

# COVID-19 Response Toolkit for Institutions of Higher Education

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This guidance is intended for institutions of higher education (IHE) responding to COVID-19 cases and outbreaks on campus. Recommendations in this document are based on Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines and are developed in partnership with Minnesota IHE.

## IHE case investigation and contact tracing

- Maintain and communicate information on COVID-19 case investigation and contact tracing with students, faculty, and staff, including institution-specific protocols and alternative protocols when case incidence is too high to manage every case.
  - For a case investigation workflow graphic, visit [CDC: Case Investigation Workflow \(www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf).
  - For a contact tracing workflow graphic, visit [CDC: Contact Tracing Workflow \(www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf).
- Designate a staff member or office as the COVID-19 point of contact and from whom students, faculty, or staff can obtain information or to whom they should report if they develop symptoms, test positive, or are exposed to COVID-19.
- Make available instructions for what to do if a person has symptoms, tests positive, or is exposed to COVID-19. Resources to consider include:
  - [If You Are Sick or Test Positive: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/sick.html\)](https://www.health.state.mn.us/diseases/coronavirus/sick.html)
  - [What to Do if You Have COVID-19 \(www.health.state.mn.us/diseases/coronavirus/case.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/case.pdf)
  - [Tips to Remember Your COVID-19 Contacts \(www.health.state.mn.us/diseases/coronavirus/tipscontact.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/tipscontact.pdf)
  - [Close Contacts and Quarantine: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/close.html\)](https://www.health.state.mn.us/diseases/coronavirus/close.html)
  - [What to Do if You Have Had Close Contact With a Person With COVID-19 \(www.health.state.mn.us/diseases/coronavirus/contact.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/contact.pdf)
  - [Case Investigation and Contact Tracing: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/tracing.html\)](https://www.health.state.mn.us/diseases/coronavirus/tracing.html)  
MDH case investigation and contact tracing protocols, including when students, faculty, staff can expect MDH follow-up.

## Isolation

If a person tests positive for or has symptoms of COVID-19, they should isolate for at least five days, with day zero as the day of the positive test or the day symptoms started. For detailed isolation guidance, visit [CDC: Quarantine and Isolation \(www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html).

- CDC recommends longer isolation periods for those with certain medical conditions or those who become severely ill with COVID-19. For information on people with certain medical conditions, visit [CDC: People with Certain Medical Conditions \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

## Shared housing and isolation

- For detailed IHE shared housing and isolation guidance, visit [CDC: Guidance for Institutions of Higher Education - Additional Considerations for IHEs \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor\\_1643911280750\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor_1643911280750).
- While shared housing in IHE settings is considered a congregate setting, they are considered a lower risk congregate setting due to lower risk of severe health outcomes (such as hospitalizations and death) associated with young adults. Therefore, CDC recommends shared housing in IHE settings follow the general population guidance for isolation and quarantine.
- If a student needing isolation shares a suite, apartment, or house with others, efforts should be made to find a separate isolation space with a separate bedroom and bathroom.
- If a separate bedroom and bathroom is not possible, the student should have a separate bedroom and be given instructions on how to isolate in place, including how to safely share a bathroom with others.
- Students in isolation should not share a bedroom unless all students in the shared space have tested positive for COVID-19.

## Recommended services and accommodations for IHE students in isolation

### All students in isolation

- Alternative modes of course instruction.
- Academic accommodations, such as additional time to complete course work.

### Students in isolation while living on campus

- Access to a phone.
- Delivered meals and laundry services.
- Supplies, such as a thermometer, masks, sanitizing wipes, tissues, soap, hand sanitizer, toiletries, and medications.
- Contact information for emergencies and for accessing medical resources on campus or in the community, including testing.

## Quarantine

People who are not up to date on COVID-19 vaccination (including recommended booster doses) or who have not been infected with COVID-19 within the past 90 days should quarantine for a minimum of five full days, with day zero as the last day of exposure. While people who are up to date on vaccination do not need to stay home, they should still wear a mask around others. For detailed guidance on quarantine time periods, visit: [CDC: Quarantine and Isolation \(www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html). For additional MDH mask considerations for those who are immunocompromised or at risk of severe disease from COVID-19, visit [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html).

