CONFIDENTIAL: DRAFT, PRELIMINARY AND ADVISORY

Public Health Informed Containment Report

Working Group Names

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RECOMMENDATION

The recommendations in this report were developed in consultation with the Washtenaw County Health Department. Future guidance and regulatory action from local health departments in Washtenaw, Wayne, and Genesee counties should supersede the stated recommendations for the UM campuses. Recommendations address disease containment strategies such as quarantine, isolation, and contact tracing, defined as follows:

- *Isolation*: strategy used to separate people who are infected with a contagious illness from those who are healthy to help stop the spread of disease.
- *Quarantine*: strategy used to separate people who are not infected but who were exposed to an infected person and are at increased risk for becoming infected and contagious.
- *Modified quarantine:* a selective, partial limitation of freedom of movement of those who have been exposed, but have lower risk of developing infection.
- *Close contact:* will be defined as those at risk for significant exposure as per Centers for Disease Control and Prevention (CDC) guidelines, including household members, intimate partners, individuals providing care to an infected person without using recommended infection control precautions, and persons with close contact (<6 feet) for a prolonged period of time (~10 minutes). Per the CDC, data are insufficient to precisely define the duration of time that constitutes prolonged contact, but 10-15 minutes can be used to operationalize the definition of prolonged exposure. Brief interactions are less likely to result in transmission, however this could depend on type of interaction.
- *Contact tracing:* process by which public health staff work with an infected person (index case) to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious. Public health staff then notify these individuals (contacts) of their potential exposure as rapidly and sensitively as possible. Contacts are provided with education, information, and support to understand risks, symptoms, and monitoring strategies and are encouraged to maintain social distance from others for 14 days.

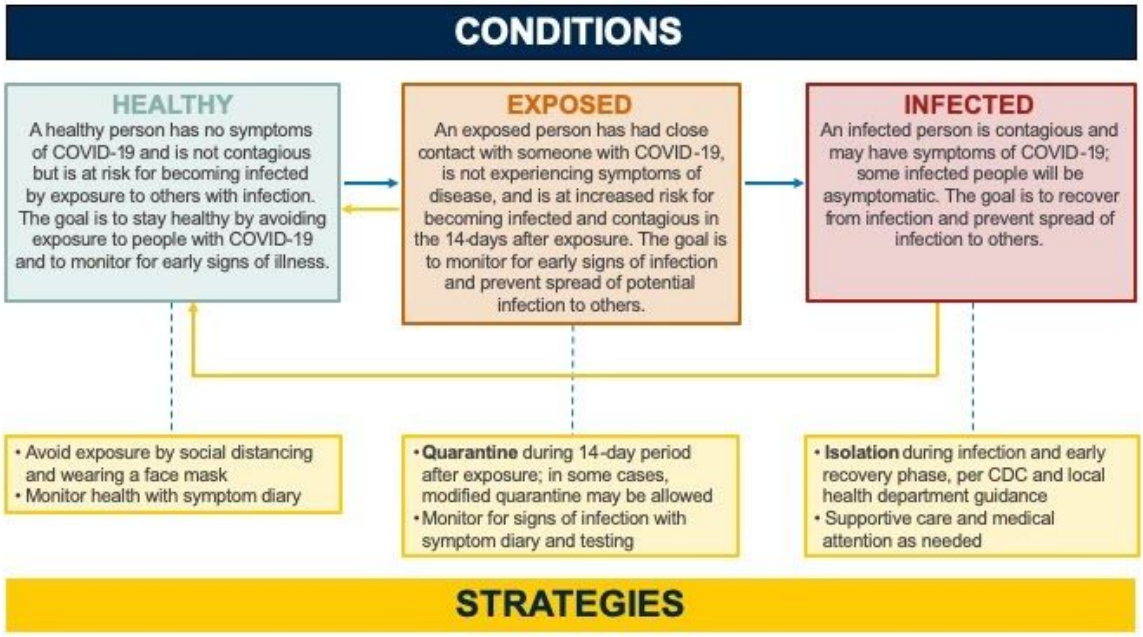
- *Illness-Appropriate Housing:* Designated living spaces for on-campus students requiring isolation. In some cases, illness-appropriate housing may be used for off-campus students or for quarantine. **Approximately 70 spaces in Northwood and an additional 30 rooms in The Executive Residence and the Michigan League have been identified for illness-appropriate, single occupancy housing on the Ann Arbor campus.**

