

The background of the cover is a photograph of a large, multi-tiered fountain at sunset. The fountain has several circular basins and is set on a stone base. In the background, there are university buildings, including one with a clock tower. The sky is a mix of orange, yellow, and blue. A large, dark purple diagonal shape cuts across the top left and bottom right of the image. The title text is overlaid on this purple shape.

Public Health Guidance

Fall 2020

LEAD ON. TCU

PUBLIC HEALTH GUIDANCE

COVID-19 Prevention Strategies

OVERVIEW

The transmission of the SARS-CoV-2 virus (novel coronavirus that causes COVID-19) is preventable with relatively easy changes in behaviors and adaptations to daily activities. The following guidelines are recommendations and policies designed to reduce the transmission of the virus.

SARS-CoV-2 is generally transmitted person-to-person mainly through respiratory droplets produced by an infected person. And while viral transmission can occur from contaminated surfaces, the majority of transmissions are tied to close contact to an infected person. Maintaining 6 or more feet from others and taking precautions not to expose your mouth or nose to the virus significantly reduces the chance of infection. The CDC defines exposure to the COVID-19 infected person as closer than 6 feet for more than 15 minutes.

Therefore, the following items are recommendations or requirements to help prevent the spread of SARS-CoV-2.

DAILY HEALTH SELF-ASSESSMENT

TCU requires that every TCU community member conduct a daily health assessment prior to leaving your private residence hall room or coming onto campus. The assessment includes

- Exposure (proximity and length) to confirmed or suspected case in the past 14 days
- Fever (greater than 100 degrees without the use of fever-reducing medications)
- New Cough
- New shortness of breath or difficulty breathing
- New muscle aches
- Sore Throat
- Headache
- Diarrhea
- New loss of taste or smell

Severe symptoms which require immediate medical attention (call 911) include struggling to breathe even when inactive or resting.

The daily health assessment can be found by using the following links:

- [Employee Daily Health Assessment](#)
- [Student Daily Health Assessment](#)

Face Coverings

TCU will require all community members to wear a face covering that covers both the nose and the mouth of the wearer anytime they are in a public indoor space (including and especially classrooms) or when outdoors if wearer cannot guarantee at least 6-foot distance (the Intellectual Commons between classes).

Please see [Appendix B](#) for the full policy.

Physical Distancing

The CDC defines exposure to the COVID-19 infected person as closer than 6 feet for more than 15 minutes. Every effort should be made to maintain 6 feet of physical distancing even if you are wearing a mask. TCU modified classroom and public area furniture placement to facilitate the 6-foot physical distancing requirement.

Personal Hygiene

Hand Washing: The CDC recommends that everyone wash their hands frequently to help slow the spread of the virus. Twenty seconds of hand washing with soap and water significantly reduces the chance of spreading the virus to your nose or mouth. It is recommended that you wash your hands when you enter a new space and wash them again when you leave that space.

Hand Sanitizer: Hand sanitizer with at least 60% alcohol is effective in killing the SARS-CoV-2 virus. Hand sanitizer should supplement, not replace hand washing. It is recommended that you use hand sanitizer before you enter a new space and once you leave that space. TCU will strategically place hand sanitizing stations throughout campus.

Avoid Touching Your Face: Touching your face increases the risk of infection through mucus membranes (mouth, nose, and eyes.) Make every effort to avoid touching your face unless you have just washed your hands. Face masks properly worn help remind wearers to avoid face touching.

Cough and Sneeze Etiquette: The [CDC recommends](#), and good manners suggest, that you cover your cough and sneeze with either a tissue (and dispose of properly) or your upper sleeve or elbow. Washing your hands or using an alcohol-based hand sanitizer after sneezing or coughing is further recommended.

Disinfection of Personal and Public Spaces: TCU will clean high touch areas of campus at least twice daily. It is the responsibility of each facility user to clean the public areas where you intend to spend significant time or have significant contact: classroom desk, library table, rec center exercise equipment, etc. TCU will provide disinfecting materials to assist in this task. Please dispose of the used wipes in the proper trash facilities.

