Transcript of CC Safe Return to Campus: Online Town Hall on Safety Protocols

This webinar was held on July 9, 2020.

This is an unedited transcript of the town hall.

Erica Hardcastle: Hello, everyone. We are still waiting for participants to filter into the meeting, so it will still be another minute or two before we start the presentation.

Erica H.: For those of you just joining us, we’re still waiting for people to filter into the Zoom meeting, so we will start in a few minutes.

All right, Heather. I think you can get started.

Heather Horton: Hello. And welcome. We’re excited to be here with you today to talk about the plans that we’re making for testing and health and safety here on campus. My name is Heather Horton. I’m the Director of the Wellness Resource Center here on campus. And I use she/her/hers pronouns.

Brian?

Brian Young: Thanks, Heather. Hi, everyone. Welcome. Glad you could join us today. My name is Brian Young, Vice President of Information Technology and Chief Technology Officer, and also helping to oversee our prevention efforts. As Dr. Horton mentioned, she is helping to oversee our testing, contact tracing, and wellness efforts. Heather?

Heather H.: With that, we want to share with you a little bit about our approach to planning for our return to campus.

While there’s no way to completely eliminate risk for COVID infection, we’re really approaching this from a public health kind of perspective, in which we try to tackle the issue from these very varied layers or perspectives, from an individual intervention, to interpersonal, institutional, community, and systemic.
Heather H.: So to give you an example, an individual intervention might be that I wash my hands well, or that I follow isolation and quarantine recommendations or mandates.

At the interpersonal level, it would be following social distancing or wearing masks. At the institutional level, the different kinds of community prevention practices that we’re putting into play, testing, those kinds of things.

We’re – well, our campus community is obviously important to us. We’re also an important part of the Colorado Springs community and the Colorado community and the U.S. and global communities.

So those kinds of things are also part of what we’re thinking about.

And the systemic kind of level are things like our local public health departments.

With that perspective in mind, we have really been developing an integrated and multilayered approach to this. And any one layer that we’re going to be sharing with you, by itself, would obviously be inefficient. If all I did was wash my hands, that’s not going to help us very much as a community or me as an individual.

But layering these different interventions together is what helps to create safety and well-being for us as individuals, and also for us as a community.

So Brian and I are going to be sharing with you some of the steps that we’re taking as a campus to address and be ready for addressing the many implications of COVID, as we go forward.

Before we do that, we do want to share with you some other aspects of how we have approached this. And that’s really through consultation and partnership. So we’ve been working really closely with, for instance, the El Paso County Health Department, the Colorado Department of Higher Education, our campus and community health partners, and certainly looking at national guidance and resources like the American College Health Association, CDC, Open Smart EDU, which is a collaboration between actually John Hopkins and an academy of higher institution accreditation.

And Brian, do you want to say more about the campus scientific advisory group?
Brian Y.: Sure, Heather, thank you. And also to add to what Heather mentioned, many of us, daily, are on calls and Zooms like this one to keep up to speed on local data, state data, and national data, as we work with campus to make prevention efforts and protocols.

I’m also very pleased to say that as CC we’re blessed to have tremendous faculty members and we have a faculty group coming together looking at all sorts of information and COVID data for us as we make decisions, and/or change course of action.

And so we’re excited that we can maximize the expertise we have in infectious disease, molecular biology, and others, as we gain all the data we can, making our decisions for campus. So we have a great science CC advisory group coming together to look at all sorts of local and national data for us, as another element, as we make decisions to bring a safe reopening to campus.

Heather H.: So now we’ll go ahead and jump in and share with you some of these different layers of intervention and protection that we’re planning.

And part of that is that at CC we’ve always been really aware of the role that each member of our campus community plays in helping to create a safe, healthy community in which each one of us can really thrive.

And so as we come back to campus, that ethic of being a really engaged citizen in the CC community is going to be even more important for us.

