The Texas A&M University System’s COVID-19 Response Plan for Reopening Member Campuses and Programs for 2020-2021

Planning for the 2020-2021 academic year in The Texas A&M University System continues with an unwavering commitment to the health and safety of our students, faculty, and staff, and in pursuit of the highest academic quality in our teaching, research, and service. With those foundational commitments at the forefront, the universities and agencies of the System plan to open this academic year and resume face-to-face instruction unless evidence or directives mandate otherwise. Making informed decisions on classes, activities, and residential living while remaining flexible to adjust as needed, we will act responsibly, assuring as best as we are able, the safety of students, faculty, and staff.

It is clear that fall 2020 will not look like fall 2019. The situation is evolving as is our understanding of all aspects of the coronavirus disease 2019 (COVID-19), and thus it is likely we will need to adjust our guidance as more information becomes available. The following is a general framework based on input of Chief Academic Officers, Senior Student Affairs Officers, the Office of General Counsel, public health officials, and evidence-based public health protocols for the control of infectious disease.

Note: this document targets the 2020-2021 academic year. However, if the universities intend to host students earlier in the summer, these precautions should be implemented as soon as possible. Similarly, these precautions should be phased in over the summer where possible to assure as best as we are able the health and safety of all students and employees present during the summer months.

Definitions

For clarity, the following terms in this document shall have the meanings set forth below:

- “Campus” refers to the physical facilities and grounds of the university or agency.
- “CDC” refers to the Centers for Disease Control and Prevention.
- “Face to face” or “f2f” refers to an environment where some portion of the courses are offered in person on Campus while others continue to be offered online, where offices are staffed with in person faculty and staff, and where existing residence halls are operating at some level of capacity in coordination with current guidance from federal, state and local public health authorities. This is not intended to reflect pre-COVID-19 operations where the Campus is open without restrictions, in person and with normal full staffing levels.
- “Isolation” refers to the separation of sick people with a contagious disease (such as COVID-19) from people who are not sick.
• “Quarantine” refers to separating and restricting the movement of people, while not yet ill, who might have been or were exposed to a contagious disease to see if they become sick.
• “University community” describes the university’s students, faculty, and staff.

Preparation for August

Note: Decisions pertaining to face coverings, testing, self-quarantine and isolation should be communicated to the University community (faculty, staff, and students, including incoming new students) in advance of the return to Campus.

In preparation for the 2020-2021 academic year, universities and agencies will prepare facilities, obtain supplies and protective equipment, and develop processes and protocols for implementation of this guidance.

The Texas A&M University System Board of Regents has approved this plan which requires employees and students, prior to returning in August and again in January 2021, to self-certify that the person:

• has not been determined to be actively infected with SARS-CoV-2, the virus that causes COVID-19,
• does not have a fever, cough, or other symptoms of COVID-19 as listed on the CDC’s website,
• has not been in close contact with anyone known or suspected to have tested positive for COVID-19 in the previous 14 days, and
• has not returned from travel or traveled through an area with state or local travel restrictions that mandate quarantine upon arrival home in the previous 14 days.

If the employee or student fails to meet any of these criteria, that person will be required to notify the applicable university or agency official, should not report to Campus/workplace, should follow current CDC guidance regarding self-quarantine or self-isolation, and will only be allowed to return to Campus/workplace if cleared to return by their healthcare provider and consistent with CDC guidance.¹ This self-certification will include a continuing duty on the part of the employee or student to notify the applicable university or agency official if the answer to any of the questions over the course of time becomes “no.” Employees and students will be subject to disciplinary action for providing false information or not complying with the terms of the self-certification. The certification process should be implemented electronically for employees and students, using HR management tools for employees and university LMS, SIS or other systems determined by the university for students.

In preparing facilities:

• Each learning space/classroom must be assessed for maximum capacity and an adjusted maximum capacity must be designated for each space in accordance with the current COVID-19 physical distancing guidance from public health authorities:

¹ For more details regarding CDC guidance relating to persons that should be placed in isolation or quarantine, please refer to the attachment entitled “Summary of CDC Guidance as of May 21, 2020 Regarding Isolation and Quarantine Requirements”. Please note that CDC guidance may change as conditions relating to the pandemic evolve, and the System will provide timely updates of this guidance as needed.
adjusted maximum capacity should be some number not to exceed the maximum capacity established by the Fire Marshall; adjusted capacity will be significantly lower to maintain physical distancing, and each space must be clearly labeled indicating the adjusted maximum capacity.

