



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

## **Rules of the Road: Higher Education and Boarding School Settings**

**This document provides guidance for Higher Education (colleges and universities) and Boarding Schools that are assisting Massachusetts public health authorities with case investigation, contact tracing, and monitoring to respond to COVID-19. This document also sets forth the requirements for communication with public health officials at the local and state level, for staff training, and for maintaining confidentiality.**

**Guidance may change based on emerging information and DPH will update as indicated.**

### **MASSACHUSETTS VIRTUAL EPIDEMIOLOGIC NETWORK (MAVEN)**

The data system of record for disease surveillance in Massachusetts is the Massachusetts Virtual Epidemiologic Network (MAVEN) which is the Department of Public Health's surveillance and case management database. Institutions of higher education and boarding schools are strongly encouraged to speak with their Local Public Health Department to determine if direct MAVEN access for data entry purposes is warranted. If institutions do not utilize MAVEN for case investigation and contact tracing, they MUST work with the Local Public Health Department or the Community Tracing Collaborative (whichever is their primary) to ensure timely and complete transfer of data into MAVEN on a continuous basis.

### **REPORTING TEST RESULTS**

Higher Education and Boarding Schools that are providing testing for their students, faculty, or staff MUST ensure that every test is reported to the Department of Public Health, regardless of test results, within 24 hours of test completion. They shall report directly to the Department within 24 hours, preferably through secure electronic laboratory reporting mechanisms. If an electronic reporting mechanism does not exist or cannot be created, an alternative reporting method can be used but must be approved by the Department. A laboratory contact must be included with each report in addition to the test results, source of specimen, date of specimen collection, case's full name, date of birth, sex, race and ethnicity, occupation, disability status, preferred language, address, telephone number, and name of the ordering health care provider. Upon receipt of a laboratory report, the Department will notify the local board of health in the town in which the case resides within 24 hours via the MAVEN surveillance and case management system. For the purposes of COVID-19, the address of the person being tested must be a local (Massachusetts) address. For students that are attending or working at a Massachusetts college, university, or boarding school but still live in another New England State,

or New York, and commute to the college, university, or boarding school, the reported address should be their current residence. In order for laboratory results to be easily associated with a particular school, the school should be listed as the ordering provider on the laboratory specimen submission form for reporting to MAVEN.

Institutions which are accessing MAVEN directly must designate staff who will have this access, and ensure that those staff complete necessary training, and agree to and comply with the terms of access including all confidentiality requirements.

Consent from a parent or guardian is necessary prior to interviewing someone who cannot consent for themselves (for example, most people under the age of 18) for the purposes of case investigation or contact tracing.,. Where a college, university, or boarding school has authority from the appropriate parent or guardian, the school may provide this consent. It is recommended that the school and local public health or the CTC work proactively to identify a mechanism for obtaining and documenting consent for interviewing students under the age of 18. This could include a representation from the school that interviews may be conducted with any of its students.

## **CASE INVESTIGATION**

1. The average incubation period for COVID-19 is approximately 5 days from the day of exposure but can range from 2-14 days.
2. While molecular (PCR) tests are considered to be the gold standard, for the purposes of isolation, contact tracing and quarantining of close contacts, a person is designated as a case of COVID-19 based on a positive result on either a molecular (PCR) or antigen test. This designation does not require the presence of symptoms. Antibody tests are not to be used for diagnostic purposes.
3. Cases who test positive more than 90 days after their original diagnosis should be treated as a new case and are subject to case investigation, contact tracing and quarantining of close contacts. Retesting of cases who have been released from isolation and who do not have new symptoms is not recommended within 90 days of the original symptom onset or first positive test (if asymptomatic) because virus can be detected through testing long after a person is no longer infectious. People who have a known exposure, develop symptoms, and alternative diagnoses have been ruled out, may be recommended for COVID-19 testing. If they test positive within the 90 days following the original symptom onset, they may also need to be treated as a new case; however, consultation with an infectious disease clinician is recommended.
4. Case investigators should ascertain where and for roughly how long the person spent time in close contact with other people during the 14 days prior to symptom onset, or 14 days before the day the positive test was taken if asymptomatic, to determine possible exposure locations. Identifying places where groups of people were together, for periods of time especially when masking and socially distancing were not reliably used, is particularly important since these may result in clusters of cases.

