



**COVID-19**  
**Re-Opening / Resumption of Activities**  
**For All Campus Locations**

**July 2020**

**(Board of Trustees approved, 7/24/2020; amended 8/6 and 9/25/2020)**

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This plan was informed by the: Oregon Health Authority (OHA), Centers for Disease Control and Prevention (CDC), Higher Education Coordinating Commission (HECC), and the State of Oregon COVID-19 Executive Orders. In addition, the following resource was considered in the development of this report: American College Health Association (ACHA) Guidelines: "Considerations for Reopening Institutions of Higher Education in the COVID-19 Era." OHA/HECC's June 12, 2020 Guidance is located in Appendix 1.

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## Section 1: Re-opening / Resumption Plan Overview

### Introduction

Novel coronavirus (COVID-19) is a virus strain that first appeared in December 2019. Health experts are concerned because little is known about this new virus, and it has the potential to cause severe illness and pneumonia and there is not a treatment. Experts continue to learn about the range of illness from novel coronavirus. Reported cases range from mild illness (similar to a common cold) to severe pneumonia that requires hospitalization, and in the worst cases, death.

On March 8, 2020, Gov. Kate Brown declared a state of emergency to address the spread of COVID-19 in Oregon. The Oregon Health Authority (OHA) serves as the lead agency for the public health response. OHA works with Gov. Brown and local public health officials to: (a) monitor and suppress COVID-19 infections and hospitalizations; and (b) reduce the health and economic impacts and disparities that have stemmed from the COVID-19 pandemic in Oregon.

The World Health Organization (WHO) announced COVID-19 was a global pandemic on March 11, 2020 and the President of the United States declared the COVID-19 outbreak a national emergency.

On March 19, 2020, Gov. Kate Brown signed Executive Order 20-09, ordering all colleges and universities “shall be prohibited from conducting in-person classroom, laboratory, and other instruction from March 21, 2020 through April 28, 2020.” On April 17, Gov. Brown signed Executive Order 20-17, extending EO 20-09 to suspend in person instructional activities through June 13, 2020.

This plan identifies how the university will gradually lift restrictions following the end of EO 20-09 (June 14) unless a new Executive Order is signed. This Resumption Plan incorporates the latest recommendations of the CDC, OHA, HECC, ACHA, OSHA and will be revised as new guidelines are provided in the coming months. Likewise, this plan will be updated should the virus in any region dictate additional modifications for functional areas. However, the goal is to not close any campus location completely but address the issues and continue academic courses and other functions if the associated risk is managed.

Resuming activities on a university campus is a multifaceted operation. Given the prevalence of COVID-19 in the communities where Oregon Tech operates, the university can move toward a phased and gradual resumption in close collaboration with county health authorities. As we proceed, Oregon Tech will be in alignment with the framework provided by Oregon’s governor and the Oregon Health Authority. We expect that as students, faculty and staff return onsite, the number of positive cases within the community is likely to increase. Oregon Tech’s resumption plans will be fluid, based on local conditions and evolving state guidance.

Per extensive campus-based planning, Oregon Tech will be prepared to respond to subsequent waves of infection with a comprehensive set of prevention efforts, which includes encouraging each member of the Oregon Tech community to do their part to limit the spread of disease. Culture change combined with sound prevention practices and public health controls will contribute to a safe and healthy campus environment and help the university quickly identify, isolate, and contain infection.

To reduce the number of cases on campus, Oregon Tech community members are expected to take personal responsibility to ensure the greatest public health and safety for themselves and others.

Individuals are expected to:

- Self-monitor for COVID-19 symptoms and remain at home if symptomatic or ill.
- Prioritize personal hygiene by washing hands frequently, covering coughs and sneezes, and avoiding face touching and handshaking.
- Clean personal workspace (office, desk) and living spaces frequently.
- Wear face coverings in enclosed public and common areas or when interacting with others, in accordance with the university's Face Covering Procedures during our response to COVID-19.
- Routinely engage in physical distancing of at least 6 feet.
- Stay informed about latest local and general COVID-19 related developments via resources such as the Oregon Health Authority website.
- Follow all **local** health requirements (face coverings, isolation, quarantine, etc.).
- Reinforce university public health practices and messaging within the workplace, classrooms, and other areas of engagement.
- Report COVID-19 symptoms and positive COVID-test results to Student Health (students) or supervisor (employees).

## Principles

The following **principles** serve as the foundation to Oregon Tech's re-opening plan, which must remain flexible to respond to the local health situation.

### Resuming Onsite Activity

- The health and safety of the university community and those Oregon Tech serves is our priority.
- The impacts of this pandemic, including the move to remote and resumption of onsite activity, has had and will continue to have a disparate impact on members of our community. Oregon Tech is aware of this disparity, and this knowledge is a driving force in our planning and response.
- The stability of Oregon Tech as a successful polytechnic university relies on our ability to resume onsite activity.
- With effective public health measures, there is a pathway to a responsible resumption of onsite, in-person activity, guided by public health protocols and commitment to fundamental operational changes to control the spread of COVID-19.
- With resumption of university activities, and the reopening of counties in which Oregon Tech has a campus location, Oregon Tech recognizes that there may be greater health risk to university community members.
- Until there is a reliable treatment, or vaccine, Oregon Tech will operate within a low(er) density framework.

### Students

- The on-campus experience is vital for most students, and is a protective factor for many, given access to healthcare, support, and stability.
- Oregon Tech wants to maintain its high level of learning and many hands-on opportunities. Remote delivery is not a sufficient, inclusive, or effective long-term modality to accomplish our mission.
- Oregon Tech provides accommodations for students through the Disability Services Office.

### Employees

- In early resumption phasing, most employees who are effectively working remotely may be asked to continue to do so with appropriate supervisory approvals.

- Given Oregon Tech’s commitment to culture of care, employees will be provided appropriate and feasible level of flexibility in their workplace location and settings, if they are uncomfortable with onsite activities. This flexibility depends upon job duties and supervisor approval.
- Employees most at risk, where possible, will be asked to remain working remotely until there is a vaccine or reliable treatment. (Where remote work is not possible, individuals with health conditions may request a reasonable accommodation from Human Resources.)
- Not all Oregon Tech employees can work from home, given requirements of their position. Supervisors will work to assist the employee in how to manage responsibilities and scheduling other staff in the work unit.

### **Oregon’s Re-Opening Phases**

Governor Brown outlined a phased approach to reopening Oregon’s communities and economy in an effort to allow individual counties to begin reopening if they have met specific health and safety criteria. These criteria are designed to ensure each county has the capacity to slow the spread of COVID-19 and protect those at highest risk of severe disease as we build a safe and strong Oregon.

Oregon’s Plan has three phases with specific criteria required at the county (or state) level:

Phase 1 – Health and Safety Criteria:

- Declining Prevalence of COVID-19 (Statewide and County)
- Minimum Testing Requirements (Region)
- Contact Tracing System (County level)
- Isolation Facilities (County level)
- Statewide Sector Guidelines
- Sufficient Healthcare Capacity (Region)
- Sufficient PPE Supply (Region)

Phase 2 – Higher-risk Activities – after 21 days in Phase 1, a county may enter Phase 2 if all prerequisites are met, which allows for expanding gathering size (up to 100 with physical distancing), return of some office work, and visits to congregate care units.

Phase 3 – Highest-risk Activities – large gatherings are not possible until reliable treatment or prevention is available.

Oregon Tech supports the state’s Post-Secondary COVID-19 Resumption Planning proposal, including these shared operating assumptions:

1. Student-centered: Universities and Colleges are committed to providing the greatest level of choice and flexibility to support student access, progression, and success.
2. Shared criteria, flexibility in approach: Each University and College will have the flexibility to determine how and when students return but will manage to shared criteria for maintaining public health agreed to by all Oregon higher education institutions and health authorities.
3. Local coordination and collaboration: University/college capacity to resume on-site operations will be based on local circumstances and regional readiness as determined by the respective county health authority and university/college leadership.

Likewise, Oregon Tech agreed to these shared objectives for Oregon Post-Secondary Resumption Planning:

1. Pending state authorization, deploy a university or college reopening plan to safely return students, faculty, staff, volunteers, and community to regular activity over a series of phased lifting of restrictions.
2. Apply Oregon's Gating Criteria and Preparedness Requirements consistently among Oregon's universities and colleges for resuming regular operations.

On June 10, Klamath County Public Health officials met with Oregon Tech staff and provided comments on the Re-opening plan. Overall, they approve the plan and stand ready to assist Oregon Tech as needed through consultation and any other support. Oregon Tech is currently contacting Clackamas Public Health to address the Portland-Metro plan for re-opening.

On June 12, 2020, Gov. Brown signed [Executive Order 20-28](#), Operation of Higher Education Institutions during Coronavirus Pandemic, which addresses requirements for instructional, research, and residential activities. Additionally, the EO requires IHEs to follow guidance from OHA and HECC. In response, OHA/HECC released guidance to Oregon colleges and universities on June 12, 2020 (see Appendix 1) and the required elements are in this plan.

On July 16, a Clackamas County Public Health official met with Oregon Tech staff and provided comments on the Portland-Metro plan and website. CCPH will issue a letter of acceptance and any feedback in the upcoming weeks.

Specifically, the Oregon Tech Board of Trustees is required to approve the university's Re-opening Plan and then review the plan (and any amendments) at every regular Board meeting. The Board's approval of the Plan is an item for their meeting on July 24, 2020. The Board was asked to approve the Plan with authority granted to the President Naganathan to modify the plan in order to meet new mandates from the state, OHA and/or HECC.

## **Face Coverings**

Oregon Tech requires the use of cloth face coverings, or an appropriate alternative, among all faculty, staff, students and visitors who are physically present at an Oregon Tech location and in enclosed public or common areas. Cloth face coverings are worn in combination with other measures, such as physical distancing and proper hand washing.

At minimum, **cloth face coverings are required** where physical distancing may be difficult or when working in enclosed spaces shared by others, other than family or household members (*e.g., family, roommates*).

Alternatives to the cloth face covers include: **clear plastic face shields, disposable medical-grade mask, scarfs, gators or other wraps**.

### **Campus settings that will require the use of face coverings include:**

- Spaces where physical distancing cannot be met (i.e. hallways, doorways, elevators, stairwells)
- In-person classroom settings
- Integrated Student Health Center
- Shared lab spaces, computer labs, library
- MarketPlace Cafe, coffee shops, and bookstore
- Common areas within university buildings (lounges)
- Higher density shared outdoor spaces
- Student Rec Center / gym
- Other spaces as designated

### **Alternatives to a cloth face coverings should be considered in the following circumstances:**

- People under the age of two, nor anyone unable to remove the covering without assistance;
- Those with specific health conditions, including people with difficulty breathing;
- Those with heightened sensitivity to having something placed over their face, such as trauma survivors; or
- Those who are engaged in teach, advising or other activities where people with a hearing impairment may be present.

### **Exceptions to the use of face covers:**

- Use goes against documented industry best practices for a specific position, or by law or regulation, including the use of standard PPE per OSHA standards;
- When working alone in an enclosed workspace;
- When working out in a gym where alternative shielding is provided; or
- When exercising outdoors as long as at least 6' distance is maintained at all times.

### **Enforcement:**

- A person not wearing a face covering may be asked to put on a face covering or leave campus.
- Individuals who are unable or refuse to wear a face covering or alternative in designated university spaces may be referred to the appropriate office for action (OHR for employees; Student Affairs for students).

### **Additional Information:**

- Oregon Tech's policy will be fluid and adaptive as regulatory conditions change or guidance from health authorities evolves. This may include local or state-level guidance related to business practices (e.g., food service, campus spaces, etc.)

- Oregon Tech may transition from required to recommend based on guidance from the CDC, OHA and local health authorities.
- Oregon Tech will provide members of the university community with a cloth face cover (or alternative) as a supplement to their personal supply.
- Oregon Tech will continue to follow OSHA and industry guidance related to workplace safety (e.g., safe clean protocols for custodial workers, or face coverings indicated for food services workers).
- Oregon Tech will provide alternatives to face coverings, such as face shields, if such alternatives are needed.
- Oregon Tech will take a zero tolerance approach to any acts of bias or discrimination related to the use of face coverings, including acts of public shaming or criticism for individuals not able to wear a face covering.
- Oregon Tech has the latitude to expand the requirement based on local circumstances, e.g., a campus-based outbreak), in consultation with the policy administrator.

### **Oregon Tech’s Resumption of Campus Activities Timeline**

A full return to onsite operations will optimistically take up to 12-18 months. Oregon Tech’s resumption plan incorporates phased and gradual steps, which can be altered quickly as local conditions warrant. Recognizing there are multiple factors that influence the timeline upon which onsite operations resume, this reference table provides a preliminary high-level framework to aid in unit planning. Continue to visit COVID-19 website to align unit planning with the latest information. Below is guidance for the first phase of Oregon Tech’s resumption plan. Guidance on the subsequent phase will be provided as conditions develop and we are closer to the starting date.

**Phase I Restricted Return – June 22 through July 30**, with additional activities allowed **August 1 – 31** (including athletic teams returning to practice).

**Phase II Modified Operations**, the desired state for fall term is **September 1, 2020** and this plan provides the detail (by campus location). Since the Governor has indicated Phase 3 will not occur until a vaccine is available – likely Fall 2021), Oregon Tech’s plan has only two phases, with Phase II being the desired state for the start of activities for the fall term.

Pending approval, the desired state for Fall 2020 term includes:

- Employees working on campus (with modifications)
- Classes/labs in person (where feasible) using rooms sized to maintain physical distancing
- Internships in place for students
- Full residence hall and dining center operations (with modifications)
- Campus student services and centers open (with modifications)
- Activities and events use 2x capacity room or space
- Athletic team practice and competition (events modified)

Oregon Tech’s Reopening Plan is developed using guidelines from the CDC, ACHA, OHA and other authorities. It is a working plan and modifications will need to be made to address changes in guidelines or in response to cases on an Oregon Tech campus. The goal is to plan and take appropriate actions to mitigate the impact of any cases on campus so that community members’ health remains the focus and campus does not need to “close” in response.

## Functional Areas

This plan provides details for each of the two phases for each campus location. The Klamath Falls and Portland-Metro campus plans provides information by functional area for each of the two phases. **The PM campus may move to Phase II even if the county has not moved to Phase II, but with additional limitations than what KF campus allows in Phase II.**

The functional areas are:

- Academics
- Work Force
- Athletics
- College Union
- Housing & Residence Life
- Dining Services
- Integrated Student Health Center
- LRC – Library and Student Success Center
- Oregon Tech Foundation
- Travel

**For the purposes of this plan, the following definitions are in use:**

- **Isolation** separates sick people with a contagious disease from people who are not sick
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick
- **PPE = Personal Protective Equipment** is specialized clothing or equipment, worn by an individual for protection against infectious material

Plan implementation and compliance issues and any questions, concerns, or complaints about the campus response should be directed to:

Erin Foley, Vice President for Student Affairs  
541-885-1013 or [erin.foley@oit.edu](mailto:erin.foley@oit.edu)

or through the submission option located on the [Re-opening webpage](#).

## Section 2: Campus – Klamath Falls

Each Functional Area provides details for Phase I and II.

### Academics

#### Phase I

- A. Description of activities/restrictions (be specific)
- Faculty and staff continue to work remotely whenever possible
  - Remote delivery of all lectures. Synchronous lectures taught in outfitted classrooms (identified spring 2020) as well as faculty/home offices when appropriate.
  - Remote delivery of labs except for health related courses when in-person is required to achieve course student learning outcomes.
    - Students will be provided, through the course canvas shell (OT's LMS), with written instructions on how, when and where to enter and leave labs and buildings, wearing of masks, cleaning of their surfaces in labs. Instructions will be prepared by faculty with review by VP Foley.
    - Separate plans have been provided for clinics.
    - Labs will be taught using 6 ft social distancing wherever possible, with all personnel utilizing face masks or face shields. When 6 ft distancing is not possible PPE will be provided for faculty, students and laboratory assistants/technicians.
    - Students will be asked not to congregate outside lab and if more than 5 are in a scheduled laboratory they will be given staggered times to enter. Leaving the lab will be directed by instructor.
    - Disinfecting wipes will be provided at each classroom and lab entrance for students to clean their area before class starts.
    - Paperwork will be minimized – tests and exams will be electronic documents wherever possible
  - KF Academic buildings closed/locked other than those where labs will be taught
  - PM building remains closed except for approved purposes (card access granted)
  - Students will not access faculty offices or hallways to offices – all office hours will be remote delivery (Zoom)
  - Students will sign into and out of any common laboratory space (in all campus locations)
  - Faculty will record attendance of all students for in-person laboratories and classes.
- B. Provide information of any additional resources/supplies needed
- Face masks provided for (if supplies arrived on time) or ask faculty, staff and students on campus to wear masks.
  - Gloves provided when needed - when labs involve multiple people touching equipment
  - Face shields for faculty or students on request
  - PPE as specified by health faculty for health related labs – faculty and students
  - Cleaning and disinfecting supplies for classrooms and labs being used to teach, for faculty offices being utilized
  - Bathrooms in open buildings and classrooms/labs being used to be cleaned daily
  - Hand sanitizer stations throughout campus – every building inside entrances
  - Additional trash cans for disposal of wipes, gloves etc. in each lab
  - Signage – bathrooms, outside each classroom etc.
  - Directional signage for hallway egress, (directional floor arrows) in lab buildings
  - Floor tape to mark to delineate 6ft distance(s)
  - Faculty who test positive will immediately notify their direct supervisor that they cannot come to campus.

- C. Communication points for campus about this functional area in this phase
- VP Foley for overarching approvals
  - Gaylen Maurer for health related questions/screening
  - Provost Mott for overarching academic issues
  - Dean Keyser and Peterson for college level issues
  - Vice Provost Afjeh or Lara Pracht for PM issues

## Phase II

- A. Description of activities/restrictions
- Face-to-face lectures and labs, i.e. normal instructional modalities at all sites, if conditions warrant and guidance supports. **A mix of in-person and remote classes are being offered to further reduce the number of people on campus. Most 100/200 level courses and labs will be in person and 300 level and above offered remotely.**
  - Classes taught in classrooms large enough to maintain 6 ft social distancing (already scheduled for fall – use COVID-19 compliant max occupancy of all classrooms - already been determined)
    - Students will be provided, through the course canvas shell, with written instructions on how, when and where to enter and leave classrooms, labs and buildings, wearing of masks, cleaning of their surfaces in labs. Instructions will be prepared by faculty with review by VP Foley.
    - Separate plans have been provided for clinics.
    - Labs will be taught using 6 ft social distancing wherever possible, with all personnel utilizing face covering/shield.
    - Students will be asked not to congregate outside classrooms or labs and if more than ten will be given staggered times to enter. Leaving lab will be directed by instructor.
    - Buildings with dual hallways (Owens, Boivin, Semon) shall be configured for two one-way hallways with corresponding designated entry/exit doorways
    - Disinfecting wipes will be provided at each lab entrance for students to clean their area before class starts.
    - Paperwork will be minimized – all work will be turned in, and tests and exams will be electronic wherever possible. If paperwork is turned in need to consider how to return it.
  - Office hours by remote delivery (Zoom) or by appointment – small classroom made available
  - Buildings will program-specific labs (Cornett) will have access restricted to students in those programs
  - Doors to faculty office banks/hallways shall be kept locked and closed
  - No entry to faculty offices except by faculty member/custodian.
  - Class cap only increased after contacting the registrar's office to confirm the additional students will not exceed the COVID-19 capacity in the room
  - Minimize in-person student small group work that entails close work – use alternatives such as Zoom wherever possible, with face coverings at all times.
  - Field trips will require permission from VP Foley – individual cars will be used and social distancing maintained in the field. University-owned or rented vans may be used if 6ft of separation is possible and PPE will be provided to students and faculty if multiple people are required to be in one vehicle.
  - Students will be discouraged from congregating in buildings before and after lectures/labs
- B. Provide information of any additional resources/supplies needed
- Cloth face coverings will be provided for all faculty, staff and students
  - PPE for health related labs – faculty and students

- Gloves for labs where multiple students touch the same surface
- Face shields for faculty or students on request
- Cleaning and disinfecting supplies for classrooms and labs being used to teach, and for faculty offices being utilized
- Disinfecting wipes will be provided at each classroom and lab entrance for students to clean their area before class starts.
- Bathrooms in open buildings and classrooms/labs being used to be cleaned daily
- Hand sanitizer stations throughout campus – every building inside entrances
- Signage – bathrooms, outside each classroom etc.
- Informational signage regarding virtual office hours shall be posted outside each office bank/hallway
- Doors to faculty office banks/hallways shall be kept locked and closed
- Directional signage for hallway egress, (floor arrows)
- Information signage to show how to properly social distance and how to properly wear a face covering
- PPE as needed for faculty and students in labs where 6 ft distancing not possible
- Floor tape to mark off spaces (6ft distancing)
- Plexiglass shielding used when appropriately needed

#### C. Communication points for campus about this functional area in this phase

- VP Foley for overarching approvals
- Gaylyn Maurer for health related questions/screening
- Provost Mott for overarching academic issues
- Dean Keyser and Peterson for college level issues
- Vice Provost Afjeh or Lara Pracht for PM issues

#### D. Student, faculty, staff training

- Prior to start of classes, training will include:
  - daily self-screening process
  - expectations for new normal way of operating
  - cleaning protocols
  - topics identified for opening
- Training during the term will address any changes to expectations, process, etc.
- Floor decals for physical distancing in areas the 6 ft is hard to maintain
- Signage on various topics to serve as reminders of current operating process/procedure
- Totes in every classroom and lab that contains instructions, cleaning materials in order to provide sanitation between uses
- Cleaning materials to other areas within each building to further support sanitation efforts
- Directional signs for traffic flow in hallways, stairwells where identified as high areas of contact with others and 6 ft is not maintainable

#### E. Paperwork

- All student work should be turned in electronically or scanned and submitted
- All paperwork will be converted (student forms, etc.) to electronic version with SignNow or DocuSign
- Any paperwork that must be hand signed or hand graded must remain in quarantine for period of 5 days (CDC recommendation). Boxes will be provided for every employee so they can follow a 5 day quarantine on all hand signed/graded paperwork

## **BIG Clinic (ABA Clinic)**

### **Notice of Office Safety Precautions in Effect During the Pandemic**

My office is taking the following precautions to protect our patients and help slow the spread of the coronavirus.

