



New Jersey Department of Health
COVID-19 Interim Guidance for Local Health Departments for Restarting Institutions of Higher Education (IHEs)

November 2, 2020

The reopening of educational institutions requires a broad community commitment to reduce the risk of exposure to the virus that causes COVID-19. Such commitment involves social distancing, wearing masks, cleaning and disinfection and good hand hygiene. Some amount of community mitigation will also be necessary until a vaccine or therapeutic drug becomes widely available.

IHEs should develop methods to monitor the level of COVID-19 activity among students, faculty, and staff. Use the [COVID-19 Weekly Activity Report](#) to stay informed on regional activity. It is important for IHEs to maintain communication with public health authorities to determine mitigation levels in their community, and to have expectations for students depending on the level of activity on your campus, and in some cases in your surrounding community.

As IHEs resume operations, they should consider how best to structure on-campus operational areas to minimize risk to staff, faculty and students in line with the Office of the Secretary of Higher Education (OSHE) [Restart Standards for all New Jersey Institutions of Higher Education](#) and [Executive Orders 155](#) and [175](#). The CDC's [Colleges, Universities, and Higher Learning](#) page provides various resources and recommendations for IHE operations and is meant to supplement, **not replace**, any state or local health and safety laws, rules, and regulations with which schools must comply.

This guidance document outlines NJDOH COVID-19 public health recommendations for IHE settings and is intended for use by local health departments (LHDs). This guidance is based on what is currently known about the transmission and severity of COVID-19 and is subject to change as additional information is known and does not supersede the standards set forth by the OSHE as outlined in the [Restart Standards for all New Jersey Institutions of Higher Education](#). Please check the NJDOH, NJ OSHE and CDC websites frequently for updates.

Communication

Local health officials should maintain close communication with the IHEs in their community to provide information and share resources on COVID-19 transmission, prevention, and control measures and to establish procedures for LHD notification and response to COVID-19 illness in IHE settings. LHDs should identify a designated point of contact within each school that will be responsible for coordinating COVID-19 response with local public health authorities.

LHDs and IHEs should maintain close communication during the academic year to ensure that cases are identified and promptly reported to public health, to coordinate testing and contact tracing efforts, and to assist with outreach and messaging.

Clearly communicate the expectation that students, staff, and faculty adhere to the institutions' COVID-19 rules and policies. For colleges or universities with students living in off-campus housing, consider developing communications to landlords of units known to be commonly rented by students to explore partnerships in preventing COVID-19.

Maintain Social & Physical Distancing

The more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 transmission is lower when:

- There are small in-person classes, activities, and events.
- Individuals remain spaced at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).
- Residence halls are open at lower capacity and shared spaces are closed (e.g., kitchens, common areas).

The risk of COVID-19 transmission is higher when:

- There are full sized, in-person classes, activities, and events.
- Students are not spaced apart, share classroom materials or supplies, and intermingle between classes and activities.
- Residence halls are open at full capacity including shared spaces (e.g., kitchens, common areas).

Social, recreational, and extracurricular activities must continue to comply with the applicable State indoor and outdoor gatherings limits.

Masks

Masks must be worn by staff, students, and visitors as delineated in [Executive Order 155](#). This Executive Order includes exemptions for people who are unable to wear a mask due to medical or other reasons.

Wearing masks is an important step to help slow the spread of COVID-19 when combined with everyday preventive actions and social distancing in public settings. IHEs should develop clear compliance standards for students around proper safeguarding activities including wearing masks. Information should be provided to all students, faculty, and staff on [proper use, removal, and washing of masks](#).

Masks intended for healthcare workers, including surgical masks and respirators, are not recommended in IHEs. Currently, those are critical supplies that should continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

In some situations, wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one.

Hand Hygiene and Respiratory Etiquette

Provide and maintain hand hygiene stations throughout the institution.

- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Make hand sanitizer available throughout common areas.

- Signage with handwashing procedures should be posted in prominent locations promoting hand hygiene.

Perform hand hygiene:

- Before and after eating.
- After sneezing, coughing, or nose blowing.
- After using the restroom.
- Before handling food.
- After touching or cleaning surfaces that may be contaminated.
- After using shared equipment and supplies like electronic equipment such as keyboards, mice and phones.

