

OSU Infectious Diseases Response Protocol

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Oregon State University Infectious Diseases Response Team

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Counseling and Psychological Services
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Table of Contents

(Control & click to follow link – sometimes there is a slight delay)

IDRT Purpose	4
IDRT Goals	4
Statement of Principle for OSU Infectious Disease Response Protocol	4
Family Educational Rights and Privacy Act (FERPA) Restrictions	5
Isolation/Quarantine Protocols for OSU students/guests living in group facilities	6
Residence Hall.....	6
Fraternity and Sorority Students.....	7
Scholar Housing and Conference Guests	7
Emergency and Non-Emergent Transportation Guidelines	9
OSU Procedures for Cleaning Infectious Disease Patient Care Areas	10
Environmental Cleaning and Disinfection	10
Cleaning and disinfecting occupied patient rooms.....	10
Cleaning and disinfecting after patient discharge or transfer	11
Personal Protective Equipment (PPE).....	11
Medical Waste	12
Textiles (linen and laundry)	12
Dishes and Eating Utensils	12
Patient-Care Equipment.....	12
Hand Hygiene	13
Communication Plan	Error! Bookmark not defined.
Introduction	Error! Bookmark not defined.
Philosophy and Descriptions	Error! Bookmark not defined.
Types of Situations Requiring a Communication Plan	Error! Bookmark not defined.
Communicating Internally.....	Error! Bookmark not defined.
Communication Guidelines	Error! Bookmark not defined.
*Possible sample messages	Error! Bookmark not defined.
Communication DOs and DON'Ts.....	Error! Bookmark not defined.
Translators.....	Error! Bookmark not defined.
Appendices	18

Appendix 1	18
General Isolation and Quarantine Information	18
Isolation: For People Who Are Ill.....	18
Quarantine: For People Who Have Been Exposed But Are Not Ill.....	18
Appendix 2	19
Oregon Reportable Diseases and Conditions	19
Appendix 3	20
Seasonal Influenza and Respiratory Syncytial Virus Talking Points	20
Some Basics	20
Prevention.....	20
Treatment	21
Additional Information	21
Avian and Pandemic Influenza Talking Points.....	21
Some Basics	21
Prevention.....	22
Treatment	23
APPENDIX 4	24
Contaminated Food Recalls	24
Appendix 5	25
Oregon State University Contacts	25
Benton County Health Department Numbers	25

IDRT Purpose

We collaboratively develop and implement strategies for response to and prevention of communicable diseases in the OSU community.

IDRT Goals

To identify communicable disease threats and issues for the OSU community.

To determine and coordinate actions for prevention of, education about, and/or control of communicable diseases on campus.

To design and implement appropriate protocols and communication plans.

To develop relationships and improve communications with other health care stakeholders in the community.

Statement of Principle for OSU Infectious Disease Response Protocol

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

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

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

Family Educational Rights and Privacy Act (FERPA) Restrictions

FERPA prohibits university officials from releasing information about students other than directory information. One of the exceptions allows release of protected information in a health or safety “emergency.” In a 2002 opinion from the US Department of Education (DOE), the interpretation of public health “emergency” seemed to be less strict than previous interpretations. DOE advised that a school district in Pennsylvania was able to emergently disclose student information to the health department after learning that six students had died in the previous year.

It is preferable to get a student's consent prior to releasing protected information in a public health emergency if this can be done without having a negative impact on contact tracing or treatment. However, we recognize the importance of responding promptly to public health emergencies and our past experience has taught us that students generally are not concerned about having information released to the health department if they understand the reason for the disclosure.

Requests made by the health department for student information should be addressed to Student Health Services. If they are unable to reach a representative from Student Health Services, other department heads may be contacted. All department heads are listed with the Office of Public Safety on campus (see contact list).

