



Advisory Taskforce for Reopening Modesto Junior College

“Think About Ways to Make Things Better”

A. MJC Decision Making Principles

1. *Do what is best for our students.*
2. *Address social justice and equity.*
3. *Find a way to “yes”.*
4. *Be a beacon of hope.*

B. MJC Strategic Priorities

1. *Access.*
2. *Affordability.*
3. *Building Community.*
4. *Transformative and Innovative Practices.*
5. *Stewardship of Resources.*

C. Advisory Taskforce Members

Membership (Alphabetically by Constituent Group)	
Group:	Member:
Academic Senate	Dr. Chad Redwing
Administration	Dr. James Houpis
	VP Florida Arias
	Dr. Sarah Schrader
	Dr. Jennifer Zellet
ASMJC	Jennifer Novoa
	Samantha Carvajal
Community	Marian Kaanon
CSEA	Tiffnie Versola
Facilities	Judy Lanchester
Health Services	Amy Yribarren
Human Resources	Kathren Pritchard
IT	Josh Hash
Public Relations	Bryan Justin-Marks
Public Safety	Bill Watts
YFA	Shelley Akiona

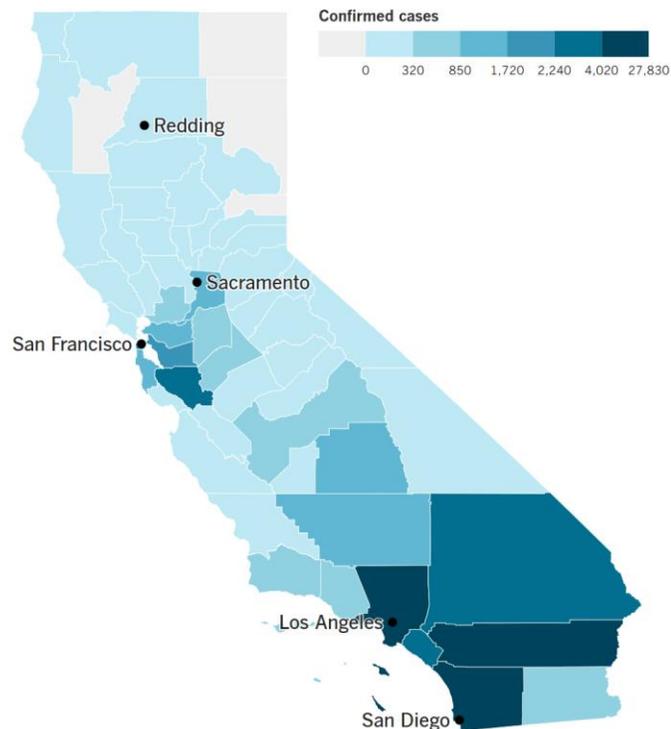
D. Purpose

In response to Covid-19 and the need to strategize a reopening plan, this group will serve as an advisory and guidance function for campus groups planning instruction, student services, and auxiliary services for the 2020-2021 Academic Year. Planning to be completed by no later than June 10, 2020.

