



Institutions of Higher Education: How to Prepare for End of Semester (November 12, 2020)

Guidelines: Institutions of higher education have seen transmission of COVID-19 and clusters of cases throughout the fall semester. This guidance is intended to help administrators as they plan for students leaving the campus for holiday breaks.

Safer Holiday Breaks

- Share [NCDHHS Guidance for Safer Holiday Breaks](#) and [NCDHHS Safer Holiday Breaks Flyer](#)

Enhanced Preventive Measures

- For the 14 days prior to holiday breaks, encourage students, staff, and faculty to practice enhanced preventive measures.
- Consistently practice the 3Ws – Wear a face covering, Wash your hand frequently, and Wait 6-feet apart
- Limit in-person social interaction, avoid group activities, limit activities outside of the classroom settings, limit indoor dining and increase grab and go meals

Quarantine and Isolation Guidance

- **Remind students that if your campus or county is experiencing widespread transmission or clusters of COVID-19, they should quarantine for 14 days and monitor their health for [symptoms of COVID-19](#) when they leave for the semester.**
 - [Per CDC guidelines](#), students should remain in quarantine for 14 days after last exposure, assuming they do not become symptomatic or test positive. If they do become symptomatic or test positive, they should follow the isolation criteria below.
- Remind students that if they are diagnosed with COVID-19 or are presumed positive by a medical professional due to symptoms, they should isolate until:
 - No fever for at least 24 hours since recovery (without the use of fever-reducing medicine) AND
 - Other symptoms have improved (e.g., coughing, shortness of breath) AND
 - At least 10 days have passed since first symptoms
- Remind students that if they are a close contact to a known case, they should quarantine for 14 days after the last exposure
- Students who are diagnosed with COVID-19, presumed positive, or are a close contact to a known case should remain isolating or quarantining on campus if possible, before traveling home or elsewhere. Clearly share expectation for isolation and quarantine if students leave

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campus during isolation or quarantine period and the importance of avoiding public transportation. Coordinate with the local health department.

- Share information on **What to do when you are in quarantine or isolation?**
 - Stay in your home or residence as much as possible.
 - Limit time outside your residence to essential activities only, such as to get medical care, or to get take-out meals if no one is available to bring them to you.
 - If you have to leave your home or residence, ALWAYS wear a face covering.
 - Do not use public transportation, ride shares, or taxis. If you are leaving campus to go home, arrange private transportation.
 - Inside your home:
 - Separate yourself from others in your home or residence, especially people who are at [higher risk of serious illness](#).
 - Stay in a one room and away from other people in your home as much as possible.
 - Use a separate bathroom, if available.
 - Do not prepare or serve food to others.
 - Do not allow visitors into your home.
 - Wear a cloth face covering or mask over your nose and mouth if you are in a room with others.
 - Others should wear a cloth face covering over their nose and mouth or mask if they need to enter the room.
 - Do not share household items such as dishes, cups, utensils, towels, bedding with other people. After using these items, wash them thoroughly with soap and water.
 - Clean and disinfect all “high-touch” surfaces daily (including counters, tabletops, doorknobs, faucets, toilets, phones, tv remotes, keys, keyboards), and especially any surfaces that may have body fluids on them. Use household cleaning and disinfectant sprays or wipes, according to the product label instructions.
 - For more information on tracking symptoms of COVID-19 and when to seek emergency to medical care, visit CDC’s [Symptoms of Coronavirus](#).

Testing Guidance

- Follow CDC Guidance for “[Testing, Screening, and Outbreak Response for IHEs](#).” IHEs might test students, faculty, or staff for purposes of surveillance, screening, diagnosis, or in the context of an outbreak. Individuals should be considered for and offered testing if they:
 - Show signs or [symptoms consistent with COVID-19](#) (diagnostic)
 - Have a recent known or suspected exposure to a person with laboratory-confirmed COVID-19 (diagnostic)
 - Have been asked or referred to get testing by their healthcare provider or health department (diagnostic)
 - Are part of a cohort for whom testing is recommended (in the context of an outbreak)
 - Are attending an IHE that requires entry/exit screening (entry/exit testing as part of screening)

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- Are in a community where public health officials are recommending expanded testing on a voluntary basis including testing of a sample of asymptomatic individuals, especially in areas of moderate to high community transmission (screening)
- Volunteer to be tested in order to monitor occurrence of cases and positivity rate (surveillance)
- Requiring exit testing before students leave the campus is not one of the recommended strategies by NCDHHS and the CDC, as universal COVID-19 one-time testing of all students and staff has not been systematically studied. However, NCDHHS does recognize that some university systems are taking this approach and has considerations for exit screening below, if that approach is taken. A few key items to remember about point in time testing of all persons in a certain population are:
 - It is not known if requiring universal testing in school settings provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, masks, hand washing, and enhanced cleaning and disinfecting).
 - Additionally, diagnostic tests can only determine potential infection at a single point in time and may miss cases in the early stages of infection. In other words, an individual may test negative today, but positive tomorrow depending on when they got an infection.
 - Having a negative test upon exiting, may give a false sense of security. Stressing the need to practice the 3W's even with a negative test is important.

