



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

Updated August 10, 2021

IHEs should consider how best to structure on-campus operational areas to minimize risk to staff, faculty, and students. The Office of the Secretary of Higher Education (OSHE) has updated the [COVID-19 Recommendations and Best Practices for New Jersey IHEs](#). 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.

IHEs should develop methods to monitor the level of COVID-19 activity among students, faculty, and staff. The [COVID-19 Weekly Activity Report](#) provides information 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.

Vaccination is the leading prevention strategy to protect individuals from COVID-19 disease and end the COVID-19 pandemic. Current COVID-19 vaccines authorized for use in the United States are safe and effective, widely accessible in the U.S., and available at no cost to all people living in the U.S. [Learn more about the Benefits of Getting a COVID-19 Vaccine.](#)

IHEs can play a critical role in offering and promoting vaccination to help increase the proportion of students, faculty, and staff that are vaccinated to help slow the spread of COVID-19 and prevent interruptions to in-person learning. IHEs can help increase vaccine uptake among students, faculty, and staff by providing information about and offering COVID-19 vaccinations, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. IHE administrators may refer to [CDC's Workplace Vaccination Program](#) to help prepare for campus vaccination.

IHEs Where Everyone is Fully Vaccinated¹

People who are fully vaccinated are at low risk of symptomatic or severe infection, and evidence suggests that people who are fully vaccinated are less likely to have asymptomatic infection or transmit the virus that causes COVID-19 to others.

IHEs where all students, faculty, and staff are **fully** vaccinated prior to the start of the semester can return to full capacity in-person learning, without requiring or recommending masking or physical distancing for people who are fully vaccinated in accordance with [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).

¹ **Fully vaccinated campus:** IHEs where all students, faculty, and staff have completed their [vaccination](#) series to protect against COVID-19 prior to returning to campus **except** those people who are unable to get the COVID-19 vaccine due to medical or other reasons.

General public health recommendations such as staying home when sick, handwashing, cleaning/disinfection and respiratory etiquette should continue to be encouraged regardless of vaccination status. When holding gatherings and events that include individuals who are not fully vaccinated such as campus visitors or others from outside of the IHE, IHEs should utilize appropriate prevention strategies to protect people who are not fully vaccinated.

If IHEs experience increases in COVID-19 cases among fully vaccinated persons, administrators should promptly contact their local department and determine whether they need to re-institute, intensify, or implement certain prevention strategies. If testing is performed onsite, IHEs should send positive specimens in fully vaccinated persons to NJDOH for [sequencing](#).

Physical Distancing

Physical distancing is not necessary for students, faculty, and staff on campus for IHEs where everyone is fully vaccinated except as indicated in [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#)

Masks

All individuals, regardless of vaccination status, are strongly encouraged to wear face masks in indoor settings where there is increased risk, including:

- Crowded indoor settings.
- Indoor settings involving activities with close contact with others who may not be fully vaccinated.
- Indoor settings where the vaccine status of other individuals in the setting is unknown.
- Where an individual is immunocompromised or at increased risk for severe disease.
- During periods of high community transmission.

In general, individuals do not need to wear masks when outdoors. However, people who are not fully vaccinated should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

Testing

People who are fully vaccinated do not need to undergo routine COVID-19 screening testing.

If a fully vaccinated person is exposed to someone with COVID-19 they do not need to be tested unless they are experiencing COVID-19 [symptoms](#). Any person who experiences COVID-19 symptoms should get a COVID-19 test.

Contact Tracing, Isolation and Quarantine

People who are fully vaccinated with no COVID-like symptoms do not need to [quarantine](#) or be restricted from work following an exposure to someone with suspected or confirmed COVID-19, except where required by federal, state, local, or territorial laws, rules, and regulations, including local business and workplace guidance.

Fully vaccinated individuals who have come into [close contact](#) with someone with suspected or confirmed COVID-19 should be tested 3-5 days after exposure, and wear a mask in public indoor settings for 14 days or until they receive a negative test result. Anyone exposed to someone with COVID-19, regardless of vaccination status, should self-monitor for symptoms for 14 days and if symptoms develop, isolate away from others, seek medical evaluation if needed, and be tested for COVID-19.

IHEs Where not Everyone is Fully Vaccinated

IHE's are encouraged to have a system in place to collect and maintain the vaccination status of students and staff using the same standard protocols used to collect and secure other immunization or health status information from students and staff. If an IHE is unable to determine the vaccination status of individual students or staff, those individuals should be considered not fully vaccinated.