You are responsible for cleaning personal space on campus, including private offices and residence hall rooms. Using disinfecting wipes or solution on door knobs, desk tops, sink and toilet hands, among other spaces, will help slow the infection of SARS-CoV-2. Residential students need to provide their own cleaning supplies for personal spaces. TCU will provide wipes for staff and faculty to clean office spaces.

TCU's cleaning and disinfection procedures are listed [here](#).

TCU COVID-19 Testing Procedures

TCU testing protocols follows the latest CDC recommendations for testing for institutions of higher education (Appendix A). Currently the CDC recommends testing only symptomatic students, staff and faculty or those who were recently exposed to the SARS-CoV-2 virus. This testing protocol works in conjunction with timely contact tracing and infection prevention measures.

Student Testing Process

The Brown Lupton Health Center will test those students who:

1. Display symptoms consistent with COVID-19; and,

2. Asymptomatic students with recent known suspected exposure to SARS-CoV-2 to control transmission.

The clinic runs viral tests from four different platforms with results generally within an hour. Students may arrange for testing by calling the Health Center at 817-257-7940 during normal business hours to arrange an appointment time and instructions on clinic entry procedures. TCU has partnered with the University Urgent Care Center at 3107 Greene Ave. to provide testing after hours. University Urgent Care will share medical findings with the TCU Health Center (assuming that the proper permission was granted).

The Health Center medical providers will instruct students who test positive for COVID-19 to begin immediate isolation procedures including working with a Contact Tracer to identify close contacts. Close contacts will be contacted by the contact tracing team and instructed to begin quarantine and encouraged to get tested within 3-5 days of the exposure.

TCU asks that all community members report positive COVID-19 tests via the COVID-19 Report Line (817-257-2684). This report will start the contact tracing and other services for students.

Faculty/Staff Testing Process

Faculty and staff who display symptoms consistent with COVID-19 or were recently exposed to SARS-CoV-2 should seek a viral test from an off-campus health provider/testing facility. The University Urgent Care at 3107 Greene Ave. is prepared to test TCU Faculty and Staff (at no out-of-pocket expenses for those with commercial health insurance) for convenience or if the faculty or staff member does not have a regular health care provider.

TCU asks that all community members report positive COVID-19 tests via the COVID-19 Report Line (817-257-2684). This report will start the contact tracing and other services for faculty and staff. Faculty or staff who test positive for COVID-19 should remove themselves from campus immediately and begin the isolation process.

Antibody Testing

The TCU Health Center can test for COVID-19 antibodies using an off-campus laboratory. Anti-body testing requires a blood sample. Currently there is no public health reason to test for COVID-19 antibodies.

Entry Testing and Broader Group Testing

The CDC presently does not recommend COVID-19 testing of all students, faculty, or staff returning to campus (entry testing). Further, the American College Health Association states that “screening large numbers (thousands) of students will likely produce no substantial public health benefit...”¹ Viral testing is a snapshot of a person’s viral load on a particular day, one-time testing of an entire population is not a useful public health tool.

Instead, TCU will, in consultation with the Tarrant County Public health officials, engage in targeted broader testing of a particular group or building that shows an increase in symptomatic members or occupants. These broader testing strategies can be used when density is such that accurately identifying close contacts of a COVID-19 positive patient is not possible or when that group or building is identified as a hot-spot.

¹American College Health Association (2020). COVID-19 Testing: What we know as of June 3, 2020. Retrieved from https://www.acha.org/documents/Resources/COVID_19/COVID-19_Testing_June-3-2020.pdf

