Institutions of higher education (IHE) can support safe, in-person learning while implementing recommendations to slow the spread of COVID-19. This guidance provides IHE COVID-19 coordinators, leaders, and staff with recommendations informed by the [CDC: COVID-19 by County](www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html) and provides flexibility to allow for changing local situations, including periods of increased community health impacts from COVID-19.

### Management of cases and exposures

Although case investigation and contact tracing in IHE are no longer routinely recommended for COVID-19, students, faculty, and staff should notify their close contacts when they have symptoms of or test positive for COVID-19.

IHE should provide instructions to students, faculty, and staff members who have symptoms of, test positive for, or get exposed to COVID-19 (e.g., stay home and away from others when you have symptoms, get tested for COVID-19, follow isolation and exposure recommendations).

Resources to consider to inform instructions include:

- [If You Are Sick or Test Positive: COVID-19](www.health.state.mn.us/diseases/coronavirus/sick.html)
- [Close Contact or Exposure to COVID-19](www.health.state.mn.us/diseases/coronavirus/close.html)

### Isolation

If a person has symptoms of, or tests positive for COVID-19, they should isolate for at least five days and wear a mask through day 10 when around others. Day zero is the day symptoms started or the day of a positive test result. CDC has testing criteria under which a person may be able to shorten the masking period.

For detailed isolation guidance, visit:

- [If You Are Sick or Test Positive: COVID-19](www.health.state.mn.us/diseases/coronavirus/sick.html)

**Shared housing and isolation**

Shared housing in IHE settings is considered a lower risk congregate setting due to lower risk of severe health outcomes (such as hospitalization and death) associated with young adults. Except for certain situations involving those at high risk of severe disease, IHE settings should follow the general population guidance for isolation at home. Visit:

- [If You Are Sick or Test Positive: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/sick.html)

The lowest risk option to protect students who share a suite, apartment, or house with others is to isolate a student in an isolation space with a separate bedroom and bathroom if they test positive for COVID-19. Another acceptable option is for students who test positive for COVID-19 to isolate in a separate bedroom, with instructions on how to safely share a bathroom with others.

Students in isolation should not share a bedroom unless all students in the shared space are currently positive for COVID-19.

Students at high risk for severe disease should be encouraged to make housing accommodations prior to the start of a term to reduce exposure to COVID-19. Students may choose to apply for an on-campus private room or to secure a private room or residence off campus.

**Recommended services and accommodations for IHE students in isolation**

**All students in isolation**

- Alternative modes of course instruction.
- Academic accommodations, such as additional time to complete course work.

**Students in isolation while living on campus**

- Access to a phone.
- Delivered meals and laundry services.
- Supplies, such as a thermometer, masks, sanitizing wipes, tissues, soap, hand sanitizer, toiletries, and medications.
- Contact information for emergencies and for accessing medical resources on campus or in the community, including testing.

**Exposure**

A person exposed to someone with COVID-19 should wear a mask around others for 10 days and get tested on day six, with day zero being the day of exposure. There is no need to stay home, unless symptoms develop or the test is positive.
For more detail on what to do when exposed to COVID-19, visit Close Contact or Exposure to COVID-19 (www.health.state.mn.us/diseases/coronavirus/close.html).

For MDH mask considerations, including for those who are immunocompromised or at risk of severe disease from COVID-19, visit Masks: COVID-19 (www.health.state.mn.us/diseases/coronavirus/facecover.html).

**Staff precautions and personal protective equipment for entering a room where someone is isolating**

When cleaning or other non-clinical staff need to enter an isolation room, the person in isolation should move to a separate space, preferably behind a closed door.

If a separate space is not possible:

- Staff should avoid close contact with the person in isolation and wear appropriate personal protective equipment (PPE).

It is important that the staff person using PPE has received training and is using employer-supplied PPE in the appropriate manner. Staff who correctly wear appropriate PPE are not considered exposed to COVID-19 even if they are close to a person with COVID-19 for 15 minutes or longer.

For staff cleaning and disinfecting guidance, including applicable PPE, visit CDC: Cleaning and Disinfecting Your Facility (www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).


**Reporting**

**MDH reporting requirements**

COVID-19 is a reportable disease in Minnesota. Institutions of higher education are required to report cases and deaths to MDH, per Minnesota Rules, part 4605.7070 (www.revisor.mn.gov/rules/4605.7070/).