Successful disease containment relies upon effective and efficient testing. **These recommendations assume widespread availability of testing and rapid testing results as suggested by the Testing subcommittee and ability to conduct monitoring and surveillance activities.**

As of the completion of these recommendations, the local health departments in Washtenaw, Genesee, and Wayne counties have not issued a group order requiring isolation of persons testing positive for COVID-19. This means when a student, staff, or faculty member tests positive, they may be asked/strongly encouraged to isolate. If they elect not to do so, the health department may issue a formal warning. If the warning is ineffective, the health department may seek a court order to mandate isolation. The University of Michigan may update housing contracts, the Standard Practice Guide, and academic policies to establish quarantine and isolation requirements as conditions for being in-person in the campus community.

The conditions that individuals may progress through include healthy, exposed, and infected. Protective measures are associated with each stage as depicted below. In the exposed stage, it is possible for an individual to recover to a healthy condition or progress to an infected condition.

Summary of Health Conditions and Protective Strategies



ISOLATION RECOMMENDATIONS

Recommendations for isolating students infected with COVID-19 who are on-campus residents follow. Off-campus students, staff, and faculty would be subject to isolation requirements and procedures established by the local health department in the jurisdiction in which they reside. All individuals in isolation should not come to class or work in person.

Recommendation 1. University Housing residents who test positive for COVID-19 should return to their permanent residence, if possible, for isolation and recovery, as per guidance from University Health Service (UHS) and CDC. If students are not able to return to their permanent address, alternative housing should be provided. The Dean of Students Office should provide guidance to students, their parents, and whomever is transporting the student home regarding safe transport, use of personal protective equipment, and transition of care. The Dean of Students Office should establish a procedure for regularly checking in with students who return home, assisting with academic accommodations as needed, and facilitating return to University Housing when the student has recovered (see Recommendation 11 regarding re-entry to the campus community).

Recommendation 2. University Housing residents on the Ann Arbor campus who are unable to return home should be placed in Illness-Appropriate Housing as deemed appropriate by UHS and the Dean of Students Office. A procedure was developed during the Winter 2020 term and may be adopted for the coming academic year (see detailed procedure in Appendix A). Similar procedures should be adopted for students in residence halls on the Flint and Dearborn campuses.

QUARANTINE RECOMMENDATIONS

The recommended duration of quarantine is typically 14 days, though this time period should be aligned with recommendations of the local health department. Full quarantine requires individuals to stay in their living spaces for the duration of the quarantine period. Modified quarantine considerations are described in the next section.

Recommendation 3. A quarantine should be adopted by **staff and faculty** who have had close contact with an individual confirmed to have COVID-19 in accordance with guidance established by the local health department in the jurisdiction in which they reside. Staff and faculty who are in quarantine should not come to class or work in person. If a person develops symptoms of COVID-19 during the quarantine period, the individual should seek medical care and appropriate testing, and proper isolation procedures should be followed, as recommended by the appropriate local health department. All staff, faculty, and post-docs should complete a daily self-assessment of symptoms, signs, tests, and exposure.

Recommendation 4. Arrangements for staff to work remotely should be extended as needed to ensure appropriate physical distancing in the work space and to lessen the possibility of virus transmission. Extension or supplementation of time off banks related to COVID-19 may be necessary to ensure staff and faculty isolate or quarantine as appropriate.

