



EASTERN OREGON
UNIVERSITY

**Communicable Disease
Management Plan (CDMP)**

Table of Contents

Requirements for a Communicable Disease Management Plan - as set by OHA/HECC, see page 6 & 7 of OHA Standards, dated June 12, 2020	1
Communicable Disease Response Team	2
Purpose	3
Goals	3
Statement of Principle for EOU Communicable Disease Management	4
Family Educational Rights and Privacy Act (FERPA) Restrictions	5
Isolation/Quarantine Protocols for EOU Students Living in the Residence Halls	6
Emergency Transportation Guidelines	7
Procedures for Cleaning	8
Protocols for Faculty & Staff	9
Record Keeping and Contact Tracing	10
Communication Plan	12
Appendices	14
Appendix 1: General Isolation and Quarantine Information	14
Appendix 2: Oregon Reportable Diseases and Conditions	15
Appendix 3: COVID-19 Isolation and Quarantine	16
Appendix 4: Surveillance of Respiratory Illnesses: Monitoring, Forecasting and Early Warning Metrics	17
Appendix 5: Seasonal Influenza Virus Information	18
Appendix 6: Avian and Pandemic Influenza Talking Points	20
Appendix 7: Contaminated Food Recalls	23
Appendix 8: OSHA COVID-19 Infection Control Plan	24

Requirements for a Communicable Disease Management Plan - as set by OHA/HECC, see page 6 & 7 of OHA Standards, dated June 12, 2020

1. All colleges and universities shall have a written communicable disease management plan. The plan must include:
 - a. protocols to notify the Center for Human Development (CHD) of any confirmed COVID-19 cases among students, faculty or staff;
 - i. Response - See "Communications Plan,"
 - b. process and record-keeping to assist the CHD as needed with contact tracing;
 - i. Response - See "Record Keeping and Contact Tracing,"
 - c. a protocol to isolate or quarantine any ill or exposed persons;
 - i. Response - See "Isolation/Quarantine Protocols for EOU Students Living in the Residence Halls,"
 - ii. Response - See "Appendix 1: General Isolation and Quarantine Information,"
 - iii. Response - See "Appendix 3: COVID-19 Quarantine vs. Isolation,"
 - d. plans for systematic disinfection of classrooms, offices, bathrooms and activity areas;
 - i. Response - See "Procedures for Cleaning,"
 - e. coordinating with CHD on contingency planning for response to a person diagnosed with COVID-19 who had been in a campus facility.
 - i. Response - Included in the consultation process, see above responses
2. Plans must adhere to OHA and CDC guidance for controlling spread of COVID-19. Each college and university shall:
 - a. Report to the CHD any cluster of illness (two or more people with similar illness) among staff or students.
 - i. Response - Included in the process, see above responses
 - b. If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the CHD regarding cleaning and possible classroom or campus closure.
 - i. Response - Included in the process, see above responses

Communicable Disease Response Team

President's Office
Executive Leadership Team (ELT)
Crisis Management Team (CMT)
Student Health Center (SHC)

Purpose

To collaboratively develop and implement strategies for response to, and prevention of, communicable diseases in the Eastern Oregon University (EOU) community.

Goals

- To identify communicable disease threats and issues for the EOU community.
- To determine and coordinate actions for prevention of, education about, and/or control of communicable diseases on campus.
- To design and implement appropriate protocols and communication plans.
- To develop relationships and improve communications with other health care stakeholders in the community.

Statement of Principle for EOU Communicable Disease Management

Control of communicable diseases is not an exact science and each outbreak presents a unique set of challenges. Epidemiologic evidence is often incomplete and uncertain. Variations in the environment, season, individual susceptibility, specific pathogen, and numerous other factors require that authoritative medical resources list risks as ranges of probability rather than absolute limits.

Nevertheless, when faced with an actual outbreak, local authorities may be required to use absolute limits to determine when to institute isolation, quarantine, vaccination and other methods of infection control to protect the public health and safety. They must always balance the implementation of such limits with an awareness of the public's rights to liberty.

This protocol recommends employing OHA and CDC guidelines when faced with a range of possible actions. This statement is based upon the principle that a lack of scientific certainty or consensus must not be used to postpone preventive action in the face of a threat to public health or safety.

