



THE UNIVERSITY OF NORTH CAROLINA SYSTEM

Memorandum

To: Chancellors

From: Bill Roper, Interim President

Date: July 24, 2020

Subject: Testing, Contact Tracing, Isolation Quarantine Guidance

The following updates the guidance previously issued in June and is based on revised guidelines that have been released by the CDC and NC Department of Health and Human Services.

Symptoms	<p>COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. Personal prevention practices (such as handwashing and staying home when sick); face coverings, social distancing, and environmental cleaning and disinfection are important practices. Transmission from even those with mild or no apparent symptoms may occur. According to the CDC, symptoms may appear 2 to 14 days after exposure to the virus. These symptoms or combinations of symptoms include:</p> <ul style="list-style-type: none">• Fever or chills• Cough• Shortness of breath or difficulty breathing• Fatigue• Muscle or body aches• Headache• New loss of taste or smell• Sore throat• Congestion or runny nose• Nausea or vomiting• Diarrhea
Monitoring for Symptoms	<p>All students, staff and faculty, and visitors should complete daily symptom screening and ensure they are symptom free prior to coming on campus or leaving their dorm room. Individuals should be free of any symptoms related to COVID-19 to be on campus or participate in activities on campus.</p> <p>Institutions should encourage ongoing self-monitoring as symptoms may occur throughout the day. More information on how to monitor for symptoms is available from the CDC (symptom checking). Institutions may conduct regular screening for symptoms at entry for staff working in critical infrastructure areas e.g. food service or for individuals entering athletic facilities.</p> <p>Temperature screening may be utilized at the entry point to high traffic/ occupancy areas. Fever is determined by measuring a temperature of 100.4 °F or greater, or feeling warm to the touch, or giving a history of feeling feverish.</p> <p>Health checks/screening should be conducted in accordance with any applicable privacy laws and regulations including guidance from the Equal Employment Opportunity Commission. Institutions may use examples of screening methods in CDC's General Business FAQs for screening staff.</p>

Testing	<p>Viral tests are recommended to diagnose current infection with SARS-CoV-2, the virus that causes COVID-19. Viral tests evaluate whether the virus is present in a respiratory sample. Results from viral tests help public health officials identify and isolate people who are infected in order to minimize COVID-19's transmission.</p> <p>Antibody tests are used to determine a past infection with SARS-CoV-2. CDC does not currently recommend using antibody testing for diagnosing current infection. Because it is currently not clear whether a positive antibody test indicates immunity against SARS-CoV-2, antibody tests should not be used at this time to determine if an individual is immune. CDC recommendations for SARS-CoV-2 testing are based on what is currently known about COVID-19. The virus that causes COVID-19 is new and what is known about it changes rapidly. This will be updated as more information becomes available.</p> <p>Institutions should conduct/refer or consider conducting/referring students, faculty, and staff for SARS-CoV-2 viral testing in the following 3 scenarios:</p> <ul style="list-style-type: none"> • Testing individuals with signs or symptoms consistent with COVID-19 • Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission • Testing asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification in special settings (see below)
Testing Symptomatic Individuals	<p>Consistent with CDC's recommendations, individuals with COVID-19 signs or symptoms should be referred to the Student Health Center or another healthcare provider for evaluation for testing.</p>
Testing Asymptomatic Individuals with Recent Known or Suspected Exposure to SARS-CoV-2	<p>Testing is also recommended for close contacts of known positive cases because of the potential for asymptomatic and/or pre-symptomatic transmission.</p> <p>In some settings, broader testing is recommended as a part of a strategy to control transmission of SARS-CoV-2:</p> <ul style="list-style-type: none"> • Expanded testing might include testing of all those who were in proximity of a confirmed case of COVID-19 (e.g., those who shared bedrooms, bathrooms, or other communal spaces), or even testing all individuals within a shared setting (e.g., testing all residents on a floor or a residence hall). Testing in these situations can be helpful because in high-density settings, it can be particularly challenging to accurately identify everyone who has had close contact with an individual confirmed to have COVID-19. • Populations with higher risk of exposure or a higher risk of severe disease if they become infected should get tested if they were in close contact or believe they may have been exposed to

	<p>COVID-19, whether or not they have symptoms. This includes people who are at high risk of severe illness (e.g., people over 65 years of age, people of any age with underlying health conditions such as chronic lung disease or moderate to severe asthma, heart disease with complications, compromised immune system, severe obesity - body mass index (BMI) of 40 or higher, or other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure, or liver disease).</p> <p>More information on who is at higher risk for severe illness due to COVID-19 is available from the CDC and NCDHHS.</p>
Testing Asymptomatic Individuals Without Known or Suspected Exposure for Early Identification in Special Settings	<p>Testing of all students, faculty, and staff for COVID-19 before allowing campus entry (entry testing) has not been systematically studied and is not recommended. Testing specific populations, who by the nature of their activity or work cannot maintain physical distancing or adhere to other prevention measures (e.g. athletes, dining staff,) should be considered as part of an overall plan for this population. Batch testing of specimens should be considered in these instances where COVID incidence is thought to be low in the specific population to be tested.</p>
Campus Testing Plan	<p>Institutions should have a written testing plan, which includes documentation of the type of COVID test(s) to be employed, the method and location of sample collection, staffing requirements, surge capacity, and payment/reimbursement. Institutions should have a contract with an external vendor, which specifies the responsibility of the university, and the vendor for sample collection, transportation, and processing. Contracts should specify the timing of test reporting back to the campus. Institutions should establish a secure process for tracking test collection and results reporting which complies with applicable laws and regulations.</p>
Contact Tracing	<p>Institutions should have a contact tracing plan that incorporates needed staffing, training, tracking, and protocols for virtual and face-to face contact. Contact tracing policies and protocols should comply with applicable state and federal regulations including HIPAA. Institutions should develop an MOU or other agreement with their local health department for contact tracing and reporting, which specifies the responsibility for contact tracing on and off campus and includes bilateral data sharing provisions to comply with applicable federal and state laws. Contact tracing staffing needs should be determined based on campus population. The Association of State and Territorial Health Officials estimates one contact tracer is needed for every 1000 individuals in the population. The CDC Topics for Contact Tracers Contact tracing training plan and protocols for how to conduct tracing and protect health information should be consulted in developing contact tracing plans.</p> <p>Campuses may elect to review additional resources (e.g. ASTHO, ACHA, JHU.) All individuals who will be involved with contact tracing should complete formal training. Institutions should develop a contact tracing communications plan, which complies with applicable state and federal regulations.</p>

	<p>Institutions should develop a rapid response plan to address increasing COVID case numbers on campus. Institutions should also coordinate with local hospitals/health systems to determine their availability to provide treatment for infected students, faculty, and staff and should have an established process for notifying local hospitals in the event of increasing COVID case numbers.</p> <p>Institutions must notify local health authorities of confirmed COVID-19 cases as required by NCGS § 130A-136. Institutions should have a COVID communications plan, which complies with applicable state and federal laws and regulations.</p>
Isolation and Quarantine	<p>The CDC defines isolation as separating sick people with a contagious disease from people who are not sick and quarantine as separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick.</p> <p>Institutions should have written policies and practices for isolation and quarantine of students (on and off-campus). Policies should also address how faculty and staff who are ill should stay home from work and contact their healthcare provider. Faculty and staff are expected to quarantine/isolate at their residence, or another location that they arrange. Individuals who become ill at work 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. Institutions should have a procedure in place for temporary isolation and safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider. Individuals who have more severe symptoms may be admitted to a healthcare facility.</p> <p>Institutions should identify an isolation room, area, or building/floor for students in on-campus housing. Students with COVID-19 symptoms should be immediately isolated from other students, faculty and staff. Planning for the number of needed isolation and quarantine spaces should be based on COVID disease incidence and an institution's capacity. Institutions may choose to open these isolation/quarantine spaces to off-campus students, depending on availability. Otherwise, off-campus students will need to quarantine/isolate in their off-campus residence, or another location they arrange. Institutions should establish a secure mechanism for self-reporting and tracking the status of quarantined/isolated students, staff, and faculty, which complies with state and federal laws/regulations.</p> <p>Faculty, staff, or students in quarantine/isolation should not return until they have met CDC's criteria to discontinue home isolation or been cleared by their healthcare provider. Per current CDC guidelines:</p> <p>If an individual had symptoms but was not tested, recovery status (and clearance to return to campus/work) is assigned when: 1) it has been at least 10 days since their symptoms first appeared, and 2) the individual remains fever-free without the use of fever reducers for 24 hours, and 3) the individual's symptoms have improved. Alternatively, if a symptomatic individual was</p>

	<p>tested, then the individual can be around others when they have no fever, respiratory symptoms have improved, and they receive two negative test results in a row, at least 24 hours apart.</p> <p>If an asymptomatic individual tested positive for COVID-19 the individual can be cleared to return 10 days after the test if the individual does not develop symptoms. If the individual develops symptoms, then the individual must follow the recovery strategy for those with symptoms. Alternatively, if an individual who tested positive is retested, two negative test results in a row, taken at least 24 hours apart, are required before return to work/school.</p> <p>Anyone who has had close contact with someone with COVID-19 should stay at home for 14 days after exposure.</p> <p>CDC Guidelines may change so institutions should use the most current guidelines.</p>
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Sources Consulted:

CDC SARS-CoV-2 Testing Strategies for Institutes of Higher Education: Interim Guidance for IHE Administrators. June 2020.

[CDC Guidance, “When You Can be Around Others After You Had or Likely Had COVID-19”. July 16, 2020.](#)

NC DHHS: StrongSchoolsNC: Public Health Toolkit (K-12) • Interim Guidance • June 8, 2020

[NC DHHS Interim Guidance for Institutions of Higher Education. July 17, 2020](#)

OPenSmartEDU COVID 19 Planning Guide and Self-Assessment for Higher Education, Updated June 12, 2020.

The Association of State and Territorial Health Officials. A Coordinated, National Approach to Scaling Public Health Capacity for Contact Tracing and Disease Investigation. 2020.