E. Background

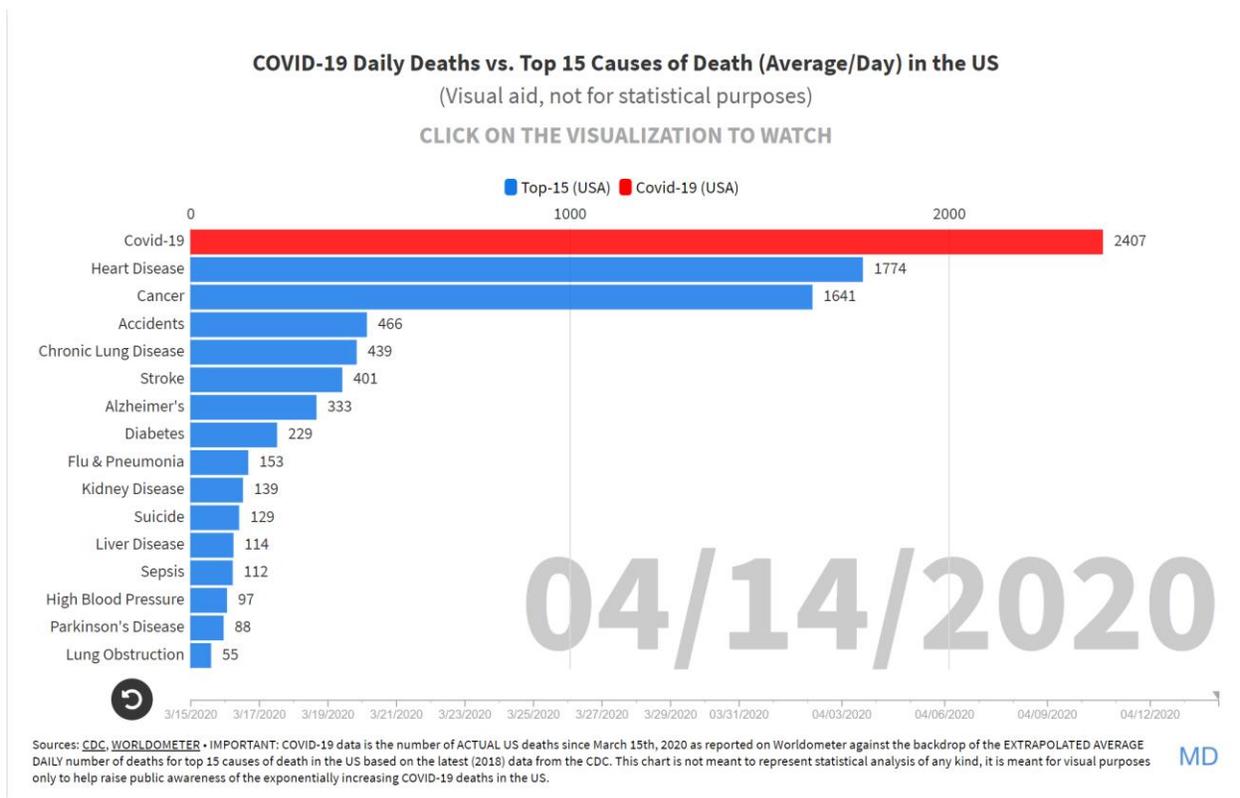
1. Covid-19 Status in Stanislaus County

The Los Angeles Times has constructed an [interactive website](#) that details the status of Covid-19 by County. As of May 5, 2020, the number of Covid-19 cases in California doubles every 24.3 days. This number will continue to rise as the amount of testing continues to rise. The number of actual cases is most likely considerably higher. However, it does serve as a comparison with Stanislaus County. The number of cases in Stanislaus County doubles every 15.1 days. The graph below (obtained from the website above) shows the number of cases for the county is in the middle grouping with 428 reported cases, as compared to Tuolumne County with 4 cases. Stanislaus County ranks 18th out of 58 counties in the number of Covid-19 cases. Approximately half of the cases were reported in Turlock and Modesto.



While the number of cases is highly dependent on the extent of testing, reported deaths are a better reflection of the status of and the prevalence of Covid-19. As of May 5, 2020, there have been **15** reported in Stanislaus County (Tuolumne County has 0 recorded deaths) as a result of Covid-19. The death toll in the county ranks 16th out of the 58 California counties.

One more concept to keep in mind, and that is the issue of crisis mentality. As described by Epstein (https://ssir.org/articles/entry/crisis_mentality#), the public tends to support sudden emergencies rather than chronic conditions. Covid-19 initially was considered a sudden emergency and need for a response was higher (although adequate response has yet to materialize, for example, availability of PPE). As a result, Covid-19 is shifting to a chronic condition which means that it is no less an emergency but the response becomes more clouded. The issue with chronic conditions, for example climate change, is that the effects are hard to ascertain since for the most part they cannot be directly observed. In the case of Covid-19, unless you or an acquaintance have been affected by Covid-19, the impacts of Covid-19 are less certain. To bring reality to the numbers we see in the news, we need to compare them to other numbers that the majority of the American population can understand. The following graph and animation, shows that in one month the Covid-19 death rate went from not being in the top 15 causes of death to number one, surpassing heart disease and cancer. [The graph was published](#) by Dr. Maria Danilychev of Scripps Health.



