



The Office of
Governor Ned Lamont

REPORT OF THE HIGHER EDUCATION SUBCOMMITTEE REOPEN CONNECTICUT

May 6, 2020

Executive Summary

Connecticut's colleges and universities play an important role in the State's economy. They provide employment to 45,000 citizens of the state, spend over \$10 billion annually, and educate 190,000 students, many of whom remain in the state and constitute the workforce of the future. Most of these institutions have employed online methods to continue to educate students through the current statewide shutdown, but all look forward to reopening their physical campuses.

The diversity of the state's colleges and universities — from community colleges to major research universities—requires customized plans for reopening; one size will not fit all. We believe, however, with proper guidance from the State, individual institutions can create safe and effective plans for reopening.

We recommend that the Governor, with the help of public health experts, provide a set of “gating conditions,” which, if satisfied, will allow colleges and universities to reopen their campuses. We also recommend that each institution develop reopening plans with four components.

Gating conditions:

1. The prevalence of the disease must be low enough to safely resume campus operations. For nonresidential campuses, as well as science labs, libraries, and many graduate programs, the gating criterion for business and commercial operations should apply. For residential undergraduate programs, public health experts recommend a sustained low and non-increasing rate of new hospitalizations in the state and in the community surrounding each college; this standard should be clearly articulated by the State.
2. The State must ensure that colleges and universities have adequate supplies of viral diagnostic tests and adequate financial support to obtain, administer, and process them. Nonresidential institutions must test symptomatic students, faculty, and staff; residential institutions must also test students upon arrival,

- and at appropriate intervals thereafter in accordance with prevailing public health guidance. The allocation of tests to colleges and universities by the State is an essential pre-requisite for reopening.
3. The State should enable institutions to have adequate capacity for contact tracing.
 4. The State should provide specific public health guidelines for colleges and universities, covering the wearing of facemasks, physical distancing, and the density of dormitories, dining halls, and classrooms.
 5. The State should ensure that adequate supplies of PPE and facemasks will be available to colleges and universities.
 6. Adequate surge capacity must be available in nearby health care facilities and hospitals.
 7. The State should provide a safe harbor from liability for those institutions that undertake the planning efforts we outline in this report.

Reopening plans to be developed by each institution:

1. A plan for *repopulation* of the campus
2. A plan for *monitoring* health conditions to detect infection
3. A plan for *containment* to prevent spread of the disease when detected
4. A plan for *shutdown* in the event it becomes necessary

In formulating these plans, institutions will need to be mindful that the course of the pandemic cannot be confidently predicted. It is entirely possible that even if conditions warranting reopening obtain in June, a new wave of infections after the reopening of businesses might strain hospital capacity by late August. It is also possible that conditions warrant reopening in August but the pandemic worsens in the fall to the extent that the Governor would order a new shutdown. Our best advice is that colleges and universities should be flexible and plan for both contingencies: a full or partial physical reopening and an alternative scenario where teaching and learning continue to take place online.

After a brief overview of the higher education landscape in Connecticut (Section I), this report elaborates on the gating conditions where guidance and assistance from the State is essential (Section II) and the plans that need to be developed by each college and university before reopening (Section III). The report then explains where assistance from the State is needed (Section IV) and closes with a number of ideas and suggestions that the Committee has gathered in the course of its deliberations (Section V).

Introduction

We have been asked to recommend guidelines for the reopening of colleges and universities in Connecticut. These guidelines are also relevant to boarding schools, since they face issues very similar to residential colleges.

We gathered information and best thinking from colleges and universities in Connecticut and around the country, from public health professionals, and from other stakeholders in order to develop options and recommend guidelines to the Reopen Connecticut task force.

Enrollment in Connecticut's higher education institutions is roughly 190,000 by headcount. The state's five public universities, one state college, and twelve community colleges account for 60% of headcount and 55% of FTEs. Connecticut's fifteen independent colleges and universities account for the remaining enrollment. The state has thirty boarding schools with total enrollment of approximately 10,000.

The private universities and colleges have substantial percentages of students in residence on their campus. The community colleges have no residential facilities. The state universities vary from a low of 25% residential at Central Connecticut to 60% at UConn. Some boarding schools are nearly 100% residential, while others have a substantial percentage of day students.

For the purposes of this report, we understand reopening to mean the resumption of activities on physical campuses. Most boarding schools, colleges, and universities have been operating online since the mid-March shut down. Even without physical reopening, most academic programs will continue to operate online in the fall. The sector is not shut down; teaching and learning continues. But physical campuses, apart from essential biomedical research and the provision of health services, are currently shuttered.

