Millsaps College continues to closely monitor COVID-19 and associated public health information related to the resulting pandemic. A priority has been placed on the health, safety and wellness of all student-athletes (SAs), coaches and staff members as it prepares for the return of athletic activities, including team gatherings, practices, conditioning and competition.

The members of the Millsaps College Athletics COVID-19 Action Team include:

- Aaron Pelch, Millsaps College, Director of Athletics, Chair
- Jamie Fisher, Millsaps College, Assoc. Athletic Director/SWA/Head Volleyball Coach
- Brian Serrano, Millsaps College, Director of Sports Medicine
- Dylan Taylor, Millsaps College, Head Athletic Trainer
- Carol Landwirth, Millsaps College, College Nurse
- Whitney Emrich, Millsaps College, Vice President of Finance
Millsaps College has relied on the advice and counsel of medical experts and the NCAA to determine a responsible approach for a safe return to athletics. We recognize there is no way to eliminate the risk of transmission of the virus at this time. These standards are intended to increase the likelihood of early identification and help mitigate the potential impact of the virus.

These requirements have been developed in consultation with public health experts, team physicians and athletic trainers in concert with medical representatives from the University of Mississippi Medical Center and the Mississippi Department of Health. These policies are intended to guide Millsaps in the necessary requirements needed to participate in athletics during the 2021-2022 academic year.

These requirements are based on currently available information. Given the fluid nature of this pandemic, the requirements and testing strategies within are likely to change and will be updated as information evolves.

**Consistent with NCAA Constitution Bylaw 3.2.4.21, each institution’s medical staff must have unchallengeable autonomous authority to determine medical management and return-to-play decisions related to student-athletes.**

**VACCINATION**

COVID-19 vaccination remains the most effective means to achieve control of the pandemic. Although COVID-19 cases and deaths had declined considerably since their peak in January 2021, infection rates, hospitalizations and deaths have spiked during the past month, driven by the highly transmissible B.1.617.2 (delta) variant of SARS-CoV-2. Available data indicates that the vaccines authorized in the United States offer high levels of protection against severe illness and death from infection with the delta variant and other currently circulating variants of the virus. Unvaccinated people and individuals with certain medical conditions remain at substantial risk for infection, severe illness and death, especially in areas where the level of community transmission is high.

Despite widespread vaccine availability, current vaccination rates are inadequate to provide community-level immunity and vary significantly state by state and county by county. However, because of emerging evidence that the delta variant is highly transmissible, and that fully vaccinated individuals can become infected by the delta variant and transmit COVID-19 to others even when asymptomatic, the concept of community-level immunity becomes less relevant. Instead, prevention strategies become paramount.

Individuals are considered "fully vaccinated" beginning 14 days after their final dose of a Pfizer, Moderna, Johnson & Johnson or AstraZeneca vaccination. The equivalent of "fully vaccinated" is documented COVID-19 infection in the past 90 days (or more than 90 days if allowed by local authorities). The CDC recommends that individuals who have a prior history of COVID-19 infection should become vaccinated, and it is recommended to wait until 90 days after the infection before commencing the vaccination process.
GENERAL PROCEDURES AND REQUIREMENTS

Testing
Both polymerase chain reaction (PCR) and antigen (RA) testing methods may be employed. Alternative testing methods may be considered if sufficient data develop to support their use.

- For all sports, PCR or RA testing is required for individuals that are not fully vaccinated three times weekly (RA) or one time weekly (PCR) during traditional and non-traditional competition segments. Each sport may be subject to additional testing requirements depending on current campus and team infection rates (See Table 1). Testing of an individual who previously tested positive for the virus and has subsequently recovered and returned to play will not be required for 90 days post-infection.

