



COLORADO

Department of
Higher Education



Planning for Return to Campus During COVID-19

Considerations and Recommendations

A Bridge to the Next Normal

Contents

- 1. Introduction**
 - a. Principles Behind this Guidance
 - b. What We Don't Know/What We Know
 - c. Planning Assumptions & Framework

- 2. Preparing for Fall**
 - a. Decision-making regarding fall classes
 - b. Overall Considerations
 - c. Overall Recommendations
 - d. Facility Recommendations

- 3. Instruction/Classrooms**

- 4. Faculty and Staff**

- 5. Student Life**
 - a. Residence Halls
 - b. Dining
 - c. Student Services
 - d. Athletics
 - e. Recreation Programs Activities

- 6. Communications**

- 7. Travel**

- 8. Communities**

- 9. Student Health**
 - a. Testing for COVID-19
 - b. Confirmed Case of COVID-19

- 10. Student and Faculty Mental Health**
 - a. Students
 - b. Faculty and Staff

- 11. Other Information**



Introduction

This guidance is primarily for public and private residential and community colleges as they plan for the traditional fall school year start; however, all postsecondary institutions should be familiar with the guidance and sections that directly apply to them.

This guidance is advisory in nature; its purpose is to provide clarity and recommendations for Colorado postsecondary institutions, taking into account state and local orders in effect as of the date of the issuance of this guidance as well as Centers for Disease Control (CDC) recommendations and best practices from national and state organizations. Institutions should at a minimum consult the CDC's "Considerations for Institutions of Higher Education" [here](#). See "Other Information" at the end of this guidance for further helpful links.

Postsecondary institutions must comply with all relevant federal, state and public health orders; county orders; and other applicable orders.

This guidance will be updated as new information, orders or guidance documents are issued by the state.

Principles Behind this guidance

- The physical and mental health and safety of students, faculty and staff is at the center of all decisions.
- Institution policies and guidance can be more restrictive, but at minimum meet local, state and federal (if relevant) authority orders and take into consideration student needs.
- Institution decision-making reflects campus conditions, different levels of risk tolerance and equity implications.
- Institutions are part of larger communities, thus there should be a culture of mutual enforcement and respect with a shared responsibility that benefits all.

Just as counties have different conditions, campuses across the state differ and their Return to Campus plans will vary.

Institutions will be subject to different restrictions, depending on their local conditions and whether their community is under Stay at Home, Safer at Home or Protect our Neighbors.

What We Don't Know/What We Know

- While we don't know what COVID-19 will bring in August and September, we do know it will not be normal—that is, pre-COVID-19 normal.
- We know that public health restrictions will be in place requiring some level of physical distancing (used in this document at six feet or more between individuals); limits on face-to-face contact and group sizes; extra attention to cleaning and sanitation; symptom screening.
- We know that students and faculty may feel uncertain about returning and have lingering apprehension.
- We know that traditional aged students are less likely to be adversely affected by this disease than are older Americans and individuals with underlying health conditions, however students are at risk, both of contracting COVID and transmitting COVID to others.
- We know that some restrictions will remain on travel.
- We know that institutions will face different economic and community pressures.
- We know that public health conditions will differ by location/region.

Planning Assumptions & Framework

- Resumption of activities will be gradual and phased based on local public health conditions as well as institutional capacity.
- Institutions should align policies with the state goal of maintaining a 65% reduction in interpersonal interactions compared to pre-COVID times. Interpersonal interactions are defined as a face-to-face interactions with any individual outside of a family group.
- Institutions should prepare for the likelihood of a local rebound of infections that may result in a return to more restrictive mitigation measures and increased physical distancing for periods of time.
- Specific restrictions, such as on classroom limits, will depend on local conditions.

As of the issuance of this guidance, Colorado is in **Level 2: Safer at Home and in the Vast, Great Outdoors**. Going forward, institutions must be prepared for state and local public health orders to be extended, amended or changed as needed to protect public health. This means the state or a county or region may move to **Level 1: Stay at Home** or **Level 3: Protect our Neighbors**, depending on the virus level and on the community's health care system and its capacity to respond to increases in COVID-19 cases. Institutions in different parts of the state may be at different phases of reopening their campus, depending on conditions in their community.

The recommendations and considerations in this document apply generally to institutions under Safer at Home and Protect Our Neighbors, unless otherwise noted.

STAY AT HOME

Stay at Home Conditions: Stay-at-Home is required when there is exponential community spread of COVID-19, we are nearing our hospital and critical care capacity, and we are on the cusp of significant loss of Colorado lives. Stay-at-Home aims at stopping statewide exponential growth in the number of cases, preventing mass fatalities, and preventing the necessity of clinical crisis standards of care. This phase buys needed time to build hospital and public health capacity so we can reduce the number of hospitalizations and deaths.



What it looks like for higher education: Institutions must cease face-to-face instruction and provide remote learning opportunities where possible; students are encouraged to travel home if conditions allow; campuses are closed to all but essential personnel.