- Classroom furniture should be removed or “blocked off” to limit seating to only the adjusted maximum capacity and to encourage physical distancing.
- Barriers and physical guides, such as tape on floors or sidewalks, should be added where possible to facilitate and encourage the separation of individuals, including in transportation vehicles (e.g., buses).
- Signage should be copiously placed throughout the facilities emphasizing physical distance to be maintained (e.g., 6-feet interpersonal physical separation) and maximum capacity. Samples from the CDC include:

- To minimize the risk of Legionnaires’ disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and disinfected, but encourage faculty, staff and students to bring their own water to minimize use and touching of water fountains.
- The university or agency should evaluate HVAC systems to:
  - reduce air recirculation and increase outside air intake, where possible,
  - consider adding air filtration systems for enhanced air quality, and
  - consider other solutions to reduce likelihood of viral exposure in buildings, if feasible and determined to be efficacious.
- Existing patterns for foot traffic both inside and outside of facilities should be assessed and redirected as needed to maximize physical distancing.
- Determine residential facilities that may be used for quarantine and/or isolation.
- Consider other surveillance solutions such as monitoring wastewater effluent from key facilities as a leading indicator of viral spread.

Supplies:

- Cleaning will be enhanced and therefore SSC, housing partners, System, and universities and agencies must procure sufficient disinfectant cleaning supplies. Disinfectant wipes for students, faculty and staff use must be procured, being sensitive to expiration dates that may impact the efficacy of the supplies.
- Universities and agencies should support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60% alcohol, paper towels, tissues, and no-touch/foot pedal trash cans.
- Personal protective equipment may be required or recommended. (See notation above on university/agency obligation when specifying facial covering.)
- Technology interventions that may be implemented (e.g., thermal scans, temperature measures, contact tracing apps, data management, etc.).

Processes and procedures to be developed:

- Each university and agency should designate an administrator or office to be responsible for responding to COVID-19 issues and concerns. This designation should be well-publicized so students, faculty and staff know who to contact for such issues.
Local decisions on personal protective equipment (PPE) and procedures for implementation of the decisions must be determined no later than July 31.

- Universities and agencies may choose to require face coverings in certain settings and not others, and/or may choose to require specific face coverings. The latest CDC guidance recommends the use of cloth face coverings among students, faculty and staff. Decisions regarding the use of face coverings should be made by July 31 and clearly communicated to the university community or agency personnel.
- If face coverings are required but flexibility is provided regarding the type of face covering, the university or agency is not legally required to provide the face covering.
- If the university or agency chooses to require a specific type of face covering that is not widely available, the university or agency should plan to provide the specified equipment.
- Universities and agencies should obtain at least a limited supply of face coverings should an emergency response be necessary that requires face coverings.

Logistics and management of check-in and screening for all students, faculty, and staff in August and in January 2021.

- All students, faculty and staff must complete electronically the self-certification referenced above (“Protocol and Certification for Employees Working on a System Member Campus” or the “Protocol and Certification for Students on a System Member Campus”) prior to arriving on Campus or August 15, whichever is latest. Similarly, all members of the University community must complete the self-certification again upon returning in January 2021.
- Upon arrival, each student, faculty, and staff will receive checklists for self-monitoring of COVID-19 symptoms and processes to follow up on the information.

Protocols for handling exposure, including space for quarantine or isolation and notification procedures for those who may have been exposed, short term class suspension and/or building and facility closure to clean and disinfect.

Institutional procedures that facilitate timely contact tracing and additional testing if required per public health guidance.

Institutions are encouraged to monitor class attendance; recording of attendance may become mandatory in all classes once the chancellor determines that a technology solution is available and feasible.

Virtual sign-in for events.

Assessment of counseling and mental health initiatives in preparation for potential increased need.

Preparation of training modules for students, faculty, and staff, as well as the public health campaign that will occur throughout the academic year.

Communication plans that comply with FERPA and applicable privacy laws. Plans must include expectations that all faculty, staff and students will regularly receive updated information, information about any on-Campus cases, and how they are being addressed.

Develop metrics to indicate when to change mitigation efforts in response to changes in local COVID-19 conditions.

