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

(3.29.2021)

3.29.2021 update reflects:
- Recommendation for student/faculty/staff vaccination
- Change in wording of travel recommendation
- Updated Protocol for Schools Assisting Public Health with Close Contact Identification
- Updated Return to School Algorithm

3.16.2021 update reflects:
- New quarantine guidelines released from CDC for fully vaccinated individuals.

12.3.2020 update reflects:
- New quarantine guidelines released from CDC.gov on 12.2.2020.

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 help prevent, rapidly identify, and reduce 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 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

No single action will eliminate the risk of transmission of COVID-19 within a college or university. However, implementation of several coordinated interventions may significantly reduce that risk.

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

- Encourage faculty, staff, and students to receive COVID-19 vaccination as soon as possible.
- All staff/students diagnosed with COVID-19 must **isolate at their residence** for a period of 10 days from onset of symptoms (or date of testing, if without symptoms), must be fever-free (without use of fever-reducing medications) AND have improvement in symptoms for at least 24 hours. This is **not optional**.
- All staff/students with a pending COVID-19 test must self-isolate at their residence until they receive a negative test result.
- All staff/students with symptoms consistent with COVID-19 should self-isolate at their residence until receiving a negative test result or clearance by a physician or the Department of Health.

- All staff/students who are close contacts to a case of COVID-19 (within 6 feet for a cumulative total of ≥15 minutes over a 24-hour period) must **quarantine at their residence**. Options for 7-day and 10-day quarantine periods are below, but face mask use, physical distancing and symptom monitoring are important for a full 14 days following exposure. Quarantine options include:
    - Ending quarantine after 10 days (return to regular activities on Day 11) if the contact does not have symptoms (no testing required).
    - Ending quarantine after 7 days (return to regular activities on Day 8) if the contact does not have symptoms and a PCR or antigen test collected after day 5 is negative.
    - Refer to the TDH guidance for more details.
- Individuals who have tested positive for COVID-19 in the previous 90 days are exempt from quarantine. They should self-monitor for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.
- Fully vaccinated individuals are exempt from quarantine if they are either ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine, and they have remained asymptomatic since the current COVID-19 exposure. They should self-monitor for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.
- All ill staff/students should be instructed to remain at their residence.
- All staff/students with a fever of ≥100.4° or who report symptoms of COVID-19, should be told to return to their residence.
- Every IHE should have an identified location where staff/students exhibiting symptoms of COVID-19 may be taken to isolate from others until they can return to their residence.
- IHEs should have human resource policies in place that empower staff to remain home when ill.
- All staff/students should wear face masks while on campus unless in their residence or outdoors where physical distancing can be assured. Staff/students should not wear face mask if they have trouble breathing or are unconscious, incapacitated, or otherwise unable to remove face mask without assistance.
  https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html
  A face shield is not a substitute for a face mask but may be worn in addition to a face mask.
  If wearing face masks cannot be mandated, language such as "we expect our students and staff to wear face masks while on university property" may achieve a high degree of compliance.
- IHE policies should be in place for symptom and temperature screening of staff/students.
- Hand sanitizer containing at least 60% alcohol should be readily available. Staff/students 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 should be disinfected regularly throughout the day.
  https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html
- Staff/students should maintain six feet between themselves and others whenever possible. Classrooms should be structured to facilitate this distancing, to the extent possible.
- Congregating of staff/students in lounge areas or other shared spaces should be discouraged.
- IHEs should not hold mass gatherings unless appropriate physical distancing can be maintained.
- IHEs should have policies in place to limit visitors on campus. Those who do visit should be screened for symptoms, have their temperature taken, and wear a face mask while on campus.