And so we’ll be asking members of our community to do a number of different things, from for instance, before you come to campus, in the couple of weeks before you travel to Colorado, trying to limit other travel and potential exposures. Obviously, travel of any kind involves some exposure, but trying to limit that as much as possible in the two weeks before you come to campus.

We’re also creating an educational module that we’ll be asking everyone to complete before they come to campus. That module will include information just about COVID and sort of the science that we now have at this point in time about COVID and prevention and protection, as well as the expectations that we will have for all members of our campus community in terms of how they’ll help to safeguard the community and individuals.
We’re also going to be implementing things like daily screenings, and we’re looking at a number of different apps. It’s kind of amazing. Brian is from the ITS world, so I suppose you’re not surprised by this. But in the last few months, gosh, there have been all these different really pretty incredible technology approaches to COVID, and so we have teams of people who have been looking at all of those different technology options. One of them that we’re going to implement is a daily screen. We’ll ask people to really be paying attention to their body. Right? How am I feeling? How am I doing? Taking temperature and asking and answering some questions about symptoms.

And based on that daily screening, you’ll essentially get, like, a daily pass on your smartphone that you can say, “Yep, I’m good to come to class today,” or “I’m good to be in the Warner Student Center,” or something like that. Or “hmm, I need to call my medical provider because I’ve got some symptoms.”

So we’re creating that so it can be as seamless as possible for us.

We also have expectations that people will do those things like engage in the personal hygiene and social distancing that we know helped reduce the risk of transmission. So frequent handwashing, using matchings, and using them appropriately.

And the social distancing practices, again, that we know are important for reducing the spread of illness, and also the things that we’ll be specifically asking people to do, like directional entrances to buildings, and things like that.

Part of being an engaged citizen is also holding each other accountable and doing that with grace and compassion. So I’m sure you all just as Brian and I have experienced as you go to the grocery store or other places, you see people who are wearing their masks, you know, like somewhere down here. Not actually covering their noses or not following social distancing. And we’re going to ask everyone in our community to be able to gently say, “Hey, I noticed – I don’t know if you noticed your mask has fallen below your nose. It’s really important we all do this to help protect one another.”

Do you have other things to add to all of that?
Brian Y.: Yeah, Heather, thanks. We had a question some of you asked of me and through various means, does a daily screening app really work? And I think this gets to Heather’s point, and the last bullet here, of being good community members and holding each other accountable, yes, it’s a self-check. And we want people to be honest about how they’re feeling, whether or not they have a temperature, and so in many ways the app is just another element in helping people to remember the seriousness of COVID, and that they participate in helping us be a healthy community.

Heather H.: Absolutely. Brian, do you want to tell us more about the institutional strategies?

Brian Y.: Sure. Yeah, thanks, Heather. So a couple of things that CC is actively pursuing to, again, make sure that we are as safe a community as possible for our students, for your sons and daughters, for our staff, for our faculty members, so one of the elements that we are undertaking is we will be stepping up our cleaning and sanitation efforts with our third-party partner, Sadexo. We have a team just dedicated to aggressively finding supplies and purchasing COVID supplies for Colorado College. They have been active for quite some time. No surprise that every single campus school and business across the country is looking for some of the similar supplies that we have all heard about, from hand sanitizer to Plexiglass, gloves, masks.

So I’m pleased to be able to see that CC got some early jumps on some of the supply chains. We’re also working with a number of our partners on additional supplies, as needed, for campus. And that will continue through the entire fall semester and academic year. So our hope is that we won’t need all the supplies that we have, but we’re going to be prepared and certainly have them.

Another element that Heather talked about, we will certainly be having stations across campus and in residence halls and other locations for temperature check and other monitoring, making sure that students are aware of what their temperature is, that they’re feeling well, and/or to stay isolated if not feeling well.