Cleaning and Disinfecting

IHEs should develop a schedule for increased, routine cleaning and disinfection using an [EPA-registered product for use against SARS-CoV-2](#), and ensure safe and correct use and storage of cleaners and disinfectants, including storing products securely.

Clean and disinfect frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, laundry facilities, elevators, dining hall tables) within IHE facilities throughout the day or between use as much as possible. Use of shared objects (e.g., lab equipment, computer equipment, desks) should be limited when possible, or cleaned between use.

If transport vehicles (e.g., buses, vans) are used by the IHE, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, masks). To clean and disinfect IHE buses, vans, or other vehicles, see guidance for [bus transit operators](#).

Encourage students, faculty, and staff to keep their personal items (e.g., cell phones, other electronics) and personal work and living spaces clean. Encourage students, faculty, and staff to use disinfectant wipes to wipe down shared desks, lab equipment, and other shared objects and surfaces before use.

Residential Housing

Requirements and considerations for on-campus residential housing are outlined in the Office of the Secretary of Higher Education (OSHE) [Restart Standards for all New Jersey Institutions of Higher Education](#).

In order to maintain safe operations in residential housing, [CDC](#) also recommends the following public health measures:

- Clean and disinfect common areas (such as laundry facilities, shared bathrooms, and elevators) and high-touch surfaces throughout the day, consistent with the [Cleaning and Disinfection Section](#).
- Provide additional supply of cleaning and disinfecting supplies to be used in dorm rooms, common restrooms, and other common areas in housing. Provide instructions on how students can clean and disinfect areas.

- When weather conditions allow, encourage windows and doors to remain open when possible to allow for increased air flow.
- Instruct residents that shared sinks and countertop spaces in shared bathrooms could be an infection source.
 - Post signs advising students to keep toothbrushes and other personal care items in containers, and do not place directly on counter surfaces.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.
- Encourage students to consistently use the same bathroom and shower facilities to contain any possible transmission to within that cohort.
- Provide training on public health measures and signs and symptoms of COVID-19 for all live-in professionals, graduate hall directors, resident advisors (RA), and others in similar roles.
- Identify services and activities (such as meal programs and exercise rooms and programs) that might need to be limited or temporarily discontinued. Consider alternative solutions (e.g., virtual sessions) that will help programs continue while being safe for residents.
- Social events or activities should be held in accordance with [Executive Order 156](#).
- Reconfigure seating in common areas to permit proper physical distancing.
- Consider any special needs or accommodations for those who need to take extra precautions, such as people with disabilities and people of any age who have serious underlying medical conditions.

Dining

Requirements and considerations for on campus dining are outlined in the Office of the Secretary of Higher Education (OSHE) [Restart Standards for all New Jersey Institutions of Higher Education](#).

Isolation and Quarantine

Isolation separates sick people with an infectious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to an infectious disease to see if they become sick.

Before returning to campus for the semester, actively encourage students, faculty, and staff who have recently been sick with COVID-19 symptoms, tested positive for COVID-19, or have been potentially exposed to someone with COVID-19 (either through community-related exposure or international travel) to follow CDC guidance to [self-isolate or stay home](#) until they meet criteria for discontinuation of isolation precautions or quarantine guidelines.

Since COVID-19 is spreading in the community, it should be anticipated that there will be cases affecting students and staff. IHEs should consider having spaces set aside for sick and/or quarantined students, such as dedicated floors or residence halls, or area hotels. Ideally, these spaces for sick and/or quarantined students should be available for those students who reside both on and off campus. At a minimum on-campus students should be accommodated.

Students should be encouraged not to return to their family home for isolation and quarantine because of the risk of transmitting infection to family members or others in their home community.

Students, faculty, and staff should be educated on when they should quarantine or self-isolate in their living quarters should they become ill or are identified as a close contact of a COVID-19 case.

Individuals who have symptoms or have been diagnosed with COVID-19 must stay home (***where they are residing at time of testing***) or in their living quarters (e.g., dorm room).