## **CONTACT TRACING**

1. Institutions of higher education and boarding schools who are assisting with case investigation activities are required to collect information on ALL reported close contacts, including those not associated with the institution. The information should be reported to the public health authority they are working with, either the Local Public Health Department or the Community Tracing Collaborative.

2. Cases are considered to be infectious beginning 2 days prior to symptom onset until the time they are released from isolation. For asymptomatic cases, the infectious period is considered to begin 2 days prior to the when the positive test was taken
3. Individuals who were less than 6 feet from the case during their infectious period for 15 minutes or more, are considered close contacts, even if both the case and the contact were wearing masks. People who had direct contact with infectious secretions of a confirmed or clinically diagnosed COVID-19 case (e.g., being coughed or sneezed on) are also considered close contacts. Healthcare personnel who were wearing all recommended personal protective equipment (PPE) (e.g., facemask, and eye protection) while caring for a case are not considered close contacts.

## **CASE AND CONTACT MONITORING**

1. Cases should be contacted initially to check on their health, ensure that they understand the isolation requirements, identify anything they need to successfully isolate, and ensure that they know where and how to get medical care if needed. Depending on the case's ability to successfully isolate and their emotional support system, they may not need to be contacted again until towards the end of their isolation period. If the case expresses concern about their ability to isolate or needs additional support, they should be contacted more regularly.
2. Contacts should be called initially to check on their health, ensure that they understand the quarantine requirements, identify anything they need to successfully quarantine, and ensure that they know where and how to get tested or medical care if needed. Depending on the case's ability to successfully quarantine and their emotional support system, they may not need to be contacted again. If the case expresses concern about their ability to quarantine or needs additional support, they should be contacted more regularly.
3. Contacts should be tested for COVID using a molecular test at least once during their quarantine period. Ideally, testing should occur between 2-5 days after their last close contact with the case. Contacts that test positive become cases and should isolate and have their contacts traced according to the guidance. The full 14-day quarantine period is required even if the contact's test result is negative.
4. Contacts that become symptomatic, even mildly symptomatic, with a COVID-like illness should be tested promptly even if they have had a negative test already. Contacts that test positive become cases and should isolate and have their contacts traced according to the guidance. The full 14-day quarantine period is required even if the test result is negative.

## **ISOLATION FOR CASES AND QUARANTINE FOR CONTACTS**

Only DPH and local public health departments can issue isolation or quarantine orders. Institutions of higher education, boarding schools, and the CTC can request voluntary compliance with the isolation or quarantine recommendations. If a situation arises where an individual is not isolating or quarantining appropriately, the local public health department should be notified.

Institutions of higher education and boarding schools are urged to provide isolation and quarantine facilities to students to ensure safety and to minimize the risk of further transmission, rather than have students remain in shared off-campus housing or travel home.

The entity (institution of higher education, boarding school, local public health department, or the CTC) responsible for supporting cases and contacts during isolation/quarantine should ensure:

The patient/contact...	YES	NO	UNSURE	NA
Has access to a private bedroom or the ability to designate a private bedroom				
Has access to a private bathroom or the ability to designate a private bathroom				
Has reliable access to potable water in the home				
Has access to laundry services without leaving their home				
Is able to dispose of garbage and refuse without leaving their home				
Has reliable access to groceries and/or food delivery without leaving their home				
Has reliable access to needed medication without leaving their home				
Has remote access to a primary care provider				
Knows who to call if they require emergency care				
Has access to private transportation in case specialty care is needed that cannot be offered remotely				
Has remote access to mental health services (if needed)				
Has access to substance use and misuse treatment services (if needed)				
Is able to isolate/quarantine without fear of abuse or domestic violence in the home				
Is healthy enough to receive care at home (if needed)				
Has caregivers who are healthy and available (if needed)				
Has reliable access to cooling in the home (as appropriate)				
Has reliable access to heating in the home (as appropriate)				
Has reliable internet access to check-in with contact tracers to report health status, as well as to communicate with family and friends				
Has reliable telephone access to check-in with contact tracers to report health status, as well as to communicate with family and friends				
Has the ability to arrange care for pets during the isolation/quarantine period (if needed)				
Is stably housed; there is no concern that they will have to vacate the home during the isolation/quarantine period				
Is able to isolate/quarantine without or with only minimal financial impact				
- Has access to paid sick leave through their employer				
- Is able to continue working remotely				
- Is not the sole or primary earner for the household				
- Is able to ensure their job security upon release from isolation/quarantine				

