

King University
COVID-19 and Significant Emerging Infectious Illnesses
Operations and Policy Document
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SECTION I: INTRODUCTION

The King University COVID-19 Response Team, faculty, staff, and students work together to maintain the health and safety of campus communities and to provide optimal on-campus educational experiences. This document outlines the standards to maintain a safe campus community for all instructional locations by mitigating the spread of COVID-19 and other infectious illnesses of significance. The policies and protocols in this document have been developed with guidance from local health care leaders and in compliance with the Tennessee Department of Health, Sullivan County Regional Health Department, Occupational Safety and Health Administration (OSHA), and Centers for Disease Control (CDC), and undergo review and revision to maintain currency.

This is a fluid document; consequently, multiple revisions will likely occur throughout the academic year. Substantive changes made to this document or updates to other COVID-19 and emerging infectious illness-related policies will be announced through email. Faculty, staff, and students are expected to maintain their awareness of current policies and protocols. Versions of this document will be available on the University Portal, while general updates regarding COVID-19 will continue to be made to the University's Coronavirus webpage at king.edu/covid.

Five Essential Practices:

There are five essential practices for members of the King University community to observe and follow. These practices serve as the foundation of the King University Reopening Planning and Policy Document.

- 1) The most important action to avoid serious illness and possible long-term health consequences is to get vaccinated for COVID-19 and for seasonal flu.
- 2) Practice frequent and proper handwashing, always observe hygiene etiquette for coughing and sneezing, frequent surface cleaning, including high-touch items like phones, keyboards, keys, light switches, doorknobs, faucet handles, and eyeglasses.
- 3) Masks are not required for King University students, employees or visitors with the exception of people ending an isolation period for a positive case of COVID-19, and people who have been exposed to COVID-19 as a close contact. In these instances, a well-fitting, high quality mask must be worn in indoor areas when around others for five days after the end of an isolation period, and for 10 days for close contacts, after the date of exposure to a positive case.
 - a. All people are supported in wearing a mask if it is their choice to do so
 - b. People who are immunosuppressed or live with household members who are immunosuppressed as a result of health conditions or medications may choose to wear a mask to reduce the risk of serious illness from COVID-19.
 - c. People who are immunosuppressed may ask others to wear a mask in indoor spaces. Such a request should be met with respect and courtesy.
 - d. If you choose to wear a mask, select a high quality mask of the most effective type, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve
- 4) Stay home or in the residence hall if you are ill or have a fever, and do not be around others. Do not go to class or to work if you do not feel well.
- 5) Avoid close contact with any person who is ill with any contagious illness.

Significant Factors Influencing Transmission Risk:

Four factors influence the influence transmission risk of the virus. University community members should be mindful of these factors at all times and act accordingly to help reduce transmission.

1. **Vaccination** is the proven and safest method to prevent illness and reduce disease transmission
2. **Density** – More people in a space increase the likelihood of viral load. Whenever possible, keep classroom and office doors and windows open to facilitate air circulation, but do not turn on fans circulating internal air only.
3. **Duration** – The length of time spent in the presence of others impacts the chance of spread. Where possible, reduce the length of interactions with other persons or groups.
4. **Distance** – Droplets and aerosols created through talking, and especially through coughing and sneezing, can travel several feet through the air. As much as possible, spread out workstations, desks, and seating, and cover coughs and sneezes with a tissue.

Compliance:

While no plan can guarantee an environment free of COVID-19, the policies and standards outlined in this document are intended to minimize the spread of COVID-19 among our campus communities. Students and employees are required to comply with the guidelines of this document.

- Students will need to read and acknowledge the *King University Campus Covenant*, which is accessible on the King University Student Portal. Failure to comply with the *Campus Covenant* will be viewed as a violation of conduct expectations and may lead to the immediate removal of participation privileges and could result in referral to the appropriate process.
- Employees are required to acknowledge this document as a University policy and are expected to participate in and review training provided online through SafeColleges at <https://king-tn.safecolleges.com/login>.

Definitions:

Definitions of key terms referenced throughout this document are provided here as a basis for common understanding.

- **Antibody:** A protein produced to fight against an infecting virus or other organism.
- **Antigen test:** A laboratory test that detects proteins made by a virus.
- **Asymptomatic:** The status of someone presenting no symptoms of disease.
- **Cleaning:** The removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing germs, it lowers their numbers and the risk of spreading infection.
- **Close contact:** Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset, or for those without symptoms, 2 days prior to the COVID19 test specimen collection, irrespective of whether the close contact was wearing a cloth face covering or

mask. For example, three 5-minute exposures in a 24-hour period equals 15 minutes and meets the definition of a close contact.

- Confirmed positive case: In contrast to a presumptive positive case, this designation indicates confirmation from the appropriate health department of a positive COVID-19 test in a person.
- Coronavirus Disease 2019 (COVID-19): COVID-19 stands for novel coronavirus disease 2019. COVID-19 is the illness related to the current pandemic; the illness is caused by the virus SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2).
- COVID-19: Polymerase Chain Reaction (PCR) Test: PCR tests look for pieces of SARS-CoV-2 RNA, the virus that causes COVID-19, in the nose, throat, or other areas in the respiratory tract to determine if the person has an active infection. In most cases the test is performed using a nasal or throat swab taken by a healthcare provider. Sometimes the test can be run on-site and in other instances, the swab will be sent to a lab for testing.
- Disinfecting: The use of chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, disinfecting can further lower the risk of spreading infection.
- Face covering: A medical-type mask, cloth face mask, bandana, or similar covering that covers nose and mouth and helps prevent the spreading of respiratory droplets into the environment. CDC does not recommend the use of face shields for normal everyday activities or as a substitute for cloth face coverings.
- Face Filtering Piece (FFP): a face covering classified as a respirator which offers better protection than a cloth mask. FFPs are rated 1 - 3, with an FFP-1 offering the least filtration of particles and an FFP-3 offering the most
- Fully vaccinated: Two weeks after an FDA authorized two-dose vaccine, or two weeks after an FDA authorized one-dose vaccine, and having received all booster shots if eligible and recommended.
- Household contact: A person who shares any living space with a person who has COVID-19. This includes bedrooms, bathrooms, living rooms, and kitchens, and also sharing dishes, linens, phones or other personal items.
- Immunocompromise: The term that refers to someone who has a weakened immune system which results in a decreased ability to fight an infection or other disease. This condition can occur from certain acquired or inherited diseases or from drugs or other therapies for illnesses.
- Isolation: The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease.
- KN94 Masks: A face mask that filters at least 94% of particles in the air less than three microns in size.
- Monkeypox: a disease caused by an infection with the monkeypox virus. This virus is an orthopoxvirus, and is in the same family as smallpox and vaccinia, the virus used to make the smallpox vaccine, however it is less serious and less contagious than smallpox
- Non-household contact: A person who does not share any living spaces and is never in the same room as someone with COVID-19, and does not share plates, cups, phone, linens, or other household or personal devices.

- N95 and KN95 Masks (respirators): A snugly fitting face mask that filters at least 95% of particles in the air less than three microns in size. The N95 mask is approved by the National Institute for Occupational Safety and Health (NIOSH) for use in a medical setting in the US, whereas the KN95 does not carry the NIOSH approval.
- Person Under Investigation (PUI): A symptomatic person being tested for COVID-19.
- Personal Protective Equipment (PPE): Specialized clothing and equipment used as a safeguard against health hazards including exposure to infectious diseases through physical contact or airborne particles.
- Presumptive case: A test resulting as positive at a local laboratory and is awaiting confirmation from a second laboratory test. For public health purposes, a presumptive case is treated as a positive case.
- Polymerase Chain Reaction (PCR): A laboratory test used to detect the genetic material (RNA) of a virus or other organism.
- Points of Dispensing for a Medical Counter Measure (PODMCM): These are community locations at which state and local agencies dispense a medical counter measure during a public health emergency to aid in rapid dispensing of the medical counter measure. Closed PODs are staffed and managed by partner organizations to dispense the medical counter measure only to their own populations.
- Quarantine: The separation of a person or group of people reasonably believed to have been exposed to a communicable disease—but not yet symptomatic—from others who have not been so exposed to prevent the possible spread of the communicable disease.
- Screening: The act of verifying symptoms and potential exposure before testing for the virus.
- Self-isolation: The act of separating oneself from others.
- Self-quarantine: The act of refraining from any contact with other people for a defined period of time, to observe whether any symptoms of the disease arise after potential exposure.
- Social distancing: The act of remaining physically from others to stem transmission of COVID-19, when possible.
- Symptomatic: The status of showing symptoms of COVID-19 as defined by CDC.

SECTION II: UNIVERSITY PROCEDURES

This section outlines the University's procedures for addressing critical elements of operation of King University campuses.

Campus visitors:

Visitors to campus, such as established vendors, suppliers, prospective students with approved scheduled visits, or those supporting pre-approved events should refrain from visiting the campus if they are ill, or during a period of isolation or quarantine from any contagious illness. Campus visitors must perform the self-monitoring protocol (see below) and follow all health safety protocols outlined in this document. Additional information is provided in Section VI: Campus Visits and Tours of this document

Self-monitoring:

Self-monitoring will be expected of all students, employees, and visitors by daily assessing for symptoms of illness and fever, reporting if any are present, (please see Appendix Four titled Guidance for Reporting Symptoms and Cases, and not reporting to work or the classroom, or visiting if symptoms of illness are present. Students and employees will either be cleared to attend class or work or be advised to stay home or in their residence hall rooms as a result of reporting of symptoms. Student athletes and coaches will be screened according to guidelines in The King University Athletics Safe Start Plan. Students should not attend class if they are feeling ill. Employees should not report to work on campus if ill. Visitors should not visit campus if ill, but reschedule their visit after symptoms remit.

The following are self-screening questions that students and employees should answer to assess whether they should attend classes, on-campus activities, or work, and for visitors to the campus.

- 1) Have you been in close contact with a confirmed case of COVID-19 within the past 14 days?
- 2) Are you experiencing a cough, shortness of breath, sore throat, or stomach symptoms?
- 3) Have you had a fever in the last 48 hours?
- 4) Have you had a new loss of taste or smell?
- 5) Have you had vomiting or diarrhea in the last 24 hours?
- 6) Do you have an unusual rash?

Those answering 'yes' to any of these questions should not be present on any campus facilities. In this event, employees should contact their supervisors. Students should contact their personal physician, the local health department, instructors, success specialists, coaches, and athletic trainers as applicable. Please see Section V: Diagnosis and Isolation Procedures for additional details regarding actions to take by persons who become ill with symptoms of COVID-19.

Visitors will also self-screen using the above questions. If a visitor answers 'yes' to any of these questions, the visitor should reschedule the appointment after 14 days and once symptom free.

Facilities sanitization:

Increased cleaning of campus spaces will occur according to Tennessee Department of Health and CDC guidance. Routine services will be augmented with additional cleaning and disinfection activities in all buildings. There will be frequent cleaning of spaces with higher occupancy levels and work activity.

Hygiene and other best practices:

The following are various practices to be followed by those present on any King University campus.

- Washing hands with soap and water for at least 20 seconds, especially after coughing, sneezing, and touching multiple surfaces
- Avoid close contact with people who are ill
- Consider wearing a mask in crowded indoor spaces if you or someone in your household is at increased risk for serious illness from COVID-19
- If you choose to wear a mask, select the most effective mask types, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve
- Cleaning and disinfecting frequently-touched surfaces daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks
- Being alert for symptoms and watching for fever, cough, shortness of breath, or other symptoms of COVID-19 (see the daily screening questions above)
- Following CDC guidance if symptoms develop

Health insurance:

All employees and students should review their health insurance policies and carry appropriate documentation with them at all times. COVID-19 related healthcare expenses are the responsibility of the employee or student, not the institution.

Immunizations:

King University expects employees and students will receive the seasonal flu vaccine annually each fall, and expects employees and students will receive a COVID-19 vaccine as recommended by health experts. Students and employees may request an exemption to vaccine requirements for legitimate medical reasons through normal Americans with Disabilities Act (ADA) compliance processes.

A flu shot clinic is conducted each fall with administration of flu vaccine by an external contracted entity. Students and employees may receive their flu vaccination at no cost during the on-campus flu vaccination clinic, obtain a voucher if unable to attend the on-campus clinic, or receive their flu vaccination at their own personal health care provider's office or an alternate location.

During the initial allocation of COVID-19 vaccination, King University was designated as a Closed Point of Dispensing for a Medical Counter Measure (PODMCM) in partnership with the Sullivan County Regional Health Department (SCRHD) for the administration of COVID-19 vaccine. The designation as a PODMCM enabled employees, their household relatives, and students to receive a COVID-19 vaccination at King University with the oversight of public

health. King University worked with the SCRHD in receiving, administering, and documenting COVID-19 vaccinations to employees, family members, and students. Serving as PODMCM enabled King employees, their family members, and students to receive a COVID-19 vaccination onsite at King, with less wait time, at a convenient location, and without cost during the era of public health emergency. Duties of the PODMCM in serving the King community included: 1) screening recipients for sensitivities, 2) providing education and communication regarding the benefits and potential adverse reactions to a vaccination, 3) dispensing the vaccination in a timely manner, and 4) tracking and reporting vaccinations dispensed. Information necessary to plan for the amount and type of vaccination was sought from potential recipients.