Table 1. COVID-19 Management Protocols for Tier 1 Individuals – Testing

<table>
<thead>
<tr>
<th>TESTING</th>
<th>NOT FULLY VACCINATED</th>
<th>FULLY VACCINATED OR DOCUMENTED INFECTION IN THE PAST 90 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional &amp; Non-Traditional Competition Segments</td>
<td>Negative PCR/RA test 48-hours prior to arrival to campus and RA test upon arrival to campus within three to five days after arrival.</td>
<td>No testing unless symptomatic, or based on a risk assessment of a documented close contact with COVID-19.</td>
</tr>
<tr>
<td>Sustained Increased Transmission</td>
<td>If sustained increased transmission on a team, test all team members.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Sustained increased transmission is likely occurring if:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Team of &lt; 50: Concurrent positive cases of three or more.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Team of &gt; 50: Concurrent positive cases of five percent or more.</td>
<td></td>
</tr>
</tbody>
</table>
Cardiac Screening and Return-to-Play following COVID-19 Infection or Close Contact Quarantine
Based on CDC guidance, all student-athletes diagnosed with a COVID-19 (SARS-COV-2) will require isolation for at least 10 full days with day 0 starting at the onset of symptoms or the day of testing if asymptomatic. In addition, student athletes must be free from any COVID symptoms for at least 24 hours before beginning return to play (RTP) protocol. No exercise should be undertaken during the isolation period. Prior to completion of the isolation period each student-athlete will undergo a medical evaluation by a team physician or member of the athletic training staff. If there is concern for possible cardiac complications from COVID-19 infections (i.e., acute myocarditis), cardiac testing may be required prior to returning to full participation in sport (See Chart 1).

The results of these tests, medical evaluation findings or the clinical course of the student-athlete (i.e. moderate to severe infections requiring hospitalization) may warrant further testing (such as cardiac MRI) based on the discretion of the team physician and athletic training staff.

In all cases of COVID infection or close contact quarantine, a minimum of a 5-day period of re-acclimation to exercise* will be required. Those with prior COVID infections will be monitored for any signs or symptoms of cardiac complications (i.e. chest pain, shortness of breath, presyncope, syncope). Day 1 of re-acclimation should be approximately 25% of a normal practice or conditioning session, with day 2 at 50%, day 3 at 75% and day 4 at full participation.

*Practice and conditioning activities during the period of re-acclimation to exercise should be determined collaboratively by medical, strength and conditioning and coaching staff.

Mitigating Risk with Daily Self-Health Checks
All student-athletes and athletics personnel should practice daily self-health evaluations before participating in any aspect of in-person athletics activities.

The CDC has published a non-exhaustive list of symptoms that may indicate COVID-19 infection, including:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea.

Individuals with any of the above symptoms are encouraged to contact the athletic training staff and coaching staff by telephone before coming on campus or to any athletics facility. Individuals should also follow the Millsaps Health Decision Tree (See Chart 3) and complete the necessary campus forms. A Student Life staff member will conduct appropriate follow-up upon receipt of the Notification Form or any type of notification.

1cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
Clinical

- In addition to routine surveillance and pre-competition testing, if SAs or staff develop symptoms consistent with COVID-19 at any point, they must undergo clinical evaluation including testing for presence of the virus. If a SA or staff member becomes symptomatic between the surveillance testing period and competition, rapid diagnostic testing may be utilized for testing purposes as available.

- Individuals with a previous diagnosis of COVID-19 who develop new symptoms consistent with COVID-19 will require retesting even if symptoms appear within the 90-day exemption period

- See Medical Response Plan section for management of positive cases.

- Adjustments to testing frequency and alternative testing methods may be considered if sufficient data develop to support their use. This should include consultation with local medical experts and health officials before implementation.

Medical Response Plan

- Confirmed Infection
  
  o Asymptomatic Infection

  Isolate for at least 10 days from the date of the positive test. If the individual becomes symptomatic, implement symptomatic infection recommendations below. When returning to activity following isolation, student-athletes will need 1) clearance from a team physician or Director of Sports Medicine; 2) cardiac evaluation; and 3) to adhere to an appropriate period of acclimatization following the period of inactivity.

  o Symptomatic Infection

  Isolate for at least 10 days from onset of symptoms. At least 24 hours must have passed since last fever without the use of fever-reducing medications and symptom improvement (e.g., cough, shortness of breath, etc.) has occurred, in accordance with current CDC guidance for isolation to end. When returning from isolation, student-athletes will need 1) clearance from a team physician or Director of Sports Medicine; 2) cardiac evaluation; and 3) must adhere to an appropriate period of acclimatization following the period of inactivity.
Management of Individuals Following Confirmed Positive COVID Infection

Within a 90-day period of a confirmed positive test on COVID surveillance testing or a confirmed symptomatic COVID infection, asymptomatic SA’s will not be required to participate in surveillance testing and will not be required to quarantine following a close contact with a COVID positive individual. After 90 days those individuals will be required to quarantine if they are deemed to be a close contact following high risk exposure. This is an evolving area of research and this policy may need to be adjusted as new information arises.