Family Educational Rights and Privacy Act (FERPA) Restrictions

FERPA prohibits university officials from releasing information about students other than directory information. One of the exceptions allows the release of protected information in a health or safety “emergency.” In a 2002 opinion from the US Department of Education (DOE), the interpretation of public health “emergency” seemed to be less strict than previous interpretations.

It is preferable to get a student's consent prior to releasing protected information in a public health emergency if this can be done without having a negative impact on contact tracing or treatment.

However, EOU recognizes the importance of responding promptly to public health emergencies and the university's past experience has taught EOU that students generally are not concerned about having information released to the health department if they understand the reason for the disclosure.

Requests made by the public health district for student information should be addressed to EOU's Student Health Center or contact University Advancement.

Isolation/Quarantine Protocols for EOU Students Living in the Residence Halls

Residence Hall

1. The Student Health Center (SHC), in consultation with the Center for Human Development (CHD), makes a recommendation either to quarantine one or more individuals who have been exposed but are without symptoms or to isolate any individual who has been exposed and has symptoms.
2. SHC contacts the CHD.
3. Housing & Residence Life (HRL) will identify appropriate space at the beginning of each term for emergency use.
4. SHC contacts the HRL Professional on-call (see contact list) to make arrangements for use of a designated isolation or quarantine space and to get the room/hall keys, if necessary. The HRL Professional will arrange to have keys assigned to that student.
 - a. The HRL Professional on-call will coordinate with HRL Assignments staff to identify an appropriate space based on the student's needs and room availability.
 - b. The HRL Professional on-call follows their protocol in contacting HRL leadership to inform them of the situation
 - c. The HRL Professional on-call will document the situation as appropriate.
5. The room/hall key is issued to the student by an authorized HRL employee.
6. The student occupies the room for the duration of time specified by SHC staff in consultation with CHD.
7. The student is provided with information contained in this document and is given parameters about contact with others. SHC and CHD advise HRL staff on specific precautions the student must take, dining preparations, and custodial training, etc.
8. HRL works with the individual to gather necessary belongings from their current room and provide meals and/or accommodations for meals. HRL will provide linen when necessary.
9. SHC will coordinate arrangements with HRL, as necessary, for skilled home health care for care of residents with acute illnesses not requiring hospitalization.

Emergency Transportation Guidelines

1. Persons who are seriously ill with a contagious respiratory infection and in need of critical medical care will be transported via ambulance by the Emergency Medical System (EMS) responders. The EMS is activated by calling 911.
2. Campus Security's Standard Operating Procedures indicate that if the injured or ill individual refuses transportation to the hospital, offer to assist the individual by contacting someone that can transport them. Employees of the University are not to transport any individual that is ill or has been injured.
3. Instruct the patient with an airborne illness to don a surgical mask if tolerated. If not tolerated, or if a mask is not available, have the patient cover the mouth/nose with a tissue when coughing and then sanitize the hands.

Note: In the event of an epidemic outbreak situation, medical transportation may not be available due to increased demands on the emergency medical system and non-emergent transportation alternatives. Public health officials may issue recommendations regarding medical care for individuals that may include staying at home or not going to the hospital.

Procedures for Cleaning

Cleaning and disinfecting environmental surfaces are important components of infection prevention and control in healthcare/living facilities. Cleaning and disinfecting procedures, use of personal protective equipment (PPE), and medical waste disposal procedures are dependent on the scope and nature of the communicable disease or disease outbreak.

EOU Custodial staff has implemented Centers for Disease Control (CDC) and Oregon Health Authority (OHA) guidelines in the cleaning and disinfection protocols for higher education facilities. Custodial services for Summer and Fall 2020 will be different at EOU. While custodial personnel will focus on periodic cleaning of high touch and traffic areas during the day, as well as, disinfecting buildings each evening, there is a shared responsibility during a pandemic to take care and clean oneself and one's area. Cleaning stations consisting of hand sanitizers, tissues, disinfection bottles, and paper towels will be placed throughout common areas of the buildings. These stations are provided for Individuals to clean the areas they occupy prior to and after use. Custodians will monitor and replace supplies as needed. To allow custodians to focus on CDC/OHA guidelines, it is important that EOU employees be responsible for cleaning and disinfecting their individual spaces and disposing of trash daily in a centralized location. A vacuum will be provided for individual use as needed.

Personal responsibility during a pandemic is absolutely critical and all need to do things differently.