Considerations for Exit Testing

An IHE may determine that a broader testing strategy is appropriate for their campus and carry out exit testing. To support their implementation, NCDHHS has provided some considerations below.

- Prior to implementing, a IHE should consider the infrastructure and communication needed to support testing and follow up in the school setting, such as facilities for conducting testing (whether on-site at the school or in partnership with another testing location), trained staff to administer and interpret test results, school community (students, staff, families) buy-in to the broader testing approach, and access to a consistent supply of tests.
- Be ready to surge contact tracing. We encourage each institution to work with their LHD, however, LHDs may not have the capacity to manage all contact tracing.
- Be prepared to provide isolation and quarantine on campus for those found to be positive and close contacts. Students who are diagnosed with COVID-19, presumed positive, or are a close contact to a known case should remain isolating or quarantining on campus if possible, before traveling home or elsewhere. Clearly share expectation for isolation and quarantine if students leave campus during isolation or quarantine period. Coordinate with the local health departments.
- PCR and rapid antigen are two main tests available to diagnose someone with COVID-19. For this testing strategy, NCDHHS recommends utilizing PCR tests for this strategy instead of rapid antigen tests.
 - **Molecular/polymerase chain reaction (PCR)** tests detect the virus's genetic material. This test is the "gold standard" for detecting the virus that causes COVID-19 and

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typically requires a sample being sent to a laboratory. For this test, it is most common that samples are collected through a nasal or throat swab.

- **Rapid antigen** tests, which detect protein on the surface of the virus, are less sensitive and less specific than the PCR test. This means they miss some infections that would be detected by a PCR test, and they may be positive in someone who does not actually have the infection. In addition, more is known about their accuracy in people with symptoms than in people without symptoms. However, they can be performed without having to send the sample to a laboratory and results come back quickly (e.g., approximately 15 minutes). For this test, a sample may be collected through a nasal swab.
- PCR tests are preferred for testing due to their increased accuracy.
- If an IHE chooses to use rapid antigen tests, please be aware of the certain limitations including the possibility of false positives and false negatives and the need for confirmatory testing. Specifically,
 - If a person with no symptoms and no known contact with someone with COVID-19 tests positive with an antigen test, a repeat PCR test should be done within 24-48 hours of the antigen test. More information is provided below.
 - If a person has symptoms consistent with COVID-19 and tests negative with an antigen test, a repeat PCR should be done.
- For the trained staff interpreting COVID-19 test results within the context of a broader testing strategy, please keep these protocols in mind:

Symptomatic

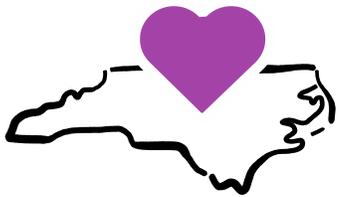
- If a person with symptoms consistent with COVID-19 tests positive with a PCR or an antigen test, it should be considered positive and the person should be in isolation as stated above
- If a person with symptoms consistent with COVID-19 tests negative with a PCR, they can be considered negative
- If a person with symptoms consistent with COVID-19 tests negative with an antigen, a repeat PCR should be done and the person should stay in isolation pending PCR test results.

Asymptomatic

- If a person with no symptoms and no known contact with someone with COVID-19 tests negative with a PCR or an antigen test, it can be considered negative.
- If a person with no symptoms and no known contact with someone with COVID-19 tests positive with a PCR test they should be considered positive and they should follow the guidance for isolation outlined in the first section above.
- If a person with no symptoms and no known contact with someone with COVID-19 tests positive with an antigen test, a repeat PCR test should be done within 24-48 hours of the antigen test.
 - The person should be in isolation while the follow up testing is being done.

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- If the immediate follow up PCR test is negative and the person remains without symptoms, the antigen test can be considered a false positive and the person can be considered negative and can return to school or work.
- If the follow up PCR test is positive, the person should follow guidance for isolation as stated above.



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