

COVID-19 Higher Education Workgroups

WORKGROUP REPORT

Testing, Isolation, Quarantine and Contact Tracing Strategies for COVID-19 in Higher Education

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This document has been reviewed by MDH; this document was originally developed by the COVID-19 higher education workgroup focused on testing, isolation, and quarantine. See Appendix A for membership.

Introduction and Problem Statement

Before Minnesota colleges and universities can safely re-open, we believe certain conditions must be in place that are supported by the Minnesota Department of Health, and will be used as gating criteria to begin the re-opening process.

For the purposes of these recommendations, we understand reopening to mean the resumption of on campus classes and co-curricular activities, which have been a mainstay of the college student experience. Most colleges and universities have been operating online/virtual since the mid-March shut down. Currently, the majority of teaching and learning in college and university settings continue via online/virtual. Decisions regarding the 2020-2021 academic year are underway guided by local, state and federal guidelines outlining in person, online or hybrid models of education.

Recommended Conditions to Re-Open: Proposed by the Higher Education Testing Workgroup Committee:

1. The prevalence of the disease must be low enough to safely resume campus operations. For nonresidential campuses, as well as science labs, libraries, and many graduate programs, the gating criterion for business and commercial operations should apply. For residential undergraduate programs, we recommend a **sustained low and non-increasing rate of new hospitalizations in the state and in the community surrounding each college**; this standard should be clearly articulated by the Minnesota Department of Health.
 - a. **MDH Comment:** We agree, we will put standards in place that are along these lines. We are currently in the process of defining these.

2. The Minnesota Department of Health must ensure that colleges and universities have access to adequate supplies of viral diagnostic tests and adequate support to obtain, administer, and process them. **All colleges and universities must have the capacity to test ANY symptomatic member of the campus community including mass testing if necessary and receive results within 24 hours. The allocation of tests to colleges and universities by the State is an essential prerequisite for reopening.**
 - a. **MDH Comment:** OHE and MDH are currently working with a cross-agency workgroup to assess the needs of testing and testing access for this fall. We will share information as we get it and will be inviting people from this workgroup to participate on that workgroup.
3. MDH should support and collaborate with institutions of higher education to develop appropriate recommendations and plans for isolation of sick students and quarantine of close contacts. Widespread testing capacity will not be effective if campuses do not have a plan to isolate the sick and quarantine close contacts.
 - a. **MDH Comment:** Agree, this is a priority.
4. MDH should support and collaborate with institutions to ensure an adequate capacity for contact tracing.
 - a. **MDH Comment:** This is currently in the works. More guidance should be coming soon.
5. MDH should issue specific public health guidelines for colleges and universities, for example; covering the wearing of face masks, physical distancing, and the density of dormitories, dining halls, and classrooms.
 - a. **MDH Comment:** Please see this link – [Institutes of Higher Education \(IHE\): COVID-19](https://www.health.state.mn.us/diseases/coronavirus/schools/ihe.html) (<https://www.health.state.mn.us/diseases/coronavirus/schools/ihe.html>)
6. The state of Minnesota should ensure that adequate supplies of PPE and facemasks will be available to colleges and universities.
 - a. **MDH Comment:** We are working with OHE and other agency partners to get more information on these supplies.
7. Adequate surge capacity must be available in nearby health care facilities and hospitals.
 - a. **MDH Comment:** Agree, this is a priority.

All colleges and universities must be able to outline a plan to test ANY, but not necessarily all, symptomatic member of the campus community. The allocation of tests to colleges and universities by the State is an essential prerequisite for reopening.

TESTING RECOMMENDATIONS

For residential institutions, this is a **critical gating issue**. It is important for colleges and universities to understand their testing capacity, or the testing capacity of the nearby health systems, before they open their campuses. Given the importance of higher education in our economy, the characteristics of collegiate residential living, and the relatively high vulnerability to contagion, we suggest that institutes of higher education be considered a priority in testing capacity after first responders, health care workers, and nursing homes.

