



Student Health Services

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Studenthealth.oregonstate.edu

OSU Infectious Diseases Response Protocol

**Oregon State University
Student Health Services
108 SW Memorial Place
Plageman Building
Corvallis, OR 97331-5801**

Revised July 2019

Oregon State University Infectious Diseases Response Team

Student Health Services (SHS)
Office of Student Life
Department of Public Safety (DPS)
Emergency Management
Facilities Services
ABM (Custodial Contract Services)
Division of International Programs
INTO OSU
Risk Management
Environmental Health and Safety (EHS)
Center for Fraternity and Sorority Life (CFSL)
University Relations and Marketing (URM)
University Housing and Dining Services (UHDS)
Counseling and Psychological Services (CAPS)
Summer Session
Enrollment Management-Office of Admissions
Department of Recreational Sports
Academic Advising
Athletics Department
Benton County Health Services (BCHS)
Good Samaritan Regional Medical Center (GSRMC)
Corvallis Fire Department (Emergency Medical Services)


Promulgation, Approval, and Implementation

The following is the Infectious Disease Response Protocol (IDRP) for Oregon State University (OSU). It identifies strategies and responsibilities for the prevention of and implementation of an emergency response to communicable diseases in the OSU community.

This plan applies to all visitors, staff, students, volunteers or others working in OSU buildings.

This plan has been approved and adopted by the OSU Infectious Disease Response Team (IDRT) and Benton County Health Services. It will be revised and updated as required. This plan supersedes any previous plan.

It is understood that emergency plans exist for co-located agencies/building occupants (federal, state); where their plans are absent in instructions, this plan will be in effect.

DocuSigned by:

3606DA0E988E4A6

Connie Hume-Rodman
Infectious Disease Response Team Chair

7/9/2019 | 13:20:38 PDT

Date


DocuSigned by:

5A99GF15BEED467...

Jenny Haubenreiser
Student Health Services Executive Director

7/9/2019 | 13:44:11 PDT

Date

DocuSigned by:

C991E57652CB4C8...

Dawn Emerick
Benton County Health Services Director

7/10/2019 | 05:18:14 PDT

Date

Record of Change

Minor/editorial changes (to correct factual accuracy, update response content to standardize with other agencies, changes to personnel or phone numbers, update of building inventory, etc...) or changes to the appendices can be approved by the IDRT Chair.

Record of Changes

Date	Summary of Change
June 2015	Plan re-formatted. Content updated.
January 2018	Content updated.
April 2019	Content updated.
July 2019	Reformatted. Published to SHS website.

Plan Distribution List

Copies of this plan are provided to all organizations located within the IDRT. Updates will be distributed as they are developed. Distribution will be electronic, unless otherwise indicated on the following distribution list.

Date	Distribution	
	Academic Advising	Electronic copy
	Athletics Department	Electronic copy
	Benton County Health Services (BCHS)	Electronic copy
	Center for Fraternity and Sorority Life (CFSL)	Electronic copy
	Corvallis Emergency Medical Services	Electronic copy
	Counseling and Psychological Services (CAPS)	Electronic copy
	Custodial Services (ABM)	Electronic copy
	Department of Public Safety (DPS)	Electronic copy
	Department of Recreational Sports	Electronic copy
	Division of International Programs	Electronic copy
	Emergency Management	Electronic copy
	Enrollment Management - Office of Admissions	Electronic copy

	Facilities Services	Electronic copy
	Good Samaritan Regional Medical Center (GSRMC)	Electronic copy
	INTO OSU	Electronic copy
	Office of Student Life	Electronic copy
	Office of the Registrar	Electronic copy
	Risk Management	Electronic copy
	Student Health Services (SHS)	Electronic copy
	University Housing and Dining Services (UHDS)	Electronic copy
	University Relations and Marketing (URM)	Electronic copy

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1. PURPOSE

The IDRT exists to collaboratively develop and implement strategies for response to and the prevention of communicable disease in the OSU community.

During an incident, OSU will rely on this plan's processes to address effectively and collaboratively organizational response to infectious disease, communications and decision-making processes.

2. SCOPE AND GOALS

This plan applies to:

- All OSU-affiliated personnel (faculty, staff, students, volunteers, etc.)
- All non-OSU personnel working within OSU buildings (other agencies, volunteers, etc.)
- Visitors at sponsored functions (e.g. picnics, guest lecturers, school group visits, clients, patients, etc.)

3. SITUATION OVERVIEW

IDRT Goals

- To identify communicable disease threats and related issues for the OSU community.
- To determine and coordinate actions for prevention of, education about, and/or control of communicable diseases on campus.
- To coordinate and implement appropriate internal response protocols and communication plans.

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 determine when to institute isolation, quarantine, vaccination and other methods of infection control to protect the public health and safety. These actions 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 approach is grounded on the principle that a lack of scientific certainty or consensus must not be used to postpone preventive action in the face of a threat to public health or safety.

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4. PLANNING ASSUMPTIONS

- Incidents will occur with no notice
- Family Educational Rights and Privacy Act (FERPA) Restrictions will apply
 - FERPA prohibits university officials from releasing personally identifiable information about students other than directory information. In some situations, campuses may determine that it is necessary to disclose protected student information to the appropriate parties without a signed release to address a health or safety emergency. This is limited to the period of an emergency and does not allow for blanket releases. Disclosures must be based on imminent danger to students or the campus community, e.g., active shooter, natural disaster or an infectious disease containment or prophylaxis. Vaccinations are not considered immediate response since these serve as long-term protection.
 - 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 investigation or treatment. However, we recognize the importance of responding promptly to public health emergencies and past experience indicates that many students 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 transmitted to Student Health Services using the approved release of information protocol ([Appendix F](#)). If BCHS 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](#)).
- The nature of infectious disease means others may be infected before signs or symptoms are recognized. Thus, protective actions aimed at the community are generally indicated.
- SHS may not be the initial discoverer of the disease. However, they will serve as the lead organization in activating the response plan and response efforts for OSU when notified of the incident. Benton County Health Department will closely partner with SHS and OSU and oversee case investigations, including contacting students in need of preventive care or treatment.