Preventing COVID-19 on Campus

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

Supplies:

- Touchless thermometers for obtaining temperatures of students and staff, when needed
- 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
- Face masks 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 physical distancing.
- Determine schedules for 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 >7 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 daily:
    - Have you been in close contact with a case of COVID-19 within the past 14 days?
    - Are you experiencing 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 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 face masks, 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 another form of 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:

- Staff and students should be encouraged to screen for symptoms of COVID-19 before attending classes.
- Staff and students should not attend class if their temperature is ≥100.4 or have symptoms of illness.
- Symptoms 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 face masks unless unable to remove the 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 face masks if they rely on lipreading to communicate. In this situation, consider using a clear face mask. If a clear face mask isn't available, consider whether you can use written communication, use closed captioning, or decrease background noise to make communication possible while wearing a face mask 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 face mask. They should consult with their healthcare provider for advice about wearing face masks.

  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 physical distancing.
- Students returning from domestic or international travel should be aware they may be contagious and should practice physical distancing, wear a face mask, wash their hands frequently, and self-monitor for symptoms of COVID-19. If symptoms develop, they should isolate themselves and get tested. Tennessee does not require testing or quarantine after domestic or international travel, but strongly recommends travelers follow CDC guidance:

  - https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html
  - https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html
  - https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html#travel-1
- 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 without seating (labs, shops, physical education, dance classes, etc.). Keeping students in small, consistent groups assists with contact tracing and limits 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 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 face masks, 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.
- Students who have been fully vaccinated 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 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.
- If a case says their contacts are vaccinated, still add them to the list of contacts. These contacts need to know about their exposure and should self-monitor for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.

Testing Strategies

Testing to diagnose COVID-19 is one component of a comprehensive strategy to reduce the spread of 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 for diagnosing a current infection or determining 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,** the "gold standard" for COVID-19 testing, is used to diagnose current infection through detection of viral RNA.
    - Quality (specificity and sensitivity) of PCR tests varies greatly by laboratory and testing platform.
    - 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 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 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 to a case of COVID-19.

    - PCR testing of individuals without symptoms and no known 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.
    - Quality (specificity and sensitivity) of rapid antigen tests varies greatly by testing platform.
    - 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 an individual is "negative for COVID-19". Therefore, testing prior to arrival to campus 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 rapid antigen testing, but positive 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 to a case of COVID-19 (within 6 feet for a cumulative total of ≥15 minutes over a 24-hour period) with PCR testing.
        - Unless COVID-19 symptoms are present, fully vaccinated staff/students or those who have tested positive for COVID-19 in the previous 90 days do not need to be tested.
    - 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 local health department, community health center, hospital or urgent care clinic IN ADVANCE and follow protocols for referring individual for evaluation and/or testing.
    - Refer individuals who warrant COVID-19 testing (symptomatic or close contact to a case of COVID-19) to their primary care provider or local health care resource.
    - 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 the IHE's planned response when someone on campus has 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.