- Provide guidance for isolation (students who have been diagnosed with COVID-19).
 - Isolation rooms should be physically separated from other residential student rooms.
 - Ideally a person in isolation will have their own bedroom and bathroom. If a bedroom/bathroom is shared, all students using the shared space should be positive for COVID-19 and be under isolation.
- Isolated students should have access to supplies such as a thermometer, masks, sanitizing wipes, tissues, soap, hand sanitizer, and toiletries.
 - Students in isolation should have their food delivered, and access to laundry services; health checks should be virtual when possible.
 - Staff who need to interact with students should have appropriate personal protective equipment.
 - Students in isolation should not have any visitors other than for medical care.

Individuals who have recently had close contact with a person with COVID-19 should quarantine at home and monitor their health for 14 days from their last contact. They should consider testing for COVID-19 5-7 days after their last contact, but if negative, they still must quarantine for the full 14 days.

- Ideally an individual in quarantine should have their own bedroom and bathroom.
- If people who are in quarantine need to share a bathroom, consider the following strategies:
 - For a single bathroom – have the student clean and disinfect after using.
 - For a common bathroom – have a designated stall and sink for the student and have them wear masks whenever leaving their room to use the bathroom facilities.
 - Students in quarantine should have their food delivered, have access to laundry services, and health checks should be virtual where possible.

Individuals in quarantine or isolation must not attend in-person instruction and should be provided with an alternative option for their work such as remote instruction if their illness allows.

COVID-19 Symptoms

People with COVID-19 have had a wide range of symptoms reported ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus** and include (but are not limited to) the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat

- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptom Screening

Conducting regular screening for symptoms can help reduce exposure to COVID-19. IHEs are responsible for establishing screening protocols for faculty, staff, students and visitors per [Executive Order 155](#) and the [Restart Standards for all New Jersey Institutions of Higher Education](#). Health screenings should be performed for faculty, staff, students and visitors prior to entry. Students, faculty and staff should also be encouraged to self-monitor for symptoms of COVID-19 daily and be aware that a person can become infectious before they become ill, or without becoming ill. If they develop symptoms, students, faculty and staff should [self-isolate, seek medical care if needed, and be tested for COVID-19](#). More information on [how to monitor for symptoms](#) is available from the CDC.

When Illness Occurs on Campus

Individuals with [COVID-19 signs or symptoms](#) should be referred to a healthcare provider and be tested for COVID-19. Testing for COVID-19 is recommended for persons with COVID-19 symptoms. IHE healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people.

- Immediately separate individuals with COVID-19 [symptoms](#). If symptoms develop when individuals are on campus (e.g. a classroom, dining hall, or sports practice), they should return where they are currently residing or go to a healthcare facility, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others](#) who are sick. IHEs may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE housing.
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If an IHE calls an ambulance or transports someone to a hospital, alert them beforehand that the person may have COVID-19.
- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#).
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible.

When Someone Tests Positive for COVID-19

IHEs should advise students who seek testing outside of the IHE setting to provide their local (school) address (in addition to their permanent address) to the healthcare provider or laboratory performing testing, so that results will be reported to the local health department where the student is currently living. IHEs should notify local health officials, faculty, staff, and students immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA), FERPA or and other applicable laws and regulations. Any healthcare provider or laboratory performing COVID-19 testing, including IHEs, are required to report all COVID-19 laboratory test results, both positive and negative, electronically into the NJDOH Communicable Disease Reporting and Surveillance

System (CDRSS). IHE can enroll in CDRSS by going to <https://cdrs.doh.state.nj.us/cdrss/login/loginPage> and clicking on the Quick Start Training Option for COVID-19.

IHEs should also notify the local health department of COVID-19 cases and provide the following information, where available:

- Contact information for the person(s) who tested positive for COVID-19 including on or off-campus address.
- The date the COVID-19 positive person developed symptoms (if applicable), tested positive for COVID-19 (if known), and was last in classes or on campus.
- Types of interactions (close contacts, length of contact) the person may have had with other persons in the IHE community or in other locations.
- Names, addresses, and telephone numbers for ill person's close contacts.
- Any other information to assist with the determination of next steps.

Inform those who have had close contact with a person diagnosed with COVID-19 to stay home or in their living quarters or designated quarantine area for 14 days from their last contact, self-monitor for symptoms, and follow CDC guidance if symptoms develop.