IHE are required to report cases and deaths to MDH as described in the section on aggregate reporting below.

Campus health services provider reporting: Report suspected or known cases to COVID-19 Provider Portal (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D).

**Laboratories and sites performing laboratory tests reporting**

All laboratories and test sites operating under a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver are required to follow COVID-19 lab reporting requirements. For more information, refer to COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).
IHE weekly aggregate reporting

IHE are required to report weekly aggregate case counts of all COVID-19 cases that are known to the institution, regardless of where the viral test occurred. Access the report form at Institutions of Higher Education COVID-19 Reporting Form (redcap.health.state.mn.us/redcap/surveys/?s=KWF3TMAX7E).

If there are no cases in the reporting period, the IHE should indicate “0” on the report form.

The weekly aggregate case count must include reported cases from one or more of the following sources available to the IHE:

- Campus health services
- POC testing conducted by the IHE under a CLIA certificate of waiver
- POC testing conducted by the IHE and sent to an off-campus laboratory for processing
- Student or staff self-reports using at-home tests or an off-campus clinic for testing

IHE must specify the source(s) used to report aggregate cases on the reporting form.

Student and staff cases should be aggregated separately. Student workers should be included in the student case counts only.

When reporting aggregate case counts, IHE should not include cases among students, faculty, or staff who are working or attending class remotely full time.

IHE are also required to indicate on the weekly reporting form whether any hospitalizations or deaths due to COVID-19 occurred during the reporting period. There are separate hospitalization and death fields for both faculty and staff and for students. If the information is available, the IHE should provide the name and date of birth of any person hospitalized or deceased.

Managing outbreaks

Outbreak management is influenced by community factors, such as the CDC COVID-19 community levels and institution factors like campus size and enrollment and proximity to highly populated areas, and existing prevention measures like masking and ventilation. For prevention strategies that correlate with COVID-19 status on campus, including outbreaks, refer to the COVID-19 scenario-based table below.

If an IHE determines they need public health assistance to manage an outbreak or surge, contact MDH IHE staff at: Health.HigherEd.COVID19@state.mn.us.

Prevention strategies

IHE administrators should create programs and policies that facilitate implementation of prevention strategies to slow the spread of COVID-19. Since IHE vary in size, complexity, student profile, and degree to which students live on campus or commute, prevention strategies should be tailored to each institution.

Check the CDC: COVID-19 by County (www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html) tool to determine what prevention measures are recommended.
For detailed prevention recommendations, visit:

- **Protect yourself and others: COVID-19** (www.health.state.mn.us/diseases/coronavirus/prevention.html)

In addition to basic health and hygiene practices, like handwashing, some prevention actions apply at all COVID-19 Community Levels.

**Vaccination:** Vaccination is the leading COVID-19 prevention strategy. For guidance and strategies for increasing access to vaccine, including hosting vaccine clinics, visit: **COVID-19 Vaccine and Your Campus** (www.health.state.mn.us/diseases/coronavirus/schools/ihevax.html).

**Testing:** Learn more about when and where to test at **COVID-19 Testing** (www.health.state.mn.us/diseases/coronavirus/testsites/index.html).

**Isolation:** If you have symptoms of COVID-19 or test positive, stay home and away from others (isolate) and mask when around others. Learn more at **If You are Sick or Test Positive: COVID-19** (www.health.state.mn.us/diseases/coronavirus/sick.html).

**Exposure precautions:** If you were exposed to someone who has COVID-19, learn more about the precautions you should take, including how long to wear a mask, at **Close Contact or Exposure to COVID-19** (www.health.state.mn.us/diseases/coronavirus/close.html).

**Medication information for those at high risk of severe disease:** Learn more at **COVID-19 Medications** (www.health.state.mn.us/diseases/coronavirus/meds.html). You can find information on conditions that place people at higher risk of severe disease, at **CDC: People with Certain Medical Conditions** (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

**Consistent and correct mask use:** Wearing a well-fitted mask stops respiratory droplets from spreading when people breathe, talk, cough, or sneeze.

- People may always choose to wear a mask, regardless of their individual risk or the CDC COVID-19 community level.
- When the CDC COVID-19 community level is high, everyone should wear a mask in public indoor settings.
- People who are immunocompromised or at higher risk of severe illness and those around them should wear a mask when the community level is medium and should consider wearing a mask even when the community level is low.