### Recommended services and accommodations for IHE students in quarantine and living on campus

- Access to a phone.
- Supplies, such as a thermometer, masks, sanitizing wipes, tissues, soap, hand sanitizer, toiletries, and medications.
- Contact information for emergencies and for accessing medical resources, including testing on campus or in the community.

### Staff precautions and personal protective equipment for attending to those in isolation or quarantine

When facilities staff or non-health care staff need to enter an isolation or quarantine residence:

- The person in isolation or quarantine should move to a separate space, preferably with a door. If it is not possible for the person to move to a separate space:
  - The person in isolation or quarantine should wear a well-fitted, high-quality mask. Visit [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html).
  - Staff should stay 6 feet away from the person in isolation and quarantine and wear appropriate personal protective equipment (PPE) (N95, KN95, or KF94).

Quarantine recommendations may be modified for staff depending upon the proper use of PPE. It is important that the staff person using PPE has received training and is using employer-supplied PPE in the appropriate manner. For example, staff who correctly wear PPE are not considered exposed to COVID-19 even if they are within 6 feet of a person with COVID-19 for 15 minutes or more.

- For PPE guidance applicable to staff providing patient care, visit [Coronavirus disease 2019 \(COVID-19\) Factsheet \(www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf).
- For staff cleaning and disinfecting guidance, including applicable PPE, visit [Cleaning and Disinfecting Your Facility \(www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

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# Reporting

## MDH reporting requirements

COVID-19 is a reportable disease in Minnesota. Institutions of higher education are required to report cases and deaths to MDH, per [Minnesota Rules, part 4605.7070 \(www.revisor.mn.gov/rules/4605.7070/\)](http://www.revisor.mn.gov/rules/4605.7070/).

Health care providers and sites performing lab tests are required to report, per [Minnesota Rules, part 4605.7050, subpart 3 \(www.revisor.mn.gov/rules/4605.7050/\)](http://www.revisor.mn.gov/rules/4605.7050/subpart%203).

## Campus health services provider reporting

Report suspected or known cases to [COVID-19 Provider Portal \(redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D\)](https://c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D).

## Laboratories and sites performing laboratory tests reporting

For all laboratories and test sites (such as those operating under a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver) that are required to report COVID-19 test results, refer to [COVID-19 Test Reporting Requirements \(www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html) for applicable reporting requirements.

## IHE threshold reporting

- Report to MDH when cases exceed and stay at or above one of two thresholds during a 14-day period:
  - Threshold 1: The number of on-campus cases is 3% or more of the total on-campus population.
  - OR
  - Threshold 2: The average percent positivity of tests performed by campus health services is 8% or more.
- To submit a report to MDH, use the online reporting tool for institutions of higher education: [College and University COVID-19 Reporting \(redcap.health.state.mn.us/redcap/surveys/?s=KWF3TMAX7E\)](https://redcap.health.state.mn.us/redcap/surveys/?s=KWF3TMAX7E).
- Continue to report weekly until the percent of cases or percent positivity threshold is no longer met and submit a final report to notify MDH when cases have dropped below the thresholds. Institutions that submit a report will receive weekly reminders.

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# Managing case clusters and outbreaks

## Case clusters

Clusters are characterized as three or more students, faculty, or staff who test positive for COVID-19 within 14 days of each other and are linked by close contact. Examples of potential sources of clusters include roommates or people who live on the same floor or section of a residential hall; people who are in the same friend group or attend the same social gatherings; people participating in a team, club, music group; or other activity with ongoing interaction.

If a cluster is identified and public health assistance is needed, contact MDH IHE staff for assistance at: [Health.HigherEd.COVID19@state.mn.us](mailto:Health.HigherEd.COVID19@state.mn.us).

## Outbreaks

Outbreaks are distinguished by multiple clusters occurring at the same time across the campus community or when there is an increase in cases throughout the campus community.

When an outbreak reaches or exceeds 3% of the on-campus population or 8% average test positivity performed by campus health services over 14 days (refer to reporting section above), report to MDH. To submit a report to MDH, use the online reporting tool for institutions of higher education: [College and University COVID-19 Reporting \(redcap.health.state.mn.us/redcap/surveys/?s=KWF3TMAX7E\)](https://redcap.health.state.mn.us/redcap/surveys/?s=KWF3TMAX7E).