Section I: Overview of the Higher Education Landscape in Connecticut

The most striking characteristic of the higher education sector in Connecticut is its heterogeneity. Some institutions offer only two-year associates degrees and vocational certificates. A few offer only four-year undergraduate programs, while a larger number offer both undergraduate and a limited number of graduate programs. Two, the University of Connecticut and Yale, are comprehensive research universities with substantial undergraduate populations and a full range of graduate and professional degrees.

The public health issues involved in reopening vary considerably across academic activities. For example, physical distancing is feasible in science laboratories and research libraries, but infeasible for students in clinical rotations in schools of nursing and medicine. Programs that routinely have lecture courses of 100 students or more may need to put lectures online because they lack sufficient classroom facilities and staff to split large courses into smaller sections. On the other hand, liberal arts colleges and graduate

programs with many classes in the range of 10 to 30 may more readily accommodate physical distancing.

In determining the optimal timing of re-openings, demographic considerations also matter. More affluent students with access to high bandwidth internet services are better able to thrive in an online teaching environment than less affluent students without devices or internet access. Delays in re-opening will particularly disadvantage this latter group.

From a public health standpoint, perhaps the most important differentiator is the degree to which schools are residential in character. Commuter colleges present one kind of risk – namely that people congregate in a central facility and then disperse widely through the surrounding community. But this risk is no different in kind from that presented in reopening businesses. If returning to work is considered safe – given proper observance of physical distancing, mask wearing, hand washing, and disinfection of facilities – the same standards might be applied to nonresidential educational institutions.

Residential colleges and boarding schools present an entirely different and much higher risk – a population (in normal times) sharing bedrooms or suites, bathrooms and dining halls, and living 24/7 on the campus in sustained close contact. Many residential institutions may need to limit the number of students who can return in order to avoid overcrowding living quarters, bathrooms, dining halls and classrooms.

Whether boarding school and college undergraduate populations will observe physical distancing is another matter to consider. Whereas graduate and professional students on residential campuses as well as older students at community colleges have the maturity, we presume, to practice physical distancing, it is not clear that undergraduates and boarding school students can be relied upon to do so. Evidence from one major university on the west coast, as well as the much-publicized behavior of students during spring break in Florida, suggests skepticism about full compliance with behavioral norms.

Another important consideration is who bears the greatest health risk in academic institutions, and in residential institutions in particular. Although the risk of contagion may be high among students, the risk of serious morbidity or mortality in the traditional college age population is very low. The risk of serious illness, however, is much greater for older faculty and student-facing staff, such as dining hall workers, counselors, advisors, and other student services staff.

Finally, state institutions and better-endowed private institutions will bear significant financial losses if they cannot reopen in the fall, or if they open for only a fraction of their students. For less well-endowed private institutions, the financial risks are existential. Just as budget relief for state schools is needed, so too is support for less well-endowed private colleges and universities.

Given the heterogeneity of institutions, we believe that “one size fits all” guidelines for the reopening of higher education are not appropriate. Rather, the Governor should call

on each college and university to develop specific plans for the opening of its own campus. We see the need for four plans to be developed by each institution:

- A plan for *repopulation* of the campus (which will likely be a phased process).
- A plan for *monitoring* health conditions to ensure the detection of infection.
- A plan for *containment* to prevent the spread of the disease if detected.
- A plan for *shutdown* in the event that becomes necessary, either because of a serious outbreak on campus or another statewide order from the Governor.

Thus, there is important work for each college and university to undertake, and many schools have already begun this work. But all institutions are looking to the State for guidance on what we call “gating conditions” for repopulating their campuses. That is, institutions want clarity about what public health preconditions need to be in place before they can go about implementing their specific institutional plans.

In what follows, we discuss the gating conditions that need to be present before institutions can safely bring students back to campus and resume operations. Then we turn to describing the considerations that each institution’s planning should take into account. Next, we suggest interventions that may be needed by the State in order to enable reopening. Finally, we conclude by sharing a number of ideas and suggestions that should help institutions develop and implement their plans.

Section II: Gating Conditions: Prerequisites for Reopening Campuses

After consultation with public health experts, we recommend that *some types of campus operations* – those where physical distancing can be maintained and where adherence to norms governing the use of protective equipment such as facemasks is likely – can be reopened on the same timetable as the first wave of general business operations in the state. These operations would include research laboratories, libraries, and administrative functions.