Isolation/Quarantine Protocols for OSU students/guests living in group facilities

Residence Hall

1. Student Health Services (SHS), in consultation with the Benton County Health Department (BCHD), makes a recommendation either to quarantine one or more individuals who have been exposed but are without symptoms, or to isolate any individual who has been exposed and has symptoms.
2. University Housing and Dining Services (UHDS) will identify appropriate space at the beginning of each term for emergency use.
3. SHS contacts the UHDS on-call Resident Director (see contact list) to make arrangements for use of a designated isolation or quarantine space and to get the room/hall keys. The RD on duty will arrange to have keys assigned to that student by working with the appropriate Service Center.
 - a. The RD on call will coordinate with UHDS Assignments staff to identify an appropriate space based on the student's needs and room availability.
 - b. The RD on Duty contacts the RLT on Call to inform them of the situation. If additional support is needed the RD on Duty will also consult members of the UHDS Emergency Response Team.
 - c. The RD on Duty will document the situation as appropriate.
4. SHS contacts the Benton County Health Department (BCHD) Communicable Disease nurse (see contact list) according to Oregon Health Authority regulations (ORS 433.004; OAR 333-018-0000 to 333-018-0015) in cases involving a reportable disease (see the Oregon Reportable Diseases and Conditions section below for a list of mandatory reportable diseases or see the Oregon Health Authority website at: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/reportable.aspx>).
5. The room/hall key is issued to the student by an authorized UHDS employee.
6. The individual occupies the room for the duration of time specified by SHS staff in consultation with BCHD and the Oregon Health Authority.
7. The individual is provided with information contained in this document and is given parameters about contact with others. SHS advises UHDS staff on specific precautions for staff contact, dining preparations, dining delivery, custodial training, etc.
8. UHDS works with the individual to gather necessary belongings from her current room and provide meals and/or accommodations for meals. UHDS will provide linen when necessary.
9. Individuals who do not have a housing contract with UHDS will be charged for room use and food/board costs on a prorated basis for the duration of the use of the facilities.
10. SHS will coordinate arrangements with UHDS, as necessary, for skilled home health care for care of residents with acute illnesses not requiring hospitalization.

Fraternity and Sorority Students

1. Student Health Services (SHS), in consultation with the Benton County Health Department (BCHD), makes a recommendation to either quarantine an individual who has been exposed and is asymptomatic or isolate an individual who has been exposed and is symptomatic.
2. The Center for Fraternity and Sorority Life contacts the Chapter Alumni Housing Corporation to determine if an isolation or sick room is available. An isolation room is required to have a window, a door that can close, and access to a private bathroom. This room may house more than one individual with the same illness (to be determined by a clinician at SHS or by BCHD).
3. If an isolation room is unavailable in the fraternity or sorority, SHS and BCHD will work with the Center for Fraternity and Sorority Life to find suitable housing.

Scholar Housing and Conference Guests

1. Student Health Services (SHS), in consultation with the Benton County Health Department (BCHD), makes a recommendation to either quarantine an individual who has been exposed and is asymptomatic or isolate an individual who has been exposed and is symptomatic.
2. SHS contacts the UHDS Assistant Director of Operations. The assistant director contacts the RD on duty, the appropriate conference team member in charge or on call, and the conference or scholar housing sponsor(s).
3. The RD on duty (see contact list) makes arrangements for use of a designated isolation or quarantine space and to get the room/hall keys. The RD on duty will obtain and deliver the set of keys for the appropriate room(s) to SHS.
 - a. The UHDS Assistant Director of Operations determines the appropriate room based on current room assignments and/or needs.
 - b. The UHDS Assistant Director of Operations makes necessary arrangements for staff to assist in the building that will be occupied by the guest. The Assistant Director of Operations will contact the UHDS Facilities' on-call staff member through the OSU Public Safety office (see contact list). The on-call UHDS Facilities' staff may need to prepare the room for occupancy. The UHDS Facilities' staff will work to accommodate the needs of the guest or group affected by the temporary relocation/placement including any necessary cleaning, linen disbursement/placement or any other needs. UHDS Dining Services will be contacted by the Assistant Director of Operations to determine the appropriate course of action for delivery of meals and/or food items.
 - c. The Assistant Director of Operations contacts the conference or scholar housing sponsor and generates an Incident Report (IR) to document the referral, including the name/ID number and other pertinent guest information, date of referral, and general descriptive information about the referral including duration of time for occupancy of the space. For events taking place during the academic year and summer term, a copy of the IR is forwarded to the Associate Director of UHDS - Operations, the Director of Residential Education, the Director of UHDS and the Director of SHS.

- d. The Assistant Director of Operations contacts the Executive Director or an Associate Director of SHS (see contact list) or designee to inform them of the referral and the space that will be occupied by the individual along with the phone number to contact the individual at the temporary room location.

