COVID-19 Guidance for Institutes of Higher Education (IHEs) in Oklahoma

The Oklahoma State Department of Health (OSDH) has reviewed and adapted the guidance offered by the Centers for Disease Control and Prevention (CDC) and the American College Health Associated (ACHA) for prevention and control of Coronavirus Disease 2019 (COVID-19) at institutes of higher education (IHEs) in Oklahoma.

IHEs in Oklahoma vary considerably in size, and structure. For this reason, there is not a one-size-fits-all approach. OSDH and CDC offer the following considerations for IHEs to determine how to meet the unique needs and circumstances of the IHE and local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to fit the individual needs of each community.

IHE administrations should consider that the frequency, duration, and type of interactions between individuals in the IHE community will affect the risk of COVID-19 spread with the community. COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to nose and mouth, causing infection. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental prevention practices (such as cleaning and disinfection) are important principles to reinforce in the IHE community as they can help lower the risk of COVID-19 exposure and spread.

Planning Considerations:

Community Spread of COVID-19

IHE administration should be prepared to respond to COVID-19 outbreaks and individual exposure events, as well as how local community transmission affects IHE operations. OSDH has adapted CDC guidance to create the *Institutes of Higher Education COVID-19 Decision Tree*. The decision tree is intended to guide IHEs regarding appropriate mitigation strategies dependent on the current situation. The guidance provides a framework for appropriate strategies. IHEs are encouraged to maintain situational awareness of COVID-19 spread within their community by following publicly available data on disease rates and levels of COVID-19 transmission, as well as consulting with local and state health officials. Decisions to modify the learning environment (*i.e., shifting to distance learning only*) should be guided by local and state-wide mitigation guidance, and well as individual circumstances of the IHE such as a severe disruption in the continuity of operations.

IHE General Settings – Risk Level Variation

- **Lowest Risk:** Faculty and students engage in virtual-only learning options, activities, and events.
- **More Risk:** 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).
- **Highest Risk:** Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

IHE On-Campus Housing Settings – Risk Level Variation

- **Lowest Risk:** Residence halls are closed, where feasible.
- **More Risk:** Residence halls are open at lower capacity and shared spaces are closed (e.g., kitchens, common areas).
- **Highest Risk:** Residence halls are open at full capacity including shared spaces (e.g., kitchens, common areas).

Promoting Behaviors that Reduce Spread

IHEs may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home or Self-Isolating when Appropriate**
    - If there are any version of in-person classes, actively encourage students, faculty, and staff who have been sick with COVID-19 symptoms, tested positive for COVID-19, or have been potentially been exposed to someone with COVID-19 to follow CDC Guidance to self-isolate or quarantine at home for the recommended duration.
    - Educate students, faculty, and staff on when they should stay home and self-isolate in their living quarters.
        - Persons who have close contact to a case of COVID-19 are recommended to self-isolate/quarantine at home and monitor their health for 14 days following the last possible date of exposure to the positive case while the case was infectious.
        - Persons who have tested positive for or are showing symptoms of COVID-19 should self-isolate until they meet the CDC criteria for release from isolation available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html.
        - Telework and virtual learning options should be implemented for these persons as feasible.

- **Hand Hygiene and Respiratory Etiquette**
    - Recommend and reinforce handwashing with soap and water for at least 20 seconds.
        - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
    - Encourage students, faculty, and staff to cover coughs and sneezes with a tissue or use the inside of the elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
        - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.

- **Cloth Face Coverings**
    - Cloth face coverings can be used as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. This is called source control. The recommendation to wear cloth face coverings is based on what we know about the spread of COVID-19 via respiratory droplets and emerging evidence from clinical and laboratory studies that shows cloth face coverings reduce the spray of droplets when worn over the nose and mouth. Cloth face coverings are especially important in settings where people are close to each other or where social distancing (*staying at least 6 feet away from people*) is difficult to maintain. A cloth face covering may not protect the wearer, but it may keep the wearer from spreading COVID-19 to others.
    - Recommend and reinforce use of cloth face coverings among students, faculty, and staff. Face coverings should be worn as feasible and are **most** essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their

hands frequently. Information should be provided to all students, faculty, and staff on proper use, removal, and washing of cloth face coverings.