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- My staff and I wear masks.
- Staff are instructed to stay home if they feel sick.
- My staff follow safe distancing guidelines.
- Restrooms have soap and everyone is encouraged to wash their hands before, after, and even during sessions. Bathrooms will be cleaned daily. All door handles will be wiped hourly. Table tops and counters NOT in treatment rooms will be wiped hourly.
- Hand sanitizer that contains at least 60% alcohol is available in the therapy rooms and at the entrance.
- We schedule appointments at specific intervals to minimize the number of people approaching or exiting the clinic at any given time.
- We ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- Pens and other areas that are commonly touched are thoroughly sanitized after each use.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- All clients are required to review and sign the COVID-19-Specific Informed Consent (see below).
- Therapy rooms, including all treatment materials, are thoroughly disinfected at the end of every session. 30-minutes are dedicated to this activity between every session.
- No more than one client will be in any given therapy room at any given time. Clients will be assigned to dedicated treatment rooms- minimizing risk of cross contamination and making it easier to track materials used by specific individuals. Clients will have no more than two therapists – and will only see one “therapist” per day.
- Staff will routinely test their temperature upon arrival each day and will report any exposure or concern to the director immediately.
- In the event of a confirmed positive case of COVID from our staff or client populations, we will notify the health department and share it with all impacted families **as directed by the health department** and **follow all recommended steps from the health department**, including the following *possible* outcomes:
  - The clinic may close for 1-2 days for additional cleaning
  - A specific room may be taken out of rotation for up to 5 days (data suggest virus can live on surfaces for up to 5 days), which may limit appointments for some clients
  - Staff who have come into contact with the client may be quarantined- in which case all appointments with that staff will be shifted back to telehealth or canceled for the duration of the quarantine.
  - The clinic may be ordered to stop face to face sessions for the duration of the quarantine (approximately 14 days)- in this case we would resume telehealth services for all clients for this time period
  - **Note:** to assist the health department with tracking and other relevant tasks, time sheets and client sign in logs may be made available to the health department upon request.

## COVID-19-SPECIFIC INFORMED CONSENT

### ABA CLINIC

#### Client Responsibilities to Minimize Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, [my other staff] and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. \_\_\_\_
- We will take your or your child's temperature at the door at the beginning of each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, we will terminate the in-person session and resume telehealth until you are symptom free for three days. \_\_\_\_
- You will wait in your car or outside until no earlier than 5 minutes before our appointment time. \_\_\_\_
- You will use alcohol-based hand sanitizer when you enter the building. \_\_\_\_
- You will adhere to the safe distancing precautions we have set up in the waiting areas (e.g., the sidewalk) and or therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. \_\_\_\_
- Adults/parents will wear a mask in all areas of the office (I [and my staff] will too). \_\_\_\_
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff]. \_\_\_\_
- You will try not to touch your face or eyes. If you do, you will immediately wash/sanitize your hands. \_\_\_\_
- You will take steps between appointments to minimize your exposure to COVID. \_\_\_\_
- If you have a job that exposes you to other people who are infected, you will immediately let me [and my staff] know. Depending on the "level" of exposure we may resume telehealth for a 14-day quarantine period. \_\_\_\_
- If your responsibilities or activities put you in close contact with others (beyond your family), you will let me [and my staff] know. \_\_\_\_
- If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then [begin] resume treatment via telehealth. \_\_\_\_

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

#### My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts publicly at the entrance to the office and in email to you. Please let me know if you have questions about these efforts.

#### If You or I Are Sick

You understand that I am committed to keeping you, me, [my staff] and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my office staff] believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I [or my staff] test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

#### Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

#### Informed Consent

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions. [signature lines on actual forms]

## Dental Hygiene Clinic

(effective May 1, 2020)

### \*Emergent vs. Non-emergent

1. Emergencies are defined by the ADA as: potentially life threatening and require immediate treatment to stop ongoing tissue bleeding [or to] alleviate severe pain or infection.” Conditions include uncontrolled bleeding; cellulitis or a diffuse soft tissue bacterial infection with intraoral or extraoral swelling that potentially compromises the patient’s airway; or trauma involving facial bones that potentially compromises the patient’s airway.
  2. Non-emergent or elective is anything else (asymptomatic caries, crown and bridge, removable appliances)
- Waiting room layout
    - Space chairs 6 feet apart
    - Keep glass barrier up when patients are checking in
  - Front desk employees
    - Have surgical or cloth mask available for interaction with patients (letting them in the building, escorting them to and from clinic, etc.)
  - All employees will take a temperature reading at the beginning of the day and if fever or other symptoms are present, they should leave work and contact physician for appropriate testing.
    - Document any elevated readings
  - Scheduling
    - Scheduling will be done over the phone
    - Screening process needs to include:
      - Patient chief complaint and symptoms
        - Presence of swelling, location of pain, pain scale from 0-10
      - Use Patient Screening Questionnaire (see link below)
        - If patient has elevated temperature, severe cough or breathing problems, or any other symptoms that can be associated with COVID-19, advise patient to contact their physician so that appropriate testing and results can be completed prior to treatment
    - If it is determined that an appointment will be made, give patient specific instructions about their trip to the clinic
      - Give detailed directions for parking and where the clinic is located
      - Have patient call once they reach the building so that someone can come let them in as the doors will be locked
      - Patient will not be allowed to have other friends or family members with them when they enter the clinic, unless it is necessary (patient is a minor, patient needs a caregiver present, etc.). A log will be kept with names, dates, and phone numbers of all visitors.
      - Minimize transfer of paperwork at the front desk to what is necessary. DA will complete medical histories once patient is in the dental chair. Any paperwork that needs to be signed by the patient, give them a pen that they can keep for themselves (order cheap pens) and have them use hand sanitizer prior to signing
      - Schedule 90-minute appointments as a baseline so that we can minimize overlap of patients and have adequate time to adhere to infection control guidelines
      - After treatment is completed, DA will escort patient back to the front desk so that next appointment can be made.
      - Wipe down any surfaces that must be touched by patient during payment (credit card reader, front desk, etc.)

- Prioritize non-emergent treatment so that procedures that are more likely to become emergent are completed first
  - Large asymptomatic caries, large broken teeth, etc.
  - Limit aerosol producing procedures to one patient per block (morning and afternoon)
    - These procedures would include fillings, root canals, crown preps, or anything else that would need a handpiece to complete
- Clinical procedures and PPE
  - DA will come to waiting room wearing appropriate mask for the procedure to be done to escort patient back to dental chair
  - Temperature screening completed
    - If elevated (100.4 degrees or higher), delay treatment and advise patient to contact physician
  - Any procedure that will be producing aerosols (fillings, crown preps, surgical extractions, etc.) will need appropriate PPE
    - N95 mask, face shield
  - For all other procedures (exams, simple extractions, removable appliances, etc.), level 3 surgical mask with appropriate eye protection is adequate
  - N95 masks will be single use (unless emergency PPE contingency strategies are needed) \*see below
  - Surgical masks will be single use
  - As always, dentist and DA will comply with appropriate donning and doffing of PPE
- Infection Control
  - We must always follow strict infection control
  - After a patient has been dismissed, dispose of barriers, and decontaminate all surfaces within the dental operatory with Cavicide (spray-wipe-spray technique)
- PPE supply requirements
  - We must always have on hand at least a two-week supply of appropriate PPE
    - 40 N95 masks (for first two weeks, only 10 aerosol producing procedures a week)
    - 120 level 3 surgical masks (average of 6 patients a day)
  - If this supply is disrupted, we can utilize the CDC guideline of reusing PPE, the N95 masks, which would be sent to be decontaminated. This scenario can be utilized for no longer than 4 weeks.
  - This will be reevaluated every 2 weeks as more guidelines will be available
  - If at any time we are not able to keep our PPE supply adequate or if there is another surge of COVID-19 cases in our region, we must cease scheduling of non-emergent or elective procedures and continue to see patients on an emergency basis only
- We must always have ancillary services available to our patients as needed. Contact needs to be made with specialists to determine if there are any new instructions, they have for us for the referral process. Front desk staff will call offices.
  - Oral surgery
  - Endo
  - Perio
- If a patient that we have seen is diagnosed with COVID-19, Klamath County Public Health will engage in the contact tracing process, and will notify the clinic if there has been a possible exposure.

Resources:

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

[https://www.adha.org/resources-docs/ADHA\\_TaskForceReport\\_Questionnaire.pdf](https://www.adha.org/resources-docs/ADHA_TaskForceReport_Questionnaire.pdf)

## **Work Force**

### **Phase I**

#### **A. Description of activities/restrictions (be specific)**

Contributing to the health and safety of all employees is vital to the resumption of onsite activities and the ongoing protection of the campus community. Intentional steps at the institutional and departmental level ensure employees have the resources necessary to return to onsite work in as safe a manner as practical. Consistent and clear communication with employees to understand their concerns and to affirm the importance of their health and safety is a key component to successful reentry to onsite work.

Oregon Tech will provide educational and training material for all employees returning to (or continuing with) onsite work on how they can contribute to their own and others' health and safety, in addition to location-specific policies related to COVID-19 prevention and control. We further seek to instill in the workforce the role each of us play in reducing transmission of COVID-19.

Return to Work – Employees who must perform critical job functions on campus will continue working on campus. Returning to work on-site will be a phased response, leaving discretionary decisions to Division Vice Presidents and immediate supervisors to determine whether employees who have been working remotely should return. Employees should consult with their supervisors and unit/departmental leadership for specific details related to their respective work areas.

**Supervisor guidance:** The below guidance is available to help supervisors create work environments that decrease the risk of COVID-19 transmission and support employee well-being.

- Know the signs and symptoms of COVID-19 and what to do if employees develop symptoms at the workplace.
- Understand how COVID-19 is transmitted from one person to another — namely, through coughing, sneezing, talking, touching or via objects touched by someone with the virus.
- Make health and safety a priority by implementing the safeguards outlined in this plan, as well as guidance from the Centers for Disease Control and Prevention (CDC) and Oregon Health Authority (OHA).
- Assess willingness and ability of employees in required onsite positions to return and identify those who are most willing and able. Employees will need to consider relevant risk factors and their own circumstances, such as childcare options, health status, family needs, etc.
  - Supervisors should not inquire as to employees' health conditions, age, or other reasons for their belief that they are in a high-risk category for COVID-19.
  - Supervisors should not seek childcare information from employees, although employees may share that they would prefer to stay home due to childcare needs and supervisors may take that preference into account.
- Encourage employees who believe that they are at greatest risk to continue to work remotely where feasible for their job.
- Allow those employees who can effectively work remotely to continue to do so if their personal circumstances make it difficult for them to return to work.
- Avoid workplace gatherings of more than 10 people and other situations where employees may be at higher risk of exposure. Continue to limit non-essential travel. Whenever possible, conduct meetings virtually even if all attendees are onsite. If meetings are held in person, all attendees must wear face coverings and the meetings should be held in a space that allows for at least 6 feet between all participants.
- Create a gradual return to onsite work plan. Consider multiple options for lower density office occupancy, such as staggered schedules, phased-in return plans or alternating teams. Consider returning selected staff for full onsite status versus the rotation of staff teams, so that equipment does not need to be transferred between home and onsite workspace.

- If an office is shared, arrange for in office versus remote work for all office occupants to stagger shifts/office use (unless physical distancing can be maintained).
- Immediate supervisors will be primarily responsible for looking into and addressing workspace issues and concerns. It may be that employees assigned to shared office space can alternate working from home.
- When a workspace is shared, establish cleaning expectations for employees as they end and begin their workday.
- Ensure employees are equipped with resources needed relative to their specific work requirements and space to help protect from disease spread (i.e., face coverings or other supplies).
- Supply office with adequate disinfecting products and cleaning supplies so employees can clean their personal workspaces regularly.
- Restrict the use of any shared items or equipment and require disinfection of equipment between uses.
- Ensure departmental facility and cleaning staff are cleaning per CDC guidelines and report any concerns to facility and cleaning staff supervisors.
- Post prevention strategies throughout the workplace that discuss hand washing, physical distancing, COVID-19 symptoms, face coverings, staying home when ill, etc.
- Work with building managers to coordinate building access, cleaning and security needs based on requirements of the operation.
- Encourage employees to utilize the Center for Disease Control and Prevention guidance on travel to inform employee decisions about their personal travel.
- Address requests by staff for supplies in a timely manner by contacting OHR, Student Affairs or Facilities.

**Employee guidance:** Employees returning to work should adhere to the general guidelines below.

- Avoid office gatherings and unnecessary visitors in the workplace.
- Take self-care measures to stay healthy.
- Continuously monitor for COVID-19 symptoms.
- If ill, remain at home until 72 hours after fever (without medication) and symptoms cease, including cough.
- Continuously practice personal hygiene, including frequent hand washing; covering coughs and sneezes; and avoiding face touching and handshaking.
- Frequently clean personal work (office, desk) and living spaces.
- In accordance with university policy, wear face coverings in enclosed public and common areas or when interacting with others. If additional supplies are needed, direct request to supervisor.
- Routinely maintain physical distancing measures of at least 6 feet.
- Stay informed about latest local and general COVID-19 developments via resources such as the Oregon Health Authority website.
- Reinforce university public health messaging in all areas of influence (students, co-workers).

**Special Accommodations:** What types of employees or employee circumstances may require special accommodation? For example:

- Employees who have minor children and do not yet have access to childcare, may still be eligible for a modified work schedule to help assist with those needs. Employees should work with their immediate supervisors initially to see whether a modified work schedule can be arranged.
- Where a modified work schedule is not feasible, some employees may be eligible for continuous or intermittent leave under the Expanded Family Medical Leave (EFMLA).
- Employees who may be under a voluntary quarantine or self-isolation (e.g., the employee symptom free, but known to have been exposed to COVID-19), may remain eligible for leave under the Emergency Paid Sick Leave Act (EPSLA).

- We may have some employees who are considered more vulnerable to contracting or having serious reactions to COVID-19. We may want to assure those employees (who have identified themselves as such) are the last to be returned to campus. If such accommodations are needed, employees will be provided with information as to how to request (i.e., through Sarah Henderson in OHR who normally assists with FMLA, ADA, leave, and accommodations---in addition to benefits).

The Office of Human Resources, Benefits Consultant will be the primary point of contact for any employee or supervisor who thinks there may be EFMLA, EPSLA, or underlying health conditions that need special accommodations. Supervisors are encouraged to provide additional cross-training for better coverage if employees are out for extended periods of time.

Construction – The Facilities Department will be responsible for reviewing on-going construction plans and projects and managing relationships with contractors who come to campus. Appropriate physical distancing must be maintained and enforced.

- B. Provide information of any additional resources/supplies needed
- Additional communication to leaders and employees will be needed. OHR may need to update the Modified Work Schedule form.
  - Depending on the volume of employees who may be eligible for EFMLA and/or EPSLA, OHR may need additional time to review such requests. At present, we have only 1 benefits consultant (but may cross-training other OHR team members if we see a spike in demand to assure requests and questions are efficiently addressed).
  - Supervisors will do office space reviews/audits and may take measurements to assure that shared space can be used while maintaining social distancing.
  - Where there are customer interactions between staff and students, signage and taping will aid maintaining social distancing. Plexiglass partitions can be installed if requested through the appropriate VP.
- C. Communication points for campus about this functional area in this phase
- There will need to be thoughtful communication to campus—employees and leaders. A new page on the COVID-19 webpage will be created that outlines reopening plans and progress.
  - A set of FAQs unique to reopening concerns for employees and anyone in a leadership position will be available.
  - Employees will submit questions and report and safety concerns that will be swiftly addressed (and documented). An appropriate level of transparency is needed to assure employees have confidence in how the reopening is being handled.
  - Communication for supervisors re cross-training would be good.
  - Re-integrating employees after working from home for a while will be necessary. OHR suggests informal performance check-ins to help supervisors and employees re-connect and get on the same page regarding current departmental priorities.

## **Phase II**

### **A. Description of activities/restrictions (be specific)**

Same as above, except that shared office space can be slowly increased to 50-75% occupancy with response contingency plans in place.

### **B. Provide information of any additional resources/supplies needed - Same as above.**

### **C. Communication points for campus about this functional area in this phase - Same as above.**

## **Athletics**

### **Phase I**

A. Description of activities/restrictions (be specific)

#### **Facilities (Including TechRec)**

##### **Physical Distancing:**

- Showers and locker rooms will be evaluated for athletes and/or students, faculty, and staff in accordance with state rules for gyms.
- Sinks and toilets remain open for use but limited to use respective to physical distancing restrictions for students, student athletes, faculty, and staff (OHA 2352(5/14/2020).
- Athletics training room and other sports medicine health care facilities.
- Strength and conditioning facilities (including weight rooms). Evaluate the spacing of equipment and use of a “sanitation station” at each equipment/exercise site so that cleaning can take place between each athlete, either by staff or the user.
- Team meeting rooms. Athletics academic areas. Athletics dining areas.
- High volume communal areas in athletics facilities, including spectator areas (“the stands,” arenas, and stadiums).
- Only water bottle filling stations will be available, not fountains.
- Sanitize all contact points. Ex. Softball, Volleyball, Basketball, Soccer ball, nets, and other equipment.
- Personal protective equipment (PPE) and training for athletic trainers and custodial staff, including donning and doffing procedures.
- Recommended approach to Basic Life Support (BLS), resuscitation, and automated external defibrillator (AED) use in a student athlete/staff/spectator/patient with possible COVID-19. The American Red Cross currently encourages use of ambu bags instead of face to face contact.

##### **Athletic Trainer Rooms/healthcare facilities** (Resource: [Infection control in health-care facilities](#)):

- Disinfect therapy and taping stations between each patient ([USCAH Recommendations](#)).
- Tubs, spas, whirlpools, and pools must be cleaned regularly. The use of commercial products like bromine should be used in hydrotherapy facilities throughout the day to kill contaminants.
- Emphasize proper hand hygiene (Resource: [When and How to Wash your Hands](#)).
- Patient encounters via scheduled appointments rather than “walk-in” clients will be encouraged.
- Follow standard universal precautions to mitigate risk exposure.
- Appropriate PPEs will be used with any potentially infectious patient.
- Identify and utilize appropriate signage to educate and alert patients about:
  - Staying home if ill
  - Signs and symptoms of COVID-19
  - Patient instructions for health care access if ill
  - Personal hygiene

### **Teams**

An assessment of the potential for COVID-19 transmission in each sport (e.g., individual vs. team sports; contact vs. non-contact sports; major spectator vs. limited spectator sports). A phased return to athletics participation based on potential risk of transmission in each sport will be used. Areas for consideration should include:

- Sport-related impediments to personal distancing, which is unavoidable in many sports (e.g., volleyball, soccer, basketball, and other contact sports) and less common in others (e.g., golf, individual running events).
- Ball transfer during practice and competition (e.g., volleyball, basketball, soccer, baseball/softball, etc.).

- Needs and feasibility of appropriate cleaning and disinfection in shared apparatus sports (e.g., gymnastics, mats, bats, gloves).
- The difficulty/feasibility of “policing physical distancing” among spectators, even in a very small crowd and whether it is a task that athletics staff are able/willing to undertake.