Contact Tracing: Implementation Plan

Terms

Coronavirus	A family of viruses that causes a number of mostly upper respiratory diseases.
SARS-CoV-2	Severe Acute Respiratory syndrome coronavirus 2. The formal name of the virus causing the current pandemic. Named by the International Committee on Taxonomy of Viruses (ICTV) on February 11, 2020. The World Health Organization acknowledges this term but uses the virus that causes COVID-19 to avoid confusion with the 2003 SARS outbreak in Asia.
COVID-19	The disease caused by infection from SARS-CoV-2.
Case	Person with COVID-19 by meeting confirmed or probable evidence.
Close Contact	Someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.
Case Investigator	Conducts interviews of clients with confirmed or probable COVID-19.
Care Coordinator	Directly oversees the work of the contact tracers and/or others who work as part of the team. Assesses social support for cases and contacts and provides support for maintaining a healthy living environment (as appropriate).
Contact Tracer	Communicates with contacts to notify them of exposure, provides disease and transmission information, gathers data on demographics, living arrangements and daily activities. Provides referrals as appropriate.
Quarantine	Separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
Isolation	The separation of sick people with a contagious disease from people who are not sick. Isolation incorporates and enhances the conditions placed on quarantine.
Wrap-Around Services	TCU specific term which encompasses additional student services for those affected by an illness or circumstance. Wrap around services can include assistance with notifying professors about class attendance, food, laundry, etc. It also includes telehealth visits with a health care provider and virtual counseling services and support groups.

Background

TCU will follow the protocols established by the Centers for Disease Control and Prevention under the direction of health authorities. Confirmed positive COVID-19 test results that are reported to TCU and have a direct on-campus impact will be posted to this website under the [“Staying Informed”](#) section. Additionally, information will be shared directly with social and residential groups who have interacted with the COVID-19 positive individual(s) over the prior two to three weeks, to the extent possible. ²

Information regarding COVID-19 and response protocols are fluid and subject to change. As such, the response procedures outlined in this document may fluctuate to stay relevant with current national or local guidelines.

Process

Notification of a Positive Case

TCU has established a COVID-19 hotline for students, faculty and staff to report positive test results. This will enable the university to respond without delay to enact protective measures, and to provide support and resources to the campus community. To report a positive case community member can use the COVID-19 hotline 817-257-2684.

Students

Symptomatic students are encouraged to call ahead and schedule an appointment at the Brown Lupton Health Center. These results will be made immediately available to Health Center staff. If a student receives a test off campus at a private or unaffiliated lab, the student will be responsible for notifying the university via the COVID-19 hotline 817-257-2684. Upon calling the hotline the TCU student will be prompted through a series of questions that will direct them to the TCU COVID Case Investigator (TCUCCI) in the Health Center. Upon receiving notification of a campus positive the TCUCCI shall attain data to assist in the response process.

After students have reported or have tested positive for COVID-19, a representative from the TCU Health Center will serve as the **Case Investigator** and interview the student. The purpose of this interview will be to determine the time period to elicit close **contacts**. The case investigator will provide recommendations for the student regarding self-isolation and will then connect them to the **Care Coordinator** for assistance with **Wrap-Around Services**.

Fig 1. Student COVID Positive Process



² Texas Christian University Coronavirus FAQ <https://www.tcu.edu/coronavirus/students.php#acc30-what-if-a-case-of-covid19-is-confirmed-on-campus>

Employees

After receiving a positive test result, the employee will be responsible for notifying the university via the COVID-19 hotline 817-257-2684.

Figure 2: Employee COVID Positive Process



Upon calling the hotline the TCU employee will be prompted through a series of questions that will direct them to the TCU COVID Care Coordinator (TCUCCC) for employees. Upon receiving notification of a campus positive the TCUCCC shall attain data to assist in the response process.

Isolation Guidelines

Students

Students who are confirmed or a probable diagnosis of COVID-19 who have been told to self-isolate by the Case Investigator will ideally be provided with the following resources:

- Health Kit containing: face covering, gloves, digital thermometer, alcohol-based hand sanitizer, educational materials relating to COVID-19, instructions for cleaning their living space.
- Wrap around services which can include assistance with notifying professors about class attendance, food, laundry, etc. It also includes telehealth visits with a health care provider and virtual counseling services and support groups.

Students will be asked to perform daily self-monitoring of symptoms and communicate with the Health Center if there are any new symptoms or symptoms of increasing severity.

