July 9, 2020

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

Presented by the Oklahoma State Department of Health

Agenda

- Welcome and Introductions

- Guidance Document Overview

- Survey Results

  - Themes

  - Guidance on Surveillance and Resources

- Question and Answer – Open Forum

- Contacts

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COVID-19

- A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

- The virus that causes COVID-19 seems to be spreading easily and sustainably in the community ("community spread") in some affected geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.
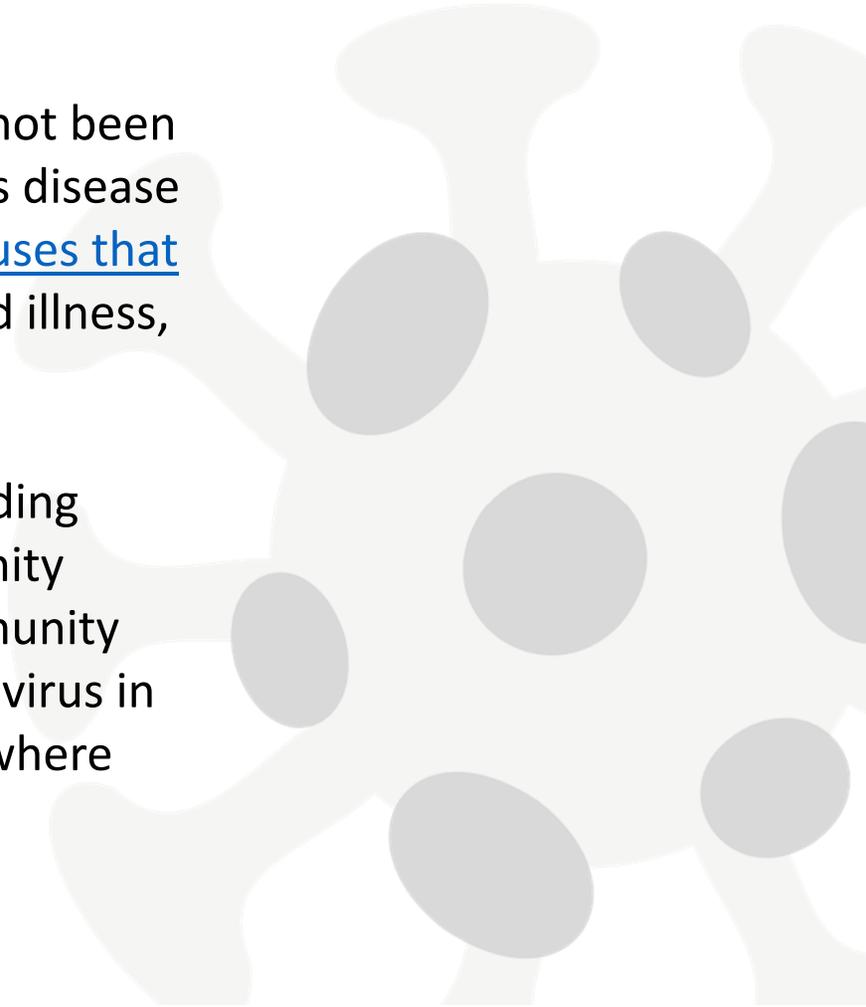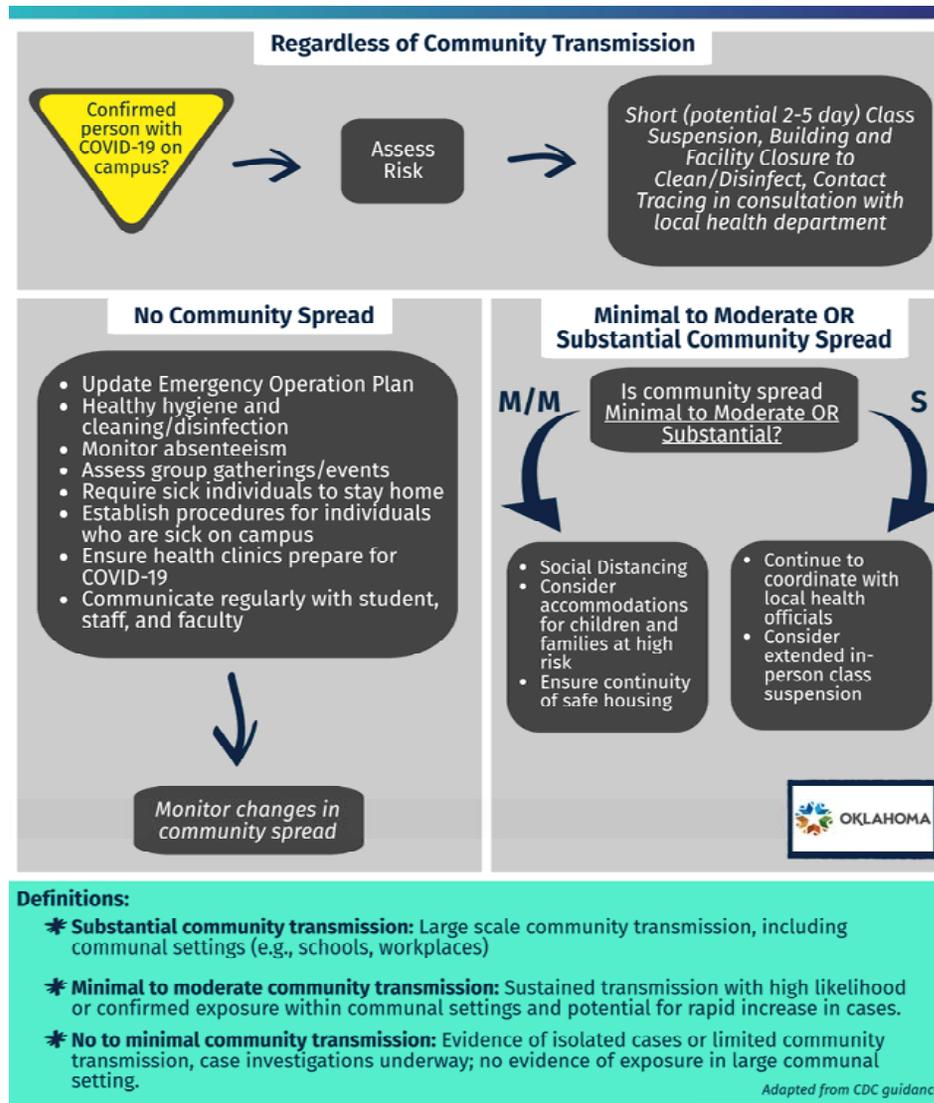
Planning Considerations:
Community Spread of COVID-19

