1. General protocol
2. Suspected and confirmed case procedure
3. Contact tracing protocol
4. Exposure and management procedure
5. Face covering policy

General Protocol
MU SHS: COVID-19 (n-19 Coronavirus) Protocol: Risk levels, Risk categories and recommendations, Prevention, Protecting students, Care for Person(s) Under Investigation (PUI), The Communicable Disease Response Team (CDRT), Visitor access and movement within facility, Student Health Services clinical procedures, Environmental infection control.

Introduction:
COVID-19 is a virus that can cause respiratory illness, with mild to severe symptoms. COVID-19 is spread person-to-person through respiratory droplets (cough/sneezes); usually individuals need to be within 6 feet of an infected individual to become infested. Symptoms tend to occur within 2-14 days of exposure and may include dry cough, fever, shortness of breath, sore throat, loss of smell/taste, diarrhea and vomiting.

Purpose:
With the recommendations of the Center of Disease Control (CDC) and Virginia Department of Health (VDH) Marymount University is establishing a framework for assessing and managing risk of potential exposures to COVID-19. Implementation of public health actions to mitigate transmission is a priority for Student Health Services.

Risk levels:
High Risk:
- Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions.
Moderate Risk:
- Close contact with a person with symptomatic laboratory-confirmed COVID-19 infection, and not having any exposures that meet a high-risk definition.
- Living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting (such as a home) to, a person with symptomatic laboratory-confirmed COVID-19 infection while consistently using recommended precautions.
Low Risk:
- Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact - not within 6 feet.
No Identifiable Risk:
• Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

All exposures apply to the 14 days prior to assessment and recommendations apply until 14 days after the exposure event.

**Symptomatic vs. non symptomatic risk categories and recommendations:**

<table>
<thead>
<tr>
<th>RISK CATEGORY</th>
<th>MOVEMENT RESTRICTIONS</th>
<th>MEDICAL EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic, High Risk</td>
<td>Immediate Isolation</td>
<td>Recommended, guided by PUI recommendations. Pre-notify the receiving HCF and EMS to maintain infection control precautions</td>
</tr>
<tr>
<td>Symptomatic, Moderate Risk</td>
<td>Immediate Isolation</td>
<td>Recommended, guided by PUI recommendations. Pre-notify the receiving HCF and EMS to maintain infection control precautions</td>
</tr>
<tr>
<td>Symptomatic, Low Risk</td>
<td>Recommendation to avoid contacts with others and public activities while symptomatic.</td>
<td>Person should seek medical advice to determine if medical evaluation is needed.</td>
</tr>
<tr>
<td>Asymptomatic, High Risk</td>
<td>Remain quarantined per health department’s orders. No public activities.</td>
<td>Daily active monitoring</td>
</tr>
<tr>
<td>Asymptomatic, Moderate Risk</td>
<td>To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities and practice social distancing.</td>
<td>Daily active monitoring</td>
</tr>
<tr>
<td>Asymptomatic, Low Risk</td>
<td>No restrictions</td>
<td>Self-Observation</td>
</tr>
<tr>
<td>No Identifiable Risk</td>
<td>No restrictions</td>
<td>None</td>
</tr>
</tbody>
</table>

SYMPTOMS: subjective or measured fever, cough, or difficulty breathing.

⇒ Asymptomatic people with moderate-risk exposures are recommended to avoid congregate settings, limit public activities, and practice social distancing (~ six feet).
Employers may consider on a case-by-case basis, after consultation with state or local public health authorities, whether asymptomatic employees with medium-risk exposures may be able to work onsite. These decisions should take into account whether individual employees’ work responsibilities and locations allow them to remain separate from others during the entire work day.

Asymptomatic employees with moderate-risk exposures who are permitted to work onsite should not enter crowded workplace locations such as meeting spaces or cafeterias.

Close Contact Individuals: Virginia Health Department states that household and intimate contacts are considered close contacts. Anyone that has been 6 feet or in a room for prolonged periods of time are also considered close contacts.

Close contacts need to monitor themselves for fever, cough, shortness of breath and difficulty breathing, for 14 days after the last contact.

MU SHS will work in conjunction with ACPHD to identify and contact anyone considered to be a close contact of the PUI.