SAFER AT HOME

Safer at Home Conditions: COVID-19 is spreading in limited clusters and outbreaks but is not community-wide. Hospitals and local public health agencies are in the process of scaling their capabilities, like testing and contact tracing, to prevent and respond to outbreaks so extra precautions must still be taken to prevent overwhelming those systems. While there is a stable or decreasing number of cases, we must continue to support and provide protections for those who are most at risk of severe outcomes from COVID-19, including people with underlying conditions, pregnant women, and those over the age of 65.



What it looks like for higher education: In-person instruction is allowed, with certain restrictions. Most classrooms are capped at 50% capacity up to 50 individuals. Remote instruction is encouraged where possible. Social distancing and face coverings are required for most activities; student athletics and other activities allowed to resume but with restrictions.

PROTECT OUR NEIGHBORS

Protect Our Neighbors Conditions: The virus is well contained, and local public health and health care capabilities are scaled to a level that can respond effectively to future outbreaks. Local public health agencies have the ability to contain surges in cases and outbreaks through testing, case investigation, contact tracing, isolation, quarantine, site-specific closures, and the enforcement of public health orders. Communities must meet scientifically established thresholds to:

- lower disease transmission levels,
- treat patients and handle the surge in need for intensive hospital care, and,
- conduct testing and effective case investigation, contact tracing, and outbreak response.

What it looks like for higher education: In-person instruction allowed at up to 50% classroom capacity up to 500 individuals. Other mitigation steps as required under Safer at Home remain in place, including physical distancing and face coverings required in all indoor venues.



Further state guidance and updates on Stay at Home, Safer at Home and Protect Our Neighbors can be found [here](#).



Preparing for Fall

Decision-making regarding fall classes

Decisions about Fall will vary from institution to institution and should take into account federal (as relevant), state and local orders, local conditions and student demographics.

- Monitor state and local hospital and health data, adjust as needed (see <https://covid19.colorado.gov/covid-19-data> for state data).
- Align with local and state executive orders and public health orders.
- Collect, understand and address, as much as possible, student and staff perceptions about returning to campus.
- Allow those who can work/learn effectively from home to be the last to return and/or delay their return to the campus.
- Ensure, to the degree possible, that high risk individuals are able to continue to work/learn from home.

Overall Considerations

Institutions vary in geographic location, size and structure.

Institution plans will not be identical.

First, institution planning should follow state guidelines.

Second, institutions should work closely with local public health officials. As communities in the State demonstrate different virus levels and different response capacity, they will be at different phases of reopening: Stay at Home; Safer at Home; or Protect Our Neighbors. Institutions therefore will be under different restrictions, such as in classroom capacity. Similarly, institution planning must take into account that a community might move from one level to another during the semester or term.

Finally, institution planning should reflect each institution's size and structure and be guided by what is feasible, practical, and acceptable.

Overall Recommendations

Ensure six-foot physical distancing for all venues, spaces and activities unless other means are used to limit face-to-face interactions.

- Work in close consultation with local public health officials and follow state and local orders.
 - Local health providers do not have the authority to approve a campus or institution plan; they can assist you in determining if your plan is in compliance with all health orders.
 - Also engage other health care and public health partners in your community to inform decisions regarding measures to reduce the spread of COVID-19.
- Determine structure for informed decision-making with a single point of contact, including attention to: data points and collection, accountability, updates and communications to senior leaders, scenario planning, student and community voice, student support services and mental health needs.
- Designate an administrator or office to be responsible for responding to COVID-19 concerns. All students, faculty and staff should know who this person is and how to contact them.
- Require all faculty, staff and students to participate in COVID-19 awareness training.
- Conduct meetings electronically, even when working on campus. If meetings cannot be conducted virtually, keep participation to fewer than 10 participants and enforce appropriate physical distancing and wearing of masks or face coverings.

- Allow faculty over the age of 65 or otherwise at increased risk of severe illness to continue working remotely (see [link](#) for more information).
- Ensure gatherings are in compliance with physical distancing and other requirements contained in public health orders.
- Consider phased return of employees to no more than 30% of the workforce at a time, staggering every 2–4 weeks for full return. Depending on the size and needs of the workforce, the percentage may vary. Numbers of employees are also dependent upon support for increased environmental cleaning and availability of employee health care.
- Stagger shifts after phased-in return to reduce the number of people in the workplace at the same time. Then stagger semester/terms of student to reduce the number of people on campus.
- Encourage single occupancy in offices and work rooms.
- Post entry requirements for buildings with easy to interpret graphics (*face masks requirement, physical distancing, elevator etiquette*). Require self-assessment (i.e., symptom tracker) for faculty, staff and students coming to campus and into individual buildings, including:
 - Are you feeling well?
 - Do you have a family or household member who is sick?
 - Have you been knowingly exposed to anyone with known or suspected COVID-19?
- Procure sufficient disinfectant products and cleaning supplies so employees can frequently clean their own workspaces. Consult list of EPA approved products [here](#).
- Require cloth face coverings. Make face coverings available throughout campus (*e.g., at the bookstore, pharmacy, etc.*).
- Ensure that janitorial and facilities staff is provided with PPE and guidelines on appropriate techniques (*as per CDC guidelines*) for cleaning and disinfecting common, non-clinical spaces.