Emergency and Non-Emergent Transportation Guidelines

1. Persons who are seriously ill with a contagious respiratory infection and in need of critical medical care will be transported via ambulance by the Emergency Medical System (EMS) responders. The EMS is activated by calling 911.
2. Persons who are not in need of immediate medical attention but who require transportation to a medical facility may be transported by one of the medical transport companies on the list kept by Student Health Services. These services have an associated cost.
3. A patient with a known diagnosis of an infectious disease (such as measles or chicken pox) who is not in need of immediate medical attention may be transported by private car by an individual who is immune to the disease. After transport the car should be left vacant for a period of time determined by health care personnel at Student Health Services or Environmental Health and Safety based on the guidelines for the specific disease.
4. Staff members who are arranging transportation for the patient must inform all transporters and destinations (such as clinics or hospitals) of the patient's status prior to transport.
5. Transport should be limited as much as possible and be determined by the condition of the patient. To minimize possible exposures, only necessary personnel should be involved with the patient.
6. The patient should not use public transportation nor travel with unexposed or unimmunized (if applicable) persons.
7. Instruct the patient with an airborne illness to don a surgical mask if tolerated. If not tolerated, or if a mask is not available, have patient cover the mouth/nose with a tissue when coughing and then sanitize the hands.

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

OSU Procedures for Cleaning Infectious Disease Patient Care Areas

These procedures are to be used when the patient has an infectious disease that is transmitted by contact or aerosol routes. Examples are measles, tuberculosis, chicken pox, influenza, and SARS.

Environmental Cleaning and Disinfection

Cleaning and disinfecting environmental surfaces are important components of infection prevention and control in healthcare/living facilities.

Cleaning and disinfecting occupied patient rooms

1. Only designated, trained personnel will be used for cleaning and disinfecting rooms/units used for isolation/quarantine or other potentially contaminated areas.
2. Personnel will wear Personal Protective Equipment (PPE) as described below. The staff will be trained in procedures for PPE use, including removal of PPE, and the importance of hand hygiene (see below).
3. Store cleaning supplies outside the patient room (e.g., in an anteroom or storage area).
4. Keep areas around the patient free of unnecessary supplies and equipment to facilitate daily cleaning.
5. Use any [EPA-registered tuberculocidal disinfectant](#). Follow the manufacturer's recommendations for use - dilution (i.e., concentration), contact time, and care in handling.
6. If Norovirus is suspected, use a disinfectant from the list of [EPA-registered disinfectants approved for use against Norovirus](#). Oxidizing disinfectants are most effective against Norovirus. Examples of products in use at OSU are freshly prepared 1:10 Clorox bleach, 1:50 Virkon S. and Oxivir.
7. Clean and disinfect patients' rooms at least daily, and more often when visible soiling/contamination occurs. Give special attention to frequently touched surfaces (e.g., bedrails, bedside and over-bed tables, TV control, telephone, lavatory surfaces including safety/pull-up bars, doorknobs and commodes) in addition to floors and other horizontal surfaces.
8. If use of carpeted rooms cannot be avoided, vacuum the room daily with a HEPA vacuum.
9. Clean and disinfect spills of blood and body fluids using Universal Precautions. Spill kits can be obtained from Environmental Health and Safety (EH&S) (see contact list).

Cleaning and disinfecting after patient discharge or transfer

1. PPE does not need to be worn if a sufficient amount of time has elapsed after a room has been vacated. Contact EH&S for details of how long to wait after the room is vacant before cleaning without using PPE. Waiting time varies according to the disease.
2. If a room is left vacant for a period of time prior to cleaning, a sign must be placed on the door to the room indicating that the room is "out of use" or "off limits" until further notice.
3. Clean and disinfect all surfaces that were in contact with the patient or may have become contaminated during patient care.
4. Wipe down mattresses and headboards with an [EPA-registered tuberculocidal disinfectant](#).
5. Privacy curtains should be removed, placed in a bag in the room, taken out of the room and then be transported to be laundered.
6. No special treatment is necessary for window curtains, ceilings and walls unless there is evidence of visible soiling.
7. Do not spray (fog) occupied or unoccupied rooms with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.
8. Carpets, if present, should be steam cleaned.