- **Presumed Infection**: Isolate individual with suspected infection; if in the athletic facility, isolate and refer to a medical professional for evaluation and management.

- **Pre-competition patient under investigation (PUI) or confirmed case**: For cases that arise after pre-competition testing but before competition begins, the individual needs to be promptly isolated and tested. Preliminary contact tracing for PUIs and full contact tracing for confirmed cases to identify and quarantine close contacts should occur.

- **In-competition PUI**: For potential cases that arise during competition, the individual needs to be promptly evaluated. Rapid Antigen Testing (RA) will be available for both competing teams for symptomatic individuals who are suspected to have COVID-19.

- **Post-competition confirmed case**: For cases that arise after competition is completed, the individual needs to be promptly isolated and tested. Contact tracing to identify and quarantine close contacts should occur.

**Quarantine Protocol (See Table 2)**

- A close contact is 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 asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. Close contacts should follow the college’s quarantine policies for all faculty, staff and students (See Chart 2)

- Monitored exercise/workouts are allowed during the established quarantine period if the individual remains asymptomatic and receives a negative PCR or RA COVID-19 test on day 5. Monitored exercise/workouts during quarantine will follow return to play protocols.
• Return to play after quarantine is allowable if no symptoms develop while quarantined and if individual has been quarantined for the recommended time period.

Isolation Protocol (See Table 2)

• Pre-Travel: If an individual(s) tests positive prior to travel the positive individual(s) may not travel and will be isolated according to the policies established by the college.

• During Travel: If an individual(s) tests positive while traveling, the positive individual(s) will not participate in any elements of the competition and will be isolated according to the policies established by the college. If this occurs:
  
  o The local health authorities that govern the home team will be notified. Visiting institutions should report their positive results directly to their university-wide COVID-19 public health management operations for notification, tracing, isolation/quarantine and follow-up support.

  o The team with the individual who tested positive will return the individual to his/her campus community as soon as it can arrange to do so using appropriate infection control and physical distancing practices.

  o Millsaps will have designated and dedicated isolation rooms for each of the home and visiting teams for symptomatic or COVID positive individuals. These areas will be located in the Hall Activity Center and will be available during all home competitions.

• Post-Travel: If an individual(s) tests positive after traveling, the positive individual(s) will be isolated according to the policies established by their institution.
Table 2. COVID-19 Management Protocols for Tier 1 Individuals – Quarantine & Isolation

<table>
<thead>
<tr>
<th>QUARANTINE &amp; ISOLATION</th>
<th>NOT FULLY VACCINATED</th>
<th>FULLY VACCINATED OR DOCUMENTED INFECTION IN THE PAST 90 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close Contacts</td>
<td>Quarantine in accordance with college guidance for close contact with another individual with confirmed positive COVID-19 (See Chart 2). Considerations regarding activity during quarantine (e.g., individual exercise if it does not cause cardiopulmonary symptoms) continue to apply.</td>
<td>Negative COVID-19 test required three to five days after exposure to infected individual.</td>
</tr>
<tr>
<td>Positive Test Protocol</td>
<td>Isolation for 10 days and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications and other symptoms have improved (See Chart 2). No exercise during isolation. Post-isolation exercise consistent with return to play protocol including cardiac considerations.</td>
<td></td>
</tr>
</tbody>
</table>
Considerations for Handling Asymptomatic Positive Results: Rapid Antigen (RA) Testing

Asymptomatic individuals with a positive COVID-19 RA test will be placed immediately into isolation. Within 24 hours of receiving the results of the positive RA test, the individual may receive a PCR test at the direction of team medical personnel. If the PCR test is positive, this will confirm an active COVID-19 infection.

- If an individual is subjected to a RA, asymptomatic individuals with a positive RA will be placed immediately into isolation and an additional RA test will be administered immediately to confirm and validate the result of the initial RA test. If a positive RA result is received, the individual will begin isolation protocol. If a negative RA result is received, the individual will be moved to isolation and contact tracing will begin. A PCR test should be taken immediately following the RA or no more than 24 hours later. The PCR test is definitive, including when ruling out a false positive antigen test. If a negative PCR result is received, the individual may be released from isolation and should return to the surveillance testing program. Contacts associated with the exposure may also be released from quarantine and medically cleared for athletic activities.

- Validation of results must be completed 24 hours before competition, and all such cases shall be documented and reported to the SAA commissioner’s office by the designated campus COVID liaison.

