



New Jersey Department of Health COVID-19 Interim Guidance for Institutions of Higher Education (IHEs)

Updated June 14, 2022

IHEs should consider how best to structure on-campus operational areas to minimize risk to staff, faculty, and students. The Office of the Secretary of Higher Education (OSHE) has issued [COVID-19 Recommendations and Best Practices for New Jersey IHEs](#) (June 25, 2021). The CDC's [Guidance for Institutions of Higher Education \(IHEs\)](#) page provides various resources and recommendations for IHE operations and is meant to supplement, **not replace**, any state or local health and safety laws, rules, and regulations with which schools must comply.

Communication

IHEs should develop methods to monitor the level of COVID-19 activity among students, faculty, and staff. **The COVID-19 Surveillance Report released every Friday, provides information on COVID-19 activity (low, medium and high)** on county levels and the [COVID-19 higher education dashboard](#) (under Schools tab) provides information on cases reported by IHEs. It is important for IHEs to maintain communication with public health authorities to determine mitigation levels in their community, and to have expectations for students depending on the level of activity on your campus, and in some cases in your surrounding community.

Local Health Departments (LHDs) and IHEs should maintain close communication during the academic year to ensure that cases are identified, outbreaks are promptly reported to public health, testing and contact tracing efforts are coordinated, and to assist with outreach and messaging.

Vaccination

Vaccination is the leading prevention strategy to protect individuals from COVID-19. A [growing body](#) of evidence shows that people who are up to date with their vaccines are at substantially reduced risk of severe illness and death from COVID-19 compared with unvaccinated people. CDC recommends that all faculty, staff, and students should be vaccinated as soon as possible and remain up to date in their vaccinations, including receiving a booster when eligible.

IHEs can help increase vaccine uptake among students, faculty, and staff by providing information about and offering COVID-19 vaccinations, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. IHE administrators may refer to CDC's [Workplace Vaccination Program](#) as instructive to help [prepare for](#) campus vaccination.

DOH and the CDC recommend everyone stay [up to date](#) on their COVID-19 vaccines. Please note that [quarantine guidance](#) may require an individual to have received a booster or additional dose, depending on age and health status.

Masks

Consistent and correct mask use by all individuals, regardless of vaccination status, is strongly recommended in indoor settings where there is increased risk, including during periods of high community transmission, crowded settings, settings involving activities with close contact with others who may not be fully vaccinated, settings where the vaccine status of other individuals in the setting is unknown, and where an individual is immunocompromised or at increased risk for severe disease.

For IHEs that choose not to institute a universal masking policy, NJDOH recommends that IHEs should require mask wearing in the following circumstances:

- **During periods of elevated community transmission** – when [COVID-19 community levels](#) are high, NJDOH recommends that IHEs strongly consider universal masking for all students, faculty and staff, especially if there is difficulty incorporating other layered prevention strategies (e.g., adequate ventilation, adequate spacing of students).
- **After returning from isolation or quarantine** – students, faculty, and staff who return to campus during days 6-10 of isolation or quarantine should be required to mask.

In general, people do not need to wear [masks](#) when outdoors. However, particularly in areas of high community transmission, individuals who are not fully vaccinated should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

Until lifted, the federal order requiring masks on public transportation and in transportation hubs still applies, regardless of vaccination status.

Physical Distancing

In general, CDC recommends people who are not up to date on their COVID-19 vaccines should continue to practice physical distancing, especially if they are at [higher risk of getting very sick](#) with COVID-19.

Cleaning, Disinfecting and Ventilation

IHEs should continue to follow standard procedures for routine cleaning and disinfecting with an [EPA-registered product for use against SARS-CoV-2](#) including surfaces and objects that are touched often (e.g., door handles, faucets, drinking fountains, hand railings, bathroom stalls, laundry facilities, elevators, shared objects) within IHE facilities and on transport vehicles used by IHEs.

IHEs should continue to maintain improved ventilation. For more specific information about maintenance and use of ventilation equipment and other ventilation considerations, refer to CDC's [Ventilation in Buildings webpage](#). CDC's [Ventilation FAQs](#) and [Improving Ventilation in Your Home](#) webpage further describes actions to improve ventilation. Additional ventilation recommendations for different types of IHE buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#).

