

The University of Texas at Tyler COVID-19 Testing Protocol

I) Purpose:

- A) This protocol will identify students, faculty, and staff who need to be tested, when they are to be tested, how the testing will be conducted, and what will take place after the results are received.
- B) Proactive testing for the virus that causes COVID-19 is one important part of the University strategy to control the spread of the virus as we conduct face-to-face classes and in-person work. The voluntary testing program will help in quickly identifying those who are infected and have them stay home so they do not spread the disease to others.

II) Scope:

- A) The test to be performed is the PCR antigen test which is currently the most accurate and precise test for COVID-19.
 - 1) Turnaround time for results is 24 to 72 hours depending on laboratory demand.
 - 2) If at any time reagent for the PCR test is in short supply, alternative test methods may be evaluated for potential implementation

III) Definitions:

- A) Isolation: Separates sick people with a contagious disease from people that are not sick
- B) Quarantine: Separates and restricts movement of people who were exposed to a contagious disease to see if they become sick
- C) Onsite Testing Facility: Facility setup on campus to provide test collection

- D) CDC: Center for Disease Control
- E) Clinical Criteria: See Exhibit A for definition
- F) Laboratory Criteria: See Exhibit A for definition
- G) Epidemiological Criteria: See Exhibit A for definition
- H) Close Contact: (also known as “exposure”) within 6ft of a confirmed or probable case for 15 minutes or more
- I) Probable Case
 - 1) Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
 - 2) Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence.
 - 3) Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19
- J) Confirmed Case: Any person meeting the laboratory criteria
- K) IRT: Incident Response Team

IV) Roles and Responsibilities:

- A) It is the responsibility of students, faculty, and staff of UT Tyler to immediately call the UT Tyler COVID Hotline if they are experiencing any COVID-19 symptoms listed below or have been in close contact with a confirmed or probable case of COVID-19.
 - 1) COVID-19 Symptoms:
 - (a) Fever or chills
 - (b) Cough

- (c) Shortness of breath or difficulty breathing
- (d) Fatigue
- (e) Muscle or body aches
- (f) Headache
- (g) New loss of taste or smell
- (h) Sore throat
- (i) Congestion or runny nose
- (j) Nausea or vomiting
- (k) Diarrhea

B) It is the responsibility of the UT Tyler Contact Tracing Team to identify individuals that should be tested per this protocol.

- 1) Individuals will be screened through the online report form and the UT Tyler COVID-19 Hotline.
- 2) Contact tracers will determine if the individual meets the criteria for testing
 - (a) If the individual meets the criteria for testing Contact Tracers will give them detailed information on the location where they may get tested and advise them of precautions that need to be taken including:
 - (1) Use of drive-up testing if the individual has access to a vehicle
 - (2) Compliance with mask and social distancing guidelines
 - (b) Contact tracers are responsible for follow up actions based on test results including determining when an individual may return to normal activities.

C) It is the responsibility of the Department of Environmental Health and Safety to identify a Testing Program Manager that will oversee the Onsite Testing Center and all administrative duties of its operation.

1) The Testing Program Manager is responsible for informing the Contact Tracing Team of any changes in this protocol that will affect the instructions given to individuals to which this protocol applies

D) It is the responsibility of the IRT Testing Subcommittee and the Testing Program Manager to monitor the testing program, review CDC guidelines as they are updated, and update this protocol as changing conditions or guidance warrants.

V) Procedure-Students:

A) With the exception of groups identified for pre-screening (Sections V.E, and V.F), all individuals to be tested will be identified through the UT Tyler COVID-19 Hotline, online exposure report, and referred for testing through contact tracing.