- Is financially secure if unemployed or retired				
Has the ability to arrange for childcare (if needed)				
Has the ability to arrange for the care of other dependents (if needed)				
Has remote access to religious services (if needed)				
Is capable of adhering to recommended precautions, along with their household members, during the isolation/quarantine period				
Is able to assess/understand if/when they need to seek medical attention				
Has access to basic health monitoring and infection prevention supplies				
- Face coverings				
- Gloves				
- Hand sanitizer				
- Disinfectant				
- Thermometer				

### Isolation Instructions

While a person is in isolation, they should be given these instructions to follow:

1. Do not leave your home except for urgent medical care. If you must leave your home for urgent medical care, wear a mask and try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less. Call the healthcare provider before you go and tell them that you have COVID-19 infection. Do not take public transportation, ride shares (e.g. Uber or Lyft), or taxis.
2. Wear a mask if you must be in contact with another person and try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
3. Do not have visitors in your home.
4. Food and other necessities should be delivered using a touchless delivery method.
5. To the extent possible, other people should not be living in your home while you are in isolation there. If isolation can only occur in a shared house, you must stay in your bedroom with the door closed. If you leave the room to use your separate bathroom or go to the kitchen, wear a mask, stay 6 feet away from others at all times, disinfect any surfaces you touched in common areas and return to your room as quickly as possible.
6. Do not share a bedroom or bathroom with anyone else.
7. Do not share towels or bed sheets/blankets with other people.
8. Your laundry may be done in a standard washing machine using warm water and detergent. Bleach may be used but is not needed. Do not shake out the dirty laundry. If your laundry is brought done by someone else, they should wear gloves when they handle it.
9. Do not share eating or drinking utensils with other people. Wash utensils normally in a dishwasher or by hand with warm water and soap.
10. Do not share cigarettes or vaping materials.

11. Cover your mouth and nose when coughing or sneezing and throw tissues away in a lined waste container. Then wash your hands.
12. Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available use an alcohol-based hand sanitizer that contains at least 60% alcohol.
13. Clean and disinfect high-touch surfaces in your “sick room” and bathroom; wear disposable gloves.
14. Your tissues, masks, gloves and all other trash should be put in a bag, tied closed, and put with other household trash.
15. Look for emergency warning signs\* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:
  - a. Trouble breathing
  - b. Persistent pain or pressure in the chest
  - c. New confusion
  - d. Inability to wake or stay awake
  - e. Bluish lips or faceCall 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19
16. This list is not all possible symptoms. Please call your medical provider (or other designated contact) for any other symptoms that are severe or concerning to you.

### **Release from Isolation**

Isolation for symptomatic people who are mildly or moderately ill (not requiring hospitalization) should continue until:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

Isolation for asymptomatic people should continue until:

- 10 days have passed since the positive test was taken

Although the criteria listed above for release from isolation are preferred, release from isolation criteria can also be met using a test-based strategy.

Isolation for symptomatic people who are mildly or moderately ill (not requiring hospitalization) should continue until:

- Resolution of fever without the use of fever-reducing medications for at least 24 hours and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular (PCR) viral assay to detect SARS-CoV-2 RNA.

Isolation for asymptomatic people should continue until:

- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular (PCR) viral assay to detect SARS-CoV-2 RNA.

Release from isolation should occur based on an evaluation by a public health authority (local health department or the Community Tracing Collaborative) or a clinician (primary care physician or college/university/boarding school health center staff)

Isolation for symptomatic people who are severely ill (requiring hospitalization) or are immune compromised, may need to be extended to up to 20 days. Consultation with an infectious disease clinician is recommended.