**Prevention:**
Currently there is no vaccine or treatment for COVID-19.
Recommendations for prevention from the CDC include:

- Hand hygiene: wash hands often with soap and water for 20 seconds, use alcohol based hand sanitizer when water is not available.
- Avoid touching your mouth, nose, and eyes.
- Respiratory etiquette: cover coughs and sneezes with your arm or a tissue.
- Avoid exposure to others who are sick.
- Actively encourage students to stay home if ill.
- Perform routine environmental cleaning.

**Protecting students:**
- Communicate risk assessment with students/staff as new developments occur.
- Students will be asked to contact SHS if they have traveled outside the United States as well as self quarantine for 14 days.
- Students will be screened (temperature and questionnaire) prior to receiving their key to their dorm room. If a student is identified as being at risk, SHS will be contacted for further evaluation.
- All students will be asked to track their daily symptoms on the designated app, a representative of SHS will monitor for individuals that will need further follow up.
- For mental health concerns, students will be referred to Student Counseling Services (SCS).

**Care for Person(s) Under Investigation (PUI):**
- SHS clinic staff will use standard precautions, contact precautions, and eye protection. If a PUI is suspected a N95 mask should be worn by both the patient and provider. (N95 masks are located in SHS)
- If a student is identified as a PUI, the ACPHD will be notified immediately (they are available 24/7).
Patients must wear N95 masks. If a MU residential student is the PUI, they should be moved to a designated room for isolation and quarantine. Associate VP Student Enrollment & Student Affairs, Susan Boyd  sboyd@marymount.edu, will be contacted if a residential student is a PUI. If the student commutes or lives nearby it is recommended that they return and stay at home for the duration of the quarantine.

Class absences will be excused for individuals who are too ill to attend virtual classes via an Emergency Notification. An Emergency Notification is initiated by contacting Assistant Vice President of Student Affairs, Laura Finkelstein, at lfinkels@marymount.edu.

People under public health orders to be in quarantine or isolation must be treated with respect, fairness, and compassion, and public health authorities should take steps to reduce the potential for stigmas.

Specifically, measures must be in place to provide shelter, food, water, and other necessities for people whose movement is restricted under public health orders, and to protect their dignity and privacy. Food will be delivered to the individual’s room, and left outside the door to reduce the risk of exposure. Students also need to have internet access to stay involved in studies, as well as allowing interfacing with friends and family.

If a student must leave a quarantined area, a particle mask (N95) (masks are available through SHS with approval) must be worn to minimize transmission of COVID-19.

If the patient requires hospitalization, in coordination with the ACPHD, Virginia Hospital Center (or accepting facility) will be notified in regard to the PUI status and current symptoms. If the patient is being transported by EMS, EMS will be notified that the patient is a PUI.

In order to be allowed out of self-quarantine/isolation, the student must be cleared by the treating provider or meet the criteria of the Health Department.

The Communicable Disease Response Team (CDRT):
If a confirmed case is identified the CDRT must be activated starting with the ACPHD (703) 228-5200.

The Communicable Disease Response Team consists of the following staff members:

- Student Health Center Director: Jennifer Gagnon, MSN, FNP-C
  - (703) 284-1610 or (202) 812-6155
- Student Health Center Collaborative Physician: Erika Williams, MD
  - (847) 275-5880
- Asst VP Student Health & Well Being: Laura Finkelstein, PhD (STUDENTS)
  - (703) 284-7561 or (347) 572-3405
- VP of Student Enrollment & Student Affairs: Bill Bissett, PhD (STUDENTS)
  - (703) 284-1646
- Associate VP Student Enrollment & Student Affairs: Susan Boyd (STUDENTS)
  - (703) 284-1609
- CHRO: Kendra Gillespie (Human Resources) (FACULTY/STAFF)
  - (703) 284-1680
- Student Health Center Infection Control RN: Rachel Greger, BSN
  - (703) 284-1610
Visitor access and movement within facility:
- Visitor access will be limited to the PUI quarantine.
- All necessary messages will be taken to and provided to PUI. The PUI has the right to have the ability to FaceTime and engage in socialization to reduce the effects that isolation can cause.
- While the student is considered a PUI, there will be no unnecessary movement around campus (if PUI must leave their room, they must wear a N95 mask).