Response to a Potential Quality Assurance/Control Error Involving Testing

- If there is reason to suspect a quality assurance or quality control error involving a subset of test results from a surveillance screening session, the designated COVID medical personnel will work with the appropriate parties to conduct a review of the testing process which may, as indicated, include repeat testing of the affected samples or individuals.

- During the period of review, individuals for whom the tests were initially reported as positive will remain in isolation.

- At the conclusion of the review, the designated COVID medical personnel will present the data to the Athletics COVID-19 Action Team and the SAA COVID Committee for final review and update the final test results.
**Face Coverings**

All individuals utilizing indoor athletic spaces are required to wear a face covering. The proper use of a mask/neck gaiter as a mitigation strategy requires that the mask/neck gaiter must completely cover both the nose and mouth such that neither nostrils nor the tip of the nose is visible. Face coverings are not required at this time for outdoor athletic team activities, but are universally required for all indoor athletic team activities both on and away from campus. (See Table 3)

**Table 3. COVID-19 Management Protocols for Tier 1 Individuals – Masking**

<table>
<thead>
<tr>
<th>NOT FULLY VACCINATED</th>
<th>FULLY VACCINATED OR DOCUMENTED INFECTION IN THE PAST 90 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATHLETIC ACTIVITIES</strong></td>
<td></td>
</tr>
<tr>
<td>Training and Competition</td>
<td>No restrictions.</td>
</tr>
<tr>
<td>Team Travel</td>
<td>Masking during all travel.</td>
</tr>
<tr>
<td>Other Athletic Activities (e.g., team meetings)</td>
<td>Universal masking and physical distancing.</td>
</tr>
</tbody>
</table>

**Team Travel**

The team travel party should be limited to only the team, coaches and essential personnel who undergo similar surveillance as student-athletes and coaching staff. All others should travel separately to and from competitions. Universal masking while traveling as a team in enclosed or indoor spaces is required (See Table 3).

**COVID-19 Protocol Oversight Officer**

Millsaps shall designate the Director of Athletics as the COVID-19 Protocol Oversight Officer who shall be responsible for education and ensuring compliance with the Millsaps COVID-19 Management Plan. The COVID-19 Protocol Oversight Officer or his/her designee will ensure compliance with management protocols by teams, staff and essential personnel at both home and away competition.
Potential Close Contact Identification Process

Objectives

- To ensure a consistently high standard of reporting and identification of close direct contacts with COVID-19 cases within all Millsaps sponsored sports;
- To develop a monitoring system that will identify close direct contacts that will aid in determining which individuals need to be quarantined after an exposure;
- To ensure a standardization of case management and close contact quarantine procedures across all sports; and
- To assist public health officials with clinical decision making related to the athletic population/sports and the potential exposure to positive cases and subsequent case management.

In the event that an individual test positive for COVID-19 in the 48 hours after a contest the process for determining whether other student-athletes, coaches or officials may be considered as “direct contacts” is outlined below. The process for identifying close contacts may involve review of game film.

1. If a team member tests positive for COVID-19 within 48 hours of a game, the COVID-19 Protocol Oversight Officer shall notify the COVID-19 Administrator of the opposing institution as well as the SAA office. The positive test result will be either a PCR test or a Rapid Antigen COVID-19 test. The COVID-19 Protocol Oversight Officer shall report any positive results directly to their college-wide COVID-19 public health management operations for notification, tracing, isolation/quarantine, and follow-up support.

2. Millsaps will coordinate the analysis of the SA’s involvement in the contest. Game statistics and full review of video footage may be used as the primary determinate of close contacts.

Close Contacts during competition shall be defined as:

- Individuals within 6 feet of a positive case for a cumulative of 15 minutes or longer during competition (or over a 24-hour period):
  
  - Student-athletes on either side of positive student-athletes
  - Student-athletes directly across from positive student-athletes
  - Sideline/courtside/team bench area
  - Position/unit meeting areas
Definitions:
The following definitions will be used by applying the approved Team Sport Risk Exposure Framework:

- According to the current CDC definition, a close contact is 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 asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. Close contacts do not include brief encounters such as walking past someone.

- Proximity and duration, as per the Team Sport Risk Exposure Framework (Figure 1).

Figure 1
Game Discontinuation Considerations

A game may be discontinued or cancelled if:

- There is found to be an inability to isolate new positive cases or quarantine high-risk student contacts.

- There is an unavailability or inability to perform symptomatic, surveillance or pre-competition testing when warranted.