Timing of Physical Return to Campus

No employee may return to Campus until/unless they have satisfied the requirements included in “Protocol and Certification for Employees Working on a System Member Campus.”
Fall return to Campus is naturally and historically a phased process. Most staff are 12-month appointments and are present before faculty begin returning in significant numbers early August. By mid-August most if not all faculty are on Campus, as are most student leaders. Freshmen arrive next at “dorm move-in day” followed by upper division students arriving in the days leading up to the first day of classes at which time functionally all members of the university community are present on Campus.

Taking advantage of this natural phase-in, universities should intentionally structure the August return to Campus to assure students are only on Campus at the time when their orientation, registration, and enrollment needs require their presence to maximize physical distancing at check-in as much as is practicable. Similarly, return to Campus in January 2021 should be carefully structured to maximize physical distancing.

Students at higher risk for severe illness from COVID-19 will be advised to consider their risk before deciding whether to return to Campus. The decision will solely be that of the student, although we may advise such students to remain at their permanent residence taking courses remotely. Faculty and staff at higher risk for severe illness from COVID-19 will be guided by existing system/university/agency policies and rules.

**Upon Arrival on Campus**

Arrival on Campus at universities should be carefully planned for all students, faculty and staff. The time and place for arrival should be communicated sufficiently in advance. (It is assumed in this description that staff are already present. Those staff arriving on Campus in August and January should be similarly scheduled.)

Upon arriving on Campus at the designated time, students, faculty, and staff will be provided:

- a daily self-monitoring checklist to monitor for symptoms,
- instructions on actions to follow should symptoms develop,
- “COVID-19 Commitment to the University Community”, specifying behaviors expected of them as they engage safely in the university. [Note: template to be created by System; universities may adapt, as needed], and
- if not submitted before arrival, students, faculty, and staff must submit self-certification described above.

This self-certification will create a continuing duty on the part of the employee or student to notify the applicable university or agency official if the answer to any of the questions over the course of time becomes “no.”

Flu shots will be available to all students, faculty, and staff and all will be encouraged to take the flu shot. [Note: This provision is contingent on their availability at this time; if not available at check-in, flu shots will be made available as soon as possible, and vaccination will be encouraged.]

A training module for safe conduct regarding exposure to viruses will be required for all individuals on Campus (faculty and staff via Traintraq or some other standard method; students via a system as determined by the university such as the LMS). In addition to the initial training, the universities and agencies must engage in an education and public health campaign that continues throughout the semester, and longer if the public health crisis continues, inclusive of videos that demonstrate proper use of face coverings, hand washing, physical distancing, etc.

In accordance with evidence-based public health protocols for the control of infectious disease, students will be encouraged not to leave Campus, the university area, or their current residences
except for work and class activities such as clinicals and internships (e.g., do not return to permanent residences, nor travel to other communities, visit other university campuses, and avoid large gatherings) to limit exposure of friends and relatives at home and other locations, and/or reduce the likelihood of returning to the university area with virus exposure from these locations.

Faculty, staff, and students will be advised if/when they leave the university environment they should be aware of their exposure to others and voluntarily place themselves in self-quarantine upon returning to the university area if they believe they have been exposed to SARS-CoV-2 while away, as evidence-based public health protocols dictate.

All agency and university facilities will be open (e.g., libraries, recreation facilities, student centers, conference rooms, etc.) taking appropriate precautions for the activity designed to occur in that space (e.g., adjusted maximum capacity constraints, PPE—and training for proper use of PPE if required, physical distancing, enhanced cleaning protocols including training for SSC and other staff engaged in cleaning, etc.).

Special Note for Students in Clinical Programs and Operations

Special arrangements and precautions will be required for students and faculty engaged in clinical programs (e.g., nursing, allied health, athletic training, communication disorders/speech language pathology, student teaching, etc.). Arrangements and precautions are unique to the program and guided by the program’s accreditation as well as medical and public health guidance. The university should provide oversight of these arrangements.

Testing Positive for SARS-CoV-2

Testing for SARS-CoV-2 will be administered strategically in connection with the “check-in” process and throughout the semester. Testing will be focused on those showing COVID-19 symptoms and based on testing strategies that will be implemented in accordance with public health and medical guidance. Those testing positive by real time polymerase chain reaction (rt-PCR) for SARS-CoV-2 should receive appropriate treatment and will be required to place themselves in self-isolation as dictated by evidence-based public health protocols for the control of infectious disease and consistent with CDC guidance.\(^2\) This will be conducted in conjunction with local medical and public health professionals.