- IHE administration should be prepared to respond to COVID-19 outbreaks and individual exposure events;

- Utilize the Decision Tree (next slide)

- 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

Decision Tree

Regardless of Community Transmission

Confirmed person with COVID-19 on campus? → Assess Risk → Short (potential 2-5 day) Class Suspension, Building and Facility Closure to Clean/Disinfect, Contact Tracing in consultation with local health department

No Community Spread

- Update Emergency Operation Plan
- Healthy hygiene and cleaning/disinfection
- Monitor absenteeism
- Assess group gatherings/events
- Require sick individuals to stay home
- Establish procedures for individuals who are sick on campus
- Ensure health clinics prepare for COVID-19
- Communicate regularly with student, staff, and faculty

Monitor changes in community spread

Minimal to Moderate OR Substantial Community Spread

M/M — Is community spread Minimal to Moderate OR Substantial? — S

- Social Distancing
- Consider accommodations for children and families at high risk
- Ensure continuity of safe housing

- Continue to coordinate with local health officials
- Consider extended in-person class suspension

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Definitions:

✳ **Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)

✳ **Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.

✳ **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting.

Adapted from CDC guidance

Risk Level Variation

IHE General Settings

- **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

- **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 tha Reduce Spread

- **Staying Home or Self-Isolating when Appropriate**

- **Hand Hygiene and Respiratory Etiquette**

- **Cloth Face Coverings**

- **Adequate Supplies**

- **Signs and Messages**

MY MASK PROTECTS YOU, YOUR MASK PROTECTS ME.

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INFORMATION + UPDATES
CORONAVIRUS.HEALTH.OK.GOV
CALL CENTER: 2-1-1

Maintaining Healthy Environments

- **Cleaning and Disinfection**

  - [Clean and disinfect](#)

- **Shared Objects**

- **Ventilation**

- **Water Systems**

  - To minimize the risk [take steps](#)

- **Modified Layouts**

- **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**

- [CDC's guidance for Shared or Congregate Housing](#).

- **Food Service**

Housing Considerations to Minimize Transmission of COVID-19

- 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.