Vaccination is an effective and safe method to prevent the transmission of some communicable diseases, and reducing the severity of others. COVID-19 vaccines are widely available at public health departments, most pharmacies, and health care facilities at no cost. Employees and students are strongly encouraged to get the vaccine for COVID-19. After receiving the vaccine or a booster, please communicate the dates of your vaccination to Rhonda Morgan, Professor of Nursing and Special Director for Campus Health, at rmmorgan@king.edu. Reporting and documentation of vaccine status promotes the provision of a safe work environment.

Large events:

Persons planning large events, indoors or outdoors, must consult with Facilities Services as well as the Office of Safety and Security to make initial preparations before the event and to review operations for monitoring and maintaining public health guidelines, hygiene practices, and health and safety checks.

Implementation of Tennessee Department of Health and CDC guidelines will be followed to determine what is feasible, practical, acceptable, and what can be adapted for the needs and context of each event.

In regard to external groups and organizations using King University facilities to host events, these requests will be considered on a case-by-case basis by the relevant Cabinet member and the Office of the President.

Masks or face coverings:

Masks are not required for King University students, employees, or visitors with the exception of people ending an isolation period for a positive case of COVID-19, and people who have been exposed to COVID-19 as a close contact. In these instances, a well-fitting, high quality mask must be worn in indoor areas when around others for five days after the end of an isolation period, and for 10 days for close contacts, after the date of exposure to a positive case.

All people are supported in wearing a mask if it is their choice to do so.

People who are immunosuppressed or live with household members who are immunosuppressed as a result of health conditions or medications may choose to wear a mask to reduce the risk of serious illness from COVID-19.

People who are immunosuppressed may ask others to wear a mask in indoor spaces. Such a request should be met with respect and courtesy.

If you choose to wear a mask, select a high quality mask of the most effective type, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve.

Wearing a mask or face covering is especially important in crowded indoor areas. Masks or face coverings should not be placed on young children under age two; anyone who has trouble breathing; or anyone who is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

For more information, please read the Mask and Face Covering Policy and the Mask and Face Covering Types appendices.

The most efficient masks are those with higher filtration ability and include N95, KN95, KN94 and FFP2 and FFP3 masks. Masks should be a minimum of two layers or more of breathable material, have a snug fit around the nose and the bottom border at the chin, and completely cover the nose and mouth.

To add layers, two masks may be worn, a practice called “double masking.” This can be done by wearing a medical procedure mask underneath a cloth mask. Studies have shown that this “double masking” provides better protection for the wearer and those around the wearer than a cloth mask alone or a medical mask alone.

Meetings:

Maintaining a maximum personal space in an office is beneficial. Employees may consider conducting meetings in a space that allows for distancing (including outside when conditions allow) or conducting the meeting virtually.

In regard to external groups and organizations using King University facilities to host meetings, these requests will be considered on a case-by-case basis by the relevant Cabinet member and the Office of the President.

Such restrictions may not apply to the King University Board of Trustees as meetings of this group may be necessary to fulfill legal fiduciary responsibilities and obligations. When meetings of the University’s governing board are deemed necessary, appropriate social distancing will be regarded and masking is a supported personal choice.

Personal Protective Equipment (PPE):

King University’s Personal Protective Equipment (PPE) Guidelines address the use of PPE in select University science and nursing laboratories and other support areas. The guidelines are designed to ensure that PPE use and maintenance meet established safety standards. In most instances, the minimum level of PPE consists of face coverings, gloves, and eye protection. For more information, please read the Personal Protective Equipment (PPE) Guidelines appendix three.

Public space barriers:

To shield against droplets from coughs or sneezes, sections of clear plastic have been installed at high traffic contact areas to provide barrier protection (e.g., Plexiglas-type material or clear

plastic). Since it is not always feasible to install barriers at all such locations, employees and students are encouraged to think creatively about how to rearrange physical spaces or modify processes to allow for distanced interactions.

High traffic areas approved for Plexiglas-type barriers include retail, dining, and customer service offices (i.e. the Registrar's Office, bookstore, main office entrances, etc.) where maintaining a distance is difficult. Plexiglas-type barriers will generally not be installed in classrooms or regular staff and faculty offices. Instead, classrooms and offices may be reconfigured where possible.

Remote work for employees:

Employees who are particularly vulnerable to COVID-19 according to CDC guidelines may work from home or stagger schedules with coworkers when necessary and feasible. Advance permission from the direct supervisor is required. See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html> for the full list of vulnerable populations.

Training and education:

All employees are expected to complete training provided online through SafeColleges at <https://king-tn.safecolleges.com/login>. Other educational material and review of required safety practices will be provided through Microsoft Teams, Canvas, and other formats.

Travel:

King University has implemented the following guidelines related to travel to minimize the risk of exposure to the Coronavirus. These guidelines will be updated as warranted by the status of the COVID-19 pandemic.

- All University-sponsored international travel will be considered on a case-by-case basis with decisions being made on vaccination status of participants, mode of travel, and disease prevalence during while traveling and at the designation.
- After returning from personal travel out of the region and especially for the purpose of attending large group gatherings, employees are reminded to be vigilant of the essential practices (see page 2) to reduce possible transmission. All persons should perform daily monitoring for symptoms, and not coming to work when ill. If an employee has a known close contact exposure during travel, the employee should monitor for symptoms and get tested immediately if any develop, wear a mask for 10 days following the exposure, and be tested for COVID19 on day six after the exposure regardless of symptoms. Supervisors may inquire about any known exposure to a positive case of COVID-19 within the 14 days prior to returning to work following travel and determine if working from home or adjusting work schedules is advisable.
- Employees should also advise their supervisors of plans for personal international travel and must follow current CDC guidelines before returning to work.

Additionally, for any local or regional travel that may involve students such as field trips or community service opportunities, these requests will be considered on a case-by-case basis by the Provost, Athletic Director, or relevant Cabinet member and, as appropriate, in conjunction with the Office of the President.

Van and bus travel:

The following guidelines have been developed for employees and students traveling on vans and buses for University-sponsored activities.

- Students and staff should monitor their health by employing the self-screening questions listed in Section II University Procedures prior to bus or van travel. If “yes” is answered to any of the self-screening questions, students should not board the van or bus, and immediately report symptoms to faculty, coach, or the athletic trainer.
- Trip participants should wash or sanitize their hands before entering vans or buses.
- Students, staff and faculty may choose to wear a mask during bus and van travel.
- When possible, trips should be made with van and bus windows open.
- Trip leaders should ensure that high-touch surfaces in vans and buses such as handrails, door handles, window locks, and armrests are disinfected before each trip.

SECTION III: TESTING

This section outlines the policies and protocols to be followed by King University regarding COVID-19 testing. King University will adhere to the guidance of local and state health officials as well as relevant governmental agencies. King does conduct onsite laboratory-administered tests for COVID19.

1. All persons (students, faculty, staff, and visitors) experiencing symptoms will be encouraged to get, and assisted in obtaining a COVID-19 test, to identify the presence of the infection (not a test detecting the presence of the antibody).
2. Many options exist for COVID-19 testing within the immediate geographic area of King University.
3.
 - a. Sullivan County Regional Health Department (423-279-2777)
 - b. Public Health Offices beyond Sullivan County
 - Knox County Health Department (865-215-5555)
 - public health office in the county of residence
 - c. Personal Health Care Provider
 - d. Urgent Care Facilities
 - e. Home test kits are available at most pharmacies and department stores, such as CVS, Walgreen, Walmart, and Target
 - f. Free home COVID test kits can be ordered at www.COVIDtests.gov
4. Any person with symptoms should self-isolate until a test result is obtained.
5. If the test result is positive for COVID-19, the person should continue isolation for at least five days after the onset of symptoms or five days following a positive test result if asymptomatic, regardless of vaccination status. Isolation can be ended if no symptoms or fever are present after day five, (on day six), however, the person must continue to wear a high quality, well-fitting mask when around others indoors for an additional five days.
6. Close contacts of a positive case do not need to quarantine but should wear a high-quality, well-fitting mask for 10 days following the date of exposure when in indoor areas around others and get tested after day five (on day six) following exposure. People who have had a positive case of COVID-19 within 30 days prior to the exposure do not need to get tested.

SECTION IV: CRITERIA FOR RETURNING TO WORK OR CLASS

Students and employees who have been diagnosed with COVID-19, and have not been hospitalized, or whom have been exposed to a suspected or confirmed case of COVID-19, are **not** required to provide proof of a negative COVID-19 PCR test or a note of clearance from a healthcare provider or health department prior to returning to work or class but **must** meet **one** of the criteria below.

The chart below summarizes these criteria for returning to work or class:

Situation	Return to Work or Class	Required Documentation
Positive COVID-19 test with or without symptoms, and regardless of vaccination status	After a 5-day isolation <i>and</i> 24 hours without fever (without fever-reducing medication) <i>and</i> improvement in symptoms. If asymptomatic, 5 days from date test was done. Note: Severe illness with COVID-19 and people with immunocompromise may require up to 20 days isolation. Masks must be worn in all indoor areas when around others through day 10 following symptom onset or positive test if asymptomatic. Avoid being around people at risk for serious illness from COVID-19 for 10 days.	None
Direct contact with a case of confirmed COVID-19	No quarantine is required as long as no symptoms develop. The direct contact should wear a high quality, well-fitting mask immediately upon learning of an exposure and for 10 days after the date of exposure, and get tested on day five following exposure or at any time if symptoms develop. If the direct contact has had COVID-19 within the past 30 days before the exposure, they do not need to get tested. Do not be around people who are at high risk for serious illness from COVID-19 for 10 days following the exposure.	None
COVID-19 symptoms with confirmed alternative diagnosis	Per medical provider guidance, if fever has resolved for at least 24 hours and symptoms are improving.	Written documentation from a licensed medical provider that symptoms were caused by a condition other than COVID-19. Diagnoses of respiratory and viral conditions such as upper respiratory tract infection (URI), seasonal allergies, allergic rhinitis, pneumonia,

		pharyngitis without positive strep test, viral illness, etc., do not exclude the diagnosis of COVID-19.
COVID-19 symptoms with negative COVID-19 test <i>after</i> symptom onset	After fever has resolved without fever-reducing medications and symptoms have been improving for at least 24 hours.	Documentation of a negative COVID-19 PCR test obtained after onset of symptoms. The person must not have had a positive COVID-19 test during this illness.
COVID-19 symptoms and no testing without documentation of an alternate diagnosis	After 5-day isolation and 24 hours without fever (without fever-reducing medication) and improvement in symptoms. Must wear a mask when around others in indoor areas for 10 days following symptom onset.	None

SECTION V: DIAGNOSIS and ISOLATION PROCEDURES

These precautions are being used to help stop the spread of disease from one person to another. King University will follow the Sullivan County Regional Health Department, the Knox County Health Department, the Tennessee Department of Health, or local health department having jurisdiction, and CDC guidance regarding isolation protocols.

For additional information about reporting symptoms, please see the appendix four, titled Guidance for Reporting Symptoms and Cases.

Protocol for Positive COVID-19 Student Cases:

Note: The guidance below has been adapted from CDC guidelines, and in consultation with local public health officials, with modifications to align with the King University campuses.

Students who become ill with symptoms of COVID-19, should stay home and contact their primary care physicians or the local health department, who will determine whether testing or treatment is needed. These persons are to avoid contact with others and should not attend social gatherings in order to prevent the spread of illness. Students are expected to email studenthealth@king.edu about their illness and inform Student Health of their inability to return to school according to instructions from healthcare providers.

When students test positive for COVID-19, the following steps will be taken by University staff to ensure the care of the students and the safety of the campus community.