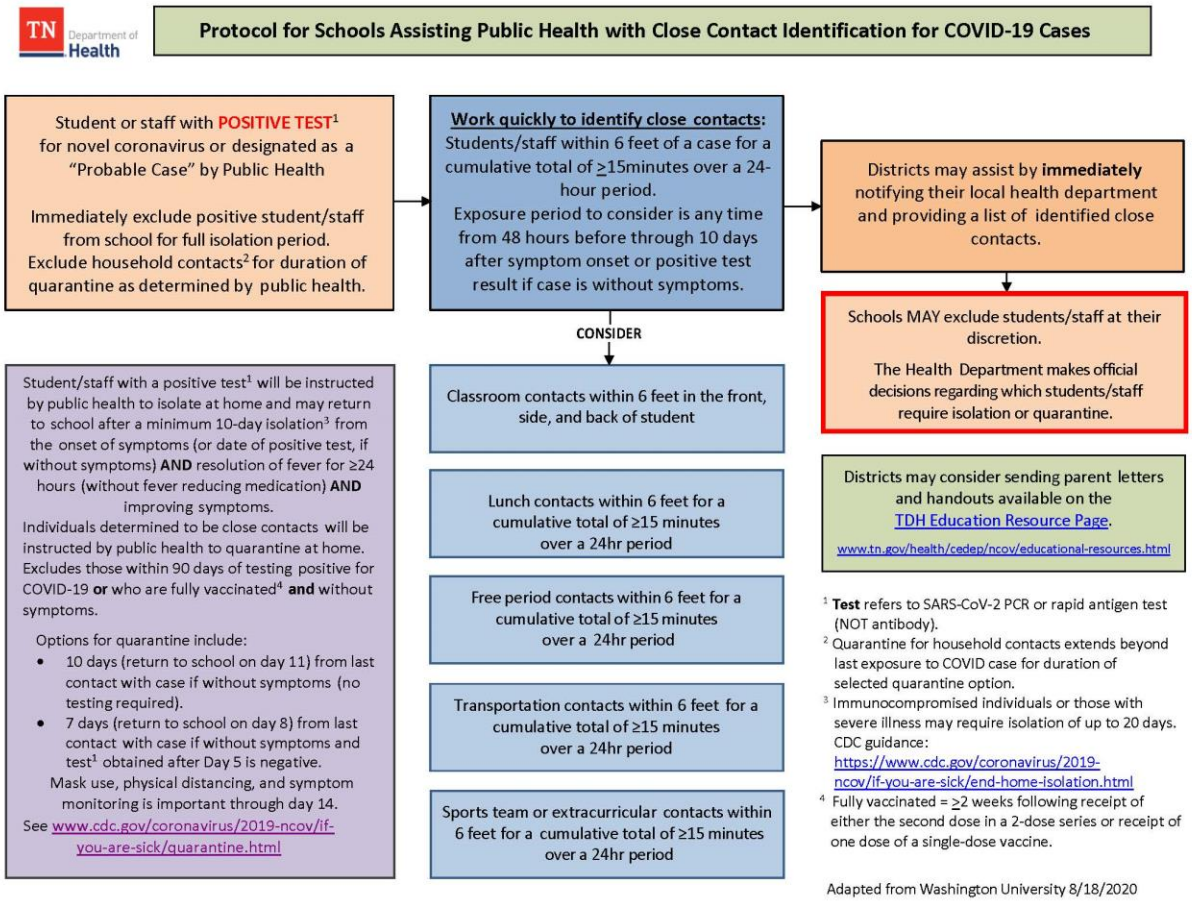
Common Signs and Symptoms

Fever or chills, Cough, Shortness of breath or difficulty breathing, New loss of taste or smell, Sore throat, Nasal congestion or runny nose, Headache, Nausea or vomiting, Diarrhea, Fatigue, Muscle or body aches

When someone becomes ill:

- If not already in place, immediately place a face mask on the ill individual (unless contraindicated) and move them to a previously identified isolation area.
- When possible, those assisting the individual should wear a face mask, eye protection, gown, and gloves. Limit the number of people who are in direct contact with the ill individual.
- If the individual appears to be mildly ill, help arrange 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.
- Notify county Department of Health.
- In collaboration with public health, identify close contacts to a case of COVID-19 (within 6 feet for a cumulative total of >15 minutes over a 24-hour period) from 48 hours before the individual's onset of symptoms until the individual left school property. ***If the ill individual is determined to be a confirmed or probable case by public health,*** those close contacts will be required to self-quarantine following TDH quarantine guidelines. Refer to the TDH guidance for more details. Quarantine is not required for fully vaccinated individuals or those who tested positive for COVID-19 in the previous 90 days if they remain symptom free.
- Close the area(s) where the ill individual was present for 15 minutes or more for 24 hours, then clean and disinfect those areas according to CDC and EPA guidelines. https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Protocol for Schools Assisting Health with Close Contact Identification for COVID-19 Cases



Release from Isolation and Quarantine:

Students/staff diagnosed with COVID-19 or those in quarantine after exposure to a case, are NOT required to provide proof of negative COVID-19 PCR test or note of clearance from a healthcare provider or Department of Health but MUST answer YES to ONE of the following questions:

- **If the individual had a positive COVID-19 PCR/antigen test, did they complete isolation for a minimum of 10 days from onset of symptoms (or date of positive test, if without symptoms), have resolution of fever (without fever-reducing medication) AND improvement in COVID-19 symptoms for at least 24 hours?** If so, they may be released from isolation. Proof of medical evaluation or negative COVID test is not required. Note: immunocompromised individuals or those with severe COVID-19 illness may require isolation for up to 20 days per CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html

- **If the individual was exposed to a case of COVID-19, did they quarantine for 10 days after exposure?** If so, they may released from quarantine. Options for 7-day and 10-day quarantine periods are below, but face mask use, physical distancing and symptom monitoring are important for a full 14 days following exposure. Quarantine options include:
  - Ending quarantine after Day 10 (return to regular activities on Day 11) if the contact does not have symptoms (no testing required).
  - Ending quarantine after Day 7 (return to regular activities on Day 8) if the contact does not have symptoms and if they test negative by a PCR or antigen test collected after day 5.

  If symptoms develop during the quarantine period, the individual must complete isolation as above. Household contacts with ongoing exposure to a confirmed case may require >10-day quarantine. See CDC guidance for quarantine of household contacts: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

- **If the individual was ill with symptoms suggestive of COVID-19, do they have documentation from a medical provider confirming the illness was due to another cause and not COVID-19?** If so, they may be released from isolation at the direction of their medical provider if 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 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 are not adequate to authorize release from isolation until another criterion is met. Individuals with symptoms consistent with COVID-19 without an acceptable alternative diagnosis are **treated as infected.** They 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.

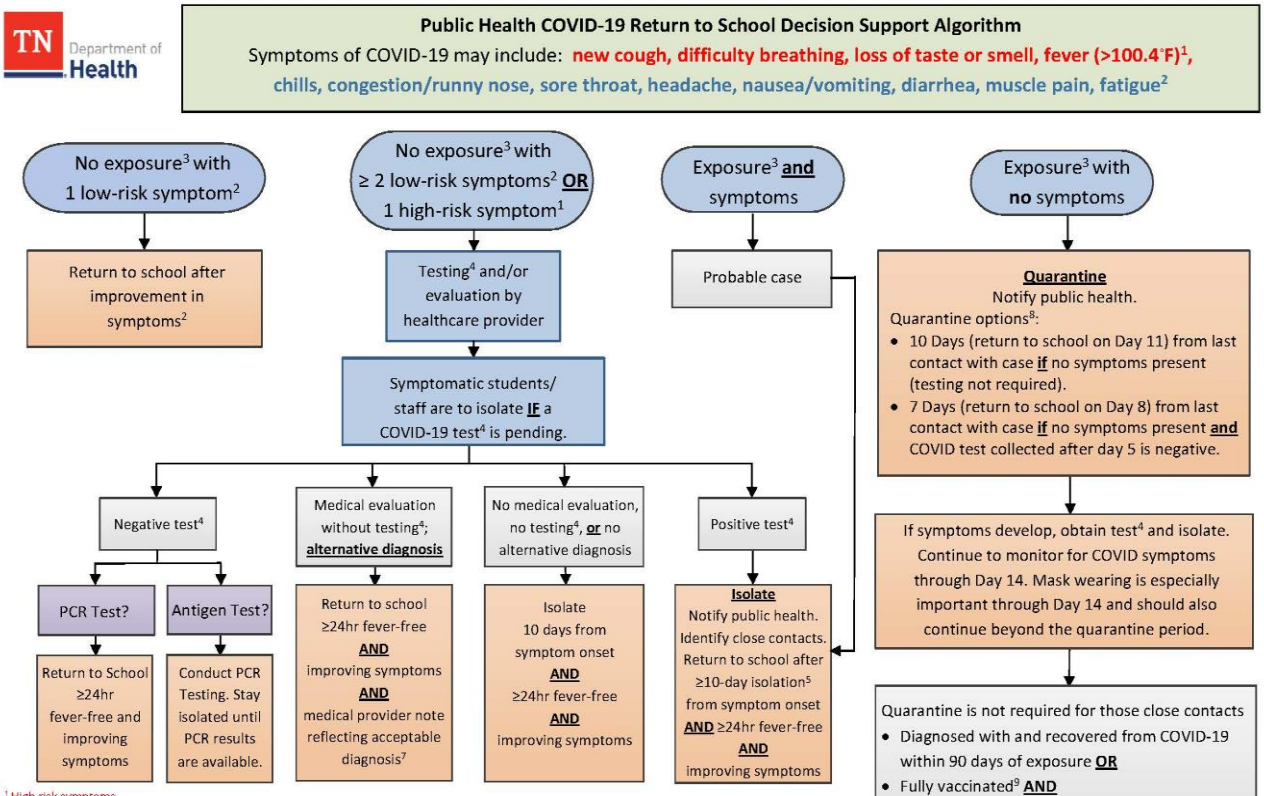
- **If the individual had symptoms suggestive of COVID-19 and no documentation of an alternative diagnosis, did they have a negative COVID-19 PCR test after the onset of symptoms?** (e.g., Individual with fever and cough is evaluated by a medical provider and receives a negative COVID-19 test while having symptoms.) If so, they may be released from isolation if fever is resolved without fever-reducing medication and symptoms have been improving for at least 24 hours. This does not apply if a positive test has been obtained during the illness –- that individual must isolate for a minimum of 10 days from the onset of symptoms, have resolution of fever (without fever- reducing medication) AND have improvement in COVID-19 symptoms for at least 24 hours.