B) General Student Population

1) Student with known exposure to a confirmed or probable case

(a) Instructed to quarantine

(b) Instructed to get tested at the Onsite Testing Facility at a minimum of 24 hours after known exposure

(c) Student will continue to quarantine after results received for the remainder of the CDC recommended duration (currently 14 days)

- (d) Positive test result with trigger contact tracing to be done and student will isolate for the CDC recommended duration (currently 10 days)
 - (e) Prior to returning to normal activities the positively testing student must meet the following criteria:
 - (1) Overall symptoms have improved
 - (2) They have been fever free without the use of fever reducing medication for 24 hours
 - (3) Completed the isolation period
- 2) Student with symptoms but no known exposure to confirmed or probable case
- (a) Instructed to stay home
 - (1) If the student lives on campus, they will be asked to go home if possible, if not, arrangements will be made per Residential Off Campus Isolation and Quarantine Protocol (Exhibit C)
 - (b) Instructed to get tested at the Onsite Testing Facility no sooner than 24 hours after symptoms began
 - (c) Student will continue to stay home until test results are received
 - (d) If test results are negative the student may return to normal activities when they meet the following criteria:
 - (1) Overall symptoms have improved
 - (2) They have been fever free without the use of fever reducing medication for 24 hours

(e) Positive test result will trigger contact tracing to be done and student will isolate for the CDC recommended duration (currently 10 days)

(f) Prior to returning to normal activities the positively testing student must meet the following criteria:

(1) Overall symptoms have improved

(2) They have been fever free without the use of fever reducing medication for 24 hours

(3) Completed the isolation period

C) Nursing and Pharmacy Students

1) A nursing or pharmacy student that is working in a medical facility that is exposed to COVID-19 by definition of the facility they are working at are to follow the same protocol as a student exposed to a positive or suspected case (III.A.1) for on campus activities

D) On Campus Residents

1) The Residential Off Campus Isolation and Quarantine Protocol (Exhibit C) will be implemented on the return of positive test results

E) Student Athletes

1) In addition to the criteria specified in the General Student Population section (V.B) student athletes will also be tested at the following times at the Onsite Testing Facility:

(a) Upon arrival to campus after their NCAA required isolation period before sports begin

- (b) 72 hours prior to traveling to another campus to compete for high contact sports as designated by the NCAA (Men's & Women's Basketball, Men's & Women's Soccer, Volleyball)
- 2) Positive test result will trigger contact tracing to be done and student will isolate for the CDC recommended duration (currently 10 days)
- 3) Prior to returning to normal activities the positively testing student must meet the following criteria:
 - (a) Overall symptoms have improved
 - (b) They have been fever free without the use of fever reducing medication for 24 hours
 - (c) Completed the isolation period
- 4) Additional steps for returning to full Athletics participation can be found in Exhibit B
- F) Students Participating in University Sponsored Competitions or Exhibitions Off Campus
 - 1) All students who will be participating in off campus university sponsored competitions or exhibitions will be tested 72 hours prior to travel
 - (a) Any student that receives a negative result will be allowed to travel
 - (b) Any student that receives a positive result will enter in isolation protocols depending on their housing situation (resident or tele student)

VI) Procedure-Faculty/Staff:

- A) With the exception of groups identified for pre-screening (Sections VI.D and VI.E), all individuals to be tested will be identified through the UT Tyler COVID-19 Hotline, online exposure report, and referred for testing through contact tracing.

B) Faculty and Staff of the University will be eligible to be tested at the Onsite Testing Facility provided sufficient testing supplies remain available.

1) If at any point the On Site Testing Facility contractor informs UT Tyler that testing supplies are limited Faculty and Staff may be asked to seek alternate testing accommodations. This exception does not apply to NCAA mandated testing of coaching and athletics support staff.

C) General Faculty/Staff Population

1) Faculty/staff with known exposure to a confirmed or probable case

(a) Instructed to quarantine

(b) Instructed to get tested at the Onsite Testing Facility (provided capacity is available) at a minimum of 24 hours after known exposure.