If the reopening of business activities proceeds smoothly and the prevalence of COVID-19 continues to decline, early opening of some other higher education operations should proceed. For example, community colleges and some other institutions offer workforce development programs that run year-round and typically involve low-density operations in labs, studios, or shops. Moreover, some students were unable to complete courses with lab, studio, shop, or clinical requirements for their degrees this spring, even as they continued their classroom studies online. We believe that they, too, might safely return to college early this summer.

By mid-July, other nonresidential educational programs might be reopened if public health conditions continue to improve. Some graduate programs might also warrant reopening at that time, especially those with very few students living on campus. It might also be possible to run a few pilot summer programs involving undergraduate students in residential settings. Several institutions would be eager to run such pilots, which might

give helpful guidance as to how to manage the density and behavior constraints to be faced in the fall.

By the end of summer, if prevailing health conditions make it possible, undergraduate residential institutions might bring students back in greater numbers.

This recommended timeline for reopening is summarized in Appendix I.

To ensure that this phased reopening is carried out with proper regard to safety, we recommend that the State take the lead in establishing standards and creating conditions that will serve as pre-requisites for resuming in-person teaching and learning on our campuses. We discuss each of these gating conditions in turn.

1. The prevalence of the disease must be low enough to safely resume campus operations.

In consultation with public health experts, the State needs to develop metrics on number of new cases, or the rate of decline, or both that would warrant the return of students to campus. As noted, because the risks of opening nonresidential educational programs, such as those at community colleges, are very similar to those entailed in reopening customer-facing business enterprises, we recommend that nonresidential education be subject to prevalence conditions similar to those governing business and commerce.

Residential education poses higher risk, since students live together in close quarters, eat together, and share bathrooms. Institutions offering residential education will need to develop carefully considered plans to mitigate these difficulties, and many will need to reopen their campuses in stages or in shifts to ensure that overcrowding does not make it impossible to operate safely.

The potential for contagion entailed by gathering young people on a campus is not limited to the students themselves, but extends to the staff and the surrounding community. The State needs to develop measures of prevalence for residential campuses to reopen and announce them soon. In consultation with public health experts, we recommend a sustained low and non-increasing number of new hospitalizations in the state and in the community surrounding each institution. Whatever metric is chosen, it needs to be clearly articulated by the State.

Institutions will need to be mindful that the course of the pandemic cannot be confidently predicted. It is entirely possible that even if conditions warranting reopening are met in June, a new wave of infections after the reopening of business and commerce might strain hospital capacity by late August. It is also possible that conditions warrant reopening at the end of the summer, but the pandemic worsens in the fall to the extent that the Governor would order a new shutdown. Our best advice is that colleges and universities should be flexible and plan for both contingencies: a full or partial physical reopening and an alternative scenario where teaching and learning continue to take place online.

2. The State must ensure that colleges and universities have adequate supplies of viral diagnostic tests and adequate financial support to obtain, administer, and process them.

For residential institutions, this is a critical gating issue, and most, if not all, will not be able to open their campuses without adequate testing. The experts we have consulted believe it is essential to test incoming students for the COVID-19 virus as they arrive on campus, since those testing positive should be isolated. If the test results are not available immediately, then all students should be quarantined in their rooms until the test results are available. This will enable the college or university to know who to isolate for two weeks, and it avoids the potential of broad transmission just as students are returning to campus. Based on the current view of public health experts, we recommend a second round of testing within 7 to 14 days of the first, to detect those who might have registered a false negative result on the first round. This view might change by the fall if testing becomes more accurate. Experts also believe that the close and continued proximity of students on residential campuses requires re-testing throughout the year; the frequency would depend on the underlying infection rate at the time and prevailing public health guidance.

We also recommend that faculty and student-facing staff be tested shortly before residential students return to campus and re-tested periodically as indicated by public health guidance. This would be done not only to protect faculty and staff from infecting one another, but also to prevent them from infecting students, among whom contagion is likely to spread more rapidly. Again, this recommendation should be reassessed in the light of emerging public health understanding over the next few months.

Nonresidential institutions, like local businesses, would not require initial testing of all students, faculty and student-facing staff. As the semester proceeds both residential and nonresidential campuses will need to ensure that symptomatic students, faculty, and staff and their contacts are tested as cases arises.