Recommendation 5. Students residing on-campus and off-campus who have had close contact with an individual confirmed to have COVID-19 (index case) should be evaluated for 1) evidence of infection with testing and symptom review and 2) for need of isolation or quarantine. If the exposed student is found to have evidence of infection, then isolation procedures should be followed. If the exposed student does not have evidence of infection, they may still be at risk for acquiring infection in the 14 days after exposure and quarantine procedures should be followed. Generally for quarantine, if the exposed student was in close contact with a symptomatic index case, then routine quarantine is

recommended. A 14-day quarantine within the student's living space is recommended; if quarantine in the student's living space cannot be accomplished without putting other roommates/housemates at high risk, alternative housing should be offered. In special cases when the risk for an exposed person to acquire infection is lower, such as when an exposed student was in close contact with an asymptomatic index case, then a modified quarantine may be considered. (see quarantine considerations). All students should complete a daily self-assessment of symptoms, signs, tests, and exposure; if symptoms develop during the quarantine period, then students should contact UHS for evaluation and discontinue in-person class attendance.

Recommendation 6. All students requiring standard quarantine should immediately transition to remote learning. Students in quarantine living on-campus should have meal service provided to them. The Dean of Students Office should facilitate academic accommodations and instructor notification, and conduct regular check-ins to gauge student wellness. Students in quarantine who become symptomatic should be evaluated for COVID-19 infection, per the recommendations of the Testing subcommittee.

Recommendation 7. Students who fail to follow quarantine recommendations and/or test positive for COVID-19 should be formally restricted from in-residence learning. Students living on-campus should be moved to Illness-Appropriate Housing (see Appendix A). For students living off-campus, the university should follow-up with the local health department to determine whether a warning notice from the county is warranted to enforce quarantine.

Recommendation 8. Frequent bidirectional communication should be established between the UM Beyond the Diag staff and off-campus housing owners, as well as fraternity and sorority houses and housing cooperatives. Ongoing messaging regarding the social expectations and shared responsibility of all University of Michigan community members during this time of emergency will be essential.

MODIFIED QUARANTINE RECOMMENDATIONS

Modified quarantine for students may be considered based on level of risk for disease transmission and on ability to concomitantly employ risk mitigation strategies. Modified quarantine would permit students to attend class in person if all risk mitigation measures are closely followed. Students should self-quarantine in their assigned living space when not in class.

Recommendation 9. Modified quarantine should be considered on a case-by-case basis,

taking into consideration the level of risk for acquiring infection, such as when an exposed student was in close contact with an asymptomatic index case, and the risk of exposing others. The following table summarizes criteria considerations for modified quarantine. The Appendix B diagram highlights the primary decision making paths. Specific criteria for modified quarantine should be developed in consultation with the local health department.

Student Quarantine Considerations

Criterion	Low Risk	Medium Risk	High Risk
Index case is asymptomatic	Yes		No
Number of contacts student could likely expose (i.e., within 6' with no mask)	5 or fewer	6-10	11+
Student regularly follows guidance for distancing from others in the classroom	Yes		No
Student regularly uses a cloth face mask when not in their living space	Yes		No
Student's living conditions are regularly cleaned and sanitized	Residence halls with prescribed cleaning/ sanitation plans	Family homes, apartments with ≤5 people that are regularly cleaned	Group housing (e.g., fraternity and sorority housing)
Student consistently follows hand hygiene recommendations	Yes		No

All low risk categories: modified quarantine should be strongly considered.
All high risk categories: modified quarantine should not be considered; consideration should be given to moving the student into a single room or Illness-Appropriate Housing.
Mix of risk categories: consult with the local health department on a case-by-case basis to consider feasibility of modified quarantine and determine whether Illness-Appropriate Housing is needed.

Recommendation 10. Students approved for modified quarantine may continue to

attend class as long as all risk mitigation measures are followed. They should otherwise quarantine in their living space to reduce contact with other individuals for 14 days or the duration recommended by local public health. If students develop symptoms during the quarantine period, they should contact UHS for evaluation and discontinue in-person class attendance. All students should complete a symptom diary while in quarantine.