Isolation and Quarantine for Shared Housing

On January 4, 2022, CDC updated [COVID-19 isolation and quarantine recommendations](#) with shorter isolation (for asymptomatic infected and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious (followed by continued masking for an additional 5 days). Individuals who are unable to wear a mask should be excluded until after at least 10 days and continue to isolate/quarantine.

Shared housing (e.g., dormitories, residence halls, apartments) in IHE settings is considered a lower risk congregate setting. Therefore, NJDOH recommends shared housing in IHE settings follow the general population guidance for [isolation and quarantine](#);

- Ill/positive individuals should isolate for at least 5 full days from symptom onset or a COVID-19 positive test, then mask on days 6-10.
- If they are not up to date on their COVID-19 vaccines and have not had COVID-19 in the past 90 days and are exposed to someone with COVID-19, they should quarantine for at least 5 full days after their last exposure and wear a mask around others on days 6-10.
- Household contacts should start their quarantine period on the day after the household member completes their isolation period.

In circumstances where the student population may be at a higher risk of severe outcomes, IHEs may opt to follow isolation and quarantine for high-risk congregate settings including the 10-day isolation and quarantine period.

International Students, Study Abroad and Travel

International students vaccinated outside of the United States should refer to [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) for recommendations for people who received COVID-19 vaccines outside of the United States. Before traveling to the United States, international students should be aware of [requirements to be fully vaccinated against COVID-19](#) unless they meet limited exceptions.

IHEs planning study-abroad programs should advise and strongly encourage students to:

- Get [up to date with vaccinations](#) before traveling.
- Follow CDC guidance for [international travel](#).
- Consult the NJDOH [Traveler's Health](#) website.
- Follow general public health considerations such as [handwashing](#), cleaning/disinfection and [respiratory etiquette](#).

Hand Hygiene and Respiratory Etiquette

IHEs should continue to facilitate health-promoting behaviors such as [hand hygiene](#) and [respiratory etiquette](#) to reduce the spread of infectious disease in general.

Response to Symptomatic and COVID-19 Positive Individuals

Students, faculty, and staff should be encouraged to perform daily health screenings for infectious illnesses, including COVID-19 and stay home when sick and/or seek medical care. A [COVID-19 self-checker](#) may be used to help decide when to seek COVID-19 testing or medical care.

The ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.

Individuals with COVID-19 symptoms should be referred to a healthcare provider and be tested for COVID-19. IHE healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. Additionally, IHEs should:

- Immediately separate individuals with COVID-19 symptoms.
- Advise individuals to return to their place of residence and follow [CDC Guidance for caring for oneself and others who are sick](#).
- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility.
- For information on cleaning and disinfecting areas used by a sick person, refer to [CDC guidance on cleaning and disinfecting facilities](#).

People with confirmed or suspected COVID-19 should follow current [NJDOH isolation guidance](#).

IHEs should advise students who seek testing outside of the IHE setting to provide their local (school) address (in addition to their permanent address) to the healthcare provider or laboratory performing testing, so that results will be reported to the local health department where the student is currently living.

COVID-19 case reporting should occur in accordance with [NJDOH COVID-19 reporting guidance](#).

Close contacts of COVID-19 cases:

Inform those who have had close contact with a person diagnosed with COVID-19 to stay home or in their living quarters or designated quarantine area according to the [NJDOH quarantine guidance](#), self-monitor for symptoms, and follow CDC guidance if symptoms develop.

Testing

IHEs should implement an entry screening testing strategy at minimum for people who are not up to date with their vaccines prior to the beginning of each term, including those who live off campus.

IHEs should initiate increased serial screening testing among students, faculty, and staff at a minimum for those who are not up to date with their vaccine, in addition to rapid case investigation and contact tracing in the context of medium or high community levels. Institutions should work in collaboration with LHDs to determine the nature of any screening or testing strategies to be implemented for purposes of surveillance, diagnosis, screening, or outbreak response.

[Screening testing](#) may be most valuable in areas with high community levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. More frequent testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. To be most effective, screening testing should report results rapidly (within 24 hours).