- 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.

- 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.

- 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:

- COVID Planning and Response Committee

- Athletic COVID Action Team

- International Travel Committee

- Risk Assessment and Plan

COVID-19 and Campus Housing

- IHEs can perform a risk assessment to identify areas of concern in advance, and plan accordingly.

- Educate students and families well in advance of the move-in process changes so they may plan accordingly.

- Limit the number of entries to each housing building, and perform symptom screening of everyone presenting at the entrance prior to entry.

- Move-in processes to consider include:
  - 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.
  - Designate one-way traffic directions in and out of the buildings on moving days.
  - Use campus security at the parking area to enforce appointment times and helpers and foot traffic.
  - Require use of masks during the move-in process, and provide hand hygiene supplies.

- Room designations:
  - 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.

# COVID-19 and Campus Housing, cont.

- Consider designated pods or floors to limit interaction with others.

- 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.

- Restrict building access by any non-residents.

- Maintain social distancing in common areas by furniture arrangement and established safe occupancy in these areas.

- 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.

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

Maintaining Healthy Operations

- **Protections for Students, Faculty, and Staff at Higher Risk for Severe Illness from COVID-19**

- **Regulatory Awareness**

- **Limit Gatherings**

- **Telework and Virtual Meetings**

- **Travel and Transit**

- **Designated COVID-19 Point of Contact**

- **Participation in Community Response Efforts**

- **Communication Systems**

- **Leave (Time Off) and Excused Absence Policies**

- **Back-Up Staffing Plan**

- **Staff Training**

- **Recognize Signs and Symptoms**

- **Sharing Facilities**

- **Support Coping and Resilience**
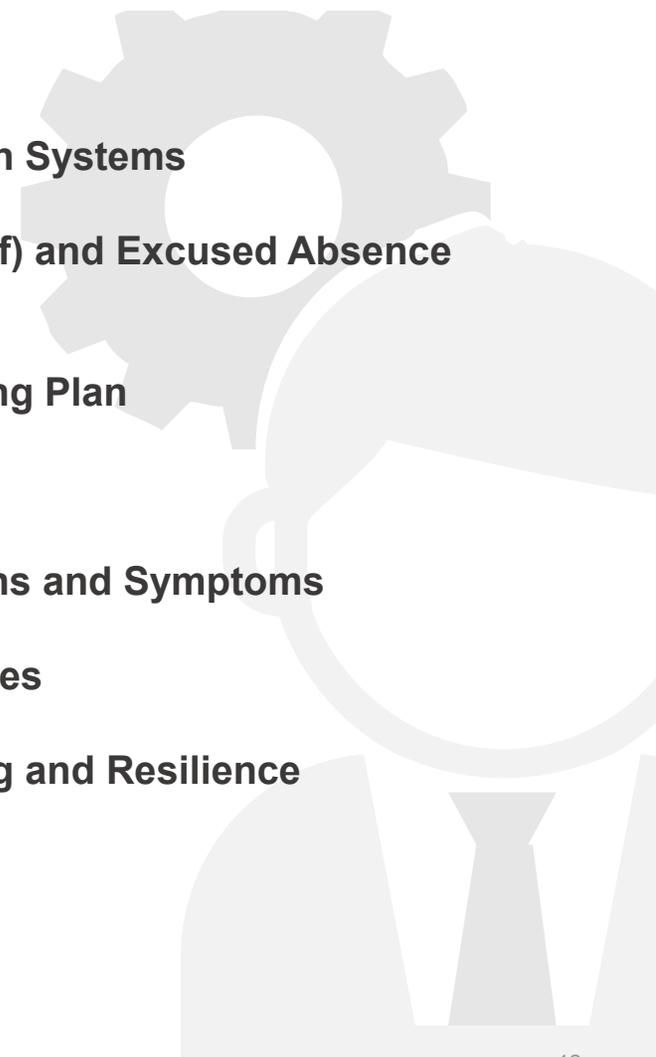
Preparing for When Someone Gets Sick

IHEs may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**
  - 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**
  - 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) positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.

  - 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. IHEs may follow CDC's Guidance for Shared or Congregate Housing for those that live in IHE housing.

  - 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.

  - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility.
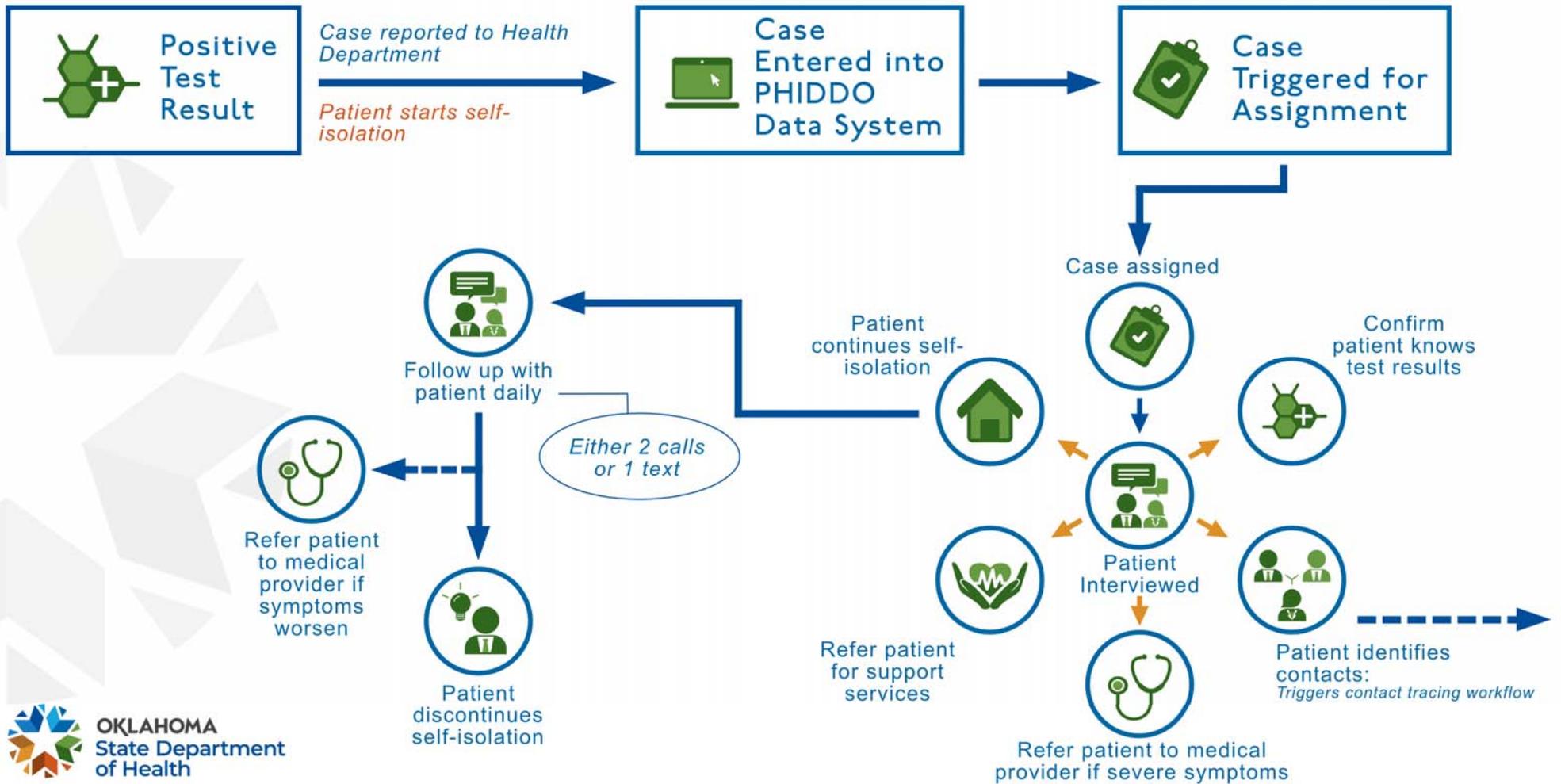
Preparing for When Someone Gets Sick, cont.

- **Clean and Disinfect**
  - Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting.

  - Wait at least 24 hours before cleaning and disinfecting.

- **Notify Health Officials and Close Contacts**

  - 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.

Case Investigation: COVID-19 (PHIDDO system)

Positive Test Result

Case reported to Health Department

Patient starts self-isolation

Case Entered into PHIDDO Data System

Case Triggered for Assignment

Case assigned

Patient continues self-isolation

Confirm patient knows test results

Follow up with patient daily

Either 2 calls or 1 text

Refer patient to medical provider if symptoms worsen

Patient discontinues self-isolation

Patient Interviewed

Refer patient for support services

Refer patient to medical provider if severe symptoms

Patient identifies contacts: *Triggers contact tracing workflow*

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COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.

