



COVID-19

Guidance for Institutions of Higher Education (IHEs)

Updated Feb. 7, 2022

Key Points

This guidance supplements and does not replace any federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which IHEs must comply.

- This guidance provides resources that IHE administrators can use to prevent the transmission of SARS-CoV-2 among students, faculty, and staff.
- IHE administrators can help protect students, faculty, and staff and slow the spread of COVID-19 by encouraging vaccinations and using CDC's Guidance for IHEs.
- IHEs can help increase vaccine uptake among students, faculty, and staff by providing information about COVID-19 vaccination, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- IHEs can play a critical role in offering and promoting vaccination to help increase the proportion of students, faculty, and staff that are vaccinated to help slow the spread of COVID-19 and prevent interruptions to in-person learning.
- CDC recommends indoor masking in public for everyone in areas of [substantial or high transmission](#).
- CDC recommends time for isolation be a minimum of 5 days for everyone and quarantine be a minimum of five full days for those who are not up to date with their COVID-19 vaccines. People who are severely ill with COVID-19 and people with [compromised immune systems](#) might need to isolate at home longer. For details see [Quarantine and Isolation](#).
- Shared housing (for example, dormitories) in institutions of higher education is considered a lower risk congregate setting due to the 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 public guidance for [quarantine and isolation](#).
- 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 moderate, substantial, or high community transmission.

Summary of Recent Changes

Updates as of February 7, 2022



- Updated guidance to reflect new recommendations for isolation for people with COVID-19 and recommendations for people who have come into close contact with a person with COVID-19, including for shared housing (such as

dorms), which is considered a congregate setting.


- Updated guidance to remove specific guidance for IHEs where everyone is fully vaccinated and guidance for IHEs where not everyone is fully vaccinated.
- Updated guidance for shared housing in IHEs to consider broad-based testing if contact tracing becomes difficult to manage.
- Updated guidance to reflect latest recommendations on types of masks and masking recommendations.

[View Previous Updates](#)

Introduction

This guidance is intended for any institution of higher education (IHE) that offers education or instruction beyond the high school level, such as colleges and universities, including community and technical colleges.

IHE administrators can determine, in collaboration with [state, tribal, local, and territorial public health officials](#) and in accordance with applicable law, how to implement CDC guidance while considering the needs and circumstances of the IHE within the context of their local community. IHE administrators should take into account [health equity considerations](#) for [promoting fair access to health](#). This guidance does not replace any applicable federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which IHEs must comply.

The Department of Education has a complementary handbook to this guidance, [ED COVID-19 Handbook Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff](#)  [4.87 MB, 57 Pages] [↗](#)

Prevention Strategies to Reduce Transmission of SARS-CoV-2 in IHEs

Multiple factors should inform the optimal implementation of layered prevention strategies by IHEs. Ideally, consideration would be given to both the direct campus population as well as the surrounding community. The primary factors to consider include:

- Level of [community transmission](#) of COVID-19
- [COVID-19 vaccination coverage](#) in the community and among students, faculty, and staff
- Strain on health system capacity within the community
- Accessibility of COVID-19 viral testing resources for faculty, staff, and students
- Use of a COVID-19 viral [screening testing program](#) for faculty, students, and staff. Testing provides an important layer of prevention, particularly in areas with moderate, substantial, or high community transmission levels
- COVID-19 outbreaks or increasing trends in the IHE or surrounding community

Discuss these factors with local or state public health partners. Outbreaks can and do occur in IHEs. Careful planning can help IHEs make decisions about prevention strategies and steps to take to limit transmission, avoid outbreaks when possible, and contain outbreaks when they do occur.

Prevention Strategies

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. Key prevention strategies include:

- [Offer and promote COVID-19 vaccination](#)
- [Consistent and correct use of masks](#)

- Physical distancing
- Testing for COVID-19
- Maintaining healthy environments (increased ventilation and cleaning)
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing in combination with quarantine
- Cleaning and disinfection
- Additional considerations

CDC recommends everyone wear a [well-fitting mask or respirator](#) in all public indoor settings in areas of [substantial or high community transmission](#).

Offer and Promote COVID-19 Vaccination

IHEs can play a critical role in offering and promoting vaccination to help increase the proportion of students, faculty, and staff that are vaccinated to help slow the spread of COVID-19 and prevent interruptions to in-person learning.

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.

When infections occur among vaccinated people, their illnesses tend to be milder than among those who are unvaccinated. Even vaccinated people who are infected can be infectious and can spread the virus to others. To reduce the risk of becoming infected with SARS-CoV-2, the virus that causes COVID-19, and spreading it to others, students, faculty, and staff should continue to use layered prevention strategies.

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.