Where possible, those testing positive for SARS-CoV-2 will complete their self-isolation at their permanent residence. Where self-isolation at a student’s permanent residence is not feasible or poses risk of transmission to others, the university should coordinate with the student and local health authorities to locate an appropriate location for self-isolation. Students requiring more extensive medical care will be treated as appropriate by medical professionals.

Students who test positive by rt-PCR for SARS-CoV-2 may return to engagement in the university community if cleared to return by their healthcare provider and consistent with CDC guidance.

Faculty and staff who test positive for SARS-CoV-2 by rt-PCR will be required to work remotely or take sick or another appropriate leave in accordance with System policies and regulations. They will place themselves in self-isolation as determined by local health officials at the time of testing, returning to Campus only after cleared to return by their health care provider and consistent with CDC guidance.

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\(^2\) See attached summary of CDC guidance regarding isolation and quarantine requirements.
Contact Tracing

Universities and agencies will coordinate contact tracing with local health authorities and the Texas Department of State Health Services. Contact tracing for those who test positive for SARS-CoV-2 will be led as dictated by local public health officials. System leadership is investigating the use and efficacy of widespread contact tracing through technology applications.

Other Monitoring Approaches

Universities and agencies, in coordination with local public health authorities, may choose to use other mechanisms for monitoring the health and safety of their students, faculty, and staff. Options that may be considered include but are not limited to:

- temperature monitoring as a tool for keeping students, faculty and staff informed of their health and protecting the health of the Campus or university community (Students, faculty and staff with a temperature exceeding 100.4 (38C) should be directed to medical services for additional screening),
- testing for Antigens or antibodies, once the validity of tests improves,
- targeted sampling of individuals testing for SARS-CoV-2 at various times during the semester,
- thermal scanning,
- syndromic surveillance (analysis of over the counter treatments people may utilize to treat symptoms),
- location analytics to assess traffic and congregating patterns and adjust spaces accordingly,
- monitoring wastewater effluent from key facilities, and
- other approaches that may emerge as efficacious over the course of the intervening time.

Classes

Face-to-face (f2f) classes will resume but not all classes may be offered in a f2f setting. Universities will consider physical facilities (e.g., physical arrangement of the rooms, size of the rooms, mode of instruction, egress to the spaces, ventilation, etc.) course type, priorities, and demand in determining the courses to be offered in various formats. For example, a university may choose to prioritize first-year courses (a focus on student success), courses for which remote learning is more challenging (e.g., some labs, performance courses), or some other criterion central to the institution’s mission (e.g., capstone courses, service learning courses, etc.).

Universities may use a number of different formats based on the capacity of the facilities, and the educational demands of the course. “Hyflex” courses, for example, allow the student to take the course f2f or remotely, based on his or her needs. “Hybrid” courses require the student to attend f2f only a portion of the time, being taught remotely at other times. Universities may choose to adjust the calendar to begin earlier in August to complete f2f instruction before Thanksgiving, pursue other changes in the university calendar, and expansion of the standard teaching day and teaching week to offer more courses throughout the day and on Saturdays.

All courses where all or a portion of the course is offered f2f must be designed to shift to a remote instructional environment if necessary given local, state, or national directives regarding COVID-19. Universities may prepare for this possibility in a variety of ways, including block scheduling, short courses, hybrid courses, hyflex courses, offering each course in both remote and f2f formats, etc. The System will insure that best practices in this area are shared among member universities of the System.
Students should be encouraged to leave the building between classes when possible to avoid congregating in hallways and lobbies.

Teaching spaces must be disinfected regularly to reduce the likelihood of COVID-19 spread. Universities should:

- consider adjusting their “passing periods” to allow for additional time to periodically clean surfaces,
- provide easily accessible disinfectant wipes for students to clean their own spaces before and after use, as they desire (e.g., similar to the model commonly used in gyms and fitness centers), and
- require SSC or other staff to clean each learning space (for example, before classes begin in the morning, at the noon hour, and again in the late afternoon between afternoon and evening classes), while also providing disinfectant wipes for students to wipe down their immediate area before each class if the student desires.

Universities may also consider additional protection for instructors, including but not limited to Plexiglas barriers and face coverings.