**Pre-participation screening and evaluation of student athletes:**

- Add pre-participation questionnaire regarding COVID-19 diagnosis, recent or current illness suggestive of COVID-19, exposure, current restrictions (isolation or quarantine), and/or current symptoms.
- Review each athlete for the presence of underlying health conditions that places the individual at higher risk for COVID-19.
- Further evaluate student athletes based on their questionnaire and recommendation of team physician, student health professional, or primary care provider. Ensure onsite access to appropriate PPE in the event of a concerning student athlete questionnaire or screening.
- Stagger pre-participation screening (rather than a single “mass screening event”), perhaps by team or by individual athlete appointments, to ensure physical distancing during waiting and examinations and allow cleaning of exam spaces between athletes.
- Scheduling changes could impact the immediate availability of individual athletes or teams upon return to campus.
- Safe transition/acclimatization to athletic activity. Review adherence to NAIA governing body and sports medicine consensus recommendations for transition and acclimatization to activity following extended inactivity periods.
- Travel considerations: sports medicine staff/coaches and athletes should follow federal, state, local, and institutional public health recommendations related to screening and testing of student athletes and staff following team, work-related, and individual travel.
  - Considerations include travel to community or international “hot spots” and sports involved (contact vs. non-contact sports, team vs. individual sports). The AD will decide after consulting with the VPSA.
  - Sports medicine staff will provide guidance regarding whether the proposed travel is appropriate given the current stage of the pandemic, potential isolation and quarantine measures that could arise as a result of the travel, and additional screening that may be required as a result of the travel.

**Intramurals**

- Align recreation services policies, procedures, and communication guidelines with institutional guidelines and CDC, federal, state, tribal, territorial, or local public health guidelines and requirements.
- Provide COVID-19 and infectious diseases education for recreation staff (professional and student), faculty, and instructors. Training should include:
  - Details of COVID-19 signs, symptoms, evaluation, testing, course of illness, and transmission;
  - Infection prevention and control concepts and procedures; and
  - Individual personal conduct and hygiene.
- Assess recreation and sports programs for their potential for COVID-19 transmission (e.g., individual vs. team sports; high intensity workouts with possible enhanced risk for aerosolization). Consider a phased return of sports and recreation programs based upon potential risk of transmission in each activity.
- Inform the campus community, including parents, about COVID-19 prevention steps being taken by the recreation department. Craft and vet communications (see guidance under “Communications Plan”).
- Require the use of personal face masks by coaches, instructors, recreation staff, and participants in accordance with current guidance.
- Employ physical distancing measures in:
  - Locker rooms

- Strength and conditioning facilities (e.g., weight rooms, cardio areas). As with athletics, consider the use of a “sanitation station” at each equipment/exercise site so that cleaning can take place between each athlete, either by staff or the user.
- Lounge areas.
- Indoor and outdoor recreation facilities.
- Limit the maximum number of people in the facility with access control, use-by-appointment, or other measures.
- Offer virtual recreation classes.
- Feature signage about COVID-19 prevention (based on CDC, campus, or other recommendations) throughout the facilities.
- Increase the availability of hand sanitation stations (soap and water or 60% alcohol-based rub/hand sanitizer) throughout the facilities, especially in high touch areas (elevators, stair rails, turnstiles).

**B. Provide information of any additional resources/supplies needed**

**Facilities**

1. Recommendations for non-touch temperature check prior to practice, training, and competition.
2. Recommendations on use of personal face coverings (or surgical masks) in the athletics setting (including training rooms and sports medicine settings) that are consistent with CDC guidelines.

**Teams**

1. Recommendations for non-touch temperature check prior to practice, training, and competition or as part of the Athletic Trainer first aid kit when Trainer is at each practice of teams.

**TechRec**

1. Recommendations for non-touch temperature check prior to practice, training, and competition or as part of the Athletic Trainer first aid kit when Trainer is at each practice of teams.
2. Recommendations on use of personal face coverings (or surgical masks) in the athletics setting (including training rooms and sports medicine settings) that are consistent with CDC guidelines.
3. Recommendation on use of hand coverings such as surgical gloves to protect against topical transmission of COVID-19.

**C. Communication points for campus about this functional area in this phase**

**Facilities**

1. As the campus reopens, consider hosting monthly in-person or virtual leadership updates or town hall meetings. These updates could occur with greater frequency (weekly or bi-weekly) as conditions warrant. The Athletic Director of the COVID-19 response team could lead these sessions on emerging topics and continue to emphasize that the health and safety of the campus community is their highest priority.
2. Frequently asked questions (FAQs), or recently asked questions (RAQs), will provide helpful, quickly accessible predetermined responses and will be posted prominently on the Athletics webpage (e.g., the hours and availability of Athletics facilities).
3. Athletics will maintain the same protocol as Oregon Tech has established to convey appropriate University messaging to its Athletics constituency in regard to reopening procedures and respond to questions in a suitable tone to the urgency of the communication with calmness, confidence, and compassion.

**Teams**

Coaches will convey specific policies and procedures to the student athletes and incoming teams as changes become available. Managing rumors and keeping in touch with players through regular online meetings will develop rapport as they return to campus.

**TechRec**

Information to mirror Facilities/University message to keep information current and accurate.

## Phase II Facilities

- Guidelines for custodial services on appropriate techniques and PPE (as per CDC guidelines) for cleaning and disinfecting common, non-clinical spaces (available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).
- Guidelines for both athletic trainers and custodial services on appropriate techniques and PPE (as per CDC guidelines) for cleaning and disinfecting training room and sports medicine health care spaces, including terminal cleaning (available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>).
- Recommendations on use of personal face coverings (or surgical masks) in the athletics setting (including training rooms and sports medicine settings) that are consistent with CDC guidelines.
- Contingency plans for illness, isolation, or quarantine of athletic trainers, custodial, administrators, coaches and other sports medicine staff. Consider minimum athletic trainer staffing levels for the safe continuation of team training and competition activities. **[under development]**
- Provision of COVID-19 and infectious diseases education and training for athletics staff, including athletic trainers, coaches, strength and conditioning professionals, administration, facilities management, other departmental staff, and student athletes. The Athletics COVID-19 Action Team should recommend the timing (prior to return to campus) and continuing need throughout the academic year(s). The training should include:
  - Details of COVID-19 signs, symptoms, evaluation, testing, course of illness, and transmission.
  - Infection prevention and control concepts and procedures, including physical distancing, avoiding contact with ill individuals, and institutional screening procedures (if any).
  - Individual personal conduct and hygiene.

*Many of these guidelines were developed in collaboration with the National Athletic Trainers Association Intercollegiate Council for Sports Medicine (NATA-ICSM). For more college and university resources, visit the NATA website at <https://www.nata.org/professional-interests/job-settings/college-university/resources>.*

## Teams

Based on decisions by the NAIA, return to practice and competition dates were set for fall sports: Practice for all sports can begin Saturday, August 15 (practice prior to August 15 is prohibited). Conditioning activities must follow institutional plans until August 15. All health and safety protocols for teams set by Oregon Tech must be followed when practices begin on August 15 and only individuals identified by the university can participate in practices. **[Update: fall sports are under review for feasibility of moving to spring as of 7/9/2020]**

Fall competition dates can begin September 5. Fall championship events are scheduled without any changes.

- Implementation of an athletics “shared responsibility” infection prevention plan, including:
  - Individual personal conduct consistent with prevention guidelines.
  - Signage about prevention based on CDC, campus, and other recommendations.
  - Hand sanitation stations (soap and water or 60% alcohol-based rub/hand sanitizer).
  - Annual prevention education and training for student athletes and staff.
- Include a contingency plan for onset of illness and/or exposure during athletics-related travel and competition. **[under development]**
- Isolation and quarantine guidelines for student athletes:
  - Guidelines should be consistent with campus and CDC guidelines and procedures (see Housing recommendations).

- Many student athletes live together in groups (e.g., off-campus apartments and houses), which may present issues for isolation and quarantine of individuals and groups.
- CDC guidelines for disinfecting non-emergency vehicles in the event of transport of an individual with diagnosed COVID-19 or a person under investigation (PUI) (available at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>).
- Travel considerations: sports medicine staff should follow federal, state, local, and institutional public health recommendations related to screening and testing of student athletes and staff following team, work-related, and individual travel.
  - Considerations include travel to community or international “hot spots” and sports involved (contact vs. non-contact sports, team vs. individual sports).
  - Sports medicine staff should provide guidance regarding whether the proposed travel is appropriate given the current stage of the pandemic, potential isolation and quarantine measures that could arise because of the travel, and additional screening that may be required as a result of the travel.

### **TechRec [align with Phase I]**

Most campuses have recreation centers for students, faculty, and staff, and many include multiple and/or extensive indoor and outdoor (e.g., fields) facilities. Thousands of students participate in club and intramural sports, fitness classes and activities, aquatics, and other opportunities for physical activity. Research has shown positive effects of exercise on the immune system and many chronic diseases (including diabetes, obesity, and heart disease) that place individuals into higher risk groups for COVID-19. Exercise also has positive impacts on psychological well-being. However, these recreation centers and programs carry many of the same enhanced COVID-19 transmission risks that are potentially present in varsity sports and local health clubs. Therefore, recreation programs and services should:

- Align recreation services policies, procedures, and communication guidelines with institutional guidelines and CDC, federal, state, tribal, territorial, or local public health guidelines and requirements.
- Provide COVID-19 and infectious diseases education for recreation staff (professional and student), faculty, and instructors. Training should include:
  - Details of COVID-19 signs, symptoms, evaluation, testing, course of illness, and transmission.
  - Infection prevention and control concepts and procedures.
  - Individual personal conduct and hygiene.
  - The important personal and institutional responsibility to protect the health and safety of all students, faculty and staff, including maximizing efforts to protect recreation, intramural, and club sport participants from COVID-19.
- Assess recreation and sports programs for their potential for COVID-19 transmission (e.g., individual vs. team sports; high intensity workouts with possible enhanced risk for aerosolization). Consider a phased return of sports and recreation programs based upon potential risk of transmission in a given activity.
- Consider informing the campus community, including parents, about COVID-19 prevention steps being taken by the recreation department. Be sure to carefully craft and vet any communications going to all or part of the campus community (see guidance under “Communications Plan”).
- Require the use of personal face masks by coaches, instructors, recreation staff, and participants.
- Employ physical distancing measures in:
  - Locker rooms
  - Strength and conditioning facilities (e.g., weight rooms, cardio areas). As with athletics, consider the use of a “sanitation station” at each equipment/exercise site so that cleaning can take place between each athlete, either by staff or the user.
  - Fitness and wellness classes.

- Lounge areas.
- Indoor and outdoor recreation facilities.
  - (1) Consider options to limit the maximum number of people in the facility with access control, use-by-appointment, or other measures.
  - (2) Consider starting or continuing to offer virtual recreation classes.
  - (3) Feature signage about COVID-19 prevention (based on CDC, campus, or other recommendations) throughout the facilities.
  - (4) Increase the availability of hand sanitation stations (soap and water or 60% alcohol-based rub/hand sanitizer) throughout the facilities, especially in high touch areas (elevators, stair rails, etc.).
  - (5) Provide custodial services, athletic trainers, personal trainers and fitness instructors with guidelines for appropriate techniques and PPE (as per CDC guidelines) for cleaning and disinfecting common, non-clinical spaces, including recreation venues and equipment (available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

*Many of these guidelines were developed in collaboration with National Intramural-Recreational Sports Association (NIRSA), Leaders in Collegiate Recreation. For more information about COVID-19 resources for recreational services professionals and their campus colleagues, visit the NIRSA website at <https://nirsa.net/nirsa/covid19/>.*

## College Union

### Phase I

- A. Description of activities/restrictions (be specific)
1. Use signs and tape on floor to maintain physical distancing for waiting and queuing.
  2. If needed, designate specific entrances and exits to limit density at doorways. All identified entrances and exits must be accessible and provide for fire egress.
  3. Shut off water fountains, except for those with no-touch fill capabilities for cups or water bottles.
  4. Provide sanitizing stations and hand sanitizer at entrances and high-traffic areas as feasible.
  5. Install accessible signage with space expectations (i.e., physical distancing expectations, face coverings requirement, traffic flow patterns).
  6. Identify high-touch areas (i.e., doors, cabinets, garbage cans) and implement no-touch use when feasible (i.e., food-operated, key card access, sensor triggered).
  7. Meeting rooms – gatherings will be limited to under 25 participants. Reservations will be required to provide adequate time for cleaning surfaces between meetings. All surfaces will be disinfected by CU staff after each room is used.
  8. Lounges – identify allowable occupancy in all locations and reconfigure furniture to adhere to maximum occupancy and physical distancing of at least 6 feet between seating or standing areas. Signage asking that furniture is not rearranged in the area. Other furniture is stored and inaccessible.
  9. Bathrooms – some bathrooms may remain locked to limit the number to clean/maintain daily. If building utilization increases, bathrooms may be re-opened and then will be cleaned regularly.
  10. Offices – employees of each unit determine who is working on-site; CU staff cleans high touch areas (doorknobs, light switches).
  11. Monitor and maintain inventories of cleaning supplies, personal protective equipment and face coverings.
  12. Bookstore – remain closed until September.
  13. Dining – see separate section.
- B. Provide information of any additional resources/supplies needed  
Staff will need to have access to PPE for deep cleaning if anyone is reported to be COVID-19 positive and was in the CU for an extended amount of time.
- C. Communication points for campus about this functional area in this phase  
Signage will need to be placed about maintaining physical distancing requirements, not moving furniture, hand washing, etc.

### Phase II

- A. Description of activities/restrictions (be specific)
1. Limit gatherings based on state/county phased guidelines. Meetings will be allowed with a maximum of 100 individuals (or the number approved by OHA/county) if physical distancing can be maintained, with all participants wearing a face covering.
  2. Events limited to university-business only and **non-Oregon Tech groups** that cannot obtain a venue in the community if approved.
  3. Large scale events (100+ attendees) will be curtailed pending a viable vaccine or treatment (Phase 3).

4. Establish seating capacity that allows for required capacity restrictions and facilitates physical distancing.
5. Ensure aisles in meeting rooms with theater seating have been increased to provide more space between rows.
6. Stagger tables and chairs to not have people sit directly behind one another. • Post seating diagrams.
7. Post signage throughout venues discouraging handshaking and encouraging attendees to wash hands and follow distancing guidelines.
8. Utilize public health strategies for entrance, lines, and seating guests.
9. Track attendees to provide contacts to health officials should there be a need for contact tracing.
10. Lounge furniture may be added to allow more people in a space if 6 ft between seats can be maintained.
11. Bookstore – open in September following the B&N plan to meet CDC recommendations.
12. Events with food – TBD.

B. Provide information of any additional resources/supplies needed

C. Communication points for campus about this functional area in this phase

D. What if. . . provide what if scenarios and responses (detailed actions for this functional area as well as other functional areas)

## **Housing and Residence Life**

### **Phase I**

#### **A. Description of Activities and Restrictions**

All Housing and Residence Life activities will occur virtual wherever possible, and any in person/face to face interactions occur with the appropriate social distancing and all participants wearing face coverings. Markers on the floor outside of the Housing Office as well as at each Service Desk help residential students and guests maintain at least 6 ft from the nearest person in line as well as Service Desk staff members.

All common area lobbies continue to be open but without furniture provided or furniture spaced out appropriately to maintain under 10 persons in the same space and the appropriate social distancing of at least 6 feet.

Student staff programming efforts continue with passive programs updated regularly on bulletin boards throughout the communities, as well as virtual meetings and activities held over Zoom or Teams.

Face Coverings – students and staff will follow the university face covering procedures.

#### **B. Additional Resources or Supplies**

At this time, no additional resources or supplies are needed. Housing and Residence Life full time staff continue to disinfect/sanitize all touch points in all Housing facilities every day we are on campus (currently Monday through Thursday). Housing has enough supplies on hand to continue these efforts.

#### **C. Communication Points for Campus**

Housing remains open and committed to student's safety and success while enrolled at Oregon Tech. All doors remain locked to help curb the flow of non-residential student in our community, however, if anyone needs assistance, phone numbers are posted at each door.

Tours of Housing facilities will not be offered at this phase of Oregon Tech's reopening.

The Housing Office is open and staffed Monday through Thursday (will change to Friday in September) from 8 am-12:00 pm and 1:00-5:00 pm or by calling 541-885-1904 or emailing [housing@oit.edu](mailto:housing@oit.edu). Housing and Residence Life staff offer excellent customer service but calling or emailing is the preferred method of communication during phase 1 of reopening. Housing and Residence Life also meet via Zoom, Teams or Skype.

What If. . .

If a residential student is feeling ill, they are instructed to self-quarantine in their room, and call Student Health immediately. Student Health will offer the student instructions pertinent to their needs and communicate with the Housing Office to the extent they can best serve the student needs. If a residential student tests positive for COVID-19 and is unable to return home to quarantine, Housing has identified and is holding two Village apartments as well as three Residence Hall rooms. The Village rooms will be used first to offer the best accommodations for quarantine as these spaces have private bathroom facilities. Following are protocols for the Village quarantine space as well as Residence Hall space if the need arises to house more than eight students in quarantine at the same time.

### **Village Protocol**

The first option to quarantine a student is to move the student to an apartment held for these purposes in the Village. There are two four person apartments being held open for the foreseeable future for such a scenario.

As Housing and Residence Life becomes aware of a student testing positive for COVID-19, this student will be asked to move to the Village for their quarantine time. Anything used to assist this student in their move (i.e. a cart, the elevator, any touch points between the student room and their temporary assignment in a Village apartment) will be disinfected when the student's relocation is completed. This work includes a deep cleaning disinfection and sanitization of the bathroom, shower room, hallways, lobby affiliated with the student room, and both kitchen on the floor. This work will be done by two full time staff members wearing personal protective equipment including face shield, goggles, long (up to the elbow gloves), as well as shoe booties. Full covering disposable suits may be worn, with all PPE promptly removed and sanitized or disposed of in a sealed trash bag when this work is done. Each bathroom stall, toilet, sink, and all walls and the floor as well as the mirror and trashcan in this community's restroom will be disinfected, along with all surfaces in the shower room.

The lobby for this community as well as both kitchens on the same floor will also have surfaces wiped down for disinfection purposes as well as the hallway walls and doorknobs in the communities on the floor. Additionally, any paths of travel by the affected student will have all touch points sanitized as soon as the student has completed their move to a temporary room in the Village.

Students quarantined in the Village apartments are welcome to use the kitchen facilities but are not allowed to leave the apartment. Housing and Residence Life staff will work with Sodexo and drop off up to three meals per day or groceries if the student wants to purchase groceries through Sodexo's Farmers Market.

### **Residence Hall Protocol**

If the student is diagnosed with COVID-19 and lives in the Residence Hall, they will be asked to relocate to a Village apartment for a two-week quarantine. This allows the student a private bathroom to mitigate spread of the virus in common areas of the Residence Hall. The community where this student lives and has walked through will receive a deep cleaning disinfection and sanitization, by two full time staff members wearing personal protective equipment including face shield, goggles, long (up to the elbow gloves, as well as shoe booties). Full covering disposable suits may be worn as well, with all PPE promptly removed and sanitized or disposed of in a sealed trash bag when this work is done. Each bathroom stall, toilet, sink, and all walls and the floor as well as the mirror and trashcan in this community's restroom will be disinfected, along with all surfaces in the shower room.

The lobby for this community as well as both kitchens on the floor will also have surfaces wiped down as well as the hallway walls and doorknobs in all communities on the floor. Additionally, any paths of travel by the affected student will have all touch points sanitized as soon as the student has completed their move to a temporary room in the Village.

If no Village quarantine spaces are available due to these spaces already being full of other affected residents, then the Res Hall student will be asked to re-locate to a Res Hall room reserved for quarantine needs. A bathroom and shower facility will be identified for their use, and they will be instructed to wear a mask anytime they need to leave their quarantine room to use the facilities. The student will be asked to not use the kitchen to prepare food, but to use the provided microfridge in the room for food preparation and storage. The Housing staff will also work with Sodexo to deliver meals up to three times daily to help the student remain in quarantine.

The same cleaning procedures will occur in the common area restroom and shower room that the student in quarantine uses, with this cleaning occurring every working day. During the days there is not a full-time custodian, Housing and Residence Life will work with student employees to see if there is someone willing and who has received appropriate training in PPE and use of the chemicals to disinfect the bathroom and shower facilities in this community.

## **Phase II**

### **A. Activities and Restrictions**

Housing and Residence Life will begin to add back some lounge furniture, to allow small groups to gather, but still with social distancing in mind (6 feet separation). Individuals in public spaces must wear a face covering. Disinfection of all touch points will continue 5 days a week, along with the cleaning and disinfection of all restrooms and showers 5 days a week.

Students will be placed in double rooms in the Residence Hall, which follows the CDC requirement (a minimum of 64 sf per student in a housing room is required).

Student quarantine space will continue to be held open for any students who may need these spaces, and the same protocols from Phase 1 will be followed if these spaces are needed. The Village will continue to be the first spaces used to offer more privacy along with separate bathroom facilities for affected students.

All housing facilities will remain locked with signs in place instructing visitors how to reach the Housing Office if they need assistance. Guests are always expected to be escorted by a residential student.

### **B. Resources and Supplies Needed**

Housing will continue to stock PPE equipment for custodial staff. Sanitation and disinfectant supplies will also continue to be stocked, per the normal schedule.

### **C. Communication Points**

The campus community will need to know that all housing facilities will remain locked. Housing will open tours of its facilities upon reaching phase three to limit the number of non-residential people in the facilities.