(c) Individual will continue to quarantine after results received for the remainder of the CDC recommended duration (currently 14 days)

(d) Positive test result will trigger contact tracing to be done and individual will isolate for the CDC recommended duration (currently 10 days)

(1) If testing is completed at the Onsite Testing Facility results will be automatically reported to contact tracing

(e) Prior to returning to work on campus the positively testing individual must meet the following criteria:

(1) Overall symptoms have improved

(2) They have been fever free without the use of fever reducing medication for 24 hours

- (3) Completed the isolation period
- 2) Faculty/staff with symptoms but no known exposure to confirmed or probable case
- (a) Instructed to stay home, it will be the individuals responsibility to work with HR for remote work accommodations
 - (b) Instructed to get tested at the Onsite Testing Facility (provided capacity is available) no sooner than 24 hours after symptoms began
 - (c) Individual will continue to stay home until test results are received
 - (d) If test results are negative the individual may return to normal activities when they meet the following criteria:
 - (1) Overall symptoms have improved
 - (2) They have been fever free without the use of fever reducing medication for 24 hours
 - (e) Positive test result will trigger contact tracing to be done and individual will isolate for the CDC recommended duration (currently 10 days)
 - (1) If testing is completed at the Onsite Testing Facility results will be automatically reported to contact tracing
 - (f) Prior to returning to work on campus the positively testing individual must meet the following criteria:
 - (1) Overall symptoms have improved
 - (2) They have been fever free without the use of fever reducing medication for 24 hours
 - (3) Completed the isolation period

D) Coaches and Athletic Support Staff

- 1) In addition to the criteria specified in the General Faculty/Staff Population section (VI.C) coaching and athletics support staff will also be tested according to the following schedule at the Onsite Testing Facility:
 - (a) Every 2 weeks or 4weeks, depending on NCAA requirements during competition seasons
 - (b) Testing will be done on a rotating schedule to prevent overwhelming the Onsite Testing Facility supplies
- 2) Positive test result will trigger contact tracing to be done and student will isolate for the CDC recommended duration (currently 10 days)
- 3) Prior to returning to normal activities the positively testing student must meet the following criteria:
 - (a) Overall symptoms have improved
 - (b) They have been fever free without the use of fever reducing medication for 24 hours
 - (c) Completed the isolation period

E) Faculty or staff supervising and traveling to University Sponsored Competitions or Exhibitions Off Campus

- 1) All faculty and staff who will be supervising and traveling to off campus university sponsored competitions or exhibitions will be tested 72 hours prior to travel
 - (a) Any member of faculty or staff that receives a negative result will be allowed to travel

(b) Any member of faculty or staff that receives a positive result will enter in isolation protocols

VII) Retesting Guidelines: The University of Texas at Tyler is committed to following the best evidence with COVID-19 testing and returning to work/school. The current CDC recommendations are that people should NOT be tested after being infected with COVID-19 before returning to work/school. The rationale for this is that people with mild/moderate infections are shown to not be contagious once their symptoms start to decrease, usually around day 6-8. However, these people will still shed virus particles for up to 12 weeks after the infection, which will cause a positive test. It is important to note that shedding the virus doesn't not mean that it is live virus that can cause others to be sick. For more information, please visit the CDC website on this at: [CDC Duration Information](#) (Last Updated Sept. 10, 2020) Coronavirus Disease 2019 (COVID-19) CDC provides credible COVID-19 health information to the U.S. www.cdc.gov

A) Negative test results

1) Any student that receives a negative test result will not need to be retested within 10 days of exposure unless there is an escalation of symptoms

B) Positive test results

1) Any student that receives a positive test result will not need to be retested within 3 months of recovery or completion of the 10 day isolation period

VIII) References

A) <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

Exhibit A

Coronavirus Disease 2019 (COVID-19)

2020 Interim Case Definition, Approved April 5, 2020

NOTE: A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.

CSTE Position Statement(s)

Interim-20-ID-01

Background

In late December 2019, investigation of a cluster of pneumonia cases of unknown origin in Wuhan, China resulted in identification of a novel coronavirus. The virus is distinct from both severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV), although closely related. Early epidemiologic findings indicate COVID-19 may be less severe¹ than SARS or MERS, but evidence suggests that the virus is more contagious than its predecessors. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a newly identified pathogen and it is assumed there is no existing human immunity to the virus. Everyone is assumed to be susceptible, although there may be risk factors that increase an individual's illness severity.