## Cluster and outbreak testing

- Maintain access to testing resources for students, faculty, and staff.
- Any person with symptoms of COVID-19 should test, regardless of whether they have had a known close contact and regardless of vaccination status.
- Regardless of the level of community transmission, in the context of an outbreak, consider:
  - Expanded testing in specific groups (e.g., students living in a particular residential hall, students involved in the same ongoing group or activity), regardless of symptoms, to help rapidly identify and isolate infectious people.
  - Increased serial screening testing (i.e., testing once or twice per week, regardless of symptoms) among students, faculty, and staff, at minimum for those who are not up to date with their vaccines.
  - Testing a random sample of asymptomatic students, faculty, and staff to increase the timeliness of outbreak detection. Additional testing could also be triggered by indications of increased community transmission (e.g., from positive testing results from [CDC: National Wastewater Surveillance System \(www.cdc.gov/healthywater/surveillance/wastewater-surveillance/wastewater-surveillance.html\)](https://www.cdc.gov/healthywater/surveillance/wastewater-surveillance/wastewater-surveillance.html)).
- For further IHE testing information, visit [CDC: Guidance for Institutions of Higher Education - Testing for COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor\\_1643909243224\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor_1643909243224).

## Surveillance testing

Surveillance or screening testing is used to identify people with COVID-19 who do not have symptoms and do not have known, suspected, or reported exposure to COVID-19. Screening testing can identify unknown cases, thus providing information on current disease activity, so that measures can be taken to prevent further transmission.

Considerations for IHEs include:

- Entry screening testing at a minimum for faculty, staff, and students who are not up to date with vaccination before returning to campus at the beginning of a term and after an extended break.
- If resources are limited, people can self-test and report to the institution prior to returning to campus at the beginning of a term and after an extended break.
- If resources allow, combine entry screening testing with serial screening testing (e.g., weekly, twice weekly) at a minimum for faculty and staff who are not up to date with their vaccines, especially those who are in higher-risk transmission settings, such as residential housing, or who participate in activities that are at higher risk for transmission (e.g., certain sports and musical activities).

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## Prevention strategies

For detailed guidance on prevention strategies for IHEs, visit [CDC: Guidance for Institutions of Higher Education \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html).

IHE administrators should create programs and policies that facilitate the adoption and implementation of prevention strategies to slow the spread of COVID-19 at the IHE and in the local community. Evidence-based prevention strategies, including vaccination, should be implemented and layered in IHE settings. Since IHEs vary in size, complexity, student profile, and degree to which students live on campus or commute, design and implementation of prevention strategies need to be tailored to each institution.

- **Vaccination:** Vaccination is the leading prevention strategy to protect people from COVID-19. For guidance and strategies for increasing access to vaccine, including hosting vaccine clinics, visit [CDC: Guidance for Institutions of Higher Education - Offer and Promote COVID-19 Vaccination \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor\\_1643908914518\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor_1643908914518). For more information on COVID-19 vaccine, visit [COVID-19 Vaccine \(www.health.state.mn.us/diseases/coronavirus/vaccine/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/vaccine/index.html).
- **Consistent and correct mask use:** Wearing a well-fitted mask stops respiratory droplets from spreading to others when people breathe, talk, cough, or sneeze and is a critical prevention strategy to reduce COVID-19 transmission. For guidance on consistent and correct mask use, visit [CDC: Guidance for Institutions of Higher Education - Consistent and Correct Mask Use \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor\\_1643909077107\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor_1643909077107). For additional MDH mask considerations for those who are immunocompromised or at risk of severe disease from COVID-19, visit [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html).
- **Physical distancing:** In general, CDC recommends people who are not up to date on their COVID-19 vaccines should continue to practice physical distancing, visit [CDC: Guidance for Institutions of Higher Education - Physical Distancing \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor\\_1643909149498\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor_1643909149498).
- **Ventilation:** Improving ventilation in buildings can reduce the airborne concentration of viral particles, thus reducing the viral dose to occupants. Visit [CDC: Guidance for Institutions of Higher Education - Maintaining Healthy Environments \(Increased Ventilation and Cleaning\) \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor\\_1643909594747\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor_1643909594747).
- **For additional considerations for IHEs,** such as housing and communal spaces; disabilities; service animals in campus buildings; gatherings; events and visitors; food service and communal dining; sports and gyms; study abroad and travel; international students; health equity; and other topics, visit [CDC: Guidance for Institutions of Higher Education - Additional Considerations for IHEs \(www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor\\_1643911280750\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#anchor_1643911280750).