If you had close contact with a person who has COVID-19

- Stay home until 14 days after your last contact.

- Check your temperature twice a day and watch for symptoms of COVID-19.

- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

If you are sick and think or know you have COVID-19

- Stay home until after
    - 3 days with no fever and
    - Symptoms improved and
    - 10 days since symptoms first appeared

If you tested positive for COVID-19 but do not have symptoms

- Stay home until after
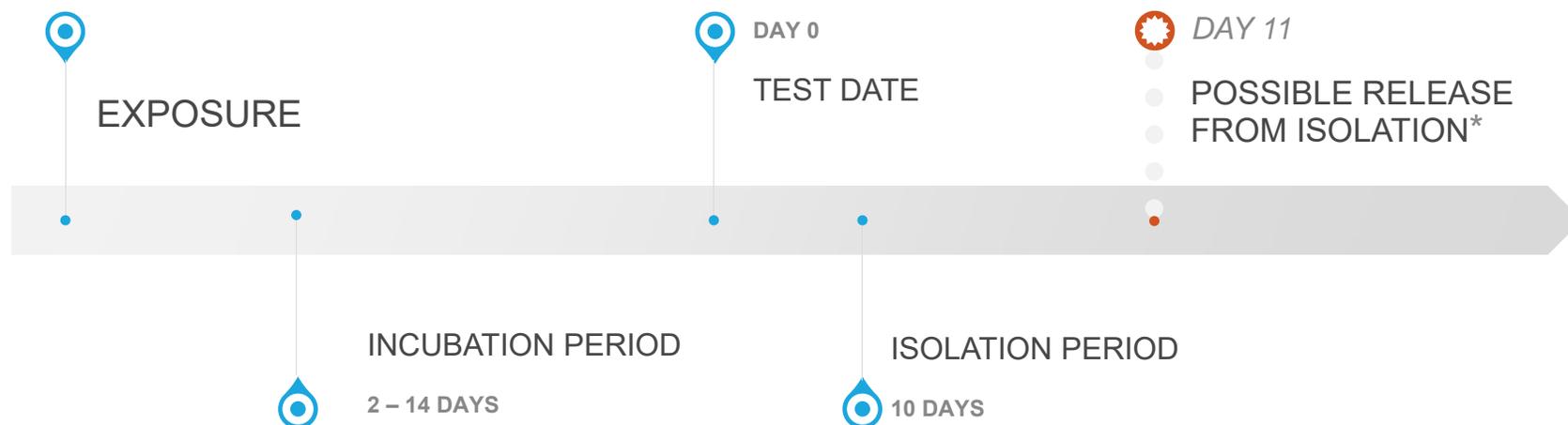   - 10 days have passed since your positive test.

If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

cdc.gov/coronavirus

CS317422-A   6/8/2020 2PM

COVID-19 Illness Timeline

EXPOSURE

DAY 0
TEST DATE

DAY 11
POSSIBLE RELEASE
FROM ISOLATION*

INCUBATION PERIOD

2 – 14 DAYS

ISOLATION PERIOD

10 DAYS

- **EXPOSURE:** contact with a case of COVID-19
- **INCUBATION PERIOD:** time from exposure to a disease to development of illness
- **ISOLATION PERIOD:** time when a person is infectious and should stay away from others to prevent transmission of disease
- ***RELEASE FROM ISOLATION:** time when a person is no longer considered infectious
  - **For COVID-19 cases with NO symptoms:** release on Day 11 after test date
  - **For COVID-19 cases WITH symptoms:** release on Day 11 after illness onset date if person has been fever-free for 72 hours (*without use of fever-reducing medication*) and has seen an improvement in respiratory symptoms.

OSDH COVID-19 Like Illness Surveillance Program

- **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.
  - The Clinic must also report COVID-19 tests done in the facility and how many of those tests were positive if rapid test.

- **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.

- **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.

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.