1. Contact Sullivan County Regional Health Department, or other health department as necessary, to assist with determining the appropriate course of action regarding isolation and other operational decisions.
2. Provide continuity of appropriate housing for residential students:
 - a. Students who have tested positive for COVID-19 should ideally return home immediately, as their health permits.
 - b. Students who feel they are not able to return home while recovering in isolation must consult with studenthealth@king.edu to determine appropriate isolation procedures.
3. Commuter students who will need to self-isolate, should do so in their off-campus residences and should monitor themselves for worsening symptoms according to the guidance of local health officials.
4. Notify campus departments and personnel:
 - a. Metz Dining Services to schedule meal deliveries to quarantined residential students
 - b. Office of Safety and Security
 - c. Facilities Services regarding housekeeping needs for bathrooms in the designated quarantine areas
 - d. President's Cabinet
 - e. Faculty members as listed in the student's class schedule in the Office of Registration and Records and others with a legitimate educational interest for protection of student health and safety as defined under FERPA

- f. The Payroll and Benefits Specialist in the University Business Office, if the student is an institutional work study employee
 - g. Athletic Director, if applicable
 - h. Campus site director, if applicable
5. Communicate with students, staff, and faculty as needed and as appropriate:
 - a. Communicate any class dismissal decisions, building closures, and possible COVID-19 exposure to affected members of the campus community, as appropriate
 - b. Maintain confidentiality of students as required by the Americans with Disabilities Act (ADA), the Health Insurance Portability and Accountability Act (HIPPA), and the Family Education Rights and Privacy Act (FERPA), as applicable
6. Clean and disinfect thoroughly:
 - a. Open outside doors and windows to increase air circulation in the area
 - b. Wait 24 hours to begin cleaning if possible
 - c. Clean and disinfect all areas (e.g., residence hall room, bathrooms, classrooms, and common areas) used by the students focusing especially on frequently touched surfaces
 - d. Follow CDC recommendations for cleaning found at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>
7. Determine when to allow isolated students back in their residence hall rooms, classrooms, and campus activities.
 - a. Confirm that infection or risk of infection has been resolved
 - b. Assess needs for student (academic, student support, counseling, etc.)

Protocol for Positive COVID-19 Employee Cases:

Note: The guidance below has been adapted from CDC guidelines, and in consultation with local public health officials with edits to align with the King University campuses.

Employees who become ill with symptoms of COVID-19 should stay home and contact their primary care physicians or the local health department who will determine whether testing or treatment is needed. These persons are to avoid contact with others and should not attend social gatherings in order to prevent the spread of illness. Employees should notify their supervisors about their illness and inform them of their inability to return according to instructions from healthcare providers. These supervisors who have been notified by ill employees should then notify the relevant vice president or Cabinet member, or their own immediate supervisors (if that person is not a vice president or Cabinet member).

When employees test positive for COVID-19, the following steps will be taken by the University to ensure the care of the employees and safety of the campus community.

1. Contact Sullivan County Regional Health Department, or other health department as necessary, to assist with determining the appropriate course of action regarding isolation and other operational decisions.
2. Instruct employees to isolate at home or as directed by local public health officials:
 - a. Obtain employee's cell phone number for communication and follow-up

- b. Provide employee with contacts for counseling and chaplain services
 - c. Instruct employee to monitor and log temperatures and symptoms daily as directed by local public health officials
3. Notify campus departments and personnel:
 - a. Direct supervisor
 - b. Relevant vice president or Cabinet member (if not the director supervisor)
 - c. The Payroll and Benefits Specialist in the University Business Office
 - d. Facilities Services regarding housekeeping needs for office locations
 - e. Campus site director, if applicable
 - f. Office of the President
4. Determine with local public health officials the need for class dismissals, building closures, as well as possible COVID-19 exposure to members of the campus community.
5. Coordinate with local public health officials how to best communicate any class dismissal decisions, building closures, and possible COVID-19 exposure to members of the campus community.
6. Communicate with students, staff, and faculty as needed and appropriate, maintaining confidentiality of the employee as required by the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPPA).
7. Clean and disinfect thoroughly:
 - a. Open outside doors and windows to increase air circulation in the area
 - b. Wait 24 hours to begin cleaning if possible
 - c. Clean and disinfect all areas (e.g., office spaces, bathrooms, common areas, etc.) used by the employee focusing especially on frequently touched surfaces.
 - d. Follow CDC recommendations for cleaning found at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>
8. Ensure continuity of employee responsibilities by developing alternatives for providing essential support services performed by the employee who tested positive.
9. Determine when to allow the isolated employee back to campus using the guidelines provided in Section IV: Criteria for Returning to Work or Class
 - a. Confirm that infection or risk of infection has been resolved
 - b. Assess needs for employee (working from home, FMLA, etc.)

SECTION VI: CAMPUS TOURS AND VISITS

The following provides guidelines for scheduling campus tours, visits, and appointments through the Office of Admissions. All other campus visitors will be scheduled by the appropriate departments. Note: The details below apply primarily to visits made to the Bristol campus. However, prospective students wishing to arrange visits to any King campus or instructional location may do so by contacting the Office of Admissions.

- All prospective student visits must be scheduled through the Office of Admissions to ensure appropriate staffing and to receive prior health information. The visit calendar will

be maintained by admissions staff members to provide tracing information should it be needed.

- Upon scheduling a visit, visitors will receive a welcome email informing them of what to expect during the visit, including safety protocols and request to reschedule if they have any illness or symptoms. The visitor will be asked to communicate to the Office Admissions, any symptoms of illness that occur before the scheduled visit
- If the student becomes ill or has symptoms prior to the visit, the visit will be rescheduled for 14 days later and the students will be instructed to call the Office of Admissions to make the appointment at this later time when no symptoms are present among any visitors.

The following guidelines are in place for employees and guests to follow during campus visits.

Masks are not required for King University students, employees, or visitors with the exception of people ending an isolation period for a positive case of COVID-19, and people who have been exposed to COVID-19 as a close contact. In these instances, a well-fitting, high quality mask must be worn in indoor areas when around others for five days after the end of an isolation period, and for 10 days for close contacts, after the date of exposure to a positive case. All people are supported in wearing a mask if it is their choice to do so

People who are immunosuppressed or live with household members who are immunosuppressed as a result of health conditions or medications may choose to wear a mask to reduce the risk of serious illness from COVID-19.

People who are immunosuppressed may ask others to wear a mask in indoor spaces. Such a request should be met with respect and courtesy.

If you choose to wear a mask, select a high quality mask of the most effective type, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve

- All employees and visitors should wash or sanitize their hands often during tours and upon leaving all buildings and meeting spaces.

SECTION VII: ACADEMIC OPERATIONS: CLASSROOMS, LABORATORIES, AND OTHER ACADEMIC MATTERS

Faculty should remain ready to transition to remote learning when the administration determines that the level of infection within the University community makes on-site, face-to-face instruction impossible.

Semester schedule:

Employees and students should remain informed of academic schedules found at <https://www.king.edu/about/offices/registrar/schedules/>.

Classroom expectations:

Masks are not required for King University students, employees, or visitors with the exception of people ending an isolation period for a positive case of COVID-19, and people who have been exposed to COVID-19 as a close contact. In these instances, a well-fitting, high quality mask must be worn in indoor areas when around others for five days after the end of an isolation period, and for 10 days for close contacts, after the date of exposure to a positive case. All people are supported in wearing a mask if it is their choice to do so

People who are immunosuppressed or live with household members who are immunosuppressed as a result of health conditions or medications may choose to wear a mask to reduce the risk of serious illness from COVID-19. People who are immunosuppressed may ask others to wear a mask in indoor spaces. Such a request should be met with respect and courtesy. If you choose to wear a mask, select a high quality mask of the most effective type, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve.

King University is committed to preserving as much of the traditional on-campus nature of the student experience as possible in the midst of operating during the COVID-19 pandemic. Faculty are encouraged to find the appropriate balance between physical presence and the use of technology in providing students with that experience.

The following items include helpful information, guidelines, and expectations for faculty with respect to teaching and learning adjustments due to COVID-19.

- Students who meet CDC risk factors for vulnerable populations should contact the Office of Learning and Disability Services at disability@king.edu to pursue accommodations through the procedures outlined in the Academic Catalog and the Student Handbook. Accommodations may include considerations such as providing students with additional social distancing in class or being given enrollment priority in online or hybrid courses. Risk factors can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>
- Classroom doors and windows can be left open, as weather permits.
- When feasible, classes can be conducted outside, as weather permits.
- Students should not share textbooks, class materials, or supplies.
- Sanitizing solution will be available in the vicinity of each classroom for sanitizing personal spaces.
- Sanitizing stations will be located throughout campuses, particularly in high traffic areas.
- Faculty are expected do the following:
 - Wash hands with soap and water or sanitize hands upon classroom entrance and exit
 - Enable students to provide class excuses without having to visit a health facility for documentation
 - Adjust class attendance policies to provide appropriate accommodations for students in these situations

- Provide illness-related class attendance policies in course syllabi and during the first day of class
 - Maintain flexibility in face-to-face instruction models for those students who may be at higher risk, are self-isolating, or are in quarantine and using classroom camera technology
 - Create a policy for attendance to assist students who may be at higher risk, are self-isolating, using camera technology installed in classrooms
 - To the extent possible, prioritize critical content or elements of syllabi early in the semester for courses that have a laboratory, clinical, or performance component
- Students must do the following:
 - Wash hands with soap and water or sanitize hands upon classroom entrance and exit
 - Remain in close communication with instructors about their inability to attend classes
 - Should students fail to notify instructors of their illness, instructors may choose to declare the absence unexcused and not allow students to make up any missed work.

Academic meetings:

In addition to information found in this document regarding meetings, the following guidelines are in place for academic-related meetings.

- Faculty meetings will be held in person in Bristol and Knoxville; all faculty members unable to attend a meeting in either location may request a link to the virtual meeting space from Academic Affairs.
- Maintaining a maximum personal space in an office is beneficial. Employees should consider conducting the meeting in a space that allows for distancing (including outside when conditions allow) or conducting the meeting virtually.

Internships, student teaching, and practica:

Students are expected to follow the guidelines and protocols of the specific sites where these learning experiences take place. When returning to campus, students should take every precaution with hygiene practices, sanitizing personal belongings, and maintaining social distance from others if unvaccinated.

Laboratory expectations:

Because it is difficult to maintain personal distance in many science labs and nursing skills labs, faculty and students in these environments may choose to wear a mask during lab sessions. Gloves and other Personal Protective Equipment (PPE) will be required only if the lab activities necessitate them. More information can be found in the PPE Guidelines appendix

Library usage:

The following guidelines are in place for King University Libraries.

- Employees and students should check the King Libraries website (www.king.edu/academics/king-university-libraries/) for hours for the Bristol and Knoxville campus libraries before visiting.
- All patrons visiting any King University library are expected to wash or sanitize their hands upon entering the facility, to work or study at tables or stations, or to access physical collections.
- Students who are ill or in isolation can continue to use electronic resources available on the King Libraries website. Students who cannot physically come to one of the libraries can receive assistance via chat, email, and phone. Students can also meet with a librarian via Microsoft Teams. Students can find detailed instructions on the King Libraries website.
- Interlibrary loan services (ILL) will be available via the King Libraries website; however, with unpredictable circumstances elsewhere in the country, some items may be unavailable or may be delayed. Library patrons should allow additional time for ILL requests to be fulfilled, and should be aware that fulfillment of requests cannot be guaranteed at this time.
- Capacity in group study spaces will be limited, and patrons will be asked to observe the posted maximum capacities.

Performing Arts:

Performing arts have customized guidelines informed by both the CDC and discipline-specific entities (e.g., <https://acda.org/wp-content/uploads/2020/06/ACDA-COVID-19-Committee-Report.pdf>). Activities such as theater, choir, and public performances create environments that require forced exhalations and group gatherings. Decisions regarding performing arts activities will be made by faculty members in coordination with the school dean and the Provost.

SECTION VIII: RESIDENCE LIFE OPERATIONS

King University is committed to providing an opportunity for students to reside on campus in an environment guided by health and well-being measures. The following sections outline procedures for residential living as of the date of this document.

Room assignments:

Double occupancy is the primary residential offering. The approval of single room requests will be limited.

Isolation guidelines:

The following guidelines have been developed regarding general isolation procedures for residential students:

- Residential students who test positive for COVID-19 will be isolated in the rooms or section of rooms on campus designated for this purpose, unless they are able to return to their homes. Students living within a 3-hour drive of campus should isolate at home, if it is safe to do.
- Residential students who have tested positive for COVID 19, who isolate on campus, may be required to share an isolation room with another student of the same sex who has tested positive for COVID 19.
- Once all campus isolation space is full, residential students who test positive for COVID 19 may be required to isolate at home or find their own space off campus.
- A microwave and refrigerator will be available in the rooms or near the rooms on campus designated for isolation purposes.
- Students using isolation rooms will need to provide their own bedding, towels, toiletries, televisions, electronics, etc.
- Commuter students must isolate in their off-campus residences.

International Students:

Testing and isolation procedures for students arriving from international destinations will follow current and relevant CDC and State of Tennessee Department of Health recommendations.

Closing residence halls:

If it becomes necessary to close the residence halls before the end of the semester, details will be provided by the Coordinator of Residence Life about moving items out of residence hall rooms and completing check-out procedures.

SECTION IX: STUDENT ACTIVITIES OPERATIONS

Community is integral to the King University mission and an important part of student experiences. The Student Life Office will work with students to create various group activities to create community and connections among students and other University members.

The following guidelines are in place for Student Life activities, orientation events, intramurals, clubs, and organizations.