In case of a positive COVID Test, EOU custodians will isolate the impacted areas and will have the proper supplies and equipment to disinfect the areas denoted by EOU's contract tracing protocols, including classrooms, offices, common areas, restrooms, athletic areas. It is anticipated that areas will be available for use again within 24 hours.

See the [EOU Resumption Plan](#) for more detail.

Protocols for Faculty & Staff

For employment-related issues regarding communicable disease among faculty and staff, contact Human Resources.

Record Keeping and Contact Tracing

EOU will use the software Maxient to record and track cases.

EOU will work closely with the Center for Human Development (CHD), Union County's local public health authority, to support contact tracing among students, faculty, and staff. Contact tracing will include notifying individuals that they have been exposed, help them to get access to testing, and start the quarantine/isolation process. For more details about contact tracing, see: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html>

EOU will do the following:

1. Designate primary contacts for CHD
 - a. Vice President for University Advancement will serve as the main point of contact.
 - b. Vice President for Student Affairs for tracing among students.
 - c. Director of Human Resources for tracing among faculty and staff.
2. Ensure that COVID-19 test results are reported in accordance with CHD protocols.
3. Assist the CHD with contacting students, faculty, and staff identified during contact tracing.
4. Provide support for students who need to isolate and quarantine. Students will receive daily wellness monitoring (via telephone and/or video conferencing), be connected with resources, and follow-up support to assure they can continue their academics. Residence Hall students may be provided alternate assigned living quarters or students may be required to isolate/quarantine in their assigned space. Isolation/quarantine within the Residence Halls will include specialized services including wellness checks, meal delivery, laundry service, and trash collection.

When a Reporting Employee has had a positive test, or actually had or is suspected to have COVID19 illness symptoms, or was or is suspected to have been exposed to another COVID19 symptomatic employee or student, then the HR Department reaches out to any "Other" EOU employees who are identified to have had a possible direct or close contact with the reporting employee and conducts contact tracing.

These Other EOU employees are considered to be "primary contacts" or "secondary contacts" of the Reporting Employee (or student) until it is determined that they were not actually exposed. A primary contact is a COVID19 asymptomatic person who had direct or close contact (15 minutes or more within six feet with or without a face covering) to a COVID19 symptomatic, quarantined, or positive test confirmed person. A secondary contact is a person who had direct or close contact with a primary contact person.

Other Employees who have been identified as possible **contacts** should:

1. Be notified of possible exposure;
2. Ask questions to help confirm or contradict that they may have come in direct or close contact with the Reporting Employee (or student). If a possible direct or close contact may have occurred, proceed with tracing questions. If not, then document it and do not proceed with tracing questions.

Other Employees who have been confirmed as **primary contacts** should:

1. Be instructed not to come on campus to work and to work from home. If remote work is unavailable,
2. advise them that they may use regular paid sick leave, or use emergency leave (ACRL) if they qualify, until they can return to work;
3. Be instructed to self-quarantine for 14 days (from latest date of possible exposure);
4. Be instructed to conduct 2X daily self-assessments according to CDC guidelines;
5. Urged to contact CHD for testing guidance; and
6. Be instructed that, should they become, COVID19 symptomatic, to report their condition to their supervisor immediately. (The supervisor then begins a new COVID19 Incident Reporting process.)

Other Employees who have been confirmed as **secondary contacts** should:

1. Be notified of possible exposure to a primary asymptomatic employee or student;
2. Be informed that they may continue to work on campus (if they are working on campus);
3. Be instructed to conduct 2X daily self-assessments according to CDC guidelines; and
4. Be instructed that, should they subsequently detect COVID19 symptoms, to immediately report to their supervisor, work from home (if possible) or take leave, and to self-quarantine for 14 days.

Communication Plan

When the possibility of a communicable disease incident involving EOU students, faculty, staff or visitors first arises, the President or their designee may choose to convene the Executive Leadership Team (ELT) and Crisis Management Team (CMT) as per EOU's Emergency Operations Plan (EOP). The ELT and CMT will utilize the Crisis Communication Plan under University Policy 6.25.05.

The Vice President for University Advancement (VPUA) or their designee will be the primary contact for all internal and external university communications.

External communications needs will be evaluated and determined on a case-by-case basis and will utilize established communication channels and protocols. These channels include but are not limited to Media Releases, Media Interviews, Website Updates, and/or other channels determined by the VPUA or their designee.

