:** There should be a minimum of 6 ft of space between instructors and students. Classroom configurations could consider leaving the row nearest to instructors empty and/or installing plexiglass around the podium space.

**Recommendation 15:** Course sections with enrollment of 50 students or more should be moved to fully online. Course sections with fewer than 50 students should engage in hyflex instruction provided that physical distancing and other risk mitigation measures can be followed for in-person instruction.

**Recommendation 16:** Break times between classes should be staggered to avoid large groups of learners, faculty, and staff from congregating in hallways and building entries and exits and permit custodial staff to clean space between class sessions more efficiently. Breaks within class should be eliminated in favor of ending class time early.

**Building work spaces and common areas**

**Recommendation 17:** Work space within high traffic areas (e.g., front desks) should be protected using engineering controls such as plexiglass or other appropriate clear barrier to ensure distancing from others. Air flow in the room should be sufficient to prevent “dead space” with no ventilation. Sufficiency of air changes should be considered whenever tall plexiglass barriers are raised to assist with distancing. Physical air Individuals working in these areas should follow current guidance from UM Environment, Health & Safety regarding use of personal protective equipment and should wear cloth face masks, as required. Learners engaging with staff should also wear cloth face masks.

**Recommendation 18:** Campus study spaces such as libraries, the Union, the Michigan League, and common areas within buildings with classroom space should configure the areas to accommodate at least 36 sq ft and up to 144 sq ft of physical distancing, depending on feasibility of implementing risk mitigation measures in the space (see space configuration considerations). Engineering controls, such as barriers to separate

spaces should be installed as needed. One-way traffic flow within building hallways and room entrances and exits should be considered to accommodate better distancing. Common spaces that necessitate access, such as computer labs and dining spaces in classroom buildings, should be reconfigured to allow adequate spacing for social distancing.

## SANITATION/HYGIENE

All sanitation and hygiene recommendations should follow the guidelines of UM Environment, Health & Safety.

### Hand hygiene

**Recommendation 19:** Hand sanitizer should be widely available throughout educational spaces. The university should establish hand sanitizer refill stations throughout educational buildings.

### Cleaning and disinfecting educational spaces, common spaces, and work spaces

Enhanced cleaning in all common areas and high-touch surfaces throughout the educational buildings is essential to preventing transmission of COVID-19. The CDC provides guidelines for cleaning and disinfecting spaces. Closed spaces that are unoccupied for 7 or more days require routine cleaning only. Visibly dirty surfaces should be cleaned with soap and water prior to using an EPA-approved disinfectant product. UM Environment, Health & Safety has issued protocols for cleaning and disinfecting spaces for prevention of COVID-19 transmission for non-resident facilities. Plans for large classroom space cleaning could include designating different sets of rows and seats that alternate throughout the day in addition to cleaning in between sessions.

**Recommendation 20:** Classrooms and high-traffic education spaces should have enhanced cleaning and disinfection protocols. Structured cleaning and disinfecting plans and protocols should be developed and published for each classroom building by August 1. Areas with frequent traffic should be prioritized for regular cleaning and disinfecting. Protocols for cleaning and disinfecting staff work spaces in classroom buildings should be included in the guidance. Cleaning supplies such as wipes should be available to allow instructors to clean their work spaces before and after use. Use of amplification devices should be avoided when possible, as thorough cleaning of the device must take place after each use.

**Recommendation 21:** The university should close sections of buildings where symptomatic persons who test positive for COVID-19 spent a prolonged period of time.

Twenty-four hours after the ill individual departs the building, the areas should be deep cleaned.

**Personal hygiene**

Reminders of proper hand hygiene procedures will need to be communicated frequently throughout the campus community, including in educational spaces.

**Recommendation 22:** All students, faculty, and staff should follow proper hand hygiene procedures, including washing hands frequently with soap and water for at least 20 seconds especially before putting on a face mask, after using the restroom, before eating or preparing food, after touching a shared object/surface, or after removing gloves. Hand sanitizer should be widely available throughout educational spaces.

## PERSONAL PROTECTIVE EQUIPMENT

In educational buildings, personal protective equipment primarily refers to cloth face masks. Use of disposable gloves are recommended only for when cleaning or disinfecting surfaces. Hand hygiene should be emphasized over use of gloves. Guidelines issued by UM Environment, Health & Safety should be followed by all instructors and staff.