- Masks are not required for King University students, employees, or visitors with the exception of people ending an isolation period for a positive case of COVID-19, and people who have been exposed to COVID-19 as a close contact. In these instances, a well-fitting, high quality mask must be worn in indoor areas when around others for five days after the end of an isolation period, and for 10 days for close contacts, after the date of exposure to a positive case. All people are supported in wearing a mask if it is their choice to do so
- People who are immunosuppressed or live with household members who are immunosuppressed as a result of health conditions or medications may choose to wear a mask to reduce the risk of serious illness from COVID-19.
- People who are immunosuppressed may ask others to wear a mask in indoor spaces. Such a request should be met with respect and courtesy.
- If you choose to wear a mask, select a high quality mask of the most effective type, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve

SECTION X: DINING AND FOOD SERVICES OPERATIONS

Dining hall and food service operations guidelines have been established by the University's food service provider, Metz Dining Services. The information below outlines plans and processes for the main Bristol campus and its dining facilities. **Please note, as direction from the Tennessee Department of Health and CDC are frequently changing, these details will likely change to reflect those directives. Consequently, these guidelines for the Dining Hall and Metz's catering services will be updated accordingly.**

Dining Hall:

- Student access will be controlled at the main entry to restrict crowding.
- Self-serve stations such as pizza, salad bar, fruit, cereal, and waffles may be converted to a served station and may result in reduced selection.
- Tables have been set following social distancing guidelines for restaurants from the Tennessee Department of Health.
- Staff must wear gloves and follow the University face covering policy at all times.

Catering services:

- Catering setups will require space that allows for required social distancing including capacity as mandated by the Tennessee Department of Health.
- Metz Dining Services will provide hand sanitizer at entry points for all events.
- Staff must wear gloves and follow the University face covering policy at all times.
- Seating capacity of the Dining Hall will impact serving processes and times and will vary depending on the particular details of each catering event.

SECTION XI: COUNSELING CENTER OPERATIONS

Appointments:

Students may schedule appointments in advance by emailing counselingcenter@king.edu or calling 423-652-4742.

Walk-in appointments:

Walk-in hours will take place on Wednesdays from 2:00 p.m. to 4:00 p.m. in Maclellan Hall Room 31 and Thursdays from 2:00 p.m. to 4:00 p.m. in the Counseling Center.

Microsoft Teams appointments:

Online appointments will take place via Microsoft Teams for those students who are quarantining or feeling ill. The counselor is currently licensed in Virginia and Tennessee and will be able to conduct online sessions with those residing in those two states. Any client utilizing online appointments will need to secure a private room to meet during the counseling hour.

Mental health awareness and education:

The counselor will provide programs throughout the year to increase awareness about mental health, self-care techniques, stress management tips, suicide prevention strategies, and other critical topics. Flyers will be posted around campus to remind students how to access the Counseling Center and its services. Periodic emails with mental health tips will be sent to students.

SECTION XII: ATHLETIC OPERATIONS

King University is committed to the safety and well-being of our student athletes, coaches, faculty, staff, spectators, and all supporters of Tornado Athletics. All information regarding athletic operations is based on recommendations, guidelines, and best practices provided by the Tennessee Department of Health, Sullivan County Regional Health Department, CDC, NCAA Sports Sciences Institute, Conference Carolinas, and the National Athletic Trainers Association.

SECTION XIII: COMMUNICATION: OFFICIAL UNIVERSITY COVID-19 RELATED INFORMATION

The following details outline processes to be followed by University personnel in communicating pertinent COVID-19 related information to various member groups of the King University community.

For all audiences:

- The Office of the President will provide updates and directives as appropriate through various communication channels.
- Marketing & Communications will maintain a Coronavirus (COVID-19) information webpage to be updated regularly with the latest information, updates, and developments.
- Marketing & Communications will conduct a social media campaign to communicate relevant COVID-19 information to the campus community, parents, the local Bristol community, and the general public to provide reassurance of the extraordinary measures the University is taking to provide a safe campus learning and work environment.
- Marketing & Communications will issue press releases about COVID-19 related matters when appropriate.
- The University will place signs in high-traffic and high-visibility areas throughout campus as a reminder of safe campus protocols and practices.

For students:

- The Office of Student Affairs will provide regular communications to students with updates and directives.
- Faculty and staff should remind students of safety protocols when students are observed not following protocols and guidelines.

For parents:

- The Office of Student Affairs will provide regular communications to students and parents when appropriate and warranted.

For faculty and staff:

- The Office of the President will provide regular updates and directives to all University employees through various communication channels.
- Marketing & Communications will provide internal communications to employees at the direction of the Cabinet and maintain the COVID-19 webpage with timely updates.
- Vice Presidents and Cabinet members will communicate updates and directives that are office- and department-specific.
- The Office of Academic Affairs will provide regular communications to deans and faculty with updates and directives when the communication deals strictly with academic matters.

For limiting misinformation:

Timely communication of official COVID-19 related information through the University's various communication channels is intended to limit the spread of misinformation. It is imperative that those responsible for drafting communications ensure that messages are clear,

thorough, concise, and accurate. Messaging content should reflect 1) the University's commitment to basing all COVID-19-related decisions on data and the guidance of multiple experts and authoritative organizations, and 2) the discouragement of gossip, speculation, and the willful spread of misinformation to cause discord or fear.

SECTION XIV: UPDATES AND CORRECTIONS

- This section titled Section XIV: Updates and Corrections has been added. [Version 1.1]
- The title of the document was changed from “Reopening Planning and Policy Document” to “COVID-19 Operations and Policy Document” with an accompanying change to a 2.0 version designation. [Version 2.0]
- Additional information has been added to Section XIV: Updates and Corrections to provide the dates of each version. [Version 1.3]
- In Section I: Introduction, in the section titled Five Essential Practices, the bulleted list has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- In Section I: Introduction, in the section titled Significant Factors Influencing Transmission Risk, the bulleted list has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- In Section I: Introduction, in the section titled Definitions, the terms beginning with ‘C’ and ‘D’ were rearranged to be in correct alphabetical order. [Version 1.2]
- In Section I: Introduction, in the section titled Definitions, the following was added to the definition of direct contact: “Persons who were social distancing appropriately would not be identified as a direct contact during contact tracing.” [Version 1.2]
- In Section I: Introduction, in the section titled Definitions, entries were added for *household contact* and *non-household contact*. [Version 1.2]
- In Section I: Introduction, in the section titled Definitions, the entry for *immunosuppressed* because the term is not used elsewhere in the document. [Version 1.2]
- In Section I: Introduction, in the section titled Definitions, an entry for *immunocompromise* has been added. This term appears in Section IV: Criteria for Returning to Work or Class. [Version 1.4]
- In Section I: Introduction, in the section titled Definitions, entries beginning with “S” were rearranged to be in correct alphabetical order. [Version 1.6]
- In Section I: Introduction, in the section titled Definitions, the reference to *direct contract* has been changed to *close contact* (but the definition itself has not changed), and the order of entries was rearranged to maintain correct alphabetical order. [Version 1.4]
- In Section I: Introduction, in the section titled Definitions, an entry was added for *Points of Dispensing for a Medical Counter Measure (PODMCM)*. [Version 1.10]
- In Section I: Introduction, in the section titled Definitions, an entry was added for *fully vaccinated*. [Version 2.7]
- In Section I: Introduction, the first sentence was rewritten to remove semester-specific information. [Version 2.0]
- In Section II: University Procedures, in the section titled Daily Screenings, the following statement was added following the listing of the daily screening questions: “Please see Section V: Diagnosis, Isolation, and Quarantine Procedures for additional details regarding actions to take by persons who become ill with symptoms of COVID-19.” [Version 1.2]
- In Section II: University Procedures, in the section titled Daily Screenings, instead of identifying a specific self-screening mobile app product, references are made to “a mobile app for self-screenings” or “the mobile app.” Additionally, the following note was

added in this section: “Preferences and requirements regarding the self-screening mobile app will be communicated to students and employees by email and other communication channels as needed.” [Version 1.3]

- In Section II: University Procedures, in the section titled Daily Screenings, the seven daily screening questions were updated to list five screening questions based on guidance from the Tennessee Department of Health. [Version 1.3]
- Throughout the document, three references to “seven daily screening questions” were updated to reference only “daily screening questions.” [Version 1.3]
- In Section II: University Procedures, in the section titled Hygiene and Other Best Practices, the wording has been updated from “Wearing a mask or face covering when in the presence of others” to “Wearing a mask or face covering *without exhalation valves* when in the presence of others.” [Version 1.1]
- In Section II: University Procedures, in the section titled Hygiene and Other Best Practices, the bulleted item stating “Monitoring one’s health daily” has been removed to eliminate repetitiveness with the next two bulleted items. [Version 1.1]
- In Section II: University Procedures, in the section titled Masks or Face Coverings, the sentence stating “In addition to social distancing, staying home when ill, and engaging in enhanced hygiene practices, wearing a mask or face covering can assist in reducing community disease transmission” has been changed to “In addition to social distancing, staying home when ill, and engaging in enhanced hygiene practices, wearing a mask or face covering *without exhalation valves* can assist in reducing community disease transmission.” [Version 1.1]
- In Section II: University Procedures, in the section titled Masks or Face Coverings, the following sentence has been added: “Consequently, bandanas should not be used unless folded to create multiple layers and secured to fit close to the face and not open, hanging, or loosely fitting over the lower portion of the face.” [Version 1.2]
- In Section II: University Procedures, in the section titled Masks or Face Coverings, additional information has been added about “double masking.” Information from the CDC can be found on this CDC [page](#) as well as a second [location](#). [Version 2.4]
- In Section II: University Procedures, in the section titled Personal Protective Equipment (PPE), the sentence stating “King University’s Personal Protective Equipment (PPE) Guidelines address the use of PPE in all University laboratories and other support areas” has been changed to “King University’s Personal Protective Equipment (PPE) Guidelines address the use of PPE in select University science and nursing laboratories and other support areas.” [Version 1.1]
- In Section II: University Procedures, the section titled Travel has been updated. [Version 1.4]
- In Section II: University Procedures, the section titled Travel has been updated with an additional bullet point about expectations regarding masks and face coverings and travel. Information from the CDC regarding this guidance can be found on the CDC [web site](#). [Version 2.4]
- In Section II: University Procedures, the section titled Masks and Face Coverings has been updated in accordance with the latest guidance from the CDC. [Version 1.10]
- In Section II: University Procedures, the section titled Vaccines (Flu and COVID-19 vaccines), information was added to provide details about King University being

identified as a Closed Point of Dispensing for a Medical Counter Measure (PODMCM). [Version 1.10]

- In Section II: University Procedures, in the section titled Large Events, details have been added regarding external groups and organizations hosting events at King University facilities. [Version 2.0]
- In Section II: University Procedures, in the section titled Meetings, details have been added regarding external groups and organizations hosting meetings at King University facilities. [Version 2.0]
- In Section II: University Procedures, in the section titled Training and Education, the word “required” has been changed to “expected.” [Version 2.0]
- In Section II: University Procedures, in the section titled Travel, details have been added regarding local and regional travel with students (e.g., field trips). [Version 2.0]
- In Section II: University Procedures, the first paragraph of the section titled Daily Screening has been updated. [Version 2.0]
- In Section II: University Procedures, the section formerly titled Vaccines (Flu and COVID-19 Vaccines) has been updated and is now listed as the section titled Immunizations. [Version 2.0]
- In Section II: University Procedures, in the section titled Immunizations, an additional paragraph has been added to request that those receiving a COVID-19 vaccination provide relevant details to the Special Director for Campus Health. [Version 2.3]
- In Section II: University Procedures, in the section titled Masks and Face Coverings, the following sentence has been added: “Masks are not expected to be worn outdoors on King campuses if social distancing of six feet or more can be maintained.” [Version 2.5]
- In Section II: University Procedures, in the sections titled Hygiene and Other Best Practices, Immunizations, Masks or Other Face Coverings, Meetings, Social Distancing, and Travel, these details have been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- In Section III: Testing, in the first paragraph, the sentence stating “It is important to note that King will not conduct onsite testing for COVID-19 outside the required mandates related to athletics and their related oversight bodies” has been changed to “King does conduct onsite laboratory-administered tests for COVID19.” [Version 1.1]
- In Section III: Testing, item number nine stating “If the test result of the PUI (someone who had symptoms) comes back negative, both isolation and quarantine can be discontinued after 72 hours of the PUI being fever-free without fever-reducing medications and improvement of symptoms” has been changed to “If the test result of the PUI (someone who had symptoms) comes back negative, the person can be released from isolation after 24 hours of no fever with no fever-reducing medications and symptoms improving. The person who was in quarantine as a result of close contact with a PUI receiving a negative test result can be released from quarantine at the time the negative test result of the PUI is received.” This change is based on the latest guidance from the Tennessee Department of Health. [Version 1.3]
- In Section III: Testing, references to *direct contacts* have been changed to *close contacts*. Consequently, the note at the end of this section indicating the Tennessee Department of Health’s use of *close contact* and its interchangeability with *direct contacts* has been removed. [Version 1.4]