Higher Education-Associated Cases and Outbreaks

While IHEs must report single cases to their local health department, LHDs will also work with IHEs to determine if there is an outbreak.

Higher education-associated cases are defined as COVID-19 cases among students or staff, who are linked to the school community by activities such as:

- a) attending in-person classes.
- b) participating in school-affiliated extracurricular events.
- c) residing on campus.
- d) working on campus.
- e) residing with or attending social events with other students or staff who are part of the school community.

An outbreak in higher education settings is defined as two or more laboratory-confirmed (by RT-PCR or antigen) COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, meet criteria for higher education-associated cases (above), and were not identified as close contacts of each other outside the university setting during standard case investigation or contact tracing.

Once an outbreak is identified at an IHE, testing is an important addition to rapid case investigation and contact tracing. Refer to the [Expanded Testing Strategies](#) section for additional information on testing strategies.

Testing

IHEs are responsible for developing screening and testing protocols on their campus for employees and students. Institutions should work in collaboration with LHDs to determine the nature of any screening



or testing strategies to be implemented for purposes of surveillance, diagnosis, screening, or outbreak response. Any updates to an institution's testing protocol should be a part of their Restart Plan and submitted to the Office of the Secretary of Higher Education.

[Testing to diagnose COVID-19](#) is one component of a comprehensive strategy and should be used in conjunction with [promoting behaviors that reduce spread, maintaining healthy environments, maintaining healthy operations](#), and [preparing for when someone gets sick](#). Without the ability to refer students, faculty, or staff for testing for COVID-19, there may be missed opportunities to quickly identify COVID-19 on the campus.

CDC has released information on the appropriate use of testing for SARS-CoV-2 [for surveillance, diagnosis, screening, or outbreak response](#). Testing resources should be prioritized for individuals who have symptoms consistent with COVID-19 or have a recent known or suspected exposure to a person with COVID-19.

[*Rapid Antigen Testing in School Based Health Centers*](#)

Individuals who are symptomatic or have been identified as close contacts of COVID-19 cases should be prioritized for IHE-based rapid antigen (e.g. BinaxNOW) testing.

Symptomatic individuals may receive rapid antigen testing in school-based health centers if the IHE has the resources to perform rapid antigen testing.

- If the symptomatic individual tests negative;
 - Primary care provider should determine if confirmatory testing is necessary.

Negative results should be considered in the context of a patient's recent exposures, history and the presence of clinical signs and symptoms consistent with COVID-19. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions.

- If the symptomatic individual tests positive;
 - No further confirmatory testing is required.
 - Individual should be told to report symptoms and test result to their healthcare provider.
 - Individual should be instructed to follow [Isolate If You Are Sick](#).
 - Advise individual to cooperate with contact tracers.
 - Identify and notify close contacts.

Close contacts (symptomatic or asymptomatic) who have been identified may receive rapid antigen testing and should be offered testing prior to sending contacts back to their place of quarantine/isolation.

- If the close contacts;
 - Are asymptomatic and test negative, they should quarantine (for 14 days from last exposure).

- Are symptomatic and test negative, their primary care provider should determine if confirmatory testing is necessary. They still need to quarantine (for 14 days from last exposure).
- Test positive, they should follow [*if individual tests positive*](#).

All positive and negative SARS-CoV-2 test results must be reported to public health. Any facility that conducts testing will need to have access to the [Communicable Disease Reporting and Surveillance System](#) (CDRSS) to report positive and negative results. The Quick Start Option for COVID-19 Training can be found on the CDRSS home page.

While IHEs are waiting for access to CDRSS, results can be [reported to the local health department](#).

[Expanded Testing Strategies](#)

If campuses note clusters of cases in a short time span, the LHD will work with the IHE to determine if cases are related. Decisions to do wider testing will be made using the following criteria:

- Are cases close in time, or spread out over several weeks?
- Are new cases traceable to previous cases?
- Is there other case activity on campus?
- Are students being forthcoming with close contacts?