**Recommendation 23:** All individuals should wear cloth face masks while in classrooms and common areas, including in hallways, lobbies, and shared restrooms. Instructors who are at least 8-10 ft from students are not required to wear a face mask or shield while teaching. Those less than 8-10 ft from students should use a face shield while teaching.

**Recommendation 24:** Disposable gloves should be used by custodial staff and others while cleaning and disinfecting spaces in accordance with UM Environment, Health & Safety guidelines. Gloves should be disposed of immediately after cleaning.

**Recommendation 25:** Cloth face masks should be provided for individuals that do not have access to a mask upon building entry. Disposable gloves should be made available for cleaning and disinfecting spaces.

## TESTING, MONITORING, AND CONTAINMENT

Screening, testing, and surveillance recommendations for students, staff, and

faculty/instructors will be determined by the Testing Subcommittee. Recommendations for isolation and quarantine will be determined by the Containment Subcommittee.

**Recommendation 26:** The Standard Practice Guide should state the need for all participants in educational activities to adhere to testing recommendations as a condition of in-residence learning. Student codes of conduct and unit academic policies should be updated in alignment with these recommendations. A training module on COVID-19 symptoms and university policies and procedures for in-residence learning should be required of all students and instructors prior to the start of the semester. All faculty, staff, and students should be asked to sign a COVID-19 acknowledgement that explains risks and responsibilities, including information regarding those in high-risk categories, before returning to in-residence education.

**Screening**

**Recommendation 27:** Widespread testing will be implemented at the beginning of the semester for students, faculty and staff with one sample at the start of the semester and one sample 2-3 weeks following the beginning of classes; students living in on-campus residential halls will be a high priority for baseline testing efforts. It is recommended that all students, faculty, and staff participate in baseline testing protocols.

**Surveillance and monitoring**

**Recommendation 28:** In addition to the baseline screening tests upon arrival to campus, students, staff and faculty will be **tested promptly if they develop symptoms** of suspected COVID-19. Testing of symptomatic students will occur via point of care testing at University Health Services; positive tests will trigger case investigation and isolation, contact tracing, and potential quarantine of close contacts. **Testing for active surveillance** will occur through random, anonymous, pooled sampling to monitor for early signs of increase in virus transmission.

**Recommendation 29:** Mechanisms for tracking student absenteeism should be explored. Student Explorer may offer a structure for this monitoring, particularly for LSA students.

**Recommendation 30:** All students, staff, and faculty should complete a daily self-assessment of symptoms, signs, tests, and exposure.

## SCALING BACK OF MITIGATION STRATEGIES

The subcommittee recommendations assume a moderate level of community spread during campus repopulation, therefore the most aggressive risk mitigation strategies are recommended. Risk mitigation strategies could change to a less aggressive approach when tests and surveillance measures indicate minimal or no community spread of COVID-19. Decisions about scaling back mitigation strategies should align with state and regional governmental agency recommendations and must be made at the University level and be consistent throughout the UM community.