To increase access to vaccines, IHEs can:

- Provide on-site vaccination in IHE facilities or local vaccination sites through partnerships (e.g., existing occupational and student health clinics, IHE-run temporary vaccination clinics, mobile vaccination clinics brought to the IHE).
- Consider hosting a mass vaccination clinic or setting up smaller vaccine venues on campus to promote vaccination.
- Connect with your local or state health department or health system to learn what might be possible.
 - If you are not already working with your local or state health department, consider reaching out for assistance with promoting and implementing vaccinations within the IHE community. The local or state health department can assist with coordination of vaccination clinics and offer local vaccine expertise.
 - Refer to [CDC guidance](#) for help planning vaccination clinics held at satellite, temporary, or off-site locations.
 - Refer to the [American College Health Association's website](#) [↗](#) for a compilation of guidance and resources for hosting a mass vaccination clinic and other best practices.
- Use trusted messengers to promote vaccination, including current and former students.
- Consider offering multiple locations and vaccination times to accommodate student work and academic schedules.
- Facilitate access to off-site vaccination services in the community (e.g., pharmacies, mobile vaccination clinics set up in community locations, partnerships with local health departments, healthcare centers and other community clinics, partnerships with student organizations).
 - Visit [vaccines.gov](#) to find out where students can get vaccinated in your community and identify locations near to campus.
 - Offer free transportation to off-site vaccination sites for students who need assistance.

- Offer flexible, supportive sick leave options (e.g., paid sick leave), in accordance with applicable laws and IHE policies, for employees with [side effects](#) after vaccination. See CDC's [post-vaccination Considerations for Workplaces](#).
- Offer flexible excused absence options for students receiving vaccination and those with side effects after vaccination.

To promote vaccination, IHEs can

- Develop educational messaging for vaccination campaigns to [build vaccine confidence](#) and consider utilizing student leaders and athletes as spokespersons.
- Ask student and other organizations who are respected in IHE communities to help build confidence in COVID-19 vaccines and promote the benefits of getting vaccinated.
- Ask students, faculty, and staff to promote vaccination efforts in their social groups and their communities.

Certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have had previous experiences that affect their trust and confidence in the healthcare system. [Vaccine confidence](#) may be different among students, faculty, and staff. IHE administrators should tailor communications and involve trusted community messengers, including those on social media, to promote vaccinations among those who may be hesitant to receive COVID-19 vaccination.

IHEs should comprehensively engage their IHE networks to establish and promote a vaccination environment that is safe and [equitable](#) for all students, faculty, and staff. Some students, faculty, or staff might not be able to get a COVID-19 vaccine due to medical or other conditions or reasons. IHEs will need to determine prevention strategies, accommodations, and policies for any students, faculty, or staff who cannot be vaccinated.

IHEs can consider verifying the vaccination status of their students, faculty, and staff. Administrators can determine [vaccine record](#) verification protocols, in accordance with state and local laws.

See [COVID-19 Vaccine Toolkit for Institutions of Higher Education \(IHE\), Community Colleges, and Technical Schools](#) for more information.

Consistent and Correct Mask Use

When people consistently and correctly wear a [well-fitting fitted mask](#), they [protect others as well as themselves](#). Consistent and [correct mask use](#) by people who are not up to date on their vaccines is especially important indoors and in crowded settings, and when physical distancing cannot be maintained. CDC has information on different [types of masks and respirators](#).

- **Indoors:** Everyone ages 2 years and older who are not up to date with their COVID-19 vaccines should properly wear a [well-fitting mask](#) indoors in public in areas, regardless of community transmission. Everyone who is up to date with their COVID-19 vaccines should wear a mask indoors in public in areas of [substantial or high community transmission](#).
 - You might choose to wear a mask regardless of the level of community transmission, if you or someone in your household is [at increased risk for severe disease](#) or has a [weakened immune system](#), or if someone in your household is not [up to date](#) on their COVID-19 vaccines or not eligible to receive COVID-19 vaccines.
 - Public indoor settings include classrooms, hallways, food halls, and any other settings on or off campus where members from different households (roommates/suite-mates can be considered a household) may interact.
- **Outdoors:** In general, people do not need to wear masks when outdoors. In areas of [substantial or high transmission](#), people might choose to wear a mask outdoors when in sustained [close contact](#) with other people, particularly if
 - They or someone they live with has a [weakened immune system](#) or is at [increased risk for severe disease](#).
 - They are not [up to date](#) on COVID-19 vaccines or live with someone who is not up to date on COVID-19 vaccines.

All people should also continue to wear a well-fitting mask where required by federal, state, tribal, local, or territorial laws, rules, and regulations, including local business and workplace guidance.

IHEs that require universal mask policies should make exceptions for the following categories of people:

- A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).

- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Physical Distancing

[Physical distancing](#) means keeping space of at least 6 feet (about 2 arm lengths) between people who are not in the same household in both indoor and outdoor spaces. 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.