Another element that we are doing across campus is that we are working with our various teams and facilities and our classroom groups, making sure that we are properly making environments social distancing capabilities of six feet or more.
Brian Y.: The other elements that I’m pleased to say is that we will be making use here in the great Colorado Springs and Colorado weather, that we will be making use of all of our outdoor space, as well, for potential classroom and/or gathering locations, including some of the great spaces within our new library.

So campus is looking at every single location and space as a potential academic location to make sure that we have the spaces available with the proper social distancing capabilities needed and as recommended by state guidelines and the CDC.

Another element of technology that we are looking at for campus are density capabilities. Both students and faculty and staff can see, for example, on their smartphone that a particular building might be at the 50% capacity or it might be under that, and able to take folks in the door.

So more to come on that solution, as we look to deploy those.

But a nice opportunity for people to be able to see before I walk to the library, before I walk to the student center, that it might already be at capacity, and so I have to wait.

The other element I think that’s important here is that we are looking at some of our other services, like our food and mail room and other components that will be changing sort of the delivery model there to make sure that people aren’t needing to wait in lines, or standing too close to each other, and so one of the things that you’ll hear about, if you join for tomorrow’s webinar, is about food and housing and some of the other elements.

So please join us for that, as well.

And then as mentioned, we are again having a team that’s just focused on our classroom spaces, making sure that the proper setups are in place for social distancing, so that classes can be delivered in a way that people feel safe and secure.

Certain classes will also be delivered not only in person but in hybrid, so on Zoom, and some may be online only. Some of you heard about those in yesterday’s call about the academic plans.

So testing. I want to first thank everybody who has sent me, many of you, have sent me ideas about what our testing procedures should be, and again I thank you for that.
Brian Y.: We are making sure that we take into account, for testing here at CC, all of the elements that are specific to Colorado College. Being an urban campus and not having walls or gates that we keep people off campus, dealing with local and public health data, and so I just wanted to assure everybody that in our testing strategies we are looking daily at our solutions, making sure that we’re nimble, and are able to deliver on testing strategies that are going to make sense for our students, staff, and our faculty.

Currently, as of today, we are really pushing for any student, faculty, or staff member that has any symptoms to get tested. And that is our current strategy. Doesn’t mean it won’t change as we get more information, as we look to our scientific experts that I talked about, as we look to our health experts that are going to be partners with us for testing procedures on campus.

What I am pleased to announce, as we formalize our testing plans and procedures for the coming fall, is that we will have on-site testing. And I think that’s an important component that students won’t have to go anywhere but here on campus.

And so because we will have on-campus testing, we can, on a daily basis, change or add more testing capabilities as needed.

Many of the options that we are working with our scientific experts, as well as our health experts, in terms of a proper CC testing protocol, we’re looking at what would be a good random testing capability for a campus like Colorado College, what would be a good strategy if we were to employ the pooling technique of pooling a number of tests and testing once, and what would be a good technique if we decided to do testing for asymptomatic tests. To give everyone a sense of the changing landscape, many campuses came out and said we’re going to test everyone when they come back to campus, and we have learned since, as many others have, that it’s not quite the effective strategy that many thought.

So we’re going to continue to work with our experts, as well as our local health partners, and others, to put together a proper testing protocol for our entire campus, to make sure that we, again, are going to be a safe as possible and to be able to address any outbreaks, if we have them, in a quick and safe way.
Brian Y.: And I’d also just leave with this, as well, on a testing strategy, is that we have various groups on campus. We have students that are part of local EMS training. We might have recommendation as well from some of our athletic conferences in terms of specific testing needs for certain students. I go back to something I mentioned here is that the benefit or the partnerships that we have developed with our testing partners is that they will be on campus. We will have our testing available on campus. We can ramp up as needed. And will as needed.

So I think that’s an important take-away in this CC strategy.

Heather?

Heather H.: Yeah. Thanks, Brian.

And the testing piece is intimately and importantly connected to contact tracing, isolation, and quarantine. And in fact, what public health departments around the world have really been determining is that aggressive contact tracing, isolation, and quarantine, are really key to reducing and stopping the spread of illness.

And so we’re, again, taking sort of a multidirectional approach to this.

So we’ll be collaborating with our partners at El Paso County Health, and we have identified a lead contact tracer who will be a staff person here on campus who will be, you know, sort of in charge of that, making sure that all of that contact tracing is happening, and happening really rapidly on our campus.

And then we’ll have a team of people, 15-20 people, here on campus, who again will be trained to do contact tracing, both through things like the Johns Hopkins tracing training, and our local public health department.

And when there’s a positive test, that will be immediately triggering a contact tracing process. So anybody who has a positive COVID test will go into isolation. And so for students who are living on campus, we have identified isolation and quarantine spaces that those students can be moved into.

And for isolation, which comes from that positive test, that student would be isolated for at least 10 days, and then if at the 10-day mark their symptoms have resolved then they could leave isolation. But if they still have symptoms, they stay in isolation past those 10 days until their symptoms have been cleared and they’ve early been released to return to school or work by the public health department or by their medical provider.
And then the contact tracing process, and the reason why being on a college campus enables us to do that perhaps much more quickly than a lot of places in the broad community, because we’ll be doing things like placing students into cohorts. And everyone on campus might be doing something like they’re identifying their ten people, perhaps, that they actually spend time with, and not spending time with other folks.

And we’ll have that within a system where we can immediately identify and reach out to people who might have been exposed to a positive case.

And then those folks would go into quarantine. And quarantine lasts for 14 days from the last date of exposure. And then we’re developing and fine-tuning our protocols right now for isolation and quarantine. Again, we’ve identified those spaces that we can move students into, but putting people in a room is not enough. Right? We have a lot of supports that we want to wrap around those people.

And so our contact tracing team is going to have daily contact with anyone who is in isolation or quarantine, and they’ll be talking to them about a variety of different things. They’ll be checking in with them about their symptom status and whether they need any medical attention. They’ll be talking with them, essentially, about their mental health status, how they’re doing, and what kinds of supports or resources they might need for their mental well-being, and also talking with them about how they’re doing academically. So there might be a student who is asymptomatic in quarantine, or a student who has symptoms in isolation but felt like they could maintain their engagement in their class.

And so we would want to check with them to see how that’s going. Are you keeping up with your work? Are you feeling like this remote engagement is enough? With COVID, people tend to be really, really tired. And so checking on how those things might be impacting someone. Then, again, connecting them to resources, whether that’s in our Culcutt Center For Academic Excellence or our registrar’s office, so taking that holistic approach to students and seeing them through that quarantine process.

We’ll also be delivering food to those folks. Because the only reason you should leave your isolation quarantine space is to go to the doctor. So we’re going to have those services in place to make sure that students can stay isolated throughout the period of time that they need to.

We also really recognize that as people come to campus, clearly, concerns about COVID are front of mind. Right?
Heather H.: But each of us comes to campus as whole people, and we have a lot of different concerns as individuals.

And so we really want to make sure that we are providing a healthy, thriving experience for all of our students.

So you’ll see multiple points of entry for mental health supports and resources, as well as a host of different places and opportunities for skill-building, for self-care, for spiritual connection, self-awareness building, resiliency, and leadership skill development.

And so you can see, on this graphic, that I’m showing you right now, all of the kinds of things that you see in the All Students section, from practicing self-care, building community, developing your skills, we’re going to be doing all of those things with our students. It may look a little bit different than it did in November of 2019 in terms of how those things will be delivered. Clearly, social distance has to be a part of that.

And in the springtime we were delivering a lot of this purely through online options. And in the fall, we anticipate being able to do kind of hybrid of things, a combination of those.