All this requires a major commitment of tests. If all residential colleges and boarding schools reopen in the fall, we estimate that between 200,000 and 300,000 tests will be needed in late August/early September, with additional quantities needed over the course of the fall semester, as determined by public health guidance. The State needs to ensure that such supplies are available to campuses, and that provision for test administration and processing is in place. This could impose a considerable burden on institutions, especially tuition-dependent private colleges and universities, that are already coping with substantial incremental costs and revenue shortfalls arising from the pandemic. We recommend that the State identify funding to pay for these tests since they are *sine qua non* for reopening this important sector of the economy.

Given the importance of higher education in our economy, the characteristics of collegiate residential living, and the relatively high vulnerability to contagion, we suggest that after first responders, health care workers, and nursing homes, higher education should have priority when tests are allocated.

3. The State should enable institutions to have adequate capacity for contact tracing.

Colleges and university will need to have the capacity to trace the contacts of those testing positive for infection and be authorized to do so. This requires training enough people on campus to serve as contact tracers. The State should authorize colleges and universities to train available staff and students to undertake contact tracing, since even with recently authorized increases in Department of Public Health staff, institutions will need their own “surge capacity” to undertake contact tracing for an outbreak on campus. Excellent online training courses will soon be available.

Relying on an infected student’s memory may be necessary, but it is challenging because of the large number of contacts each student has during a given day. The numerous mobile phone apps currently under development may provide a useful supplement to the traditional approach.

4. The State should provide specific public health guidelines for colleges and universities, covering the wearing of facemasks, physical distancing, and the density of dormitories, dining halls, and classrooms.

Our subcommittee has consulted the health experts working with the Governor, and we are pleased that public health guidelines for colleges and universities are now being issued. They are included in this report as Appendix II. Colleges and universities may, of course, wish to enforce stricter rules than those recommended. We recognize that public health guidance may change as circumstances warrant.

The guidelines permit colleges and universities to treat roommates or suitemates as a family unit, thus allowing more than one occupant per dormitory room. They proceed to define limits on the density of classrooms and dining halls, based upon a consistent standard of preserving six feet of physical distancing. Given this standard, the public health experts do not think it necessary to impose a separate group size limitation, since the spacing constraint of six feet will automatically prevent excessive contact. Guidelines for the use and cleaning of bathrooms are still to be developed. They may potential constrain the numbers assignable to some residence halls.

5. The State should ensure that adequate supplies of PPE and facemasks will be available to colleges and universities.

With input from the colleges and universities, the State should determine the quantities of PPE needed by campus health care facilities as well as nearby hospitals, and ensure that sufficient supplies will be available to them. If facemasks are required in general use, the State should ensure that there are sufficient supplies available for faculty, staff, and students. When institutions closed in March, many donated their PPE and facemasks to health care providers and first responders, so inventories will need to be replenished from very low levels.

6. Adequate surge capacity should be available in nearby health care facilities and hospitals.

State health officials should work with each campus to review whether adequate surge capacity exists to handle a campus outbreak.

7. The State should offer an appropriate “safe harbor” from liability for those institutions that bring students back to campus.

It is inevitable that some students will contract COVID-19, despite the prudent precautions undertaken by their colleges and universities. No institution can seriously consider opening its campus if it faces the threat of lawsuits by students who become infected. For those colleges and universities that complete the four plans we specify for reopening and file their reports with the Connecticut Department of Public Health, an Executive Order (or legislation, if required) should offer immunity from claims based on an allegation that the individual contracted COVID-19 during the 2020-21 academic year. Such an Executive Order would provide a safe harbor for those institutions that work conscientiously to prepare and execute the plans called for in this report. Language to accomplish this result is included in the Section IV.

Section III: Considerations in the Development of Campus Reopening Plans

The heterogeneity of boarding schools, colleges, and universities in the state, and the different public health risks associated with different types of programs, suggest that reopening dates and operating protocols will for good reason differ both within and across institutions. Therefore, we recommend that the state not attempt to regulate uniformity of behavior; boarding schools and institutions of higher education should be free to develop their own plans for reopening and operating for the duration of the current pandemic. Each institution must have a plan for *repopulation* of the campus, a plan for *monitoring* health conditions to ensure detection of infection, a plan for *containment* to prevent spreading of the disease if infection is detected, and a plan for *shut down* if infection cannot be contained.

In what follows, we suggest considerations relevant to the development of each of these four types of plans.

Repopulation

- Because the risk of transmission on a residential campus is so high, residential institutions should test all students, faculty, and student-facing staff for infection on arrival, and isolate for 14 days those testing positive.