- In Section III: Testing, item number 7 has been modified to include the phrase “close contacts may be tested for COVID19,” which is consistent with the most recent guidance from the CDC. [Version 1.4]
- In Section III: Testing, for item number 9, the phrase “if they themselves have not developed symptoms” has been added for clarification. [Version 1.4]
- In Section III: Testing, item numbers 5 through 7 have been updated to reflect the latest guidance from the CDC. [Version 1.6]
- In Section III: Testing, item number 5 has been removed. This statement read: “The close contacts (those who have been within six feet for 15 minutes or longer) of the PUI should quarantine and monitor for symptoms until the test result of the PUI is known.” [Version 1.8]
- In Section III: Testing, the item that read formerly as: “If the PUI's test result is positive for COVID-19, the PUI should continue isolation until at least 10 days after the onset of symptoms (or 10 days from the date of the test if asymptomatic), and at least 24 hours since the last fever with no fever- reducing medications and improvement of symptoms. Close contacts should remain in quarantine for a total of 14 days and continue to monitor for symptoms” now appears as “If the PUI's test result is positive for COVID-19, the PUI should continue isolation until at least 10 days after the onset of symptoms (or 10 days from the date of the test if asymptomatic), and at least 24 hours since the last fever with no fever- reducing medications and improvement of symptoms. Close contacts should quarantine for a total of 14 days from the last contact they had with the positive case and monitor for symptoms.” [Version 1.8]
- In Section III: Testing, items 6 and 7 have been updated to reflect an alternate 10-day quarantine period (with meeting certain criteria) for close contacts with positive cases. This update was made based on the following guidance from the CDC about [quarantine](#) and [reduced quarantine times](#) as well as guidance from the Tennessee Department of Health about [quarantine](#) and their recommendations for [colleges and universities](#). [Version 2.1]
- In Section III: Testing, an additional item (currently item 7), was added to address quarantine expectations for those who are fully vaccinated or who have tested positive for COVID-19. Additional details can be found here on the CDC [web site](#). [Version 2.4]
- In Section IV: Criteria for Returning to Work or Class, in the table provided, fourth row (including the header row), in the column titled Return to Work or Class, the wording has been updated from “Per medical provider guidance if fever has resolved for fewer than 24 hours, and symptoms are improving” to “Per medical provider guidance, if fever has resolved *for at least* 24 hours and symptoms are improving.” [Version 1.1]
- All of Section IV: Criteria for Returning to Work or Class and the accompanying table has been updated based on the latest guidance from the Tennessee Department of Health. [Version 1.3]
- In Section IV: Criteria for Returning to Work or Class, item 2 and the accompanying chart have been updated to reflect an alternate 10-day quarantine period (with meeting certain criteria) for close contacts with positive cases. This update was made based on the following guidance from the CDC about [quarantine](#) and [reduced quarantine times](#) as well as guidance from the Tennessee Department of Health about [quarantine](#) and their recommendations for [colleges and universities](#). [Version 2.1]

- In Section IV: Criteria for Returning to Work or Class, in the accompanying chart, details have been updated in the last row based on guidance from the [CDC](#). [Version 2.4]
- In Section IV: Criteria for Returning to Work or Class, in the accompanying chart, details have been updated in the last row based on guidance from the [CDC](#). [Version 2.7]
- In Section V: Diagnosis, Isolation, and Quarantine Procedures, in the section titled Protocol for Positive COVID-19 Student Cases, item number four, the following was added: “The Payroll and Benefits Specialist in the University Business Office, if the student is an institutional work study employee” [Version 1.2]
- In Section V: Diagnosis, Isolation, and Quarantine Procedures, in the section titled Protocol for Positive COVID-19 Employee Cases, item number three, the following was added: “The Payroll and Benefits Specialist in the University Business Office” [Version 1.2]
- In Section V: Diagnosis, Isolation, and Quarantine Procedures, in item number 2, items c and e, three references to *direct contacts* were changed to *close contacts* to follow the change in this terminology made previously in Version 1.4. [Version 1.6]
- In Section VI: Campus Tours and Visits, in the third bullet item, the word “letter” has been changed to “email.” [Version 2.0]
- In Section VI: Campus Tours and Visits, the following bullet item was removed: “Tours will be conducted by enrollment counselors, coaches, or both. Student tour guides will not be used at this time.” [Version 2.0]
- In Section VI: Campus Tours and Visits, in the second set of bullet points, text in the first bullet point was updated to clarify the expectation of wearing masks indoors or outdoors when social distancing cannot be maintained. [Version 2.5]
- In Section VI: Campus Tours and Visits, this information has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- In Section VII: Academic Operations: Classrooms, Laboratories, and Other Academic Matters, in the section titled Laboratory Expectations, the following statement was added: “Gloves would only be required only if the lab activities require them.” [Version 1.2]
- In Section VII: Academic Operations: Classrooms, Laboratories, and Other Academic Matters, information referencing semester-specific details has been updated. [Version 2.0]
- In Section VII: Academic Operations: Classrooms, Laboratories, and Other Academic Matters, this information has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- In Section VIII: Residence Life Operations, in the section titled Residence Hall Check-In Procedures, the following note was added to the third bulleted item: “Note: This guidance changed in late August 2020, which is reflected below in the Residence Life Activities section in the information pertaining to the arrival of international students.” [Version 1.3]
- In Section VIII: Residence Life Operations, in the section titled Residence Life Activities, the information pertaining to the arrival of international students has been updated to include only this statement: “Students returning from international travel are not required to self-quarantine, but should self-monitor for symptoms, wear a mask or face covering, and always physically distance from others.” [Version 1.3]
- In Section VIII: Residence Life Operations, wording has been changed to generalize references to quarantine and isolation rooms. [Version 1.6]

- Section VIII: Residence Life Operations has been updated, including semester-specific details, to reflect current policies and processes. [Version 2.0]
- In Section VIII: Residence Life Operations, the section titled International Students has been changed to generalize references to testing and quarantining procedures for students arriving from international destinations. Relevant sources for this information can be found on the CDC site regarding [international travel](#) and [testing and international travel](#). [Version 2.2]
- In Section VIII: Residence Life Operations, in the section titled Residence Hall Move-In Procedures, the first bullet item has been updated to clarify the expectation of wearing masks indoors or outdoors when social distancing cannot be maintained. [Version 2.5]
- In Section VIII: Residence Life Operations, this information has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- In Section IX: Student Activities Operations, for the last bullet point, the following sentence has been added: “Masks are not expected to be worn outdoors if social distancing of six feet or more can be maintained.” [Version 2.5]
- In Section IX: Student Activities Operations, this information has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- In Section XI: Counseling Center Operations, semester-specific details have been updated. [Version 2.0]
- In Appendix One, titled Script for Contacting COVID19 Positive Students and Employees and Contact Tracing, a section beginning with “Note” was added near the end of the document. This section provides details regarding the length of quarantine periods. [Version 1.2]
- In Appendix One, titled Script for Contacting COVID19 Positive Students and Employees and Contact Tracing, has been updated to reflect an alternate 10-day quarantine period (with meeting certain criteria) for close contacts with positive cases. This update was made based on the following guidance from the CDC about [quarantine](#) and [reduced quarantine times](#) as well as guidance from the Tennessee Department of Health about [quarantine](#) and their recommendations for [colleges and universities](#). [Version 2.1]
- In Appendix One, titled Script for Contacting COVID19 Positive Students and Employees and Contact Tracing, the text has been updated to reflect current guidance regarding those who have been fully vaccinated or who have tested positive for COVID-19. Relevant guidance from the CDC can be found at this [link](#). [Version 2.4]
- In Appendix Two, titled Mask and Face Covering Policy, the following phrase was added to the opening sentence: “and does not contain exhalation valves.” [Version 1.2]
- In Appendix Two, titled Mask and Face Covering Policy, the following sentence was added at the end of the introductory sentences: “The appendix titled Mask and Face Covering Types contains additional information about the various types of masks and face coverings and their use and effectiveness.” [Version 1.2]
- In Appendix Two, titled Mask and Face Covering Policy, details in the first paragraph were updated to reflect the latest guidance from the CDC. [Version 1.10]
- In Appendix Two, titled Mask and Face Covering Policy, in the opening section the following sentence has been added: “Masks are not expected to be worn outdoors on King campuses if social distancing of six feet or more can be maintained.” [Version 2.5]

- In Appendix Two, titled Mask and Face Covering Policy, this information has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- The document titled Mask and Face Covering Types has been added as Appendix Three. [Version 1.1]
- In Appendix Three, titled Mask and Face Covering Types, in the section regarding bandanas, scarves, and neck gaiters, the following bulleted item was added: “Bandanas should not be used unless folded to create multiple layers and secured to fit close to the face and not open, hanging, or loosely fitting over the lower portion of the face. [Version 1.2]
- In Appendix Three, titled Mask and Face Covering Types, in the section regarding bandanas, scarves, and neck gaiters, a bulleted item was added to include a link that provides a video demonstrating how to fold a cloth or piece of fabric properly to serve as a face covering. [Version 1.2]
- In Appendix Three, titled Mask and Face Covering Types, in the section titled Important Notes about Masks and Face Coverings, a fourth bullet item was added, which reads: “Wearing a mask may not prevent quarantine, but may well prevent an infection.” [Version 1.5]
- In Appendix Three, titled Mask and Face Covering Types, in the section regarding cloth masks (stitched), the following was added to reflect the latest guidance from the CDC: “These items provide protection to others by reducing saliva and respiratory droplets of the wearer, and reduce the wearer's exposure to infective particles through filtration.” [Version 1.10]
- In Appendix Three, titled Mask and Face Covering Types, in the section regarding disposable, three-ply, non-medical grade masks, the following item was added to reflect the latest guidance from the CDC: “These masks provide protection to others by reducing exposure to saliva and respiratory droplets of the wearer, and reduce the wearer's exposure to infective particles through filtration.” [Version 1.10]
- In Appendix Three, titled Mask and Face Covering Types, in the section regarding cone-shaped, commercial, non-medical masks, the following item was added to reflect the latest guidance from the CDC: “These masks provide protection to others by reducing saliva and respiratory droplets of the wearer, and reduce the wearer's exposure to infective particles through filtration.” [Version 1.10]
- In Appendix Three, titled Mask and Face Covering Types, an additional entry from the CDC was added to the Sources list. [Version 1.10]
- In Appendix Three, titled Mask and Face Covering Types, an additional bullet point was added to the section labeled Cloths Masks (stitched) to reflect guidance from the CDC about “double masking.” These details can be found here at the CDC [web site](#) and at a second [location](#). [Version 2.4]
- In Appendix Three, titled Mask and Face Covering Types, two additional bullet points were added to the section labeled Disposable Three-Ply, Non-Medical Grade Masks to reflect guidance from the CDC about “double masking.” These details can be found here at the CDC [web site](#) and at a second [location](#). [Version 2.4]
- In Appendix Three, titled Mask and Face Covering Types, two additional bullet points were added to the section labeled Medical Grade Surgical Masks to reflect guidance from the CDC about “double masking.” These details can be found here at the CDC [web site](#) and at a second [location](#). [Version 2.4]

- In Appendix Three, titled Mask and Face Covering Types, an additional bullet point was added to the section labeled Cone-Shaped, Commercial, Non-Medical Masks to reflect guidance from the CDC about “double masking.” These details can be found here at the CDC [web site](#) and at a second [location](#). [Version 2.4]
- In Appendix Three, titled Mask and Face Covering Types, two additional sources were added to reflect CDC guidance regarding “double masking.” [Version 2.4]
- In Appendix Three, titled Mask and Face Covering Types, in the second paragraph, the document title *Reopening Planning and Policy Document* was updated to *COVID-19 Operations and Policy Document*. [Version 2.5]
- In Appendix Three, titled Mask and Face Covering Types, this information has been updated to reflect [CDC](#) guidelines for vaccinated and unvaccinated persons. [Version 2.7]
- The formatting of the table in Appendix Five: Personal Protective Equipment (PPE) Guidelines has been modified. [Version 1.3]
- The document titled Decision Tree for Isolating or Quarantining Students has been added as Appendix Five. [Version 1.3]
- Appendix Five: Decision Tree for Isolating or Quarantining Students has been updated with a new graphic based on the latest guidance from the CDC. [Version 1.4]
- Appendix Five: Decision Tree for Isolating or Quarantining Students has been updated with a new graphic based on the latest guidance from the CDC. [Version 1.6]
- Appendix Five: Decision Tree for Isolating or Quarantining Students has been updated with a new graphic based on the latest guidance from the CDC. [Version 1.7]
- Appendix Five: Decision Tree for Isolating or Quarantining Students has been updated to reflect an alternate 10-day quarantine period (with meeting certain criteria) for close contacts with positive cases. This update was made based on the following guidance from the CDC about [quarantine](#) and [reduced quarantine times](#) as well as guidance from the Tennessee Department of Health about [quarantine](#) and their recommendations for [colleges and universities](#). [Version 2.1]
- Appendix Five: Decision Tree for Isolating or Quarantining Students has been updated to reflect the newest guidance from the CDC; these details are in regard to those who have been fully vaccinated. A link to this decision tree can also be found [here](#). [Version 2.4]
- The document titled Decision Algorithm for Low Index of Suspicion Situations has been added as Appendix Six. [Version 1.3]
- The title of Appendix Six has been changed from Decision Algorithm for Low Index of Suspicion Situations to Decision Algorithm for Low/High Index of Suspicion Situations. [Version 1.4]
- Appendix Six: Decision Algorithm for Low/High Index of Suspicion Situations has been updated to reflect an alternate 10-day quarantine period (with meeting certain criteria) for close contacts with positive cases. This update was made based on the following guidance from the CDC about [quarantine](#) and [reduced quarantine times](#) as well as guidance from the Tennessee Department of Health about [quarantine](#) and their recommendations for [colleges and universities](#). [Version 2.1]
- Appendix Six: Decision Algorithm for Low/High Index of Suspicion Situations has been renamed to Decision Algorithm for Public Health COVID-19 Return to School. Additionally, the graphic has been updated to reflect [the latest guidance regarding quarantine](#) for fully vaccinated persons. [Version 2.6]