And then resources like counseling services, we have a 24-hour, 7-day-a-week service that’s called Protocol which students can access if they’re needing support. And it doesn’t have to be being in crisis. A lot of times people think of those 24/7 sort of crisis lines as, “Oh, it has to be bad enough that I’m in crisis.” That support is really there for students. So they can access it and be in contact with a licensed mental health provider to talk through what’s going on and that person can help connect them to campus resources or other resources that they might need.

The Counseling Center itself also is going to have hybrid option of things. The majority of psychotherapy will probably be virtual, because if you can imagine doing psychotherapy with both people wearing a mask, it’s probably not the most conducive thing to talking about emotions and challenges around stress.

But we will have counselors on campus, and there will be some opportunities for in-person counseling as well.

Our health services, also, will have people on campus, who will be providing health care to our students. Because, well, obviously we’re really concerned about COVID. If you’ve ever been on a college campus during cold and flu season, there’s a lot that happens. Right? And just general well checkups and things like that. That will all be available to students through the Student Health Center.
Heather H.: And there’s also telehealth that’s available through our medical provider at the Student Health Center, because in this moment many health care needs might be most appropriately met through a virtual consultation or appointment with a medical provider.

And then we also have our 24-hour counselor on call, our 24-hour sexual assault response coordinator advocate on call. Our deans rep on call, which is a student life person who is available to help people through things like “gosh, I fell and hurt my ankle and need to go to the ER.”

The deans rep goes to the hospital to meet the student there.

So all of those things are still going to be in play.

We’re also really keenly aware that this pandemic has differentially affected people in our community. And we have been thinking a lot about the profound pain caused by the ongoing anti-Black racism in our society, which we certainly have seen well publicized through the examples of, for instance, the death of George Floyd.

And so at CC, we are redoubling our commitment to antiracism in everything that we do at the college, but particularly in terms of all of our health and well-being services, programs, and activities.

And so that’s a commitment that we have to every member of our campus community.

With that, we will open up to questions. Many of you have already been entering questions into the Q & A. So Brian and I will jump into answering those for you.

But feel free to enter those now.

There’s a lot of questions in the queue, so we won’t be able to get to all of them today. But rest assured that we’ll take those questions back to the work groups that Brian and I were talking about earlier. They’ll continue to inform the work that we’re doing to be prepared, and as Brian had talked about earlier, this is always going to be an evolving process, because the science changes almost on a daily basis.

So you have a couple you want to start with?

Brian Y.: Sure. Again, thanks for –
Erica H.: Brian, I’m sorry. Can you interrupt? Can you move closer to your computer? People are having a difficult time hearing you?

Brian Y.: Sure. Is that better?

Erica H.: Yeah. I think it is. Sorry.

Brian Y.: No, thanks for that, Erica. Several questions coming in around testing. Are we going to test like Harvard, every 3 to 5 days? Are we going to test all students upon return? Let me just kind of summarize those based on what I had talked about. The key takeaway is that we will have testing available on site. As CC works with our science experts and our health experts, as we develop the best protocols for Colorado College in terms of testing, whether that be testing asymptomatic, whether that be a pooling approach, or a different model, we will be getting that input from our science experts and our health experts, and again, the benefit of us having our own testing site on campus with tests available is that on a daily or even weekly basis we can change our efforts as we look to make sure we are as safe as possible. To Heather’s point early on in the presentation, there is no testing strategy that will be 100%. And that is recognized by not just us as CC, but our colleagues across the country.

Heather H.: A couple questions have come in about testing positive and then would people be tested again, because I said isolation is for 10 days and/or until symptoms clear.

The question is would they be tested on day 11 to see if they were still positive?

The reality is that the way that we now understand the way COVID works is that people become infectious in a period of time after exposure, but typically people are infectious the most shedding of the virus happens on the day they become symptomatic. But on the two days prior to that, they also are shedding virus, and that’s a key period that we want to avoid having people be out there. That’s why contact tracing becomes so important.

And then the shedding of the virus drops off during the recovery period of time.