### **D. What If . . .**

If a residential student is diagnosed with COVID-19, the same protocols will be followed from Phase One. The affected student will be temporarily moved to a designated quarantine space, preferably in the Village, with instructions to remain in the space. Housing and Residence Life will coordinate with the student and Sodexo to ensure at least three meals per day are available for the duration of the quarantine period.

## Dining Services

### Phase I

- A. Description of activities/restrictions (be specific)
1. In food preparation and serving areas:
    - Wear gloves at all times when handling food
    - Reinforce meticulous handwashing protocols
    - Have employees wear gloves when performing cleaning, sanitizing, and disinfecting activities
  2. Increased cleaning protocols in dining centers:
    - In dining centers and other retail food locations, institutions shall:
    - Provide all condiments in single service packets or from a single-service container
    - Disinfect customer contact surfaces in serving areas frequently
    - Not offer open self-service style operations such as buffets and salad bars.
    - Provide guidance to customers to maintain six feet of separation while ordering and waiting in line through floor markings, signage, and verbal direction
  3. All diners and employees must wear a face covering in all areas of the building and in dining centers.
  4. Where social distancing cannot be maintained, students and staff use cloth face coverings.
  5. Provide limited seating in open dining locations
    - Tables should be spaced in such a way that a space of six feet will be maintained between tables including when customers are approaching or leaving a table
    - Limit party sizes to 10 people or fewer who have chosen to congregate together.
  6. Remove seating in open dining locations and offer to-go orders (and delivery where available) only.
  7. Disinfect customer contact surfaces at tables, including seats, and all other touchpoints frequently.
- B. Provide information of any additional resources/supplies needed
1. Signage appropriate for communicating services and process
  2. Hand sanitizer at entry points
- C. Communication points for campus about this functional area in this phase

### Phase II

- A. Description of activities/restrictions (be specific) -- **still in development with Sodexo staff**
1. Provide limited seating in open dining locations
    - Tables should be spaced in such a way that a space of six feet will be maintained between tables including when customers are approaching or leaving a table
    - Limit party sizes to 10 people or fewer who have chosen to congregate together.
  2. Identify and hold isolation spaces on-campus in number commensurate to the conditions, density, and configurations of the residential buildings
  3. In food preparation and serving areas:
    - Wear gloves at all times when handling food

- Reinforce meticulous handwashing protocols
- Have employees wear gloves when performing cleaning, sanitizing, and disinfecting activities
- 4. Increased cleaning protocols in dining centers and other retail food locations, and will:
  - Provide all condiments in single service packets or from a single-service container
  - Disinfect customer contact surfaces in serving areas frequently
  - Not offer open self-service operations such as buffets and salad bars
  - Provide guidance to customers to maintain six feet of separation while ordering and waiting in line through floor markings, signage, and verbal direction
  - Disinfect customer contact surfaces at tables between each customer/party including seats, tables, and all other touchpoints
- 5. In-person events should be limited to no more than 50% of the rated occupancy of the space and only when the space for the event is large enough to provide six feet of separation between each person
- 6. **Catering will be limited. Buffets will not be allowed unless a person serves (no self-service). Outside caterers will not be allowed.**
- 7. **MarketPlace capacity will be determined by the county health department. Flow through the area will be one direction only.**

B. Provide information of any additional resources/supplies needed

TBD

C. Communication points for campus about this functional area in this phase

TBD

## Integrated Student Health Center

### Phase I

#### A. Description of activities/restrictions (be specific):

##### 1. Medical Services: Medical services will continue throughout this Phase with the following adjustments:

- **Scheduling Adjustments** – ISHC will continue to meet with medical patients in person, scheduling medical appointments in the morning for healthy students (including blood draws, immunizations, medication management, and so on) and scheduling appointments in the afternoon for sick students. This lowers the risk of being exposed to COVID-19 or other illnesses for our healthy students, and allows the facility to be cleaned sufficiently to prepare for the following day.
- **Increased Sanitizing** – Since the beginning of the COVID-19 outbreak, we have increased the frequency and intensity with which we clean and sanitize the clinic. After each patient, the examination rooms, lobby, reception area, door handles and any other space that the patient inhabited during their visit will continue to be cleaned with CDC COVID-19-effective products. We contract with a medical custodial service company which will maintain increased daily sanitization efforts, as well.
- **Personal Protective Equipment** – All students who come into ISHC for medical appointments will be screened to determine if they are at risk for having COVID-19. Students must wear a face covering and medical staff will continue to wear full protective equipment (face shields, gowns, masks, and of course gloves). Medical staff will wear surgical masks during healthy student appointments.
- **Social Distancing** – Further changes regarding scheduling will continue in order to reduce the number of students who are waiting for appointments. Appointments will be spread out throughout the day to minimize traffic and interaction in the lobby. Any students waiting in the lobby will be monitored to ensure appropriate social distancing. The glass divider at reception will only be opened enough to allow interaction with students. Students will be directed to leave ISHC through the rear exit to minimize patients interacting in the lobby.
- **Telehealth Support** – ISHC medical staff will continue to offer appointments through both telephone and video conferencing (using HIPAA-compliant Zoom) for those students who elect not to return to campus.

Working with Klamath County Public Health Division (KCPH), ISHC has established protocols to follow if a patient is suspected of having COVID-19, which will be followed and adjusted as necessary with future guidance from KCPH.

##### 2. Counseling Services: Counseling services will continue to function throughout this Phase with the following adjustments:

- **Options for Services** – Counseling will continue to be offered through telephone, HIPAA-compliant Zoom (video conferencing), and in-person.
- **Social Distancing** – As mentioned above, changes regarding scheduling will continue in order to reduce the number of students who are waiting for appointments. Appointments will be spread out throughout the day to minimize traffic and interaction in the lobby. Any students waiting in the lobby will be monitored to ensure appropriate social distancing. The glass divider at

reception will only be opened enough to allow interaction with students. Students will be directed to leave ISHC through the rear exit to minimize patients interacting in the lobby.

- **Personal Protective Equipment** – Unless otherwise required by OHA, students coming on-site for in-person for counseling will not be required to wear surgical masks. They will be screened upon entering the building, and if they endorse COVID-19 symptoms their appointment will be rescheduled (and they will be placed on the medical provider’s schedule instead). Because it is possible to maintain social distancing within the counseling session, and the wearing of a mask would likely impede the level of interaction required for effective counseling, the counseling staff will also not be required to wear surgical masks. A staff member could certainly choose to do so, but it will not be protocol.
- **Increased Sanitizing** – As indicated above, ISHC has increased the frequency and intensity of cleaning and sanitization of the clinic. After each client, the lobby, reception area, door handles, counseling office, and any other space that the patient inhabited during their visit will continue to be cleaned with CDC COVID-19-effective products. We contract with a medical custodial service company which will maintain increased daily sanitization efforts, as well.

3. Health Promotion: During this Phase, Health Promotion will continue to focus on virtual outreach, given that the number of people allowed to gather in groups will remain limited. Passive programming will be provided on the ISHC website, as well as on the Oregon Tech app. Active programming will encourage students to participate in their own spaces. For example, during April (which was Sexual Assault Prevention Month), the Health Educator and Campus Life staff organized a “Virtual Walk” in which participants tracked their steps for two weeks to see how far they could walk together – this replaced the in-person event which traditionally occurs on the track. Videos are under production such as cooking lessons and exercise routines that students could implement in their own spaces.

4. ISHC as Point of Contact: The ISHC Director serves as the point of contact for the Oregon Tech community with regards to reporting potential cases of COVID-19. Students and employees are encouraged to notify the ISHC Director if they believe that they have been exposed to COVID-19, are having symptoms, or have been tested for the virus. The ISHC Director maintains contact with these individuals, acting as a case manager to ensure they have the supplies they need and are connected to the appropriate resources. The Director also maintains communication with both on and off-campus partners (KCPH, Human Resources, Facilities, and so on) to ensure the appropriate response and or/proactive steps are taken to further protect the university community. By having one point of contact, which is placed within a medical setting, everyone’s privacy is better protected than having multiple sources on campus notified of an individual’s health status.

B. Provide information of any additional resources/supplies needed

Personal Protective Equipment (PPE): ISHC currently has sufficient PPE to maintain the safety of clients, patients, and staff.

C. Communication points for campus about this functional area in this phase

- ISHC continues to provide the same quality mental health and medical support that we have always provided to students and work closely with KCPH to keep the Center compliant- and safe - with all OHA and CDC guidance.

D. What if . . . provide what if scenarios and responses (detailed actions for this functional area as well as other functional areas)

- By far, the most likely “What If” scenario for ISHC involves interacting with a student who is COVID-19 positive. As mentioned above, we have protocols in place for that situation, and are taking every effort to avoid exposure of the staff.

E. Questions still in need of answers - None

## Phase II

C. Description of activities/restrictions (be specific)

1. Screening of Residential Students: ISHC will conduct COVID-19 screenings for the students who will be returning to live on campus, as well as student workers. The logistics of this effort are extensive, but possible. ISHC has created a screening form that residential students will complete two to three weeks prior to returning to campus. This form will be sent to students by the Residence Life staff with their other move-in paperwork, and completed forms will be sent directly to Student Health. ISHC staff (having been trained by the medical personnel) will review the forms for any high-risk criteria. Medical staff will then personally contact each high-risk student to have a more thorough conversation. It will require coordination with Residence Life staff, and to be effective will need to have a consequence for not participating in the screening (i.e. not being issued their room key).
2. Medical Services: Medical services will continue throughout this Phase as above with the following adjustments:
  - **Personal Protective Equipment** – Per ACHA recommendations, students coming for medical appointments will be asked to wear surgical masks (or their own face covering, if they are wearing one) upon entering the building, and the medical staff will continue to wear full protective equipment when working with sick students (face shields, gowns, masks, and of course gloves). Medical staff will wear surgical masks during healthy student appointments.
  - **Temperature Checks** – All students who enter the clinic for medical appointments will be taken into an examination room as soon as possible where their temperature will be taken. In the presence of a fever, medical staff will don full PPE (as indicated above).
2. Counseling Services: Counseling services will continue to function throughout this Phase as above with the following adjustments:
  - **Temperature Checks** – All students who enter the clinic for counseling appointments will be taken into an examination room as soon as possible where their temperature will be taken. In the presence of a fever, their appointment will be re-scheduled, and they will be placed on the medical provider’s schedule instead.
3. Health Promotion: Same as above.
4. ISHC as Point of Contact: Same as above.

D. Provide information of any additional resources/supplies needed

Personal Protective Equipment (PPE): In order to maintain sufficient protection for both ISHC staff and the students seeking services in the clinic, a significant amount of PPE would be required to enter Phase II. The university is coordinating the procurement of PPE campus-wide, and ISHC needs are included in this order.

E. Communication points for campus about this functional area in this phase

- ISHC provides the same quality mental health and medical support that we have always provided to students and work with KCPH to keep the Center compliant- and safe - with all OHA and CDC guidance.

- F. What if. . . provide “what if” scenarios and responses (detailed actions for this functional area as well as other functional areas)
- G. Questions still in need of answers

## **LRC – Library and Student Success Center**

### **Phase I**

- A. Description of activities/restrictions (be specific)
  - a. LRC closed to staff, faculty, and students except where essential duties are needed (mail delivery, scanning, equipment retrieval, scheduled testing, TOP food pantry retrieval, etc.). Exceptions require approval by the Library Director or Vice Presidents.
  - b. Remove furniture as much as possible to encourage physical distancing.
  - c. Establish traffic flow patterns and signage.
  - d. Install plastic barriers at service counters.
  - e. Bathrooms open to staff with cleaning supplies present
  - f. Provide staff face coverings and gloves
- B. Provide information of any additional resources/supplies needed
- C. Communication points for campus about this functional area in this phase

### **Phase II**

- A. Description of activities/restrictions (be specific)
  - 1. Use signs and tape on floor to maintain physical distancing for waiting and queuing to interact with library staff/resources.
  - 2. Designate specific entrances and exits to limit density at doorways. All identified entrances and exits must be accessible and provide for fire egress.
  - 3. Shut off water fountains, except for those with no-touch fill capabilities for cups or water bottles.
  - 4. Provide sanitizing stations and hand sanitizer at entrances and high-traffic areas as feasible.
  - 5. Install accessible signage with space expectations (i.e., physical distancing expectations, face coverings requirement, traffic flow patterns).
  - 6. Identify high-touch areas (i.e., doors, cabinets, garbage cans); implement no-touch use when feasible (i.e., food-operated, key card access, sensor triggered).
  - 7. Meeting rooms – gatherings will be in accordance with state guidance, maintaining the required physical distancing. Reservations will be required to provide adequate time for cleaning surfaces between meetings. All surfaces will be disinfected by CU staff after each room is used.
  - 8. Provide staff face coverings and gloves.
- B. Provide information of any additional resources/supplies needed
- C. Communication points for campus about this functional area in this phase

## Oregon Tech Foundation

### Phase I

- A. Description of activities/restrictions (be specific)
  - A. Events are likely are most significant change. We have cancelled all events through August 31 at this point. We are waiting to make decisions regarding fall term events until we are closer to the event time. Events typically held in the fall are the Scholarship Banquet (200-225 guests), Shaw Historical Library (~100 guests), Oregon Tech Trail Blazer Night (~100 attendees), board of directors meeting (~25 guests) and geomatics continuing education workshop (~30-50 attendees). We also have smaller athletic related events depending on the team's travel schedules.
  - B. Donor meetings often require extensive traveling. Traveling would be set by the limitations of the university and face-to-face meetings would depend on social distancing measures. Our offices will allow us to meet donors and maintain a six-foot distance. However, huggers may be an issue so we'll have to come up with some clever decline lines.
- B. Provide information of any additional resources/supplies needed
  - A. We have been able to convert many events and solicitations to online with no cost to us. For us, additional resources and supplies would be mainly in the way of sanitary supplies. Supplies would include disinfecting wipes, disinfecting air spray, hand sanitizer, and masks for office use as well as at events (guests will need to have masks available as well). We are working with Marketing to see if we can order with them for some customized facemasks.
  - B. Having some of these supplies in smaller travel sizes would be good to as we are meeting donors in different places and traveling back and forth to campus.
- C. Communication points for campus about this functional area in this phase
  - A. We are still working and available
  - B. You can contact us at our normal Oregon Tech contact numbers
  - C. Department is furloughing on Fridays
- D. What if. . . provide what if scenarios and responses (detailed actions for this functional area as well as other functional areas)
  - A. What if we have an employee who contracts COVID-19?
  - B. What if we have an event attendee notify us they were exposed to COVID-19?
  - C. What if we have guests who are not social distancing at events? Coughing?
- E. Questions still in need of answers - None

### **Phase II (if needed, phase can be broken into IIa, IIb) – Note: Not much will change between Phase I and Phase II**

- A. Description of activities/restrictions (be specific)
  - A. Decisions regarding fall term events will be made closer to the event time. Events typically held in the fall are the Scholarship Banquet (200-225 guests), Shaw Historical Library (~100 guests), Oregon Tech Trail Blazer Night (~100 attendees), board of directors meeting (~25 guests) and geomatics continuing education workshop (~30-50 attendees). We also have smaller athletic related events depending on the team's travel schedules.
  - B. Donor meetings often require extensive traveling. Traveling would be set by the limitations of the university and face-to-face meetings would depend on social distancing measures.

- C. Our offices will allow us to meet donors and maintain a six-foot distance, and in Phase II the office will begin to be staffed more regularly. We would likely alternate days among staff members, particularly with specific staff who have obstacles continuing to work from home. However, huggers may be an issue so we'll have to come up with some clever decline lines.
- B. Provide information of any additional resources/supplies needed
  - a. Would like a "cleaning tote" on-site to ensure we have the proper supplies, as well as the signs that Marketing will create for the Fall re-opening, to be consistent with campus
- C. Communication points for campus about this functional area in this phase
  - a. The office will be open, although will have varying hours and reduced staffing, at times
  - b. Larger events will maintain appropriate physical distancing and encourage use of good hygiene
- D. What if. . . provide "what if" scenarios and responses (detailed actions for this functional area as well as other functional areas)
  - a. Information about what will happen in the event of a spike in COVID-19 cases (will there be a graduated response or will the university revert back to remote instruction immediately)?
- E. Questions still in need of answers - None

## **Travel [under development]**

### **Phase I**

- A. Description of activities/restrictions (be specific)
  - a. No travel permitted for students, faculty, staff
  
- B. Provide information of any additional resources/supplies needed
  
- C. Communication points for campus about this functional area in this phase

### **Phase II**

- A. Description of activities/restrictions (be specific)
  - a. Faculty/staff travel – travel must be approved by the supervisor; purpose and location must be considered when approving; no international travel allowed. Pending location, traveler may need to quarantine for 14 days upon return.
  - b. Student travel – not allowed for any campus-related activity; personal travel during fall term is discouraged especially to areas with active COVID-19 cases.
  - c. Athletic teams – see section for Athletics
  
- B. Provide information of any additional resources/supplies needed
  
- C. Communication points for campus about this functional area in this phase  
Travel restrictions must be communicated at the beginning of fall term. Separate communications for faculty/staff and students.
  
- D. What if. . . provide what if scenarios and responses (detailed actions for this functional area as well as other functional areas)

## Section 3: Campus – Portland-Metro

### Phase I

1. Summer quarter in-person MLS labs
  - a. Face coverings required when social distancing is not possible (e.g., when moving around the building via hallways, stairwells, elevators and in bathrooms).
  - b. Place furniture in the 4<sup>th</sup> floor kitchen/lounge area and Peer Consulting area 6 feet apart to emphasize social distancing between labs.
  - c. Bathrooms will be cleaned nightly.
2. Employees work remotely when possible, with supervisor approval.
  - a. Employees choosing to work on-campus are encouraged to regularly clean their environment, honor social distancing, and wear face coverings when social distancing is not possible.
3. When permitted by OHA no earlier than July 1, Admissions Campus Tours may occur by appointment.
  - a. Face coverings required when social distancing is not possible.
  - b. By appointment only in single-family groups of no more than 10, maintaining physical distancing.

### Phase II

PM campus may move to phase 2 (university's phase 2) even if the county is not in phase 2, which allows more activity on campus (such as staff returning to campus to offer services, labs offered in person, and access to other campus spaces). Campus will be limited to university business only; visitors will only be on campus to conduct university business (deliveries, approved contractors).

1. General Expectations for Portland-Metro Campus
  - A. Self-Monitoring
    - i) Recommend personal monitoring for symptoms for staff/faculty, with the expectation that employees stay home if they are ill or have had a potential exposure to someone with a confirmed case of COVID-19; report symptoms/positive test result to supervisor
    - ii) Staff/faculty/student training – Human Resources will provide training with regards to employee expectations for entering Phase II.
  - B. Face covering required when social distancing is not possible (e.g., hallways, office meeting, some conference rooms)
    - i) Face coverings – PM will comply with the university procedure regarding face coverings.
      - (1) Provide 2 cloth/reusable face coverings per employee and student
      - (2) Provide disposable face coverings for scheduled visitors. Vendors and contractors on-site should provide their own face coverings, although the university will have extras in the event they do not.
      - (3) General Public – not allowed on campus without an appointment/stated purpose for accessing campus
    - ii) Gloves – Gloves are required only in circumstances in which adequate hand-washing or hand sanitizer is not available. Specific labs (i.e. Biohazard Lab) may require gloves as appropriate.
2. Adaptions to the Facility and Resources Needed
  - a. Protective infrastructure/sneeze guards installed at:
    - Campus Information Center, 1<sup>st</sup> floor lobby
    - Student Services front desk, 1st floor office suite,
    - Library check-out, 4<sup>th</sup> floor (2 guards - Brian's desk and main desk),

- Testing center front desk, 4th floor Peer Consulting Center
  - ITS help desk, 1st floor
  - Conference room table #130 (down the middle for 1:1 meetings), 1st floor SS office suite
  - Registrar's desk, 1<sup>st</sup> floor SS office suite
- b. Space capacity limits for common spaces/Remove half the furniture in the following locations:
- 1<sup>st</sup> floor Commons,
  - 1<sup>st</sup> floor seating by both entrances,
  - 2<sup>nd</sup> floor elevator landing,
  - 4<sup>th</sup> floor MLS lounge,
  - Lines or carpet dots or other markers to emphasize appropriate distancing at CIC, SS front desk, ITS window, library desk, 2<sup>nd</sup> and 4<sup>th</sup> floor kitchens, Vending Machines in the Commons, in front of elevators (1 person per elevator), etc.
- c. Additional Resources Needed
- Consider extending custodial services to frequent, daytime cleaning for the Commons, bathrooms, and kitchen areas (high risk areas where social distancing may be difficult to enforce)
  - In the absence of frequent custodial services, provide “kits” to self-clean common areas, study rooms, library, peer consulting, computer labs, etc. + signage emphasizing individual responsibility
- C. Update classrooms for synchronous, remote teaching flexibility
- D. Provide amplification for faculty/lapel microphones (as needed)
3. Description of Campus Activities
- a. Meetings (e.g., department, team, club)
- 1:1 office-based meetings (e.g., faculty office hours, student services, peer consulting)
    - (1) Continue to utilize Zoom if preferred by either party, social distancing is not possible, or if face coverings are less effective (e.g., counseling, disability services appointments)
    - (2) In offices if plexiglass installed and/or face coverings remain
  - Conference room meetings: limit room capacity
    - (3) Conf Rm 225 – 3 people
    - (4) Conf Rm 130 – 1:1 only with plexiglass
    - (5) Conf Rm 127 – 2 people
    - (6) Conf Rm 402 – 25% capacity (10-ish)
- b. Study Rooms (2<sup>nd</sup> and 4<sup>th</sup> floor)
- Limit 1 person/study room
  - Provide cleaning “kits” for self-maintenance
  - Study rooms will be cleaned each evening
- c. Rapid Prototyping Lab
- Limit number of students allowed in the lab at a time
  - Implement a “reservation system” to organize time limits and student access
  - Provide cleaning “kits” for self-maintenance
  - Study rooms will be cleaned each evening
- d. Library
- Close the art nook to stack soft couches,
  - ½ computer stations

- Limit the number of students in the library at a time).
  - Provide cleaning “kits” for self-maintenance
  - Study rooms will be cleaned each evening
- e. Miscellaneous study spaces throughout the building -
- Space furniture to emphasize 6 feet social distancing parameters
  - Utilize carpet “markers” where appropriate
  - Provide cleaning “kits” for self-maintenance
  - Study rooms will be cleaned each evening
- f. Events (e.g., Orientation, Welcome Week, Dinner Breaks, Club Events)
- Group gatherings/events to not exceed room capacities designated by academic work group
  - Pre-packaged meals to eliminate buffet-type service
  - Social distancing recommendations followed + face coverings when physical distancing is not possible
  - Whenever possible, provide webinar options for students who want to participate remotely
4. Communication points for campus about this functional area in this phase
- a. Communication Points:
- Access to services available with face covering and/or 6 ft. social distancing
  - “We’re here for you via Zoom!” Office hours, student services, etc.
  - Maintain social distancing even when studying in groups, etc. - ask students for assistance/frame as positively as possible
- b. Communication Methods:
- Red (needs cleaning)/Green (clean) signage for computer labs, restrooms, kitchen appliances, meditation room, common area tables
  - Emails (staff, faculty, students)
  - App pushes (students)
  - Frequency of communication – utilize OT Weekly (Julie)
  - Door signage
  - Sandwich boards in front of the building
  - Trainings (for external folks)

## Section 4: Campus – Seattle

### Phase I

*King and Snohomish counties in Washington state are currently in Phase 1 of reopening as defined by the state of Washington. In Phase 1, certain “Higher Education & Critical Infrastructure Workforce Training” programs have been authorized to restart operations under prescribed conditions (see attached Appendix A). The programs at OIT’s Seattle campus fall under Sector #9 – Critical Manufacturing – and are thus authorized to re-open (see attached Appendix B). It is also noted that the nearest local community college (Everett) re-opened its technical lab and workshop programs over 2 weeks ago (5/12).*

#### A. Description of activities/restrictions (be specific)

The following classes with a lab/workshop component are currently scheduled to be taught in OIT’s Everett lab in summer quarter 2020:

- MFG 120 Intro to Machining Processes
- MECH 437 Heat Transfer II
- PHY 222 General Physics II with Calculus

Insofar as is possible, “classroom” instruction will be online to reduce physical presence to a minimum. Appendix A details the physical precautions and administrative measures that will be taken.

A further lab course – MECH 363 Engineering Instrumentation – will be taught using take-home lab kits and online instruction i.e. no physical presence at the OIT Everett lab.

The following lab/workshop classes are currently scheduled to be taught at local community colleges.

- MFG 103 Introductory Welding Processes – South Seattle Community College
- CHE 202/205 General Chemistry II – Shoreline Community College (to be confirmed)

These courses are also subject to the physical precautions and administrative measures described in Appendix A.

#### B. Provide information of any additional resources/supplies needed

None

#### C. Communication points for campus about this functional area in this phase

Site Director – Steve Addison – [steve.addison@oit.edu](mailto:steve.addison@oit.edu) – 206 300 0405 Site Manager – Marcus Harrell – [marcus.harrell@oit.edu](mailto:marcus.harrell@oit.edu) – 206 355 3512

### Phase II

Requirements for IHEs in Washington state will be implemented regarding face coverings, physical distance, health screening/monitoring, training personnel, cleaning of lab/workshops, facility layout, record keeping, etc.

Per the Washington state “Phase 2 Higher Education & Workforce Training COVID-19 Requirements” (see below), we’re required to provide a weekly safety training for students and staff attending classes at the lab.

For example:

19 Supervisor must be available at all times during work and class activities.

### **COVID-19 Safety Training**

2. A safety training must be conducted on all locations on the first day of returning to work/class, and weekly thereafter, to explain the protective measures in place for all employees and students. Physical distancing must be maintained at all gatherings.
3. Attendance will be communicated verbally and the trainer will sign in each attendee.

Rather than run through the initial training again and again and again ... (which would become very stale very quickly), I suggest that you do the following to keep things fresh:

- Give a very short reminder about lab safety precautions stressing any issues that might have arisen during the previous week's session e.g. inadequate social distancing.
- Discuss a couple of issues in a little more detail ... to make this easier, I'll try to send you some talking points each week before the class – see the attached PPTX file – and will have printed handouts available in your classrooms. Feel free to use them if they help.
- Conclude with a short verbal pop quiz to make sure that students have been listening.
- Ask students to give you their access logs to initial (see below).

### **During Class**

You will receive a reminder about health protocols at the beginning of your class.

Initial this box to acknowledge that you have received a reminder

### **Departing the Lab**

Materials created for a short course posted to Canvas that covers safety protocols and health assessment / access log (available upon request).

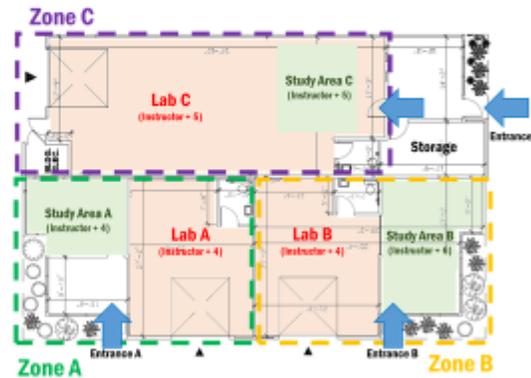
The following slides are for training of employees and students on the various labs and access (also used in weekly reminders).

# Everett Lab Zones

- The Everett lab has been divided into 3 zones as shown below. Each zone has its own lab space, study area, bathroom, and entrance door.

- Only 1 class is allowed in a zone at any time.

- Students and instructors must not enter the other zones unless there is an emergency.



**Any access to another zone – for any reason – must be logged.**

# Distancing

We're shooting for the lowest possible risk consistent with offering lab classes

Please keep your distance! →

person with COVID-19	person without COVID-19	chance of spreading COVID-19
neither person wearing face covering + less than 6 feet apart		very high
only healthy person wearing face covering + less than 6 feet apart		high
only person with COVID-19 wearing face covering + less than 6 feet apart		medium
both wearing face covering + less than 6 feet apart		low
both wearing face covering + at least 6 feet apart		very low
staying home		virtually none

## **Phase 1 Higher Education & Critical Infrastructure Workforce Training Restart COVID-19 Requirements**

***Phase 1: Low-risk Higher Education and Critical Infrastructure Workforce Training work resumes.***

***Higher Education and Critical Infrastructure Workforce training jobs and approved (see attached list) instructional programs complying with the points below may resume only those work and instructional activities that do not require workers and students to be closer than six-feet together. If a work or instructional activity requires workers or students to be closer than six-feet, it is not considered low-risk and is not authorized. Adherence to the physical distancing requirement and the health and safety points below will be strictly enforced.***

**Prior to recommencing work and approved instructional programs all employer/training providers are required to develop and post at each location a comprehensive COVID-19 exposure control, mitigation, and recovery plan. Higher education institutions and training providers are encouraged to continue remote learning as much as possible to limit in-person interactions.** The COVID-19 exposure plan must include policies regarding the following control measures: PPE utilization; on-site social distancing; hygiene; sanitation; symptom monitoring; incident reporting; site decontamination procedures; COVID-19 safety training; exposure response procedures; and a facility post-exposure incident recovery plan. A copy of the plan must be available at each location during any activities and available for inspection by state and local authorities. Failure to meet posting requirements could result in sanctions, including work and instructional activities being shut down.

**All programs are required to post at each location written notice to employees and government officials the Phase 1 work and instructional programs that will be performed at that location and signed commitment to adhere to the requirements listed in this document.**

**All programs have a general obligation to keep a safe and healthy location in accordance with state and federal law.** Failure to follow these requirements will be considered a violation of these duties and be penalized accordingly. Under RCW 49.17.060, “each employer shall furnish to each of their employees a place of employment free from recognized hazards that are causing or likely to cause serious injury or death to his or her employees and shall comply with the rules, regulations, and orders promulgated under this chapter.” The Washington State Department of Labor & Industries’ Division of Occupational Safety and Health (DOSH) is responsible for workplace safety and health, including inspections and enforcement, consultation, technical assistance, training, education, and grants.

All programs are also required to comply with the following COVID-19 location-specific safety practices, as outlined in Gov. Jay Inslee’s “Stay Home, Stay Healthy” Proclamation 20-25, and in accordance with the Washington State Department of Labor & Industries General Coronavirus Prevention Under Stay Home-Stay Healthy Order (DOSH Directive 1.70: <https://www.lni.wa.gov/safety-health/safety-rules/enforcement-policies/DD170.pdf>) and the Washington State Department of Health Workplace and Employer Resources & Recommendations at <https://www.doh.wa.gov/Coronavirus/workplace>:

### **COVID-19 Supervisor**

1. A site-specific COVID-19 Supervisor shall be designated by the program at every location to monitor the health of employees and students and enforce the COVID-19 location safety plan. They must keep the plan current with changes to COVID-19 guidelines. A COVID-19 Supervisor or designee must be available at all times during work and class activities.

### **COVID-19 Safety Training**

2. A safety training must be conducted at all locations on the first day of returning to work/class, and weekly update thereafter, to explain the protective measures in place for all workers and students. Social distancing must be maintained at all gatherings.
3. Attendance will be communicated verbally and the trainer will sign in each attendee.
4. COVID-19 safety requirements shall be visibly posted at each location.

### **Social Distancing**

5. Social distancing of at least 6 feet of separation must be maintained by every person at all times.
6. Gatherings of any size must be prevented by taking breaks, performing lab-type activities and lunch in shifts. Any time two or more persons must meet, ensure minimum 6-feet of separation.
7. Identify and control “choke points” and “high-risk areas” at locations where workers and students typically congregate so that social distancing is always maintained. Consider relocating from small classrooms into larger rooms to accommodate more room for social distancing.
8. Minimize interactions during class activities; ensure minimum 6-foot separation by physical barriers, and/or demarking floors with tape. Limit the number of students based on class size and activities to allow for 6-foot separation.
9. To the extent practical allow only one group/class at a time at the same location/lab/classroom and maintain 6 foot separation social distancing for each member. If more than one group/class must be on the site then at a minimum they must maintain social distancing policies in accordance with this guidance.
10. Institutions may approve individual based learning/one-on-one classes such as apprenticeships and independent study on a case-by-case basis if they can demonstrate an effective plan for an equivalent means of social distancing through elements such as physical barriers, ventilation, Personal Protective Equipment, and health monitoring. These approvals should be limited to small-scale activities that can demonstrate that they are following guidance from the Centers from Disease Control, Washington State Department of Labor & Industries, and Washington Department of Health and are based on the best practices of the field of study in question.

### **Personal Protective Equipment (PPE) – Employer/Training Program Provided**

11. Provide personal protective equipment (PPE) such as gloves, goggles, face shields and face masks as appropriate, or required, for the activity being performed.
12. Face coverings in accordance with Washington Department of Health guidelines, or as required by Washington Department of Labor & Industries (L&I) safety rules, must be worn at all times by every employee and visitor/student at the location.
13. If appropriate PPE cannot be provided to employees, the activity must be shutdown.

### **Sanitation and Cleanliness**

14. Soap and running water shall be abundantly provided at all locations for frequent handwashing. Workers and students should be encouraged to leave their workstations to wash their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing, or blowing their nose.
15. When running water is not available, portable washing stations, with soap, are required, per WAC 296-155-140 2(a) – (f). Alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol can also be used, but are not a replacement for the water requirement.
16. Post, in areas visible to all workers and students, required hygienic practices, including not to touch face with unwashed hands or with gloves; washing hands often with soap and water for at least 20 seconds; use hand sanitizer with at least 60% alcohol; cleaning and disinfecting frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs; covering the mouth and nose when coughing or sneezing as well as other hygienic recommendations by the U.S. Centers for Disease Control (CDC).
17. Make disinfectants available to workers throughout the location and ensure cleaning supplies are frequently replenished.
18. Frequently clean and disinfect high-touch surfaces at locations and in offices, such as shared tools, machines, vehicles and other equipment, handrails, doorknobs, and restrooms. Sanitation workers disinfecting these areas must be provided appropriate personal protective equipment (PPE) for these work tasks and trained on work expectations. If these areas cannot be cleaned and disinfected frequently, these locations shall be shut down until such measures can be achieved and maintained.
19. If an employee or student reports feeling sick and goes home, the area where that person worked should be immediately disinfected.

### **Employee and Student Health/Symptoms**

20. Create policies, which encourage workers and students to stay home or leave the location when feeling sick or when they have been in close contact with a confirmed positive case. If they develop symptoms of acute respiratory illness, they must seek medical attention and inform their employer.
21. Have employees/students inform their supervisors/instructor if they have a sick family member at home with COVID-19. If an employee or student has a family member sick with COVID-19, that employee/student must follow the isolation/quarantine requirements (WA Dept. of Health).

22. Screen all workers and students at the beginning of their day by taking their temperature or ensuring they take their own temperature at home prior to coming to the school and asking them if they have a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell. Thermometers used shall be ‘no touch’ or ‘no contact’ to the greatest extent possible. If a ‘no touch’ or ‘no contact’ thermometer is not available, the thermometer must be properly sanitized between each use. Any worker with a temperature of 100.4°F or higher is considered to have a fever and must be sent home. Students should be screened prior to class by asking them if they have a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell. Instruct workers to report to their supervisor if they develop symptoms of COVID-19 (e.g., fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell). If symptoms develop during a shift, the worker should be immediately sent home. If symptoms develop while the worker is not working, the worker should not return to work until they have been evaluated by a healthcare provider. Provide a contact number for students to self-report if they have tested positive for COVID-19 for contact tracing purposes.
23. Failure of employees/students to comply will result in employees/students being sent home during the emergency actions.
24. Employees who do not believe it is safe to work shall be allowed to remove themselves from the location and employers must follow the expanded family and medical leave requirements included in the Families First Coronavirus Response Act or allow the worker to use unemployment benefits, paid time off, or any other available form of paid leave available to the worker at the workers discretion.
25. If an employee or student is confirmed to have COVID-19 infection, employers should inform fellow employees/students of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow employees about how to proceed based on the CDC [Public Health Recommendations for Community-Related Exposure](#).

### **Location Visitors**

26. A daily class attendance log of all workers and visitors/student must be kept and retained for at least four weeks. The log must include the name, phone number, and email address of all workers and visitors.

### **No work may be conducted until programs can meet and maintain all requirements, including providing materials, schedules, and equipment required to comply.**

These Phase 1 COVID-19 location safety practices are required as long as the “Stay Home, Stay Healthy” Gubernatorial Proclamation 20-25 is in effect or if adopted as rules by a federal, state or local regulatory agency. **All issues regarding worker safety and health are subject to enforcement action under L&I’s Division of Occupational Safety and Health (DOSH).**

**Workplace safety and health complaints** may be submitted to the L&I Call Center: (1-800-423-7233) or via e-mail to [adag235@lni.wa.gov](mailto:adag235@lni.wa.gov). **General questions about how to comply with COVID-19 safety practices** can be submitted to the state’s Business Response Center at <https://app.smartsheet.com/b/form/2562f1caf5814c46a6bf163762263aa5>. **All other violations related to**

**CDC IHE** <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>

**L&I Info:** <https://www.lni.wa.gov/agency/outreach/novel-coronavirus-outbreak-covid-19-resources>

**DOH:** <https://www.doh.wa.gov/Emergencies/Coronavirus>

# Appendix B

## List of Approved Essential Workforce Education Programs

Issued: May 7, 2020  
Updated: May 19, 2020

Essential Sector	Essential Worker	Essential Programs	Sector #
Health Care/Public Health	Yes	Funeral Service and Mortuary Science	1
Health Care/Public Health	Yes	Language Interpretation and Translation	1
Health Care/Public Health	Yes	Human Services - Behavioral and Social Services	1
Health Care/Public Health	Yes	Building/Construction Finishing, Management, Inspection, & Sanitation	1
Health Care/Public Health	Yes	Allied Health and Medical Assisting Services	1
Health Care/Public Health	Yes	Allied Health Diagnostic, Intervention, and Treatment Professions	1
Health Care/Public Health	Yes	Clinical/Medical Laboratory Science and Allied Professions	1
Health Care/Public Health	Yes	Dental Support Services and Allied Professions.	1
Health Care/Public Health	Yes	Mental and Social Health Services and Allied Professions	1
Health Care/Public Health	Yes	Ophthalmic and Optometric Support Services and Allied Professions.	1
Health Care/Public Health	Yes	Rehabilitation and Therapeutic Professions.	1
Health Care/Public Health	Yes	Health Aides/Attendants/Orderlies	1
Emergency Services	Yes	Criminal Justice and Corrections	2
Emergency Services	Yes	Fire Protection	2
Emergency Services	Yes	Homeland Security	2
Emergency Services	Yes	Security and Protective Services	2
Food & Agriculture	Yes	Agricultural Business and Management.	3
Food & Agriculture	Yes	Agricultural Mechanization	3
Food & Agriculture	Yes	Agricultural Production Operations	3
Food & Agriculture	Yes	Agricultural and Food Products Processing	3
Food & Agriculture	Yes	Applied Horticulture and Horticultural Business Services	3
Food & Agriculture	Yes	Culinary Arts and Related Services	3
Food & Agriculture	Yes	Food Science and Technology.	3
Food & Agriculture	Yes	Hospitality Administration/Management	3
Energy	Yes	Environmental Control Technologies/Technicians	4
Energy	Yes	Physical Science Technologies/Technicians	4
Energy	Yes	Electrical and Power Transmission Installers	4
Energy	Yes	Heating, Air Conditioning, Ventilation and Refrigeration Maintenance Technology/Technician	4
Energy	Yes	Boilermaking/Boilermaker	4
Water & Wastewater	Yes	Plumbing and Related Water Supply Services	5
Water & Wastewater	Yes	Environmental/Natural Resources Management and Policy.	5
Transportation & Logistics	Yes	Vehicle Maintenance and Repair Technologies	6
Transportation & Logistics	Yes	Air Transportation	6
Transportation & Logistics	Yes	Ground Transportation	6
Transportation & Logistics	Yes	Marine Transportation	6
Transportation & Logistics	Yes	Business Operations Support and Assistant Services	6
Communication & Information Technology	Yes	Communications Technologies/Technicians.	7
Childcare/Education	Yes	Teacher Education and Professional Development, Specific Levels and Methods	8
Critical Manufacturing	Yes	Electrical Engineering Technologies/Technicians	9
Critical Manufacturing	Yes	Electromechanical Instrumentation and Maintenance Technologies/Technicians	9
Critical Manufacturing	Yes	Industrial Production Technologies/Technicians	9
Critical Manufacturing	Yes	Quality Control and Safety Technologies/Technicians	9
Critical Manufacturing	Yes	Mechanical Engineering Related Technologies/Technicians	9
Critical Manufacturing	Yes	Engineering-Related Technologies	9
Critical Manufacturing	Yes	Electrical/Electronics Maintenance and Repair Technology	9
Critical Manufacturing	Yes	Heavy/Industrial Equipment Maintenance Technologies	9
Critical Manufacturing	Yes	Precision Metal Working	9
Hazardous Materials	Yes	Nuclear Engineering Technologies/Technicians	10
Hazardous Materials	Yes	Biotechnology Technologies/Technicians.	10
Other Construction	Yes	Construction Trades	14

## Section 5: Campus – OMIC

### GUIDING PRINCIPLES

OMIC R&D's policies and protocols for responding to the COVID-19 pandemic will be rooted in safety for our staff and for the public we interact with.

The primary goals for OMIC R&D's response to the COVID-19 pandemic are to protect public health, staff at OMIC R&D Health, and continue OMIC R&D's vital missions of research and education.

OMIC R&D's plans will also be aligned and consistent with local orders and ordinances of the City of Scappoose and Columbia County, as well as the State of Oregon's Phased Reopening Model. OMIC R&D's plans will also follow recommendations from the Centers for Disease Control and Prevention, and the Oregon Department of Health and Human Services.

*Our knowledge and understanding of the COVID-19 virus continues to evolve, and our policies and plans will be updated as appropriate as more information becomes available.*

### RETURN TO THE WORKPLACE

#### Workplace Expectations & Guidelines:

All staff are expected to fully comply with the policies, protocols and guidelines outlined in this document.

**Michele Vitali** is designated as the employee charged with establishing, implementing, and communicating social distancing policies, consistent with guidance from the Oregon Health Authority.

**Managers** with direct reports are responsible for enforcing policies and ensuring employees are made aware of any updates to policy changes.

#### Process for Critical Visitor Authorization:

Visitors who have not been designated as a Critical Visitor will not be allowed at OMIC R&D. In general, visitation by non-staff members of OMIC R&D increases the chances of spreading the virus.

A **Critical Visitor** is a visitor who has been granted the ability to visit OMIC R&D at a specific time because their physical presence is necessary for OMIC R&D to engage in or complete a necessary task. A Critical Visitor designation is made on a case by case basis and does not grant ongoing permission to visit OMIC R&D. Critical Visitor Designations will be granted to those individuals necessary to carry out research activities, install or repair critical equipment, observe or evaluate activities where such observation or evaluation cannot be done effectively via remote access and attend planning or research development meetings and activities where such meetings cannot be conducted effectively via remote access.

Employees are required to submit a request to have a visitor designated as a Critical Visitor on site to **Michele Vitali** with a written explanation of why a visitor should be considered critical, the event or activity the Critical Visitor will be involved in, and the timeframe in which the visitor needs to be present at OMIC R&D. Staff should NOT attempt to schedule the time for a visit. The Executive Director will review whether a requested person will be designated as a Critical Visitors. Once approved the Critical Visitor will be provided with the OMIC R&D COVID-19 social distancing protocols along with a 3 question pre-visit screening via email sent by Michele. The pre-visit screening email will ask the following questions:

**QUESTION 1: Have you exhibited any of the known symptoms of the Coronavirus in the last 14 days? If the person**

answers yes, the person will not be allowed to visit OMIC R&D until the 14-day period has passed, at which time an employee can submit another request for the visitor to be reconsidered as a Critical Visitor

*QUESTION 2: Have you been in contact with anyone who has tested positive for the Coronavirus or who has exhibited any of the known symptoms of the Coronavirus in the last 14 days? If the person answers yes, the person will not be allowed to visit OMIC R&D until the 14-day period has passed, at which time an employee can submit another request for the visitor to be reconsidered as a Critical Visitor*

*QUESTION 3: Do you have a condition that makes you more susceptible to the Coronavirus? If yes, the person will be advised not to visit OMIC R&D, but may still be permitted if they are otherwise granted permission to visit OMIC R&D.*

If the person answers **no** to question 1 and 2 and determines that they wish to visit OMIC R&D, Michele will coordinate with the requesting employee to schedule the time for the Critical Visitor to visit.

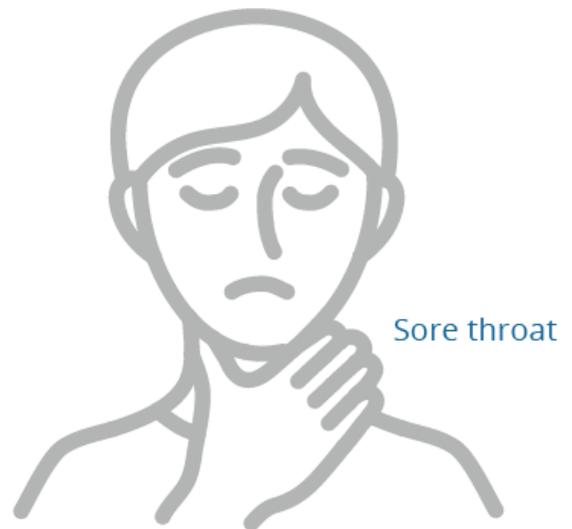
Upon arrival, Michele will greet the Critical Visitor and provide a brief screening interview where they will again be asked question 1 and 2 above. If they answer yes, they will not be allowed to remain on site. If they pass the screening interview, they will be informed of OMIC R&D's COVID-19 social distancing protocols and be informed that they will need to abide by these protocols while on-site.

## Symptom Monitoring Requirement for Staff:

**Staff is expected to self-certify every day prior to reporting to work.**

The self-certification is as follows: The staff person can certify they are free of specific symptoms and has not knowingly been in contact with anyone testing positive for COVID-19 or showing specific symptoms in the past 14 days. At this time, these symptoms include one or more of the following:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Runny nose or new sinus congestion
- Muscle pain
- Headache
- Sore throat
- Fatigue
- New GI symptoms
- New loss of taste or smell



If a staff member has any of the above symptoms, they must contact their supervisor to determine what steps should be taken, which may include being instructed to remain at home. Employees are encouraged to wear a face mask to avoid possible virus transmission to others. If a visitor has any of the above symptoms, they are not to be admitted to OMIC R&D.

According to the CDC, individuals with certain conditions may have a higher risk for COVID-19 infection. Those conditions may include:

- Older adults (aged 65 years and older)

- ⦿ People with HIV
- ⦿ Asthma (moderate-to-severe)
- ⦿ Chronic lung disease
- ⦿ Diabetes
- ⦿ Serious heart conditions
- ⦿ Chronic kidney disease being treated with dialysis
- ⦿ Severe obesity
- ⦿ Being immunocompromised

Staff members who have been instructed to return to work on-site and have concerns about doing so due to a medical condition that places them in a higher risk group, those who are pregnant, or those who wish to seek ADA Reasonable Accommodations related to Returning to the Workplace should contact Oregon Tech Human Resources at 541-885-1120.

### **Phased Staffing:**

OMIC R&D will phase in a return of staff over time in a coordinated process to ensure appropriate social distancing, availability of PPE (personal protective equipment) and testing capabilities for COVID-19.

OMIC R&D will assess expanded staffing based on mission-critical operations, ability to control and manage specific work environments, and necessity to access on-site resources. These decisions, once approved, will be communicated by your supervisor.

As staffing on-site increases and operations expand, Management will closely monitor and assess the potential spread of the virus, as well as existing policies and procedures to mitigate it.

### **Staffing Options:**

Once staff members are instructed to return to work on-site, there are several options OMIC R&D will consider to ensure employees are able to maintain the required social distancing measures within the facility and workspaces.

### **Remote Work:**

Those who can work remotely to fulfill some, or all of their work responsibilities may be approved to do so in effort to reduce the number of individuals at the facility and the potential spread of the COVID-19 virus. These arrangements must be approved by your supervisor and can be approved on a full or partial day/week schedule as appropriate.

## **POSITIVE TEST FOR COVID-19 AT OMIC R&D**

In the event that a staff member reports that they have tested positive for COVID-19, the infected staff member will be instructed to stay home for the longer of the period of time recommended by his or her health care provider or the applicable health department or until 1) at least 3 days (72 hours) have passed since resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath); and 2) at least 7 days have passed since symptoms first appeared.

OMIC will not disclose the identity of the staff member or visitor diagnosed with or presumed to have COVID-19. OMIC R&D management will maintain the privacy of any health information they gather related to a staff member's medical condition or their symptoms, and any such documentation will be kept in a private health folder, separate from the staff member's personnel file, with limited access by only critical human resource staff at Oregon Tech.

The staff member's supervisor will interview the infected staff member to determine all co-workers, clients, vendors, or guests with whom the staff member may have come into close contact during the 14-day period prior to the positive test or presumption of being positive for COVID-19 (the "Incubation Period"). "Close contact" means being within six feet of the sick staff member for a prolonged period (10-30 minutes). The staff member should also be asked to identify all areas within the workplace where he or she was physically present during the past 14 days and any staff members with whom he or she shared a workspace or equipment. (The local health department may conduct this interview and provide the employer with this information.)

OMIC R&D will directly contact each close contact and each co-worker who shared a workspace with the sick staff member and advise that a person with whom they have been in recent contact and/or with whom they recently shared a common work area has been diagnosed with COVID-19. Instruct them that they are to remain out of the office for at least 14 days since the last contact with the infected staff member and to work remotely, if possible. The co-workers should be encouraged to self-isolate and seek all medical care and testing that they feel may be appropriate. (The local health department may order the staff members to be off work and inform the employer that it has done so.)

OMIC R&D may notify visitors to OMIC R&D who may have been exposed to the diagnosed staff member, while maintaining confidentiality.

OMIC R&D may issue a general notice to staff that a staff member has tested positive for or is presumed to have COVID-19 (without identifying the staff member). This notice will explain that, unless the staff member has been notified directly by OMIC R&D, the staff member is not believed to have been in close contact with or shared a common workspace with the infected staff member. In addition, staff will be told all the steps being taken to ensure their safety and advise staff to monitor themselves for symptoms of COVID-19 and reminded them not to come to work if they are sick.

Shut down those areas of the workplace identified by the infected staff member as areas that he or she used until those areas can be cleaned in accordance with [CDC guidelines](#).

## **CLEANING REGIMEN**

### **General Office Cleaning**

OMIC R&D has a cleaning service that cleans the office space at OMIC R&D twice a week. They are taking special note of the need to clean regularly used areas and surfaces such as door handles, tables, etc.

### **Personal Workspaces**

OMIC R&D staff are expected to clean their workspaces at the beginning and end of every day with provided cleaning materials that have proven effective against COVID-19. This should include keypads, computer mice, desktops and door handles into and out of individual office spaces.

### **Meeting Areas (Break Room, Large and Small Conference Rooms)**

OMIC R&D staff are expected to clean meeting areas where they attended meetings with provided cleaning materials that have proven effective against COVID-19. This should be done at the beginning and end of any meeting. Staff are responsible for cleaning the area they are using at the meeting. General meeting area cleaning will be conducted by the bi-weekly cleaning services.

## Equipment

OMIC R&D staff are expected to clean the surface of machines prior to operation and either at the end of the day or before another person uses the machine, whichever is earlier. Special attention should be made to clean the machine controller, handles and parts of the machine that need to be adjusted by hand. Staff should use provided cleaning materials that have proven effective against COVID-19 and which not risk damage to the machine.

## TRAVEL RESTRICTIONS

Work related travel by OMIC R&D Staff is restricted in accordance with the restrictions set by Oregon Tech. OMIC R&D Staff will be notified when Oregon Tech changes its travel restrictions.

## HEALTH & SAFETY GUIDANCE

### Coronavirus (COVID-19) Protocols for OMIC R&D On-Site Staff:

#### Face masks/Cloth Face Coverings:

**Staff are encouraged to wear face masks or face coverings when in the presence of others and in public settings where other social distancing measures are difficult to maintain (e.g., common workspaces, meeting rooms, breakroom, etc.).**

Appropriate use of face masks or coverings is critical in minimizing risks to others near you. You could spread COVID-19 to others even if you do not feel sick. The mask or cloth face covering is not a substitute for social distancing.

Disposable masks will be provided for staff by OMIC R&D, if needed. Disposable masks may only be worn for one day and then must be placed in the trash. Employees who need disposable masks should contact their supervisor or Michele Vitali.

Staff may also wear a cloth face covering, which will help OMIC R&D reduce the need for disposable masks, which are in short supply. Cloth face coverings must only be worn for one day at a time, and must be properly laundered before use again. Having a week supply of cloth face coverings can help reduce the need for daily laundering.

See details regarding mask use and care below.

Type and Intended Use of Face Coverings/Masks				
Type	Cloth Face Covering	Disposable Mask	Medical-Grade Surgical Mask	N95 Respirator
				
Description	Home-made or commercially manufactured face coverings that are washable and help contain wearer's respiratory emissions	Commercially manufactured masks that help contain wearer's respiratory emissions	FDA-approved masks to protect the wearer from large droplets and splashes; helps contain wearer's respiratory emissions	Provide effective respiratory protection from airborne particles and aerosols; helps contain wearer's respiratory emissions
Intended use	Required for campus community use in office spaces, research/work settings, shops, community areas where 6' social distancing cannot be consistently maintained. Must be replaced daily.		These masks are reserved for OMIC R&D staff only.	

### *Putting on the face covering/disposable mask:*

- Wash hands or use hand sanitizer prior to handling the face covering/disposable mask.
- Ensure the face-covering/disposable mask fits over the nose and under the chin.
- Situate the face-covering/disposable mask properly with nose wire snug against the nose (where applicable).
- Tie straps behind the head and neck or loop around the ears.
- Throughout the process: Avoid touching the front of the face covering/disposable mask.



Use hand sanitizer

### *Taking off the face covering/disposable mask:*

- Do not touch your eyes, nose, or mouth when removing the face covering/disposable mask.
- When taking off the face covering/disposable mask, loop your finger into the strap and pull the strap away from the ear, or untie the straps.
- Wash hands immediately after removing.

### *Care, storage and laundering:*

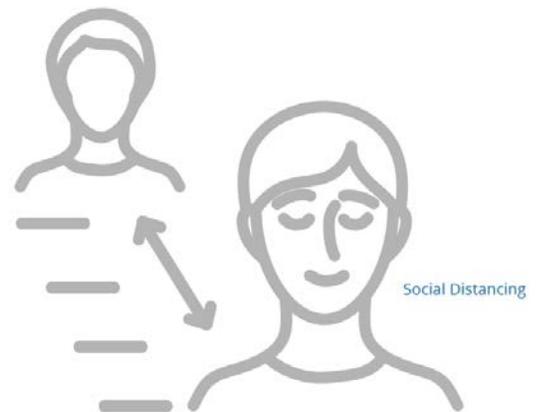
- Keep face coverings/disposable mask stored in a paper bag when not in use.
- Cloth face coverings may not be used more than one day at a time and must be washed after use. Cloth face coverings should be properly laundered with regular clothing detergent before first use, and after each shift. Cloth face coverings should be replaced immediately if soiled, damaged (e.g. ripped, punctured) or visibly contaminated.
- Disposable masks must not be used for more than one day and should be placed in the trash after your shift or if it is soiled, damaged (e.g., stretched ear loops, torn or punctured material) or visibly contaminated.

## **Social Distancing:**

### **Staff on-site are required to follow social distancing practices.**

Social distancing is one of the best tools we have to avoid being exposed to the COVID-19 virus and slowing its spread. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you have no symptoms. Social distancing is important for everyone, especially to help protect people who are at higher risk of getting very sick. Staff at work on-site should follow these social distancing practices:

- Stay at least 6 feet (about 2 arms' length) from other people at all times
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings



## Handwashing:

**Staff are encouraged to wash their hands frequently.**

Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or touching your face. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth, and wash your hands after touching your face.

## Gloves:

**Wearing gloves is not required for OMIC R&D On-site staff.**

According to the CDC, gloves are not necessary for general use and do not replace good hand hygiene. Washing your hands often is considered the best practice for common everyday tasks.

## Goggles/Face Shields:

**Unless working on the research floor, staff do not need to wear protective eyewear as part of general activity on-site.**

Good hand hygiene and avoiding touching your face are generally sufficient for non- healthcare environments.

## Personal Disinfection:

**Before starting work and before you leave any room in which you have been working, you must wipe down all work areas with EPA-registered 60% alcohol solution. This includes any shared-space location or equipment (e.g. copiers, printers, computers, A/V and other electrical equipment, coffee makers, desks and tables, light switches, door knobs, etc.).**

While custodial crews will continue to clean office and work spaces based on CDC guidelines, additional care should be taken to wipe down commonly used surfaces.



Handwashing



Coughing

## Coughing/Sneezing Hygiene:

**If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Then throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.**

## **Guidance for Specific Workplace Scenarios:**

### **Working in Office Environments:**

If you work in an open environment, be sure to maintain at least 6 feet distance from co-workers. If possible have at least one workspace separating you from another co-worker.

If you work in an office, no more than one person should be in the same room unless the required 6 feet of distancing can be consistently maintained.

### **Using Restrooms:**

When using restrooms ensure there is at least 6 feet distance between individuals. Wash your hands thoroughly afterward to reduce the potential transmission of the virus.

### **Meetings:**

In person meetings are limited to the restrictions of local, state and federal orders and should not exceed 50 percent of a rooms capacity, assuming individuals can still maintain 6 feet of separation for social distancing requirements. Staff should remove or rearrange chairs and tables or add visual cue marks in meeting rooms to support social distancing practices between attendees.

Convening in groups increases the risk of viral transmission. Where feasible, meetings should be held in whole or part using the extensive range of available collaboration tools (e.g. Zoom, Microsoft Teams, telephone, etc.).

### **Meals:**

Before and after eating, you should wash your hands thoroughly to reduce the potential transmission of the virus. When eating at OMIC R&D (break room, office, etc.), maintain 6 feet distance between you and others. Individuals should not sit facing one another. Chairs were removed and rearranged in the main conference room and the break room to support social distancing practices between employees. Wipe all surfaces, including table, refrigerator handle, coffee machine, etc. after using in common areas. Staff may take food back to their office area or eat outside if this is reasonable for your situation.

Function Area	OREGON EO 20-09 & 20-17	PHASE I - Initial Return	PHASE II	PHASE III
<b>ADMINISTRATION</b>				
Staff-General	Limited only to on-campus critical functions all other functions remote	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Limit time spent in crowds; face coverings aligned local health orders
Research Personnel	Limited only to on-campus critical functions all other functions remote	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Limit time spent in crowds; face coverings aligned local health orders
Vulnerable Populations*	Stay at Home Orders	Follow Stay at Home Orders	Follow Stay at Home Orders	Resume public interactions w/ physical distancing
Face Covering	Stay at Home Orders	UNDER REVIEW	UNDER REVIEW	UNDER REVIEW
<b>INSTRUCTION</b>				
OMIC Academy/In Person Education and Training	Closed - Remote Learning	Closed – Remote Learning	Open with moderate physical distancing; 50-75% capacity	Open with limited physical distancing; 100% capacity
DeArmond Fellow and University Interns	Closed	At OMIC R&D practicing COVID-19 physical distancing protocols	At OMIC R&D practicing COVID-19 physical distancing protocols	At OMIC R&D practicing limited physical distancing
High School Interns	Closed	At OMIC R&D practicing COVID-19 physical distancing protocols w/ limited facility access	At OMIC R&D practicing COVID-19 physical distancing protocols	At OMIC R&D practicing limited physical distancing
OMEF/OMIC R&D Factory of Tomorrow	Closed	Closed – Remote Learning	Open with moderate physical distancing; 50-75% capacity	Open with limited physical distancing; 100% capacity
<b>RESEARCH</b>				
Student Researchers	Closed	Closed	Open with physical distancing	Active with physical distancing
High Bay Research	Limited only to on-campus critical functions all other functions remote	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Full operations with public health modifications
In Office Research	Limited only to on-campus critical functions all other functions remote	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Work at OMIC R&D practicing COVID-19 physical distancing protocols	Full operations with public health modifications
<b>WORKFORCE</b>				
Return to Work	Limited only to on-site critical functions all other functions remote	Continue telework or phased return to work	Work at OMIC R&D practicing COVID-19 physical distancing protocols	No restrictions
Special Accommodation	Limited only to on-site critical functions all other functions remote	Strongly consider for vulnerable individuals	Strongly consider for vulnerable individuals	As needed
Single Occupancy Office Space	Limited only to on-site critical functions all other functions remote	Return to work	Open	Open
Shared Office Space	Limited only to on-site critical functions all other functions remote	Open with moderate physical distancing	Open with moderate physical distancing	Open with limited physical distancing
Meal Room Use	Lunchroom Capacity 4 people with Social Distancing - >4 must use upstairs large conference room with 6' separation	Lunchroom Capacity 4 people with Social Distancing - >4 must use upstairs large conference room with 6' separation	Lunchroom Capacity 4 people with Social Distancing - >4 must use upstairs large conference room with 6' separation	Open with limited physical distancing
Construction	Active with physical distancing	Active with physical distancing	Active with physical distancing	Active with physical distancing
<b>UNIVERSITY TRAVEL</b>				
Work Essential Domestic	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions
Work Essential International	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions
Work Non-Essential Travel	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions	Per Oregon Tech Restrictions
<b>EVENTS/PUBLIC VISITORS</b>				
	<a href="https://www.oregon.gov/govadmin/Pages/eo_20-12.aspx">EO 20-12 https://www.oregon.gov/govadmin/Pages/eo_20-12.aspx</a>			
Community Visitation	Prohibited	Prohibited	Prohibited except for Critical Visitors with pre-screening interview and practicing COVID-19 physical distancing protocols	Limited time spent in crowds; face coverings aligned with local health orders
Member/Stakeholder/Partner Visits	Prohibited except for Critical Visitors with pre-screening interview and practicing COVID-19 physical distancing protocols	Prohibited except for Critical Visitors with pre-screening interview and practicing COVID-19 physical distancing protocols	Allowed with pre-screening interview and practicing COVID-19 physical distancing protocols	Allowed practicing limited physical distancing
Large Events	Canceled	Canceled	>50 Prohibited	TBD based on EOs and Public Health Guidance
Facility Tours	Canceled	Canceled	>25 Prohibited	
OMIC R&D Group Meetings	Remote	Remote	Allowed	
Non-OMIC R&D Group meetings	N/A	N/A	>25 Prohibited	
Board Meetings/Events	Remote	Remote	Allow events of up to 50 people	TBD based on EOs and Public Health Guidance

## **Section 6: Campus – Chemeteka Dental Hygiene**

(follows Chemeteka Community College's Plan)

## Section 7: Protocols

### Protocols for Suspected or Confirmed Coronavirus Cases (Employees)

COVID-19 Pandemic 2020 (Updated August 3, 2020)

**Purpose:** Although every effort is being made to protect the university community from exposure to the COVID-19 virus during the re-opening process, given the rate of transmission we must anticipate the possibility that Oregon Tech employees may be exposed to and test positive for the virus. To that end, the protocols outlined below have been developed for response to an employee is suspected to have or been diagnosed with COVID-19.