Student Health Services clinical procedures:
- SHS staff will follow infection prevention and control policies.
- Chance of Exposure will be minimized:
  - Before arrival: patients should call to notify SHS that they are seeking care.
  - Once a patient arrives at the clinic, they will wear a mask and have their temperature checked prior to entry.
  - Patient needs to adhere to proper respiratory hygiene and cough etiquette.
  - Patient will be placed in the appropriate exam room directly from the clinic entrance.
  - Number of providers involved in care will be kept to the minimum needed.
- CDC Flowchart will be used to identify and assess for COVID-19, in conjunction with ACPHD assessment chart.
- Equipment used to care for patients will be cleaned before and after use.
- Personal Protective Equipment for HCP includes:
  - Gloves
  - Gowns
  - Respiratory Protection
  - Eye Protection
  - Isolation precautions
- If a patient is suspected to be a PUI, they will be placed in private exam room Berg 1014M.
- Testing specimen will be obtained and sent out for results.
- ACPHD (703) 228-5200 must be contacted with positive test results or clinical diagnosis.
- Staff and Faculty that have undergone a telemedicine appointment and qualify for testing will be sent to the rear clinic door for testing.

Environmental infection control:
- Dedicated equipment for patients, if not dedicated or disposable equipment needs to be cleaned and disinfected per manufacturer’s guidelines.
- Ensure environmental cleaning and disinfection procedures are followed consistently and correctly.
- Use EPA approved products emerging antiviral pathogens are recommended.
Administration will be notified as provided on the Protocol for Communicable Diseases and Isolation Protocol.

This protocol shall remain in effect for all patients of Marymount University Student Health Center until rescinded or until 06/30/2021.

Student Health Director: Jennifer Gagnon, MSN, FNP-C

Suspected and Confirmed Case Procedure
MU SHS: COVID-19 (n-19 Coronavirus) Suspected and Confirmed Case Protocol: Positive cases, Positive cases for residents/visitors of campus, Disclosures.

General information:
- People with COVID-19 usually have mild to severe symptoms which can include: fever, cough, shortness of breath, muscle aches, sore throat, or diarrhea. It can take 2-14 days for an individual to exhibit symptoms after being exposed.
- Marymount University’s (MU’s) procedures and priorities if someone tests positive for COVID-19 on campus are: (1) promoting the safety and well-being of the identified patient, (2) following up with anyone with whom they have come into close contact, and (3) recommending self-isolation following the guidelines listed below (usually 10-14 days) to reduce the potential for additional spread, (4) keeping the community safe and informed. Per their management protocols, the Rixey will also alert building residents if one of their tenants has tested positive. Because the Rixey houses tenants including but not limited to MU students, processes mirror those of other residential buildings.

Positive cases:
If you have symptoms consistent with COVID-19 or have tested positive:
- Contact your health care provider or SHS to coordinate care. SHS can also be notified via email MCOVID19@marymount.edu. Let them know you are experiencing signs and symptoms of COVID-19 (or if you have tested positive) and if you have any other medical problems. Refer to the VDH recommendations for “What to do if you have a confirmed or suspected coronavirus disease (COVID-19)?”
- Do not go to work, school, or out in public places until cleared by a healthcare provider.
- Get plenty of rest, stay hydrated, and remain isolated from others. Over-the-counter cold and flu medication might help alleviate some of the symptoms. Follow all usage and warning information on medication labels.
- Self-isolate for at least three full days after you no longer have a fever (without the use of fever-reducing medications) AND other symptoms are greatly improved AND at least ten days have passed since symptoms first started.

Positive cases for residents/visitors of campus:
If you have symptoms consistent with COVID-19 or have tested positive and reside on campus, live in the Rixey, or have visited campus in the past 14 days:
• Students, contact SHS: shealthc@marymount.edu.
• Faculty/staff, contact Human Resources (HR): benefits@marymount.edu. *Please contact benefits@marymount.edu even if you have not been on campus in the past 14 days. HR would want to share eligibility information for leave options.* HR will contact SHS for health referral.
• Contractor or temporary worker will contact supervisor and/or Marymount Sponsor.
• If a residential student, SHS/Student Living will work with the student to ensure they are in the best housing situation available, and will develop a plan to deliver meals and assist possible roommates.
• SHS will evaluate if other members of the campus community are at risk of exposure and coordinate both:
  ◦ Contacting exposed persons
  ◦ Organization of cleaning of exposed areas

Disclosures:
• Per Clery Act COVID-19 guidelines, MU cannot require any member of our community to disclose medical information. MU is committed to providing our community with information as it impacts community health and safety, while also safeguarding the privacy of community members.
• Relevant on-campus entities, such as the residential facility and tenants, will be contacted about a positive case in their building.