And so by the time those 10 days have gone by, and symptoms have no longer present, the science is telling us that those folks are no longer infectious.

So an additional test at that point in time isn’t going to be useful to us.
Heather H.: There are also a lot of questions about the testing before people come back, and that snapshot of that moment in time. The CDC actually just came out last week with some new recommendation for higher education institutions and they do not recommend testing everyone prior to coming to campus or on that first day of campus, because it just really doesn’t help inform what you’re going to do with that very well.

Brian Y.: We had a few questions here, as well as some that came in earlier, about whether we would require masks on campus. And the answer is we will be requiring masks. It’s one of the easiest things that we can all do to help in this prevention effort.

The other question to that, that also has showed up, is how will it be enforced? And I think to Heather’s point earlier is that this is where sort of our community engagement and community standards, as to what it means to be a member of this CC community, that we hold each other accountable, that we are actively asking, “why don’t you have a mask on?”

So we want to make sure that we are engaged and that we are doing the things we can, the easy things, like wearing a mask, that help protect our campus.

Heather H.: So I see a question about health insurance, and there are a couple people who have asked about sort of need for insurance or which insurance plans should folks be on. And so to be clear, we do require that all of our students carry health insurance and that that health insurance meets certain criteria. We will likely be exempting international students who cannot come to campus for whatever reason during this semester from the student health insurance plan, because they, especially if they come from or are residing in countries that have socialized medicine, they have that coverage.

In terms of whether a family would decide to choose the student health insurance plan or their family plan, again, those criteria are available on our website. If you go to the CC web page and you put “insurance” into the search bar, it will pop up, student health insurance, or insurance. Click on that. That will take you to the page that has all of the criteria for what we require in a health insurance plan.

And then as students engage with health care on campus, they do use their health insurance plan.

If you have additional questions about that, again, on that health insurance page, there’s contact information. So feel free to reach out to us about that.
Brian Y.: A couple of questions, Heather, that showed up here about some of our physical locations, our buildings, and the air flow and air handling. I will share with everyone that our dedicated team of women and men in our facilities group have done extremely thorough walk-throughs of all buildings. Air handling, air flow, making sure that they are not only up to our OSHA standards but to make sure that air flow in each of the locations, classrooms, residence halls, is fully functioning and/or even equipped with more filtering than needed.

So I can assure you that the buildings have been thoroughly walked through during this time to make sure that we are in compliance with not only OSHA but making sure they’re as safe as possible.

Heather H.: There’s some questions about isolation and quarantine space. And there are a number of different considerations that come into play there. So for instance, if we had a student who was their assigned housing was a single occupancy room, with their own bathroom, they would likely isolate and quarantine in that space, because that would be a good and safe space for them.

The need to share rest rooms and share rooms, that’s when things come into place, in terms of needing to remove people or put them in a different location.

We’ve got spaces that are essentially, like, hotel rooms. They are double occupancy rooms, but certainly it would be our hope that we would have a smaller number of students, but that those would likely be single occupancy for isolation and quarantine, with their own on suite bathroom. And then, again, food would be delivered to those folks. We have residential life staff who will be assigned to those facilities. So in addition to the contact tracing kind of case management team, that would be in contact with those students each day, there would also be the residential life staff who would be available to them as well.

Brian Y.: There’s a good question here, Heather, about CC has an atmosphere of students going to class sick, based on the block plan, and that you can’t afford to miss class because, as we know, on the block plan it’s like missing a couple of weeks, right? I can assure you that we have dedicated faculty who are extremely empathetic and extremely caring. They have been focused on this to make sure that all of our students, if an unfortunate issue comes where someone is not feeling well and can’t attend, we’re going to work with each student individually to make sure that they have all the elements they need to continue their academic courses, and as Heather mentioned, even if someone has to be isolated or has to be quarantined, to make sure that they have all the needed resources to materials and the like to make sure that they can continue, if they’re feeling well, their academic disciplines.
Heather H.:  Brian, I see a number of questions about sort of reporting out to the community. How will we inform the community about positive tests, if someone is in that contact tracing circle? What information will they get? And from the contact tracing standpoint, that positive test result is HIPAA protected. So a contact tracer isn’t going to, say, call you, Brian, and say “hey, you had contact with Heather Horton, and she tested positive.” What they’re going to say is in the past couple of days you have had contact with someone who tested positive.