Residence Halls

The universities will determine appropriate safety precautions for the residence halls using evidence-based public health protocols for the control of infectious disease, considering issues such as density of the student population, restroom/shower facilities, cleaning protocols, ventilation, etc. Universities must also consider student mental health, and the health ramifications of limiting residence hall density as students not accommodated by residential living will instead be living in off-Campus housing that may observe different safety protocols than is available in the university’s residence halls. In light of the current concerns, universities should consider requirements to live on Campus, continuing those requirements or adjusting those requirements as the university determines is in the best interests of the student. University decisions regarding residence hall requirements should be communicated to students as soon as possible.

Common spaces in the residence halls such as restroom facilities, lobbies, shared kitchens, etc. will have reduced or designated furnishings to encourage physical distancing, and must be disinfected regularly (multiple times per day). Disinfectant wipes should be readily available in the residence halls for residents to wipe surfaces as desired.

Students living in the residence halls will be prohibited from day or overnight visitors in their rooms as much as is practicable. Residential living students will also be strongly discouraged from leaving the university area for the duration of the semester to limit exposure to those they visit elsewhere and limit the exposure they may bring back to the residence hall. If students do leave the residence hall and suspect they have been exposed to SARS-CoV-2, the student will be required to report this exposure to the appropriate resident advisor and may be required to place themselves in self-quarantine for a period of time in accordance with current CDC guidance.

Student Health Services

Universities’ Student Health Services (SHS) should begin preparing for students to return to Campus by conducting an inventory of their PPE, hand sanitizer, cleaning supplies, and medical supplies for screening and treatment of COVID-19; preparing their clinics for in-person visits in accordance with the current guidance from the CDC; training clinical staff on COVID-19 and
relevant clinical protocols; reconfiguring clinics to promote physical distancing; developing protocols for clinic cleaning and decontamination; and updating clinic policies and procedures to protect students and clinical staff and limit the spread of COVID-19, which may include:

- advising students to make appointments online or call before coming to the SHS for an in-person visit,
- utilizing telemedicine or telehealth visits when appropriate,
- developing an online or telephone process for student check-in,
- updating screening forms to include COVID-19 symptoms,
- posting information online and signage at clinics that provide guidance on the safety precautions in effect,
- screening all clinical staff and students for respiratory symptoms and checking temperatures before entering the clinic,
- developing protocols for managing patients with acute respiratory symptoms and transporting patients in need of a higher level of care,
- developing protocols for clinical staff who are at high-risk, exposed or ill, and
- adjusting hours of operation to include telephone triage and follow-up for students.

Food Service

Food service will resume/continue with a greater emphasis on take-away options, barriers between cashiers and customers, minimized reliance on buffets (self-service), maximized safeguards where self-service is unavoidable, and limited seating, consistent with the accepted standards in place at the time.

Co-Curricular Activities

Co-curricular activities are essential to the holistic education of the student. However, some co-curricular activities may be equally efficacious when delivered and engaged in remotely as when delivered in the f2f mode. Universities should weigh the relative risks and advantages of delivery mode in considering co-curricular activities.

Activities such as clubs, lectures, fraternities/sororities, study sessions, intramurals, etc. that occur f2f will observe the limitations on the size of gatherings established by local public health authorities, and based on university guidance and the space used. (The adjusted maximum capacity of each space will be posted at the entrance of the space, and no co-curricular activity may exceed the adjusted maximum capacity.) All f2f co-curricular activities will be expected to observe the precautions recommended by local health authorities at the time to limit the spread of, and exposure to, COVID-19 (e.g., physical distancing, face coverings).

The universities will provide f2f co-curricular activities as much as is practicable and safe. While “study abroad” and “study elsewhere” activities may not be possible this fall, such activities will resume as soon as possible. Similarly, field trips and other experiential learning activities will occur where possible. All of these activities will be expected to observe the precautions recommended by local health authorities at the time to limit the spread of, and exposure to, COVID-19 (e.g., physical distancing, face coverings).
Athletics

The System supports the universities’ resumption of athletics in the 2020-2021 academic year, although timing and format will depend on an ongoing evaluation of conditions and direction from the athletic conferences of which the universities are members.

Travel

Students: System guidance regarding fall semester university sponsored student travel will be issued no later than July 31. University sponsored student travel should be limited to mission critical functions to assure the continued safety of the Campus. If students travel and suspect they have been exposed to SARS-CoV-2, the student will be required to report this exposure to the appropriate university advisor and may be required to place themselves in self-quarantine for a period of time in accordance with current CDC guidance.