Personal Protective Equipment (PPE)

1. Gloves, gown/full body suit (coveralls), respiratory protection and eye protection should be donned before entering a patient's room or designated patient-care area. This level of protection is required for the majority of patient contacts.
2. Gown/full body suit and gloves: Wear a standard isolation gown or full body suit and pair of non-sterile patient-care gloves. The gown/full body suit should fully cover the front torso and arms and should tie in the back. Gloves should cover the cuffs of the gown.
3. Respiratory protection: Wear a NIOSH-certified N-95 filtering face piece respirator for entering the patient care area. Discard respirators upon leaving the patient care area. Medical clearance, fit testing, and training is required for an employee to wear a respirator. Contact EH&S for assistance.
4. Eye and face protection: Routinely wear eye protection when within 3 feet of a patient. If a splash or spray of respiratory secretions or other body fluids is likely, protect the eyes with goggles or a face shield as recommended for Standard Precautions. The face shield should fully cover the front and wrap around the side of the face. Corrective eyeglasses or contact lenses alone are not considered eye protection.
5. Avoid touching the face with contaminated gloves.
6. Avoid unnecessary touching of surfaces and objects with contaminated gloves.
7. Change gloves between patients and whenever possibly compromised or torn. Never try to wash or reuse gloves.
8. PPE must be immediately disposed of upon leaving the room.

Medical Waste

1. Contain contaminated medical waste in red biohazard-labeled bags placed inside a leak-proof container that is labeled with a biohazard symbol. Needles and other sharps should be placed in an approved hard-sided, leak-proof and puncture resistant "sharps container." Contact EH&S for disposal instructions/pick-up.
2. Discard used patient care supplies that are not likely to be contaminated (e.g., paper wrappers) as routine waste.
3. Wear disposable gloves when handling waste. Always dispose of used gloves in a biohazard waste container. Perform hand hygiene after removing gloves.
4. The OSU Biomedical Waste Disposal sheet can be found at: <http://oregonstate.edu/ehs/hmgbiohazard> .

Textiles (linen and laundry)

1. Store clean linen outside patient rooms, taking into the room only linen needed for use during the shift.
2. Place soiled linen directly into a laundry bag in the patient's room. Contain linen in a manner that prevents the linen bag from opening or bursting during transport or while in the soiled linen holding area. The soiled linen bag needs to be placed in a clean bag for transport.
3. Wear gloves and gown/full body suits (coveralls) when directly handling soiled linen and laundry (e.g., bedding, towels, personal clothing). Do not shake or otherwise handle soiled linen and laundry in a manner that might aerosolize infectious particles.
4. Wear gloves for transporting bagged linen and laundry.
5. Perform hand hygiene after removing gloves that have been in contact with soiled linen and laundry.
6. Send linen and laundry to an appropriate laundry service.

Dishes and Eating Utensils

1. Wash reusable dishes and utensils in a properly operating dishwasher.

Patient-Care Equipment

1. Follow standard practices for handling and reprocessing used patient care equipment, including medical devices. Wear gloves when handling and transporting used patient care equipment. Wipe the equipment with an [EPA-registered tuberculocidal disinfectant](#) before removing it from the patient's room. Follow current recommendations for cleaning and disinfection or sterilization of reusable patient care equipment. Note: some sensitive equipment should not be sprayed down with disinfectant. Instead, use a cloth wetted with disinfectant or a disinfectant wipe.
2. Upon removal from the patient's room, wipe external surfaces of portable equipment used in performing procedures in the patient's room with an [EPA-registered tuberculocidal disinfectant](#).

Hand Hygiene

1. In addition to traditional hand washing with soap and water, the use of alcohol-based hand sanitizer by health care personnel when taking care of patients is recommended.
2. Hand washing with soap and water remains a sensible strategy for hand hygiene in non-health care settings. Wash for a minimum of 30 seconds.
3. Washing hands before and after EVERY entry into isolation or quarantine is required.
4. The use of gloves does not eliminate the need for hand hygiene. Likewise, hand hygiene procedures do not eliminate the need for gloves. Gloves reduce hand contamination by 70 to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Hand washing should be done before and after caring for each patient just as gloves should be changed before and after each patient encounter.
5. When using an alcohol-based hand sanitizer, apply the product to the palm of one hand and rub both hands together, covering all surfaces of the hands and fingers, until the hands are dry. Note that the volume of sanitizer needed to reduce the number of bacteria on hands varies by product.
6. Alcohol-based hand sanitizers significantly reduce the number of microorganisms on the skin, are fast acting and cause minimal skin irritation.
7. Health care personnel who care for patients should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long.
8. Allergic contact dermatitis due to alcohol hand sanitizer is very uncommon. However, with increasing use of such products by health care personnel, it is likely that true allergic reactions to these products will occasionally be encountered.