Testing for COVID-19

Screening testing is intended to identify infected people who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. It helps to identify unknown cases so that measures can be taken to prevent further transmission. [Screening testing](#) may be most valuable in areas with substantial or high community transmission 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). Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, faculty, and staff privacy.

Screening testing of asymptomatic persons without recent known or suspected exposure to SARS-CoV-2 for early identification, isolation, and disease prevention

In IHE settings with frequent movement of students, faculty, and staff between the IHE and the community, entry screening testing at the start of each term combined with serial screening testing can help prevent or slow the spread of COVID-19. One study suggests that 96% of infections could be prevented by routine screening testing on college campuses in conjunction with extensive physical distancing and mandatory mask policies.⁶ Promoting testing may also be considered (such as requiring testing for attending certain in-person activities).

- Students, faculty, and staff with a laboratory-confirmed COVID-19 SARS-CoV-2 infection in the last 90 days can refrain from routine screening testing.

Before the beginning of each term, IHEs should implement entry screening testing at a minimum for all students who are not up to date with their vaccines, including those who live off campus. IHEs should also consider implementing entry screening testing at a minimum for faculty and staff who are not up to date with their vaccines. In screening settings where antigen tests are used, confirmatory laboratory-based NAAT testing is recommended for individuals who test positive if they do not have symptoms of COVID-19 or a known recent exposure to someone with COVID-19. For interpretation of screening test results, please see the [Antigen Test Algorithm](#)  [458 KB, 1 Page].

In areas of [low community transmission](#), entry screening testing alone prior to the beginning of each term may be sufficient. In areas of [moderate community transmission](#), CDC recommends IHEs implement both universal entry screening testing and expanded serial screening testing at least weekly if sufficient testing capacity is available. In areas of [substantial or high community transmission](#), CDC recommends universal entry screening testing and expanded serial screening testing at least **twice** weekly if sufficient testing capacity is available. See Table 1.

Regardless of the level of community transmission, in the context of an outbreak at an IHE CDC recommends initiation of increased serial screening testing among students, faculty, and staff at minimum for those who are not up to date with their vaccines, in addition to rapid case investigation and contact tracing. Testing a random sample of asymptomatic students, faculty, and staff is one strategy to increase the timeliness of outbreak detection.⁷ Additional testing could also be triggered by indications of increased community transmission (e.g., from positive testing results from [wastewater surveillance](#)).

If sufficient testing capacity is not available, expanded screening testing of specific groups (e.g., testing all students from a particular residential hall based on density of housing or if a cluster is detected) or less frequent serial testing may be considered to help rapidly identify and isolate infectious people. [Pooled testing](#) is another strategy that may reduce the burden of testing.

Testing strategies may also include increasing availability of testing for asymptomatic people who frequently come into contact with students, faculty, and staff (e.g., individuals who work in businesses that serve the IHE community), or who frequently visit campus (e.g., at community places of worship, public coffee shops), but are not formally affiliated with the IHE,

in addition to diagnostic and screening testing efforts.

Table 1. Potential Actions based on Community Indicator Level

Prevention Strategy	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Implement universal entry screening				
Implement universal entry screening and expanded screening testing at minimum for people not up to date with their vaccines at least weekly				
Implement universal entry screening and expanded screening testing twice weekly at minimum for people not up to date with their vaccines				

¹Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)


Any person who experiences [COVID-19 symptoms](#) should get a COVID-19 test, regardless of whether they have had a known close contact and regardless of vaccination status. Refer to CDC's [Quarantine and Isolation](#) guidance for more information.

Maintaining healthy environments (increased ventilation and cleaning)

Improving ventilation is an important COVID-19 prevention strategy for IHEs. Along with [other preventive strategies](#), protective ventilation practices and interventions can reduce the airborne concentration of viral particles and reduce the overall viral dose to occupants.

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

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](#)  [1.92 MB, 41 Pages] [↗](#).

Handwashing and Respiratory Etiquette

IHEs should facilitate health-promoting behaviors such as [handwashing](#) and [respiratory etiquette](#) to reduce the spread of infectious illnesses including COVID-19. IHEs can place visual cues such as [handwashing posters](#), [stickers](#), and other materials in highly visible areas. They can [download and print handwashing materials](#) or order handwashing materials from CDC for free using [CDC-INFO on Demand](#).

Staying Home When Sick and Getting Tested

Students, faculty, and staff who have symptoms of infectious illness, such as [influenza](#) (flu) or [COVID-19](#), should stay home and be referred to their healthcare provider for testing and care, regardless of vaccination status. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others.

Duration of [isolation](#) depends on many factors, including whether symptoms have improved and illness severity. People with confirmed or suspected COVID-19 should refer to current CDC [isolation](#) guidance to learn more about how to safely isolate. IHEs can allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick faculty and staff to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. IHEs should ensure that faculty and staff are aware of and understand these policies. If an IHE does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.