Physical Distancing

People who are not fully vaccinated should continue to practice physical distancing (at least 6 feet). IHE's should continue to promote physical distancing for unvaccinated students, faculty, and staff by:

- Hosting virtual-only activities, [events, and gatherings](#) (of all sizes).
- Holding activities, events, and gatherings outdoors in areas that can accommodate physical distancing, when possible.
- Developing spaces that would promote distancing by blocking off rows or spacing out chairs and/or table seating positions in communal use shared spaces. (such as classrooms, dining halls, locker rooms, laboratory facilities, libraries, student centers, and lecture rooms).
- Limiting occupancy and requiring mask use by people who are not fully vaccinated, including drivers, and on [campus buses/shuttles or other vehicles](#). Alternate or block off rows and increase [ventilation](#) (i.e., open windows if possible).

Masks

Consistent and correct mask use by all individuals, regardless of vaccination status, is strongly recommended in indoor settings where there is increased risk, including crowded settings, settings involving activities with close contact with others who may not be fully vaccinated, settings where the vaccine status of other individuals in the setting is unknown, and where an individual is immunocompromised or at increased risk for severe disease.

In general, people do not need to wear masks when outdoors. However, particularly in areas of high community transmission, individuals who are not fully vaccinated should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

IHEs that continue to require universal masking policies should make exceptions for the following categories of people:

- A person granted a reasonable accommodation for a condition or with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).

- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Housing and Communal Spaces

IHE administrators may use CDC's December 2020 [Guidance for Shared and Congregate Housing](#) for general considerations related to housing in congregate settings.

Additionally:

- If the IHE designates fully vaccinated dorms, floors or complexes, those areas should follow [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).
- Housing students who are not fully vaccinated in single rooms instead of shared rooms when feasible.
- Establishing cohorts, such as groups of dorm rooms or dorm floors that do not mix with other cohorts to minimize transmission across cohorts and facilitate contact tracing. All units that share a bathroom should be included in a cohort. Roommates/suitemates can be considered a household and do not need to use masks or physically distance within the household "unit" (e.g., dorm room or suite) unless someone in the household is ill.
- Close or limit the capacity of communal use shared spaces such as dining areas, game rooms, exercise rooms, and lounges, if possible, to decrease mixing among non-cohort people who are not fully vaccinated. Consider limiting use of communal use shared space to people who are fully vaccinated.
- Limit access to dorms and residence halls by non-residents.

General Recommendations for All IHEs

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.

Vaccination

IHEs can play a critical role in [offering and promoting vaccination](#) to help increase the proportion of students, faculty, and staff that are vaccinated to help slow the spread of COVID-19 and prevent interruptions to in-person learning.

To increase access to vaccines, IHEs can;

- Provide on-site vaccination in IHE facilities or local vaccination sites through partnerships (e.g., existing occupational and student health clinics, IHE-run temporary vaccination clinics, mobile vaccination clinics brought to the IHE, etc.).
- Consider hosting a mass vaccination clinic or setting up smaller vaccine venues on campus to promote vaccination.
- Connect with local or state health department or health system to learn what vaccination assistance is available.

International Students, Study Abroad and Travel

International students vaccinated outside of the United States should refer to [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) for the need for vaccinations upon arrival in the United States.

IHEs planning study-abroad programs should advise and strongly encourage students to:

- Get [fully vaccinated against COVID-19](#) before traveling.
- Follow CDC guidance for [international travel](#).
- Follow general public health considerations such as [handwashing](#), cleaning/disinfection and [respiratory etiquette](#).

Hand Hygiene and Respiratory Etiquette

IHEs should continue to facilitate health-promoting behaviors such as [hand hygiene](#) and [respiratory etiquette](#) to reduce the spread of infectious disease in general.

Symptom Screening

Encourage students, faculty, and staff to perform daily health screenings for infectious illnesses, including COVID-19. Individuals with signs or symptoms of infectious illness should stay home when sick and/or seek medical care. A [COVID-19 self-checker](#) may be used to help decide when to seek COVID-19 testing or medical care.

Cleaning, Disinfecting and Ventilation

IHEs should continue to follow standard procedures for routine cleaning and disinfecting with an [EPA-registered product for use against SARS-CoV-2](#) including surfaces and objects that are touched often (e.g., door handles, faucets, drinking fountains, hand railings, bathroom stalls, laundry facilities, elevators, shared objects) within IHE facilities.

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](#). CDC guidance has additional guidance on how to [protect yourself when using transportation](#) and to [wear masks on public transportation](#).

IHE's should continue to maintain improved ventilation. For more specific information about maintenance and use of ventilation equipment and other ventilation considerations, refer to CDC's [Ventilation in Buildings webpage](#). CDC's [Ventilation FAQs](#) and [Improving Ventilation in Your Home](#) webpage further describe actions to improve ventilation. Additional ventilation recommendations for different types of IHE buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#).

Communal Dining

Currently, there is [no evidence](#) to suggest that COVID-19 is spread by [handling](#) or eating food. However, consuming refreshments, snacks, and meals with persons not from the same household may increase the risk of getting and spreading COVID-19 among people who are not fully vaccinated because masks are removed when eating or drinking.