- ▪ NOTE: Cloth face coverings should **not** be placed on:
    - • Babies and children younger than 2 years old
    - • Anyone who has trouble breathing or is unconscious
    - • Anyone who is incapacitated or otherwise unable to remove the cover without assistance
    - • Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- • **Adequate Supplies**
    - o Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer containing at least 60% alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.

- • **Signs and Messages**
    - o Post signs in highly visible locations (e.g. building entrances, restrooms, dining areas) that promote everyday protective measures and describe how to stop the spread of germs (such as properly washing hands and properly wearing a cloth face covering).
    - o Includes messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with faculty, staff, and students (such as on IHE websites, in emails, and on IHE social media accounts) in accordance with the Clery Act.
    - o CDC and OSDH has many freely available print and digital resources.

Maintaining Healthy Environments
IHEs may consider implementing several strategies to maintain healthy environments.

- • **Cleaning and Disinfection**
    - o [Clean and disinfect](#) frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, dining hall tables) within IHE facilities at least daily 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.
    - o If transport vehicles (e.g., buses) are used by the IHE, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect IHE buses, vans, or other vehicles, see guidance for [bus transit operators](#).
    - o Develop a schedule for increased, routine cleaning and disinfection.
    - o Ensure [safe and correct use](#) and storage of [cleaners and disinfectantsexternal icon](#), including storing products securely. Use products that meet [EPA disinfection criteriaexternal icon](#).
    - o 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.
    - o Ensure there is adequate ventilation when using cleaning products to prevent students or staff from inhaling toxic fumes.

- **Shared Objects**
  - Discourage sharing of items that are difficult to clean or disinfect.
  - Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each student their ownart supplies, lab equipment, computers) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
  - Avoid sharing electronic devices, books, pens, and other learning aids.

- **Ventilation**
  - Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students, faculty, or staff using the facility.

- **Water Systems**
  - To minimize the risk of Legionnaires' disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected, but encourage faculty, staff and students to bring their own water to minimize use and touching of water fountains.

- **Modified Layouts**
  - Space seating/desks at least 6 feet apart when feasible. For lecture halls, consider taping off seats and rows to ensure six-foot distance between seats.
  - Host smaller classes in larger rooms.
  - Offer distance learning in addition to in-person classes to help reduce the number of in-person attendees.
  - Provide adequate distance between individuals engaged in experiential learning opportunities (e.g., labs, vocational skill building activities).
  - Create distance between students in IHE vehicles (e.g., skipping rows) when possible.

- **Physical Barriers and Guides**
  - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., cash registers).
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart in lines and at other times.

- **Communal Spaces**
  - Close shared spaces such as dining halls, game rooms, exercise rooms, and lounges if possible; otherwise, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and clean and disinfect between use.
  - Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds especially when they cannot be at least 6 feet apart.
  - For more information on communal spaces in student or faculty housing (e.g., laundry rooms, shared bathrooms and recreation areas) follow CDC's guidance for Shared or Congregate Housing.

- **Food Service**
  - Provide grab-and-go options for meals. If a cafeteria or group dining room is typically used, if possible, serve individually plated meals (versus buffet or any self-serve stations).
  - Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and consider the safety of individuals with food allergies.

Maintaining Healthy Operations

IHEs may consider implementing several strategies to maintain healthy operations.

- **Protections for Students, Faculty, and Staff at Higher Risk for Severe Illness from COVID-19**
  - Offer options for faculty and staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework and modified job responsibilities).
  - Offer options for students at higher risk for severe illness that limit their exposure risk (e.g. virtual learning opportunities).
  - Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions in compliance with applicable federal and state privacy and confidentiality laws.

- **Regulatory Awareness**
  - Be aware of state or local regulatory agency policies related to group gatherings to determine if events can be held.