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## Scenario-based prevention strategies

Prevention efforts are influenced by COVID-19 community levels and transmission, as well as community and campus vaccination coverage and masking requirements. If there is a health services clinic on campus, the clinic should follow guidance informed by community transmission metrics (i.e., rather than community level). Visit [CDC COVID Data Tracker: County View \(covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=Minnesota&data-type=Risk&null=Risk\)](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Minnesota&data-type=Risk&null=Risk).

For each scenario, mitigation considerations are appropriate when **two or more institution indicators** are present. All actions listed are considerations only and the decision to implement each action will depend on the particular characteristics of the circulating variant of COVID-19 and the available resources at each institution.

Scenarios/ Community level	Institution indicators	Mitigation considerations when two or more indicators are present
<p><b>Scenario 1</b> <b>Low</b> <a href="https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html">COVID-19 Community Levels   CDC (www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html)</a></p>	<ul style="list-style-type: none"> <li>▪ The number of cases on campus is manageable with existing institutional resources.</li> <li>▪ Clusters, if any, are small and confined to specific groups.</li> <li>▪ The majority of isolation space is available.</li> <li>▪ Absenteeism is negligible.</li> </ul>	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>▪ Establish and make known a point of contact for students, staff, and faculty for COVID-19 resources and questions.</li> </ul> <p><b>Vaccination</b></p> <ul style="list-style-type: none"> <li>▪ Promote vaccination and host or expand existing vaccine clinics.</li> </ul> <p><b>Testing</b></p> <ul style="list-style-type: none"> <li>▪ Promote self-screening and diagnostic testing.</li> <li>▪ Ensure access to testing, including point-of-care and at-home tests.</li> </ul> <p><b>Academic programming</b></p> <ul style="list-style-type: none"> <li>▪ Review and revise as needed: policies, protocols, and communication plans for transitions to alternative instruction, including online (virtual synchronous and asynchronous), and hybrid formats.</li> </ul> <p><b>Student support services</b></p> <ul style="list-style-type: none"> <li>▪ Establish and ensure equitable policies, including vaccination, testing, treatment, and support services for those who are disproportionately affected by COVID-19.</li> <li>▪ Communicate with students who are immunocompromised or at high risk of severe disease. Visit <a href="https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html">CDC: People with Certain Medical Conditions (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html)</a> and advise them to:             <ul style="list-style-type: none"> <li>▪ Have a plan for rapid testing if needed (e.g., having home tests or access to testing).</li> <li>▪ Talk to their health care provider about whether they are a candidate for treatments like oral antivirals, pre-exposure prophylaxis, and monoclonal antibodies.</li> </ul> </li> </ul> <p><b>Campus operations and maintenance</b></p> <ul style="list-style-type: none"> <li>▪ Maintain improved ventilation in public indoor spaces.</li> <li>▪ Review, and if needed, revise isolation and quarantine protocols, including maintaining available isolation space.</li> </ul>