- Appendix Six: Decision Algorithm for Public Health COVID-19 Return to School has been updated to reflect the latest guidance regarding quarantine, isolation and return to school or work
- The document titled Decision Algorithm for Close Contact Identification has been added as Appendix Seven. [Version 1.3]
- In Appendix Seven: Decision Algorithm for Close Contact Identification, the note indicating the Tennessee Department of Health's use of close contact and its interchangeability with direct contacts has been removed. [Version 1.5]
- The document titled Guidance for Reporting Symptoms and Cases has been added as Appendix Eight. [Version 1.5]
- The document titled Alternate Quarantine Protocol for Close Contacts Following Exposure to a Positive Case has been added as Appendix Nine. [Version 2.1]
- The document titled Choosing Safer Activities has been added as Appendix Ten. [Version 2.7]
- The phrase "hot spots" has been removed from the document; this phrase is not used by the cited authorities upon which this policy document is based. The three references to "hot spots" had been located in Section II: University Procedures in the Travel section (two references) and also in Section XI: Counseling Center Operations, in the section titled Microsoft Teams Appointments. [Version 1.2]
- References to the third floor of Parks Hall throughout the document have been changed to be stated as "the rooms or section of rooms on campus designated for quarantine purposes" or other similar phrases. This includes the sentence in Section VIII: Residence Life Operations in the section titled Residence Life Activities that now reads "A microwave and refrigerator will typically be available the rooms or section of rooms on campus designated for quarantine purposes." [Version 1.3]
- The definitions and parameters of close contact have been changed from 10 to 15 minutes throughout the document to be consistent with the revision released by the Tennessee Department of Health on September 3, 2020. These changes occurred in Section I: Introduction, in the section titled Definitions; Section III: Testing in items five and seven; Section IV: Criteria for Returning to Work or Class in the chart; and Appendix One titled Script for Contacting COVID19 Positive Students and Employees and Contact Tracing in the fifth question following the introductory paragraph. [Version 1.5]
- References to Fall 2020 or specific dates within the Fall 2020 semester have been removed or replaced with non-date specific information. [Version 2.0]
- References to Spring 2021 or specific dates within the Spring 2021 semester have been removed or replaced with non-date specific information. [Version 2.8]
- Appendix Eleven added, Updated guidance from TN Department of Health on Releasing Cases and Contacts from Isolation and Quarantine
<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/Isolation-QuarantineRelease.pdf>
- Revised chart on page 17 to include the alternate 7-day quarantine following close contact to a positive case
- Appendix Nine revised to include the alternate 7-day quarantine period
- Pages 2, 7, 8, 9, 11, 14, 24, 26, 29, 30, 33, 47, 50, 52, 53, 54, 55, and 56 updated for mask policy academic year 2021 - 2022

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- Pages 2, 9, 12, 24, 26, 29, 33, appendices two and three updated mask policy
- Appendix Eleven updated to reflect update from TN Department of Health, removing antibody testing as an exemption from quarantine. [Version 2.9]
- Appendix Eleven updated to the October 15, 2021 V19 Updated Isolation and Quarantine Guidance from TN Dept of Health. [Version 3.0].
- Appendix Eleven updated to the October 19, 2021 V20 Releasing Cases and Contacts from Isolation and Quarantine from Tennessee Department of Health. [Version 3.1].
- Page 1, Appendices in Table of Contents renumber ONE - EIGHT
- Page 4, NOTE deleted outdated information, wording added to clarify definition of household contact
- Page 5, wording of “self-isolation” changed for clarity
- Pages 13 and 14, Section III Testing updated to reflect CDC revisions
- Pages 15, 16, and 17 Section IV Criteria for Returning to Work and Class updated to reflect CDC revisions
- Page 47, List of revisions made to include CDC revisions
- Page 47, Version and date of document updated
- Page 49, APPENDIX ONE updated to reflect CDC revisions
- Page 65, APPENDIX FIVE updated to reflect CDC revisions
- APPENDICES SIX, SEVEN, and NINE deleted, contained outdated information
- Page 65, APPENDIX FIVE Decision Algorithm revised to reflect CDC revisions
- Page 72, APPENDIX EIGHT revised to include CDC Current Isolation and Quarantine Guidelines
- Page 68: APPENDIX EIGHT updated to the January 12, 2022 V22 TN Dept of Health Guidelines for Releasing Cases and Contacts from Isolation and Quarantine [Version 3.3]
- Page 69: APPENDIX NINE added from TN Dept of Health Algorithm for Return to Work and Class [Version 3.3]
- In APPENDIX TWO, titled Mask and Face Covering Policy, in the opening section the first three paragraphs have been updated [Version 3.4]
- APPENDIX EIGHT updated to the January 24, 2022 V23 TN Dept of Health document titled CDC Recommendations for Isolation and Quarantine [Version 3.4]
- APPENDIX EIGHT updated to the February 7, 2022 V23 TN Dept of Health document titled Releasing Cases and Contacts from Isolation and Quarantine [Version 3.5]
- Pages 1,2,7,9,10,11,22,24,28,30,50,51,52 Mask policy revised February 16, 2022
- Version 3.7 August 15, 2022 Complete Document Review and Revision Information on monkeypox added, Quarantine Guidelines updated per CDC changes

Version 3.7 August 15, 2022

Version 3.6 February 17, 2022

Version 3.5 February 10, 2022

Version 3.4 January 28, 2022

Version 3.3 January 14, 2022

Version 3.2 January 6, 2022

Version 3.1 October 29, 2021

Version 3.0 October 21, 2021

Version 2.9 October 15, 2021

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Version 2.8: August 23, 2021
Version 2.7: May 14, 2021
Version 2.6: April 1, 2021
Version 2.5: February 25, 2021
Version 2.4: February 18, 2021
Version 2.3: February 4, 2021
Version 2.2: January 28, 2021
Version 2.1: January 21, 2021
Version 2.0: December 22, 2020
Version 1.10: November 12, 2020
Version 1.9: October 29, 2020
Version 1.8: October 15, 2020
Version 1.7: October 1, 2020
Version 1.6: September 24, 2020
Version 1.5: September 10, 2020
Version 1.4: September 3, 2020
Version 1.3: August 27, 2020
Version 1.2: August 24, 2020
Version 1.1: August 19, 2020
Version 1.0: August 1, 2020

APPENDIX ONE

Mask and Face Covering Policy

Vaccination is the proven method to prevent illness and reduce disease transmission, while keeping a social distance of at least six feet from other people, enhanced hygiene practices (e.g., frequent hand washing, avoiding touching the face, covering coughs and sneezes), and staying home when ill are tools to prevent illness until full vaccination has occurred. Wearing a mask or face covering that covers the nose and mouth and does not contain exhalation valves can help protect the wearer and others, and helps reduce community disease transmission.

Masks are not required for King University students, employees, or visitors with the exception of people ending an isolation period for a positive case of COVID-19, and people who have been exposed to COVID-19 as a close contact. In these instances, a well-fitting, high quality mask must be worn in indoor areas when around others for five days after the end of an isolation period, and for 10 days for close contacts, after the date of exposure to a positive case.

All people are supported in wearing a mask if it is their choice to do so. People who are immunosuppressed or live with household members who are immunosuppressed as a result of health conditions or medications may choose to wear a mask to reduce the risk of serious illness from COVID-19. People who are immunosuppressed may ask others to wear a mask in indoor spaces. Such a request should be met with respect and courtesy.

If you choose to wear a mask, select a high quality mask of the most effective type, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve.

The appendix titled Mask and Face Covering Types contains additional information about the various types of masks and face coverings and their use and effectiveness.

Applicability:

This policy applies to all University employees, students, contractors, vendors and visitors, who are on-site at a University campus, unless specifically exempted below.

Exemptions:

Job-specific PPE requirements:

Face coverings do not replace required job-specific PPE, such as medical or procedure masks, face shields, or respirators. Note: See the King University Personal Protective Equipment (PPE) Guidelines for job-specific guidance and PPE requirements.

Persons not required to wear PPE:

Masks or face coverings are *not* required when:

1. A medical professional has advised that wearing a mask or face covering may pose a health risk to the person wearing the covering or impair their breathing.
2. Wearing a mask or face covering would create a safety risk to the person as determined by local, state, or federal regulators or workplace safety guidelines.

3. The person is physically unable to put on or remove the mask or face covering without assistance.
4. The person has trouble breathing, is unconscious, or unable to remove the mask or face covering without help.
5. The person is deaf or hard of hearing and uses facial and mouth movements as part of communication.
6. Babies and toddlers under the age of two should never wear masks or face coverings because of the risk of suffocation.

Additional accommodations will be determined on a case-by-case basis under normal workplace accommodations channels. Employees and students may be required to provide documentation to substantiate their need for an exception or accommodation to the requirement of wearing a mask or face covering.

Policy Enforcement

Employees:

- Employees are expected to comply with the essential actions to reduce infection transmission.
- Department managers are required to ensure all employees have a thorough understanding of these requirements.
- Employees who do not comply should be reminded of the policy by their supervisors and provided additional education and training as needed. It is not appropriate or necessary to notify campus security staff or local law enforcement.

Students:

- Students are expected to comply with the essential actions to reduce infection transmission.

APPENDIX TWO

Mask and Face Covering Types, Use, and Effectiveness

Vaccination is the proven path to prevent or reduce the severity of illness and reduce transmission of infection. Masks are tools to help reduce harm along with full vaccination.

During the COVID-19 pandemic, the terms mask and face covering are frequently used collectively to describe a variety of distinct items, namely neck gaiters, cloth face coverings, cloth masks, disposable masks, and medical-grade surgical masks. The following summary is provided as an aid in understanding the distinctions between the major categories of masks and face coverings and their use in reducing the spread of and providing protection from the SARS-CoV-2 virus that causes COVID-19.

Members of the University community are expected to provide their own masks if they need or choose to wear one.

Masks are not required for King University students, employees, or visitors with the exception of people ending an isolation period for a positive case of COVID-19, and people who have been exposed to COVID-19 as a close contact. In these instances, a well-fitting, high quality mask must be worn in indoor areas when around others for five days after the end of an isolation period, and for 10 days for close contacts, after the date of exposure to a positive case.

All people are supported in wearing a mask if it is their choice to do so. People who are immunosuppressed or live with household members who are immunosuppressed as a result of health conditions or medications may choose to wear a mask to reduce the risk of serious illness from COVID-19. People who are immunosuppressed may ask others to wear a mask in indoor spaces. Such a request should be met with respect and courtesy.

If you choose to wear a mask, select a high quality mask of the most effective type, such as an N95, KN95, KN94, FFP2 or FFP3, without an exhalation valve

There are a few instances when face masks and coverings should not be worn:

- When a healthcare provider had advised against wearing one
- When a person is having trouble breathing
- When a person has a decreased level of consciousness or otherwise is unable to remove the mask unassisted
- Those children under two years of age

There are few instances when the appropriate mask may be different from the ones worn in ordinary circumstances indoors and outdoors:

- Athletic trainers while providing assessment and interventions for athletes may wear:
 - Medical-grade surgical masks
 - Eye protection in the form of face shields or safety glasses with solid side pieces
 - Gowns

- Gloves
- Faculty in science lab settings such as chemistry and biology and nursing faculty in skills lab settings (not simulation labs) may wear:
 - Threes-ply non-medical masks
 - Eye protection in the form of face shields or safety glasses with solid side pieces
 - Gloves, if the lab activities require hands to be covered

Important notes about masks and face coverings

- Wearing a mask or face covering does not reduce oxygen levels or cause carbon dioxide retention.
- Face shields cannot substitute for a mask, and a mask must always be worn with a face shield.
- Wearing a high quality, well-fitting mask may prevent transmission of an infection

Bandanas, scarves, and neck gaiters

- These face coverings are typically single-layered cloth in a variety of textures and shapes that cover fully the mouth and the nose.
- These are the least effective types of face coverings.
- Bandanas should not be used unless folded to create multiple layers and secured to fit close to the face, not open, hanging, or loosely fitting over the lower portion of the face.
- This link provides a video demonstrating how to fold a cloth or piece of fabric properly to serve as a face covering:
<https://www.youtube.com/watch?v=tPx1yqvJgf4&feature=youtu.be>
- These face coverings provide protection to others by reducing saliva and respiratory droplets of the wearer.
- Studies have demonstrated reduced droplet travel to three feet, seven inches from wearer.