Communication Plan

Introduction

This communication plan is specific to a communicable disease situation and is intended to function as an adjunct to the broad OSU emergency communications plan.

When the possibility of an infectious disease incident involving OSU students, faculty, staff or visitors first arises, the Director of Student Health Services, leaders of other appropriate campus organizations (depending on the nature of the incident) and representatives of the Benton County Health Department and the Oregon Health Authority will assess the threat and determine its validity. If it appears that there is an incident, or there is a legitimate threat of an outbreak, or the rumor level is sufficient to create media interest, the SHS Executive Director or Associate Director of Medical Services will contact the Vice President for University Relations and Marketing to determine and implement a communication plan. If the VP is unavailable, the next calls would go in order to the Associate VP for University Relations and Marketing, and then to the Director of News and Research Communications. (See contact list)

Philosophy and Descriptions

As a public institution, OSU operates in an open manner. Yet the privacy of our students and employees, as dictated by legal and ethical guidelines, also influences our willingness and ability to share information.

All information released from OSU about specific outbreaks of infectious diseases, individual cases, actions to address the problem and various impacts on the university MUST be approved by the SHS Executive Director or Associate Director of Medical Services and the Vice President for University Relations and Marketing or designee who will work in consultation with the BCHD and the Oregon Health Authority (See contact list).

In most cases, the SHS Executive Director or Associate Director of Medical Services will be the primary spokesperson to the news media on the medical aspects of these events. If the Executive Director is unavailable, she will appoint a designee. In some instances, the spokesperson for the medical aspects of the event may be a representative of the appropriate county, state or federal government agency. The Vice President for University Relations and Marketing or designee will serve as spokesperson for the university on all non-medically related aspects of the situation. (See contact list)

Types of Situations Requiring a Communication Plan

The communication plan should serve as a general guideline. Each case must be evaluated on its own merits. Situations that have occurred within the past few years, or could occur in the future, include cases of:

1. Measles
2. Salmonella
3. E. coli
4. Ebola Virus Disease
5. Novel Influenza or Coronaviruses (e.g. SARS, MERS)
6. Meningococcal disease
7. Norovirus

Communicating Internally

The nature of an outbreak will dictate which campus units need to be informed. While updates designed for the news media should come from News and Research Communication – with the approval of the SHS Executive or Associate Director of Medical Services and the University Relations and Marketing Vice President – other leaders will need to answer questions from students, employees, visitors, parents and other members of the public. To ensure that people answer questions accurately and restrict their comments to certain areas, there must be regular communication to the appropriate groups, including possible scripts and referrals for more information. In the event of an infectious disease outbreak or situation, the following areas and/or people will be contacted, consulted and/or instructed as needed. SHS and BCHD will develop guidelines for appropriate communication or action on a case-by-case basis. This flow of information, and appropriate targets, should be decided by the SHS Executive Director or Associate Director of Medical Services, the University Relations and Marketing Vice President, or their designees.

1. University Relations and Marketing
 - a. Web Communications
 - b. News and Research Communications
2. President and Provost Offices
 - a. Enrollment Management
 - b. International Student Advising and Services
 - i. INTO OSU
 - c. Summer Session
3. VP of Student Affairs Office
 - a. Office of the Dean of Student Life
 - b. Dixon Recreational Sports
 - c. Counseling and Psychological Services
4. Office of Human Resources
 - a. Environmental Health and Safety
 - b. Facilities Maintenance Operations
 - c. Public Safety
 - i. OSU Alert system
 - ii. Telecommunications Office and Campus Operator
 1. Telephone call bank operations if available.
5. University Housing and Dining Services
6. OSU Conference Services

7. Center for Fraternity and Sorority Life
8. Athletics
9. Campus Vendors and OSU Beaver Store
10. Others as needed

Other communication strategies, including the use of e-mail, OSU Today and Life@OSU, news releases, etc., will be implemented on a case-by-case basis after a mutual decision is made by the SHS Executive Director or Associate Director of Medical Services and the University Relations and Marketing Vice President, or their designees.