Clery Act:
• Interprets the Clery Act’s notification requirements regarding health and safety threats as not requiring institutions to give continuous updates on COVID-19 or to proactively identify positive COVID-19 cases within the campus community.
• Provides that institutions may satisfy the statute’s emergency notification requirements by either: (1) sending students and employees a single notification informing them about COVID-19 and necessary health and safety precautions, including information from health care providers, state health authorities, and the CDC’s COVID-19 website; or (2) creating a banner at the top of the institution’s homepage containing that same information, including a statement about the global pandemic and a link to the CDC’s website.

Contact Tracing Protocol
MU SHS: COVID-19 (n-19 Coronavirus) Contact Tracing Protocol: Protocol, Terminology, COVID-19 contact information, Four steps of contact tracing for COVID-19, Contact tracer and data collection, Interview guide for PUIs, Interview guide for contacts, Quarantine and isolation, Methods to increase protection from COVID-19.

Purpose:
To interrupt ongoing transmission and reduce spread of an infection; alert contacts to the possibility of infection and offer preventive counseling or prophylactic care; and offer diagnosis, counseling and treatment to already infected individuals.
**Protocol:**
Human Resources (HR) (for staff and faculty) and/or Student Health Services (SHS) (for students) will be notified when a member of the Marymount University (MU) community has a positive confirmation or suspected case of COVID-19. HR and SHS will work together to evaluate the extent to which the individual was on MU campus and for how long. Maintaining the individual’s privacy to limit HIPAA violations is of utmost importance. The four stages of contact tracing are to be activated (see below). Arlington County Public Health Department (ACPHD) will perform contact tracing independent of MU SHS. MU SHS will conduct contact tracing pertaining to enrolled students, faculty and staff. The Personal Under Investigation (PUI) must also have a connection to the MU community. Confidentiality of the PUI is of utmost importance and must be respected. Locations identified will be shared with campus facilities and Office of Student Living, but the identity of PUI will only be released with extenuating circumstances.

**Terminology:**

*Suspected case*: A person with an acute respiratory tract infection and fever, cough, or difficulty breathing, or who is considered by a doctor to have suspected COVID-19.

*Probable case*: A person who becomes a suspected case while in quarantine as a close contact to a confirmed case where a test result is not present.

*Confirmed case*: A person with COVID-19 confirmed by PCR viral testing or another recommended diagnostic method.

*Close contact (indoor)*: Closer than 6 feet (2 meters) for more than 10 minutes continuously with a person who has confirmed or suspected case of COVID-19.

*Close contact (outdoor)*: Closer than 6 feet (2 meters) for more than 10 minutes of continuous face to face interaction with a confirmed or suspected COVID-19 case.

*Close contact also includes direct physical contact or direct contact with the infected individual’s secretion.*

*Infectious period*: period of time when COVID-10 can be spread to others; may be contagious without symptoms.

*Incubation period*: the time between the person being infected and when they start to show symptoms (for COVID-19 most display symptoms within 5 days).

*Isolation*: Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected.

*Quarantine*: Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

**COVID-19 contact information:**

COVID-19 is a virus that causes mild to severe respiratory illness with fever, dry cough, shortness of breath, sore throat, loss of smell & taste, diarrhea, headache, fatigue. Other symptoms are becoming apparent as well. Some people are asymptomatic and never know they have it, but they can still transmit the virus to others. COVID-19 is usually spread when people are in close contact (< 6 feet) with each other for a period of 15 minutes or more. Marymount University's definition of a close contact is < 6 feet for more than 10 minutes.
Four steps of contact tracing for COVID-19:

1. Initial identification of PUI
   ○ Contact tracing should be initiated as soon as possible after the PUI is identified, whether through lab results or self-reporting.
2. Interview the PUI
   ○ Discuss confidentiality with the individual.
   ○ Verify individual's demographics.
   ○ Review close contacts (CC’s) and locations of PUI since the start of the infectious period (48 hours prior to the onset of symptoms). This information will be requested when patient presents for testing, or receives a clinical diagnosis.
   ○ PUI will be provided information about isolation and ways to prevent spreading the virus to others.
   ○ The information gathered will be confidential and only used for the purpose of notifying the close contacts and the locations of PUI within the 48 hours prior to symptom onset.
3. Locate and notify close contacts who may have been exposed to COVID-19, within 48 hours of PUI demonstrating symptoms.
   ○ Evaluate the time and closeness of the contact with the case.
4. Monitor condition of PUI and close contacts
   ○ Instruct close contacts to remain in quarantine for 14 days, and inform SHS if they develop any potential symptoms of COVID-19.
   ○ Both PUI and CCs will be tracked by SHS, and individuals will self check temperature twice a day and monitor for symptoms while in isolation and quarantine.
   ○ Follow guidelines for household cleaning and personal hygiene.
   ○ Seek medical care if symptoms worsen.
   ○ The Health Department, primary care provider, or SHS will clear PUI and/or CC when they are able to resume normal activity.

Testing

- If a student, faculty, or staff member is considered a CC and would like to be tested for COVID-19, a prescription will be provided after a telemedicine visit with SHS. The results of the test will be limited to SHS providers and the individual tested.
- Human Resources can coordinate with SHS to provide a faculty or staff member, who has had close contact with a PUI on campus, the ability to be screened and prescription provided to be tested. The MU faculty or staff member will be referred to their primary care provider to follow up if the test is positive, however guidelines for isolation or quarantine will be provided.

Contact tracer and data collection:
The contact tracer is a staff member of SHS, including student workers. Data that is collected for public health use is considered confidential and this must be disclosed to the PUI and close contacts. Guidelines for collection of data should respect the rights of individuals and community groups and minimize the inconvenience. Confidential data will be secured in a secure environment; the number of individuals to have access to the files will be limited.
Interview guide for PUIs:
- Name
- Date of birth
- Contact information
- Demographic data: race, ethnicity, and sex
- Symptoms and date of onset
- Lab data
- History of medical care
- Medical history
- Who the PUI had contact with during specified time period
- Events the PUI attended
- Where PUI was on each day
- Guidance on monitoring and follow up

Interview guide for contacts:
- Notify of exposure
- Contact’s name
- Contact’s date of birth
- Demographic data: race, ethnicity, and sex
- Confirm the person’s exposure
- Ask about symptoms and past medical experience
- Calculate monitoring period
- Provide the proper guidance for the individual on information provided

Data collection regarding COVID-19 will remain confidential, but will be analyzed for surveillance purposes.

Quarantine and isolation:
Quarantine and isolation will end after at least three days without a fever >100.4°F (without the use of fever reducing medication), AND respiratory symptoms have improved, AND at least 10 days have passed since symptoms first appeared. Individuals need to be cleared to return to work/school by the Health Department, primary care provider, or SHS.

Methods to increase protection from COVID-19:
- Wear a cloth face mask or covering
- Continue to maintain 6ft social distancing
- Coughing and sneezing etiquette
- Wash your hands frequently
- Proper cleaning and disinfecting of contact areas
- Monitor for signs and symptoms of illness (daily symptom checker app). SHS will monitor student responses daily.
- Call ahead to a medical facility if seeking medical care

Exposure and Management Procedure
MU SHS: COVID-19 (n-19 Coronavirus) Exposure and Management Procedure: Symptomatic individual on campus, Symptomatic individual not on campus, Treatment and prevention.

Purpose:
To provide assistance in management of a symptomatic individual prior to receiving COVID-19 antigen test results. All staff, faculty, and students of Marymount University who experience symptoms of COVID-19 as defined by the Centers for Disease Control and Prevention (CDC) must be considered as a “person under investigation” (PUI)*. CDC guidelines for self-quarantine and self isolation will be practiced.