| Risk mitigation in educational spaces | Level of risk mitigation measures | | |
|---|---|---|---|
| | Phase I: Most Aggressive | Phase II: Moderately Aggressive | Phase III: Least Aggressive |
| Access control | • Restrict building entry to students, staff, and faculty only<br>• Monitor entry points for proper mask use; supply cloth face mask if needed<br>• Stay home if sick<br>• Short-term building section closure with confirmed cases<br>• Off-campus engaged learning activities are remote only | • Restrict building entry, limit number of guests<br>• Signage at entry points about mask requirements<br>• Stay home if sick<br>• Short-term building section closure with confirmed cases<br>• Off-campus engaged learning activities are remote only | • All usual entry points are open<br>• Stay home if sick<br>• Engaged learning activities may fully resume |
| Social distancing | • Configure classroom for 6' spacing<br>• Fewer than 50 in-person participants<br>• Lab/other spaces: work in shifts<br>• Close common areas<br>• Encourage remote meetings/guest lectures | • Configure classroom for 6' spacing<br>• Gathering size can increase with social distancing<br>• Common areas are open with 6' spacing<br>• Limit meeting sizes | • No restrictions for spacing/gathering size<br>• Lab/other spaces: open with usual schedule<br>• Common areas are open with social distancing<br>• No restrictions on meeting sizes |
| Sanitation/ Hygiene | • Frequent disinfection and cleaning of classroom space/high-touch areas<br>• Access to hand hygiene/hand washing stations, tissues, etc.<br>• Access to wipes/surface cleaners | • Frequent disinfection and cleaning of classroom space/high-touch areas<br>• Access to hand hygiene/hand washing stations, tissues, etc.<br>• Access to wipes/surface cleaners | • Usual cleaning and disinfection practices<br>• Access to hand hygiene/hand washing stations, tissues, etc.<br>• Access to wipes/surface cleaners |
| PPE | • Cloth face masks worn indoors by all except when in individual offices/work spaces<br>• Follow proper hand hygiene practices<br>• Additional PPE for those in clinical, lab, community sites for coursework | • Cloth face masks worn indoors except when in individual offices/work spaces<br>• Follow proper hand hygiene practices | • Encourage cloth face mask-wearing in close contact situations; high-risk populations should continue to wear masks<br>• Follow proper hand hygiene practices |
| Monitoring/ Isolation | • Self-monitor symptoms, stay home if sick<br>• Support students who stay home when sick or have had close contact with someone sick<br>• Isolation practice for infected, quarantine for close contacts<br>• Monitor absenteeism | • Self-monitor symptoms, stay home if sick<br>• Support students who stay home when sick or have had close contact with someone sick<br>• Isolation practice for infected, quarantine for close contacts<br>• Monitor absenteeism | • Self-monitor symptoms, stay home if sick<br>• Support students who stay home when sick or have had close contact with someone sick<br>• Isolation practice for infected, quarantine for close contacts<br>• Monitor absenteeism |

### MOVING TO FULLY REMOTE EDUCATION

If substantial community spread of COVID-19 is identified by ongoing surveillance efforts by the University or by the local and state government, instruction may need to transition to be fully remote. Using the hyflex instruction model may allow for classes to quickly move from in-person to an Emergency Remote Teaching model. This transition could occur on a local scale at a specific building or department, for example, if hotspot areas of transmission are identified. Decision-making may occur at the University level, but may also be guided by state or local government.

## CONSIDERATIONS FOR INCLUSION AND EQUITY (VULNERABLE POPULATIONS)

- Individuals and groups of people will have varying risk for severe illness to

COVID-19, according to the CDC. Vulnerable individuals, including instructors, may need to take extra precautions and should have the opportunity to engage in educational activities remotely.

- Students may have additional stressors, such as health concerns or financial concerns, that may impede their academic achievement; additional academic support may be needed for students. Certain groups of people may be affected disproportionately (CDC) and schools should monitor and ensure that support is reaching everyone in need.
- Students who are not in Eastern time zone may experience more difficulty attending remote classes synchronously. Appropriate outreach and support should be provided to help ensure academic success.
- Individuals will have varying accessibility to technology that may be needed for remote instruction; schools should ensure access to technology for all students.
- Needs of students with disabilities and Americans with Disabilities Act standards should be considered when adopting engineering controls, such as barriers in classroom space, or personal protective equipment that may impede student learning (e.g. face masks on instructors that inhibit learning for hard-of-hearing students).
- Significant effort will be required for instructors to adapt to the hyflex model or to an adjusted academic schedule. This should be taken into consideration in teaching assignments and faculty evaluations.

## ANTICIPATED TIMELINE/KEY DATES

| Month | Key Tasks/Decision Points |
|---|---|
| June | • Recommendations discussed with key partners<br>• Identify and secure needed resources (supplies, etc.)<br>• Announce academic calendar changes<br>• Finalize orientation plan/virtual programming<br>• Communicate instructional planning guidelines to instructors<br>• Make instructional support available for instructors<br>• Class scheduling changes accommodated and communicated to students<br>• Engage a social/behavioral sciences expert to assist with communication strategies for fall |

| | |
|---|---|
| July | • Plans for revised classroom configurations confirmed<br>• Academic policies updated |
| August | • Establish engaged learning workgroup<br>• Fall communication plan roll out<br>• Recruit and train health promotion workers<br>• Implementation of plans, protocols, evaluative measures |