## **QUARANTINE INSTRUCTIONS**

While a person is in quarantine, they should be given these instructions to follow:

During your quarantine period, you should not have visitors in your home. The other people who live in your home can continue to do their normal activities as long as they are not in contact with you, as described further below, and not also under quarantine. If you test positive for COVID-19 and someone comes into contact with you that person might also then need to be quarantined.

1. Remain aware of your health and watch for:
  - a. Fever or 100.0 F or higher
  - b. Chills
  - c. Cough
  - d. Shortness of breath or difficulty breathing
  - e. Fatigue
  - f. Muscle or body aches
  - g. Headache
  - h. New loss of taste or smell
  - i. Sore throat
  - j. Congestion or runny nose
  - k. Nausea or vomiting
  - l. Diarrhea
2. Notify your doctor or healthcare center immediately if you develop any symptoms. You should be tested for COVID promptly.
3. Do not leave your home except to be tested as recommended or for urgent medical care. If you must leave your home, wear a mask. Call the healthcare provider before you go and tell them that you are quarantined due to COVID19 exposure. Public transportation, ride shares (e.g. Uber or Lyft), or taxis should be avoided to the extent possible.
4. Wear a mask if you must be in contact with other people and maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
5. Do not have visitors in your home.
6. To the extent possible, stay six feet away from other people in your home. If absolutely necessary, have one person help you and do not have contact with other people in your home. Wear a mask available when

in the same room as that person. If not available try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.

7. If possible, use a separate bedroom and bathroom. Do not share towels or bed sheets/blankets with other people in your home. Wash your laundry separately from the laundry of other people in your home.
8. Do not share eating or drinking utensils. Wash utensils normally in a dishwasher or by hand with warm water and soap.
9. Do not share cigarettes or vaping materials.
10. Cover your mouth and nose with a tissue when coughing or sneezing and throw tissues away in a lined waste container. Then wash your hands.
11. Wash your hands frequently using soap and water for at least 20 seconds each time you wash. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
12. Clean and disinfect high-touch surfaces in your “sick room” and bathroom at least daily; wear disposable gloves.
13. Your tissues, masks, gloves and all other trash should be put in a bag, tied closed, and put with other household trash.
14. Look for emergency warning signs\* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:
  - a. Trouble breathing
  - b. Persistent pain or pressure in the chest
  - c. New confusion
  - d. Inability to wake or stay awake
  - e. Bluish lips or face

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19

15. Anyone you come in contact with (including anyone in your home) should:
  - a. Wash their hands with soap and water for at least 20 seconds often. If soap and water are not available, they should use an alcohol-based hand sanitizer that contains at least 60% alcohol.
  - b. Wear a mask when they are in close contact with you. They should be careful to only touch the parts of the mask that go around the ears or behind the head. Do not touch the front of the mask. They should wash their hands immediately after taking the mask off.
  - c. Stay 6 feet away from you to the extent possible.
  - d. Wear disposable gloves if they have to have direct contact with your body fluids (saliva/spit, mucous, urine, feces, vomit) or handle your dirty laundry. Remove the gloves carefully without touching the outside of the gloves, throw the gloves away, and wash their hands with soap and water or an alcohol-based hand rub.

### **Release from Quarantine**

Contacts can be released from quarantine if 14 days have elapsed since the last time they had close contact with the case, they have not developed any symptoms and have not had a positive COVID test.

### **CONFIDENTIALITY**

Institutions of higher education and boarding schools are reminded of the requirements in 105 CMR 300.120, which state in part that personally identifying information shall not be disclosed except where necessary for the Commonwealth’s or local jurisdiction’s disease investigation, control, treatment and prevention purposes. The

reporting to the Department and to the Local Board of Health described in this document is necessary for these purposes.

#### **FERPA AND HIPAA ALLOW REPORTING TO PUBLIC HEALTH AUTHORITIES**

The HIPAA Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities which are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. 45 CFR 164.512(b)(1)(i). This includes the Department and the Local Board of Health, or the Community Tracing Collaborative acting on their behalf. The U.S. Department of Health and Human Services has made more information available here:

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html>

FERPA contains a “health or safety emergency” exception to its general rule that consent is required prior to the disclosure of student education records. 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36. The U.S. Department of Education has published guidance on FERPA and COVID-19, available here:

<https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19>