2. *California's Response*

On March 19, 2020, in response to the growing Covid-19 pandemic and the rate of transmission, Governor Gavin Newsom issued a Stay at Home Order for California. All Californians are to stay home except for designated essential workers. The complete Executive Order can be found at <https://www.gov.ca.gov/wp-content/uploads/2020/03/EO-N-33-20-COVID-19-HEALTH-ORDER-03.19.2020-002.pdf>.

3. *California's six indicators for modifying the Stay-at-Home Order*

- a. The ability to monitor and protect our communities through testing, contact tracing, isolating, and supporting those who are positive or exposed;
- b. The ability to prevent infection in people who are at risk for more severe COVID-19;
- c. The ability of the hospital and health systems to handle surges;
- d. The ability to develop therapeutics to meet the demand;
- e. The ability for businesses, schools, and child care facilities to support physical distancing; and
- f. The ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary.

4. *California's Four Stages for reopening by sector according to Department of Public Health Director Dr. Sonia Angell:*

- a. Stage 1: Our current stage where everyone is either staying at home or a member of the essential workforce. The state will continue to be in this stage until there is a modification of Stay-at-home Executive Order.
- b. Stage 2: Reopening lower risk workplaces, including:
 - i. Non-essential manufacturing (toys, furniture, clothing, etc.).
 - ii. Schools.
 - iii. Childcare facilities.
 - iv. Retail businesses for curbside pick-up.
 - v. Offices where working remotely isn't possible, but can be modified to make the environment safer for employees.

Moving to Stage 2 will not be like flipping a switch. According to Dr. Sonia Angell: In order to work toward Stage 2 of reopening, "Businesses (e.g. Our College) also need to have plans to make workplaces safer for employees when they are allowed to return. Even during Stage 2, people should continue to work remotely if possible, continue physical distancing and wear face coverings when appropriate."

- c. Stage 3: Reopening higher risk workplaces, which require close proximity to other people, including:
 - i. Hair salons.
 - ii. Nail salons.
 - iii. Gyms.
 - iv. Movie theaters.
 - v. Sporting events without live audiences.
 - vi. In-person religious services (churches and weddings).

- d. Stage 4: Ending the stay-at-home order, which would allow for the reopening of:
 - i. Concert venues
 - ii. Convention centers
 - iii. Sporting events with live audiences

F. Planning Structure

The advisory taskforce will act as a resource for three planning groups. The Instruction Planning Group will be led by VP Zellet; the Student Services Planning Group will be led by VP Arias; and the Auxiliary Planning Group will be led by VP Schrader. Each VP will be responsible for their group's composition, possible additional working groups (e.g. athletics, lab/CTE courses) with the directive of developing a plan and timeline for implementing action plans beginning in Fall 2020. Advisory Taskforce members are free to attend any of the planning group meetings, and provide constituent input as plans are developed; however, attendance in these groups is strictly voluntary.

G. Planning Assumptions

1. This is a public health crisis, first and foremost.
2. The likelihood of Colleges fully opening in the fall is remote. At the US Senate Hearing on May 12, 2020 Dr. Fauci of NIAID stated "The idea of having treatments available or a vaccine to facilitate reentry of students into the fall term would be something that would be a bit of a bridge too far".
3. Covid-19 will be around for another year (until a vaccine is found). This means if we are not careful there will be more exposures to Covid-19, which leads to more Covid-19 cases, which leads to more deaths.
4. A vaccine will not be available for another 8 months (most optimistic) to 1.5 years.
5. Social distancing and wearing of masks do not guarantee non-exposure to Covid-19.
6. Reopening will take place in stages.

7. College budget will likely decrease for a minimum of one to three years.
8. Enrollment is uncertain. Most likely, applications will increase, but as is typical in these times, funding may be inversely proportional to demand.
9. Plan with the possibility that restrictions and adaptations will continue into Spring 2021.

H. Planning Issues:

1. *Basis for determining stages of reopening*
 - a. Beginning with most essential and lowest risk
 - b. Health (e.g. protecting vulnerable groups)
 - c. Degrees and certificates that cannot be delivered through online instruction
2. *Ability for social distancing and prevention of transmission in different work environments*
 - a. Instruction - Faculty
 - b. Operations – Classified Professionals
 - c. Student specific items
 - d. Role of facilities
 - i. Air handling (positive pressure vs. negative pressure)
 - ii. Role of surfaces in disease transmission
 - iii. Assessment of which buildings are most safe to use
 - iv. Protective shield
 - v. Signage
 - vi. Cleaning and sanitizing needs and costs
 - e. Availability, type and amount of PPE needed
 - i. Reusable or one-time use
 - ii. Type and effectiveness: homemade, regular mask, surgical mask, n95, n100.