- Campus-wide or local community positivity test rates that are considered unsafe by local public health officials.

- There is an inability to perform adequate contact tracing consistent with local, state or federal requirements or recommendations.

- Local public health officials indicate an inability for the hospital infrastructure to accommodate a surge in COVID-19 related hospitalizations.

Post-Game Contact Tracing

Contact tracing is an important part of reducing the spread of COVID-19. The combination of a regular testing protocol undertaken by Millsaps for all student-athletes, staff and essential personnel and the use of social distancing protocols can help reduce the risk of exposure during competition. This mitigation strategy also aids in identifying individuals that may be deemed a close contact and determining if additional testing or quarantine is required.
Chart 1 – Millsaps College Cardiac Screening Decision Tree

Cardiac Considerations for Millsaps College Student-Athletes during the COVID-19 Pandemic

Confirmed COVID Infection

- Isolate and contact tracing per campus guidelines

Asymptomatic or Mild illness
(common cold-like symptoms without fever, GI symptoms, or loss of taste/smell)

- Medical evaluation before a return to exercise progression;
  - No specific cardiac testing; additional cardiac testing based on clinical concern or institutional requirements
  - No exercise until asymptomatic for 7-10 days

- Return to Play
  - Monitor for new symptoms with exercise*

Moderate illness or Initial Cardiopulmonary Symptoms
(fever, chills, or flu-like symptoms)

- Medical evaluation before a return to exercise progression.
  - Daily monitoring/reporting of cardiac symptoms.
  - No specific cardiac testing; additional cardiac testing based on clinical concern or institutional requirements
  - No exercise until asymptomatic for 7-10 days

- Return to Play
  - Monitor for new symptoms with exercise*

*Cardiopulmonary Symptoms with Return to Exercise
(chest pain, SOB, palpitations, or unexplained exercise intolerance)

- Medical evaluation and consider ECG, Echo, and Troponin
  - A comprehensive medical evaluation and cardiology consultation is recommended
  - Consider ECG, Echo, and Troponin

Severe illness or Hospitalization

- Medical evaluation and consider ECG, Echo, and Troponin
  - Cardiology consultation and consider Cardiac MRI before a return to exercise progression
  - ECG should be compared to previous when available
  - Troponin testing (hs-cTnI or cTnI) should be performed after 48 hours without exercise
  - Confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorder should be managed per medical guidelines

*Return to Play
- Monitor for new symptoms with exercise*
Chart 2 – Millsaps College Quarantine and Isolation Protocols & Scenarios

<table>
<thead>
<tr>
<th>Guidelines for Students Who Have Tested Positive for COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Return to your residence hall room and avoid contact with other people.</td>
</tr>
<tr>
<td>• Report your test results via the online student report test results form.</td>
</tr>
<tr>
<td>• The campus nurse or authorized Student Life staff member will contact you via phone to provide further instructions.</td>
</tr>
<tr>
<td>• Students who have reported a positive test result will be required to isolate. This is regardless of vaccination status or a previous positive COVID test.</td>
</tr>
<tr>
<td>• Students required to isolate should return to their primary (home) residence. Students who wish to request an exception to stay on campus to isolate must receive approval from Student Life staff.</td>
</tr>
<tr>
<td>• The student will receive further isolation instructions via email. This email will have a series of guidelines, instructions, and forms – all of which must be read thoroughly and responded to promptly.</td>
</tr>
<tr>
<td>• Be prepared to leave your room assignment within two hours of a positive test result and to report your close contacts.</td>
</tr>
</tbody>
</table>

Students who tested positive for COVID-19 and **HAVE SYMPTOMS** may discontinue isolation under the following conditions:

- At least 10 days have passed since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications have passed **and**
- Other symptoms of COVID-19 are improving. Loss of taste and smell may persist for weeks or months after recover and need not delay the end of isolation.

Students who tested positive for COVID-19 but **HAD NO SYMPTOMS** may discontinue isolation under the following conditions:

- If no symptoms develop, you may discontinue isolation once 10 days have passed since you had a positive test for COVID-19.

---

**Guidelines for Students Identified as a Close Contact of Someone Who Tested Positive for COVID-19 (3 possible scenarios)**

COVID-19 Close Contact Exposure Definition: The current definition of exposure to COVID19 remains 15 minutes of cumulative contact over a 24-hour period at <6 feet. An infected person can spread COVID-19 up to 2 days before they have symptoms or 2 days prior to positive test if they have no symptoms, therefore, contacts should be identified who were exposed up to 2 days prior...
to onset or test date accordingly.