- Promote prevention measures:
 - Require staff and volunteers to wash their hands and encourage diners to wash their hands or use an alcohol-based hand sanitizer (before and after serving or eating).
 - In indoor dining areas, people who are not fully vaccinated should wear a mask when not actively eating or drinking and physically distance.
- Prioritize outdoor dining and improve ventilation and airflow in indoor dining spaces.
- Reduce seating capacity to avoid crowding especially in areas with high levels of community transmission.
 - Encourage 6 feet of physical distancing in a mixed (vaccinated and unvaccinated) campus.
 - Stagger use of dining areas.
- Consider offering to-go options and serve individually plated meals.
 - If traditional self-serve stations are offered, CDC provides [recommendations](#) to reduce the risk of getting and spreading COVID-19.
- Continue following routine [cleaning and disinfection](#). Food service operators can find more detailed recommendations relevant to food service establishments in [Considerations for Restaurant and Bar Operators](#) and [FAQs for Institutional Food Service Operators](#).

Testing

IHEs should implement an entry screening strategy for all staff and students, especially prioritizing those residing on campus, prior to the beginning of each term. IHEs should implement a universal serial screening testing strategy in the context of moderate or high community transmission of SARS-CoV-2 if sufficient testing capacity is available. 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.

[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. If resources allow, routine screening testing should be considered for unvaccinated individuals.

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. Symptomatic individuals should be separated from others and masked (if not already), and isolated.

- If the symptomatic individual tests negative, a specimen should be sent for confirmatory molecular testing within 2 days.

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 CDC guidance, see [Isolate If You Are Sick](#).
 - Advise individual to cooperate with contact tracers.
 - Identify and notify close contacts.
 - Report positive antigen test results to public health officials;
 - 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.

Unvaccinated close contacts (symptomatic or asymptomatic) and fully vaccinated symptomatic close contacts 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 according to the [NJDOH quarantine timeframes](#).

- Are symptomatic and test negative, a confirmatory specimen collected within 2 days should be sent for molecular testing. They should isolate according to [CDC Guidance on Ending Home Isolation](#)
- Test positive, they should follow [if individual tests positive](#).

Fully vaccinated close contacts who are asymptomatic should be tested 3-5 days after exposure but do not need to quarantine. They should, however, wear a mask indoors in public spaces for 14 days following exposure while awaiting test results. If results are positive, they should isolate for 10 days.

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 and/or comprise an outbreak. 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 IHE 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.

In most cases, testing of fully vaccinated individuals is not needed unless they are symptomatic or if there is reason to suspect transmission among these persons. IHEs should notify public health authorities if vaccine failure is suspected.

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

Surveillance

Participation in the COVID-19 IHE Active Surveillance Program is invaluable in providing public health officials with information that can help determine the impact of COVID-19 in IHE communities in New Jersey and will help ensure students continue to have safe and healthy learning environments. IHEs are encouraged to report weekly campus-wide case counts to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS.

Information on the data elements to report, timelines, and instructions on using the surveillance module, can be found at <https://cdrs.doh.state.nj.us/cdrss/login/loginPage/>. For questions on user accounts or any additional questions regarding reporting, please email CDS.COVID.RPT@doh.nj.gov.

Isolation and Quarantine

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.

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). IHEs should:

- 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.

CDC released guidance with options to shorten the quarantine time period following exposure to a confirmed positive case. While CDC and NJDOH continue to endorse 14 days as the preferred quarantine period for unvaccinated individuals, it is recognized that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Additional information is described in [NJDOH quarantine guidance](#).

The [NJDOH COVID-19 Activity Level Index Report \(CALI\)](#) provides information on COVID-19 transmission risk by region and statewide and characterizes risk as Very High (red), High (orange), Moderate (yellow), or Low (green). In IHE settings, excluded individuals who are close contacts of staff or students who tested positive for COVID-19 may be considered for a reduced exclusion period based on Regional Risk Levels:

- High (orange), exposed close contacts should be excluded from school for 14 days.
- Moderate or Low (yellow or green), exposed close contacts should be excluded for 10 days or after Day 7 if the individual tests negative with a viral test (molecular-PCR or antigen) between day 5-7 and if no symptoms were reported during daily monitoring.

IHEs serving medically complex or other high-risk individuals should use a 14-day exclusion period of these individuals or those who work closely with them when identified as close contacts throughout all risk levels.

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.

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. 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 as long as possible (at least several hours) before cleaning and disinfecting.

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), Family Educational Rights and Privacy Act (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 \(CDRSS\)](#). In addition, all IHEs should report weekly campus-wide case counts to CDRSS through the Surveillance for Influenza and COVID (SIC) module. Further information for enrolling in SIC is available [here](#).

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 according to the [NJDOH quarantine guidance](#), 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 case clusters comprise 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 tracing².

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.

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

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.

- 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](#).

Resources

CDC

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

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

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

[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](#)

[Updated COVID-19 Recommendations and Best Practices for NJ Institutions of Higher Education](#)