RE-ENTRY INTO CAMPUS COMMUNITY

Recommendation 11. When considering re-entry of individuals into the campus community, the university should follow CDC guidance, which offers options for discontinuing isolation for persons with confirmed or suspected COVID-19. These decisions should be made in partnership with the appropriate local health department.

Persons with COVID-19 Under Isolation

- Symptom-based strategy: isolation may be discontinued when: 1) at least 72 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms; and 2) at least 10 days have passed since symptoms first appeared.
- Test-based strategy: isolation may be discontinued when: 1) fever resolves without the use of fever-reducing medications; 2) respiratory symptoms improve; and 3) there are confirmed negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (i.e., total of two negative specimens).

Asymptomatic Persons with COVID-19 Under Isolation

- Time-based strategy: isolation may be discontinued when at least 10 days have passed since the date of the first positive COVID-19 diagnostic test, assuming no subsequent development of symptoms.
- Test-based strategy: isolation may be discontinued when there are confirmed negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (i.e., total of two negative specimens).

Recommendation 12. The Dean of Students Office should establish a procedure for periodic wellness checks for students throughout the first two weeks of re-entry to the campus community. Residence hall staff should also develop specific outreach options to

help monitor student wellness.

ADDITIONAL CONTAINMENT STRATEGIES

All containment strategies will require regular communication and close partnership with the local health departments in the southeast Michigan region, particularly Washtenaw, Genesee, and Wayne, where the three university campuses reside.

Contact Tracing

For the Ann Arbor campus, the Washtenaw County Health Department has deputized designated staff members in Environment, Health & Safety to perform contact tracing within the UM student community on behalf of the health department. These staff work with the county and enter data directly into the state's Michigan Disease Surveillance System. All contact tracing procedures should follow local health department and CDC protocols.

For the Flint and Dearborn campuses, Genesee County Health Department and Wayne County Department of Health, Veterans & Community Wellness handle contact tracing, respectively. Students, faculty, and staff who reside in other counties will likely have close contacts traced by the health department in their home jurisdiction and campus contacts traced by Genesee County, Wayne County, or Washtenaw County.

Recommendation 13. Repopulation of the Ann Arbor campus will exceed the capacity of the health department to effectively perform contact tracing. The university should develop a plan with Washtenaw County Health Department to identify and train a core group of 25-30 contact tracers to handle all tracing of confirmed student cases of COVID-19 for the Ann Arbor campus from the time of move-in through at least the first 4 weeks of the term. Designated contact tracers could be a combination of UM staff and students, particularly public health and other health sciences students. A volunteer management plan should be developed in partnership with the county. Similar plans could be considered for the Flint and Dearborn campuses to provide surge capacity to the local health departments.

Case Notification

When communicating about COVID-19 cases it is critical to maintain confidentiality of the student, staff, or faculty member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act. Communications should include

messages to counter potential stigma and discrimination.

Recommendation 14. The Dean of Students Office should be notified when any student, whether they reside on or off campus, has tested positive for COVID-19. A residence hall staff contact should also be notified for students living on-campus.

Student Life (UHS in conjunction with housing) should establish a communication plan that notifies roommates and suitemates (i.e., the "family unit") of their high risk exposure to someone confirmed to have COVID-19. Other individual contact notifications as a result of a student, staff, or faculty member testing positive for COVID-19 should take place according to standard contact tracing procedures.

Recommendation 15. Aggregate information about tests and positive/negative cases should be transparently communicated to the campus community on an ongoing basis. In the event of transmission of the virus throughout a residence hall or classroom, contact tracing methods should be employed.

Data Management and Coordination

Recommendation 16. The university should coordinate efforts with the Michigan Department of Health and Human Services and local health departments in Washtenaw, Genesee, and Wayne counties to develop and implement a data management system, such as an outbreak management system, that will provide real-time information on cases, symptom reports, and other surveillance information. The data should inform containment efforts at the building/facility level. The system should complement the counties' data systems and supplement entry of information to the Michigan Disease Surveillance System.