CONSIDER:

To reduce the risk of infection from student travel, institutions may want to avoid having students go home for Thanksgiving and return to campus. Many institutions will welcome students back to campus for the 2020-21 fall semester two weeks earlier than originally scheduled, forego fall break in October and end the semester before Thanksgiving. An alternative to starting the fall semester early is to compress the semester, possibly holding finals remotely after Thanksgiving.

Facility Recommendations

Cleaning

- [Follow CDC guidance on cleaning and disinfecting](#)
- Frequently clean high touch surfaces with products effective against the virus which causes COVID, found [here](#).
- Provide cleaning and sanitizing supplies for individuals to clean their areas before and after use.
- Eliminate reusable kitchen items (*flatware, dishes, and cups*) and cleaning tools (*sponges, brushes, towels*) and replace with single use options.
- Replace shared appliances with single use or no touch options (*coffee makers, ice/water dispensers*).
- Remove high-touch items such as magazines, common pens, etc.
- Provide hand sanitizer at all entrances and high traffic areas.
- Monitor and secure inventories of hand sanitizer, wipes, cleaning products, and hand soap.
- Identify frequently touched areas (*doors, cabinets, etc.*) and investigate options to implement no/reduced touch options such as door removal, card access, foot-operated door pulls/pedals, or sensor-triggered doors.
- Ensure ventilation systems in all buildings operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students, faculty, or staff using the facility.

CONSIDER:

Reduce the load on the janitorial and facilities staff by asking students and faculty to wipe down desks, chairs and other surfaces after class.

Physical Distancing/Barriers

- Maintain at least 6 feet between workstations/workers.
- Remove, reduce the number, or block use of chairs and desks to ensure proper physical distancing, if possible, in conference and waiting rooms. Identify allowable occupancy in order to control workflow and/or establish maximum attendance.
- Place plexiglass or other barriers in workspaces where people must face each other or are unable to be 6 feet apart. Consider installing plexiglass barriers at high-visited areas such as reception desks and check-in points.
- Consider having one-way directional flow of people and separate entrances and exits when feasible and sustainable (but not at the cost of promoting noncompliance, i.e., if one-way flow will cause blockages).

CONSIDER:

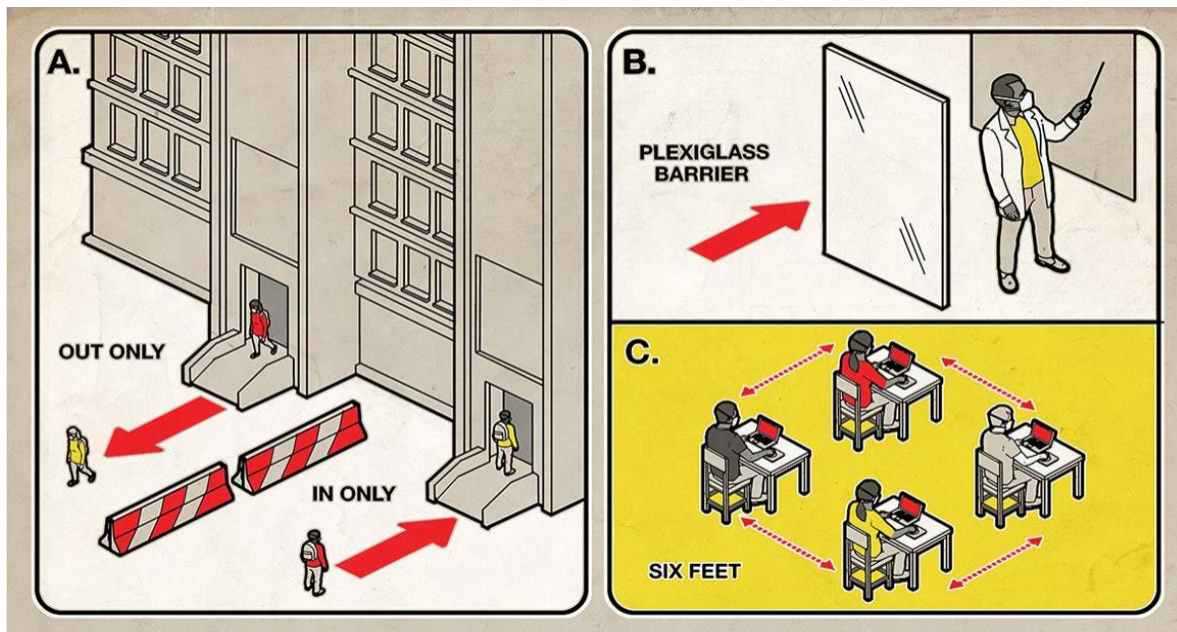
Determine the maximum occupancy for each room/facility that allows for 6-foot physical distancing and post that maximum outside the door.

Visitors

- Have all mitigation requirements apply to visitors and have the behavior and compliance of visitors be the responsibility of the campus/institution host.
 - Use signage to spell out requirements for visitors.

Signage

- Place appropriate signage at entrances indicating how to proceed.
- Post maximum occupancy in common break areas and configure to accommodate appropriate physical distancing.



Source: *The Chronicle of Higher Education*

3 Instruction/Classrooms



Common Practices Across All Campus Functions



WASH HANDS



SANITIZE



WEAR A MASK



SOCIAL DISTANCE

Delivery of Instruction

- Prioritize in-person instruction for courses with academic outcomes that cannot be measured or achieved virtually, such as performance, laboratory, and clinical experiences.
- Implement a [hybrid mode of instruction](#), when feasible and appropriate, for the foreseeable future. Plan for remote options in the event that a rebound in local infections necessitates continued physical distancing and to support vulnerable students and staff, students in quarantine or isolation, and students and staff who cannot physically return to campus.
- Expand simulation experiences to create clinical scenarios for health professional students to practice technical, diagnostic, and exam skills.
- Further train faculty for online course delivery, including building online learning communities.
- Ensure sufficient security for online teaching and learning.
 - Assist students with access to technology, if feasible.

CONSIDER:

Space seating/desks at least 6 feet apart. For lecture halls, consider taping off seats and rows to ensure six-foot distance between seats.

Practicing Safe Instruction

- Limit the number of attendees for in-person courses/sections to allow for 6-foot physical distancing; post maximum occupancy outside each room.
- Review the usual absenteeism patterns on your campus (including students, staff, and faculty), if available; consider implementing a process for faculty and leadership to report noticeable changes in absenteeism, even if subjective, to a designated administrator."
- Alert local health officials about large increases in student, staff, or faculty absenteeism or substantial increases in student health center traffic due to respiratory illnesses (like the common cold or flu, which have symptoms similar to symptoms of COVID-19).
- Implement close monitoring and tracking of in-person attendance and seating arrangements to facilitate contact tracing in the event of an exposure.
- Develop a physical distancing plan for each course.
- Develop specialized plans for students who are at increased risk due to the occupational nature of their studies. Examples include health professional students and students engaged in out-of-classroom or community-based instruction, who should wear PPE consistent with their experiential learning environment.
- Develop specialized plans for courses and instruction that do not permit physical distancing and/or involve activities of higher risk. Higher risk activities include those that involve forceful respiration, such as singing, wind instruments and indoor athletics. These activities should ideally be outside or indoors with greater ventilation and greatly expanded spacing between individuals. Develop attendance and excuse policies that acknowledge and support students who become ill without creating barriers and without requiring unnecessary visits to health facilities for documentation of illness.
- Encourage faculty-student communication regarding health status and any changes in their ability to complete coursework and academic responsibilities.
- Identify resources for students with learning disabilities or difficulties with remote learning platforms.
- Prepare for disruption during the semester/term.
- NOTE: [Glossary and Definitions of Course Formats and Instructional Methods](#)

CONSIDER:

Implement the "flipped classroom" approach under which students are given online access to lecture materials prior to class and then use the classroom for further in-depth questions, feedback from peers and other discussion.

CONSIDER:

Implement alternative, shorter, modular and/ or compressed formats for individual courses rather than traditional semester-long (15 or 18 week) courses to increase flexibility in switching between online, hybrid and in-person instruction. (Note: consider compliance with regulatory guidance from accrediting agency.)



Faculty and Staff

If faculty and staff are safe, we can better ensure the safety of our students.

Common Practices Across All Campus Functions



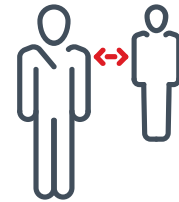
WASH HANDS



SANITIZE



WEAR A MASK



SOCIAL DISTANCE

Planning and Protection

- Take measures to ensure the faculty, staff, students, and campus community have appropriate protective controls, plans, supplies, and guidance to safely return to work.
- Provide training for faculty on delivering coursework via various course delivery models being considered by the institution.
- Follow public health orders regarding individuals at high risk; develop a sustainable plan that accommodates such individuals and meets institution workforce needs.
- Require training for all faculty and staff regarding COVID-19, including:
 - Monitor for presence of COVID-19 symptoms.
 - Stay home or leave and notify the supervisor if symptoms develop.
 - Wear masks or face coverings in accordance with state, local and institutional policy.
 - Know where to find local information on COVID-19 and local trends of COVID-19 cases.

Health

- Consider how much self-disclosure is expected of staff regarding being at risk and their sense of safety in an in-person classroom. Consistent with applicable law and privacy policies, have students, faculty and staff report to the IHE if they have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19 external icon (e.g. see “Notify Health Officials and Close Contacts” in the Preparing for When Someone Gets Sick), and other applicable federal and state privacy and confidentiality laws, such as the Family Educational Rights and Privacy Act (FERPA)."



Student Life

Common Practices Across All Campus Functions



WASH HANDS



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SOCIAL DISTANCE

Residence Halls

Ensure students are safe in the spaces where they are supposed to feel the most secure.

Address Vulnerable Populations

- Consider whether students at high risk should return to residence halls and other on-campus housing in the early phases of reopening the campus or later. See <https://covid19.colorado.gov/higher-risk-severe-illness>.
- Ensure that residence hall staff have adequate access to mental health and emergency resources to ensure resident health and safety, including training.

CONSIDER:

Having residence hall residents wipe down common areas before and after each use to increase cleanliness and reduce load on janitorial staff.

Limit Exposure

- Instead of reducing the number of students in a room, consider a cohort approach that treats students who share a living space (e.g., rooms, bathroom facilities) as a cohort requiring face coverings and social distancing only when interacting with individuals from other cohorts.
- Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, hand sanitizer containing at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.

- Close communal spaces where possible. Ensure enhanced cleaning in common areas, bathrooms and high touch surfaces, consistent with enhanced cleaning practices of other non-residential areas such as academic buildings. Limit the number of individuals allowed in common areas at one time to allow for physical distancing. Custodial workers should be provided appropriate PPE and training consistent with their duties.
- Restrict events and social activities as per current physical distancing guidance. Reconfiguring seating in common areas to ensure proper physical distancing. Establish allowable occupancy and develop plans to monitor and enforce.
- Restrict building access by non-residents, including outside guests, non-residential staff, and others. These restrictions may not apply to some people, such as personal care attendants for students with disabilities.

CONSIDER:

If feasible, consider designating an empty residence hall as the location for individuals who are required to isolate or quarantine and who cannot get home.

Communicate

- Have widely shared/posted information in common areas about COVID-19 prevention. CDC provides [communications resources](#) such as posters, videos, and more. Posted information should be updated as appropriate or with significant changes.
- Provide training (beyond basic COVID-19 awareness training) on public health measures and signs/symptoms of COVID-19 for all live-in professionals, graduate hall directors, residence advisors (RA), and others in similar roles.
- Once back on campus, educate students (as well as faculty and staff) on when they should [stay home or self-isolate](#) in their living quarters or in other designated spaces
- Require students (as well as faculty and staff) who are sick to isolate (generally 10 days).
- Require students (as well as faculty and staff) who have had close contact with a person with COVID-19 to stay home or quarantine elsewhere for 14 days. See more detailed guidance [here](#).
- Create ways for students to communicate safety needs and risk levels to one another.
- For more information on communal spaces in student or faculty housing (e.g., *laundry rooms, shared bathrooms and recreation areas*) follow [CDC's guidance for Shared or Congregate Housing](#).

Dining

Staff

- Require all dining facility staff to wear face coverings at all times.
- Provide custodial services with appropriate PPE for cleaning and disinfecting common, non-clinical spaces as per [CDC guidelines](#).
- Require employees to follow standard mitigation guidelines including proper hygiene, etc.
- Use disposable food service items (e.g., *utensils, dishes*).

Diners

- Require all customers/diners to wear face coverings while in the facility. Since an individual cannot eat and drink while wearing a covering, coverings should be worn during movement in the facility and can be removed when sitting and dining.
- Limit the number of individuals dining in a single facility at one time. Possible approaches include:
 - Access control: once the target number is reached, patrons are only allowed to enter when another customer leaves.
 - Cohort dining: established dining times admitting a specific group of customers/diners.
 - Physically spaced (*6-foot*) floor markers for waiting lines outside and inside the facility.
 - Appropriately spaced and limited numbers of tables and chairs per table.
 - Eliminating buffet-style self-serve food or beverage stations. Use grab-and-go where possible; in a cafeteria or dining room, if possible, serve individually plated meals.
 - Providing a bagged take-out meal option at every meal.
 - Avoid having individuals share food and utensils and consider the safety of individuals with food allergies.
- See additional CDPHE requirements and recommendations for retail food and restaurants [here](#).

Student Services

Develop robust support systems surrounding emotional and mental health needs of students.

General

- Ensure that the student code of conduct and disciplinary processes are updated to reflect new community standards and COVID-19 health protocols.
 - Develop a guide for students regarding behavior required by public health orders and recommended by public health officials that is essential to keeping students, staff and faculty healthy and safe.
 - Utilize the institution's authority to implement policies and practices to protect the health and safety of students.

Student Services

- Consider ways to move career and other student services online.
- Initiate virtual experiences that students can participate in outside of the classroom, such as online office hours or technology platforms to support student organization meetings.
- When possible, use flexible work or learning sites (*e.g., telework, virtual learning*) and flexible work or learning hours (*e.g., staggered shifts or classes*) to help establish policies and practices for physical distancing between people.
- Develop high-frequency communication approach for students at risk of not enrolling or not returning (*e.g., low-income or first-generation students*).

- Create virtual student center with virtual co-curricular activities that students can participate in to maintain connectedness.
- Establish a basic needs liaison to coordinate campus basic needs efforts and ensure food pantries and other basic needs infrastructure is in place.
- Ensure cultural centers are fully staffed for underserved students.

Communication

- Build, maintain and grow online communities through resource and information sharing.
- Leverage social media to recreate critical parts of the campus experience (*e.g., summer/first-year orientation*) with possible spirit competitions for awards and prizes.
- Establish rapidly deployable student crisis plan which includes access to emergency services, communication protocol, and telehealth resources for students in crisis.

Athletics

NOTE: As of the issuance of this the guidance, the Colorado Department of Higher Education anticipates further guidance and recommendations from the National Collegiate Athletic Association (NCAA), the National Junior College Athletic Association (NJCAA), the Colorado Department of Public Health and Environment and other organizations. This section will be updated to reflect that guidance when it becomes available.

Student athletes are first and foremost students. Athletics and sports medicine programs must ensure department policies, procedures, and communications regarding COVID-19 align with any relevant institutional, CDC, federal, NCAA, National Association of Athletic Trainers, state, tribal, territorial, and local public health guidelines and requirements.

- Create an Athletics and Sports Medicine COVID19 Action Plan in conjunction with the campus COVID-19 planning and response committee regarding:
 - Ensure personal protective equipment (PPE) and training for athletic trainers and custodial staff, including donning and doffing procedures. (Athletic trainers should follow PPE guidelines for other healthcare workers; see [here](#).) Adequate availability of recommended PPE. Recommended approach to Basic Life Support (BLS), resuscitation, and automated external defibrillator (AED) use in a student athlete/staff/spectator/patient with possible COVID-19.
 - An assessment of the potential for COVID-19 transmission in each sport (*e.g., individual vs. team sports; contact vs. non-contact sports; major spectator vs. limited spectator sports*). Consider a phased return to athletics participation based on potential risk of transmission in each sport.
 - Pre-participation screening and evaluation of student athletes. Consider addition of pre-participation questions regarding COVID-19 diagnosis, recent or current illness suggestive of

COVID-19, exposure, current restrictions (*isolation or quarantine*), and/or current symptoms. Include close contact (family or household member) with a person with known COVID-19 or COVID-19 symptoms.

- Implement athletics “shared responsibility” infection prevention plan, including:
 - Individual personal conduct consistent with prevention guidelines.
 - Signage about prevention based on CDC, campus, and other recommendations.
 - Hand sanitation stations (soap and water or 60% alcohol-based rub/hand sanitizer).
 - Annual prevention education and training for student athletes and staff.
- Provide COVID-19 and infectious diseases education and training for athletics staff, including athletic trainers, coaches, strength and conditioning professionals, administration, facilities management, other departmental staff, and student athletes.

Recreation Program Activities

Recreation services policies, procedures, and communication guidelines should be aligned with institutional guidelines and CDC, federal, state, tribal, territorial, or local public health guidelines and requirements.

Follow current CDPHE recreation guidelines found [here](#).

Programming

- Consider co-curricular activities, engagement and community-building opportunities that students can pursue virtually or remotely.
- Pursue virtual options or alternative ways to convene sporting events and participate in sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities.

Safety

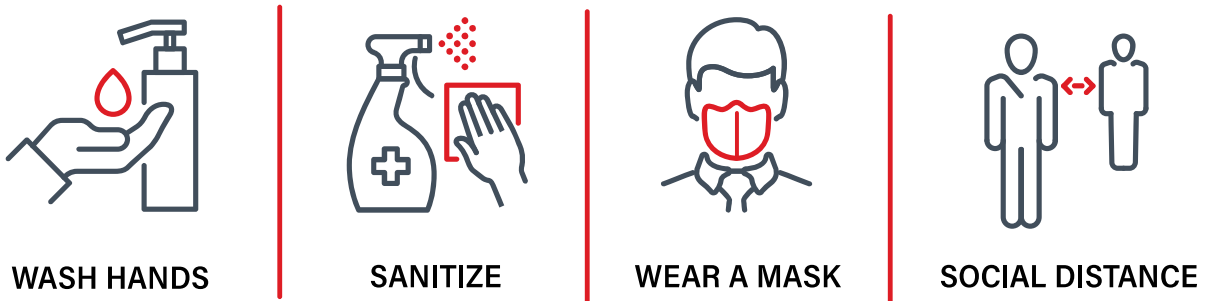
- Provide COVID-19 and infectious diseases education for recreation staff (*professional and student*), faculty, and instructors.
- Work with student groups to set up physical distancing plans for implementation of group activities.
- Assess recreation and sports programs for their potential for COVID-19 transmission (*e.g., individual vs. team sports; high intensity workouts with possible enhanced risk for aerosolization*). Consider a phased return of sports and recreation programs based upon potential risk of transmission in a given activity.
- Encourage the use of personal face masks by coaches, instructors, recreation staff, and participants.
- Employ physical distancing measures in:
 - Locker rooms
 - Strength and conditioning facilities (*e.g., weight rooms, cardio areas*).

- Fitness and wellness classes
- Lounge areas
- Indoor and outdoor recreation facilities
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (*e.g., community, town, city, or county*).

Communications

Provide full, open, clear communications through multiple channels that are understandable to faculty, staff and students.

Common Practices Across All Campus Functions



Create a communication plan or campaign emphasizing the shared responsibility for protecting the community from COVID-19 transmission and adhering to campus directives.

- Consider communications in languages other than English, if appropriate.
- Encourage transparency about financial aid, housing and food, class registration and grading policies so students can plan ahead.
- Ensure that community standards and codes of conduct are updated and communicated widely.
- Ensure students, faculty and staff can communicate around different levels of comfortability and risk.
- Ensure students, faculty and staff know how they will be updated of changes to campus protocols.
- Ensure students, faculty and staff know where ongoing updates are available.
- Create clear alternatives to in-person communication.
- Communicate general health recommendations for students and staff
 - Wash hands thoroughly, as much as possible
 - Eat a good diet and get regular good sleep, to keep immune system strong
 - Get outside for some regular exercise, such a walk or run, and/or anaerobic exercise

Travel

Institutions should establish comprehensive institution-wide policies regarding travel recommendations, restrictions, and requirements for both outgoing and incoming travelers. Be prepared for policies to change as conditions in other regions, states and countries change.

Common Practices Across All Campus Functions



WASH HANDS



SANITIZE



WEAR A MASK



SOCIAL DISTANCE

Domestic/Commuting

- Consider options for limiting non-essential travel in accordance with state and local regulations and guidance.
- Encourage students, faculty and staff who use mass transit to consider using other transportation options (*e.g., walking, biking, driving or riding by car- alone or with household members only*) if feasible. For those who must use public transportation or ride sharing, encourage them to follow CDC guidance on how to be protected when using transportation. Additionally, encourage them to commute during less busy times and clean their hands as soon as possible after their trip.

International

- Implement policies for all faculty, staff and students who are planning travel or returning from travel.
 - Policies should be created collaboratively by appropriate parties (*e.g., student health services, administration, office of international programs, risk management, and general counsel, as well as the state, tribal, territorial, or local health departments as appropriate*).
- Consider canceling upcoming study abroad and other student international programs
 - Those overseeing student international travel programs should be aware that students may face unpredictable circumstances, travel restrictions, challenges in returning home or accessing health care while abroad.
- Consider including in travel policies:
 - A travel registry for all international travel.
 - Plans for reliable intra-travel communication and ability to identify travelers' locations.

- Pre-travel orientations that includes current and relevant safety and health information, including emergency procedures.
- Requiring appropriate health insurance, including adequate evacuation coverage.
- Students, faculty, or staff who have been traveling internationally and are planning to re-enter the campus environment must follow state, tribal, territorial, and local health department recommendations and requirements. See [here](#) for more information.
 - At this time, this includes quarantine at home for 14 days, checking temperature twice a day, monitoring for onset of symptoms of COVID19, and maintaining contact with the appropriate health department as directed. Directories of local (and tribal) health departments: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>
- See CDC returning traveler guidelines: <https://www.cdc.gov/coronavirus/2019ncov/travelers/after-travel-precautions.html>

International Students

- Follow CDC guidelines for students planning to arrive for fall semester, including 14-day quarantine for international travelers. Be sure to inform international students so that they can plan accordingly.
- Prepare for the possibility of delays and that international students might arrive mid-semester; consider impacts on housing, insurance, other academics.
- Monitor Immigrations and Customs Enforcement (ICE) requirements for international students (recent actions available [here](#).)



Communities

Common Practices Across All Campus Functions



WASH HANDS



SANITIZE



WEAR A MASK



SOCIAL DISTANCE

- Consider participating with state or local authorities in broader COVID-19 community response efforts (*e.g., sitting on community response committees*).
- Consider opportunities to build stronger relationships between communities and students to protect from COVID-19, ensure there are common standards.
- Communicate community standards to students and student visitors, including parents, to ease transitions and relationships.
- Work with local hotels or other local businesses to arrange immediate help in isolating students who have symptoms compatible with COVID-19 and are awaiting testing or results, students who test positive, and students who need to be quarantined because of an exposure.



