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COVID-19 Positive Test or Presumed Positive Response Protocol

The University adopted this protocol to be in full compliance with current state and local orders and consistent with existing federal and state guidance. The Provost's Office may issue updated protocols, which become effective upon adoption, to comply with changes in state and local orders, to be consistent with new federal and state guidance, or to adapt to changing conditions on campus. Please watch for updates to these protocols and regularly check the DU COVID-19 [website](#) for news and other important information.

University of Denver COVID-19 Positive Test or Presumed Positive Response

Faculty, staff, students and especially supervisors must follow the COVID-19 requirements set forth below for returning to campus for work or to attend classes in person after having a positive COVID-19 test result. You must not return to campus until you have received a formal acknowledgment letter from the Deputized Reporter.

The University has implemented a [phased approach](#) to returning employees to campus and resuming activities on campus in accordance with state and local orders, Colorado Department of Public Health (CDPHE) and Centers for Disease Control (CDC) guidance, and University policy and protocols.

Please refer to the [DU COVID-19 website](#) for all updates on current policies.

Self-reporting Positive Test or Presumed Positive Diagnosis.

Any individual (faculty, staff or student) who has received a positive test result or who has been diagnosed by a medical provider as presumed positive for COVID-19 should report this immediately to reportCOVID@du.edu or via phone at 303-871-COVID (2983). Reporting is critical to rapidly and successfully conducting manual contact tracing and will activate the COVID-19 Response Team. The Deputized Reporter will review the need for individuals to self-isolate and remain off-campus or for those who live on campus to isolate on campus.

COVID-19 Response Team

The COVID-19 Response Team (CRT) handles the University response to notifications of positive COVID-19 tests, outbreaks, and cluster identification from symptom tracking. The CRT implements response protocols based on the best available information, informs and recommends rapid response to the Sr. Vice Chancellor for Financial and Business Affairs and Provost to address serious and emergent issues, and develops procedures and protocols to address operational gaps as identified. The CRT manages all aspects of the contact tracing and symptom monitoring process, is charged with reporting findings to the public health authorities, notifies individuals who were in close contact with those who have tested positive or been diagnosed as positive, requests or imposes quarantine/isolation of a student, faculty, or staff member, and recommends or implements building disinfection, closure and/or space modification. Because the CRT has access to personal health information, every team member is required to maintain confidentiality of personal health information by appropriate training and signed confidentiality agreements.

The COVID-19 Response Team is composed of DU employees with designated authority to provide rapid mobilization. The team consists of lead representatives in key roles to promote compliance with regulations, public health orders, and university policy, prioritize the health and safety of the community, balance the competing needs of the DU community and maximizes the University's resources. Currently, the team includes the COVID Coordinator (a DU faculty member), the State Deputized Reporter (DU Director of Environmental Health and Safety), a medical expert (from DU's Health & Counseling Center), a facilities expert (Custodial and/or Building Management) and a representative from the Office of Diversity Equity and Inclusion. Additional members on-call when appropriate include Student Affairs and Inclusive Excellence, Housing and Residential Education, Campus Safety, Human Resources, the Vice Provost for Academic Affairs, and Vice Provost for Budget, Planning and Administration.

The COVID Coordinator leads the team's response, manages institutional communications, and coordinates recommendations from the CRT to the Sr. Vice Chancellor for Financial and Business Affairs and Provost. Consistent with state and local public health guidance, the Deputized Reporter is the institutional lead for contact tracing and regulatory response. Facilities leads building disinfection, closure and space modification. Medical experts consult on possible risk to the individual and their contacts. Housing and Student Life leads student quarantine and isolation and Human Resources leads interactions with employees. Should academic concerns arise, the team would consult with the Vice Provost for Academic Affairs. Most often, the Deputized Reporter and COVID Coordinator support all aspects of the response and work closely together. Under the direction of the Deputized Reporter, additional trained contact tracers may assist with interviews of and follow-ups with individuals who test or are diagnosed as positive and potentially exposed individuals.