Communication Guidelines

The SHS Executive Director or Associate Director of Medical Services in consultation with the University Relations and Marketing Vice President, will determine the appropriate level of communication both on and off campus. These decisions will be made in consultation with the Benton County Health Department and/or the Oregon Health Authority.

In cases of inter-agency consultation, a teleconference is recommended and should be called by the SHS Executive Director or Associate Director of Medical Services. The University Relations and Marketing Vice President will also participate. If the two administrators should disagree on an issue, there will be an immediate consultation with the Provost and Executive Vice President.

Other Communication Guidelines:

1. All e-mails sent to the aforementioned list should include a warning in boldface that the material is confidential, might include student information and should not be forwarded under FERPA.*
2. All patient status information MUST come directly from the SHS Executive Director, the Associate Director of Medical Services or BCHD. If the patient is hospitalized, the appropriate staff member(s) from that hospital would provide that information.
3. If there is a criminal investigation, information about the investigation will only be discussed by the appropriate leader or designee of the investigating law enforcement agency.
4. Oral or written communication about communicable disease scenarios should be factual, avoid making assumptions, be limited to appropriate audiences, be clear and concise, and be timely.

***Possible sample messages:**

Message Header:

This e-mail contains confidential student information. Further disclosure may be a violation of FERPA. Do not forward or copy this message.

Message Footer:

This E-mail (including attachments) is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521, is confidential and may be privileged. If you are not the intended recipient, please be aware that any retention, dissemination, distribution, or copying of this communication is prohibited. Please reply to the sender that you have received the message error; then delete it. Thank you for helping to maintain privacy.

Media Contacts

All inquiries from the news media about infectious/communicable diseases should be referred to the SHS Executive Director or Associate Director of Medical Services or the Vice President for University Relations and Marketing, the Associate VP for University Relations and Marketing, or the Director of News and Research Communications. Contact information can be found in the contact list.

Communication DOs and DON'Ts

- Do: Put in bold print at the beginning of emails that it contains student information and that disclosure might violate FERPA.
- Do: Keep appropriate individuals informed.
- Do: Clarify with the University Relations and Marketing Vice President and/or News and Research Communications and Central Administration what specific information they want to know.
- Don't: Forward any e-mail communication.
- Don't: Send emails too broadly: Keep the send list as small as possible – see communication plan for appropriate personnel communication links.
- Don't: Give out medical information (this function will be delegated to someone in SHS or BCHD).
- Don't: Talk about investigations.
- Don't: Make medical assumptions that aren't confirmed.
- Don't: Waste time - keep people informed as soon as you have information.

Translators

For information regarding possible on-campus translators contact International Programs and INTO OSU. Use of a language translation telephone service through SHS is another option.

Appendices

Appendix 1

General Isolation and Quarantine Information

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

Isolation: For People Who Are Ill

Isolation of people who have a specific illness separates them from healthy people and restricts their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or at designated health care facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases. In most cases, isolation is voluntary; however, in Oregon local public health authorities have legal authority (ORS 431/433 websites at <http://www.oregonlaws.org/ors/chapter/431> and <http://www.oregonlaws.org/ors/chapter/433>) to compel isolation of sick people to protect the public.

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

Quarantine, in contrast, applies to people who have been exposed and may be infected but are not yet ill. Separating exposed people and restricting their movements is intended to stop the spread of that illness. Quarantine is medically very effective in protecting the public from disease. Oregon empowers local public health authorities with this power as well (ORS 431/433 websites at <http://www.oregonlaws.org/ors/chapter/431> and <http://www.oregonlaws.org/ors/chapter/433>). The Centers for Disease Control and Prevention (CDC), through its Division of Global Migration and Quarantine, is also empowered to detain, medically examine, or conditionally release individuals suspected of carrying certain communicable diseases. This authority derives from section 361 of the Public Health Service Act (42 U.S.C. 264), as amended.

Appendix 2

Oregon Reportable Diseases and Conditions

Health care providers are required to report all cases or suspected cases of the diseases, infections, microorganisms and conditions specified below. The timing of these reports is specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies.

When BCHD officials cannot be reached within the specified time limits, reports shall be made directly to the Oregon Health Authority, which shall maintain an around-the-clock public health consultation service.