Internal communications needs will be determined on a case-by-case basis and will utilize established communication channels and protocols. These channels include but are not limited to Infoline, Student Infoline, EOU Emergency Communications, Digital Signage, and/or other channels determined by the VPUA or their designee.

If warranted, the VPUA or their designee will coordinate with the Clery Compliance Officer to issue a timely warning through appropriate channels determined by the VPUA or designee to comply with Clery communications requirements.

For clusters of student illnesses, the VPUA or their designee in coordination with Student Health will contact the Center for Human Development (CHD) to report any cluster of illnesses (two or more people with similar illness) among students. They will also report if anyone who has been on campus is known to have been diagnosed with COVID-19 and consult with CHD regarding cleaning and possible classroom or campus closure.

For clusters of employee illnesses, the VPUA or their designee in coordination with Human Resources will contact the Center for Human Development (CHD) to report any cluster of illnesses (two or more people with similar illness) among staff. They will also report if anyone who has been on campus is known to have been diagnosed with COVID-19 and consult with CHD regarding cleaning and possible classroom or campus closure.

Employee & Student COVID Case Communication Plan 11.20.2020

Implement starting Nov. 30, 2020

1. Principles

- a. Health and safety of employees and students
- b. Timely information

- c. Protection of individual privacy as possible
- d. Assurance that cleaning protocols are being followed

2. Objectives

- a. Ensure that the EOU community receives accurate and timely information (24 hours) regarding COVID cases on campus.
- b. Reduce rumors
- c. Notify of positive cases only

3. Requirements

- a. Employees: OSHA requirement for notice within 24 hours for cases connected to work spaces
- b. Students: No requirement for student communication (like with OSHA)
- c. On-campus exposure: immediate stand-alone message
- d. Off-campus/no campus exposure: message goes in Infoline digest
- e. Don't send message if there are no new cases
- f. December: Send weekly to Infoline for employees. Include reported cases, on and off-campus.
- g. Don't need to notify students until they're back on campus for Winter Term

4. Process (when a case comes in)

- a. Confirm positive case (not rumor or possible or maybe)
- b. Gather data points for template:
 - i. Date of positive test
 - ii. Has there been potential exposure to campus?
 - iii. Locations if there is on campus exposure: building/area
 - iv. Extent of exposure: limited/moderate/extensive
- c. Update and modify messages for employees and/or students
- d. Deploy messages via Infoline *and* Student-Infoline
 - i. Clery requires notification if there's imminent danger to campus

For COVID-19 related communications, please visit
<https://www.eou.edu/coronavirus/category/archives/>.

Appendices

Appendix 1: General Isolation and Quarantine Information

Both isolation and quarantine are common practices in public health and both aim to control exposure to infected or potentially infected individuals. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to people who are known to have an illness and quarantine applies to those who have been exposed to an illness, are suspected to be susceptible to infection, but who may or may not become infected.

Isolation: For People Who Are Ill

Isolation of people who have a specific illness separates them from healthy people and restricts their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or at designated health care facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other communicable diseases. In most cases, isolation is voluntary.

Quarantine: For People Who Have Been Exposed But Are Not Ill

Quarantine, in contrast, applies to people who have been exposed and may be infected but are not yet ill. Separating exposed people and restricting their movements is intended to stop the spread of that illness. Quarantine is medically very effective in protecting the public from disease.

Appendix 2: Oregon Reportable Diseases and Conditions

Health care providers, laboratorians, and hospital administrators are required, according to the Oregon Health Authority, to report communicable diseases and conditions to their local health district or the Oregon Health Authority unless otherwise noted.