Workforce Capacity

The university will need to build the necessary staffing capacity to assist students, staff, and faculty in safely re-populating campus and supporting containment strategies.

Recommendation 17. The university should train at least 50 staff, which could include student workers, to serve as COVID-19 campus health promoters who will deploy throughout campus and respond to a centralized phone hotline. These staff should be readily identifiable, have personal protective equipment (e.g. masks and face shields), and access to hand hygiene when stationed on campus. Their training should include a general overview of COVID-19 infection prevention and control measures, signs and symptoms, testing, transmission, credible resources, campus wellness resources and services, and university policies and procedures related to in-residence operations. They

should be present in classroom buildings, academic units, and residence halls to answer general questions from the campus community and monitor and report community adherence to risk mitigation measures daily through use of a structured online checklist. These staff could also be trained for contact tracing if surge capacity is needed.

CONSIDERATIONS FOR INCLUSION AND EQUITY (VULNERABLE POPULATIONS)

Considerations for inclusion and equity are consistent with those noted by the Testing Subcommittee.

- **Access to Testing:** Every effort should be made to ensure equitable access to testing, particularly among vulnerable populations and those individuals who interact with the general public.
- **Individuals in High Risk Groups:** Individuals in high risk groups (at risk for poor outcomes from COVID-19 infection) are particularly vulnerable in the early days of an emerging outbreak and may be more likely to require isolation or quarantine. As sociodemographic factors are associated with vulnerability to COVID-19 illness, all policies and procedures should promote equity and ensure unjust practices do not occur (e.g., profiling and restricting movement based on demographic characteristics).
- **Strategies to Reduce Stigma:** A culture of stigma surrounding COVID-19 symptoms or test results will discourage proactive reporting of symptoms, participation in contact tracing, initiation of self isolation, and participation in testing necessary to reduce the risk of infection on our campus. Transportation to isolation housing by DPSS could be especially stigmatizing. Communication strategies must carefully consider the risk of driving stigma in implementing these programs, and input should be sought from health communication professionals.

ANTICIPATED TIMELINE/KEY DATES

Month	Key Tasks/Decision Points
June	• Recommendations discussed with key partners • Identify and secure needed resources (funding, etc.) • Build data management system and develop data sharing plan with

	the state and counties • Begin outreach to off-campus housing companies and fraternity and sorority houses regarding importance of isolation and quarantine
July	• Develop communication and training materials • Ensure Illness-Appropriate Housing procedures are finalized and communicated across campus • Evaluation plan finalized and prepped for implementation
August	• Communication plan roll out • Recruit and train health promotion workers • Implementation of plans, protocols, evaluative measures

KEY PARTNERS

1. Michigan Department of Health and Human Services (Sarah Lyon Callo)
2. Local public health departments: Washtenaw County (Juan Marquez), Ruta Sharangpani (Wayne County), Gary Johnson (Genesee County)
3. University Health Service (Rob Ernst, Lindsey Mortenson)
4. School of Public Health Office for Student Engagement and Practice (Public Health Practice liaison, training center, and workforce surge capacity source)
5. Office of General Counsel
6. University Housing
7. M-Dining (Steve Mangan)
8. Beyond the Diag (off-campus housing program)
9. Michigan Medicine clinical laboratories (Ric Valdez, Ella Kazerooni)
10. Dean of Students Office (Laura Blake Jones/Sarah Daniels)
11. Fraternity and Sorority Life (Nicole Banks)
12. Division of Public Safety and Security/Housing Security (John Seto)
13. Information and Technology Services
14. UM VP for Communications Office

SUPPLIES NEEDED

Supply needs are minimal for containment measures. Personal protective equipment (cloth face masks and face shields) and hand hygiene supplies will be needed throughout campus. Testing supplies will be needed as recommended by the Testing subcommittee.