To learn more about recommendations for when to wear a mask and types of masks for better protection, visit **Masks: COVID-19** (www.health.state.mn.us/diseases/coronavirus/facecover.html).

**Ventilation:** Maintain improved ventilation throughout indoor spaces when possible, including opening windows and doors. For resources on improving ventilation, visit:

## COVID-19 scenario-based prevention strategies

Prevention efforts are informed by COVID-19 community levels. Actions listed are considerations only and do not include the complete list of options available. The decision to implement each action will depend on the characteristics of the circulating variant of COVID-19 and the available resources at each institution.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Indicators</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| **Scenario 1: Normal Operations** | COVID-19 community level is low.  
AND  
Campus operations for academics and student life are not impacted by COVID-19 in a meaningful way. | **Communication**  
Establish and make known a point of contact for COVID-19 resources for students, staff, and faculty.  
**Vaccination**  
Promote vaccination.  
Provide vaccine or access to vaccine as needed.  
**Masks**  
Students and staff may choose to wear a mask at any COVID-19 community level based on personal preferences and considerations, such as their own or others’ personal risk factors. For more information, visit [Masks: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/facecover.html).  
**Testing**  
Promote self-screening and diagnostic testing.  
Ensure access to testing, including point-of-care and at-home tests.  
**Academics and campus life**  
Review institution policies, protocols, and communication plans and revise if needed.  
Prepare plans for changes in COVID-19 levels or a change in the severity of disease from the circulating SARS-CoV-2 variant.  
**Student support services**  
Establish and ensure equitable policies for those who are disproportionately affected by COVID-19. Visit [Health Equity and COVID-19](https://www.health.state.mn.us/communities/equity/about/covid19.html).  
Communicate with students who are immunocompromised or at high risk of severe disease. Visit [CDC: People with Certain Medical Conditions](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with)-medical-conditions.html.  
**Facilities management**  
Maintain improved ventilation in public indoor spaces, classrooms, libraries, and other spaces where people gather. Refer to “Ventilation in the Prevention Strategies” section of this document. |
<table>
<thead>
<tr>
<th>Scenario</th>
<th>Indicators</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario 2: Modified operations</td>
<td>COVID-19 community level is medium. Visit <a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html">COVID-19 by County</a> AND Campus operations for academics and student life are impacted by COVID-19 and include some absenteeism and cancellations.</td>
<td>Scenario 1 measures apply. <strong>Communication</strong> Consistently communicate COVID-19 updates to students, staff, and faculty. <strong>Vaccination</strong> Increase vaccine promotion. Host a clinic or expand existing clinics. <strong>Masks</strong> People who are immunocompromised or at high risk of severe disease from COVID-19 and those around them should mask indoors. <strong>Testing</strong> Review inventory and increase on-campus testing capacity. Distribute over-the-counter antigen test kits as resources allow. <strong>Academics and campus life</strong> Ensure that students who are immunocompromised or at high risk of severe disease can move out of residential facilities without penalty and with support for finding alternative housing if needed. Offer more to-go meals and limit the dining facility occupancy as necessary. <strong>Student support services</strong> Ensure appropriate support for students who are disproportionately affected by COVID-19. Allow for student involvement in choosing accommodations; support different types of accommodations (e.g., technological support, food security). <strong>Athletics and extracurricular programs</strong> Reduce extracurricular in-person attendance and meeting frequency. Reduce the number of spectators at events. <strong>Facilities management</strong> Modify or limit facility use, especially where students gather.</td>
</tr>
<tr>
<td>Scenario</td>
<td>Indicators</td>
<td>Mitigation</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| **Scenario 3: Surge Operations** | COVID-19 community level is high.  
AND either, or both  
Campus operations for academics and student life are significantly impacted by COVID-19 and include extensive absenteeism and cancellations.  
And/or  
There is transmission of a new variant of concern with higher disease severity. | **Scenario 2 measures apply.**  
**Communication**  
Communicate transitions to hybrid or all online instruction, as applicable.  
**Masks**  
Require institution-wide indoor masking in public settings.  
**Vaccination**  
Offer vaccine as resources allow.  
**Academics and student life**  
Implement hybrid or all online instruction.  
Restrict outside access to dorms and residence halls.  
If possible, work with off-campus housing owners and staff to consider limits to visitation.  
**Athletics and extracurricular programs**  
Move to virtual options or individual-only development and exercise for athletes.  
**Facilities management**  
Postpone or cancel events, including third-party events. |