## KEY PARTNERS

1. Education committees convened by Provost (chairs: Alec Gallimore, Tim McKay, Lynn Videka, Laurie McCauley, Elizabeth Moje)
2. Provost's Office- Space Planning & Utilization (Frances Mueller)
3. Registrar's Office (Paul Robinson)
4. Monitoring/Surveillance partners to determine level of community spread
5. Facilities & Operations: Custodial & Grounds Services
6. Center for Research on Learning and Teaching (Matt Kaplan)
7. Center for Academic Innovation (James DeVaney)
8. Dean of Students Office (Laura Blake Jones/Sarah Daniels)
9. Division of Public Safety and Security/Housing Security (John Seto)
10. UM Environment, Health & Safety (Danielle Sheen/Pam Rutter)
11. University Health Service (Rob Ernst/Lindsey Mortenson)
12. Washtenaw County Health Department (Juan Marquez, Cindra James, Laura Bauman)
13. Information and Technology Services
14. UM VP for Communications Office

## SUPPLIES NEEDED

1. EPA-approved hand sanitizer widely available to students, staff, and faculty in educational buildings with dispensing/refill stations in each building.
2. In addition to cleaning and disinfection supplies for custodial services, supplies to clean work stations in between classes and disposable gloves for cleaning should be available in each classroom, and hand sanitizer for classrooms.
3. Cloth face masks, and personal protective equipment for staff as directed by Environment, Health & Safety.

4. Barriers to ensure physical distancing in common spaces and protect staff and instructor work spaces.
5. Face shields, optional for instructors

## FUNDING NEEDED

TBD

## APPROVERS/APPROVAL TIMELINE

- Late May: In-Residence Public Health Planning Committee
- Early June: COVID-19 Leadership Committee; President's Office; Office of General Counsel
- June 18: Board of Regents meeting

## SUPPORTING REFERENCES

| RECOMMENDATION THEME | REFERENCES |
|---|---|
| Academic Calendar and Class Scheduling | American College Health Association. Considerations for reopening institutions of higher education in the COVID-19 Era. May 7, 2020.<br><br>CDC. Considerations for institutes of higher education. May 19, 2020.<br><br>Institution of higher education plans (see below) |
| Instruction and Course Design | American College Health Association. Considerations for reopening institutions of higher education in the COVID-19 Era. May 7, 2020.<br><br>CDC. Considerations for institutes of higher education. May 19, 2020.<br><br>Institution of higher education plans (see below) |
| Experiential and Engaged Learning | State of Michigan. MI Safe Start Plan. May 7, 2020.<br><br>University of Nebraska Medical Center, Global Center for Health Security. Higher Education COVID-19 Recovery |

| | |
|---|---|
| | Guide. May 5, 2020.<br><br>Global Michigan. Updates for U-M Travel & Office Campus Educational Activities. |
| Access Controls | American College Health Association. Considerations for reopening institutions of higher education in the COVID-19 Era. May 7, 2020.<br><br>CDC. Considerations for institutes of higher education. May 19, 2020. |
| Social Distancing | American College Health Association. Considerations for reopening institutions of higher education in the COVID-19 Era. May 7, 2020.<br><br>CDC. Considerations for institutes of higher education. May 19, 2020. |
| Sanitation/Hygiene | American College Health Association. Considerations for reopening institutions of higher education in the COVID-19 Era. May 7, 2020.<br><br>CDC. Considerations for institutes of higher education. May 19, 2020.<br><br>UM Environment, Health & Safety COVID-19 Information. |
| Personal Protective Equipment | American College Health Association. Considerations for reopening institutions of higher education in the COVID-19 Era. May 7, 2020.<br><br>CDC. Considerations for institutes of higher education. May 19, 2020. |
| Testing, Monitoring, and Containment | American College Health Association. Considerations for reopening institutions of higher education in the COVID-19 Era. May 7, 2020.<br><br>CDC. Considerations for institutes of higher education. May 19, 2020.<br><br>ITS. Introduction to Student Explorer Resources & Support. May 15, 2020. |
| Inclusion and Equity | CDC. People who need to take extra precautions. May 14, |

| | |
|---|---|
| | 2020. |
| Communications Strategies | Renstrom R. Using social and behavioral sciences to safely reopen campus in the fall. May 17, 2020. |
| **PLANS FOR OTHER INSTITUTIONS OF HIGHER EDUCATION** | |
| Chronicle of Higher Ed list of college plans<br>California State University<br>Notre Dame<br>Purdue University<br>University of South Carolina<br>Vanderbilt University | |