Cloth masks (stitched)

- Alternative names include homemade masks, simple masks, and cloth face coverings, and these items cover fully the mouth and the nose.
- These items fit snugly, but comfortably against the side of the face and are secured with ties or ear loops.
- They can be purchased or made at home.
- Fabric that is tightly woven and thick provides the best protection for these types of masks and face coverings.
- Multiple layers of cloth provide better protection than a single layer.
- Ideally these masks or face coverings should be three layers consisting of an inner layer of hydrophilic material like cotton (T-shirt fabric); a middle layer of polypropylene, which is a non-woven synthetic material like shopping tote bags are made from; and an outer layer that is moisture resistant like polyester or a polyester and cotton blend fabric.
- These masks and face coverings should be washed daily.

- These items provide protection to others by reducing saliva and respiratory droplets of the wearer, and reduce the wearer's exposure to infective particles through filtration.
- These items are not considered Personal Protective Equipment (PPE) by OSHA.
- Wearers ***should not use those masks and face coverings with built-in valves.***
- Studies have demonstrated reduced droplet travel distance to 2 ½ inches from the wearer.
- Wearing a medical procedure mask beneath a cloth mask, (double masking) provides better protection to the wearer and others compared to a cloth mask alone.



Disposable three-ply, non-medical grade masks

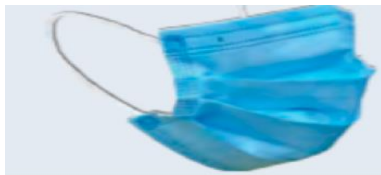
- These masks cover fully the mouth and nose.
- These masks fit snugly, but comfortably against the side of face and are secured with ties or ear loops.
- Disposable masks are designed to be worn for one day and then disposed of in the trash.
- These masks provide protection to others by reducing exposure to saliva and respiratory droplets of the wearer, and reduce the wearer's exposure to infective particles through filtration.
- These items are not considered Personal Protective Equipment (PPE) by OSHA.
- Wearers ***should not wear disposable masks with built-in valves.***
- Wearing a cloth mask over a non-medical mask (double masking) provides better protection to the wearer and others compared to a non-medical mask alone.
- Do not combine two non-medical grade masks to create a "double mask", due to the loose fit of these type masks.



Medical-grade surgical masks

- These masks are FDA-approved to protect the wearer from large droplets and splashes.
- These masks help contain the wearer's respiratory emissions.
- These masks cover fully the mouth and the nose and fit snugly, but comfortably against the side of the face and are secured with ties or ear loops.
- These masks filter 60 to 85% of small (down to 0.3 microns) respiratory droplets.
- These masks are for use by healthcare workers and in other approved areas during patient encounters and other task-specific hazards.
- When faculty and staff are required to wear medical-grade surgical masks for protection, they are considered Personal Protective Equipment (PPE) and subject to regulation by OSHA.

- Wearers ***should not use medical-grade surgical masks with built-in valves.***
- Wearing a cloth mask over a medical mask (double masking) provides better protection to the wearer and others compared to a medical mask alone.
- Do not combine two medical grade masks to create a "double mask", due to the loose fit of these type masks.



Cone-shaped, commercial, non-medical masks

- These masks are single or multi-layered and cover fully the mouth and the nose.
- These masks fit snugly, but comfortably over the mouth and nose and are secured with ear loops or elastic bands.
- These masks are often used in woodworking and lawn care for protection from dust and debris.
- Choose a mask rated as FFP 2 or FFP 3 (FFP = Filtering Face Piece)
- These masks provide protection to others by reducing saliva and respiratory droplets of the wearer, and reduce the wearer's exposure to infective particles through filtration.
- These masks are not considered Personal Protective Equipment (PPE) by OSHA.
- Wearers ***should not use cone masks with built-in valves.***
- Studies have demonstrated reduced droplet travel distance to 8 inches from the wearer.
- Wearing a cloth mask over a non-medical mask (double masking) provides better protection to the wearer and others compared to a non-medical mask alone.



Face shields

- Face shields consist of a solid, clear plastic shield worn over the entire face, secured with a head band or side pieces.
- Face shields must extend to the wearer's ears on each side, to the bottom of the chin, and have no gaps at the forehead fitting piece.
- Face shields provide protection from respiratory droplets for the wearer from others.
- Face shields ***do not substitute for masks in any situation.*** Face shields ***must always be worn with masks.***
- Face shields can be an alternative to safety glasses when eye protection is needed, especially with droplet transmission.
- Face shields are not considered Personal Protective Equipment (PPE) by OSHA.

- A study has demonstrated that 96% of large respiratory droplets were eliminated at a distance of 18 inches, and 23% of aerosolized droplets were eliminated at a distance of six feet after 1 ½ hours.
- There have been no source control studies on face shields.



Sources

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WHO. Coronavirus disease (COVID-19) advice for the public: When and how to use masks. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

APPENDIX THREE

Personal Protective Equipment (PPE) Guidelines

Personal Protective Equipment (PPE) is described as a device such as respirators (like N95 respirators) or medical facemasks (like surgical masks) for use in workplaces where respirators or facemasks are recommended or required to protect the wearer under Occupational Safety and Health Administration (OSHA) guidelines. PPE is reserved for employees meeting the medium-to high-risk categories as defined by OSHA. Cloth face coverings are not PPE, but are required by the University to assist in reducing the spread of COVID-19 when used along with other preventive measures, including social distancing, frequent handwashing and other hygiene etiquette, and cleaning and disinfecting frequently-touched surfaces.

The use of Personal Protective Equipment (PPE) will vary in risk level during an outbreak. The level of risk depends in part on the industry, type of work performed, and the need for direct physical contact or repeated or extended time within six feet in proximity to people known to be, or suspected of being infected, with COVID-19. Using the OSHA Occupational Risk levels of very high, high, medium, and low to characterize work, the University has adopted the PPE guidelines listed in the chart of page 2 of this guidelines document.

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

All types of PPE must be:

- Selected based upon the hazard to the employee.
- Fitted properly and refitted periodically, as applicable (Note: Respirators are not typically required for University staff; therefore, employees who must be fitted with respirators will be directed to the proper agency)
- Worn consistently and properly when required
- Inspected regularly, maintained, and replaced as necessary (Note: Requests for inspection and replacement of PPE should be directed to the Director of Safety and Security)
- Removed, cleaned, and stored or disposed of properly, as applicable, to avoid contamination of self, others, or the environment

The most important actions to limit the spread of illness are to:

- Stay home when sick and avoid close contact with others.
- Wash hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol when soap and water are not available
- Avoid touching eyes, nose, or mouth with unwashed hands
- Avoid contact with people who are sick
- Cover mouth and nose with a tissue or sleeve when coughing or sneezing and throw the tissue in the garbage immediately

- Practice social distancing by keeping at least six feet away from others as much as possible

King University

COVID-19 and Personal Protective Equipment (PPE) Guidelines

Close contact is defined as being within approximately 6 feet (2 meters) of people who may be infected, but who are not known to be infected for a prolonged period of time, or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) without wearing PPE.

Note: General faculty, staff, and students fall below the OSHA PPE guidelines; however, they must wear a mask or face covering under CDC guidelines.

The table on the next page summarizes the guidelines for Personal Protective Equipment (PPE).

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Risk Level	Risk Description	King University Job Role / Activity Affected	Frequency of Contact	PPE
Very High	Jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, post-mortem, or laboratory procedures.	None	None	N/A
High	Jobs with a high potential for exposure to known or suspected sources of COVID-19. No aerosol generating procedures performed.	Athletic trainers, security staff, and maintenance staff (close contact* with suspected COVID positive persons)	Never to Rare	Surgical or three-ply masks, disposable gloves, safety goggles with solid sides, and disposable gown
Medium	Jobs that require frequent, close contact with people who may be infected, but who are not known to be infected. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high population-density work environments, some high-volume retail settings).	<ul style="list-style-type: none"> • Athletic trainers • Security staff • Maintenance staff • Screeners • Residence Life staff • Housekeeping staff conducting enhanced disinfection for a known or suspected COVID case location • Laboratory Faculty/Staff Nursing Skills labs, Chemistry and Biology Laboratory Faculty/Staff when working in labs, not during regular classroom activities 	Infrequent, except for athletic training staff who would likely have daily contact	Surgical or three-ply masks, disposable gloves, and safety goggles with solid sides. An approved face shield may be used in addition to a face mask recommend by CDC, but is not provided by the University.

King University COVID-19 Operations and Policy Document

Lower (Caution)	Jobs that do not require contact with people known to be or suspected to be infected. Employees in this category have minimal occupational close contact with the public and other coworkers.	<ul style="list-style-type: none">• Security staff• Maintenance staff• Housekeeping staff• Residence Life staff	Infrequent to Frequent	Surgical or three-ply masks
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APPENDIX FOUR

Guidance for Reporting Symptoms and Cases

Faculty and staff will use the symptom list below to determine if a case needs to be reported to the appropriate University official (please see information below for reporting lines). A documented positive case of COVID-19 must be reported.

Low-Risk Symptoms, Not reportable if only one symptom and no exposure:

- Low-risk symptoms include congestion, runny nose, nausea, vomiting, diarrhea, sore throat, headache, and myalgia (muscle aches)
- In the presence of no exposure and one of the low-risk symptom, the student or employee is to go home (or stay home) and can return to school or work after 24 hours of symptoms improving and no other symptoms present

High-Risk Symptoms, Reportable:

- Documented positive test for COVID-19
- Exposure as a close contact to a person who has tested positive for COVID-19 with or without symptoms
- No exposure with two or more low-risk symptoms (see above for low-risk symptoms)
- No exposure with one high-risk symptom
- High-risk symptoms include new cough, difficulty breathing, new loss of taste or smell, and fever > 100.4

Reporting Procedures

1. All suspected or confirmed cases of COVID-19, and those with reportable high-risk symptoms, should be reported to the responsible parties below:
 - Students – Information is to be sent to studenthealth@king.edu (Benny Berry oversees the Student Health Team. Rob Littleton tracks the student cases and notifies the King University Cabinet members.)
 - Faculty – Respective deans and Dr. Matthew Roberts
 - Staff – Respective vice president or Cabinet member, who will then notify Mr. James Donahue
2. An assessment will be conducted to determine what actions will be taken, and may include one or more of the following:
 - Restricting access to possible affected areas
 - Determining if possible affected areas need to be decontaminated
 - Providing directives to seek testing or medical attention as well as the need to isolate or quarantine as situation requires

All students and employees who report being diagnosed with COVID-19, or have reported more than one low-risk symptom, or have reported any high-risk symptoms, must be given the following information:

- Do not go to work, class, or practice.
- Get tested if you have symptoms and have not already been tested































- Seek medical attention if you think you need it
- Anyone is subject to isolation guidelines who:
 - has a confirmed positive COVID-19 test
 - is exhibiting high-risk symptoms, without a confirming COVID-19 test
 - COVID-19 self-tests are available in the athletics department. Students who need to be tested should contact Morgan Perry, Head Athletic Trainer, to obtain these tests.
- For those who feel ill with COVID-19 symptoms, or believe to have had contact with someone ill with COVID-19, they should contact their primary care physicians for guidance. These persons are encouraged to get a COVID-19 test if they do not see a medical provider and have any symptoms.
- For anyone experiencing COVID-19 symptoms—even if the person has not been diagnosed with COVID-19—he or she should not be physically present on any University property until receiving the appropriate medical clearance:
 - Students should contact the Student Health Team (studenthealth@king.edu) before returning to campus, who will then notify the appropriate faculty and staff when the student is cleared to return.
 - Faculty should contact Dr. Roberts before returning to campus, who will then notify the faculty member's appropriate supervisor when he or she has been cleared to return to campus.
 - Staff members should contact Mr. Donahue before returning to campus, who will then notify the staff member's supervisor when he or she has been cleared to return to campus.