Symptomatic individual on campus:
- If the individual has one or more symptoms of COVID-19, they need to have an evaluation by SHS (may be via telemedicine) and an antigen test ordered. The test does not have to be performed by SHS, however results need to be shared with SHS.
- While awaiting antigen test results, the PUI must self quarantine until negative results are obtained. If the test is positive, the individual must self isolate until fever free for 72 hours, and at least 10 days have passed since the onset of symptoms. If the test is positive, ACPHD will be notified and contact tracing will be initiated by the Marymount University SHS.
- If the PUI has been on campus within 48 hours of symptoms starting, individuals that have been in close contact with the PUI will need to self monitor for signs and symptoms of COVID-19.
- If the PUI has a positive test, all close contacts must self quarantine for 14 days after the exposure date. If an individual develops symptoms, return to step (a).

Symptomatic individual who has not been on campus:
If the individual has one or more symptoms of COVID-19, they need to have an evaluation by SHS (may be via telemedicine) and an antigen test ordered. Test does not have to be performed by SHS, however results need to be shared with SHS.
- The recommendation will be made to have PUI self quarantine, while awaiting test results. Guidance will be provided depending on test results.
- If the individual tests positive ACPHD will be notified. Contact tracing will occur by ACPHD. SHS will only be involved in contact tracing if the PUI has been on Marymount campus.

Treatment and prevention:
There is currently no vaccine or medication to prevent COVID-19. The best way to prevent infection is to avoid exposure. Wearing face masks and handwashing and respiratory hygiene and key measures for prevention of transmission. Refer to CDC for most up-to-date information.

Face Covering Policy

Purpose:
In order to ensure the safest environment possible for the Marymount University (MU) community during the COVID-19 pandemic, MU is implementing a Campus Face Covering
Policy from 6/22/20 until further notice. The policy is informed by recommendations from the Centers for Disease Control and Prevention (CDC) and the Governor’s Executive Order 63, and will be reviewed periodically and changed in accordance to recommendations from state and local organizations.

**Policy Statement:**
All students, staff, faculty, and visitors on Marymount's campuses must wear face coverings at all times, except when alone in an office/dormitory room (if positioned 6ft or more away from the door) or if an exception is granted. Face coverings can be purchased or made, should cover the nose and mouth, and should adhere to the CDC’s recommended Use of Face Coverings. Face coverings should be laundered after each use, and individuals should avoid touching the outside of the covering.

**Exemptions to this Policy:**
Virginia Governor Ralph Northam’s Executive Order 63 offers exemptions to enactment of the mask policy, some of which are for purposes of accessibility for those with disabilities.
Marymount adopts the following exemptions, taken from this policy:

- A person eating and drinking at a food and beverage establishment on University grounds.
- A person seeking to briefly (few minutes) communicate with a hearing-impaired person in an outdoor environment, for which the mouth needs to be visible. Please see below for a more detailed explanation.
- Anyone with a health condition that keeps them from wearing a face covering.
- Any person who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance. Persons who have long-term issues with breathing or mobility/motor movement must engage the accommodations process to explore access options posed by mask wearing.
- A person in need of University or medical services may temporarily remove the face covering.

The choice to activate the above list of mask-wearing exemptions will be made on a case-by-case basis. In other words, if the context is not considered safe in which to remove a mask, then their removal will not be authorized or required.

Disabilities compliance is based upon federal disabilities access requirements. Some states interpret those standards more strictly than federal guidance has determined. However, the standard of practice is to follow decisions and directives offered by the U.S. Department of Education, Office of Civil Rights. This history generally does not place disabilities access over legitimate and serious public health/safety concerns.

If you qualify for an exemption, please seek accommodations from Student Access Services (for students) or Human Resources (for staff and faculty). Accommodations that may put others’ safety and health at risk (e.g., not wearing any face covering for more than a few minutes to address a breathing issue) are not an option.
Compliance with Policy:
Failure to comply with the Marymount University Face Covering Policy may result in disciplinary action for students, staff, and faculty. If you witness noncompliance, first encourage mask wearing or accommodation seeking. In the case of multiple instances of noncompliance or willful noncompliance, please notify Campus Safety regarding students and visitors and Human Resources regarding staff and faculty.

REFERENCES
Ohio Department of Health
WHO.int
CDC.gov
ACHA.org
VDH.gov
National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases