Reopening Utah's Colleges and Universities

Prepared by the USHE COVID-19 Higher Education Task Force

Executive Summary

Utah’s public colleges and universities contribute to the vibrancy and stability of their communities in ways big and small. Their impact is vast, and their missions set the foundation for individual and community prosperity. They employ their neighbors, incubate new businesses, conduct cutting-edge research, and elevate the quality of life for their graduates, communities, and the state as a whole.

Utah’s public higher education institutions employ 23,000 Utahns full-time and spend over $5 billion annually to serve their local communities. They educate 230,000 students—most of whom remain in the state and constitute Utah’s workforce of the future. Most importantly, eight out of ten high school graduates attend Utah’s public colleges and universities, making them a driving force of the state’s economy.

The COVID-19 pandemic has disrupted and challenged higher education institutions and their communities to a significant degree. Always putting the safety of their campus communities first, in March 2020, Utah’s public institutions worked around the clock to transition to remote learning, set up telecommuting for their employees, and ensure the safety of their faculty, staff, students, and neighbors. While some operations have been ongoing—libraries, IT, etc.—most have moved remotely, and large-scale events and ceremonies have been canceled or rescheduled.

All colleges and universities look forward to restarting operations on their physical campuses as health and safety guidelines allow. With proper guidance from the State of Utah, each institution will create an individualized, safe, and effective plan for reopening.

In collaboration with state and local leaders, public health departments, and education experts, the Utah System of Higher Education proposes the following set of “gating conditions” to define a path allowing colleges and universities to bring students back onto physical campus settings and resume many campus operations for the fall 2020 semester:
1. **Disease Prevalence.** 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 criteria for business and commercial operations should apply. For residential undergraduate programs, public health officials recommend a sustained low and non-increasing rate of new hospitalizations in the state and in the local health districts surrounding each college.

2. **Diagnostic Testing Supplies.** Higher education leaders must work with state leaders to ensure that colleges and universities have adequate supplies of diagnostic tests and adequate financial support to obtain, administer, and process them. Nonresidential institutions should be able to test symptomatic students, faculty, and staff. Residential institutions should also be able to test students upon arrival and at appropriate intervals thereafter in accordance with prevailing public health guidance.

3. **Contact Tracing.** Higher education leaders must obtain adequate resources and capacity for contact tracing to supplement local public health departments with on-campus efforts.

4. **Higher Education-Specific Health Guidelines.** Colleges and universities should follow Utah’s specific public health guidelines for colleges and universities, including face coverings, physical distancing, and population densities of residence halls, dining facilities, and classrooms.

5. **Adequate PPE Supplies.** Adequate supplies of personal protective equipment and face coverings must be available to public colleges and universities.

6. **Healthcare Surge Capacity.** Adequate surge capacity must be available in nearby health care facilities and hospitals.

7. **Liability Protection.** Utah has adopted an appropriate “safe harbor” from liability for those institutions that bring students back to campus and take reasonable steps to comply with state guidelines and complete the planning efforts outlined in this report.

8. **Institution Plan.** Incorporating the guidance provided by the [Utah Leads Together plan](https://utah.gov/utah-leads-together) and state and Centers for Disease Control and Prevention guidance specific to higher education, each institution must develop a plan for onsite operations that includes the following four elements:
   a. A plan for repopulating the campus (likely a phased process).
   b. A plan for active monitoring of health conditions to ensure the detection of infection.
   c. A plan for containing and preventing the spread of the disease if detected.
d. A plan for shutting down operations in the event it becomes necessary, either because of a serious outbreak on campus or statewide orders from the Governor.

In formulating these plans, institutions are mindful that the course of the pandemic cannot be confidently predicted. Colleges and universities should consider their entire campus community, be flexible, and plan for contingencies to include full or partial physical reopening and alternative scenarios where teaching and learning continue to take place via remote or hybrid delivery.

**Higher Education Landscape in Utah**

Enrollment in Utah’s public higher education institutions, including technical colleges, is roughly 230,000 by headcount. Institutions that offer four-year degrees and above comprise 84% of Utah’s higher education enrollments. Utah’s public research universities have significant on-campus residential housing as do several other institutions, albeit in smaller numbers.

The most striking characteristic of the public higher education system in Utah is its heterogeneity. There are eight technical colleges, two comprehensive community colleges, four regional universities, and two research universities, all with unique roles and missions. Six institutions offer, at varying levels, on-campus housing and are considered “residential institutions.”

In large part, colleges and universities have been operating remotely since the mid-March transition to remote delivery of instruction. This delivery modality is not a shut down, as teaching and learning has continued along with student support services and administrative operations. Activity on the physical campuses of USHE institutions has been significantly reduced. For purposes of this report, the term “reopening” means the resumption of onsite activities on physical campuses.

Reopening campuses involves public health issues that vary widely across institutions and associated activities. Resolving such issues should be aligned as much as practicable to state and local public health guidelines. For example, physical distancing may be feasible in science laboratories and research libraries, but impractical for students in clinical rotations in schools of nursing and medicine. Similarly, physical distancing of six feet may be feasible in undergraduate and most graduate course instruction with small class sizes, but impractical in lecture courses of 100 students due to insufficient classroom space and not enough faculty to split large courses.
into smaller sections. In such instances, alternatives such as remote delivery of instruction and/or other innovative solutions should be deployed. Similarly, physical distancing guidelines should be considered for faculty and staff workspaces.

In determining the optimal timing of reopening, demographic and geographic considerations also matter. For example, students with access to high bandwidth internet services are better able to thrive in a remotely-delivered (e.g. online) teaching environment than students without devices or internet access. Delays in physical reopening will particularly disadvantage this latter group.

From a public health standpoint, perhaps the most significant 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. This risk is not wholly unlike that presented in reopening businesses. If returning to work is considered safe—given proper observance of physical distancing, wearing face coverings, hand washing, and disinfection of facilities—the same standards might be applied to nonresidential educational institutions.

Residential colleges and universities present a 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. Residential institutions may need to limit the number of students who can return to residence halls and surrounding private residences (under contract by the institution) in order to avoid overcrowding living quarters, bathrooms, dining halls, and classrooms.

Whether student populations will observe physical distancing is another matter to consider. It is not clear that younger undergraduates and on-campus Concurrent Enrollment students can be relied upon to consistently practice appropriate social distancing. The anecdotal evidence to date suggests a skeptical approach about full compliance with behavioral norms, particularly with a population of individuals who are naturally inclined and, under normal circumstances, are encouraged to socially interact with one another.

Another important consideration is who bears the greatest health risk in academic institutions and 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 faculty and student-facing staff, such as dining hall workers, counselors, and advisors.
Given the diversity of institutions, “one size fits all” guidelines for the reopening of higher education are not feasible. Rather, the Utah System of Higher Education calls on each public college and university to develop specific plans for opening fall semester that include the following four elements to ensure academic continuity:

1. A plan for repopulating the campus (likely a phased process).
2. A plan for active monitoring of health conditions to ensure the detection of infection.
3. A plan for containing and preventing the spread of the disease if detected.
4. A plan for shutting down operations in the event it becomes necessary, either because of a serious outbreak on campus or statewide orders from the Governor.

Many institutions have already begun this work, and much work lies ahead. However, all institutions are looking to the State of Utah for “gating conditions” to guide their localized plans. That is, institutions are seeking clarity about what public health preconditions need to be in place before implementing their specific institutional plans.

To guide its institutions, the Utah System of Higher Education is providing this document as a roadmap to reopening. This guidance reflects emerging best practices within higher education and is informed by guidance from the CDC and the State of Utah. This roadmap begins with a discussion of the gating conditions that need to be present before institutions can resume onsite operations and physically bring students back to campus. Included are considerations each institution’s planning committee should take into account. Next, the USHE roadmap describes suggested interventions and support the state and local health authorities may need to provide to enable implementation of these plans. Finally, this roadmap provides ideas and suggestions to help institutions develop and implement their plans.

Gating Criteria: Preconditions to allow students to return to campus and to resume onsite campus operations

Some campus operations—those where physical distancing can be maintained and where adherence to updated recommendations around protective equipment such as face coverings is likely—should be reopened generally on the same timetable as general business operations and in accordance with local public health authority guidance and institution readiness. These operations may include research laboratories, libraries, and administrative functions.
If the reopening of business-like activities proceeds smoothly and the prevalence of COVID-19 continues to decline, institutions may open other operations in the coming weeks. For example, technical and community colleges, and some dual-mission 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 in the spring 2020 semester, even as they continued their classroom studies remotely. They, too, might safely return to campus in the near-term.

Second, nonresidential educational programs might be reopened if public health conditions continue to improve. Some graduate programs may reopen, especially those with very few students living on campus. Also, it may be possible to run select summer pilot 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.

Finally, if prevailing health conditions make it possible, residential institutions would bring students back at full capacity by the start of fall semester.

To ensure this phased reopening is carried out with proper regard to safety, below are preconditions for resuming in-person teaching and learning on campuses:

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

   In consultation with state and local public health experts, institutions must use reliable metrics to properly inform their decision to resume full onsite operations which may have been limited or remote due to COVID-19, including face-to-face course delivery and on-campus housing. Because the risks of opening nonresidential educational programs are similar to those entailed in reopening customer-facing businesses, nonresidential education is likely subject to prevalence conditions similar to those governing business and commerce.

   Residential on-campus education may pose a higher risk, since students live together in close quarters, eat together, and share sanitation facilities. Institutions offering residential education must develop plans to mitigate these circumstances. Mitigations may include reopening housing in stages or shifts to ensure overcrowding does not impede the ability to operate safely.
The potential for a virus to spread by repopulating a campus is not limited to the students themselves: it extends to faculty, staff, and the surrounding community. State and local health authorities should define and articulate the metrics of prevalence to guide institutions in implementing needed mitigations.

Colleges and universities should be flexible and plan for contingencies where teaching and learning continue to take place via remote or hybrid delivery of instruction and include scenarios for full or partial physical reopening.

2. Higher education leaders should work with the State of Utah to prioritize necessary testing capacity to colleges and universities, especially those with residential housing.

For residential institutions, access to diagnostic testing is critical to confidently return to normal campus operations. This includes testing capacity (with results) to test (or at minimum, sample) incoming students, and additional testing capacity to monitor local outbreaks or other urgent circumstances. Such aggressive testing is critical to successfully implement necessary quarantining, contact tracing, and other subsequent steps in mitigating an outbreak. Prioritized testing will enable the college or university to accurately identify who should self-isolate, and avoids the potential of broad transmission at a heightened time of potential contagion as students return to campus. Additional retesting should occur throughout the academic year, both to mitigate false negatives and keep data current.

Testing for faculty and student-facing staff should also be considered before residential students return to campus and, along with students, retesting periodically in accordance with public health guidance. This not only protects faculty and staff but also prevents them from infecting students, among whom contagion is likely to spread more rapidly. This recommendation should be reassessed in light of updated public health understanding over the coming months.

Some higher education institutions have health care clinics on campus that are or could be approved to administer COVID-19 diagnostic testing. Other institutions will partner with their local health care provider but will need access to tests designated for use by the institution as part of its monitoring and containment efforts. Additionally, local health authorities and institutions should seek contractual relationships to share testing information.

Nonresidential institutions, like local businesses, may not require initial testing of all students, faculty, and student-facing staff. However, as the semester proceeds, both residential and
nonresidential campuses will need to ensure that symptomatic students, faculty, staff, and their contacts have adequate access to testing as cases arise.

This critical gating condition requires a major commitment of testing resources. All institutions should include in their individual plans the projected tests likely needed to expand capacity in late August/early September 2020, with additional quantities needed over the course of the fall semester aligned with public health guidance. Higher education leaders must work with the State of Utah to ensure that such supplies are available to campuses and that provisions for test administration and processing are in place. This could impose a considerable financial burden on institutions and local health providers that are already coping with substantial costs and revenue shortfalls due to the pandemic.

3. Higher education leaders must work with the State of Utah to ensure institutions have adequate resources and capacity for contact tracing.

Colleges and universities will need necessary capacity and authorization to trace the contacts of those testing positive for COVID-19, specifically related to on-campus contacts. This requires training enough individuals—presumably drawn partially from on-campus personnel—to serve as contact tracers. The State of Utah should authorize colleges and universities to train available staff and students to undertake contact tracing to handle the inevitable outbreak on campuses. Institutions, alongside private partners, have embarked on developing this capacity with excellent online training courses and technologies that will be available in the coming weeks. Institutions employees and students are also encouraged to use state-based resources like the Healthy Together mobile app to help contain the spread of COVID19.

4. Colleges and universities should adopt Utah’s public health guidelines, including wearing face coverings, physical distancing, and density restrictions for residence halls, dining facilities, and classrooms.

The guidelines should permit colleges and universities to treat roommates or suitemates as a household unit, thus allowing more than one occupant per dormitory room. They should proceed to define limits on the density of classrooms and dining facilities, based upon a consistent standard of physical distancing.

Colleges and universities may wish to encourage or enforce stricter rules than those recommended. Local and state public health guidance may change as circumstances warrant.
5. **Adequate supplies of personal protective equipment and face coverings must be available to public colleges and universities.**

Higher education leaders should work with the State of Utah to determine and supply the necessary quantities of PPE needed by any campus health care functions. If an institution decides face coverings, hand sanitizer, and other necessary items are required in general use, it must be ensured that there are sufficient supplies available for faculty, staff, and students.

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

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

7. **Utah has adopted an appropriate “safe harbor” from liability for those institutions that bring students back to campus.**

It is possible that some students will contract COVID-19, despite the prudent precautions undertaken by Utah’s public colleges and universities. Thanks to recent legislative action, provisions exist to shield institutions—which have taken reasonable steps to comply with state guidelines and complete the planning efforts outlined in this report—from undue liability.

8. **Higher education leaders should develop localized, actionable campus plans.**

Given the distinct missions, roles, and needs of colleges and universities—along with varying regional public health risks—timelines and implementation protocols will differ both within and across institutions. Therefore, USHE recommends that state and local public health officials do not attempt to regulate uniformity of behavior among higher education institutions. Each institution should be free to develop their own plans for reopening its campus to students and employees and determine how to continue its operations for the duration of the pandemic.

However, each institution must have a plan, incorporating guidance provided by the [Utah Leads Together plan](#) and state and CDC guidance specific to higher education, to coordinate institutional activities with local and state public health officials to ensure academic continuity. That plan should include:

1. A plan for repopulating the campus (likely a phased process).
2. A plan for active monitoring of health conditions to ensure the detection of infection.
3. A plan for containing and preventing the spread of the disease if detected.
4. A plan for shutting down operations in the event it becomes necessary, either because of a serious outbreak on campus or statewide orders from the Governor.