Note: People who are severely ill with COVID-19 (including those who were hospitalized or required intensive care or ventilation support) and people with [compromised immune systems](#) might need to isolate at home longer. They may also require testing with a [viral test](#) to determine when they can be around others. CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for [people with weakened immune systems](#). Consult with your healthcare provider about when you can resume being around other people.

Getting tested for COVID-19 when [symptoms](#) are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools, especially if key prevention strategies (masking and distancing) are not in use.

Symptom Screening

Encourage students, faculty, and staff to perform daily health screenings for infectious illnesses, including COVID-19. Encourage students, faculty, and staff with signs or symptoms of infectious illness to 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. If symptom screening is conducted, ensure that symptom screening is done safely, respectfully, and in accordance with any applicable federal or state, local or territorial privacy and confidentiality laws.

Contact Tracing in Combination with Quarantine

Prompt implementation of [case investigation](#)  [\[603 KB, 1 Page\]](#) and contact tracing can help break the chain of transmission and prevent further spread of the virus in the IHE setting and the community. IHEs should facilitate isolation of students, staff, educators, contractors, or volunteers with suspected or confirmed COVID-19 and prompt reporting to the health department. All COVID-19 case investigation and contact tracing should be done in accordance with local requirements and guidance, as well as any applicable federal, state, local or territorial privacy laws. IHEs should work closely with state, tribal, local, and territorial public health authorities to establish criteria for moving to remote classes, if needed.


People who had close contact with someone with COVID-19 should follow [CDC recommendations](#) to protect themselves and others. Recommendations for close contacts to [quarantine](#) and get tested will vary depending on vaccination status and prior COVID-19 diagnosis within the past 90 days.

Please visit CDC's [COVID-19 Quarantine and Isolation](#) page for general guidance on quarantine. For recommendations specific to shared housing (for example, dormitories), please see the [shared housing](#) section below.

Cleaning and Disinfection

When to clean

Cleaning with products containing soap or detergent reduces germs on surfaces and objects by removing contaminants and may weaken or damage some of the virus particles, which decreases risk of infection from surfaces.

[Cleaning high touch surfaces and shared objects once a day is usually enough](#) to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in your facility. Disinfecting (using disinfectants on [U.S. Environmental Protection Agency \[EPA\]'s List](#))  removes any remaining germs on surfaces, which further reduces any risk of spreading infection. For more information on cleaning your facility regularly and cleaning your facility when someone is sick, see [Cleaning and Disinfecting Your Facility](#).

When to disinfect

You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces, such as:

- High transmission of COVID-19 in your community
- Infrequent hand hygiene
- The space is occupied by people at [increased risk for severe illness from COVID-19](#)

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.

Use disinfectants safely

Always read and [follow the directions](#) on how to use and store cleaning and disinfecting products. [Ventilate](#) the space when using these products.

Always follow standard practices and appropriate regulations specific to your facility for minimum standards for cleaning and disinfection. For more information on cleaning and disinfecting, see [Cleaning and Disinfecting Your Facility](#).

Additional Considerations for IHEs

This section is intended for all IHEs regardless of policies on COVID-19 vaccination. The considerations included here will help IHEs to prevent infectious illness transmission among students, faculty, staff, and visitors.

Housing and Communal Spaces

Shared housing (such as dormitories) in IHE settings is considered a congregate setting. People living and working in this type of housing may have challenges with physical distancing and other prevention strategies to prevent the spread of COVID-19. Shared housing includes a broad range of settings, such as dormitories, apartments, condominiums, student or faculty/staff housing, and fraternity and sorority housing. Roommates/suite-mates can be considered a household and do not need to use masks or physically distance within the household “unit” (e.g., dorm room or suite) unless someone in the household has symptoms or has tested positive.

Considerations for Isolation, Quarantine, and Contact Tracing for Shared Housing

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.

In specific circumstances where the student population may be at higher risk of severe outcomes, IHEs may opt to follow isolation and quarantine guidance for high-risk congregate settings, which includes recommendations of a 10-day period for both isolation and quarantine. IHEs should balance the potential risk of following that guidance with the impact these actions would have on student well-being, such as the ability to participate in in-person instruction, food service access, and social interaction.

For more information, please visit CDC’s [Quarantine and Isolation](#) page.

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 dormitory when there is a case rather than trying to identify all close contacts.

IHEs should also consider:

- Establishing cohorts, such as groups of dorm rooms or dorm floors that do not mix with other cohorts to minimize transmission across cohorts and facilitate contact tracing. All units that share a bathroom should be included in a cohort.
- Close or limit the capacity of communal use shared spaces such as dining areas, game rooms, exercise rooms, and lounges, if possible, to decrease mixing among non-cohort people who are not up to date on their vaccines.
- Limit building access by non-residents, including outside guests and non-essential visitors, to dorms and residence halls.