APPENDIX FIVE


Choosing Safer Activities


Choosing Safer Activities

Accessible link: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/participate-in-activities.html>


	Unvaccinated People	Examples of Activities	Fully Vaccinated People
Safest	    	Outdoor	    
		Walk, run, wheelchair roll, or bike outdoors with members of your household	
		Attend a small, outdoor gathering with fully vaccinated family and friends	
		Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	
		Dine at an outdoor restaurant with friends from multiple households	
Least Safe	 	Attend a crowded, outdoor event, like a live performance, parade, or sports event	 
Least Safe	       	Indoor	       
		Visit a barber or hair salon	
		Go to an uncrowded, indoor shopping center or museum	
		Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households	
		Go to an indoor movie theater	
		Attend a full-capacity worship service	
		Sing in an indoor chorus	
		Eat at an indoor restaurant or bar	
Participate in an indoor, high intensity exercise class			

Get a COVID-19 vaccine

 **Prevention measures not needed**

 **Take prevention measures**
Wear a mask, stay 6 feet apart, and wash your hands.

- Safety levels assume the recommended prevention measures are followed, both by the individual and the venue (if applicable).
- CDC cannot provide the specific risk level for every activity in every community. It is important to consider your own personal situation and the risk to you, your family, and your community before venturing out.



cdc.gov/coronavirus

CARD4149RE

APPENDIX SIX

Monkeypox Overview and Campus Guidance

Overview

Monkeypox is a disease caused by an infection with the monkeypox virus. This virus is an orthopoxvirus, and is in the same family as smallpox and vaccinia, the virus used to make the smallpox vaccine, however it is less serious and less contagious than smallpox. Monkeypox is not related to chickenpox or herpes simplex virus, the virus that causes a fever blister or cold sore. Monkeypox was first recognized in 1958 in colonies of infected research monkeys, and was first reported in humans in 1970. The animal reservoir for monkeypox is rodents. Monkeys and humans are incidental hosts for the virus, and the infection can spread from an infected animal to human, or from human-to-human.

Monkeypox has been endemic in central and west Africa for decades, with human cases primarily resulting from close contact with bush animals which were infected with the virus. Prior to the now global outbreak in May 2022, nearly all cases of monkeypox were among international travelers to the regions of Africa where the infection is endemic, or from imported animals. On May 6, 2022, a travel-related case of monkeypox was identified in the UK. Within days, more cases of human-to-human transmission were reported in other parts of Europe, North and South America, the Caribbean, and Asia, in people with no travel history to endemic regions. This international outbreak in non-endemic regions is caused by a mutation of the west African strain of the virus, which is less pathogenic than the central African strain.

How it is Spread

Monkeypox is spread in different ways and can spread from person-to-person through:

- Direct skin-to-skin contact with someone who has a monkeypox, by contact with the rash, scabs, or body fluids
- Close personal contact with exposure to respiratory droplets from an infected person
- Intimate skin-to-skin contact with exposure to body fluid
- Touching items such as clothing, linens, dishes, and utensils that have been contaminated from the rash or with body fluids of an infected person
- The virus can be transmitted to a fetus through the placenta
- From contact with an infected animal, being scratched or bitten, or preparing or consuming an infected animal

Monkeypox is contagious from the time symptoms begin until the rash and scabs are gone and a new intact layer of skin is present.

Incubation Period and Symptoms

From the time of exposure to the virus until symptoms begin is usually five days to two weeks, but can be as long as 21 days.

Many cases of monkeypox are asymptomatic, and may not demonstrate a rash or other symptoms of a viral infection.

The illness lasts two to four weeks.

Initial symptoms include fever, chills, headache, muscle aches, malaise, swollen lymph nodes

A painful but not itchy rash begins one to three days after fever, usually on the back and chest, then moving outwardly to include the face, palms of hands, and soles of feet.

The rash appears as red spots that develop into 0.5 to 1 cm fluid-filled vesicles and pustules lasting two to three weeks, which weep clear or amber fluid and then form scabs. As the illness resolves, the vesicles scab over and slough off.

Prevention

Avoid close skin-to-skin contact with a person who has a rash that looks like monkeypox.
Do not touch skin, rash, or scabs of a person with monkeypox.
Do not kiss, have intimate contact, or sexual contact with a person who has monkeypox.
Do not share eating utensils, phones, or computers with a person who has monkeypox.
Do not touch clothing, linens, or bedding of a person who has monkeypox.
Wash hands often with soap and water, or use hand sanitizer when soap and water are not immediately available.

Isolation of a Case

A case should be reported to the local public health office and follow their advice.
A person with monkeypox should isolate at home until the rash is resolved, scabs have fallen off, and a new layer of intact skin has formed.
An infected person should isolate in a separate room or area of the home away from others and away from pets in the home.
Do not leave the home except for emergency and necessary follow-up medical care.
Family and friends who are not essential in the home, should not visit or be in the home.
Avoid close contact with others.
Avoid close contact with pets or other animals. Any mammal can get monkeypox.

Contact with a Case

Someone who is identified by the public health department through contract tracing as having had a close contact exposure to monkeypox will be monitored for symptoms for 21 days following the last exposure to the positive case, but will not have to quarantine. Common symptoms include fever, chills, swollen lymph nodes, headache, malaise, and rash.

Other Precautions

Do not engage in intimate or sexual activity with others.
Do not share bed linens, towels, eating and drinking utensils, or clothing with another person.
Use a private bathroom if possible.
Any shared spaces, surfaces, and appliances should be cleaned immediately after use.
Cover rash as much as possible by wearing long sleeves and long pants.
Do not shave areas of body with rash.
Do not wear contact lens during the illness.
Clean high-touch surfaces, such as counter surfaces, tables, doorknobs, faucet and toilet flush handles, and light switches frequently with an approved disinfectant. A list of EPA approved disinfectants can be found at this link: <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q#search>.
Wear a well-fitting medical grade mask when around others in the home and when leaving the home for medical appointments.
Others in the home should wear a mask when within six feet of a person with monkeypox.

Consideration of household members at high risk: pregnant, children under age eight, and immunocompromised, if possible leave the home during the isolation period of the infected person.

If possible, the infected person should clean and dress own rash wearing disposable gloves.

Cover porous surfaces that cannot be laundered, such as mattresses, and upholstered furniture by covering with a waterproof sheet, blanket, or tarp.

Waste containment: when possible the person with monkeypox should collect and seal trash in a plastic bag: all disposable used articles such as food packaging, eating utensils, paper towels, tissues, dressings and bandages. Trash can be deposited in standard waste containers.

Laundry: when possible the person with monkeypox should collect, handle, and transport laundry. Do not shake items to be washed. Gather in one location, contain in an impermeable container that can be disinfected or a disposable plastic bag. Laundry should not be mixed with that of another household member. Use a standard home washing machine and detergent.

Testing

Testing for monkeypox is done by swabbing two skin lesions from different anatomical sites and sending to laboratories capable of conducting samples to identify the orthopoxvirus type DNA via PCR testing. Some commercial labs can test for monkeypox. These include Aegis Science, Labs, Sonic Healthcare, Mayo Clinic Labs, LabCorps, and Quest Labs. Tests can be ordered by a licensed health care provider from these labs without approval. The TN State Public Health Laboratory can also test for monkeypox, with confirmation from the CDC. The state public health lab requires the health care provider obtain approval from the local public health office.

Treatment

Treatment for monkeypox infection is supportive, managing fever, pain, dehydration, and skin lesions. There are no drugs specifically licensed to treat monkeypox, but because the monkeypox virus and the smallpox virus are genetically similar, two available antiviral drugs can be used to treat monkeypox infection, especially in people at high risk for serious illness from the infection.

Vaccines

Two vaccines in the US are licensed by the FDA to prevent monkeypox. *Imvamune* (Jynneos) is a live virus vaccine that does not replicate efficiently in human cells. It is approved and licensed for both smallpox and monkeypox for people over the age of 18, and is administered in two doses, 28 days apart. Maximal immune response occurs two weeks following the second dose.

People with allergies to certain antibiotics and eggs should not receive this vaccine.

The second vaccine is *ACAM2000*, and is a live *vaccinia* virus vaccine which is replication competent in human cells. It is administered in one injection with a bifurcated needle which causes a lesion to develop at the injection site and may take up to six weeks to heal. Maximal immune response occurs four weeks following administration of the vaccine. *ACAM2000* is licensed for smallpox prevention and can be used for monkeypox under FDA Expanded Access IND (compassionate use). People with heart disease, immunocompromise, HIV, congenital immune deficiency, atopic dermatitis and eczema, certain eye diseases, who are pregnant, and infants under 12 months should not take this vaccine.

People who received the smallpox vaccine as children (the US ceased smallpox vaccination of infants and children in 1972) have at least partial protection against monkeypox and if infected would most likely have milder illness.

Action Plan for Managing Monkeypox Cases

In the event that a case of possible or confirmed monkeypox is reported on any King University Campus, the following actions will be taken.

The residential student with suspected or confirmed monkeypox will be immediately moved to a private room with a private restroom for isolation or temporary holding until they can travel off campus. Commuter students need to return to their off-campus residence immediately.

Notify the Sullivan County Regional Health Department of a case of suspected or confirmed monkeypox at 423-279-2777, or the Knox County Health Department for cases on the Knoxville Campus at 865-215-5093.

Employees should immediately leave campus and seek medical attention.

All students who can travel to their permanent homes, should immediately leave campus and return home.

All suspected and confirmed cases should seek medical attention.

Call the medical facility before going to let them know of possible monkeypox and your arrival time.

The following process will be followed for residential students who cannot immediately travel home.

Isolation Process

- A private room with a private bathroom will be provided for residential students temporarily until travel from campus can occur, or for the period of required isolation if travel is not possible.
- The person with suspected or confirmed monkeypox must wear a medical grade surgical mask or an N95 and clothing that covers skin lesions, long sleeves, long pants, (a gown if necessary), and disposable gloves during relocation to the area of isolation and during transportation for medical attention, and at any other time they leave the isolation room.
- For residential students with suspected or confirmed cases, clothing, bedding and other personal items such as toothbrushes, razors, personal grooming items, and all academic supplies should be packed by them and taken with them to the isolation area.
- If the residential student has a roommate, the roommate will be moved immediately to another residence room, and the room cleaned as stated below.
- If a student is being transported from campus by a university employee, the employee must wear personal protective equipment (PPE) suitable for contact and droplet transmission*, and maintain as much personal distance as possible.
- If the student must remain on campus in an isolation room, the student will be provided with bed linens and towels, plastic bags for waste disposal, and cleaners to

- clean surfaces in the room and the bathroom. A list of EPA approved disinfectants for monkeypox is found at this link: <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>
- The mattress in the isolation room should be covered with a waterproof sheet or pad, or plastic
 - If the student must remain on campus in an isolation room, the student will be responsible for daily cleaning of high-touch surfaces in the room such as countertops, light switches, door knobs, remote controls, faucets and toilet flush handles, and the bathroom with the approved disinfectants provided.
 - If the student must remain on campus in an isolation room, the student will be responsible to manage laundry by assuring it is double-bagged in a leak-proof container, such as a plastic bag. Items of laundry should not be shaken, but rolled or folded tightly and placed in the plastic bag.
 - If the student must remain on campus in an isolation room, the student will be responsible for managing waste from trash cans in the room by double bagging all trash in leak-proof plastic bags and transporting the waste to the designated location on campus. The student should wear disposable gloves when gathering, bagging, and transporting trash, and wear a medical grade mask and cover skin lesions with long sleeves and long pants when outside the isolation room.
 - The current strain of monkeypox is the West African strain, it causes less serious illness and is not as easily transmitted person-to-person, therefore waste disposal does not require a special permit. Federal interagency guidance on managing solid waste exposed to monkeypox is found at this link: https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/2022-06/Cat%20A%20Waste%20Planning%20Guidance_Final_2022_06.pdf
 - Meal delivery to students in isolation for monkeypox will follow the process currently in place for isolated and quarantined students. Food containers and eating utensils must be disposable.
 - The student cannot have pets or other animals in the isolation room.
 - Multiple people who are confirmed to have monkeypox can stay in the same room and share a bathroom.

Cleaning

After an isolation room is vacant, it should be thoroughly cleaned. People cleaning the room should wear PPE suitable for contact and droplet transmission*.

When cleaning:

- Use wet cleaning methods with an EPA approved disinfectant. A list of approved disinfections is found at this link: <https://www.epa.gov/pesticide-registration/disinfectants-emerging-viral-pathogens-evps-list-q>. Follow the manufacturer's directions for concentration, contact time, and care.
- Avoid dry dusting, sweeping, and vacuuming.
- Linens can be laundered using regular detergent and warm water. Any left behind soiled laundry should be gently and promptly contained in a plastic bag and never be shaken or handled in a manner that may disperse infectious material. Do not remove PPE until laundry is in the washer. PPE is not required after the wash cycle is complete.

- Wash hands immediately after discarding PPE and exiting the isolation room

***PPE for contact and droplet transmission includes: gloves, gown, medical grade mask or N95 mask, and eye protection (either safety goggles or a face shield)**