- Residential institutions should test all students, faculty, and student-facing staff 7 to 14 days after arrival, to insure against false negatives on the first test. This recommendation may be modified if public health guidance changes.
- Residential campuses should consider whether ample capacity to isolate infected students and quarantine close contacts is available, either by reserving dormitories on campus or making arrangements with nearby hotels. Campuses should have a plan for providing food to isolated students.
- Given the need for testing and potential isolation of students upon return, institutions should consider whether to repopulate in stages, over several days or weeks.
- Nonresidential institutions, where the risks are similar to those of local businesses, will not need to test students, faculty, and student-facing staff upon reopening.
- Given the need for physical distancing, all institutions should determine whether they have adequate classroom capacity to handle a fully repopulated campus. On residential campuses, where many bedrooms are shared under normal conditions, institutions wishing to provide students with single-occupancy bedrooms will face constraints on the size of the student population.
- Colleges and universities facing capacity constraints will need to decide which subsets of their student populations to bring back to campus in the fall. Many schools are planning online instruction for students remaining at home.
- International students are unlikely to return in full strength in the fall because of travel restrictions and visa processing delays. This may ease the pressure on classroom and living space on campuses, but it also highlights the need to consider whether to offer online instruction to students who cannot return.
- Some students, domestic as well as foreign, may opt to stay at home even if campuses open. Institutions should consider whether to offer online instruction to these students as well.
- Institutions with graduate and professional programs might consider opening them before opening to undergraduates, since the number of students is typically smaller than undergraduate programs, most students live off campus, and more mature students are more likely to observe physical distancing.
- Students with immune deficiencies or other preexisting conditions might be offered online learning options.
- Faculty with higher likelihood of serious illness from infection (for example, those with compromised immune systems and those over 65) might be asked, or might wish to, teach remotely.
- Student-facing staff with higher likelihood of serious illness from infection might be asked to take on other duties.
- Colleges and universities should consider whether to adopt measures to reduce social contact, even if physical distancing is no longer mandated in the state at the time campuses reopen. For residential campuses, such measures might include closing campuses to visitors and outside speakers, limiting students going off campus, and reimagining dining services (such as more grab-and-go).
- Colleges should suspend extracurricular programs where physical distancing cannot be met.

- Re-populating the campus requires public health guidelines on cleaning regimes, especially in residence halls. We expect that the standards for restaurants will offer guidance to college and university dining halls, but the institutions will need clarification of cleaning standards for classrooms, residences, and particularly residential bathrooms.

Monitoring

- Each institution needs to determine how to monitor the health of students, faculty, and staff.
- Residential campuses should test students at appropriate intervals throughout the academic year, in accordance with public health guidance. Should an effective saliva-based test be developed, the ease and cost of testing should improve considerably, but many institutions will continue to need state support.
- Colleges and universities should consider whether faculty and staff with high exposure to students should be monitored with periodic testing.
- If and when serology tests are deemed reliable and it is determined that antibodies confer immunity, institutions should consider using them to determine which students are immune and no longer need to be considered vulnerable. For example, such students might be exempted from living in single rooms if the institution has adopted that housing scheme.
- Public health experts currently recommend against daily temperature checks, because many of those infected do not register elevated temperatures. That advice may change.
- Every college and university should appoint a COVID-19 Coordinator. Campus Coordinators around the state should convene by videoconference at least once a week throughout the fall semester (and beyond if needed) to share developments on their campuses. A common “dashboard” should be developed this summer so that all institutions can report a daily census of such items as new positive cases, hospitalizations, and discharges, and see graphical displays of the history of daily reports. No personally identifiable health information should be included, but this regular pulse information will allow campuses to assess in real time any upticks in transmission and learn from their peers.

Containment

- When infection is detected, institutions should isolate the infected student for 14 days, trace contacts, quarantine all roommates and suitemates, and consider quarantining others with close contact.
- Adequate space and meal service protocols to accommodate isolation should be identified in advance.
- Residential colleges should have plans to monitor and provide medical care to infected students who test positive and are isolated. Although most cases are likely to be mild, given the age of the students, there can be rapid deterioration. Daily video calls with a nurse while isolated would be one method of monitoring.
- Institutions should consider having protocols for restricting social contact and mobility when limited infection occurs. For example, on “yellow flag” days stricter

physical distancing and group size limits might be enforced, and on “red flag” days, students in residential colleges might be required to have their mobility more drastically limited (no live classes, no leaving rooms except to retrieve grab-and-go meals).