- **Gatherings**
  - Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
  - Pursue options to convene sporting events and participate in sports activities in ways that reduce the risk of transmission of COVID-19 to players, families, coaches, and communities.
  - Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, or county).

- **Telework and Virtual Meetings**
  - Encourage telework for as many faculty and staff as possible, especially employees at higher risk for severe illness from COVID-19.
  - Replace in-person meetings with video- or tele-conference calls whenever possible.
  - Provide student support services virtually, as feasible.
  - When possible, use flexible work or learning sites (e.g., telework, virtual learning) and flexible work or learning hours (e.g., staggered shifts or classes) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between people, especially if social distancing is recommended by state and local health authorities.

- **Travel and Transit**
  - Consider options for limiting non-essential travel in accordance with state and local regulations and guidance. More information regarding CDC travel recommendations can be found here: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html.
  - Encourage students, faculty and staff who use public transportation or ride sharing to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
  - Encourage students, faculty and staff who use public transportation or ride sharing to follow CDC guidance on how to protect yourself when using transportation. Additionally, encourage them to commute during less busy times and clean their hands as soon as possible after their trip.

- **Designated COVID-19 Point of Contact**
  - Designate an administrator or office to be responsible for responding to COVID-19 concerns. All IHE students, faculty and staff should know who this person is and how to contact them.

- **Participation in Community Response Efforts**
  - Consider participating with state or local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

- **Communication Systems**
  - Put systems in place for:
    - Consistent with applicable law and privacy policies, having students, faculty and staff report to the IHE if they have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19 external icon(e.g. see "Notify Health Officials and Close Contacts" in the **Preparing for When Someone Gets Sick** section below), and other applicable federal and state privacy and confidentiality laws, such as the Family Educational Rights and Privacy Act (FERPA).
    - Notifying faculty, staff, students, families, and the public of IHE closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

- **Leave (Time Off) and Excused Absence Policies**
  - Implement flexible sick leave policies and practices that enable faculty, staff, and students to stay home or self-isolate when they are sick, have been exposed, or caring for someone who is sick.
    - Examine and revise policies for excused absences and virtual learning (students) and leave, telework, and employee compensation (employees).
    - Leave and excused absence policies should be flexible, not be punitive to people for taking time off and should allow sick employees and students to stay home and away from others. Leave and excused absence policies should also account for employees and students who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
  - Develop policies for returning to classes and IHE facilities after COVID-19 illness. CDC's criteria to discontinue home isolation and quarantine can inform these policies.

- **Back-Up Staffing Plan**
  - Monitor absenteeism of employees and students, cross-train staff, and create a roster of trained back-up staff.

- **Staff Training**
  - Train staff on all safety protocols
  - Conduct training virtually or ensure that social distancing is maintained during training.

- **Recognize Signs and Symptoms**
  - If feasible, conduct daily health checks or ask faculty, staff, and students to conduct self-checks (e.g., temperature screening and/or symptom checking).
  - Health checks should be done safely and respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws and regulations. IHE administrators may use examples of screening methods found in CDC's General Business FAQs.

- **Sharing Facilities**
  - Encourage any organizations that share or use IHE facilities to also follow these considerations.

- **Support Coping and Resilience**
  - o Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
  - o Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
  - o Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
  - o Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746

Preparing for When Someone Gets Sick
IHEs may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
  - o Sick faculty, staff, or students should not return to in-person classes or IHE facilities, or end isolation until they have met CDC's criteria to discontinue home isolation.

- **Isolate and Transport Those Who are Sick**
  - o Make sure that faculty, staff, and students know they should not come to the IHE if they are sick, and should notify IHE officials (e.g., IHE designated COVID-19 point of contact) if they become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.
  - o Immediately separate faculty, staff, and students with COVID-19 symptoms (such as fever, cough, or shortness of breath). Individuals who are sick should go home or 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.
  - o Work with IHE administrators and healthcare providers to identify an isolation room, area, or building/floor (for on-campus housing) to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
  - o Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19. Precautions should be taken to mitigate exposure to others, such as having the ill person wear a cloth face covering for source control, limiting the number of persons involved in the care or transport of the ill individual, and practicing appropriate hand hygiene.

