

Tennessee Department of Health Recommendations for the Management of COVID-19 in Colleges and Universities

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The novel coronavirus (SARS-CoV-2) which has resulted in the COVID-19 pandemic has presented challenges to every aspect of our world, including the need to prematurely close, and now struggle with reopening, our colleges and universities. The following are general guidelines and considerations as institutions of higher education (IHEs) prepare for the return of students and staff to campus in the safest manner possible. It is critical that all students and staff are prepared to contribute to the prevention, rapid identification, and mitigation of the spread of COVID-19 in Tennessee's IHEs.

As with any significant change, advanced planning is the key to successful implementation. In addition to carefully considering the recommendations contained in this guidance and developing policies and procedures, IHEs are encouraged to engage staff in tabletop exercises in advance of the first day of classes. Such exercises are designed to reveal gaps in planning that can be addressed before students and staff return to campus. Suggested exercises may be found on the Tennessee Department of Health's webpage for educational facilities (<https://www.tn.gov/health/cedep/ncov/educational-orgs.html>). These may be adapted, as needed, to meet the specific needs of the IHE.

Overarching Recommendations

While no single action will eliminate the risk of transmission of the SARS-CoV-2 virus within a college or university, implementation of several coordinated interventions may significantly reduce that risk.

It is strongly recommended that the following general policies be adopted by all IHEs:

- Any student or staff who has symptoms consistent with COVID-19 or who has been diagnosed with COVID-19 must **isolate at their residence** for a period of 10 days from the onset of their symptoms (or the date they were tested, if asymptomatic) AND must be fever-free (without the use of fever-reducing medications) AND have improvement in symptoms for at least 24 hours. **This is not optional.**
- Any student or staff who has been a close contact (within 6 feet for ≥ 10 minutes) of a person with suspected or confirmed COVID-19 must **quarantine at their residence** for a period of 14 days from their last exposure to that individual. **This is not optional.**
- Students and staff should be instructed to stay remain at their residence if they are ill.
- Any student or staff member with a fever of 100.4 degrees or greater, or who reports symptoms of COVID-19, should be told to return to their residence.
- Every IHE should have an identified location where a student or staff member who is exhibiting symptoms of COVID-19 may be taken to isolate them from others until the individual can return to their residence.
- IHEs should have human resources policies in place that empower staff to remain home when ill.
- All students and staff should always wear a cloth face covering while on campus unless in their residence or outdoors where physical distancing can be assured. Students and staff should not wear a

cloth face covering if they have trouble breathing or are unconscious, incapacitated, or otherwise unable to remove the cloth face covering without assistance. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html> See detailed guidance below. **A face shield is not a substitute for a cloth face covering but may be worn in addition to a cloth face covering.**

Even if the wearing of a cloth face covering cannot be mandated, using language such as “we expect our students and staff to wear a cloth face covering while on university property” may achieve a high degree of compliance

- Schools should have a policy in place for symptom and temperature screening of students and staff.
- Hand sanitizer containing at least 60% alcohol should be readily available for use by students and staff and students and staff should be reminded to frequently wash their hands with soap and water for at least 20 seconds or use hand sanitizer, especially before eating.
- Classrooms and high-touch surfaces such as door handles should be disinfected regularly throughout the day. (<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>)
- Students and staff should maintain six feet between themselves and others whenever possible, and classrooms should be structured in such a way as to facilitate this distancing, to the extent possible.
- Congregating of students and staff in lounge areas or other shared spaces should be discouraged.
- IHEs should not hold mass gatherings unless appropriate social distancing can be maintained.
- IHEs should have policies in place that limit visitors in the campus. Those that do visit should be screened for symptoms, have their temperature taken, and wear a cloth face covering while on campus.