[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](#), and operations, and preparing for when someone gets sick. Without the ability to refer students, faculty, or staff for testing for COVID-19, there may be missed opportunities to quickly identify COVID-19 on the campus. Individuals who are symptomatic or have been identified as close contacts of COVID-19 cases should be prioritized for IHE-based rapid molecular or antigen testing. School based health centers that perform rapid antigen testing may refer to [Interim Guidance for Antigen Testing for SARS-CoV-2](#).

Any facility that conducts testing will need to have access to the [Communicable Disease Reporting and Surveillance System \(CDRSS\)](#) or [SimpleReport](#) to report positive and negative results. The Quick Start Option for COVID-19 Training can be found on the CDRSS home page. SimpleReport is managed and coordinated by CDC and provides [support](#) for users having problems logging in, or who have other questions about using SimpleReport.

Surveillance

Participation in the COVID-19 IHE Active Surveillance Program is invaluable in providing public health officials with information that can help determine the impact of COVID-19 in IHE communities in New Jersey and will help ensure students continue to have safe and healthy learning environments. IHEs should report weekly campus-wide case counts to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS.

In order to enroll for reporting in the SIC module. IHE reporters should go to <https://cdrs.doh.state.nj.us/cdrss/login/loginPage> and under “System Announcements” go to “K-12 Module and Enrollment Training” and follow the instructions to enroll to report their IHE’s data. Completed user agreements should be emailed to CDS.COV.RPT@doh.nj.gov.

For questions on user accounts or any additional questions regarding reporting, please email CDS.COV.RPT@doh.nj.gov.

Higher Education-Associated Cases and Outbreaks

IHEs should work with their LHD to determine if case clusters comprise an outbreak.

Higher education-associated cases are defined as COVID-19 cases among students, faculty, or staff, who are linked to the school community by activities such as:

- a) attending in-person classes.
- b) participating in school-affiliated extracurricular events.
- c) residing or working on campus.

- d) residing with or attending social events with other students or staff who are part of the school community.

An outbreak in higher education settings is defined as three or more positive viral tests (by RT-PCR or antigen) COVID-19 cases among students, faculty, or staff with onsets within a 14-day period, who are epidemiologically linked, meet criteria for higher education-associated cases (above), and were not identified as close contacts of each other outside the university setting during standard case investigation or contact tracing.

Once an outbreak is identified at an IHE, testing is an important addition to rapid case investigation and contact tracing. Refer to the [Expanded Testing Strategies](#) section for additional information on testing strategies.

Contact Tracing

Contact tracing is a useful tool to help contain disease outbreaks. In circumstances where contact tracing is not practical, IHEs should consider implementing [broad-based testing](#) programs similar to those implemented in other congregate settings, such as correctional facilities and homeless service settings, to identify infections and prevent further spread of COVID-19. For example, this could mean testing an entire residence hall or sports team when there is a case rather than trying to identify individual close contacts.

Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

In lieu of case investigation and contact tracing, broad-based notification in these settings may include a timely notification via phone, email, text, app, etc., about potential exposure once a case is identified. LHDs can assist IHEs with communication messaging and with interpretation of isolation guidance and recommendations for close contacts, including quarantine, testing, wearing a well-fitting mask, and taking travel precautions.

If an outbreak or cluster of cases is identified, IHEs should work with their LHD and consider broad-based notification of potential exposures and testing as a strategy for controlling transmission. IHEs should continue to report COVID-19 activity weekly to NJDOH via CDRSS SIC Module.

CDC has issued [Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education \(IHEs\)](#) which highlights collaboration between health officials and IHE administrators to facilitate effective case investigation and contact tracing. IHEs should have a mechanism to maintain a log of students, faculty, staff and visitors to facilitate contact tracing, and the reporting of any instances of COVID-19 to local health officials. Institutions can locate their local health department through the [New Jersey Local Health Department directory](#).

Resources

CDC

- [Colleges, Universities, and Higher Learning](#)
- [Testing, Screening, and Outbreak Response for Institutions of Higher Education](#)
- [Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education](#)
- [Cleaning and Disinfecting Your Facility](#)

NJDOH

- [NJDOH COVID Information for Schools](#)
- [New Jersey COVID-19 Information Hub](#)
- [COVID-19 Surveillance Report](#)

OSHE

- [Office of the Secretary of Higher Education COVID-19 Resources](#)
- [Updated COVID-19 Recommendations and Best Practices for NJ Institutions of Higher Education](#)