Areas of campus where students might be crowded together (e.g., residence halls or other congregate living spaces, dining halls, locker rooms, laboratory facilities, libraries, student centers, and lecture rooms) may be settings with the potential for rapid and broad spread of SARS-CoV-2. Diagnostic tests may be appropriate in areas of high community spread, at the discretion of the ordering provider. If necessary, broader testing beyond close contacts may be done simultaneously with other strategies to control transmission of SARS-CoV-2 on campus such as:

- **Expanded testing** – this includes testing of all people who were in proximity of an individual with COVID-19 (e.g., those who shared communal spaces or bathrooms) or testing all individuals within a shared setting (e.g., testing all residents on a floor or an entire residence hall).
 - Testing in these situations can be helpful because in high density settings it can be challenging to accurately identify everyone who had close contact with an individual with COVID-19. (i.e. students who do not know each other could potentially be close contacts if they are in a shared communal space).
 - Expanded testing could be prompted by other surveillance efforts, such as wastewater (sewage) surveillance.
- **Widespread testing** - includes testing of individuals who have been potentially exposed at some point or testing across campus building(s). Widespread testing may also be considered based on the preliminary results from expanded testing or repeat periodic campus testing such as testing across residence halls.
 - The implementation of widespread testing may also take into consideration local institutional factors such as;
 - Capacity and availability of testing locally, mitigation strategies, current academic instruction plan (percentage of classes meeting in person).

- Status of residence halls (open or closed, students per room).
- Access to dining halls and recreation areas, access to laboratory facilities, status of sports facilities like weight rooms (are they open or closed).
- Status of other extracurricular activities related to campus including those with large gatherings or congregate living spaces (e.g., communities of faith, sororities, fraternities).
- Occurrence of athletic events with spectators and other mass gatherings.
- While there is the recognition that IHEs vary widely in their capabilities, when capability exists it is recommended that regular widespread testing of the entire on-campus student and staff population occur, and that those who either test positive or who do not receive testing not be allowed on campus. As it is not recommended that antigen tests be used for intermittent screening, unless testing will be occurring at least weekly it is recommended that molecular tests be used.
 - If the IHE is looking to expand testing capability they should work with their local health department to identify rapid viral testing options in their community.

It is not recommended to retest previously positive asymptomatic individuals within 3 months of a positive test. Data currently suggests that some individuals test persistently positive due to residual virus material but are unlikely to be infectious.

Results of all testing – including point of care – must be reported to public health authorities.

Contact Tracing

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

In conjunction with the LHD, institution staff should help identify close contacts of positive COVID-19 cases in the IHE.

- As with any other communicable disease outbreak, IHEs will assist in identifying the close contacts within the institution and communicating this information back to the LHD.
- With guidance from the LHD, IHEs will be responsible for notifying students and staff of the close contact exposure and exclusion requirements while maintaining confidentiality.
- The LHD contact tracing team will notify and interview the close contacts identified by the school and reinforce the exclusion requirements.



CDC has issued [Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education \(IHEs\)](#) which highlights collaboration between health officials and IHE administrators to facilitate effective case investigation and contact tracing.

IHEs should have a mechanism to maintain a log of students, faculty, staff and visitors to facilitate contact tracing, and the reporting of any instances of COVID-19 to local health officials. Institutions can locate their local health department through the [New Jersey Local Health Department directory](#).

A contact tracing team from the local health department or the NJDOH calls anyone who has tested positive for COVID-19 or is identified as a close contact of a case. They ask the person who tested positive for COVID-19 questions about their activities within a certain timeframe to help identify where they may have been exposed, and anyone else they may have had close contact with while infectious. Those contacts might include family members, caregivers, co-workers or healthcare providers. Close contacts of a known COVID-19 case are asked about symptoms, referred to resources for testing, and given recommendations to isolate at home (if symptomatic) or if asymptomatic, to [stay home and monitor their health](#) for 14 days from the last exposure/close contact.

Resources

CDC

[Colleges, Universities, and Higher Learning](#)

[Testing, Screening, and Outbreak Response for Institutions of Higher Education \(IHEs\)](#)

[Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education \(IHEs\)](#)

[Cleaning and Disinfecting Your Facility](#)

NJDOH

[NJDOH COVID Information for Schools](#)

[New Jersey COVID-19 Information Hub](#)

OSHE

[Office of the Secretary of Higher Education COVID-19 Resources](#)

[Restart Standards for all New Jersey Institutions of Higher Education](#)