**Scope:** This protocol applies to all employees at all Oregon Tech locations who may have COVID-19 symptoms, have been exposure to COVID-19, or have been diagnosed with COVID-19.

**Synopsis:** Employees at any Oregon Tech location who have symptoms comparable to those seen with the COVID-19 virus or who believe they have had an exposure should immediately contact the **Office of Human Resources (OHR)** by calling 541.885.1120 or emailing [oithr@oit.edu](mailto:oithr@oit.edu) and/or contacting their immediate supervisor. OHR, impacted supervisors, and the ISHC Director will collaborate to: (a) assure the impacted employee knows what to do and how to record time, if work is missed; (b) assure an appropriate response is taken by Oregon Tech to prevent additional exposure; (c) assure Oregon Tech collaborates with county health departments, should contact tracing be necessary; and (d) communicate with impacted departments and units “need to know” information to best protect Oregon Tech employees.

#### I. Protocols Reporting Suspected Cases

Employees are required to conduct health screening every day before coming to campus. Employees who report a suspected exposure or COVID-19 symptoms are not to come to campus and should immediately consult with their healthcare provider. If symptoms appear *after* the employee has already started working on campus, the employee should avoid contact with others and contact their supervisor or OHR via phone.

If the employee makes such a report to their supervisor, the supervisor can direct the employee to go home, if they are at work, or stay home, if they are calling in the information. Supervisors are then to immediately contact the OHR. OHR will do an outreach to the employee and assure that leave and time matters are addressed.

Instead of reporting suspected cases to their supervisors, employees may make such reports directly to OHR, who can relay information to the supervisor and direct the employee to go or remain at home. OHR will work with the employee to appropriately address leave matters.

For tracking purposes, OHR will contact the Director of the Integrated Student Health Center (ISHC) with information regarding suspected cases. If employees contact the ISHC Director, the Director will assure OHR is informed of suspected cases.

When suspected cases are reported to OHR, OHR will determine whether leave is appropriate and,

if so, what type of leave best suits the situation at hand.

## **II. Protocols for Reporting Confirmed Cases**

While employees are encouraged to report a COVID-19 diagnosis, Oregon Tech cannot require them to do so. However, Oregon Tech can prohibit employees from coming to work when they have COVID-19 symptoms.

If a supervisor is directly or indirectly notified of a confirmed COVID-19 case, the supervisor should immediately contact OHR and the ISHC Director. If ISHC is not included in communications to OHR, OHR will contact ISHC, and vice versa.

OHR will initiate an outreach to the employee to check on their well-being and to assure that leave and time matters are addressed.

ISHC will assume tracking and notification duties, outlined below.

If there is a confirmed case and the applicable county health department concludes there may be secondary exposure to Oregon Tech community members, the health department will follow its protocol regarding contact of potentially exposed individuals. Oregon Tech employees are expected to fully cooperate with county health officials.

Note: Under normal conditions, ISHC is not involved in employee illnesses. However, for the duration of the COVID-19 pandemic, ISHC is Oregon Tech's point of contact for all relevant county health departments. Consequently, Oregon Tech may first learn of campus exposures from county health officials.

## **III. Tracking and Notification Protocols**

Tracking: OHR will report all suspected and confirmed cases to Integrated Student Health Center (ISHC) for tracking. ISHC may be alerted of cases by the impacted county health department and will relay such reports to OHR.

- a. ISHC is maintaining a list of all employees who disclose a suspected exposure to or confirmed diagnosis of COVID-19, divided according to worksite.
- b. Upon being notified of a potential exposure, the ISHC Director contacts each employee to determine their risk level for having acquired COVID-19, offers support and information, recommends isolation as appropriate, encourages them to contact their primary care physician or seek medical care (as appropriate) and requests that they keep ISHC updated as to their health status.
- c. The ISHC Director will be in contact with the relevant county health department (*e.g.*, KCPH for Klamath Falls), who provides feedback about whether they need more information with regards to potential COVID-19 exposure.
- d. The ISHC Director will follow-up with each employee for at least two weeks, particularly

those who have been self-isolating. Because of the fluid nature of the pandemic and the rapidly changing guidance from the CDC, the follow-up period could extend past two weeks, depending upon the student's unique circumstance.

- e. OHR will alert the Vice President for Student Affairs of positive cases. In turn, weekly communications noting the number of positive cases among the university community will be sent from Dr. Foley to employees and students.

Notification: The university could be notified that an employee has tested positive for COVID-19 several different ways: 1) the employee could self-disclose that information directly to ISHC, 2) the employee could notify OHR, 3) members of the Oregon Tech community could be contacted by county health officials during the course of contact tracing, or 4) the county health staff could contact ISHC directly, having been given permission by the employee).

- a. KCPH will contact ISHC if an employee has tested positive for COVID-19.
- b. ISHC will provide as much detail as possible about employees who may have a potential exposure, working with OHR to obtain contact information about employees who may have come in contact with the infected person.
- c. KCPH will follow its process to contact those who may have been exposed.
- d. ISHC will notify Associate Vice President Maureen De Armond about positive cases involving employees, who will then notify the Executive COVID Response Team.
- e. Template letters from the President have been drafted in advance for the KF and PM campuses to be used to notify the campus community of the positive case.
- f. The privacy of the employee who has tested positive will be respected to the greatest degree possible, and as few details as possible will be disclosed. However, to perform internal contact tracing, some details may be necessary to determine who had contact with a confirmed case during the exposure look-back window. Oregon Tech will only share information that is necessary to safeguard others and will only share with "need-to-know" individuals.
- g. ISHC will notify the Director of Facilities, Thom Darrah, to request a deep cleaning of any potentially contaminated areas.
- h. The Executive COVID Response Team will determine whether a short closure for the purposes of deep cleaning is warranted. The relevant county health department would determine whether the impacted campus should close longer term, depending on the situation.
- i. The relevant county health department is responsible for notifying the larger community (i.e., Klamath Falls, Wilsonville or other sites) and the CDC, as applicable, regarding the positive case.
- j. Media questions will be directed to Oregon Tech's MarCoPa media spokespeople.

#### **IV. Addressing Leave, Time, and Pay Matters**

OHR will work with impacted employees and their supervisors to assure appropriate leave is used, which will vary depending on the employee's classification type. OHR will assure Payroll is aware of any anomalies in reported time.

If FMLA/OFLA or other protected leave applies, OHR will provide information to the employee, should they elect to take advantage of such protected leave.

If the employee is eligible for Short-Term Disability or Long-Term Disability, OHR will assist the employee in determining whether these benefits may apply to their situation.

### **Remote Work and Return to Work Protocols**

Employees who had a suspected exposure to COVID-19, but never developed the illness, may return to work after completing their quarantine period and being released to return to work by their physician. Such quarantined individuals who can work from home should work during the quarantine, in lieu of taking leave when it is unnecessary.

Employees who report a confirmed COVID-19 diagnosis should not return to campus until cleared by their medical provider with documentation releasing them to return to work. Since COVID-19 impacted individuals to varying degrees, some employees may be able to work from home all or part of the time. OHR will work with individuals to minimize leave time, when possible.

## **Protocols for Suspected or Confirmed Coronavirus Cases (Students)**

COVID-19 Pandemic 2020 – Re-Opening

Although every effort is being made to protect the university community from exposure to the COVID-19 virus during the re-opening process, given the rate of transmission we must anticipate the possibility that an Oregon Tech faculty, staff, or student could test positive for the virus. To that end, protocols outlined below have been developed for response to a positive case.

Students on Klamath Falls Campus who have symptoms comparable to those seen with the COVID-19 virus or who believe they have had an exposure should contact the **Integrated Student Health Center (ISHC)** by calling 541-885-1800.

Students on Portland-Metro Campus should contact their healthcare provider for further instruction.

### Klamath Falls Campus Students

**Integrated Student Health Center (ISHC):** ISHC provides medical treatment only to students who have paid the Student Health fee (no employees are seen as patients). Given that students who have symptoms or a potential exposure are likely to seek medical treatment at ISHC, a protocol has been developed in collaboration with the Klamath County Public Health Division (KCPH).

#### 1) Minimizing Exposure in Clinic:

- k. Each student patient is encouraged to call ISHC in order to make appointment prior to arriving on site.
- l. A sandwich board has been placed at the entrance encouraging students to put on a mask before entering the building (there are surgical masks and hand sanitizer available outside in an enclosed container).
- m. ISHC will continue to meet with medical patients in person, scheduling medical appointments in the morning for healthy students (including blood draws, immunizations, medication management, and so on) and scheduling appointments in the afternoon for sick students. This lowers the risk of being exposed to COVID-19 or other illnesses for our healthy students, and allows the facility to be cleaned sufficiently to prepare for the following day.
- n. Further changes regarding scheduling will continue in order to reduce the number of students who are waiting for appointments. Appointments will be spread out throughout the day in order to minimize traffic and interaction in the lobby. Any students waiting in the lobby will be monitored to ensure appropriate physical distancing. The glass divider at reception will only be opened enough to allow interaction with students. Students will be directed to leave ISHC through the rear exit to minimize patients interacting in the lobby.
- o. Treatment rooms, lobby, and door handles are cleaned after each patient (using Caviwipes, which are on the approved COVID-19 cleaning list).
- p. All student patients are asked current OHA screening questions (i.e., recent travel, direct contact with a COVID-19 positive person, symptom endorsement).
- q. Students who are determined to be at high-risk for being COVID-19 positive will be referred to the Sky Lakes Medical Center drive-through testing site.

- 2) Screening: ISHC will conduct COVID-19 screenings for the students who will be returning to live on campus for Fall 2020, as well as student employees who will be working on-campus. ISHC has created a screening form that residential students will complete two to three weeks prior to returning to campus. The electronic link to this form will be sent to students by the Residence Life staff with their other move-in paperwork, and completed forms will be sent directly to Student Health. ISHC staff (having been trained by the medical personnel) will review the forms for any high-risk criteria. Medical staff will then personally contact each high-risk student to have a more thorough conversation. Students who do not complete in the screening will not be issued their room key.
- 3) Testing: KCPH has indicated that as there is sufficient COVID-19 testing in Klamath Falls, and as such, ISHC will not be conducting tests on-site. Instead, students will be referred to the Sky Lakes Medical Center drive-through testing site, located in close proximity to campus.
- 4) Notification/Contact Tracing (Positive COVID-19 test): There are several means through which the university could be notified that a student has tested positive for COVID-19 (the student could self-disclose that information directly to ISHC, the student could notify a faculty member, members of the Oregon Tech community could be contacted by KCPH during the course of contact tracing, or KCPH could contact ISHC directly, having been given permission by the student). Upon being notified that a student has tested positive for COVID-19, the following protocols will be implemented:
  - a. To the extent possible, the privacy of the person who has tested positive will be respected, and as few details as possible about their identity will be disclosed.
  - b. KCPH will spearhead the investigation to contact those who may have been exposed as a result of interacting with the COVID-19-positive student (i.e. contact tracing). As such, the university will wait to make decisions about cancelling classes or notifying any other populations until the contact tracing process. The ISHC Director is the point of contact with KCPH in this regard, and will coordinate any instructions from KCPH to the university.
  - c. The ISHC Director will contact the student directly to inquire as to their current medical status; offer support and information; inquire as to whether they have sufficient and appropriate housing to self-quarantine, as well as groceries and necessities; and request the date provided to them by KCPH with regards to the end of their self-quarantine. The student will be asked to provide ISHC with documentation from KCPH regarding their ability to cease self-quarantine (i.e. clearance letter) when it becomes available.
    - i. It should be noted that KCPH inquires about housing status along the course of contact tracing, but the ISHC Director will also ask to ensure that they student has a safe environment in which to recover.
    - ii. Should the student indicate that they do not have sufficient and appropriate
    - iii. housing (i.e. are homeless or unable to isolate within their residence), or do not have sufficient groceries or necessities, the ISHC Director will notify VP Dr. Foley in order to explore options for resource supplementation

- d. ISHC Director will notify VP for Student Affairs, Dr. Erin Foley, about the positive case, who will then notify University's Senior Leaderships (and other appropriate administrators).
  - e. ISHC will notify Thom Darrah (Director of Facilities) to request a deep cleaning of any potentially contaminated areas, as appropriate.
  - f. The University's Senior Leadership will determine whether a short closure (or cancelling of potentially impacted in-person classrooms for a couple of days) for the purposes of deep cleaning is warranted. KCPH would determine whether the campus should close longer term, depending on the situation.
  - g. Weekly communications noting the number of positive cases among the university community will be sent from Dr. Foley to employees and students
  - h. KCPH will take the lead with regards to notifying the larger community (i.e., Klamath Falls) regarding the positive case.
  - i. Media questions will be directed to Oregon Tech's MarCoPa media spokespeople.
- 5) Internal Tracking:
- a. ISHC will maintain a confidential, password-protected list of all students who self-disclose symptoms of, potential exposure to, or having a positive test for COVID-19, divided according to campus.
  - b. The ISHC Director will contact each student directly in order to determine their risk level for having acquired COVID-19, offer support and information, recommend isolation or testing as appropriate, encourage them to contact their primary care physician or seek medical care (as appropriate) and request that they keep ISHC updated as to their health status.
  - c. The ISHC Director will follow-up with each student for at least two weeks, particularly those who have been self-isolating. Because of the fluid nature of the pandemic and the rapidly changing guidance from the CDC, the follow-up period could extend past two weeks, depending upon the student's unique circumstance.

**Housing and Residential Life (HRL):** If a residential student tests positive for COVID-19 and is unable to return home to quarantine, Housing has identified and is holding two Village apartments as well as three Residence Hall rooms. The Village rooms will be used first to offer the best accommodations for quarantine as these spaces have private bathroom facilities. The following are protocols for the Village quarantine space as well as Residence Hall space if the need arises to house more than eight students in quarantine at the same time. In either case, Housing staff will check in with any student who is being quarantined daily, and both ISHC medical and counseling staff can provide support via telehealth. The student will quarantine according to the current CDC guidance and per KCPH instructions provided during contact tracing.

- 1) Village Protocol: The first option to quarantine a student is to move the student to an apartment held for these purposes in the Village. There are two four person apartments being held open for the foreseeable future for such a scenario.
  - a. As Housing and Residence Life becomes aware of a student who has tested positive for COVID-19, this student will be asked to pack up their things and move to the Village for their quarantine time. Anything used to assist this student in their move (i.e. a cart, the elevator, any touch points between the student room and their

- temporary assignment in a Village apartment) will be disinfected upon the student's relocation completed. This work includes a deep cleaning disinfection and sanitization of the bathroom, shower room, hallways, lobby affiliated with the student room, and both kitchen on the floor. This work will be done by two full time staff members conducting this work wearing personal protective equipment including face shield, goggles, long (up to the elbow gloves), as well as shoe booties. Full covering disposable suits may be worn as well, with all PPE promptly removed and sanitized or disposed of in a sealed trash bag when this work is done. Each bathroom stall, toilet, sink, and all walls and the floor as well as the mirror and trashcan in this community's restroom will be disinfected, along with all surfaces in the shower room.
- b. The lobby for this community as well as both kitchens on the same floor will also have all surfaces wiped down for disinfection purposes as well as the hallway walls and doorknobs in the all communities on the floor. Additionally, any paths of travel by the affected student will have all touch points sanitized as soon as the student has completed their move to a temporary room in the Village.
  - c. Students quarantined in the Village apartments are welcome to use the kitchen facilities but are not allowed to leave the apartment. Housing and Residence Life staff will work with Sodexo and drop off up to three meals per day or groceries if the student wants to purchase groceries through Sodexo's Farmers Market.

## 2) Residence Hall Protocol

- a. If the student is diagnosed with COVID-19 and lives in the Residence Hall, they will be asked to pack up what they will need for two weeks and relocated to a Village apartment to quarantine in the Village. This allows the student a private bathroom to help mitigate any spread of the virus in common areas of the Residence Hall. The community where this student lives and has walked through will receive a deep cleaning disinfection and sanitization, with two full time staff members conducting this work wearing personal protective equipment including face shield, goggles, long (up to the elbow gloves), as well as shoe booties. Full covering disposable suits may be worn as well, with all PPE promptly removed and sanitized or disposed of in a sealed trash bag when this work is done. Each bathroom stall, toilet, sink, and all walls and the floor as well as the mirror and trashcan in this community's restroom will be disinfected, along with all surfaces in the shower room.
- b. The lobby for this community as well as both kitchens on the same floor will also have all surfaces wiped down for disinfection purposes as well as the hallway walls and doorknobs in the all communities on the floor. Additionally, any paths of travel by the affected student will have all touch points sanitized as soon as the student has completed their move to a temporary room in the Village.
- c. If no Village quarantine spaces are available due to these spaces already being full of other affected residents, then the Res Hall student will be asked to re-locate to a Res Hall room reserved for quarantine needs. A bathroom and shower facility will be identified for their use, and they will be instructed to wear a mask anytime they need to leave their quarantine room to use the facilities. The student will be asked to not use the kitchen to prepare food, but to use the provided microfridge in the room for food preparation and storage needs. The Housing staff will also work with Sodexo to bring meals by up to three times daily to help the student remain in quarantine.

- d. The same cleaning procedures will occur in the common area restroom and shower room that the student in quarantine uses, with this cleaning occurring every working day. During the days there is not a full-time custodian, Housing and Residence Life will work with student employees to see if there is someone willing and who has received appropriate training in PPE and use of the chemicals to disinfect

**Facilities services:** The facilities staff will implement these operating procedures for cleaning buildings on the KF campus when a positive COVID-19 case occurs.

1. Integrated Student Health Center shall supply Facility Services with a detailed list of areas that will need to be closed and disinfected.
2. Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area as practical. Wait 24 hours or as long as feasible before beginning cleaning and disinfection.
3. **Cleaning staff will clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls, and ATMs) used by the ill persons,** focusing primarily on frequently touched surfaces. Once the area has been appropriately disinfected, it can be opened for use.

**Note:** If it has been more than seven days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection are not necessary.

**Personal Protective Equipment -** Cleaning staff will wear protective gloves and body coverings (gowns) for all tasks in the cleaning process, including handling trash.

- Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of a splash or inhalation.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Reusable body coverings (gowns) will be sent off-campus for laundering or laundered in facility services. For reusable gloves, dedicate a pair to disinfecting COVID-19. Disinfect reusable gloves after use. Disposable gloves shall be disposed of with regular trash.
- Always wash hands immediately (20 seconds) after removing personal protective equipment.

**Cleaning Process:** High to Low/Clean to Dirty/ Systematic (clockwise)

**Vacuuming Carpeted Flooring:** Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available.

**High Area Cleaning:** When disinfecting high areas or hard-to-reach areas, use a microfiber mop.

**\*After cleaning areas, used products shall be disposed of and equipment disinfected.**

**\*Facility services shall be responsible for contacting outside cleaning services for disinfecting and cleaning of buildings that Facility Services are unable to provide.**

## Portland Metro Campus Students

The Portland Metro campus does not have medical staff on site to triage or physically assess students. As a result, Portland Metro students are encouraged to contact their healthcare provider for guidance in the event that they have symptoms or questions about their medical care.

### **Integrated Student Health Center:**

- 1) Internal Tracking:
  - a. ISHC will maintain a confidential, password-protected list of all students who self-disclose symptoms of, potential exposure to, or having a positive test for COVID-19, divided according to campus.
  - b. The ISHC Director will contact each student directly in order to determine their risk level for having acquired COVID-19, offer support and information, recommend isolation or testing as appropriate, encourage them to contact their primary care physician or seek medical care (as appropriate) and request that they keep ISHC updated as to their health status.
  - c. The ISHC Director will follow-up with each student for at least two weeks, particularly those who have been self-isolating. Because of the fluid nature of the pandemic and the rapidly changing guidance from the CDC, the follow-up period could extend past two weeks, depending upon the student's unique circumstance.
- 2) Notification/Contact Tracing: There are several means through which the university could be notified that a student has tested positive for COVID-19 (the student could self-disclose that information directly to ISHC, the student could notify a faculty member, members of the Oregon Tech community could be contacted by Clackamas County Public Health Division (CCPH) during the course of contact tracing, or CCPH could contact the university directly, having been given permission by the student). Upon being notified that a student has tested positive for COVID-19, the following protocols will be implemented:
  - a. To the extent possible, the privacy of the person who has tested positive will be respected, and as few details as possible about their identity will be disclosed.
  - b. CCPH will spearhead the investigation to contact those who may have been exposed as a result of interacting with the COVID-19-positive student (i.e. contact tracing). As such, the university will wait to make decisions about cancelling classes or notifying any other populations until the contact tracing process. The ISHC Director is the point of contact with CCPH in this regard, and will coordinate any instructions from CCPH to the university.
  - c. The ISHC Director will contact the student directly to inquire as to their current medical status; offer support and information; inquire as to whether they have sufficient and appropriate housing to self-quarantine, as well as groceries and necessities; and request the date provided to them by CCPH with regards to the end of their self-quarantine. The student will be asked to provide ISHC with documentation from CCPH regarding their ability to cease self-quarantine (i.e. clearance letter) when it becomes available.
    - i. It should be noted that CCPH inquires about housing status along the course of contact tracing, but the ISHC Director will also ask to ensure that they student has a safe environment in which to recover.