The Student Health Center follows CDC and OHA guidelines related to reporting communicable diseases and conditions according to the following statute:

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1233>

Appendix 3: COVID-19 Isolation and Quarantine

Isolation

1. Individuals with suspected COVID-19 should seek medical care and testing from their regular health care provider (or student health services, if available) and follow instructions from CHD.
2. Individuals who are suspected, or known to be infected with COVID-19, should immediately return to their place of residence, or designated isolation area, and follow directions of CHD or SHC for when it is safe to leave isolation.
3. Students whose place of residence is a campus residence hall will be isolated within a designated isolation area, to include support from housing staff and a member of the support services team for symptom monitoring as needed.
4. Individuals with suspected or confirmed COVID-19 who have symptoms of COVID-19 should remain in isolation at their place of residence until all of the following conditions have been met: It has been at least 10 days since symptoms first appeared, **and** 24 hours have passed since their fever has ended (without use of fever-reducing medicine), **and** other symptoms have improved.
5. Persons who test positive for COVID-19 but have no symptoms should also isolate until at least 10 days have passed since the date of their first positive COVID-19 diagnostic test.
6. Some individuals with severe illness may produce replication-competent viruses beyond 10 days, which may warrant extending the duration of isolation and precautions for up to 20 days after symptom onset; consider a consultation with infection control experts.

Quarantine

1. Any person who believes they have been exposed, or who have been identified as a close contact of a confirmed case of COVID-19 (e.g., a roommate or household member), should be quarantined within their place of residence for 14 days from the time of first exposure. During this time, people should limit contact with others as much as possible, maintain 6 feet of distance from others, monitor symptoms daily, and follow instructions from their health care provider and CHD.
2. If a person becomes symptomatic during this time they should contact their health care provider for testing and follow CHD or their health care provider's instructions for isolation.
3. Individuals should continue quarantine for the full 14-day incubation period even if they test negative for COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Appendix 4: Surveillance of Respiratory Illnesses: Monitoring, Forecasting and Early Warning Metrics

Metrics:

There will be a need to continuously reassess plans for in-person instruction. Even after classes begin in person, there will be a need to monitor for early signs that an outbreak on campus has become uncontrollable. The decision to pull-back from repopulation will be complicated. Not only are the consequences immense, but there are dozens of variables that could inform this decision. Some of these may contradict one another, and others—like faculty and student opinion—are not easily quantified.

The relevant tipping point is not a set number of cases, but rather when an institution's ability to contain an outbreak is overwhelmed. Two categories of metrics must both be consulted to make this decision: first, those that measure the prevalence of disease and, second, those that measure the ability to contain an outbreak.

Appendix 5: Seasonal Influenza Virus Information

Some Basics

1. Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Different viruses cause the common cold.
2. Both illnesses share similar symptoms, but flu can be more severe. Typical symptoms of influenza include high fever, headache, muscle aches, cough, fatigue and runny nose. Vomiting and diarrhea are symptoms rarely found in adults with influenza. Colds are characterized by a runny nose, mild aches, mild cough, sore throat and sometimes a slight fever.
3. Influenza can sometimes lead to death, most commonly in the very young or elderly.
4. Complications of influenza can include bacterial pneumonia, ear infections, sinus infections, dehydration or worsening of chronic medical conditions such as diabetes, asthma or congestive heart failure.
5. The typical flu season in Oregon occurs from December until March but can occur at any time. Flu season occurs at different times in other countries. Influenza is one of the most common illnesses contracted by travelers.
6. Influenza is contracted through the air from people who are coughing or sneezing or by touching contaminated surfaces and then touching their nose or mouth.
7. The incubation period for influenza ranges from one to four days.
8. People with influenza are contagious from one day before, up to seven days after, the onset of symptoms.
9. In most years, 5-20% of the population gets influenza, resulting in 36,000 deaths in the United States from influenza and its complications.

Prevention

1. Cough into your sleeve or cover your nose and mouth with a tissue when coughing or sneezing. Use tissues only once.
2. Do not touch your nose, eyes or mouth. This can move germs into the body and make you sick.
3. Wash your hands with soap and water several times a day, especially before eating and after using the toilet.
4. If you are sick, stay away from others as much as possible and stay home from work or school.
5. Get a flu vaccination annually. This contains the three strains of influenza thought most likely to circulate in the United States that year.
6. Contact your medical provider if you have been exposed to influenza and are considered at high risk for complications of influenza due to underlying chronic medical conditions or are elderly. Antiviral drugs are sometimes prescribed for prevention in these situations.
7. Stay informed, develop a healthy lifestyle, eat a balanced diet, get sufficient sleep and stop smoking.
8. Make a plan in case you or someone in your home gets the flu.
9. Have supplies of fever and pain medicines (acetaminophen, ibuprofen or aspirin) on hand.
10. Stock up on soup, juice, and tissue so you can stay home if you get sick.

11. Ask someone in your neighborhood to be your flu buddy and go get food or supplies for you if you can't leave the house.

Treatment

1. Take non-prescription fever and pain medicines (acetaminophen, ibuprofen or aspirin) as needed. Do not give aspirin to children.
2. There are several prescription antiviral drugs that provide some benefit for influenza patients. They work best if taken within the first 48 hours of symptoms. These medications may decrease the duration and severity of illness.
3. Take all prescription medications only as prescribed by your doctor.
4. Do not share prescription medications with others.
5. Antibiotics work only against bacteria. Antibiotics don't work against the flu because the flu is caused by a virus.
6. Influenza can lead to bacterial infections, including pneumonia. Contact your health care provider if you do not get better in 5-7 days.

Additional Information

<http://www.cdc.gov/flu/>

<http://healthandwelfare.idaho.gov/Health/DiseasesConditions/Influenza/tabid/2505/Default.aspx>

Appendix 6: Avian and Pandemic Influenza Talking Points

Some Basics

1. Avian influenza (bird flu) is a disease caused by a virus that infects domestic poultry and wild birds (geese and ducks and shorebirds). Each year there is a bird flu season just as there is for human influenzas. Some forms of bird flu are worse than others.
2. Pandemic influenza is a global “super-epidemic” of highly virulent influenza. It is not the same as bird flu. It could evolve as a mutation from a bird flu virus. It is now believed that a mutated bird flu virus caused the 1918 influenza pandemic.
3. The highly pathogenic (high-path) H5N1 strain of bird flu has been found in Europe, Asia and Africa. As of March 2011, no high-path H5N1 has been found in any wild or domestic birds in North America.
4. At present, the high-path H5N1 strain is primarily a disease of birds. Low-path H5N1 has been documented for years in North America. It and high-path H5N1 are two of 144 strains of avian influenza viruses that have been identified. Most strains of bird flu cannot infect humans.
5. There have only been a few hundred confirmed cases of bird flu in humans but a high percentage (60%) of them has been fatal.
6. Most human cases have occurred as a result of extensive direct contact with infected birds. There have been only a few possible cases of human-to-human transmission of bird flu.
7. In rural areas of Asia many households keep small poultry flocks. These birds often roam freely, sometimes entering homes or sharing outdoor areas where children play. Because many households in Asia depend on small flocks of ducks or chickens for income and food, many families sell or slaughter and consume birds when signs of illness appear in a flock. Exposure to bird flu appears to be most likely during slaughter, de-feathering, butchering or preparation of sick or dead poultry for cooking.
8. It is considered likely the high-path H5N1 strain will spread to the Americas at some time. Federal, state and local governments are taking steps to prepare for and minimize the potential impact of bird flu.
9. Detection of the highly pathogenic H5N1 virus in birds alone does not signal the start of a human pandemic.
10. State and federal wildlife agencies are working together to test and monitor wild birds for the earliest possible detection. In addition, USDA monitors U.S. domestic bird populations. Monitoring is conducted in three key areas: live bird markets, commercial flocks and backyard flocks.
11. As a primary safeguard, USDA maintains trade restrictions on the importation of poultry and poultry products from countries where the H5N1 HPAI strain has been detected in commercial or traditionally raised poultry.
12. No one is known to have caught this virus from eating properly cooked birds, either domestic or wild.
13. If a highly pathogenic H5N1 were detected in the U.S., the chance of infected poultry entering the human food chain would be extremely low. Even if it did, proper cooking kills this virus.
14. Idaho has been preparing for pandemic influenza for several years and recently revised its pandemic influenza preparedness plan.
15. Preparations include ongoing surveillance and the ability of the Idaho State Public Health Laboratory to test for highly pathogenic H5N1.

16. Idaho also is working with federal, state and local response partners to prepare and to encourage communities, schools, businesses, religious and other organizations to make plans for coping with pandemic influenza.
17. The U.S. Department of Health and Human Services is aggressively working to ensure that the public health is protected. More information about the efforts of the federal government is available at www.pandemicflu.gov.

Prevention

1. Wash your hands with soap and water several times a day, especially before eating and after using the toilet.
2. Cough into your sleeve or cover your nose and mouth with a tissue when coughing or sneezing. Use tissues only once.
3. Do not touch your nose, eyes or mouth. This can move germs into the body and make you sick.
4. Stay away from others as much as possible if you are sick. Stay home from work and school if you are sick.
5. Get a flu vaccination every year. This may provide some cross-immunity to pandemic flu. Flu vaccines take 6 months or more to manufacture, so an effective vaccine against the pandemic virus strain will most likely not be available in the early months of a pandemic.
6. Contact your medical provider if you have been exposed to pandemic influenza and are considered at high risk for complications of influenza due to underlying chronic medical conditions or are elderly. Antiviral drugs are sometimes prescribed for prevention in these situations.
7. Stay informed, develop a healthy lifestyle, eat a balanced diet, get sufficient sleep and stop smoking.

When working with birds:

1. Cook any birds, wild or store-bought, until they're done all the way through (at least to 165° F) before eating them.
2. Wash your hands and knife with soap and water after handling or cleaning any birds, or wear rubber gloves.
3. Prevent cross-contamination by keeping raw meat, poultry, fish, and their juices away from other foods and thoroughly cleaning cutting boards and utensils.
4. Do not handle birds that are obviously sick or birds found dead.
5. Report sick and dead wild birds to Idaho Department of Fish and Wildlife district biologists.
6. Storing supplies of water and food sufficient to last several weeks. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies such as power outages and disasters.
7. Storing a supply of prescription and nonprescription drugs and other health supplies, including pain relievers, stomach remedies, cough and cold medicines, and fluids with electrolytes.
8. Exchanging phone lists so those who are ill can contact others to do their shopping.
9. Talking with family members and loved ones about how they would be cared for if they got sick or what will be needed to care for them in your home.
10. Volunteering with local groups to prepare and assist with emergency responses.

11. Getting involved in your community as it works to prepare for an influenza pandemic.

Treatment

1. Take non-prescription fever and pain medicines (acetaminophen, ibuprofen or aspirin) as needed. Do not give aspirin to children.
2. Antiviral medications are prescription medications that are sometimes used to shorten the length and severity of flu.
3. Federal and State authorities are stockpiling antiviral medications in the hopes that they might be effective against a pandemic strain of flu virus.
4. Many health experts advise against personal stockpiles of antiviral medications.
5. Take all prescription medications only as prescribed by your doctor.
6. Do not share prescription medications with others.
7. Antibiotics work only against bacteria. Antibiotics don't work against the flu because the flu is caused by a virus.

For more information visit <http://www.cdc.gov/flu>

Appendix 7: Contaminated Food Recalls

When a possible specific food-related disease outbreak occurs or recall is issued by the government or a food processor, Dining Services will remove all suspected foods from use until such time as the food in question has been determined to be non-contaminated. Foods determined to be contaminated will be returned to the vendor or destroyed.

Appendix 8: OSHA COVID-19 Infection Control Plan

Oregon OSHA's temporary rule for COVID-19 (OAR 437-001-0744) requires all employers to develop and implement an infection control plan. This plan builds upon each employer's exposure risk assessment, which the rule also requires, and aims to eliminate or otherwise minimize worker exposure to COVID-19. The specific requirements for this COVID-19 infection control plan are outlined under subsection 437-001-0744(3)(h). This plan does not include the additional elements required for exceptional risk workplaces.

All job assignments or worker tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19.

- Custodial disinfecting and enhanced cleaning– gloves, N95 masks, (optional – safety glasses/goggles and disposable robe)
- Lab and lab equipment disinfecting and enhanced cleaning - gloves, N95 masks, safety goggles

The procedures we will use to ensure that there is an adequate supply of masks, face coverings, or face shields and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19.

- Originally, there was mass purchasing to ensure adequate supplies. Ongoing, there is weekly tracking of usage rates by facilities personnel who then reorder as necessary.
- Mass purchasing of face coverings was completed by Safety & Security personnel. As of December 07, 2020 the inventory for disposable face coverings and cloth face coverings is 15,000 and 400, respectively.
- Disposable face coverings are available on disinfection tables in the buildings. On a weekly basis, Safety & Security personnel monitor the number of disposable face coverings on the tables and replenish as necessary. Disposable face coverings are available upon request.
- Two cloth face coverings were, and are, given to every student and employee. Replacements are available upon request.

The specific hazard control measures that we installed, implemented, or developed to minimize employee exposure to COVID-19, listed and described.

- EOU's [Resumption Plan](#) follows the gating criteria established by Governor Kate Brown and aligns with Union County. As Union County is approved for Phase 1, 2 or 3, EOU will follow suit.
- Encouragement and support of remote work, or work from home
- [Face masks/coverings required across campus.](#)
- COVID-19 Infection Reporting and Response Protocols – isolation, quarantine, disinfection, contact tracing and notification
- Student Contact Tracing Protocols
- [Employee Contact Tracing Protocols](#)

- Required daily self-health checks for coronavirus symptoms prior to arriving on campus. Includes a feedback mechanism to the employee and their supervisor if it is suspected that the check was not completed.
- Self-Assessment Protocol
- Temperature checks at events, especially at athletic events
- [Increasing/modifying ventilation systems](#)
- Plexiglas barriers on lecterns, desks and service counters.
- Physical distancing required across campus - checked seating, removal of seating, barriers to seating, 6' dowels to use for reference, spacing indicators at strategic locations
- Extensive, saturated signage
- Hand sanitizer and readily available hand sanitizer dispensers
- Well-positioned, and stocked disinfecting (cleaning) stations
- [Enhanced cleaning/disinfecting:](#)
 - Instructional areas and venues
 - High-touch common surfaces
 - Busy pedestrian traffic areas
 - Personal workspaces
- Ultraviolet-C (UV-C) lamps to disinfect surfaces
- Air purifying devices in employee office areas
- All work tasks and work flows have been redesigned to maintain 6' distancing where practical
- Capacity analyses/reductions in all campus classrooms and meeting spaces to help ensure safe physical distancing:
 - Low-density, flexible instructional frameworks (in-person classroom, hybrid, and remote learning)
 - Staggered and modified course scheduling
 - Appropriate small and large group classroom, lab, workspaces, and activity standards.
- Education and promotion of personal hygiene necessary for preventing virus spread (washing hands, covering coughs, etc.)
- Promotion of personal responsibility and safety of others
- Optional (voluntary) personal protection equipment (PPE) (gloves, gowns, etc.) for employees
- Continued use of technology for meetings
- Continued public health messaging
- Reasonable accommodations provided to employees and students with qualifying disabilities and "at-risk" medical conditions
- Accommodation requests
 - Employees who have an "At-Risk" medical condition or who have an ADA qualifying medical condition: complete accommodation request form in your Mountie Hub.
 - Employees who have a household member with an "At-Risk" medical condition: contact your supervisor/dean.

- An OSHA coronavirus job hazard analysis (C-JHA) is conducted for all employees, and appropriate PPE assignments for each employee is determined by their C-JHA
- Emergency leave of absence options for employees in allowable FFCRA and CARES Act circumstances (child care, at-risk, public transportation, etc.). See Updated Summary Table.
- Post-coronavirus illness return-to-campus requirements and approvals in alignment with Oregon Governor Executive Orders, CDC, OHA and CHD requirements and recommendations.
- Click here for [President's Delegation of Authority to the Pandemic Response Officer and Others](#)

Description of our COVID-19 mask, face covering, and face shield requirements at the workplace, and the method of informing individuals entering the workplace where such source control is required.

- Refer to the "[Eastern Oregon University COVID-19 Pandemic Face Covering Policy](#)" listed under "Resources and Links" on the "[Resumption Plan](#)" website
- Refer to the "[Statewide Reopening Guidance – Masks, Face Coverings, Face Shields](#)" effective December 03, 2020.

The procedures we will use to communicate with our employees and, other employers in multi-employer worksites, regarding an employee's exposure to an individual known or suspected to be infected with COVID-19 to whom other workers may have been exposed. This includes the communication to individuals identified through COVID-19 contact tracing and general communication to the workplace at large.

- See the communication plan above in the section labeled "Communication Plan"

The procedures we will use to provide our workers with the initial employee information and training required by 437-001-0744.

- Mandatory training and information webinars have been completed for all EE.

Oregon OSHA's Administrative Rule 437-001-0744 Addressing COVID-19 Workplace Risks is available at osha.oregon.gov. Exposure Risk Assessment requirements are in 437-001-0744(3)(g). Infection Control Plan requirements outlined in this document are in 437-001-0744(3)(h)(B)(i)-(vi). COVID-19 information and training requirements are in 437-001-0744(3)(i), and as applicable for workplaces at exceptional risk, 437-001-0744(4)(b).