Shutdown

- Campuses should consider in advance the circumstances that might warrant closing the campus, and have a plan for an orderly shutdown.
- Shutdown may come from a statewide order, or result from an outbreak on campus. If there is an outbreak on campus and not in the surrounding region or state, colleges and universities will need to consult with public health experts to determine whether it is advisable for students to return home. Different treatment of local students and those who need to travel to other states or countries may be warranted.

Section IV. Recommendations for action by the State Government

We have identified a number of areas where the State’s assistance will contribute importantly to the safe reopening of Connecticut’s colleges and universities. We summarize them below.

1. We recommend that the Governor issue an Executive Order to provide immunity for colleges and universities from lawsuits alleging damages from contracting COVID-19. (Suggested language below)

“No claim for damages resulting from the contraction of COVID-19 shall be made against a public entity, a religious institution or a corporation that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, on condition that such public entity, religious institution or tax-exempt corporation substantially complies with Executive Order [number] and with any applicable statutes, regulations, guidance, policies or protocols for the prevention of the transmission of COVID-19 issued by the state of Connecticut, or any superseding federal statutes, regulations, guidance, policies or protocols. Such bar to claims for damages shall extend only to claims based on an allegation that the claimant contracted COVID-19 during the one-year period immediately following the issuance of Executive Order [number].”

2. The flexibility afforded this spring by the Office of Higher Education to private, non-profit institutions as they shifted to online education should be extended for the next academic year. Change in the mode of delivery should be treated as a program modification, not a new program, during this period.

3. The Governor should enlist the other six regional Governors to call upon accrediting agencies to continue to allow flexibility for higher education institutions to offer online learning without specific approval.
4. We recommend creation of a working group to examine how accreditation requirements and state regulations can be relaxed to ensure that students in health sciences programs requiring clinical training can continue to progress to graduation despite disruptions caused by COVID-19. In particular, the state's pressing needs for nurses calls for specific concerted action as noted below in order to maintain the clinical training progression to graduation in May 2021 for 600 Advanced Practice Registered Nurses (APRN) studying in Connecticut:
 - a. The 7-state coalition of Governors should request that the Commission on Collegiate Nursing Education (CCNE) and related certifying bodies allow schools of nursing temporarily to substitute up to 1/3 of the traditional face-to-face clinical hours for simulation teaching technology in the APRN curriculum
 - b. The State should ensure that primary care and other health agencies will have dedicated PPE supplies for students and preceptors being trained in schools of nursing;
 - c. The State should ensure that healthcare agencies and practices at which APRN students are completing clinical practice hours can bill for and receive reimbursement for APRN student-delivered services on par with current tele-health reimbursement guidelines, and waive the requirement for synchronous supervision of APRN students during tele-health if the delivery platform does not allow for two providers to be present.
 - d. The State should consider providing an incentive, such as HB 5014 "An Act Establishing a Tax Credit for Providers of Clinical Nursing Experiences" to all preceptors, which is by far more financially beneficial than a stipend that often does not go directly to the preceptor. This would be a relatively small but powerful state investment and especially critical during this pandemic crisis.
5. The State Department of Education should make needed accommodations if students cannot undertake field experiences, student teaching, and internships, or meet licensure requirements that are core to their academic programs and degree completion.
6. The Governor should continue the Executive Order that enables Connecticut colleges and universities to provide for reciprocity of licenses for all Health Care Professionals who treat students. This would enable out-of-state students at Connecticut colleges and universities who must pursue their studies from home to access college-based health care services in Connecticut, including mental health services, remotely via tele-health.
7. The State Department of Public Health needs to make amendments to its regulations so that (i) college and university staff and students can be trained to undertake contact tracing for their student populations and (ii) students in health care fields can be trained to augment the public health staff and be granted credit for this work as part of their clinical practice requirement.

The state should also affirm that contact tracing conducted by trained volunteers falls within the HIPAA exemption. Furthermore, the state should amend Executive Order 7U to include volunteers performing contract tracing in the immunity waiver for health care providers. Finally, the Department of Public Health should also work with colleges and universities on protocols for sharing data collected through contact tracing.

8. When colleges and universities reopen in the fall, the State will need to provide alternative housing for first responders in the event of another outbreak of the pandemic. This spring, many institutions used their dormitories to provide housing for first responders.

Section V: Ideas and Suggestions for Institutional Planning

We gathered many useful ideas and suggestions from academic leaders in Connecticut and around the country. A selection follows.