- **Clean and Disinfect**
  - o Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting.
  - o Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.

- **Notify Health Officials and Close Contacts**
  - o In accordance with applicable federal, state and local laws and regulations, 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)external icon, FERPA or and other applicable laws and regulations.

- Inform those who have had close contact with a person diagnosed with COVID-19 to stay home or in their living quarters and self-monitor for symptoms, and follow CDC guidance if symptoms develop.
- OSDH recommends routinely documenting in-person classroom attendance as a helpful resource in the event contact tracing is needed. Attendance documentation should include class information (class name, location), date, and name of attendees.

Additional Guidance for U.S. Institutes of Higher Education

CDC Guidance:

- **Interim Guidance for Administrators of U.S. Institutions of Higher Education:** https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-administrators-college-higher-education.pdf

- **Considerations for Institutes of Higher Education:** https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html

- **COVID-19 Guidance for Shared or Congregate Housing:** https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html

American College Health Association (ACHA) Guidance:

- **Considerations for Reopening Institutes of Higher Educations in the COVID-19 Era:** https://acha-test.app.box.com/s/k202537ahi3w27b0w6cdhqxynr3vljif
  - **ACHA Reopening Guidance Webinar – A General Overview of Reopening Guidelines:** https://www.youtube.com/watch?v=GHNZ8zNCCYM&feature=youtu.be&fbclid=IwAR2ETwoNJJ5JqHudOC894a3fAq9y8mgICua3I5mT9quH7aGQvQMrsjnD94w
  - **ACHA Reopening Guidance Webinar – Focus on Housing:** https://www.youtube.com/watch?v=33KQzCtemhA
  - **ACHA Reopening Guidance Webinar – Focus on Contact Tracing:** https://www.youtube.com/watch?v=SrkEzrvZtfo

Institutes of Higher Education (IHE) Housing Considerations
to Minimize Transmission of COVID-19

Basic Guidelines:
1. Educate students, faculty and staff about the COVID-19 virus: its signs and symptoms, how it is spread from person to person, and how to reduce transmission.
    a. Signs and symptoms of COVID-19 include fever, coughing and shortness of breath. Other symptoms may include chills, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
    b. COVID-19 is spread through respiratory droplets expelled by the talking, singing, coughing etc. of an infected person. Droplets from an infected person can travel in the air up to 6 feet away. COVID-19 germs can be present on unclean hands and on surfaces near an infected person, so touching one's eyes, nose or mouth with unclean hands can also spread the virus.
    c. The spread of COVID-19 can be reduced by wearing masks when indoors, minimizing the number of people in classrooms and meeting rooms, etc., maintaining a distance of 6 feet or greater between people, performing frequent hand hygiene, using respiratory etiquette (covering one's coughs or sneezes with a tissue then throwing it away and performing hand hygiene, or coughing into the inside of the elbow if tissues aren't available), and frequently cleaning shared spaces and high-touch surfaces.
2. Perform regular screening to identify students, faculty and staff who exhibit signs or symptoms of COVID-19 then isolate them away from others as quickly as possible. Not all people infected with COVID-19 may have symptoms, so it is reasonable to consider that people with very mild or even no symptoms may also be contagious.
3. Instruct students, faculty and staff who experience signs or symptoms of COVID to stay home and contact a designated resource such as a resident advisor, supervisor, or campus health services for further evaluation and instructions.
4. For an organized plan to reopen IHEs during COVID-19 presence in a community, ACHE recommends creating the following committees/functions with appropriate departmental representation:
    a. COVID Planning and Response Committee
    b. Athletic COVID Action Team
    c. International Travel Committee
    d. Risk Assessment and Plan