FUNDING NEEDED

Funding may be needed to develop and maintain a data system to support integrated outbreak management tracking between the university, the State of Michigan, and local public health jurisdictions.

APPROVERS/APPROVAL TIMELINE

- Late May: In-Residence Public Health Planning Committee
- Early June: COVID-19 Leadership Committee; President's Office; Office of General Counsel
- June 18: Board of Regents meeting

SUPPORTING REFERENCES

Recommendation Theme	Reference Sources
Background information and definitions	CDC. Community-related exposures. March 30, 2020. CDC. Quarantine and Isolation. May 6, 2020.
Isolation recommendations	CDC. Community-related exposures. March 30, 2020. CDC. Quarantine and Isolation. May 6, 2020.
Quarantine and modified quarantine recommendations	CDC. Community-related exposures. March 30, 2020. CDC. Quarantine and Isolation. May 6, 2020. Personal communication with Juan Marquez, Washtenaw County Health Department Medical Director. May 18, 2020.
Re-entry into campus	CDC. Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: Interim Guidance. May 3, 2020. CDC. Ending Home Isolation: Interim Guidance. May 3, 2020.

Additional containment strategies	CodeScience Outbreak Management. May 3, 2020. SalesForce. No cost COVID-19 care response solution. March 2020. State of Massachusetts. COVID-19 Community Tracing Collaborative resources. April 2020. Personal communication with Juan Marquez, Washtenaw County Health Department Medical Director. May 18, 2020.

PLAN TO IMPLEMENT

A working group of key partners should be established in early June 2020 to develop detailed plans and protocols for implementing recommendations, prioritizing the data management strategy. The Public Health Action Support Team at the School of Public Health could potentially be leveraged for workforce surge capacity for contact tracing and/or health promotion work across campus.

COMMUNICATION NEEDS & TIMELINE

Key communications needs include:

- Summer communication to students that includes information on university policies related to COVID-19, including isolation and quarantine guidelines.
- Training for residence hall staff on quarantine and isolation measures.
- Communication to campus community regarding the importance of the "social contract" to follow risk mitigation measures and comply with containment strategies.
- Campaign to reduce stigma associated with quarantine, isolation, or being identified as a contact of someone who tested positive for COVID-19.
- A regular communication check-in with the state and local health departments.
- A mechanism for communicating updates on the number of positive and negative tests to the campus community through a web dashboard or other similar format.
- Communication about the need for shared social responsibility in order to prevent infection and outbreaks.

Messaging and training materials should be developed by the end of July for

dissemination in August 2020.

EVALUATION MEASURES

Evaluation measures for containment recommendations should include:

Recommendation Theme	Evaluation Measures
Isolation	• Total number of students in isolation. • Number of on-campus resident students in isolation by residence hall. • Number of students moved into Illness-Appropriate Housing for isolation. • Demographic characteristics of students in isolation. • Student satisfaction with experience in Illness-Appropriate Housing. • Number of staff and faculty in isolation.
Quarantine	• Total number of students, faculty, and staff in quarantine. • Level of compliance with quarantine recommendations among students, faculty, and staff. • Number of on-campus resident students in quarantine by residence hall. • Number of students moved into Illness-Appropriate Housing for quarantine. • Number of students engaged in modified quarantine (i.e., attending class but otherwise reducing contact with others). • Number of student, faculty, and staff quarantine cases that eventually have positive COVID-19 test results.
Containment strategies	• Effectiveness of on-campus contact tracing (number of contact tracers, number of hours spent on outreach to contacts, efficiency of tracing procedure). • Use of data management system; extent to which system is compatible with state and local data systems; ease of data sharing to inform decision making. • Number of health promotion workers recruited and trained; effectiveness of workers in providing guidance and support to the campus community.

General communication and outreach efforts	• Data on student wellness: feelings of isolation, lack of connectedness, number of CAPS contacts, other mental health indicators. • Student perceptions of safety and risk of exposure to COVID-19. • Parent perceptions of student safety and risk of exposure to COVID-19. • Stakeholder perceptions of effectiveness of university-local public health-state public health partnership.