Instructions for Students in Isolation

The following provides guidance on how students in isolation can prevent the spread of COVID-19.

- If students live in a single room or an apartment where they have exclusive use of a bathroom, they should return to their room and not leave.
- If students do not have a single room with a bathroom or an apartment where there is exclusive use of a bathroom, the Care Coordinator will work with the student to discuss relocation.
- Meals will be delivered to the student during the isolation period.
- Students in isolation may not have visitors during this period of isolation.
- If cases must leave their room, they must wash your hands before leaving and wear face covering. Minimize any contact with surfaces and other people.
- Take and log your temperature twice a day.

The decision to discontinue self-isolation will be based on guidance set by CDC and is described below:

People with COVID-19 or its symptoms who are recovering in the residence hall³ will not be tested to determine if they are no longer contagious and can leave their “sick room” when

- Released by a TCU Health Center clinician
- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

People who DID NOT have COVID-19 symptoms, but tested positive - to determine if they are no longer contagious can leave their “sick room” when

- At least 10 days have passed since the date of the first positive test **AND**
- They continue to have no symptoms

The idea of isolation is to eliminate any contact exposure until you recover. Staying in your room, apartment, and house is one way to isolate. We acknowledge that students may want to return to their parent’s home during this time. Use face masks and gloves (or sanitized hands) if traveling in a car with someone else. If you intend to isolate from a location other than your residence hall room, apartment, or campus home, please notify the Care Coordinator of your new location. For specific information about the process for students who test positive for COVID-19, please review our [decision tree document](#) that can be found on our [TCU Microsite](#).

Instructions for Employees in Isolation

Employees will need to remain in isolation until two criteria have been met: 1.) At least 10 days have passed since the onset of your symptoms and 2.) At least 24 hours have passed since you have had fever without the use of fever reducing medicine and your symptoms are improving. If you do not have any symptoms, you need to isolate for 10 days from the time you tested positive. The TCU Care Coordinator will contact the employee when their isolation period has ended to determine how the employee is doing and if they are able to return to work based on guidelines provided above and based on information provided by the Tarrant County Public Health Department. For specific information about the process for employees who test positive for COVID-19, please review the [decision tree document](#) that can be found on the [TCU Microsite](#).

Identifying Contacts

A **close contact** is defined as a person who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the infected person is isolated.

³ Center for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf>

⁴ Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf>

The Care Coordinator will conduct an interview with the case to gather a list of people who meet the criteria for close contacts. Information will also be collected to determine buildings and locations where the case was on-campus. The Care Coordinator will also gather information about additional areas or social settings where the case may have been. The Care Coordinator and Case Investigator, with consult from local health authorities will determine if any additional notification needs to be made for these distal contacts.

EVALUATE/MONITOR CASES BASED ON PRIORITY

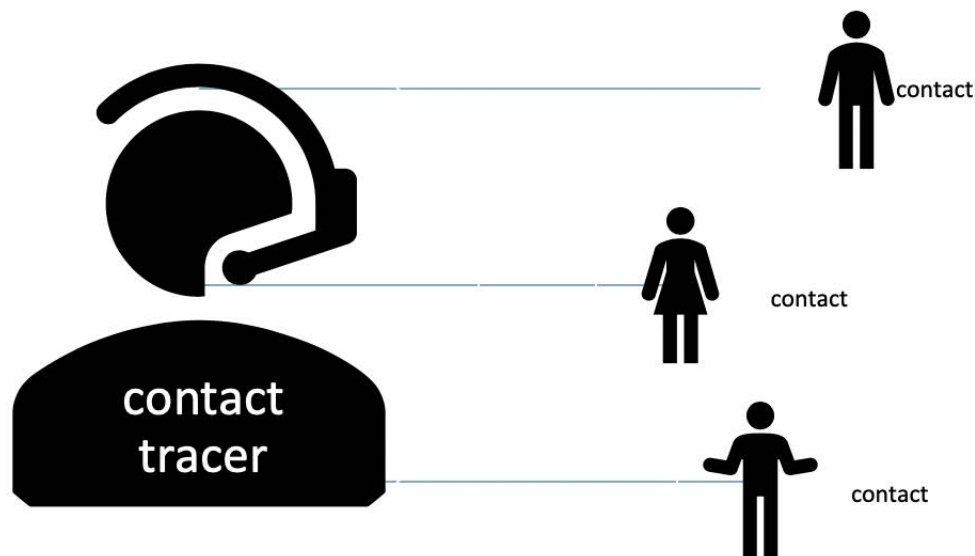
Priority 1 (Close Contacts)