Diseases, infections, microorganisms, and conditions need to be reported by health care providers as follows:

Immediately, day or night

1. Anthrax (*Bacillus anthracis*)
2. Botulism (*Clostridium botulinum*)
3. Cholera (*Vibrio cholerae* 01, 0139, or toxigenic)
4. Diphtheria (*Corynebacterium diphtheriae*)
5. Hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo families)
6. Influenza (novel)
7. Marine Intoxication (intoxication caused by marine microorganisms or their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid))
8. Measles (rubeola)
9. Plague (*Yersinia pestis*)
10. Poliomyelitis
11. Rabies (human)
12. Rubella
13. SARS (Severe Acute Respiratory Syndrome and infection by SARS-Coronavirus)
14. Smallpox (*variola major*)
15. Tularemia (*Francisella tularensis*)
16. Yellow fever
17. Outbreaks and uncommon illnesses (any known or suspected common-source outbreak; any common illness of potential public health significance)

Within 24 hours (including weekends and holidays)

1. *Haemophilus influenzae* (any isolation or identification from a normally sterile site)
2. *Neisseria meningitidis* (any isolation or identification from a normally sterile site)
3. Pesticide Poisoning

For a list of all other reportable diseases and conditions and the time frames within which they must be reported by health care providers in Oregon, please go to:

[Oregon Disease Reporting: What is Reportable and When](#)

Appendix 3

Seasonal Influenza and Respiratory Syncytial Virus Talking Points

Some Basics

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

Prevention

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

Treatment

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

Additional Information

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

<http://www.flu.oregon.gov/Pages/index.aspx>

Avian and Pandemic Influenza Talking Points

Some Basics

1. Avian influenza (bird flu) is a disease caused by a virus that infects domestic poultry and wild birds (geese and ducks and shorebirds). Each year there is a bird flu season just as there is for human influenzas. Some forms of the bird flu are worse than others.
2. Pandemic influenza is a global "super-epidemic" of a highly virulent influenza. It is not the same as bird flu. It could evolve as a mutation from a bird flu virus. It is now believed that a mutated bird flu virus caused the 1918 influenza pandemic.
3. The highly pathogenic (high-path) H5N1 strain of bird flu has been found in Europe, Asia and Africa. As of March 2011, no high-path H5N1 has been found in any wild or domestic birds in North America.
4. At present, the high-path H5N1 strain is primarily a disease of birds. Low-path H5N1 has been documented for years in North America. It and high-path H5N1 are two of 144 strains of avian influenza viruses that have been identified. Most strains of bird flu cannot infect humans.
5. There have only been a few hundred confirmed cases of bird flu in humans but a high percentage (60%) of them has been fatal.
6. Most human cases have occurred as a result of extensive direct contact with infected birds. There have been only a few possible cases of human-to-human transmission of bird flu.
7. In rural areas of Asia many households keep small poultry flocks. These birds often roam freely, sometimes entering homes or sharing outdoor areas where children play. Because many households in Asia depend on small flocks of ducks or chickens for income and food, many families sell or slaughter and consume birds when signs of illness appear in a flock. Exposure to bird flu appears to be most likely during slaughter, de-feathering, butchering or preparation of sick or dead poultry for cooking.
8. It is considered likely the high-path H5N1 strain will spread to the Americas at some time. Federal, state and local governments are taking steps to prepare for and minimize the potential impact of bird flu.
9. Detection of the highly pathogenic H5N1 virus in birds alone does not signal the start of a human pandemic.

10. State and federal wildlife agencies are working together to test and monitor wild birds for the earliest possible detection. In addition, USDA monitors U.S. domestic bird populations. Monitoring is conducted in three key areas: live bird markets, commercial flocks and backyard flocks.
11. As a primary safeguard, USDA maintains trade restrictions on the importation of poultry and poultry products from countries where the H5N1 HPAI strain has been detected in commercial or traditionally raised poultry.
12. No one is known to have caught this virus from eating properly cooked birds, either domestic or wild.
13. If a highly pathogenic H5N1 were detected in the U.S., the chance of infected poultry entering the human food chain would be extremely low. Even if it did, proper cooking kills this virus.
14. Oregon has been preparing for pandemic influenza for several years and recently revised its pandemic influenza preparedness plan.
15. Preparations include ongoing surveillance and the ability of the Oregon State Public Health Laboratory to test for highly pathogenic H5N1.
16. Oregon also is working with federal, state and local response partners to prepare and to encourage communities, schools, businesses, religious and other organizations to make plans for coping with pandemic influenza.
17. The U.S. Department of Health and Human Services is aggressively working to ensure that the public health is protected. More information about the efforts of the federal government is available at www.pandemicflu.gov.