Based on epidemiologic reports of the outbreak in China, those at highest risk for severe disease and death include people aged over 60 years and those with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease, and cancer. Disease in children appears to be relatively mild, and growing evidence that a significant proportion of infections across all age groups are asymptomatic.

Cases of COVID-19 in China and the initial U.S. cases in early March 2020 have been clustered. Most cases in China occurred in households and in Washington, for example, a significant cluster was associated with a long-term care facility. However, cases have been reported in the United States with no direct epidemiologic link to confirmed cases. Ongoing surveillance of illness, risk factors, and epidemiologic linkage is needed to characterize the disease transmission in the United States, and to inform intervention and mitigation strategies.

Epidemiological reports from the field are demonstrating a growing importance of presymptomatic and asymptomatic infections from two lines of evidence: the serial interval of COVID-19 appears to be close to or shorter than its median incubation period and clusters linked to presymptomatic and asymptomatic index cases^{2, 3}. CSTE realizes that field investigations will involve evaluations of persons with no symptoms and these individuals will need to be counted as cases.

Clinical Criteria

At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)

OR

At least one of the following symptoms: cough, shortness of breath, or difficulty breathing

OR

Severe respiratory illness with at least one of the following:

- Clinical or radiographic evidence of pneumonia, **OR**
- Acute respiratory distress syndrome (ARDS).

AND

No alternative more likely diagnosis

Laboratory Criteria

Laboratory evidence using a method approved or authorized by the U.S. Food and Drug Administration (FDA) or designated authority:

Confirmatory laboratory evidence:

- Detection of severe acute respiratory syndrome coronavirus 2 ribonucleic acid (SARS-CoV-2 RNA) in a clinical specimen using a molecular amplification detection test

Presumptive laboratory evidence:

- Detection of specific antigen in a clinical specimen
- Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection*

**Serologic methods for diagnosis are currently being defined.*

Epidemiologic Linkage

One or more of the following exposures in the 14 days before onset of symptoms:

- Close contact** with a confirmed or probable case of COVID-19 disease; **OR**
- Close contact** with a person with:
 - clinically compatible illness **AND**
 - linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak.

***Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.*

Criteria to Distinguish a New Case from an Existing Case

Not applicable (N/A) until more virologic data are available.

Case Classification

Probable

- Meets clinical criteria **AND** epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
- Meets presumptive laboratory evidence **AND** either clinical criteria **OR** epidemiologic evidence.
- Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.

Confirmed

- Meets confirmatory laboratory evidence.

Other Criteria

Vital Records Criteria

- A death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.

Reference(s)

1. The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) in China. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2020;41(2):145–151. DOI:10.3760/cma.j.issn.0254-6450.2020.02.003.
2. Serial interval of novel coronavirus (COVID-19) infections. Hiroshi Nishiura, Natalie M. Linton, Andrei R. Akhmetzhanov PII: S1201-9712(20)30119-3 DOI: <https://doi.org/10.1016/j.ijid.2020.02.060> Reference: IJID 4006 To appear in: *International Journal of Infectious Diseases*, Accepted Date: 27 February 2020
3. Presymptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020. *Morbidity and Mortality Weekly Report Early Release / Vol. 69* April 1, 2020 U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Wycliffe E. Wei; Zongbin Li; Calvin J. Chiew; Sarah E. Yong; Matthias P. Toh; Vernon J. Lee

Exhibit B

Resocialization of Collegiate Sport: Checklist

Below is a checklist that was created in consultation with the [NCAA COVID-19 Advisory Panel](#); the [American Medical Society for Sports Medicine COVID-19 Working Group](#); and the [Autonomy 5 Medical Advisory Group](#) to support efforts by athletics administrators and other institutional personnel responsible for evaluating and implementing policies and procedures around the resocialization of collegiate sport. The content of the checklist is reflective of the information provided in the following three NCAA resocialization publications released to date: [Core Principles of Resocialization of Collegiate Sport](#); [Resocialization of Collegiate Sport: Action Plan Considerations](#); and [Resocialization of Collegiate Sport: Developing Standards for Practice and Competition](#). As the NCAA resocialization publications were offered as guidance for membership and not intended as mandated requirements, this checklist is not intended and should not be interpreted as a clinical practice guideline or legal standard of care. Rather, like the NCAA resocialization publications, this checklist is offered as a guide and, as such, is of a general nature, intended to be considered and applied as deemed appropriate by the school and its athletics department in consultation with relevant medical and administrative leadership personnel and in a manner consistent with applicable federal, state, local and institutional guidance and requirements.