Scenarios/ Community level	Institution indicators	Mitigation considerations when two or more indicators are present
<p><b>Scenario 2 Medium</b></p> <p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/science/community-levels.html">COVID-19 Community Levels   CDC (www.cdc.gov/coronavirus/2019-nCoV/science/community-levels.html)</a></p>	<ul style="list-style-type: none"> <li>▪ The number of cases on campus is challenging institutional resources.</li> <li>▪ Case investigation and contact tracing is demanding more staff time.</li> <li>▪ Clusters are occurring across campus and are not confined to one group, activity, or event.</li> <li>▪ Isolation space is more than half full.</li> <li>▪ Absenteeism is triggering some class and activity cancellations.</li> </ul>	<p><b>Scenario 1 considerations apply.</b></p> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>▪ Consistently communicate case and outbreak updates to students, staff, and faculty.</li> <li>▪ For MDH mask considerations for those who are immunocompromised or at risk of severe disease from COVID-19, visit <a href="https://www.health.state.mn.us/diseases/coronavirus/facecover.html">Recommendations for Wearing Masks (www.health.state.mn.us/diseases/coronavirus/facecover.html)</a>.</li> </ul> <p><b>Testing</b></p> <ul style="list-style-type: none"> <li>▪ Review inventory, and when necessary, distribute over-the-counter antigen test kits and personal protective equipment.</li> <li>▪ Increase testing availability and capacity.</li> <li>▪ Implement surveillance testing of asymptomatic students, including those who are known to be exposed, especially in certain groups with higher risk of transmission (e.g., residential halls, activities, and sports).</li> </ul> <p><b>Academic programming</b></p> <ul style="list-style-type: none"> <li>▪ Offer all online learning for students and remote teaching for faculty and staff who are immunocompromised or at high risk of severe disease.</li> </ul> <p><b>Residence life and dining</b></p> <ul style="list-style-type: none"> <li>▪ Allow students who are immunocompromised or at high risk of severe disease to move out of residential facilities.</li> <li>▪ Reduce the number of students in a residential facility.</li> <li>▪ Offer more to-go meals and limit the dining facility occupancy.</li> </ul> <p><b>Student support services</b></p> <ul style="list-style-type: none"> <li>▪ Support students who are immunocompromised or at high risk of severe disease from COVID-19 and prefer to participate online only.</li> <li>▪ Allow for student involvement in choosing accommodations; support different types of accommodations (e.g., technological support, food security).</li> <li>▪ Ensure appropriate support for students who are disproportionately affected by COVID-19.</li> </ul> <p><b>Information technology</b></p> <ul style="list-style-type: none"> <li>▪ Ensure access to loanable computers.</li> <li>▪ For online learning, designate space with an adequate internet connection and sufficient room for physical distancing.</li> </ul> <p><b>Athletics and extracurricular programs</b></p> <ul style="list-style-type: none"> <li>▪ Reduce extracurricular attendance and meeting frequency.</li> <li>▪ Reduce the number of spectators at events.</li> </ul> <p><b>Campus operations and maintenance</b></p> <ul style="list-style-type: none"> <li>▪ Modify or limit hours of operation, especially for areas where students tend to gather.</li> </ul>



Scenarios/ Community level	Institution indicators	Mitigation considerations when two or more indicators are present
<p><b>Scenario 3 High</b></p> <p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/science/community-levels.html">COVID-19 Community Levels   CDC (www.cdc.gov/coronavirus/2019-nCoV/science/community-levels.html)</a></p>	<ul style="list-style-type: none"> <li>▪ Number of cases on campus has almost exhausted institutional resources.</li> <li>▪ Case identification and contact tracing is impractical.</li> <li>▪ Outbreaks are reported across campus.</li> <li>▪ Isolation space is full.</li> <li>▪ In-person classes are significantly compromised due to absenteeism.</li> </ul>	<p><b>Scenario 2 considerations apply.</b></p> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>▪ Communicate transitions to hybrid or all online instruction, as applicable.</li> <li>▪ Require institution-wide indoor masking.</li> </ul> <p><b>Academic programming</b></p> <ul style="list-style-type: none"> <li>▪ Move classes to hybrid format for a defined period.</li> <li>▪ Have faculty and staff prepare for all online learning.</li> </ul> <p><b>Residence life and dining</b></p> <ul style="list-style-type: none"> <li>▪ Restrict outside access to dorms and residence halls.</li> <li>▪ If possible, work with off-campus housing owners and staff to consider limits to visitation.</li> <li>▪ Implement a campus curfew if a review of cases suggests it may be useful.</li> </ul> <p><b>Athletics and extracurricular programs</b></p> <ul style="list-style-type: none"> <li>▪ Move to virtual options or individual-only development and exercise for athletes.</li> </ul> <p><b>Campus operations and maintenance</b></p> <ul style="list-style-type: none"> <li>▪ Cancel third-party events.</li> </ul>
<p><b>Scenario 4 High</b></p> <p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/science/community-levels.html">COVID-19 Community Levels   CDC (www.cdc.gov/coronavirus/2019-nCoV/science/community-levels.html)</a></p>	<ul style="list-style-type: none"> <li>▪ Institutional resources are exhausted.</li> </ul>	<p><b>Move to online-only learning and activities for at least a two-week period.</b></p>

\*Campus health services clinics should follow guidance associated with community transmission metrics (i.e., rather than community level). Visit [CDC COVID Data Tracker: County View \(covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=Minnesota&data-type=Risk&null=Risk\)](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Minnesota&data-type=Risk&null=Risk).



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