Unions are essential partners in reopening Connecticut's colleges and universities.

Union leadership should be included as the plans are being developed. The health and welfare of union colleagues, just like that of students, faculty and other staff, should be a key ingredient in the plans that are developed.

Institutions are re-thinking the fall academic calendar.

Most institutions are developing multiple scenarios for a phased reopening.

To decrease density on campus, schools that have mainly commuter students may elongate the teaching day or move to six or seven day schedules.

One suggestion is to organize the semester into two halves with assessments given at the mid-point, and with a half credit given for course. In this regime, students who become ill might still get credit for a half semester's work. If a faculty member becomes ill, disruption would be reduced.

Some institutions are thinking of offering all undergraduate classes online for the fall semester, and open classes on campus only to graduate and professional students.

Some institutions are thinking of having the first half of the fall semester be online and determining at the end of September if the second half can be held on campus. Others are considering starting the fall semester in October.

Some are thinking of compressing the fall calendar on residential campuses so that students leave at Thanksgiving and do not return until the new year. This eliminates students traveling for both Thanksgiving and the Christmas recess, which could be especially advisable for institutions with many students from out-of-state. Some

institutions are planning to add 10 minutes or more to each class or to pursue a six-day teaching schedule to compress teaching into the shorter calendar.

Another idea is to consider a compressed calendar for graduate/professional programs that are continuous without a major summer holiday in order to reduce the time to degree.

Some institutions are considering using the late summer to offer remedial education courses for students who need them. There may be increased need since some high school seniors may not have had access to effective online instruction this spring.

Various phase-in plans for repopulating campuses are under study.

Institutions around the country are thinking of sequencing the return of students to campus. A number of universities are thinking that the first group of students to return would be graduate and professional students who are generally older and thus may be more prepared to practice physical distancing. Also, many of these programs are non-residential and thus avoid the challenges of residential spaces.

Residential institutions are thinking about the phased arrival of undergraduates, since physical distancing requirements and possible reduction in bed capacity are likely to require choosing whom to accommodate. For example, some universities might prioritize the return of students who need science laboratories; others will first accommodate those who do not have stable alternatives at home. Some are thinking that seniors, who may have more maturity for physical distancing, might be good candidates for the first wave of students to return to campus.

Some universities and colleges intending to have undergraduates on campus are considering a rolling move in period over a few days or weeks so that fewer individuals re-enter at one time. Others are considering limiting the number of family members and friends who can accompany a matriculating student, and limiting their time and engagement on campus.

Staffing configurations for teaching will be creative.

Faculty in vulnerable populations (those with compromised immune systems or over the age of 65) may wish to teach remotely.

For courses where a faculty member is teaching remotely, some residential institutions are considering having students come to a classroom –with appropriate physical distancing—and have the faculty member projected onto a screen in the room. This might create a greater sense of community than having students participate from their rooms.

Many institutions will have to cap the size of lecture classes to accommodate physical distancing, break them into multiple sections, or teach them remotely.

Some professional schools are reorganizing the curriculum so that clinical experiences are pushed out into future semesters and classes ordinarily taken in a classroom in a subsequent semester are accelerated into this fall. For example, one graduate school of music will concentrate history and theory classes in the fall and resume performance courses in the spring.

Enhanced professional development for faculty in online teaching is needed.

When the State closed this spring, faculty had little time to learn best practices for online teaching. Since online instruction may be the primary form of pedagogy in some instances and the default mechanism in the event of a second wave of infection, this summer offers an opportunity for institutions to assess the success of the online courses offered this spring and to provide instruction for faculty to improve their skills for online teaching.

Extracurricular activities and athletics.

We expect that the NCAA or individual conferences will soon make decisions about varsity sports for the fall. Many extracurricular events (e.g., debating clubs, student newspapers, Model UN) might be pursued virtually or with social distancing.

Limiting visitors to campus.