EDUCATION

There is a plan to share, on an ongoing basis, relevant information from and updates to the NCAA resocialization documents and other related governmental and institutional policies and materials with the following audiences:

- Athletics department staff.
- Coaches and strength and conditioning coaches.
- Sports medicine staff.
- School health department staff.
- Student-athletes.

Before interacting with student-athletes and resuming material responsibilities on campus, staff from each of the above-named departments participate in meetings or other opportunities designed to educate them about the following topics and their professional responsibilities:

- Institutional/athletics department COVID-19 testing process and procedures.
- Prevention of community spread of COVID-19.
- Alignment and intersection of institutional/department policies and government/agency guidelines and requirements.

MITIGATING RISK

Daily Self-Health Checks

- Individuals involved with day-to-day athletics department activities complete a daily symptom check before arrival to campus or athletic facilities, and those with symptoms are directed to remain at home and connect with applicable medical staff for further evaluation and care or to otherwise follow applicable institutional protocols.

Face Coverings and Physical Distancing

- Universal use of face masks/cloth face coverings are considered when feasible, including universal masking for all coaching staff, as well as for student-athletes when they are not playing and when they move from the court/field to the sidelines for timeouts or between period strategy discussions.
- Physical distancing is expected and encouraged when feasible.
- Hand and other sanitization supplies are widely available, and practices are routinely emphasized and reinforced.
- Cough and sneeze etiquette is routinely emphasized and reinforced.

Outdoor Training

- Training, practice and competition are conducted outdoors when feasible.
- For indoor training, ventilation effectiveness is evaluated and maximized as possible.

Practice Considerations

- Face coverings are used during team practice activities when feasible.
- Student-athletes and staff work in functional units when feasible.
- Electronic whistles are used instead of traditional whistles.

Team Travel

- Physical distancing is expected and encouraged, as possible.
- Universal masking is expected for all individuals traveling with others by private car, van, chartered bus, chartered plane or commercial transportation.
- A plan is in place for proper communication of all travel rules, protocols and expectations to everyone in the travel party.
- For overnight stays or same-day travel, pre-packaged meals or room service are identified as preferred options. Where restaurant dining is the only option, takeout food and outdoor eating are identified as preferable alternatives.

Student-Athlete Return to Campus

- Before returning to campus, student-athletes confirm they have had no high contact risk exposure to COVID-19 for at least two weeks.
- Student-athletes are screened (or self-screen) to determine they do not have typical COVID-19 symptoms.
- Risk factors involved in traveling back to school are assessed.
- Plans are in place for infected individuals to be managed in accordance with local public health guidance.

Transition Periods and Return to Activity

- Training plans recognize traditional transition and acclimatization considerations (for example, cardiovascular conditioning, heat, altitude).
- Training plans include a seven- to 10-day initial transition period during which student-athletes are afforded the time to properly progress through the physiologic and environmental stresses placed upon them as they return to required activities.
- Training plans are made considering relevant industry resource materials including, among others, those published by:
 - [American Medical Society for Sports Medicine](#).
 - [College Athletic Trainers' Society](#).
 - [Collegiate Strength and Conditioning Coaches Association](#).
 - [Korey Stringer Institute](#).
 - [National Athletic Trainers' Association](#).
 - [National Strength and Conditioning Association](#).

COVID-19 INFECTION MANAGEMENT

Plan To Manage *Infected Asymptomatic* Individuals:

Time-based strategy

For individuals who test positive but never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive PCR test for SARS-CoV-2.

Plan To Manage *Infected Symptomatic* Individuals:

Time-based strategy

For most people with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and at least 24 hours after resolution of fever, without the use of fever-reducing medications, and with improvement of other symptoms.