### 1. Students who are Fully Vaccinated (proof of vaccination will be required):
Students who have been identified as being in close contact with someone who has tested positive for COVID-19 but are fully vaccinated, with no symptoms, are not required to quarantine and should follow the guidelines below:

- Monitor for symptoms.
- Get tested 3-5 days after your exposure, even if you don’t have symptoms. Test results should be sent to health@millsaps.edu.
- If you receive a positive test result, refer to the “Guidelines for Students who have Tested Positive for COVID-19” above and begin isolation protocol.

### 2. Students who have had a confirmed COVID-19 illness within the previous 3 months (proof of positive test will be required):
Students who have been identified as being in close contact with someone who has tested positive for COVID-19 but have had a confirmed case of COVID-19 within the past 3 months, have recovered and remain without COVID-19 symptoms are not required to quarantine and should follow the guidelines below:

- Submit a copy of your positive test results, including date of test, to health@millsaps.edu.

### 3. Students who are NOT Fully Vaccinated:
Students who have been identified as being in close contact with someone who has tested positive for COVID-19 and are not FULLY vaccinated must quarantine.

- Students who have been identified as close contacts of individuals who have tested positive will be contacted by the campus nurse or authorized Student Life staff member.
- Students required to quarantine should return to their primary (home) residence. Students who wish to request an exception to stay on campus to quarantine must receive approval from Student Life staff.
- The student will be asked a series of wellness questions and then will receive quarantine instructions, guidelines and forms via email. These items must be read thoroughly and responded to promptly.
- Students should be prepared to leave campus or enter your quarantine space on campus (if approved) within two hours.
- Quarantine may end after 10 days if the individual has no symptoms.
- If a student has no symptoms for 7 days and has a negative COVID019 test (molecular or antigen) collected on day 5, 6, or 7 of the quarantine period, the quarantine can be discontinued after day 7.
Chart 3 – Millsaps College Quarantine and Isolation Protocols & Scenarios

MILLSAPS COLLEGE

STUDENT COVID-19 HEALTH DECISION TREE

ARE YOU EXPERIENCING COVID-19 SYMPTOMS?

- Fever or chills (over 100.4°F or 38°C)
- New loss of smell or taste
- Cough
- Muscle aches
- Sore throat
- Shortness of breath or difficulty breathing
- New or unusual headache
- New onset of any gastrointestinal symptoms (such as nausea, vomiting, diarrhea, or loss of appetite)

NO SYMPTOMS

Have you been in contact with someone who has been diagnosed with or tested positive for Covid-19?

YES

Close contact?

NO

Practice social distancing and good hygiene. Wear a face covering.

YES, CLOSE CONTACT

(within 6 feet for 15 or more minutes)

I'M FULLY VACCINATED

1. Make sure health@millsaps.edu has a copy of vaccination card.
2. Quarantine not required if asymptomatic.
3. If you have not done so already, please complete the student reporting form.
4. Get tested 3-5 days after exposure. Submit test result using the student COVID-19 reporting form.

I'M PARTIALLY OR NOT VACCINATED

1. Quarantine for 10 days after date of last contact. Students will be asked to complete the student reporting form and then will be contacted by a Student Life staff member to discuss next steps to begin the quarantine process.
2. Quarantine may end after 10 days if the individual has no symptoms.
3. If a student has no symptoms for 7 days and has a negative COVID-19 test (molecular or antigen) collected on day 5, 6, or 7 of the quarantine period, the quarantine can be discontinued after day 7.

I'VE HAD A CONFIRMED CASE OF COVID WITHIN THE PAST 3 MONTHS REGARDLESS OF VACCINATION STATUS

1. Students with a confirmed positive COVID-19 test within the past 3 months are not required to quarantine.
2. Submit a copy of your positive test result via the student COVID-19 reporting form.

YES, I HAVE SYMPTOMS

FOLLOW CDC GUIDELINES

https://msdh.ms.gov/msdhsite/static/resources/10472.pdf

1. Stay in your residence hall room and avoid contact with other people.
2. Report your test result via the student COVID-19 reporting form.
3. Wait for contact from Student Life staff.

I HAVE TESTED POSITIVE

1. Return to your residence hall room and avoid contact with other people.
2. Report your test result via the student COVID-19 reporting form.
3. Wait for contact from Student Life staff.