- **If the individual had symptoms suggestive of COVID-19, was never tested during their illness and had no confirmed alternative diagnosis, did they complete isolation for a minimum of 10 days, have resolution of fever (without fever-reducing medications) AND improvement in COVID-19 symptoms for at least 24 hours?** If so, they may be released from isolation. Proof of medical evaluation or negative COVID-19 test is not required.

- **If the individual was identified as a close contact to a case of COVID-19, do they have documentation of a previous positive SARS-CoV-2 antigen or PCR test within 90 days of their last contact with the case?** If so, they are not required to self-quarantine.

- **If the individual was identified as a close contact to a case of COVID-19, do they have documentation of full vaccination >14 days prior to their last contact with the case?** If so, they are not required to self-quarantine.

Public Health COVID-19 Return to School Decision Support Algorithm



[1] High risk symptoms
[2] Low risk symptoms which are not due to a chronic condition such as allergies, migraines, etc.
[3] Exposure defined as within 6 feet of a case for cumulative total of ≥15 minutes over a 24-hour period.
[4] **Test** refers to SARS-CoV-2 PCR or antigen test. Antibody tests are not approved for return to school.
[5] Consult CDC guidance if severely ill or immunocompromised.
[6] Consult CDC guidance if household contact.
[7] 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 **DO NOT JUSTIFY RETURN TO SCHOOL**.
[8] A small risk of transmission still exists until 14 days past exposure. Mask use, physical distancing and symptom monitoring is important through day 14.
[9] Someone is considered fully vaccinated if they are ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine.

Adapted from Washington University 8/18/20

Mitigating Spread of COVID-19 on Campus

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

- Assist the health department in identifying close contacts of the infected individual.
- Close contacts should self-quarantine at their residence for at least 10 days from their last exposure to the infected individual or until otherwise directed by public health.
  Refer to the TDH guidance for more details.
- Fully vaccinated individuals and those within 90-days of having tested positive for COVID-19 do not need to quarantine. They should be notified if identified as a close contact to a case. If these individuals develop symptoms, they should self-isolate and contact their healthcare provider.

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: Limit closures when 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 (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with a confirmed case must be quarantined at their residence for at least 10 days or until otherwise directed by public health. **Refer to the TDH guidance for more details.** Fully vaccinated individuals (≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine) and those who have tested positive for COVID-19 in the previous 90 days are exempt from quarantine if they remain asymptomatic. They should self-monitor for COVID-19 symptoms for 14 days following exposure. If symptoms develop, they should contact their healthcare provider to discuss the need for SARS-CoV-2 testing and isolation.
  - 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