Now, certainly, the way that our CC community works, I would imagine that Brian, before you got that call from the contact tracer, I’m probably going to reach out to you and say, hey, I tested positive and you can expect a call from the contact tracing folks. Right? That’s probably how that’s going to operate. But there might be circumstances in which that isn’t the case. Right? If we have a larger group of people that we have to contact, because of location, or something like that. But the name of the person wouldn’t be shared.

The testing treatment and response work group that I’m chairing and that Brian also sits on, one of the things that we are sort of nailing down at this moment is how we will do transparent communication to our campus community.

And certainly, we have an example from last spring of how we did that, sort of a timely notification to the campus community that there’s, hey, we had a case. Right? We had this; here is the response that we have taken, here is what’s happening.

And we’ll probably have a variety of ways of sharing that information, just as we do for other timely notifications on campus, if there’s usually an email that goes out. There’s information on a web page. We’ve got sometimes if it’s needed we’ve got text alerts. We have lots of different ways that we might be doing that.

And we’ll be nailing that transparent communication strategy down in the next couple of weeks.

Brian Y.:  Heather, if I had to theme some of these questions here, a lot of questions around block breaks, and travel and whether or not we would restrict travel. I can say we’re certainly going to discourage students from traveling extensively over a block break. We are ramping up a number of fronts on activities and things on campus. There were some specific questions about whether a student could even go camping or hiking. We’re not saying they couldn’t do that, but we’re going to discourage certainly travel to out of state or to certainly known hot zones to try to make sure, again, the campus is as safe as possible in terms of what we’ve started.
Heather H.: There are a couple questions about sort of because you mentioned, Brian, in one of the slides, that you talked about that we will not be allowing visitors to campus. And someone points out that CC is an open campus. How will we be doing that? I certainly know a part of that answer is that we will be using card access much more than perhaps we have used that in the past during, you know, sort of Monday at 3:00 p.m. kind of times. Are there other pieces to that, Brian?

Brian Y.: Yeah. It’s a good point. Right? CC is an open campus. A porous campus, if you will. We don’t have walls or fences around our campus like some. Our sidewalks are public right of ways. And so we are going to be doing and taking the steps to make sure that access to buildings would only be through someone that is a member of the CC community. So again, as Heather mentioned, the Gold Card access. We will certainly by making sure that our buildings that are more frequently used by visitors, such as our library and our Warner Center, athletics spaces, are monitored even more closely than we normally do to make sure that people are aware that during this time we are limiting access to campus, certainly to campus buildings.

So we’ll be actively doing that, along with our campus safety team, but also our building managers and others as we start the academic year.

Heather H.: There was a question about whether testing and contact tracing would only be for, say, first-year students. Nope. That would be for all of our students. And the contact tracing part would be for really all members of our campus community. That since we know, again, the cohorts that people are, for instance, living in, we know who is registered and attending a course, those are the kinds of things that, for instance, our contact tracing team, our CC team, would be able to address much more quickly than, say, a public health department contact tracing team, who would be having to call someone, find all those numbers. We can just say, yep, all these folks.

And the same would be true for our students living off-campus, that we would be assisting the Health Department in that contact tracing process for them.