APPENDIX A

Procedure for illness-appropriate housing

1. UHS and/or DOS has determined a student requires illness-appropriate housing.
    a. UHS initiates emergency housing request by contacting the Dean of Students (DOS).
    b. DOS initiates emergency housing based on interaction with the student who has disclosed risk factors (e.g., been in an affected country or interacted with a person who has been diagnosed with COVID-19).
2. DOS will determine if the student resides on-campus or if the student will isolate in place in their off-campus residence. Options include:
    a. If on-campus we will assign to Northwood Quarantine Housing.
    b. DOS may authorize off-campus residents to Northwood Quarantine Housing.
    c. In rare cases, we may allow Northwood students to stay in their room if they reside in a non-shared unit.
3. DOS contacts Residence Education to initiate the quarantine housing process.
    a. Contact Information:
        i. Residence Education Assistant Director-on duty (pager #734-670-4844). Provide your return phone number.
        ii. If there is no answer within 15 minutes, and the need for emergency housing is identified between 8am and 5pm, Monday through Friday any Residence Education Central Staff member can begin the process.
        iii. Ask DOS to provide CARE report number if completed.
4. Residence Education will assign student to space in the *COVID19 Quarantine Housing* shared google sheet.
    a. Assign students to single occupancy units first.
    b. Assign double occupancy for roommate sets when possible.
    c. If placing a single person in double/triple occupancy space, please include gender

identity on the assignment sheet so we can appropriately assign roommates if needed.

d. Note that not all apartment spaces may be ready.

5. Email message is to be sent to hsg-emergency-housing@googlegroups.com The message should include the following:
   a. Quarantine Housing
   b. Name(s) of individual (s).
   c. Name of the building & room they are leaving.
   d. Assigned apartment number (or current room if in a single room with private bath).
   e. Student contact phone # (prefer cell).
   f. The staff member who made the arrangements is responsible for sending an email message to the group. Length of stay will be assumed 14 days unless otherwise specified.
6. The Residence Education Assistant Director-on duty (pager #734-670-4844) will contact the student to provide next steps:
   a. Let the student know what to expect:
      i. Share Northwood Quarantine: Temporary Housing Self-Isolation document.
      ii. Confirm length of stay (follow CDC guidelines regarding re-entry to campus population).
      iii. Let them know they will be given snacks and other items in a bag.
      iv. Assistant Director calls Division of Public Safety and Security (DPSS) dispatch (763-1131). Next step depends on whether or not the student has transportation to Northwood.

      Transportation Needed:

      1. Let the student know they will be asked to wear a mask and the officer will be in Personal Protective Equipment
      2. Request "ISOLATION TRANSPORT." provide name, contact information, apartment assignment, and location of pickup (e.g., UHS, residence hall location)

      Transportation not Needed:

      3. Ask student when they think they will arrive in the Northwood area
      4. Inform them that they must call DPSS dispatch upon their arrival. They should provide their name and reason for calling so that a DPSS officer can meet the student with the key

5. Follow up with DPSS to inform them of the estimated time of arrival

b. Responding Residence Education staff member should add all communication with students/actions taken to the CARE report notes.

c. Who checks in on the students:

i. Housing staff member reaches out daily (currently Ann Roberts)

ii. Talking Points

iii. Toward the end of the 14 day stay, a staff member will reach out to the student to see how they are feeling and what their plans are for returning to their regular housing assignment. Discussion will occur earlier if resident shares their test results are negative. See Exiting Quarantine Housing below

d. If the original stay is extended, Senior Associate Director Zabriskie, another SLT member, or their designee will add an updated post to the Google Group (hsg-emergency-housing@googlegroups.com) to indicate this authorization.