Preventing COVID-19 on Campus

Preparation is the key to reducing the impact of COVID-19 upon your campus. The following steps should be taken to prepare for the return of students and staff:

Supplies:

- Touchless thermometers for daily screening of students and staff
- Hand sanitizer (minimum 60% alcohol) and dispensers
- Disinfecting wipes and other cleaning and disinfecting supplies (https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf)
- Cloth face coverings for students and staff
- Tape to mark floors for traffic flow and reminders to distance
- Surgical or N95 masks, face shields, gloves and gowns for health clinic staff

Environmental Preparation:

- Post signage to communicate and remind students, staff and visitors of policies and procedures
- Designate one-way foot traffic patterns
- Arrange classroom seating to permit physical distancing
- Clean and disinfect water bottle filling stations regularly and consider closing water fountains
- Make hand sanitizer readily available for use by staff and students
- Consider how to best limit crowding in hallways as students move from one area of a building to another
- Determine how to provide meals to students and staff in areas that allow for adequate personal distancing

- Determine schedules for the regular cleaning and disinfection of shared equipment, workstations, restrooms and high-touch surfaces throughout the day
- Eliminate high-touch surfaces, where possible. e.g., leave doors open, remove materials that cannot be easily cleaned and disinfected
- Routine cleaning practices should be used for indoor areas that have not been used for seven or more days, outdoor equipment (except for high touch surfaces), indoor surfaces that are not high touch (e.g. bookcases, window coverings, wall decorations) and for floors and carpeted areas
- Utilize outdoor spaces when possible
- Do not use UV light-emitting devices as they are not safe for humans and may cause skin and eye damage

Staffing Considerations:

- All staff should have temperatures checked and answer COVID-19 screening questions each day:
 - Have you been in close contact with a confirmed case of COVID-19 within the past 14 days?
 - Are you experiencing a cough, shortness of breath, sore throat, or stomach symptoms?
 - Have you had a fever in the last 48 hours?
 - Have you had new loss of taste or smell?
 - Have you had vomiting or diarrhea in the last 24 hours?
- Provide training for new policies and procedures and the importance of modeling expected behavior
- Provide education around identifying signs and symptoms of COVID-19 and implementation of the IHE's response plan if a case is identified
- Prepare staff for periods of remote learning
- Consider requiring staff to wear cloth face coverings, unless contraindicated
- Develop human resources policies and modified work opportunities that empower staff to remain at home if ill
- Prepare for increased staff absenteeism
- Prepare for increased numbers of staff who will retire or otherwise not return to the classroom this fall

Considerations for Student Health Staff:

- Staff should be provided with appropriate medical personal protective equipment (PPE) to use when caring for students and staff
 - Surgical masks or N95 masks (with appropriate fit test)
 - Gloves (non-sterile)
 - Disposable gowns
 - Face shields or other eye protection
- Asthma treatments should be provided via metered dose inhaler (MDI) with a spacer or spacer and mask rather than a nebulizer, when possible. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Staff should wear an N95 face mask, gloves, and eye protection. Rooms should be well-ventilated or treatments should be performed outside. The room should undergo routine cleaning and disinfection after the use of a nebulizer
- Peak flow meters should not be used unless student health staff are wearing gloves, an N95 face mask, and eye protection
- Staff should be trained on the proper donning and doffing of PPE

Student Considerations:

- All IHEs should have a plan in place for symptom screening and temperature checks. Policies must balance the practicality of performing these screening procedures for large numbers of students with the potential for early detection of a symptomatic student. Methods to allow self-reporting of symptom screening and temperature checks may be considered. Symptom screening should include the following questions:
 - Have you been in close contact with a confirmed case of COVID-19 within the past 14 days?
 - Are you experiencing a cough, shortness of breath, sore throat, or stomach symptoms?
 - Have you had a fever in the last 48 hours?
 - Have you had new loss of taste or smell?
 - Have you had vomiting or diarrhea in the last 24 hours?
- Communicate the IHE's preparation, policies, and procedures to students and families well in advance of their arrival on campus
- Consider requiring students to wear cloth face coverings unless unable to remove their face mask without assistance.
 - People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear cloth face coverings if they rely on lipreading to communicate. In this situation, consider using a clear face covering. If a clear face covering isn't available, consider whether you can use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a cloth face covering that blocks your lips.
 - Some people, such as people with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a cloth face covering. They should consult with their healthcare provider for advice about wearing cloth face coverings.