COVID-19 and Campus Housing:
1. IHEs can perform a risk assessment to identify areas of concern in advance, and plan accordingly.
2. Educate students and families well in advance of the move-in process changes so they may plan accordingly. Explain that people with active COVID-19 or those who have been exposed in the previous 14 days will not be allowed to move in until they have completed their designated confinement.
3. Limit the number of entries to each housing building, and perform symptom screening of everyone presenting at the entrance prior to entry.
4. Move-in processes to consider include:
    a. Limit the number of people in each housing building at one time by staggering move-in days and times using appointment with time limits and a limiting the number of moving helpers.
    b. Designate one-way traffic directions in and out of the buildings on moving days.
    c. Use campus security at the parking area to enforce appointment times and helpers and foot traffic.
    d. Require use of masks during the move-in process, and provide hand hygiene supplies.
5. Room designations:
    a. Use single rooms with private bathrooms when available. These may be prioritized for students at higher risk of severe illness if infected with COVID-19, including people who are immunosuppressed by a disease or treatment, and those with diabetes, asthma, HIV, chronic lung or heart diseases, chronic kidney or liver diseases, and people with severe obesity. Use you student health services to identify and plan for these individuals.

    b. Consider designated pods or floors to limit interaction with others. This will be an advantage if a resident with COVID-19 is identified, and the number of people who were considered household/household-like need to be quarantined.

6. Education of everyone on campus and frequent reminders with signage regarding use of face masks in common areas, hand hygiene, respiratory etiquette, and frequent cleaning of high-touch surfaces. Residents can supplement custodial workers' cleaning and disinfecting.

7. Restrict building access by any non-residents, unless required for example designated personal care attendants for students with disabilities.

8. Maintain social distancing in common areas by furniture arrangement and established safe occupancy in these areas. Consider restricting attendance at activities and events and how to accomplish that.

9. Plan for isolation and quarantine of residents. Isolation is for people with symptoms, and quarantine is for people who have been exposed to a person with COVID. Identify how this could be achieved for individuals or for a surge situation. Consider how meals and other needs will be accommodated in these situations.

10. Assign consistent building staff to minimize the number of employees potentially exposed and requiring quarantine if a resident is confirmed to have COVID-19.

In summary, this is not an exhaustive list, and every institution will have different needs. It is important to use a proactive team approach within your institution, to network with others in your region, and to use the national resources listed below. Plan to identify your external partners such as the county health department and other healthcare facilities in the area, and include them in your planning. The COVID-19 situation continues to evolve, and information changes, so stay current with the guidelines, stay flexible, and have contingency plans for the unexpected.

Resources:
1. American College Health Association (ACHA): www.acha.org. Their COVID-19 webpage is: https://www.acha.org/ACHA/Resources/Topics/2019_Novel_Coronavirus_2019-nCoV.aspx
2. Association of College and University Housing Officers – International (ACUHO-I): www.acuho-i.org/. Their COVID-19 webpage is: https://www.acuho-i.org/resources/cid/7284
3. Centers for Disease Control and Prevention (CDC) COVID-19 webpage: https://www.cdc.gov/coronavirus/2019-nCoV/index.html. CDC's Colleges, Universities and Higher Learning webpage: https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html
4. Oklahoma State Department of Health: www.health.ok.gov. The COVID-19 webpage is https://coronavirus.health.ok.gov/.

OSDH COVID-19 Surveillance and Testing Guidance

The Oklahoma State Department of Health (OSDH) is planning to conduct voluntary surveillance for COVID-19 like illness by working with health facility partners including student health centers in IHEs. Additional surveillance activities may include COVID-19 testing for surveillance purpose for those universities who have the facilities or clinical personnel to conduct COVID-19 testing. IHEs will need to work with their local health department to cater a plan for testing unique to the resources available to the IHE.

OSDH COVID-19 Like Illness Surveillance Program

- **Objectives:**
    - To assess the proportion of COVID-19 like illness transmission within the IHE population.
- **Requirements for enrolling:**
    - To enroll, institutions must have an on-campus or facility associated clinic for the community.