And all of our students, regardless of whether they’re living on campus or off campus, could get that on-campus testing.
Heather H.: There are a number of questions about if my child gets COVID, can I come and see them or take care of them? And that’s a great question. I’m going to connect with our partners at the public health department about what they would recommend to us about that. Typically, with isolation and quarantine, let’s say if I had been in contact with someone who had a positive, my quarantine, they might recommend that I go spend time in a part of my house that the rest of my family doesn’t engage with. So there’s certainly concern about that. If it’s a need for medical care, that’s a different kind of issue, and so we would be working with medical providers to determine whether someone can be, you know, can care for themselves in isolation or quarantine or whether they’re needing additional care, perhaps, at the hospital or something like that.

Brian Y.: There’s a question, Heather, that came in about some K-12 schools would close their building for a number of days if a student — if a student tests positive. Well, given that CC has a number of buildings on its campus, certainly, if we have a positive case, as I mentioned earlier, in some of our prevention efforts, we will be doing additional sanitizing, additional cleaning, making sure that the space is safe, making sure that it is offline for as long as needed, working with our health partners and public health.

So a little different than a K-12 environment where you maybe just have a single building.

Heather H.: There are quite a few questions, Brian, about sort of where is the threshold for where you just shut stuff down? And really, our public health department colleagues are telling us that that has to do with really the aggressive contact tracing process. So if you have wide-spread community spread, which means that you don’t know where people got it, you can’t figure out, like, gosh, where was their contact, if we have large numbers of those kinds of cases, then that’s call for increasing the level of restriction on folks.

Whereas, if you’re able to identify where folks might have exposed and do that quickly with aggressive contact tracing and quarantine of close contacts, there’s less concern about that widespread community spread or transmission.

I think we’ve got just a few minutes left. Is there another question or two maybe that we could take?
Brian Y.: Again, back on the testing, a couple of questions about why aren’t we requiring testing upon arrival. I think you heard Heather, as well on this, is that even based on new guidance from CDC that it’s not as effective as once thought. It does represent very much like an EKG a point in time, and so I go back to what I said. One of the benefits about having on-campus testing and the tests available is that we will be able to ramp up and develop protocols and procedures for testing that are going to fit a CC experience, being here in Colorado Springs and El Paso County. So working with our science advisory team of experts and working with our health experts, we will be developing the right protocols in place to make sure that this is a safe campus for your son or daughter, for our faculty and staff members, and for the entire campus community.

Heather H.: And I’ll do one last question, because I saw this one come through quite a number of times, which was about the daily screeners, and how effective those might be. I just want to emphasize that, again, we have to approach this from that multilayered approach. And any one layer, if all we were doing was those daily screeners, then I would be very concerned. I have a child that’s going back to his college campus and if that’s all his university was doing, I’m not sure I would send him. Right?

But if we have all of those different layers, each one, frankly, being imperfect, right? It’s those multiple layers that help us build up that protection for individuals and for communities.

And again, that guidance that came out from the CDC last week for higher education institutions says, yeah, you should be doing some kind of daily screening with people. It’s imperfect. It doesn’t catch everything. But it should be a part of what you’re doing.

So it will be a part of what we’re doing.

Brian Y.: Heather, as we end, and you can show the slide, I think, that shows where town halls and where you can contact us, I just want to say this. I can’t stress how serious and how dedicated Colorado College is to the student experience, to a quality academic environment, and to safety. A tremendous amount of effort and work is ongoing. We are working day and night to make sure all the procedures, all the protocols, are in place for a safe environment, for our students, faculty, and staff.

So I just want to make sure that everyone truly understands the effort and the hard work going into this campus to make sure it’s a safe environment.

We want a safe return. We want a safe academic year. And that is our top priority.
Brian Y.: And it’s something that we are working diligently to make sure happens.

I think on behalf of Heather and myself, I just want to say thank you for being a part of our session here today. I know we didn’t get to all questions. I know we may not have all the answers yet. But we will. And we will answer the questions if you would like to send them to the COVID contact site.

Thanks again for joining us. Don’t forget some of the additional town halls that are coming up. And we look forward to seeing you in person.

Heather H.: Thanks, everybody.

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