Disabilities or Other Health Care Needs

- [People with disabilities](#) should be highly encouraged to get vaccinated and be fully integrated into the most appropriate learning and social environment with the proper accommodations.
- Disability resource centers should review policies and procedures to assess/qualify students for new accommodations, modifications, and assistance that might be needed due to changes in response to the COVID-19 pandemic.
- Consider the individualized approaches for COVID-19 prevention that may be needed for some people with [disabilities](#).
- Provide accommodations for people who might have difficulty using a mask, such as some people with disabilities or certain medical conditions. Allow exceptions in the IHEs mask use policy. People concerned about their ability to consistently and correctly use a mask should consult with their healthcare provider or IHE disability resource center, for suggested [adaptations and alternatives](#).
- Ensure education remains accessible for students with disabilities as prevention strategies to reduce cases of COVID-19 are implemented.
- Encourage all students, faculty, and staff to discuss any accommodations they might need with the IHE's disability resource center.

Service animals and other animals in campus buildings

- At this time, there is no evidence that animals play a significant role in spreading COVID-19, to people. We are still learning about this virus, but we know that it can spread from people to animals in some situations, especially during close contact.
- Refer to CDC's [Guidance for Handlers of Service and Therapy Animals](#) and the [American Veterinary Medical Association \(AVMA\) services, emotional support and therapy animals](#) [page](#) when making decisions about allowing therapy animals in campus buildings on a case-by-case basis.

Gatherings, Events, and Visitors

Crowded settings still present a greater risk of transmission among people who are not up to date with their vaccines, especially when they bring together people of unknown vaccination status from different communities where community transmission is high. People who are not up to date with their vaccines should continue to avoid large gatherings, but if they choose to attend, they should wear well-fitting masks that cover the mouth and nose, maintain physical distancing, and practice good hand hygiene. For mixed campus IHEs, in-person instruction should be prioritized over extracurricular activities, including sports and school events, to minimize risk of transmission in schools and to protect in-person learning.

Food service and communal dining

There is [no evidence](#) to suggest that COVID-19 is spread by handling or eating food. However, consuming refreshments, snacks, and meals with people not from the same household may increase the risk of spreading COVID-19 because masks are removed when eating or drinking.

- **Promote prevention measures.** Require staff and volunteers to [wash their hands](#), and encourage diners to wash their hands or use an alcohol-based hand sanitizer (before and after serving or eating). In indoor dining areas, people who are not up to date with their vaccines should wear a well-fitted mask when not actively eating or drinking. This includes when waiting in line to pick up a meal, in the cashier line, and when sitting down to eat. People who are up to date on their vaccines should wear a well-fitted mask in indoor dining areas when not actively eating or drinking in areas of high community transmission.
- **Increase airflow and ventilation.** Prioritize outdoor dining and [improved ventilation in indoor dining spaces](#).
- **Avoid crowding.** In areas with high levels of community transmission, stagger use of dining areas, and reduce seating capacity, and use markers and guides to ensure that people remain at least 6 feet apart when waiting in line to order or pick up.
- **Consider offering to-go options** and serve individually plated meals. If traditional self-serve stations are offered, CDC provides [recommendations](#) to reduce the risk of spreading COVID-19.
- **Clean regularly.** For food contact surfaces, continue following all routine requirements for cleaning and sanitization. Non-food contact surfaces should be cleaned at least daily. If someone with COVID-19 has been in the facility in the previous

24 hours, non-food contact surfaces should be disinfected. See CDC's [What School Nutrition Professionals Need to Know About COVID-19](#) for more detailed information.

Sports and Gyms

Due to increased exhalation that occurs during physical activity, many sports put athletes, coaches, trainers, and staff at [increased risk](#) for getting and spreading COVID-19, especially among those who are not up to date with their vaccines. Close contact sports and indoor sports are particularly risky.⁴

Prevention strategies in these activities remain important and should comply with IHE policies and procedures. Athletes, coaches, trainers, and staff should refrain from sporting activities when they have symptoms consistent with COVID-19 and should isolate and be tested.