1. Major commitment of tests to college and university campuses. The State needs to ensure that such supplies are available to campuses, and that provision for test administration and processing is in place. This may include consideration of collaborations/health consortiums for testing in order to ensure adequate testing capacity for college and university campuses in MN.
 - a. **MDH Comment:** OHE and MDH are currently working with a cross-agency workgroup to assess the needs of testing and testing access for this fall. We will share information as we get it and will be inviting people from this workgroup to participate on that workgroup.
2. All colleges and universities should be able to outline a plan for testing including the capacity to test ANY symptomatic member of the campus community receive results within 24 hours (or shortly thereafter). This may be accomplished through campus health centers, or through collaboration with local testing centers in the community and will be dependent on existing resources for each campus community.
3. Other considerations for testing protocols on campus may include the following:
 - a. Broad testing of students, faculty and staff in the event of an outbreak or hotspot (such as athletic group, dorm setting, or other cluster area)
 - b. This may or may not include a recommendation of testing asymptomatic individuals as well, it will depend on the situation and the outbreak
 - c. At this time MDH DOES NOT recommend testing every student that starts this fall when they return to campus, reasons for this include:
 - i. This kind of testing is only a point in time estimate, students could turn positive the next day.
 - ii. There are other effective measures in assessing disease activity and implementing mitigation measures.
 - iii. It would be a use of testing resources that may be needed elsewhere
 - iv. It would be a use of PEP resources that may be needed elsewhere
 - v. Has ethical implications
 1. For those that are positive but asymptomatic, you may exclude them unnecessarily as they may not be effective transmitters.
 2. Given that public health does not make this recommendation, and there is not necessarily a need to test from a clinical perspective, you may be verging on research versus an effective assessment tool.

3. As implied above, this may be taking potentially needed resources away from vulnerable populations that are already struggling to get PEP for testing.

Assuming sufficient testing capacity for all campuses, we also recommend the following considerations.

ISOLATION OF SICK STUDENTS

The capacity to test must be paired with the ability to contain an outbreak. Campus communities must explore their capacity to address isolation of the sick, and quarantine of close contacts of those who test positive for COVID19.

1. Residential campuses should outline their capacity for isolation and quarantine through identification of spaces dedicated to housing and care of ill students who do not require hospitalization or ongoing medical care. This could include on campus housing that is dedicated to isolation OR identification of off campus housing for this purpose. Campuses that do not have the capacity to isolate ill students either on campus or through off campus options should consult Local Public Health for off campus housing options. Plans for isolation of ill students may consider the following:
 - a. Adequate space should be determined based on the current population to isolation rate in the community surrounding the college or university. (Note: this is our recommendation at this time ACHA indicates CDC may release something on determining this later)
 - b. Another strategy could include what to do if you have 1, 10, 100, 200 cases on campus.
 - c. The isolation rooms should be physically separated from other residential student rooms.
 - d. This could be even something along the lines of a separated wing or designated floor.
 - e. Optimally, designated isolation rooms would have a private bathroom.
 - f. Isolated students should have access to supplies such as a thermometer, facemask, sanitizing wipes, tissues, soap, hand sanitizer, and toiletries.
 - g. Provision of contactless meals
 - i. Consider Dining Services to provide delivery
 - ii. Consider Residential Life to provide delivery
 - h. Regular check in with a healthcare professional (HCP) or someone trained by a HCP. Video or phone calls with a HCP while isolated would be one method of monitoring.
 - i. Consider college Health Service staff.
 - ii. Consider Local Public Health staff.

- i. Well outlined plan for identification of students who require medical care.
 - i. Identified through MDH
 - ii. Identified through Health Service
 - iii. Develop a self-reporting form
 - j. Coordination with academic affairs to ensure students are supported as they recover, with exceptions and extension of deadlines for tests, projects, etc.
 - k. Coordination with IT to ensure ability for students to engage in course work remotely
 - l. Designated student affairs/campus life staff should be appropriately trained and on call to assist students with their personal needs (medication pickup, delivery of hygiene supplies, etc.).
 - m. Plan for trash removal services and possibly laundry services if students are in prolonged isolation during illness.
2. Consideration for capacity to isolate ill students may include a model in which on campus housing operates with reduced occupancy, or considerations around maximizing single room placement, so that students are spread out to decrease transmission risk and will make quarantine and isolation more feasible.