Employees: Business travel should be limited to mission critical functions to assure the continued safety of the Campus or university community. Employees engaged in business-related and personal travel who suspect they have been exposed to SARS-CoV-2 while away from the university or agency are required to notify their supervisor and place themselves in self-quarantine for a period of time in accordance with current CDC guidance.

Use of Facilities by Outside Groups

Use of university or agency facilities by outside groups must be approved by the CEO or designee using already established university or agency approval processes. Universities and agencies should revise their approval processes in light of the current environment to fully consider the safety of the students, faculty, staff, and third parties. Use of facilities by outside groups should only be approved if the use advances the mission of the university or agency. Safety requirements and recommendations established by local health authorities and university/agency policies in effect at the time of the event should be observed (e.g., gathering size, physical distancing, face coverings, etc.), and visitors will certify they have not been determined to be COVID-19 positive, do not have COVID-19 symptoms, and have not been in the presence of anyone they knew to be COVID-19 positive in the last 14 days.

Visitors to Campus

Universities and agencies must limit external guests to those considered critical to the mission of the university or agency as approved by the CEO or designee. All visitors should be expected to observe safety requirements and recommendations established by local health authorities and university/agency policies in effect at the time of the visit (e.g., meeting size, physical distancing, face coverings, etc.) and declare they have not been determined to be COVID-19 positive, do not have COVID-19 symptoms, and have not been in the presence of anyone they knew to be COVID-19 positive in the last 14 days.

Conclusion

It warrants repeating in conclusion that academic year 2020-2021 planning will occur with unwavering commitment to the health and safety of our students, faculty, and staff, and in pursuit of the highest academic quality in our teaching, research, and service. Additional guidance will be provided as it becomes appropriate. Universities and agencies are encouraged to contact the System with questions and comments whenever appropriate to ensure we are doing all we can to meet our commitment to students, faculty, and staff across the System. We must work together
and learn from one another. With those foundational commitments foremost in our minds, we will provide a safe and outstanding experience for our students and assure, as best as we are able, the safety of students, faculty, and staff.
Summary of CDC Guidance as of May 21, 2020
Regarding Isolation and Quarantine Requirements

1. **Guidance regarding Isolation.** Persons who are confirmed to have COVID-19 or are showing COVID-19 symptoms should be placed in isolation and should discontinue isolation and return to campus/workplace only as follows:

   a. **Symptom-based strategy** – Remain in isolation until the following conditions are met:
      
      - fever free for 72 hours (without the use of fever-reducing medication),
      - improvement in respiratory symptoms (e.g., cough, shortness of breath), and
      - at least 10 days have passed since COVID-19 symptoms first appeared.

   b. **Test-based strategy** – Remain in isolation until the following conditions are met:
      
      - fever free (without the use of fever-reducing medication),
      - improvement in respiratory symptoms (e.g., cough, shortness of breath), and
      - two negative tests in a row, at least 24 hours apart, provided certain testing guidelines are followed (FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens).

   c. **Time-based strategy** – For asymptomatic people that have tested positive for COVID-19, isolation is required until the following conditions are met:
      
      - at least 10 days have passed since the date of their first positive COVID-19 diagnostic test, and
      - no COVID-19 symptoms have subsequently developed.

      If COVID-19 symptoms develop, then the symptom-based or test-based strategy should be followed.

2. **Guidance regarding Quarantine.**
   
   - CDC recommends that asymptomatic persons exposed to persons known or suspected of having COVID-19 be quarantined for 14 days after their last known exposure.
   
   - This includes people who have been in close contact with a person with COVID-19, returning from international travel and returning from cruise ship or river voyages.
   
   - These persons should maintain social distancing (at least 6 feet), check their temperature twice a day, watch for COVID-19 symptoms, and avoid contact with people at higher risk for severe illness.

3. **Other Considerations.**
   
   - The CDC has specific guidance for certain persons (e.g., healthcare personnel and immunocompromised persons).
   
   - CDC guidance recommends that employers may choose to apply a more stringent criteria to return to work (such as a longer period of isolation after recovery) for certain persons where a higher threshold to prevent transmission is warranted.
If enacting stricter criteria, the CDC recommends doing so explicitly, with clear justification, and in coordination with local public health authorities.