- Students who were identified as close contacts with the case
- First responders who may have interacted with the case
- Roommates

Priority 2 (Distal Contacts)

- Students who attended and interacted with the case during a social gathering
- Students, faculty/staff who attended class or a meeting with the case and interacted with the case

Once all Priority 1 close contacts have been identified, the Care Coordinator will distribute this information to the **Contact Tracers** so that they can follow-up with each contact.



Contact tracers will consist of volunteer students, faculty and staff who have been trained in the elements of contact tracing, effective communication and cultural competency. Contact Tracers will provide contacts with information signs and symptoms for COVID-19 as well as guidelines for being in **quarantine**.

Quarantine Guidelines

Employees in Quarantine

Employee contacts will be asked to self-monitor and to communicate and promptly report any new symptoms or symptoms of increasing severity to their primary care physician. Contacts should be tested for COVID-19 within three to five days of exposure or within three to five days of notification of exposure. If testing is done and the contact is positive for COVID-19, the employee will need to call the TCU COVID hotline at 817-257-2684. A Care Coordinator will follow-up with the employee to collect the following information 1) last time they were on campus, 2) list of close contacts for contact tracing, 3) locations visited while on campus. If test results are negative for COVID-19, the employee will remain in quarantine.

Should employees be contacted by an outside agency such as the Tarrant County Health Department and told to quarantine- they should let their supervisor know. Additionally, employees can call the COVID-19 hotline to report that they will be in quarantine. For specific information about employee exposure and what to do, please review the decision tree document that can be found on the TCU Microsite.

Students in Quarantine

Student contacts will be asked to self-monitor and to communicate and promptly report any new symptoms or symptoms of increasing severity to the TCU Health Center. Contacts should be tested for COVID-19 within three to five days of exposure or within three to five days of notification of exposure. If testing is done and the contact is positive for COVID-19, the Case Investigator at the Health Center will collect a list of names for contact tracing. If test results are negative for COVID-19, the student will remain in quarantine.

Close contacts with symptoms **should self-isolate** and contact the TCU Health Center to discuss symptoms and options for testing⁵

Close contacts without symptoms **should self-quarantine** for 14 days from their last potential exposure **and** be tested for COVID-19 within three to five days of exposure

Instructions for Students in Quarantine

TCU is a vibrant community that cares about the health and safety of all of its members. As such, when close contacts are informed that they have been exposed to a student who has tested positive for COVID-19, we expect for them to play their part in keeping other Horned Frogs safe.

The following provides guidance on how close contacts can prevent the spread of COVID-19⁶ :

- Get tested for COVID-19, regardless of the presence of symptoms.
- Return to their room.
- If contacts have a roommate who was not exposed, TCU will either move the contact or roommate. In all likelihood, the roommate will also be in quarantine.

⁵ Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf>

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf>

- Contacts should not have visitors during this period.
- If contacts must leave the room, they must wash your hands or sanitize your hands before leaving your room and wear a face covering. Minimize any contact with surfaces and other people.
- Self-monitor by taking and logging your temperature twice a day.
- Report to the Care Coordinator that they are observing quarantine.
- Return to normal behavior after 14 days, as long as they are symptom free and without fever (fever <100).

For specific information about the process for students who test positive for COVID-19, please review the [decision tree document](#) that can be found on the [TCU Microsite](#).



Close contacts who do not have COVID-19 related symptoms are able to leave the room to retrieve meals. However, we expect these asymptomatic contacts to wash or sanitize their hands before leaving their room and wear a face covering. Also, to reduce the risk of possible spread, we ask that these close contacts minimize contact with surfaces and other people and return as soon as possible to the room. Close contacts regardless of symptoms are asked to not attend class. If these students are asymptomatic, they will be able to stay current with their classes remotely. The Care Coordinator will work with close contacts regarding professor notification if there is a need to miss class.

Distal Contacts

Distal contacts is a term coined by TCU to describe those people who may have been around a person who tested positive for COVID-19 however, did not have direct contact. Distal contacts may include people who were in the same classroom with a case or who attended the same social gatherings. It is not necessary for distal contacts to quarantine if they do not have COVID related symptoms.

The Care Coordinator and Case Investigation team will consult with each other and local health authorities to determine how to proceed with these types of contacts. In general, distal contacts will be encouraged as other students, to be proactive and diligent about maintaining their health through: self-monitoring, wearing a face covering and social distancing.

Appendix A

<https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html>

Interim Considerations for Institutions of Higher Education Administrators for SARS-CoV-2 Testing

Updated June 30, 2020

These interim considerations are based on what is currently known about SARS-CoV-2 and COVID-19 as of the date of posting, June 30, 2020.

The US Centers for Disease Control and Prevention (CDC) will update these considerations as needed and as additional information becomes available. Please check the [CDC website](#) periodically for updated interim guidance.

Note: This document is intended to provide considerations on the appropriate use of testing and does not dictate the determination of payment decisions or insurance coverage of such testing, except as may be otherwise referenced (or prescribed) by another entity or federal or state agency. CDC is a non-regulatory agency; therefore, the information in this document is meant to assist institutes of higher education (IHEs) in making decisions rather than establishing regulatory requirements.

As some institutions of higher education (IHEs) open in the United States, CDC offers [considerations](#) for ways in which IHEs can help protect students, faculty, and staff and slow the spread of the coronavirus disease 2019 (COVID-19). [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](#).

These CDC considerations are meant to supplement—**not replace**—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which IHEs must comply. Implementation should be guided by what is feasible, practical, and acceptable, as well as tailored to the needs of each community.

IHEs vary considerably in geographic location, size, and structure. As such, IHE officials should determine, in collaboration with [state and local health officials](#), whether to implement any testing strategy, and if so, how to best do so.

Symptom screening and testing are strategies to identify individuals with COVID-19. In addition to screening and testing, COVID-19 [contact tracing](#) is an effective disease control strategy that involves identifying individuals and their contacts. Screening, testing, and contact tracing are actions that can be taken to slow and stop the spread of COVID-19. These strategies must be carried out in a way that protects individuals' privacy and confidentiality and is consistent with applicable laws and regulations. In addition to state and local laws, IHE administrators should follow guidance from the [Equal Employment Opportunity](#) when offering testing to faculty, staff, and students who are employed by the IHE. IHEs also should follow guidance from the U.S. Department of Education on the [Family Educational Rights and Privacy Act \(FERPA\)](#) and the Health Insurance Portability and Accountability Act (HIPAA) and their applicability to students and COVID-19 contact tracing and testing.

Types of Tests to Identify SARS-CoV-2, the Virus that Causes COVID-19

[Viral tests](#) approved or authorized by the Food and Drug Administration (FDA) 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 these tests help public health officials identify and isolate people who are infected in order to minimize SARS-CoV-2 transmission.

[Antibody tests](#) approved or authorized by the FDA are used to **detect past infection** with SARS-CoV-2. CDC does not currently recommend [using antibody testing](#) as the sole basis for diagnosing current infection. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection. In addition, it is currently not known whether a positive antibody test indicates immunity against SARS-CoV-2; therefore, 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 the virus. SARS-CoV-2 is new and what is known about it continues to change rapidly. [Information on testing for SARS-CoV-2](#) will be updated as more information becomes available.

When Testing Might be Needed

This document describes scenarios when IHEs may need to conduct SARS-CoV-2 [viral testing](#) for students, faculty, or staff, though ultimate determinations for such a test rest with IHEs in consultation with local health officials:

- 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 Individuals with Signs or Symptoms Consistent with COVID-19

Consistent with [CDC's recommendations](#), individuals with [COVID-19 signs or symptoms](#) should be referred to a healthcare provider for evaluation on whether testing is needed. In some locations, individuals can also visit their state or local health department's website to look for the latest local information on testing.

One strategy to identify individuals with COVID-19 signs or symptoms is to conduct daily symptom screening such as temperature screening and/or symptom checking for students, faculty, and staff. These screenings are one of many strategies IHEs can use to help lower the risk of COVID-19 transmission. However, because symptom screenings are not helpful for identification of individuals with COVID-19 who may be asymptomatic or pre-symptomatic, symptom screening alone will not prevent all individuals with COVID-19 from entering the IHE. Screenings should be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations. IHEs may use examples of screening methods found in [CDC's General Business FAQs](#).

IHE administrators and healthcare providers should immediately [separate students, faculty, or staff](#) with [COVID-19 symptoms](#) by providing distance learning options, isolation rooms in dormitories or other housing facilities, and providing alternative food service arrangements for those who live on

campus. As part of symptom screenings, IHEs should be prepared to refer symptomatic individuals to an appropriate health care provider who will determine when [viral testing](#) for SARS-CoV-2 is appropriate.

IHEs can encourage individuals with suspected or confirmed COVID-19 to go to their place of residence, a designated isolation housing location (if living on-campus), or a healthcare facility depending on how severe their [symptoms](#) are, and follow [CDC guidance for caring for oneself](#). IHEs can also encourage individuals to watch for [emergency symptoms](#) and seek emergency medical care if these symptoms occur.

Testing Asymptomatic individuals with Recent Known or Suspected Exposure to a Person with COVID-19

Testing is recommended for [all close contacts](#) of persons diagnosed with COVID-19:

- Because of the potential for asymptomatic and/or pre-symptomatic transmission, it is important that contacts of individuals diagnosed with COVID-19 be quickly identified and tested. Feasibility of identifying and testing close contacts will likely vary by IHE and their local context.
- Additionally, in accordance with state and local laws and regulations, IHEs should work with local health officials to inform those who have had close contact with a person diagnosed with COVID-19 to wear [cloth face coverings](#) if they are able, [quarantine](#) in their living quarters or a designated housing location, and [self-monitor for symptoms](#) for 14 days.

In some settings, broader testing, beyond close contacts, is recommended as a part of a strategy to control transmission of SARS-CoV-2:

- In IHEs, residence halls, laboratory facilities, and lecture rooms may be settings with the potential for rapid and pervasive spread of SARS-CoV-2.
- Expanded testing might include testing of all people who were in proximity of an individual confirmed to have 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 particularly challenging to accurately identify everyone who had close contact with an individual confirmed to have COVID-19. For example, students who do not know each other could potentially be close contacts if they are both in a shared communal space.
- IHEs might want to consider that some people are at [increased risk of severe illness](#) from COVID-19. Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill, which means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.
- Decisions about the level of risk and the scope of testing should be made in coordination with state, territorial, Tribal, and [local health officials](#).

Testing Asymptomatic individuals Without Known Exposure to a Person with COVID-19

Testing of all students, faculty and staff for COVID-19 before allowing campus entry (entry testing) has not been systematically studied. It is unknown if entry testing in IHEs 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, cloth face covering,

hand washing, enhanced cleaning and disinfection). **Therefore, CDC does not recommend entry testing of all returning students, faculty, and staff.**

However, some IHEs are planning to adopt and implement this testing approach. IHEs planning for this testing approach should take into account the following:

- Acceptability of this testing approach among students, their families, faculty and staff.
- Limited availability of dedicated resources and the logistics needed to conduct broad testing among students, faculty, and staff in IHE settings. Examples of resources include trained staff to conduct tests, personal protective equipment, and physical space for conducting testing safely and ensuring privacy.
- Limited usefulness of a single administration of testing. Single administration could miss cases in the early stages of infection or subsequent exposures resulting in transmission, and would only provide COVID-19 status for individuals at that specific point in time.
- Specific features of their campus. For example, residential college communities that do not have frequent interaction with surrounding communities might have less potential exposure to COVID-19 than an IHE campus with commuter students or campuses where students engage frequently and/or live within the community.

In areas with [moderate to substantial community transmission](#) where resources allow, local health officials and IHEs may consider testing some or all asymptomatic students, faculty, and staff who have no known exposure (e.g., students in congregate housing such as residence halls) to identify outbreaks and inform control measures.

More resources for Institutions of Higher Education:

- For more information on facility-wide testing for asymptomatic individuals, please see the [Standardized procedure for broad-based testing for SARS-CoV-2](#).
- For additional considerations for reducing COVID-19 spread in IHEs, see the [Considerations for Institutions of Higher Education](#).

Appendix B

TCU Public Health Committee

Usage of Face Coverings During the COVID-19 Pandemic

Effective June 1, 2020

Policy Statement

To protect the health and safety of the TCU Community when we return to campus, face coverings must be worn by all individuals (students, staff, faculty, and visitors) in the following areas:

- Indoor public areas on campus including all non-private office spaces or common areas of residence halls. Face coverings must be worn even if alone in these non-private spaces. Face masks can be removed while eating.
- Outdoor spaces where 6 feet of physical distancing is not possible. Walking through campus when it is busy will require face coverings.

The use of a face covering does not replace the continued need to maintain physical distances from others, at least 6 feet, but instead augments physical distancing.

This policy is informed by and in compliance with current [CDC Guidelines](#).

Face Covering Definitions

Face coverings must cover both the nose and mouth and should be made of multiple layers of tightly woven fabric. FDA approved surgical masks may also be used as face covering. A clean face covering should be used each day.

Please refer to the current [CDC guidelines](#) for more information on how to wear and clean your face coverings.

Policy Rationale

Face coverings reduce the amount of virus spreading from the wearer (who may not know they are spreading the virus) into the environment and to others. The secondary purpose of the face covering is to reduce the likelihood that large droplets containing virus that are generated by others may enter the nose and mouth of the wearer.

TIPS for wearing a face coverings

- Face coverings must be used in conjunction with physical distancing (6 feet social distancing), engineering controls (barriers between people) and/or administrative controls (reduced number of people at events).
- Face coverings become contaminated as you wear them, both from yourself and from the environment around you. You should treat them as contaminated and avoid self-contamination or contamination of others by unsafe handling.
- Remember to wash your hands frequently and to avoid touching your face as much as possible.

- Face coverings must be put on properly:
 - Face coverings should fully cover your nose and mouth.
 - Face coverings should be held in place firmly with straps.
 - When you are putting on a face covering, do so by the straps and adjust the covering to cover your nose and mouth, being careful not to touch your face in the process.
 - Once your covering is in place, wash your hands, and wash your hands after each time you adjust your covering.
- Face coverings must be taken off properly to avoid self-contamination:
 - Remove face coverings by the straps and move it gently away from your face. Be careful not to touch your eyes, nose, and mouth when removing.
 - If your face covering is disposable, then promptly throw it away; do not place it into your pocket, backpack or where it may contaminate your belongings.
 - If you have a disposable face covering that you have to reuse, then make sure that you store it between uses in a clean breathable container (paper bag) and be careful not to touch the inside of the face covering. Do not store in an airtight container.
 - If you have a reusable cloth face covering, make sure you wash it after each use (a washing machine is fine).
- Wash your hands after handling a used face covering.

Exceptions

Some classroom settings prevent the use of face masks, primarily in the performing arts courses. In these instances, instructors and students must follow the policies established by the department or college.

Students who seek a medical exception to the face covering policy should solicit assistance from the Student Access and Accommodations. Faculty and Staff should contact Human Resources for an ADA accommodation.