- The Clinic or facility must have the capability to track total number of visits and total visits that meet COVID-19 Like Illness definition (patient has a fever and cough or shortness of breath or COVID-19 diagnosis code).
- The Clinic must also report COVID-19 tests done in the facility and how many of those tests were positive if the facility does rapid COVID-19 tests on site.
- **Incentives for enrolling:**
  - Institutions that enroll in the COVID-19 Like Illness Surveillance Program will be provided a small allotment of test kits for their on-site clinic to use during routine surveillance activities. (Please note OSDH may not provide all needed swabs and supplies as supplies will be limited and come on a first come, first serve basis.)
  - Institutions will also be allowed to send a number of samples to the Public Health Lab, free of charge, to have additional testing done for surveillance activities. Samples sent to the Public Health Lab will be submitted for both a Respiratory Pathogen Panel and a PCR COVID-19 Test.
- **What will be expected from institutions who choose to enroll:**
  - Institutions that agree to provide surveillance data will be expected to turn in COVID-19 Like Illness data once per week by close of business on Tuesdays.
    - The data will be submitted by following a personalized link that will be emailed to a contact of the institution's choice each week and submitted through RedCap in a simple, user-friendly survey environment.

COVID-19 Testing for Surveillance within the IHE:

- **Objective:** Conduct COVID-19 testing on asymptomatic students, faculty, and staff to monitor for levels of asymptomatic transmission.
- OSDH recommends testing up to 2% of IHE population for surveillance purposes.
- This testing may occur on a serial basis (e.g. monthly) or once per semester for a point prevalence measure.
- These specimens would be tested for COVID-19 only.

COVID-19 Testing for Symptomatic Persons within the IHE:

- **Objective:** Conduct COVID-19 testing on symptomatic students, faculty, and staff to confirm COVID-19 illness and potential transmission within the IHE population.
- OSDH recommends testing to confirm COVID-19 on all students, faculty, and staff who exhibit COVID-19 like illness.

COVID-19 Testing for Exposed Asymptomatic Persons within the IHE:

- **Objective:** Conduct COVID-19 testing on asymptomatic students, faculty, and staff who have had contact with a case of COVID-19.
- Testing of exposed persons does not replace the need for recommended 14-day quarantine after the last date of exposure**.**
- If the IHE incorporates testing of exposed persons, OSDH recommends two optimal time frames for testing:
  - **Day 5-7 after initial exposure to COVID-19 case:** This time frame correlates to the average incubation time (time from exposure to illness development).
  - **Day 12-14 after initial exposure to COVID-19 case:** This time frame correlates to the end of the incubation period.

OSDH & Local County Health Department Contributions:

- **Testing Kits:** OSDH anticipates having testing kits to supply to the IHE to test up to 2% of the IHE population. This supply can be utilized for symptomatic or asymptomatic testing (surveillance).

- **Clinical Staffing:** OSDH and the local health department will work with IHEs to provide clinical personnel to collect COVID-19 specimens on a case-by-case basis. Priority situations included suspected or confirmed outbreaks within the IHEs. Due to critical staffing, the local health department may not be able to provide clinical personnel assistance to collect COVID-19 specimens for surveillance purposes.
    - **Alternative Strategies to Consider for Obtaining Clinical Personnel to Collect COVID-19 specimens:**
        - Existing clinical personnel at student health clinic
        - Nursing or other clinical health students within the IHE
        - Partnering with a clinic in the community

Electronic/Text-Based COVID-19 Surveillance via Google MTX Platform (CONCEPT PENDING DEVELOPMENT):

- **Objective:** Conduct passive COVID-19 surveillance for IHE students, faculty, and staff who voluntarily enroll in the platform.
- **Requirements:** IHEs would need to provide the name and cell phone number of all students, faculty, and staff they wish to enroll.
- **Operation:** All enrollees who consent to monitoring would be sent a text on a routine basis (i.e., weekly) inquiring about recent history of COVID-19 symptoms. If enrollee answers yes, this person can fill out additional symptom information. The local health department or designated IHE staff person can follow up with these individuals to verify clinical history and coordinate COVID-19 testing.
- **Output/Incentives:**
    - Near real-time detection of COVID-19 like illness
    - Provides trends in proportion of COVID-19 like illness within the IHE (may be supplemental information if IHE student health clinic is already participating in the OSDH COVID-19 Like Illness Surveillance Program)