- ii. Should the student indicate that they do not have sufficient and appropriate housing (i.e. are homeless or unable to isolate within their residence), or do not have sufficient groceries or necessities, the ISHC Director will notify VP Dr. Foley in order to explore options for resource supplementation
- d. ISHC Director will notify VP for Student Affairs, Dr. Erin Foley, about the positive case, who will then notify Executive COVID Response Team
- e. ISHC will notify Thom Darrah (Director of Facilities) and Trish Hower (PM Campus Operations Manager) to notify them of any potentially contaminated areas. As detailed below, PM utilizes a contract cleaning service, which would be employed to engage in deep cleaning as needed.
- f. The Executive COVID Response Team will determine whether a short closure (or cancelling of potentially impacted in-person classrooms for a couple of days) for the purposes of deep cleaning is warranted. CCPH would determine whether the campus should close longer term, depending on the situation.
- g. Weekly communications noting the number of positive cases among the university community will be sent from Dr. Foley to employees and students
- h. CCPH will take the lead with regards to notifying the larger community (i.e., Portland area) regarding the positive case.
- i. Media questions will be directed to Oregon Tech's MarCoPa media spokespeople.

**Facilities:** Portland Metro uses a cleaning service to maintain the facility. If a deep cleaning is required, the current service provider will be called to do so. This may require the building to be closed for a period of time, up to a couple of days.

#### Seattle/Boeing

The Seattle campus moved to remote teaching on March 9, 2020. As all students are Boeing employees, they will follow the Boeing protocols. If a Seattle student tests positive for COVID, the university may or may not receive notification. Any requests from the Seattle campus will be supported where possible.

#### OMIC R&D

If OMIC R&D is notified of someone with a positive COVID test, they will work with the recommendations of public health for anyone who may have been exposed, which could include self-quarantine and testing at a healthcare provider, if symptomatic. If needed, the facility will be cleaned under the CDC guidelines by the current contracted cleaning service.

#### Salem – Chemeketa

The dental hygiene students on the Chemeketa Community College campus will follow the CCC protocols. If a DH student tests positive for COVID, Oregon Tech may or may not receive notification. Faculty will work with any student directly if they are out due to COVID.

## Section 8: Scenarios and Response

What if. . .

**We will need to stagger the return of employees to assure no COVID-19 flare-ups. We will need to be prepared to reverse the return-to-work process very quickly, if needed.**

**Although the health response may be primarily addressed by public health, do we establish a threshold that may trigger us going back to remote work/online delivery of classes? How many positive cases in one building results in that building being closed down? Some of these response thresholds should be established in advance.**

*In the event of an increase in positive cases among the campus community, the university would work in conjunction with KCPH in determining an appropriate response. To date, KCPH does not have specific threshold numbers which would require any specific action or reverting back to any specific state. Should the number of positive cases begin to increase, the Chair of the COVID-19 Response Committee (Vice President of Student Affairs) and ISHC Director would work closely with KCPH to determine the appropriate level of response by the university.*

**We may need to very specifically pin down who are essential personnel who must come to campus (i.e., no matter what), should we have a large exposure to COVID-19 on campus.**

*Human Resources facilitated a thorough review of all positions, with supervisors identifying which personnel are considered to be “essential”.*

**And, we very sure we are providing such employees with appropriate PPE—including with scrutiny employees who work in the allied health fields and may be exposed to clients, not just students and employees of Oregon Tech.**

*The university is streamlining the ordering of PPE for the campus community, making sure that the areas which interact with the public (ie. Dental Hygiene Clinic, EMT/EMS, MIT, Respiratory, and so on), are made a priority for receipt of PPE.*

**What if a staff member or visitors test positive while in the LRC?**

*KCPH will be responsible for conducting contact tracing in the event of any positive or presumptive COVID-19 cases within the county. In the course of contact tracing, if they determine that someone who has a confirmed or presumptive case has entered the LRC space, they will notify the university (likely ISHC Director) or those who have been determined to have come in close contact with the positive/presumptive person. Facilities has a protocol established to address cleaning and disinfecting following a potential COVID-19 exposure, which would then be activated.*

**Establish gate counts for individual SSC and library spaces to adhere to Governor’s distancing guidelines, if so, who does that?**

*There is no need to maintain a count of the number of people within the LRC spaces as long as physical distancing is maintained. If a group of people are congregating in one area, which is unlikely given the emphasis on physical distancing, adherence to the Governor’s guidelines must be maintained.*

**What if someone coughs? What if someone sneezes? Are there two separate protocols?**

*It is likely that people on campus will cough or sneeze along the course of any given day. It is important to remember that just because someone coughs or sneezes, it does not mean that*

*they have COVID-19. The very purpose of physical distancing is to maintain enough space from another person so that if they cough or sneeze the resultant water droplets do not land on your person. As such, if proper physical distancing is maintained and the use of face coverings is consistent with the university procedure, there is no need to respond aggressively to a cough or sneeze. If someone sneezes directly upon a surface (such as a table), which, again, is unlikely, that surface can be cleaned with the appropriate cleaning and disinfecting product.*

## Section 9: Resources

Oregon local public health authority (LPHA) directory; note that “CD nurse” is the number for communicable disease issues:

<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/reportdisease.pdf>

CDC guidance on the use of face coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

CDC guidance: “Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes” <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

CDC guidance on ventilation and filtration (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>)

American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) guidance on ventilation: (<https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic>)

HECC Resources: <https://www.oregon.gov/highered/about/Pages/COVID-19-FAQ.aspx>

CDC Higher Education Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>

APPA COVID-19 Resources: <https://www.appa.org>

NACUBO COVID-19 Resources: <https://www.nacubo.org>

## Appendix 1

OREGON HEALTH AUTHORITY (OHA), HIGHER EDUCATION COORDINATING COMMISSION (HECC)  
Guidance for the Conduct of In-Person Instructional, Residential, and Research Activities at  
Oregon Colleges and Universities

[June 12, 2020]

### APPLICABILITY

These standards apply to public universities listed in Oregon Revised Statute (ORS) 352.002, community colleges operated under ORS chapter 341, and degree-granting private colleges and universities that operate in Oregon (referred to hereafter as “colleges and universities”).

### KEY PRINCIPLES

#### **Reducing potential exposures**

The mainstays of reducing exposures to the coronavirus and other respiratory pathogens are:

1. Physical distancing — minimizing close contact (<6 feet) with other people
2. Hand hygiene — frequent washing with soap and water or using hand sanitizer
3. Cohorts — conducting all activities in small groups that remain together over time with minimal mixing of groups
4. Protective equipment — use of face coverings, barriers, etc.
5. Environmental cleaning and disinfection — especially of high-touch surfaces
6. Isolation of those who are sick and quarantine of those who have been exposed
7. With the above considerations foremost, outdoor activities are safer than indoor activities.

Each college and university will have the flexibility to determine how and when students return, but must meet, at a minimum, the public health requirements contained in this document.

College and university determinations about the resumption of on-site operations must be informed by local circumstances and regional readiness, in consultation with their Local Public Health Authority.

Colleges and universities shall provide the greatest level of choice and flexibility to equitably support student access and success in their education while minimizing risks to students and staff.

### STANDARDS

#### General requirements

Colleges and universities shall:

- o Follow Oregon Health Authority’s (OHA) General Guidance for Employers on COVID-19.
- o Encourage students, staff, faculty, and other community members to follow OHA’s Public Guidance and Centers for Disease Control and Prevention (CDC) public guidance on COVID-19.
- o Implement measures to limit the spread of COVID-19 within buildings and the campus setting, such as appropriate cleaning and disinfecting procedures; screening, monitoring, and testing for illness among symptomatic students, staff, and faculty; and use of face coverings, as more fully described in this document.

- Permit remote instruction/telework or make other reasonable accommodations for students and employees who are at higher risk for severe illness from COVID-19 including those with any of the following characteristics:
  - People 65 years and older
  - People with chronic lung disease (other than mild asthma)
  - People who have serious heart conditions
  - People who are immunocompromised
  - People with obesity (body mass index [BMI] of 30 or higher);
  - People with diabetes;
  - People with chronic kidney disease undergoing dialysis;
  - People with liver disease; and
  - Any other medical conditions identified by OHA, CDC or a licensed health care provider.
- Recommend the use of face coverings for all students, staff, and faculty, in accordance with local public health, OHA, and CDC guidelines.
- Require the use of face coverings in settings where six feet of physical distance between people is difficult to maintain.
- For college- or university-operated retail establishments, restaurants, transportation, recreational sports, swimming pools, childcare, camps, events or other functions that are not addressed in this standards document, follow the relevant OHA guidance for the respective sector.
- Work with their local public health authority (LPHA) to ensure they are able to effectively respond to and control outbreaks through sharing of information when appropriate.

## Entry and self-screening

Colleges and universities shall:

- Allow campus spaces and buildings to be open only for official college or university business. Campus spaces and buildings should not be open to the general public. Colleges and universities may allow campus use for authorized community programs that lack alternative venues, if programs can adhere to the requirements in this or other applicable guidance.
- Encourage students, staff, and faculty to perform appropriate hand hygiene upon their arrival to campus every day: washing with soap and water for 20 seconds or using an alcohol-based hand sanitizer with 60-95% alcohol.
- Require students, staff, and faculty to conduct a self-check for COVID-19 symptoms before coming to a campus. Instruct students, faculty, and staff to stay at their residence if they have COVID-19 symptoms. COVID-19 symptoms are as follows:
  - Primary symptoms of concern: cough, fever or chills, shortness of breath, or difficulty breathing
  - Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19, but are non-specific. More information about COVID-19 symptoms is available from CDC [here](#).
  - Emergency signs and symptoms that require immediate medical attention:
    - Trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion or inability to awaken
    - Bluish lips or face
    - Other severe symptoms

- Faculty, staff, or students who have a chronic or baseline cough that has worsened or is not well-controlled with medication should stay at their place of residence. Those who have other symptoms that are chronic or baseline symptoms should not be restricted.

## Isolation Measures

Colleges and universities shall take steps to ensure that if a student, staff, or faculty member develops or reports primary COVID-19 symptoms while on campus:

- The person should immediately return to their place of residence, or isolate in a designated isolation area, until they can safely return to their residence or be transported to a health care facility. Students whose place of residence is within a campus residence hall shall be isolated in a designated isolation area, with staff support and symptom monitoring by a health professional wearing appropriate personal protective equipment (PPE).
- The person should seek medical care and COVID-19 testing from their regular health care provider or through the local public health authority. They should follow instructions from their local public health authority regarding isolation.
  - If the person has a positive COVID-19 viral (PCR) test, they should remain at their place of residence for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
  - If the person has a negative viral test (and if they have multiple tests, all tests are negative), they should remain at their place of residence until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
  - If the person does not undergo COVID-19 testing, the person should remain at their place of residence until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
- Any faculty, staff, or student known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 days should stay in their place of residence and follow instructions from local public health authority.

## Health-related communication

Colleges and universities shall:

- Advise faculty and staff that working while ill is not permitted.
- Ensure that faculty and staff remain current on health trainings. They should anticipate need for additional faculty and staff training related to increased precautions and updated protocols. Administrators could collaborate with health professionals to provide evidence-based education.
- Advise students, faculty, and staff not residing on campus to stay at their place of residence if they or anyone in their household have recently had an illness with COVID-19 symptoms. See “Entry and self-screening”, above.
- Advise and encourage all people on campus to wash their hands frequently. Alcohol-based hand sanitizing products may be used as an alternative to handwashing, except before eating, preparing or serving food, and after using the restroom.
- Provide ongoing training to custodial staff on cleaning protocols and COVID-19 safety requirements.

- Develop a letter or communication to faculty and staff to be shared at the start of on-campus education and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. Alternatively, share protocols themselves.
- In partnership with local public health authorities, develop protocols for communicating with students, faculty, and staff who have come into close/sustained contact with a person with COVID-19.
- In partnership with local public health authorities, develop protocols for communicating immediately with students, faculty, staff, and the community when new case(s) of COVID-19 are diagnosed in students, faculty, or staff, including a description of how the institution is responding.
- Provide all trainings, protocols, informational letters and other communications in languages and formats accessible to their campus community.

## Hand hygiene and respiratory etiquette

Colleges and universities shall:

- Use signage and other communications to remind students, faculty, and staff about the utmost importance of hand hygiene and respiratory etiquette.
  - Hand hygiene means washing with soap and water for 20 seconds or using an alcohol-based hand sanitizer with 60-95% alcohol.
  - Respiratory etiquette means covering coughs and sneezes with an elbow, or a tissue, especially when not wearing a mask. Tissues should be disposed of and hands washed or sanitized immediately.
- Provide hand hygiene stations with alcohol-based hand sanitizer in high use areas such as entrances to buildings and classrooms and other areas, as feasible. Strongly encourage students to use hand sanitizer on entry and exit to each room.

## Faculty and staff

Colleges and universities shall:

- Ensure that campus health care providers have the personal protective equipment that they need to see students safely. As appropriate, provide face masks, shields, N95 masks, gloves, and protective clothing for health and other personnel who might interact with ill staff or students. Local public health can help if colleges and universities are unable to obtain PPE through usual channels.
- If feasible, arrange for fit testing for N95 masks and PPE training for health care and other personnel who might interact with ill faculty, staff or students.
- Review and revise where necessary sick-leave and absentee policies to minimize any incentives to work while ill.

## General facilities

Colleges and universities shall:

- Clean and disinfect facilities frequently, generally at least daily when there is activity, to prevent transmission of the virus from surfaces. CDC provides guidance on disinfecting public spaces. See CDC's "Reopening Guidance for Cleaning and Disinfecting Public

Spaces, Workplaces, Businesses, Schools, and Homes”:

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

- Consider modification or enhancement of building ventilation where feasible. Air circulation and filtration are important factors in reducing airborne viruses. Guidance on ventilation and filtration is provided by CDC (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>) and American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) (<https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic>).
- Open windows where feasible to reduce recirculation of air and transmission of airborne pathogens.

## Instructional Activities

For all *general* instruction offered for courses that lead to a certificate or degree, colleges and universities shall:

- Establish a minimum of 35 square feet per person when determining room capacity, calculated based only on usable classroom space. In-person classroom instruction shall not exceed 50 persons, or greater than 25 persons in counties that are at Baseline or in Phase I.
- Modify the physical layout of classrooms to permit students to maintain at least six feet of distance between one another and the instructor(s). This may include changes to traffic flow, desk or chair arrangements, or maximum capacity.
- Utilize markings and/or signage to indicate physical distancing requirements within instructional settings.
- For settings with higher risk of spread, such as laboratories, computer labs, music/performance classes, studios, and locker rooms, implement enhanced measures such as greater physical distancing, physical barriers (e.g. clear plastic), increased fresh air ventilation, moving outdoors, and enhanced cleaning measures as feasible.
- Physical barriers are acceptable instead of, or in addition to, six feet or more of spacing between people. Please see OHA [General Guidance for Employers on COVID-19](#).

For all *career and technical education* instruction offered for credit, in addition to the requirements above, colleges and universities shall:

- Where feasible, modify physical layouts of classrooms, labs, and other instructional settings to permit students to maintain at least six feet of distance between each other and the instructor(s).
- Where instruction requires instructors and students to work less than six feet from each other, require physical barriers or face coverings, and follow all applicable CDC/OHA guidelines and industry safety standards.

For all instruction and assessment in fields leading to certificates and degrees in the *health professions*, colleges and universities shall:

- For laboratory instruction or demonstration of clinical skills without physical contact:
  - Modify the physical layout of classrooms to permit students to maintain at least six feet of distance between each other and the instructor(s);
  - Ensure monitoring and enforcement of physical distancing requirements at all times; and
  - Perform enhanced cleaning before and after each session.

- For standardized patient simulations or laboratory instruction in close quarters or practicing clinical skills with physical contact:
  - Provide mandatory instruction on infection control practices and the appropriate use of personal protective equipment (PPE);
  - Require use of appropriate PPE for all personnel that come within six feet of each other; and
  - Perform enhanced cleaning before and after each session.
- For preceptorships, observerships, and direct patient care:
  - Provide mandatory instruction on infection control practices and the appropriate use of personal protective equipment (PPE);
  - Strictly adhere to the clinical facility's infection control protocols;
  - Confirm that the clinical facilities have the appropriate personal protective equipment (PPE) for their students who are involved in direct patient care within those facilities;
  - Conduct regular symptom monitoring of students;
  - Follow the facility's occupational health protocols if exposed and/or symptoms develop, including immediate exclusion from all patient care, testing for SARS-CoV-2, and mandatory reporting to university or college student health unit;
  - Perform cleaning and disinfecting per the facility's protocols.

## Research Activities

Colleges and universities shall ensure the following for research activity:

- Research offices, labs, core facilities, and field locations shall be modified to ensure appropriate physical distancing, consistent with state and local public health guidelines, and with reduced capacity as/if necessary.
- Human subjects research shall be permitted only if six-foot physical distancing can be maintained or can be completed with minimal physical contact while wearing appropriate PPE and/or use of a physical barrier, and with additional limits to protect vulnerable populations.

## Residential Activities

Colleges and universities that provide residential services shall:

- Take into consideration [CDC guidance for shared or congregate housing](#);
- Not allow more than two students to share a residential dorm room unless alternative housing arrangements are impossible; ensure at least 64 square feet of room space per resident;
- Reduce overall residential density to ensure that colleges/universities maintain sufficient space for the isolation of sick or potentially infected individuals, as necessary;
- Treat roommates/suitemates as family units for cohort isolation and quarantine protocols;
- Configure common spaces to maximize physical distancing;
- Provide enhanced cleaning; and
- Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs.

## Communicable Disease Management Plan

All colleges and universities shall have a written communicable disease management plan. The plan must include protocols to notify the local public health authority (LPHA) of any confirmed COVID-19 cases among students, faculty or staff; process and record-keeping to assist the LPHA as needed with contact tracing; a protocol to isolate or quarantine any ill or exposed persons; plans for systematic disinfection of classrooms, offices, bathrooms and activity areas; coordinating with local public authority on contingency planning for response to a person diagnosed with COVID-19 who had been in a campus facility. Plans must adhere to OHA and CDC guidance for controlling spread of COVID-19 (see Resources).

Each college and university shall:

- Report to the local public health authority any cluster of illness (two or more people with similar illness) among staff or students.
- If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the local public health authority (LPHA) regarding cleaning and possible classroom or campus closure. See Resources for the LPHA directory.

## COVID-19 HEALTH AND SAFETY OPERATIONAL PLAN

### Plan Development

#### *Required*

- Every public university and community college shall develop a written operational plan that addresses how the institution is meeting the requirements of this guidance.
- Prior to September 1, 2020, in-person activities at public universities and community colleges may resume prior to the submission and approval of their institutional operational plans, as long as they meet the requirements of this guidance.
- All colleges and universities must designate an employee or officer to implement and enforce, or supervise the implementation or enforcement, of the standards and requirements provided in this guidance and established in the institution's operational plan.

#### *Recommended*

Colleges and universities are recommended to:

- Assemble a planning team to develop an institutional operational plan;
- Consult their local public health authority (LPHA) and familiarize themselves with the disease management metrics within the health region or regions in which their institution and its campuses reside; and
- Consult with students, faculty, staff and others in the community in developing an institutional operational plan.

### Public Health Review

#### *Required*

Community colleges and public universities shall submit their operational plan to their local public health authority (LPHA). Their LPHA will review the plan and support their efforts towards ongoing COVID-19 mitigation efforts.

## Final Plan Submission

### *Required*

Public universities and community colleges shall:

- Not later than September 1, 2020, each public university and community college must develop, and submit to its governing board, and the governing board must approve, the operational plan.
- Ensure that their governing board, at each regular board meeting, reviews the operational plan and any amendments thereto.
- Following the approval of their governing board, submit their operational plan to the Higher Education Coordinating Commission. The operational plan shall be resubmitted to the Higher Education Coordinating Commission upon any significant amendments.
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### *Recommended*

- Colleges and universities are encouraged to post their operational plan on their institution's website

## Resources

1. Oregon local public health authority (LPHA) directory; note that “CD nurse” is the number for communicable disease issues:  
<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/reportdisease.pdf>
2. CDC guidance on the use of face coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
3. CDC guidance: “Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes”,  
<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
4. CDC guidance on ventilation and filtration  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>)
5. American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) guidance on ventilation: (<https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic>)