- IHEs should [offer and promote vaccination](#) to all athletes, coaches, trainers, and staff.
 - IHEs can help increase vaccine uptake among athletes, coaches, staff, and spectators by providing information about COVID-19 vaccination, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- IHEs are strongly encouraged, at minimum, to use screening testing for athletes, coaches, trainers, and staff who are not up to date with their vaccines to facilitate safe participation and reduce risk of transmission – and avoid jeopardizing in-person education due to outbreaks.
- IHEs should establish testing protocols for athletes, coaches, and support staff who are not up to date with their vaccines prior to travel. Follow [CDC guidance for travel during the COVID-19 pandemic](#).
- IHEs should establish policies for athletes, coaches, staff, and spectators.
 - IHEs should consider requiring proof of vaccination or a negative test result for attendance at large sporting events, especially indoors.
- In general, people do not need to wear masks when outdoors. In areas of [substantial or high transmission](#), people might choose to wear a mask outdoors when in sustained [close contact](#) with other people, particularly if
 - They or someone they live with has a [weakened immune system](#) or is at [increased risk for severe disease](#).
 - They are not [up to date](#) on COVID-19 vaccines or live with someone who is not up to date on COVID-19 vaccines.
 - CDC recommends universal indoor masking and reduced capacity in indoor sports events.
- IHEs should improve ventilation in indoor settings for sporting events, training, practices, locker rooms, and other facilities by bringing as much fresh air into buildings as possible. Additional information is available on CDC's [Ventilation in Buildings](#) page.
- All athletes should also wear masks indoors when not actively participating in sport (e.g., on the sidelines and bench, in locker rooms).
- Coaches, trainers, and staff should wear masks indoors at all times.
 - If an outbreak of COVID-19 occurs in a sports team, IHEs should work with their state or local health department to isolate people with COVID-19 symptoms and initiate, in accordance with applicable federal, state, local and territorial privacy laws, contact tracing procedures.

IHE administrators should also consider specific sport-related risks:

- **Setting of the sporting event or activity.** In general, the risk of SARS-CoV-2 transmission is lower when playing outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (e.g., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (e.g., wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, coaches, staff, and spectators.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, coaches, staff, and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.

- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take [extra precautions](#).

Study Abroad and Travel

IHEs planning study-abroad programs should check CDC's destination-specific [Travel Health Notices](#) (THN) for information about the COVID-19 situation in the [destination or host country](#) [↗](#). IHEs should postpone programs in destinations with very high COVID-19 levels (Level 4 Travel Health Notice). IHEs should have plans in place if situations in the destination change and COVID-19 levels become very high during the program. IHEs may consider requiring that students and staff are up to date with COVID-19 vaccines as a condition of a study-abroad program.

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

- Get [up to date](#) with their vaccines before traveling.
- Follow CDC guidance for [international travel](#).
- Follow general public health considerations such as [handwashing](#).

Students may face unpredictable circumstances accessing medical care if they get sick or injured in their host country. Routine healthcare and emergency medical services may be impacted by COVID-19 at the destination.

Study-abroad programs should ensure that students are aware of and follow all airline and destination entry requirements, such as testing, vaccination, mask wearing and quarantine. They should be aware that if they do not follow the destination's requirements, they may be denied entry and required to return to the United States. Programs and students should check with the Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information](#) [↗](#) page for destination-specific entry requirements. Before studying abroad, programs and students should consider obtaining insurance to cover health care and emergency evacuation while abroad.

Programs should advise students who are at [increased risk for severe COVID-19](#) to discuss any study abroad plans with their healthcare provider. For more information and guidance on safety precautions for students before, during, and after travel, please visit CDC's [Studying Abroad](#) webpage or CDC's Yellow Book section [Study Abroad and Other International Student Travel](#).

Before returning to the United States by air, travelers are [required to show](#) a negative COVID-19 test result or documentation of recovery from COVID-19 before boarding. IHEs should have plans in place for students or staff who test positive before returning to the United States.

International Students

Refer to [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) for recommendations for people who received COVID-19 vaccines outside 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.

Testing for SARS-CoV-2

[Testing](#) can slow and stop the spread of COVID-19. Testing must be done in a way that protects individuals' privacy and confidentiality, is consistent with applicable laws and regulations, and integrates with state, local, and tribal public health systems.

- [Diagnostic testing](#) is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or when a person who is not up to date with their vaccines is asymptomatic but has recent known or suspected exposure to COVID-19.
- Screening testing is intended to identify infected people who are asymptomatic and do not have known, suspected, or reported exposure to COVID-19. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission.

Communicating Prevention Strategies

- Designate staff member(s) or a specific office to be officially responsible for replying to COVID-19 concerns. When students, faculty, or staff develop [symptoms](#) of COVID-19, test positive for COVID-19, or are [exposed](#) to someone with COVID-19, they should report to the IHE designated staff or office.
- Post signs in highly visible locations (such as building entrances, restrooms, and dining areas) and [communicate](#) with students, faculty, and staff via email and social media about prevention strategies, such as getting a COVID-19 vaccine, consistent and correct use of masks, physical distancing, [handwashing](#) (or use of hand sanitizer), [covering their mouths and noses](#) with a tissue or use the inside of their elbow or mask if they cough or sneeze. Signs should include visual cues. Use [CDC's print communication materials](#) developed to support COVID-19 recommendations. Materials are available in multiple languages and free for download and may be printed on a standard office printer.
- Use simple, clear, and effective language (for example, in [videos](#)) about behaviors that reduce the spread of COVID-19 when communicating with students, faculty, and staff (such as on IHE websites, in emails, and on IHE [social media accounts](#)).
- Students, faculty, and staff should attend a virtual training on all campus prevention strategies, policies, and procedures. This type of training can be useful for incoming students who were not in attendance during the previous academic year.
- Use [communication methods](#) that are accessible for all students, faculty, staff, and other essential visitors (such as parents or guardians). Ensure materials can accommodate diverse audiences, such as and people with [disabilities](#). Partnerships to provide public service announcements (PSA) might be useful, such as The Corporation for Public Broadcasting (CPB) [PSA to Houston-based tribal and Historically Black Colleges and Universities](#) [↗](#). The CPB [↗](#) campaign is expected to provide trusted, life-saving information to populations that have been disproportionately affected by the pandemic.³