Student Health

Common Practices Across All Campus Functions



WASH HANDS



SANITIZE



WEAR A MASK



SOCIAL DISTANCE

Preventative Measures

- Encourage students to be proactive with their own health and the health of those around them, including contacting appropriate institution officials in the case of exposure or illness.
- Offer options for students at [higher risk for severe illness](#) that limit their exposure risk (e.g. virtual learning opportunities).
- If feasible, conduct daily health checks or ask students (along with faculty and staff) to conduct self-checks (e.g., temperature screening and/or [symptom checking](#)).
- Ask students (along with faculty and staff) to conduct exposure checks to determine if they need to be quarantined.
- Require students, faculty, and staff who have recently had a [close contact](#) with a person with COVID-19 to [stay home and/or quarantine while they monitor their health](#).

Help the Sick

- Develop telehealth options for students.
- Focus on the health and recovery of those that are ill.
- Practice containment, then isolation then treatment.
- Plan for containment
 - anticipate personal protective equipment (PPE) and medical supplies for screening, mass vaccination, and treatment;

- Proactively identify appropriate residential spaces and reserve those spaces in the event of needed isolation or quarantine of a student(s). If on-campus housing is nonexistent, unavailable, or unfeasible, the college/university should identify off campus options for the isolation and quarantine of residential students.
- Advise sick individuals of home isolation criteria.
- Advise the use of the state’s [symptom tracker](#) to help public health slow the spread of COVID-19.
- Participate in contact tracing via local public health office.

CONSIDER:

To reduce the need for widespread tests during the semester, the University of Kentucky envisions using a cellphone app to keep sick students away from classes:

If they answered “no” to every symptom — cough, fever, potentially loss of smell and taste — they would receive a “day pass” to flash at building entrance checkpoints.

Testing for COVID-19

- When evaluating if faculty, staff and students should be tested for COVID-19:
 - If an individual develops COVID-19 symptoms (see [here](#) for symptoms) they should consult the school clinic or local health provider for testing.
 - If your campus clinic sees a student who they believe might have COVID-19, the clinic should immediately notify your local public health agency. Your local public health agency will provide you with guidance.
 - Institutions should have a clear policy with respect to testing, in particular testing as a requirement for access to certain facilities or participation in certain activities.

Confirmed Case of COVID-19

Institutions should have in place full protocols for confirmed cases of COVID-19 in the community or at campus.

- Work in close collaboration and coordination with local health officials and health care partners to develop protocols for confirmed cases and outbreaks of COVID-19 at the institution and in the community.
- A comprehensive protocol will include:
 - Communication with public health, case notification, environmental cleaning, contact tracing, arranging for quarantine of contacts, arranging for isolation of case, ensuring the well-being of the case, and ensuring continuity of education as feasible. See “Preparing for When Someone Gets Sick [here](#).”
- Communicate about potential exposure to COVID-19. It is critical to maintain confidentiality of the individual while working to address potential fear and anxiety of students and staff. Seek guidance from local health officials about the need to lengthen facility closures.
 - Institutions should be prepared to implement short-term building closure procedure regardless of community spread if an infected person has been on campus. See [here](#) for more information.



Student and Faculty Mental Health

The emotional, social, and financial disruptions in combination with 24/7 media and fear and uncertainty surrounding this pandemic can take a toll on students' well-being, leading to concerns about increasing rates of depression, anxiety, substance use disorders, suicide, and domestic violence.

- Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.

Students

- Ensure that students returning to campus in the fall have sufficient access to mental health counseling. Institutions may consider investing in more counselors to meet student demand.
- Survey students for operational, academic and mental health needs for data on mindset and risks in order to develop appropriate interventions.
- Increase or develop use of remote access to counseling services; remind students of availability of counseling services.
- Create peer to peer community opportunities to support positive mental health.
- Encourage students to utilize the student groups they participated in prior to COVID-19.
- Sustain campus mental health services by providing a platform for teletherapy and training counselors in new platforms for effective therapy.
- Provide training to faculty and staff to support student mental health needs and connect them to appropriate resources.

Faculty and Staff

- To support faculty and staff well-being, leaders should consider realigning expectations for productivity and increasing flexibility. Adjusting timelines for tenure, reappointment, and the evaluation and promotion process may mitigate some of the stress and anxiety as faculty negotiate the balance of work and life.

- To help mitigate these stresses, leaders may also want to consider creating a virtual faculty and staff community, allowing peers to check in with each other, validate each other's experiences, and make space for a new normal.
- Given faculty's frontline role, another important long-term strategy is campus-wide gatekeeper skills training to notice, intervene, and refer those students and colleagues who are in distress.



Other Information

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [CDC Guidance for Higher Education](#)
- [Colorado Department of Public Health & Environment](#)
- [Colorado Department of Higher Education COVID-19 webpage](#)
- [Student Success & Academic Affairs glossary of instructional terms](#)
- [American College Health Association Considerations for Reopening](#)