Surveillance Programs Sign-up

- Summary of COVID-19 Surveillance Options:

  - OSDH COVID-19 Like Illness Surveillance
    - Requires a student health center, and a staff person to collect/submit illness data once weekly
    - Ability to submit a small portion of specimens to OSDH PHL for respiratory and COVID testing

  - Testing Surveillance
    - Ideally for IHEs with clinical staff to support collection of specimens, but individual coordination with local county health department may be possible

  - Electronic/Text-Based COVID-19 Surveillance via Google MTX Platform
    - Requires IHE to submit name and contact information of students and faculty to enroll participants on a voluntary basis.
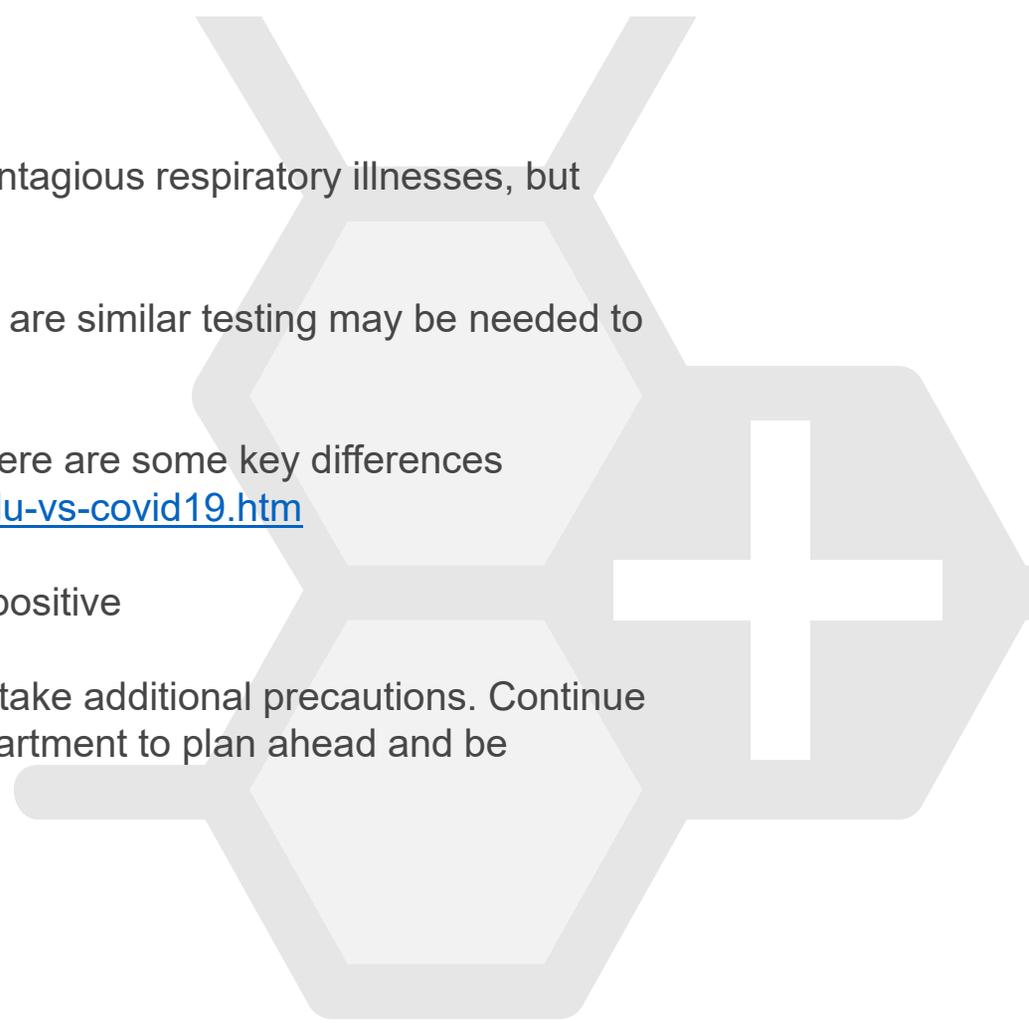   - Roll-date date unknown (anticipated in August/September)

If you are interested in any of the surveillance systems above, please follow this link to get on the list: https://redcap.health.ok.gov/surveys/?s=4YP93KJRFE
Someone will follow up with you as these systems are developed and put into place.

Other Public Health Preparation

- Influenza - Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses.

- Because some of the symptoms of flu and COVID-19 are similar testing may be needed to help confirm a diagnosis.