Testing for COVID-19

[Testing](#) to rapidly detect and isolate infectious individuals can reduce transmission of COVID-19. People living and working in congregate settings, including IHEs, are at increased risk of spreading COVID-19. As such, there are special considerations for IHE administrators when planning for COVID-19 screening and diagnostic testing. Testing should be one component of comprehensive COVID-19 prevention in IHEs. If IHEs offer widespread testing, individuals with mild symptoms, those who have symptoms but thought they were not ill with COVID-19, and those with pre-symptomatic and asymptomatic infections might be identified. Implementation of CDC testing guidance can help IHEs protect students, faculty, staff, and adjacent communities and slow the spread of COVID-19.² [Prevention strategies](#) (vaccination, correct and consistent use of masks, hand hygiene, cleaning regularly, and appropriate ventilation) should be implemented along with all testing strategies.⁵

Actions to Support Testing

IHE administrators should follow state and local laws as well as guidance from [the Equal Employment Opportunity Commission](#) [↗](#) when offering testing to faculty, staff, and students who are employed by the IHE. IHEs also should follow guidance from the U.S. Department of Education on the [Family Educational Rights and Privacy Act \(FERPA\)](#) and the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) [↗](#) and their applicability to students and COVID-19 contact tracing and testing.

For students

IHE administrators and healthcare providers should provide options to immediately separate students with COVID-19 and their close contacts by providing virtual learning options and self-isolation and self-quarantine rooms in residence halls or other housing facilities. Students should receive support managing COVID-19 symptoms, including medical care when necessary, as well as support managing emotional issues related to isolation or quarantine and the provision of [alternative food service arrangements](#) for those who live on campus.

For faculty and staff

IHE administrators should offer alternative teaching and work-from-home options for faculty, instructors, and staff who have COVID-19 and people who are not vaccinated who have been identified as a close contact, provided that they are well enough to continue working remotely. IHEs should consider implementing flexible sick leave and [supportive policies and practices](#).

Communication plan

IHEs should [implement communications campaigns](#) using behavior-based and actionable strategies to increase prevention, testing, isolation, and quarantine. Communication plans for prevention should also include any relevant guidance on returning to campus after traveling (e.g., holiday breaks, sports-related travel).

In accordance with state, tribal, local, and territorial laws and regulations, IHEs should make a plan to communicate with people who have a confirmed COVID-19 diagnosis and those suspected of having COVID-19, as well as to communicate relevant information about known cases to other students, faculty, and staff in a way that protects personally identifiable information. If privacy can be ensured and appropriate privacy laws complied with, the IHE may also want to be made aware of COVID-19 test results and symptoms through voluntary reporting by their students, faculty, and staff.

Water systems

The [temporary shutdown or reduced operation](#) of IHEs and reductions in normal water use can create hazards for returning students, faculty, and staff. Check for hazards such as mold, *Legionella* (the bacteria that causes [Legionnaire's Disease](#)), and [lead and copper contamination](#) [↗](#) from plumbing that has corroded.

- For more information, refer to the [ASHRAE Guidance for Building Operations During the COVID-19 Pandemic](#) [📄](#) [59 KB, 3 Pages] [↗](#), CDC [Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) and the Environmental Protection Agency's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#) [↗](#).

Health Equity

Long-standing [systemic health and social inequities](#) have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. American Indian/Alaska Native, Black, and Hispanic people are disproportionately affected by COVID-19; these disparities exist among all age groups, including school-aged children and young adults. Because of these disparities, in-person instruction on campuses might pose a greater risk of COVID-19 to disproportionately affected populations. For these reasons, health equity considerations related to in-person instruction are an integral part of decision-making. Partnerships among academic, public health and laboratory systems could be established or strengthened to better utilize point-of-care tests and engage underserved communities.