## PLAN TO IMPLEMENT

A working group of key partners should be established in June 2020 to develop detailed plans and protocols for implementing recommendations, prioritizing those that follow state and federal guidance until recommendations are finalized and approved by the appropriate university decision makers.

## COMMUNICATION NEEDS & TIMELINE

Key communications needs include:

- Early communication to registrars, departments, faculty for course planning
- A communications "norming" campaign that is guided by social/behavioral experts (example strategy here)
- Summer communication to students that includes:
    - Educational module summarizing basic information on COVID-19 (symptoms, etc.) and university policies related to COVID-19.
    - Isolation and testing information: students should self-isolate; notification that all students will be tested on move-in day and periodically thereafter; what happens if a positive test result occurs.
    - Importance and benefit of seasonal influenza vaccine and request for immunization record.

- Multiple formats to communicate to students, staff, and faculty:
    - Proper hand hygiene
    - COVID-19 basics: symptoms, recommendations for seeking medical treatment if symptomatic/ill (who to call, etc.), how to get tested, when/how to be removed from the campus environment.
    - Policies regarding restrictions on building access, social distancing, mask-wearing, symptom monitoring, class attendance/accommodations
- Communications for faculty:
    - How to handle situations where students are not following policies (what to do if student is not wearing a mask, or not appropriately social distancing), especially in the classroom settings.
    - What to do if an ill student is in class.
- Information related to wellness activities, how to establish a virtual community within the school communities,  how to seek mental health care.
- Increased communications/programming for academic support.
- A running Frequently Asked Questions list that informs students, staff, and faculty of common concerns

Messaging and training materials should be developed by the end of July for dissemination in August 2020.

## EVALUATION MEASURES

A comprehensive plan to evaluate the effectiveness of the recommendations in this report should be employed. Process measures related to the effective coordination and functioning of the working group team implementing the recommendations should also be considered, such as clarity of roles and responsibilities, effectiveness of response time to remedy challenges and concerns, and whether the stated internal team and external communication plans are working well.

| Recommendation Theme | Evaluation Measures |
|---|---|
| In-residence with hyflex class model: | • Overall enrollment and matriculation<br>• Proportion of classes able to be in-residence<br>• Drop/add, withdrawal from class<br>• Student satisfaction survey in conjunction with |

| | CRLT |
|---|---|
| Access Controls: recommendations mitigating risk of virus transmission in classrooms and educational spaces. | • Assessment of level of compliance with mask wearing at building entry points by intermittent audits<br>• Assessment of level of compliance with common space restrictions within first 2 weeks of semester by intermittent audits<br>• Success in accommodating high risk students |
| Social Distancing: recommendations aimed to ensure safe physical distance among the residence hall populations. | • Reports from instructors whether social distancing requirements are being followed.<br>• Data on student wellness: feelings of isolation, lack of connectedness, number of CAPS visits, other mental health indicators.<br>• Student, staff, faculty perceptions of safety and risk of exposure to COVID-19. |
| Sanitation/Hygiene: recommendations supporting cleaning and disinfecting protocols, as well as hand hygiene standards. | • Extent to which hygiene, cleaning and disinfecting supplies are being used/requested in buildings.<br>• Adherence to stated plans and protocols regarding sanitation and hygiene.<br>• Sufficient availability of supplies to support sanitation and hygiene efforts. |
| Personal Protective Equipment: recommendations supporting EHS guidelines for PPE for staff, as well as cloth face masks for students. | • Sufficient availability of face masks, face shields, cleaning supplies and disposable gloves.<br>• Extent to which face mask guidelines are being followed.<br>• Student perceptions of stigma associated with wearing face masks, particularly during the “scaling back” phase when a subset of the population still needs to wear face masks. |