RETURN TO ACTIVITY AFTER INFECTION

- Athletes who have tested positive return to activity after completion of a cardiac evaluation based on the most up-to-date guidelines available. If they are cleared from a cardiac standpoint, they then proceed through a re-acclimatization and conditioning program.

SPORT CLASSIFICATION AND TESTING STRATEGIES

- Teams have been identified and categorized according to contact risk levels.**

Low contact risk: bowling, diving, equestrian, fencing, golf, rifle, skiing, swimming, tennis, track and field.

Intermediate contact risk: acrobatics and tumbling, baseball, beach volleyball, cross country*, gymnastics, softball, triathlon*.

High contact risk: basketball, field hockey, football, ice hockey, lacrosse, rowing, rugby, soccer, squash, volleyball, water polo, wrestling.

**The level of risk in cross country, track and field and triathlon are dependent upon the student-athlete's proximity to other unmasked individuals. For example, the start or finish of a race may involve a group of athletes who are breathing heavily in a group space with a breakdown in physical distancing.*

Surveillance testing strategies are specific to contact risk categories.

Considerations for Low Contact Risk Sports:

- Diagnostic testing upon arrival to campus.
- During summer athletic activities and out-of-season athletic activities: surveillance testing in conjunction with a university plan for all students, plus additional testing for symptomatic and high contact risk individuals.
- During in-season (preseason, regular season, postseason): symptomatic testing and high contact risk testing thereafter.

Considerations for Intermediate Contact Risk Sports:

- Diagnostic testing upon arrival to campus.
- During summer athletic activities and out-of-season athletic activities, and in-season (preseason, regular season and postseason): surveillance PCR testing, for example, 25%-50% of athletes and “inner bubble” personnel every two weeks if physical distancing, masking and other protective features are not maintained, plus additional testing for symptomatic and high contact risk individuals.
- Symptomatic testing and high contact risk testing as appropriate.

Considerations for High Contact Risk Sports:

- Diagnostic testing upon arrival to campus.
- During summer athletic activities and out-of-season athletic activities: surveillance PCR testing, for example, 25%-50% of athletes and “inner bubble” personnel every two weeks if physical distancing, masking and other protective features are not maintained, plus additional testing for symptomatic and high contact risk individuals.
- During in-season (preseason, regular season and postseason): weekly PCR testing of all athletes, plus “inner bubble” personnel for whom physical distancing, masking and other protective features are not maintained.
- Additional testing for symptomatic and high contact risk individuals.

ROUTINE PRE-COMPETITION TESTING IN HIGH CONTACT RISK SPORTS

- Appropriate testing protocols in place.
- Ability to manage the details related to any positive results.
- Limits on the number of “inner bubble” individuals involved with each competition.
- Timely pre-competition testing:
 - Before campus departure and within 72 hours/three days of competition for football and within 72 hours/three days of the first of the week’s set of games for other high-risk sports.
- Testing as above for officials in football and basketball.

- Protocol in place regarding how testing results and related safety assurances are provided to opposing teams before the start of an event, in each case in a manner consistent with applicable health information and education privacy laws.

CLINICAL-BASED PRE-COMPETITION TESTING AND ISOLATION

- Clinical evaluation plan for student-athletes and/or other athletics personnel who develop COVID-19 symptoms after pre-competition testing, including testing for the presence of the virus.
- Isolation of individuals who become symptomatic between testing and competition.
- Protocol consistent with applicable federal, state, local and institutional recommendations.

CONSIDERATIONS AFTER A POSITIVE TEST RESULT

- Plan to notify local public health officials consistent with government regulations and requirements.
- Plan to implement appropriate contact tracing protocols.
- Plan to appropriately identify and quarantine individuals with high-risk exposure.