Contact Tracing

Information gathered during this process includes: name, date of birth, title, DU ID number, email address, phone number, address, date of positive test, first day of symptoms, last day on campus, buildings and rooms occupied while on campus, among other details. In each instance, interviews and follow-up conversations determine when and where the person who had tested positive or was presumed positive for COVID-19 had been on campus, with whom they might have come into contact, and whether that contact included physical proximity of within 6 feet for at least 15 minutes, and whether the parties were wearing face coverings. Digital contract tracing apps, if used by the individual, will streamline the response, increasing accuracy and shorting response times.

Notification and Closure Response

Using contact tracing data, the COVID-19 Response Team will determine who has been in the vicinity or close contact with the positive or presume positive individual. Close contact requires both duration and proximity sufficient to represent a greater than minimal risk. The Deputized Reporter or their designees will call these people to discuss the possible contact and to provide them with information regarding the need to self-isolate/quarantine and stay off campus. As needed, Human Resources, Student Affairs and Inclusive Excellence team via the Health and Counseling Center (HCC), and academic resources under the direction of the Vice Provost for Academic Affairs will provide additional individualized support.

Based on the last day that the positive or presumed positive individual was on campus and the operational status of the building(s) they visited, the CRT will identify spaces for closure and disinfection. The CRT will determine which spaces fall into which cleaning category and assign the appropriate disinfection response. For areas that the CRT determines may be contaminated and in need of level [three decontamination](#), the spaces will remain closed for 24 hours to allow aerosols to settle prior to cleaning and disinfection. Depending on the type of disinfection technology employed, the space will reopen 3 to 24 hours after decontamination is complete.

Returning to Campus after a Positive Test or Presumed Positive Diagnosis

To return to campus after a positive test for or presumed positive diagnosis of COVID-19, the University of Denver follows the [CDC guidance](#) and medical provider/public health recommendations. The University will require written documentation from an employee's medical provider or the applicable public health authority identifying the date of testing or the date of onset of symptoms. The CDC recommends symptomatic individuals can resume interaction with others after 3 days with no fever (without medication to reduce a fever), respiratory symptoms have improved, and at least 10 days have passed since symptoms first appeared. Asymptomatic individuals who had a positive test can resume interactions with others 10 days after the date of the positive test. These same conditions for ending isolation are also set forth in [Executive Order D 2020 123](#) and [Eighth Amended Public Health Order 20-28](#).

Although members of the DU community may be concerned about the return of an individual who previously tested positive for or had a presumed positive diagnosis of COVID-19, if the medical provider or public health authority has indicated that the individual can end isolation, the University will follow medical/public health guidance and applicable state orders.

Exposure to an Individual who Tested Positive

If you are in contact with a person who tested or is presumed positive for COVID-19, please report this to ReportCOVID@du.edu. The University requires anyone exposed in this way (physical proximity of within 6 feet for at least

15 minutes) to quarantine and not come to campus for 14 days, consistent with [CDC guidelines](#) and the medical observation that symptoms of COVID-19 can appear from 2 to 14 days after exposure.

Cluster Response Identified from Symptom Monitoring

A cluster is defined as four individuals who have recently been on campus and are reporting symptoms aligned with COVID-19. Our symptom monitoring survey automatically informs people with symptoms that they must not return to campus until 10 days have passed since the onset of symptoms. If four individuals are identified as symptomatic and in the same building/division within the same 72-hour window, this would indicate a cluster. When a cluster is identified the University will activate the COVID Response Team to evaluate decontamination, report to Denver Department of Public Health & Environment (DDPHE) as required, and to contact the symptomatic individuals and suggest they seek advice from a medical provider and get tested for COVID if possible. If any of these individuals test positive for COVID-19, the CRT will implement the processes described above. The COVID Response Team will determine if spaces need to be closed or receive additional precautionary disinfection.