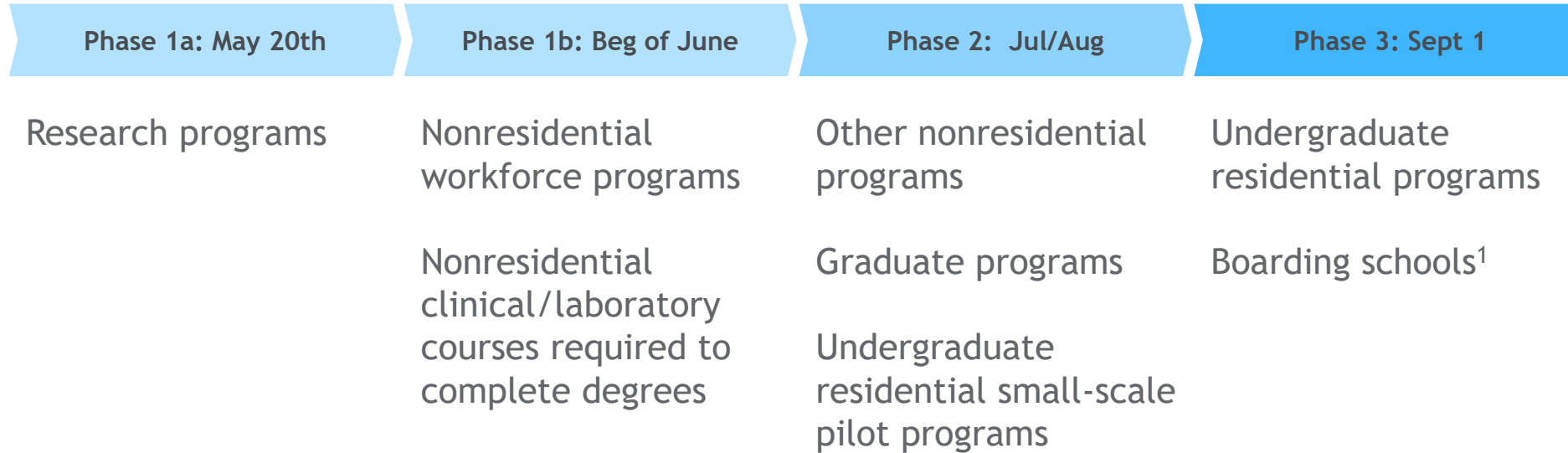
Some institutions have already cancelled visiting professors, speakers, and performances for the fall. In addition, it is likely that others will convert programs that bring individuals to campus to an online format, such as student admissions tours and alumni reunions. State universities may want to consider limiting the time, place and manner of admitting visitors, and private universities may want to prohibit visitors more generally as an effort to limit the transmission of the virus.

Submitted by the members of the Higher Education Subcommittee of the Reopen CT Task Force:

- *Richard Levin (co-chair), President Emeritus, Yale University*
- *Linda Koch Lorimer (co-chair), former Vice President, Yale University, and former chair of the Association of American Colleges and Universities*
- *Steven Kaplan, President, University of New Haven*
- *Alice Pritchard, Chief of Staff, Connecticut State Colleges and Universities*
- *Rachel Rubin, Chief of Staff, University of Connecticut*
- *Jennifer Widness, President, Connecticut Conference of Independent Colleges*
- *Invited participant: Richard Branson, Executive Director, Connecticut Association of Independent Schools*

Timeline for Reopening Colleges and Universities in Connecticut

Earliest dates shown for each phase; institutions may open any time thereafter
 Exact timing will depend on meeting public health criteria



1. While part of K12, boarding schools have same characteristics as residential colleges

Source: Report of the Subcommittee on Higher Education, Reopen Connecticut, May 6, 2020.

Public Health Guidance for Colleges and Universities in Connecticut

Each specific guidance will be in force until relaxed by the State
Institutions may choose to impose stricter guidelines

Guidance Element

Specific Guidance

Social distancing

- 6 feet of separation whenever possible

Density of classrooms, dining halls, and other areas where groups congregate

- 6 feet of separation whenever possible

Density of dormitories

- Roommates and suitemates treated as a family unit. 6-foot spacing preserved with other dorm occupants.
- {Density of bathroom use TBD}
- Students with pre-existing health conditions should be assigned to single-occupancy rooms

Personal protective equipment

- All faculty, staff and students should wear masks

Disinfection

- Hand sanitizer available at entrances to all buildings, classrooms, and dining halls
- Disposable wipes available in all bathrooms, classrooms, and other shared facilities (e.g. copy machines, coffee stations, etc.) for wiping down surfaces touched before and after every use
- Frequent hand-washing and frequent deep cleaning of bathrooms and other high touch areas

Travel

- Avoid unnecessary travel domestically and internationally

Faculty/staff work from home

- Whenever possible

Faculty/staff advised to stay home

- Initially, those 65 and over and/or those with high risk factors

Screening

- Faculty, staff, and students should monitor their own symptoms and report them to health care providers