Addressing social and racial injustice and inequity is at the forefront of public health. Administrators can help to protect [people at increased risk for severe COVID-19](#) and [promote health equity](#) by implementing the following strategies:

- Encourage and support people to [get vaccinated](#) as soon as they can.
- Offer options for accommodations, modifications, and assistance to students, faculty, and staff at [increased risk for severe illness](#) that limit their exposure risk and allow for education and or work opportunities (such as virtual learning, telework, and modified job responsibilities) to remain available to them.
- Provide inclusive programming and make options available for people with special [healthcare needs](#) and [disabilities](#) that allow on-site or virtual participation with appropriate accommodations, modifications, and assistance (for example, people with disabilities may need additional support to access and use technology for virtual learning).
- Put in place policies to protect the privacy and health information of all people, consistent with applicable laws.
- Train people at all levels of the organization to identify and address all forms of discrimination consistent with applicable laws and IHE policies.
- Work with others to connect people with resources (for example, healthy foods and stable and safe housing) and services to meet their physical, spiritual, and mental health needs.
- Identify students who might be [experiencing homelessness](#) or [food insecurity](#), and identify [resources](#) [↗](#) and strategies to address these and other needs related to COVID-19.

Additional Resources

- [Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Health Equity](#)

- [Worker Safety and Support](#)
- [Communication Resources](#)
- [CDC COVID-19 Vaccination Program Provider Requirements and Support](#)
- [Workplaces and Businesses](#)
- [Workplace Vaccination Program](#)
- [Managing Healthcare Operations During COVID-19](#)
- [COVID-19 Behaviors Encouraging Protective Among College Students](#) [↗](#)
- [The Department of Education COVID-19 Handbook Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff](#) [📄](#) [4.89 MB, 57 Pages] [↗](#)

References

1. Borowiak M, Ning F, Pei J, et al. [Controlling the Spread of COVID-19 on College Campuses](#) [↗](#). *Mathematical Biosciences and Engineering*. 18(1): 551-563. Published 2020 Dec 14. doi:10.3934/mbe.2021030
2. Fox M, Bailey D, Seamon M, Miranda M. [Response to a COVID-19 Outbreak on a University Campus — Indiana, August 2020](#). *MMWR Morb Mortal Wkly Rep*. 2021;70(4):118-122. Published 2021 Jan 29. doi:10.15585/mmwr.mm7004a3.
3. The Corporation for Public Broadcasting. [CPB Funds COVID-19 PSAs for Tribal and HBCU Public Radio Stations](#) [↗](#). Press Release 2021 Apr 08.
4. Atrubin D, Wiese M, Bohinc B. [An Outbreak of COVID-19 Associated with a Recreational Hockey Game — Florida, June 2020](#). *MMWR Morb Mortal Wkly Rep*. 2020;69(41):1492-1493. Published 2020 Oct 16. doi:10.15585/mmwr.mm6941a4.
5. Honein MA, Christie A, Rose DA, et al. Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths, December 2020. *MMWR Morb Mortal Wkly Rep*. 2020; 69: 1860-1867. DOI: <http://dx.doi.org/10.15585/mmwr.mm6949e2> [↗](#)
6. Losina E, Leifer V, Millham L, et al. College campuses and COVID-19 mitigation: clinical and economic value. *Ann Intern Med*. September 2020. DOI: 10.7326/M20-6558.
7. National Academies of Sciences, Engineering, and Medicine 2020. COVID-19 Testing Strategies for Colleges and Universities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26005> [↗](#)

Previous Updates

Updates from Previous Content [↗](#)

As of November 4, 2021:

- Updated guidance to reflect authorization of COVID-19 vaccines for children ages 5-11.

As of July 23, 2021:

- Removed the consideration to cohort by vaccination status

As of November 1, 2021

- Updated guidance to reflect current recommendations for fully vaccinated persons, including recommending masking indoors in public for fully vaccinated persons in areas of substantial or high community transmission.
- Updated language about shared housing in IHE settings to clarify that these environments should be considered congregate housing.

- Updated section on sports to incorporate prevention recommendations.
- Incorporated information on SARS-CoV-2 testing and screening that was previously included in a separate guidance document.

As of June 4, 2021

- Added Introduction language to reflect the latest information relevant to Institutions of Higher Education (IHEs)
- Added guidance on offering and promoting COVID-19 vaccination
- Added guidance on prevention strategies for IHEs where everyone is fully vaccinated and for IHEs where not everyone is fully vaccinated
- Added section on General Considerations for All IHEs
- Added section with Additional Considerations for All IHEs
- Added Key Terms
- Added References section
- Updated Resources section

As of December 31, 2020:

- Updated considerations for Direct Service Providers (DSPs)

As of October 5, 2020:

- Expanded considerations on care for students and staff when becoming ill in an IHE setting
- Updated considerations on ventilation
- Updated considerations on food service
- Updated considerations for contact tracing
- Updated considerations on recognizing signs and symptoms of COVID-19, screening, and testing
- Updated considerations on coping and support
- Updated considerations for Direct Service Providers (DSPs)