- Flu and COVID-19 share many characteristics, but there are some key differences between the two: https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm

- Offer flu testing and offer guidance to those that test positive

- **Continue to host flu clinics this fall** – May need to take additional precautions. Continue to partner and work with your local county health department to plan ahead and be prepared.
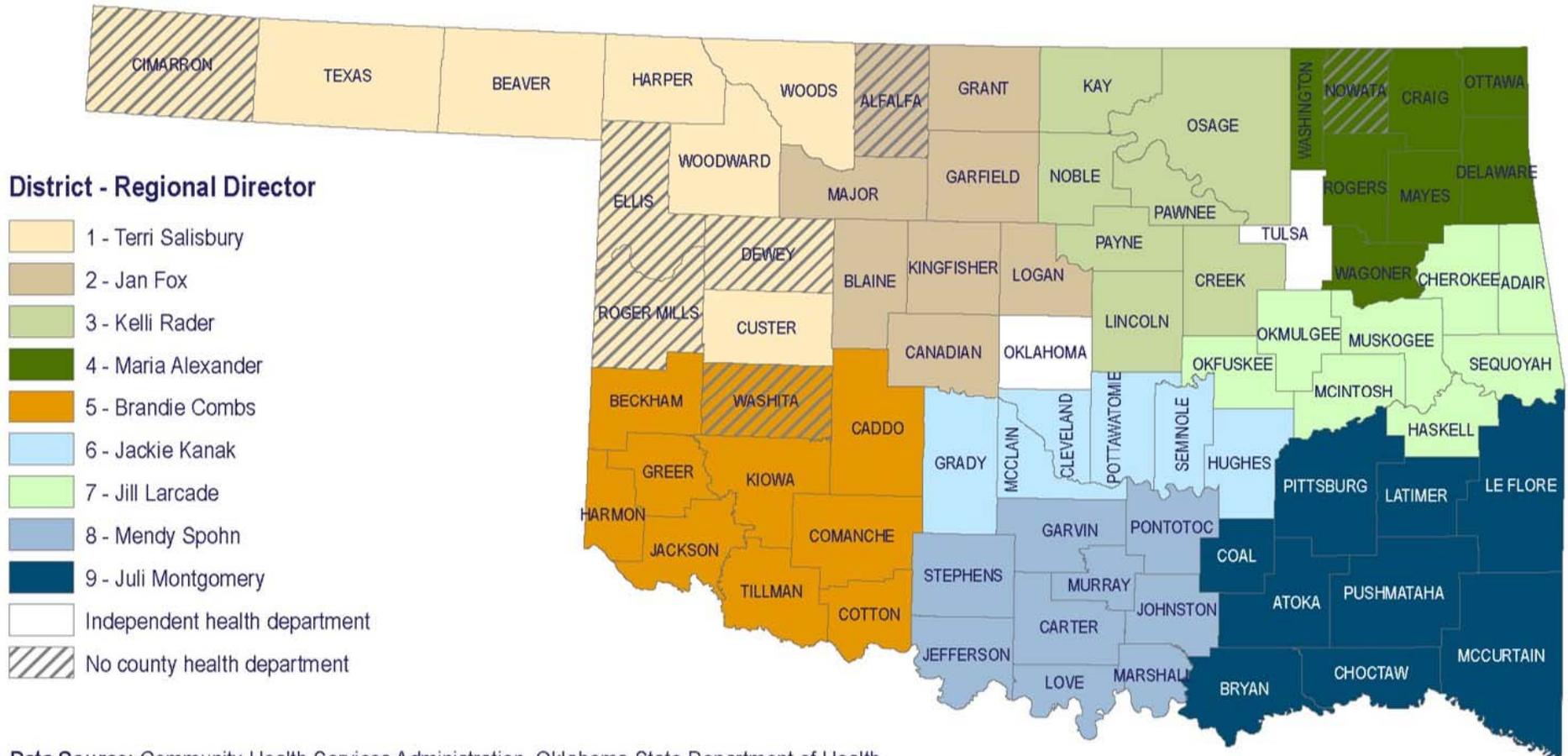
Additional Questions / Concerns

Local Public Health Contacts:

District - Regional Director

- 1 - Terri Salisbury
- 2 - Jan Fox
- 3 - Kelli Rader
- 4 - Maria Alexander
- 5 - Brandie Combs
- 6 - Jackie Kanak
- 7 - Jill Larcade
- 8 - Mendy Spohn
- 9 - Juli Montgomery
- Independent health department
- No county health department

Data Source: Community Health Services Administration, Oklahoma State Department of Health

For more information, please visit:

https://coronavirus.health.ok.gov/