7. Exiting Quarantine Housing

a. UHS or other Health Provider gives student negative test result and clears them from quarantine

b. Student contacts DPSS to inform them they plan to leave quarantine housing. Housing Supervisor is contacted by DPSS dispatch to talk with student to determine when they will be leaving Quarantine, and if they need transportation back to their local residence. Student told to leave key in apartment or to give key to officer providing transport.

c. Housing Security Supervisor notifies emergency housing email group of the checkout. (This will facilitate cleaning and key return protocols). If Assistant Director/Area Coordinator is the person having the interactions with the student in 7b, they will be responsible for notifying emergency housing email group.

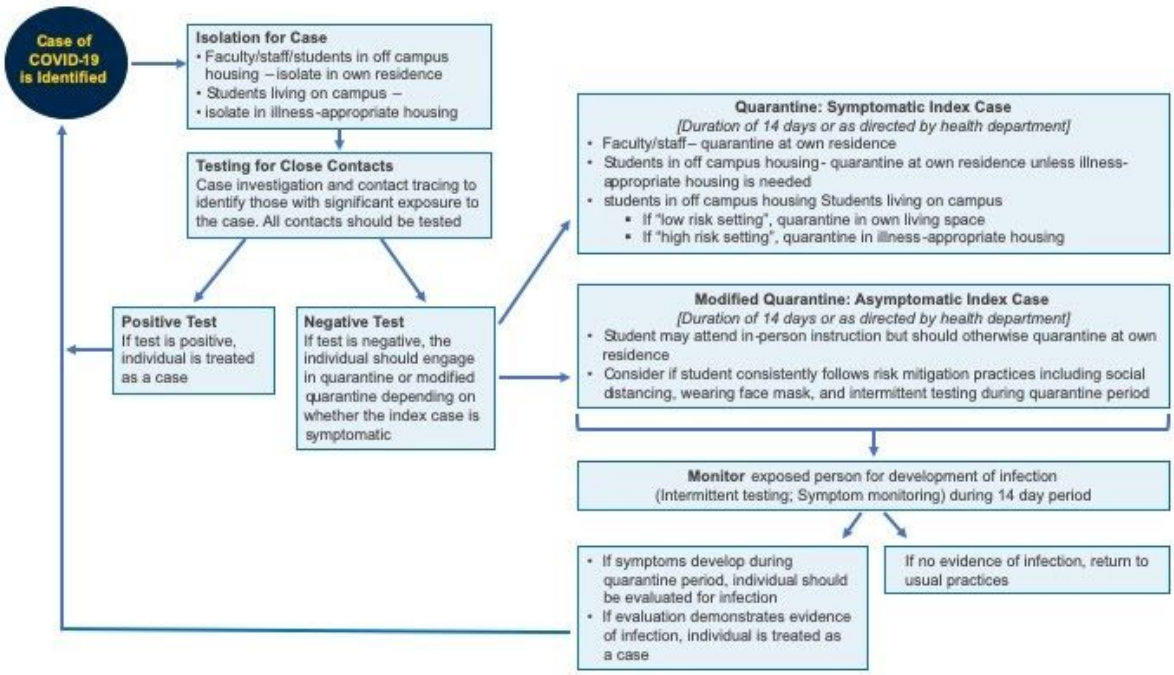
d. Assistant Director/Area Coordinator- on duty emails DOS to let them know the student is out of quarantine

e. Housing Staff member updates quarantine housing spreadsheet and moves entry to “history” tab (currently Ann Roberts)

f. DOS follows up with student for on-going support.

8. *Special Circumstances*: If an on-campus student resides in a non-shared assignment with private bathroom and wishes to isolate in place, consult with Michael Zabriskie.

a. This will be approved on a case-by-case basis in consultation with DOS, Senior Associate Director, SL Facilities, and Environmental Health and Safety. This is rare.
b. In the event a case is approved:
    i. Students will be allowed to stay in their single room with private bathroom space but we may ask them to move to Northwood after further review of their situation. Note these students on the *COVID19 Quarantine Housing* shared google sheet -"students isolating in private rooms" tab

APPENDIX B

Decision path for isolation and quarantine of individuals