DISCONTINUATION OF ATHLETICS

- A plan to monitor, evaluate and properly respond to any of the following:
- Lack of ability to isolate new positive cases or to quarantine high contact risk cases on campus.
 - Unavailability or inability to perform symptomatic, surveillance or pre-competition testing when warranted.
 - Campuswide or local community test rates that are considered unsafe by local public health officials.
 - Inability to perform adequate contact tracing consistent with governmental requirements or recommendations.
 - Local public health officials stating that there is an inability for the hospital infrastructure to accommodate a surge in COVID-19-related hospitalizations.

Exhibit C

Fall 2020 – Spring 2021 COVID-19 Isolation/Quarantine Protocol Housing Protocol

1. Purpose

Develop a Protocol to support students in isolation:

- To outline the steps needed to isolate an exposed student or positive COVID-19 students to an off-campus location for 14 days
- Provide a framework to facilitate information exchange between different university departments to ensure all the student's needs are being met.
- Priority and preference will be that the student go to their home for isolation if possible, off campus isolation at hotel is reserved for when this is not possible. This will be done during the contact phone call with the police department and the contact tracing team.

2. Contents

The Emergency housing protocol must be adapted to each student's specific needs. It often includes the following sections:

- a. Student Point of Contact
- b. Who needs to know
- c. How does the student get to the hotel/off campus location
- d. How does the student check-in to the location
- e. How does the student receive food
- f. How does the student get clean laundry
- g. If the student needs something, who gets it
- h. Daily check-ins
- i. Emergency Contact/Family Considerations
- j. Cleaning protocol once a room/student identified as needing to be isolated due to COVID-19
- k. Roommate isolation protocol

2.1 Student Point of Contact

- a. Student contacts the University Police Department and UPD directly speaks with the individual. UPD will then contact the Dean of Students, Director of Residence Life, or an Associate Dean of Students.
- b. There will be an on-call rotation comprised of the Dean of Students, Associate Deans of Students, and the Director of Residence Life.

2.2 Who needs to know?

- i. UPD > On Call Rotation > (If applicable) University Pines Staff Member (TBD)
- ii. UPD > Facilities
- iii. UPD > Environmental Health and Safety
- iv. Counseling Center (For well being checks over the phone or Zoom)
- v. Residence Life Staff Professional Staff (Daily Check in)

- vi. Open communication for updates, which can be done by creating a Housing COVID-19 Microsoft Teams.
 - a. There will be a tab for all blank documents using to track progress such as when the student got checked-in, what room/hotel, risk level, daily communication log, laundry sign-off, food tracker, employees contact information.
 - b. Only includes general information, such as student location, etc. No Health related information to be shared, discussed, or provided via Microsoft.

2.3 Off Campus Isolation Transportation

- a. The priority is that the student will transport themselves to the off-campus location
- b. If self-transportation is not an option, UPD Contacts transportation company if self-transportation is not an option

2.4 How does the student check-in

The on-call RC or UPD will go to the hotel to check in the student and drop off the key outside the student's vehicle and watch from a safe distance as the student picks up the key and enter the hotel.

- i. Use the service agreement to check student in.
- ii. Preference first to Residential Coordinator to do the check, if not available. Dean on call, or UPD.

2.5 Student Care

- i. Rotation schedule would be set up on Microsoft Teams.

Breakfast would be picked up from the hotel as available, but other food would be from the MET. If MET is not available during food service down times, groceries may need to be provided to the student.

ii. Laundry Service

Environmental Health and Safety will take care of all aspects of this process.

iii. Retrieving Items from the residence hall

EH&S and Facilities will coordinate gather items safely and within CDC sanitization guidelines to be delivered by the RC.

iv. Daily check-ins

During food delivery a staff member will visually see the student from a distance when food is delivered to see how the student is doing.

2.10 Cleaning protocol once a room/student identified as needing to be isolated due to COVID

Have EH&S determine how the apartment will need to be professionally cleaned to follow the CDC and university guidelines. EH&S and Facilities contact the cleaning company to service the apartment.

2.11 Roommate isolation protocol

Student directly impacted with be isolated. Those who may have come in contact will assessed on an individual basis.

2.12 Unanswered questions

What do we do if the resident has a dog/cat?

i. We will have to check the hotel's pet policy or find a family member relocate the pet off campus