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

- Reinforce the importance of hand hygiene (especially before eating), respiratory etiquette, and social distancing
- Consider assigned seating and cohort classes to minimize crossover among students and staff and aid in identification of close contacts of infected individuals
- Consider cohorting students within classes where they are not seated (labs, shops, physical education, dance classes, etc.). Keeping students in small, consistent groups will assist with contact tracing and limit the need to quarantine large numbers of students in the event of an exposure
- Discourage sharing of supplies and equipment. When equipment must be shared it should be cleaned and disinfected between uses
- Avoid close physical proximity when students are engaged in activities that result in forced exhalation (singing, shouting, exercise). These activities are best conducted outdoors and with increased physical distancing

- Plan for the needs of students with identified health care needs that may place them at higher risk for complications, if infected. This includes plans for short or long-term remote learning, depending on the needs of the student

Campus Housing Considerations:

- Identify housing that would be suitable for the isolation of COVID-19 positive individuals for a period of at least 10 days. COVID-19 positive individuals **MAY** be housed together and share facilities without regard to isolation dates
- Identify housing that would be suitable for the quarantine of close contacts of COVID-19 positive individuals for a period of 14 days from their last exposure. Quarantined individuals **SHOULD NOT** share living spaces or facilities, if possible, as quarantine will be extended if any individual among the quarantined group develops COVID-19
- IHEs may want to consider reserving approximately 2% of their housing for isolation and quarantine
- IHEs should have a plan in place to monitor the physical and emotional health of students in on-campus isolation and quarantine
- IHEs should have a plan in place to provide meals and other essential services to students in on-campus isolation and quarantine

Campus Transportation Considerations:

- Post signs at bus stops to remind passengers to physically distance while waiting for the bus
- Provide approved cleaning materials and develop cleaning schedules and protocols
- Bus drivers and passengers should wear cloth face coverings, unless contraindicated
- Consider smaller routes to decrease crowding on buses
- Position riders one per seat and with an empty seat between students, when possible. Students from the same residence (roommates) may sit together
- Keep windows open to increase air exchange, weather permitting

Developing and Communicating a Plan of Action

- Students, staff and families should be aware of the IHE's plan of action when an individual on campus is showing signs or symptoms or has been diagnosed with COVID-19.
- Draft call messages and letter templates to use to communicate with students, families and staff after a case has been confirmed in the school. Ensure communications conform to HIPAA regulations.
- IHEs should **identify one individual** who will contact the local or regional health department to report positive cases and request assistance on behalf of the IHE.

Testing Strategies

Testing to diagnose COVID-19 is one component of a comprehensive strategy to mitigate the spread of the disease on campus. Testing should be used in conjunction with promoting behaviors to reduce spread and preparing for when someone becomes ill. IHE administrators should collaborate with state and local health officials to determine whether to implement any testing strategy and, if so, how best to do so.