Prevention

1. Wash your hands with soap and water several times a day, especially before eating and after using the toilet.
2. Cough into your sleeve or cover your nose and mouth with a tissue when coughing or sneezing. Use tissues only once.
3. Do not touch your nose, eyes or mouth. This can move germs into the body and make you sick.
4. Stay away from others as much as possible if you are sick. Stay home from work and school if you are sick.
5. Get a flu vaccination every year. This may provide some cross immunity to pandemic flu. Flu vaccines take 6 months or more to manufacture, so an effective vaccine against the pandemic virus strain will most likely not be available in the early months of a pandemic.
6. Contact your medical provider if you have been exposed to pandemic influenza and are considered at high risk for complications of influenza due to underlying chronic medical conditions or are elderly. Antiviral drugs are sometimes prescribed for prevention in these situations.
7. Stay informed, develop a healthy lifestyle, eat a balanced diet, get sufficient sleep and stop smoking.
8. When working with birds:
9. Cook any birds, wild or store-bought, until they're done all the way through (at least to 165° F) before eating them.
10. Wash your hands and knife with soap and water after handling or cleaning any birds, or wear rubber gloves.
11. Prevent cross-contamination by keeping raw meat, poultry, fish, and their juices away from other foods and thoroughly cleaning cutting boards and utensils.
12. Do not handle birds that are obviously sick or birds found dead.
13. Report sick and dead poultry to Oregon Department of Agriculture at 503-986-4680 or USDA at 503-399-5871.

14. Report sick and dead wild birds to Oregon Department of Fish and Wildlife district biologists (contact information is available at http://www.dfw.state.or.us/agency/directory/local_offices.asp).
15. Plan for a pandemic by:
16. Storing supplies of water and food sufficient to last several weeks. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies such as power outages and disasters.
17. Storing a supply of prescription and nonprescription drugs and other health supplies, including pain relievers, stomach remedies, cough and cold medicines, and fluids with electrolytes.
18. Exchanging phone lists so those who are ill can contact others to do their shopping.
19. Talking with family members and loved ones about how they would be cared for if they got sick or what will be needed to care for them in your home.
20. Volunteering with local groups to prepare and assist with emergency responses.
21. Getting involved in your community as it works to prepare for an influenza pandemic.

Treatment

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

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

APPENDIX 4

Contaminated Food Recalls

When a possible specific food related disease outbreak occurs or a recall is issued by the government or a food processor, UHDS will remove all suspected foods from use until such time as the food in question has been determined to be non-contaminated. Foods determined to be contaminated will be returned to the vendor or destroyed. In addition, SHS may post known community food recalls on the SHS website.

Appendix 5

Oregon State University Contacts

Department	Name	Work Number
OSU Student Health Services	Jenny Haubenreiser, Executive Director	541-737-3106; 541-737-9355 (Business Hours)
	Dr. Jeff Mull, Assoc. Director, Medical Services	
	Dr. Connie Hume-Rodman, Assoc. Director, Clinical Services	
UHDS Operations/Safety	Joe Evans	541-737-7797
UHDS	Resident Director on Duty	541-740-6841
Environmental Health and Safety	Dan Kermoyan, Assistant Director	541-737-2505
Environmental Health and Safety	Matt Philpott, Bio Safety Officer	541-737-4557
Dean of Student Life Office	Tracy Bentley-Townlin, Interim Dean	541-737-2382
Athletics	Doug Aukerman, MD, Director of Sports Medicine	541-737-4527
Center for Fraternity and Sorority Life	Brandon Lee, Interim Assistant Director	541-737-5459
International Student Advising and Services	Rachael Weber, Interim Director	541-737-6310
INTO OSU	Valerie Rosenberg	541-737-4286
Recreational Sports	Jennifer Stewart, Safety and Training Coordinator	541-737-5411
Emergency Management	Mike Bamberger, Emergency Preparedness Manager	541-737-4713
Summer Session	Claire Cross, Director	541-737-3107

Benton County Health Department Numbers

Name	Agency	Work No.
Benton County Health Department	Mitch Anderson, Director	Day 541-766-6835 After hours ask for BCHD admin on call
Benton County Health Department	Charlie Fautin, Bill Emminger, Deputy Directors	541-766-6835