QUARANTINE

1. In addition to the ability to safely isolate ill students, campuses must develop a plan for quarantine of students who are close contacts of COVID19 positive individuals using contact tracing. All roommates and suitemates, and others with close contact should be quarantined for 14 days following current public health guidelines.
 - a. Consideration of on campus capacity for quarantine.
 - b. Consideration of off campus options (hotels, etc) for quarantine.
 - c. Consideration of students to return to their home if possible.
 - i. It would be important to let parent's know about this expectation for this fall.
 - d. Consult Local Public Health
2. Provision of meal service for quarantined students.
3. Optimally, residential rooms would have a private bathroom with enhanced cleaning, and residents would have access to a thermometer, facemask, sanitizing wipes, tissues, soap, hand sanitizer, and toiletries.
4. Coordination with academic affairs to ensure students are supported during quarantine.
5. Coordination with IT to ensure ability for students to engage in course work remotely.
6. Counseling services and/or the office of spiritual and religious life should be available remotely to students in quarantine as needed.

7. A team of designated student affairs/campus life staff should be appropriately trained and on call to assist students with their personal needs (medication pickup, delivery of hygiene supplies, etc.).
8. Plan for trash removal services and possibly laundry services if students
9. Consideration for capacity to quarantine exposed students may include a model in which on campus housing operates with reduced occupancy, maximizing single room placement, so that students are spread out to decrease transmission risk and will make quarantine and isolation more feasible.

CONTACT TRACING

1. Colleges and universities should have a plan for tracing contacts of those testing positive for infection. MDH and county public health partners may play a key role in leading, supporting, and training college and university staff and students to undertake contact tracing.
2. Consideration of allocation of FTE on each campus to support contact tracing in collaboration with the MDH. This may include student workers, faculty, and/or staff.
 - a. A Case Investigator (to call the COVID + individual) - to address HIPAA issues
 - b. Line List of staff (students, faculty or staff) can accomplish contact calling
 - i. Quarantine for 14 days, etc.
3. Consideration that one person on the contact tracing team be trained as a case caller so that they can help guide/supervise the contact tracing team at the institution.
4. **MDH COMMENT:** We plan on coming out with guidance around contact tracing within the next week.

Develop a COVID-19 Coordinator and Response Team

1. Consideration that every campus appoints at least one COVID19 Coordinator to lead a COVID Response Team.
 - a. Roles and responsibilities of CC
 - i. Serves as the main contact for external agencies (ie. MDH, county public health)
 - ii. Serves the campus community as the subject matter expert
 - iii. Monitors the COVID-19 status on campus and in the greater community in order to modify the campus initiatives based on most recent guidelines, best practices, and epidemiological data
 - iv. Serves as a resource person for the college community
 - v. Ensures that the policies and procedures are being followed on campus related to COVID-19
 - vi. Leads or participates in a response team that includes:

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1. Development of screening protocols of all persons presenting to campus
2. Data management of health screenings
3. Coordinate referrals to MDH and case management teams as appropriate
4. Initial contact tracing related to campus community exposure
5. Provides a connection to resources such as academic advisement or disability resources for students missing classes or coursework related to COVID-19
6. Case management team for all staff, faculty, students (residential and off campus residents) in the campus community:
 - a. With COVID-19 symptoms and/or prior to test results
 - b. Clinically diagnosed with COVID-19
 - c. Under quarantine after exposure
 - d. In self isolation
 - e. Living on campus with exposure, symptoms, or positive lab test for COVID-19 (including isolation/quarantine housing, psychological support, support for basic needs, and ongoing monitoring while isolated).

APPENDIX A

Workgroup members

Amy Kelly, MD, MPH	St. Catherine University	Medical director
Andrea Bien	Mitchell Hamline School of Law	Director of Human Resources
Andrea Simek	Fond du Lac Tribal and Community College	Dean of Nursing and Health Science
Carol Brewer	Gustavus Adolphus College	Director of Campus Safety
Chandler Holland	Minnesota State University, Mankato	Dir. of EHS & Risk Management
David Worley	University of Minnesota Duluth	MD, Director UMD Health Services
Elisabeth Haase	Carleton College	Director, Environmental Health and Safety
Emily Rath	College of Saint Benedict	Nurse Practitioner, Assistant Director of Health Services
Jared Kral	Minnesota State University, Mankato	GMW
Jodi Metz	Hamline University	Director of Health Services
Madonna McDermott	University of St. Thomas	Executive Director: Center for Well-Being
Marilee Votel-Kvaal	University of St. Thomas	Medical Director, Center for Well-Being
Molly Forsberg	Macalester College	Nurse
Stacy Bestland	Normandale Community College	Public Safety Coordinator
Wendy Schuh	Minnesota State University, Mankato	Director of Student Health Services