We need to be careful and accurate in what we recommend. The following quote was part of a published research paper with the citation; Anna Davies, Katy-Anne Thompson, Karthika Giri, George Kafatos, Jimmy Walker and Allan Bennett. Testing the Efficacy of Homemade Masks: Would They Protect in an Influenza Pandemic? Disaster Medicine and Public Health Preparedness, Available on CJO 2013 doi:10.1017/dmp.2013.43.

“A protective mask may reduce the likelihood of infection, but it will not eliminate the risk, particularly when a disease has more than 1 route of transmission. Thus, any mask, no matter how efficient at filtration or how good the seal, will have minimal effect if it is not used in conjunction with other preventative measures, such as isolation of infected cases,

immunization, good respiratory etiquette, and regular hand hygiene. An improvised face mask should be viewed as the last possible alternative if a supply of commercial face masks is not available, irrespective of the disease against which it may be required for protection. Improvised homemade face masks may be used to help protect those who could potentially, for example, be at occupational risk from close or frequent contact with symptomatic patients. However, these masks would provide the wearers little protection from microorganisms from others persons who are infected with respiratory diseases. As a result, we would not recommend the use of homemade face masks as a method of reducing transmission of infection from aerosols.”

- iii. Be aware of misinformation concerning face coverings. For example, the wearing of face coverings of any type for prolong periods of time is dangerous. In general, this is false although individuals with respiratory illnesses need to take caution.
- iv. CDC Recommendation for Face Coverings.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

3. Budgetary concerns

- a. Support staff.
- b. Synchronous vs. asynchronous online courses.
- c. Technology needs and support.

4. *Faculty and Staff*

- a. Potential change in assignments.
- b. Addressing the workplace needs of high-risk employee groups, and those caring for high-risk groups.

5. *Student Workers*

- a. Change in assignment.
- b. Work with CalWorks and Student Financial Aid.

6. *Professional development*

- a. When – Summer through Fall.
- b. Types of professional development.
- c. Continuation past Fall.
- d. Part of ongoing professional development for all incoming faculty and staff.

7. *Decision Making Process*

- a. Plans are completed by subcommittees.
- b. Plans are reviewed by Advisory Task Force and comments provided as needed.
- c. MJC Cabinet reviews plans and comments, and forwards plans (edited as necessary) to the President.
- d. President forwards plans to College Council for review and recommendations.
- e. President makes the final decision. Informs campus and community.

8. *Considerations for future*

I. Resources

1. *American Association of Community Colleges*

Preparing to Re-Open this Fall

<http://www.ccdaily.com/2020/05/preparing-to-re-open-this-fall/>

2. *Center for Disease Control*

CDC Coronavirus Disease 2019: College and Universities Plan, Prepare and Respond.

<https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>

3. *Liberty Cassidy Whitmore*

Responding to the Coronavirus/Covid-19.

<https://www.lcwlegal.com/responding-to-COVID-19>

4. *Modesto Junior College*

Planning to Reopen MJC Advisory Taskforce: Resource Documents

<https://mjc.edu/governance/reopeningcommittee/>

Coronavirus Public Information (includes various resource websites).

<https://www.mjc.edu/news/coronavirus2020.php>

5. Research Articles

- a. Testing the Efficacy of Homemade Masks: Would They Protect in an Influenza Pandemic? Anna Davies, Katy-Anne Thompson, Karthika Giri, George Kafatos, Jimmy Walker and Allan Bennett. Disaster Medicine and Public Health Preparedness, Available on CJO 2013 doi:10.1017/dmp.2013.43.

Link to this article: http://journals.cambridge.org/abstract_S1935789313000438

- b. Crisis Mentality: Why sudden emergencies attract more funds than do chronic conditions, and how nonprofits can change that. Keith Epstein. Stanford Social Innovation Review. Spring 2006.

Link to this article:

https://ssir.org/articles/entry/crisis_mentality#

6. Worldometers

Collection of data by region and country.

<https://www.worldometers.info/coronavirus/country/us/>