



HIGHER EDUCATION COORDINATING COMMISSION (HECC)

Clarifications on Public Health Guidance

Related to the [Guidance for the Conduct of In-Person Instructional, Residential, and Research Activities at Oregon Colleges and Universities, issued June 12, 2020](#)

June 29, 2020

The Higher Education Coordinating Commission is developing responses to questions related to the new public health guidance for colleges and universities. The following questions have been addressed this week.

Q&A

Question: Why didn't HECC/OHA recommend testing of all students even non-symptomatic students prior to moving into residence halls?

The following response is from Tom Jeanne, MD, deputy state epidemiologist:

Testing people without COVID-19 symptoms is generally not useful because the sensitivity of viral testing in asymptomatic people is very low. In fact, a recent review in the Annals of Internal Medicine found that, in people who actually had the coronavirus that causes COVID-19, viral testing had a 100% false negative rate on the day after exposure, and at best a 67% false negative rate on the day prior to symptom onset. Therefore, a negative result does not meaningfully increase confidence that a person is not infected. And just as importantly, a negative result does not mean that a person has any period of protection when they are not or cannot be infected. Testing of asymptomatic people would result in many more false negatives than true positives, and we have serious concerns about the interpretation of a negative result which may provide unfounded reassurance to individuals and institutions.

Regarding moving in to a residence hall, any student or staff member who is ill with COVID-19 symptoms should seek testing and be self-isolating if positive, according to guidance from their local public health authority. Any asymptomatic student or staff member who has had close contact with a person who had COVID-19 should be on a 14-day self-quarantine. In neither case should the student or staff member move in to a residence hall until they complete their isolation/quarantine.

Question: Why might the concern over false negatives outweigh the gains of identifying those who are infected?

The following response is from Tom Jeanne, MD, deputy state epidemiologist:

"This is a complicated issue with a lot of nuance, indeed. We currently have adequate testing capacity but certainly not enough to recommend testing of asymptomatic people in general, and particularly those who are lower risk. We need to be mindful of our testing resources, especially with cases on the rise in Oregon. Only in higher risk settings (e.g. nursing homes) are we

recommending testing of asymptomatic residents and staff, and even then testing is primarily done when there is a known outbreak going on.

“The number of true cases identified by screening asymptomatic people who haven’t had known contact with a person with COVID-19 is expected to be very low, and in fact there may be some false positives as well, even with a very specific test like PCR tends to be. So considering all the factors, we don’t recommend asymptomatic testing for screening, including for return to work or school.

“Our current guidance rests on our understanding of the literature on testing asymptomatic people and what the results show. It’s not proven to be a reliable indicator of not being infected. As such, we’d rather focus on actions the higher education community can take to keep students, staff, and the community safe while the virus continues to circulate. The proven methods are physical distancing, hand hygiene, face coverings, disinfecting, and isolating/quarantining cases and their contacts. Of course as the situation changes, we’ll keep our guidance updated.”

Question: The new requirement around face covering requirements in public spaces in Multnomah, Clackamas and Washington counties that goes into effect next Wednesday (June 24, 2020). Is this a requirement for higher education institutions?

Because colleges and universities are not included on the list of businesses subject to the state’s county-specific mask, face shield, and face covering guidance, they are not generally subject to that requirement. Instead, as a general rule they should follow the HECC-OHA guidance that requires face coverings when six-foot distancing cannot be maintained and recommends it otherwise.

However, where colleges and universities operate a restaurant, fitness center, retail store, or other facility that resembles a commercial equivalent that is subject to sector-specific guidance, it should follow those requirements. Colleges and universities should ask themselves, “if my restaurant/gym/bookstore operated as a standalone business in this county, what requirements would it be subject to?” As a result, college-operated restaurants, grocery stores, fitness centers, and other facilities that are akin to businesses subject to county-specific face covering guidance should follow that guidance within those facilities.

Question: EO 20-28 states that “Each college and university must designate an employee or officer to implement, and enforce, or supervise the implementation or enforcement, of the requirements...” What sort of position should that be?

It is up to each higher education institution to determine which employee or officer is best positioned to implement, enforce, or supervise the implementation or enforcement of the requirements in EO 20-28.

Question: How do we monitor that students and staff have performed self-checks? What is our requirement in ensuring that they do so?

Self-checks are a required component of the OHA guidelines for colleges and universities. How to monitor self-checks is an institutional decision.

Question: What are the discretionary guidelines for testing for illness? What kind of illness - COVID specific?

Testing should be considered as one component of a broader strategy to limit the spread of COVID-19. This guidance is specific to symptoms associated COVID-19.

Question: Who is the health professional being referred to in the “Isolation Measures” section?

Which health professional provides symptom monitoring for students in residence halls is up to each institution.

Question: Can we remove the for credit language and certificate and degree information? Community colleges do all types of workforce type instruction w/o degrees.

Non-credit instructional activities that operate in a similar way to credit activities should follow the standards in the guidance document.

Question: In the section “Communicable Disease Management Plan”, what is considered a cluster of illness? Just COVID symptoms or standard cold/flu like symptoms?

These standards apply to [symptoms associated with COVID-19](#).