Types of Testing

- **Antibody Testing** may be used to diagnose past infection but should not be used as sole basis for determining current infection, nor should it be used to determine an individual's immunity to the SARS-CoV-2 virus
 - The specificity of antibody tests varies greatly by laboratory and testing platform
 - Antibody tests are difficult to interpret given the limited understanding of the immune response to the SARS-CoV-2 virus
 - Antibody testing obtained prior to arrival on campus should not provide reassurance that an individual is “negative for COVID-19” or “immune to COVID-19”. Therefore, testing prior to arrival to campus is not recommended
 - Antibody tests should **NOT** be part of the testing strategy of any IHE, outside of research studies, at this time
- **Genomic or Polymerase Chain Reaction (PCR) Testing** is typically thought of as the “gold standard” for COVID-19 testing and is used to diagnose **current** infection through detection of viral RNA
 - The quality (specificity and sensitivity) of PCR tests varies greatly by laboratory and testing platform
 - Results may be falsely negative, especially in individual who are infected but without symptoms
 - Test results should be interpreted as “at the time of the test, the virus was not detected” rather than “the test was negative”. Many factors influence the results of such tests, such as the technique used when obtaining the specimen, where the patient is in their incubation period, whether the patient is symptomatic, how the specimen is transported to the lab, and the quality of the laboratory performing the testing.
 - PCR testing obtained prior to arrival on campus should not provide reassurance that an individual is “negative for COVID-19”. Therefore, testing prior to arrival to campus is not recommended
 - PCR testing should be reserved for individuals who are currently experiencing symptoms of COVID-19 or who have been a recent contact of an individual who has been diagnosed with COVID-19
 - PCR testing of asymptomatic individuals who have no know exposure to COVID-19 **is not recommended**. CDC and TDH **DO NOT** recommend entry testing of all returning students, faculty, and staff. Pre-contest testing of asymptomatic athletes for the purpose of complying with athletic conference requirements may be performed with PCR testing
- **Rapid Antigen Testing** may be used to diagnose current infection through detection of viral protein
 - The quality (specificity and sensitivity) of rapid antigen tests varies greatly by testing platform
 - Results may be falsely negative, especially in individual who are infected but without symptoms

- Test results should be interpreted as “at the time of the test, the virus was not detected” rather than “the test was negative”. Many factors influence the results of such tests, such as the technique used when obtaining the specimen, where the patient is in their incubation period, whether the patient is symptomatic and the quality of the laboratory performing the testing
- Rapid antigen testing obtained prior to arrival on campus should not provide reassurance that an individual is “negative for COVID-19”. Therefore, testing prior to arrival to campus is not recommended
- Rapid antigen testing should be reserved for individuals who are currently experiencing symptoms of COVID-19
- Rapid antigen testing of asymptomatic individuals **is not recommended**. CDC and TDH **DO NOT** recommend entry testing of all returning students, faculty, and staff. Pre-contest testing of asymptomatic athletes for the purpose of complying with athletic conference requirements may be performed with PCR testing, but results should be confirmed by PCR
- Negative rapid antigen test results from testing performed outside of the first five days of symptoms should be confirmed by PCR

Recommended testing strategy:

- IHEs with on-campus student health services
 - Test symptomatic individuals with PCR or rapid antigen testing. Isolate until results return
 - Test close contacts (within 6 feet for ≥ 10 minutes) of individuals diagnosed with COVID-19 with PCR testing
 - Test defined populations (e.g., a dormitory floor, a fraternity house, a laboratory section) with PCR testing if there is widespread exposure in a population or a cluster of cases of COVID-19 within a specific community
 - Perform routine pre-contest testing of athletes as required by the athletic conference
- IHEs without on-campus student health services
 - Contact the local health department, community health center, hospital or urgent care clinic IN ADVANCE and determine the protocol for referring an individual for evaluation and/or testing
 - Refer individuals who warrant COVID-19 testing (symptomatic or close contact to a confirmed case of COVID-19) to their primary care provider or local health care resource, if warranted
 - Determine if athletes in need of routine pre-contest testing required by the athletic conference will be tested by the athletic program or by a local health care resource

Action Plan: Response to COVID-19 on Your Campus

Know the signs and symptoms of COVID-19: It is critically important that staff and students are aware of the signs and symptoms of COVID-19 and are well-aware of the IHE’s planned response when someone on campus is exhibiting signs or symptoms of COVID-19. IHEs should have an identified area to separate or isolate students or staff who exhibit signs or symptoms of COVID-19.

Most Common Signs and Symptoms

- Temperature $\geq 100.4^{\circ}\text{F}$
- Cough
- Shortness of breath

Other Possible Signs and Symptoms

- Diarrhea
- Abdominal pain (especially in children)
- Malaise
- Fatigue
- Rash
- Loss of taste or smell

When someone becomes ill:

- If not already in place, immediately place a cloth face covering or a surgical mask on the ill individual (unless contraindicated) and move them a place that has been identified in advance as a safe area to isolate that individual.
- Anyone assisting the individual should put on a cloth face covering or a surgical mask, eye protection, a gown and gloves, if possible. Limit the number of people who are in direct contact with the ill individual.
- If the individual appears to be mildly ill, help them arrange to return to their personal residence or, if a campus resident, transport them to designated isolation housing. If the individual appears to be very ill, notify their emergency contact. If the individual requires emergency medical attention, call 911 and inform EMS of the situation.
- Identify those who have been within six feet of the individual for 10 minutes or more at any time from 48 hours prior to the individual's onset of symptoms until the individual has been isolated. Those individuals will be required to self-quarantine for 14 days from their last exposure to that individual unless they had been wearing full PPE (eye protection, surgical or N95 mask, gown and gloves) throughout the exposure
- Close the area(s) where the ill individual was present for 10 minutes or more for 24 hours and then clean and disinfect those areas according to CDC and EPA guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>)

Release from Isolation and Quarantine:

Refer to the following guidelines when determining when students and staff may be released from isolation or quarantine after illness:

- Students and staff who have been diagnosed with COVID-19, or whom have been in quarantine due to exposure to a suspected or confirmed case of COVID-19, are NOT required to provide proof of a negative COVID-19 PCR test or a note of clearance from a health care provider or the Department of Health prior to returning to school but MUST meet ONE of the criteria below:
- Students and staff **may return to school** if the answer to **ANY** of the following questions is **YES**:

- **Did the individual have a positive COVID-19 PCR/antigen test (with or without symptoms), complete isolation for a minimum of 10 days from the onset of symptoms (or the date of the positive test, if asymptomatic) AND have resolution of fever (without fever-reducing medication) AND improvement in COVID-19 symptoms for at least 24 hours?** If so, the individual may be released from isolation. No medical evaluation or proof of negative COVID-19 test is required.
- **Was the individual quarantined for 14 days due to exposure to a suspected or confirmed case of COVID-19?** If that individual has remained asymptomatic and has completed the 14-day quarantine period, the individual may be released from isolation. No medical evaluation or proof of negative COVID-19 test is required. If symptoms developed during the quarantine period, the individual must complete isolation as above.
- **Does an individual who was ill with symptoms of COVID-19 have written documentation from their medical provider confirming their illness was not due to COVID-19 because another explanation was identified?** If so, the individual may be released from isolation at the direction of their medical provider if they have been without fever (without the use of fever-reducing medications) for at least 24 hours and symptoms have been improving. Examples of acceptable diagnoses would include fever due to urinary tract infection, strep throat confirmed by a positive strep test, rash from poison ivy, etc. Diagnoses of respiratory and viral conditions such as upper respiratory tract infection (URI), pneumonia, pharyngitis without positive strep test, viral illness, etc., DO NOT exclude the diagnosis of COVID-19 and should not be considered adequate to authorize release from isolation until another criterion is met. Individuals with symptoms consistent with COVID-19 who are without an acceptable alternative diagnosis are **treated as infected** and are to isolate for 10 days from the onset of their symptoms AND have resolution of fever (without fever-reducing medications) AND improvement of symptoms for at least 24 hours before being released from isolation unless the next criterion is met.
- **Does an individual who had symptoms of COVID-19 without documentation of an alternative diagnosis and without a positive COVID-19 test during this illness have a negative COVID-19 PCR test after the onset of their symptoms?** (e.g., individual develops a fever and cough, is evaluated by a medical provider, tested for COVID-19 while having symptoms, and the test is negative. Fever resolves and symptoms have been improving for at least 72 hours.) If so, the individual may be released from isolation if fever has resolved without fever-reducing medications and symptoms have been improving for at least 72 hours. This does not apply to anyone who had a positive test at any point during the illness — that individual must isolate for a minimum of 10 days from the onset of symptoms (or the date of the positive test, if asymptomatic) AND have resolution of fever (without fever-reducing medication) AND have improvement in COVID-19 symptoms for at least 24 hours.
- **Has an individual who had any symptoms of COVID-19, but who was never tested during that illness and has no confirmed alternative diagnosis, completed isolation for a minimum of 10 days AND had resolution of fever (without fever-reducing medications) AND improvement in COVID-19 symptoms for at least 24 hours?** If so, the individual may be released from isolation. No medical evaluation or proof of negative COVID-19 test is required.

<u>Situation</u>	<u>Release from Isolation</u>	<u>Required Documentation</u>
Positive COVID-19 test	After 10-day isolation AND 24 hours without fever (without fever-reducing medication) AND improvement in symptoms	None
Close contact (within 6ft, \geq 10 minutes) with an individual with suspected or confirmed COVID-19	After 14-day quarantine if individual never developed symptoms. If symptoms developed, individual must complete isolation as above	None
COVID-19 symptoms with confirmed alternative diagnosis	Per medical provider guidance if fever has resolved for \geq 24 hours and symptoms are improving	Written documentation from licensed medical provider that symptoms were caused by a condition other than COVID-19. Diagnoses of respiratory and viral conditions such as upper respiratory tract infection (URI), pneumonia, pharyngitis without positive strep test, viral illness, etc., DO NOT exclude the diagnosis of COVID-19
COVID-19 symptoms with negative COVID-19 test after symptom onset	After fever has resolved without fever-reducing medications and symptoms have been improving for at least 72 hours	Documentation of a negative COVID-19 PCR test obtained after onset of symptoms. Individual must NOT have had a positive COVID-19 test during this illness.
COVID-19 symptoms AND No testing	After 10-day isolation AND 24 hours without fever (without fever-reducing medication) AND improvement in symptoms	None

Mitigating Spread of COVID-19 on Campus

Facilitate Contact Tracing: Contact your local health department as soon as you are made aware of a suspect or confirmed case of COVID-19.

- Assist the health department in identifying contacts of the infected individual
- Contacts are to self-quarantine for 14 days from their last contact with the infected individual

Empower staff to comply with quarantine: Ensure human resources and student absentee policies allow for extended absences due to COVID-19 illness or exposure.

Considerations for building or campus closure: Closures should be as limited as possible while still minimizing spread of COVID-19 between contacts. IHE administrators are strongly encouraged to consult with state or local public health officials prior to finalizing a decision to close all or part of campus. It is critically important that IHEs be able to pivot from in-person to distance learning so that disruption can be minimized while

students and staff need to be away from campus for extended periods of time. **IHE administrators are discouraged from using metrics such as county active case rates as the sole determinant of school or district-level closures.**

- All students and staff who have been in close contact (defined as within 6 feet for 10 or more minutes) with a confirmed case **must** be quarantined at their residence for 14 days.
 - In instances where it is difficult to clearly identify contacts, this may result in the quarantine of all individuals in a class or residents of a dormitory floor
 - In instances where seating may be well-defined and close contacts more easily identified, there may be individuals in a classroom or other common space who are not close contacts and would not require quarantine

References:

Tennessee Department of Health repository of resources for IHEs

<https://www.tn.gov/health/cedep/ncov/educational-orgs.html>

CDC Resources for Colleges, Universities, and Higher Learning

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

CDC COVID-19 Communication Resources

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

CDC “When You Can Be Around Others After You Had or Likely Had COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html