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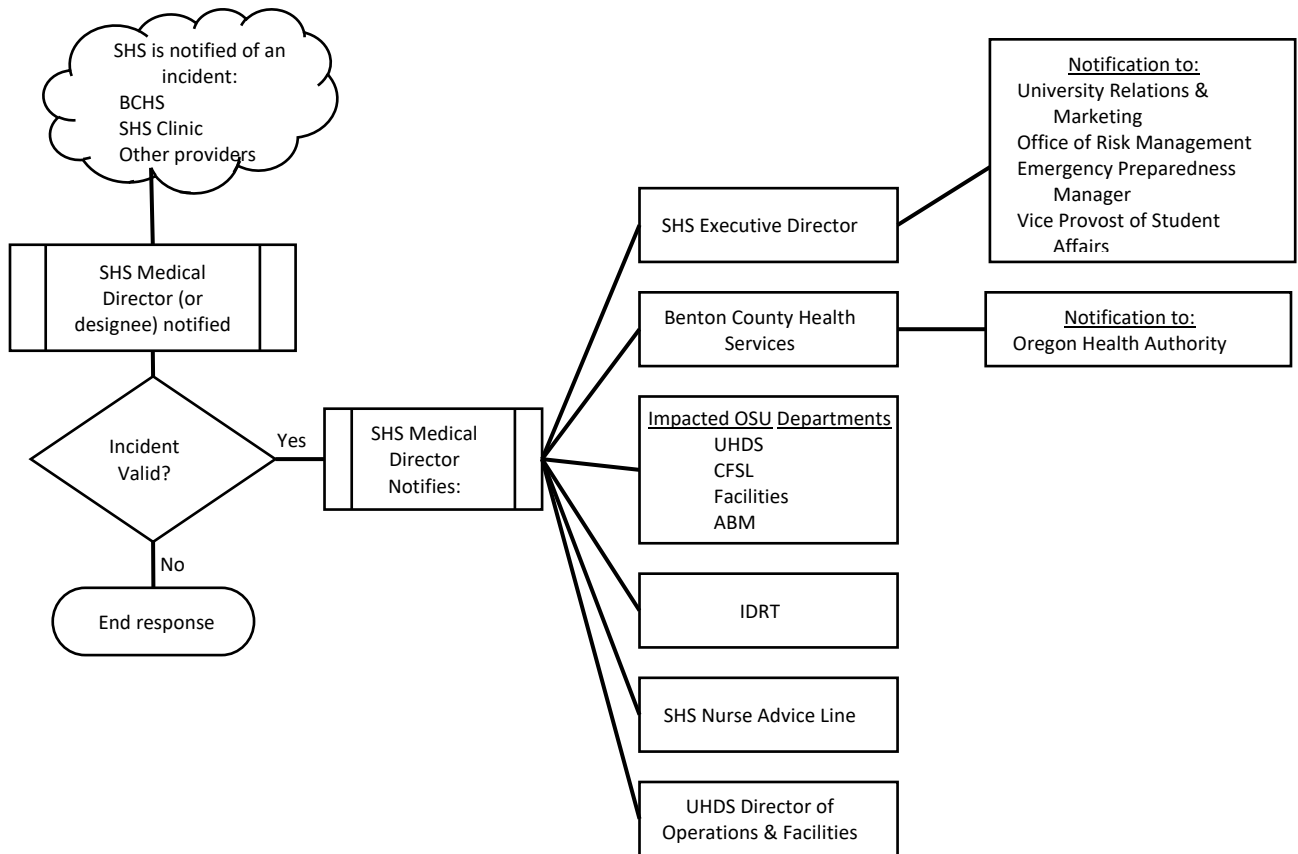
5. CONCEPT OF OPERATIONS

When the possibility of an infectious disease incident involving OSU students, faculty, staff or visitors arises, the SHS Executive Director and Medical Director (or designee) will be notified. Designated leaders of other appropriate campus organizations (depending on the nature of the incident), representatives of Benton County Health Services and the Oregon Health Authority, will determine the appropriate actions (see [Appendix F](#)).

Immediate Action

If there is an incident, a legitimate threat of an outbreak, or the rumor level is sufficient to create media interest, the SHS Medical Director and the SHS Executive Director or designee will contact key OSU Stake-holders to inform them of the incident.

- Vice President for University Relations and Marketing, who will then determine and implement a communication plan
- Vice Provost of Student Affairs
- Office of Risk Management - to begin tracking potential claims costs and analyze the risk of the current incident
- OSU Emergency Preparedness Manager-to provide assistance and possible activation of OSU emergency operations



Response Action

Benton County and SHS will utilize the official Benton County/OSU release statement via secured email. As notifications are occurring, the SHS Executive and Medical Directors will coordinate the OSU medical response. Depending upon the student’s living situation and exposure pathway, appropriate OSU departments will be notified (e.g. UHDS, Center for Fraternity & Sorority Life, Facilities, ABM, etc.)

If Isolation or Quarantine is warranted, the BCHS, SHS Medical Director, and UHDS will determine if OSU resources are needed. If the decision is to use OSU resources, UHDS will implement their Isolation/Quarantine plan to accommodate the patient (see [Appendix D](#)).

The IDRT and SHS Nurse Advice Line will be informed of the situation and given information of the event and what response (if any) is needed.

The SHS Executive Director and URM will develop a communication plan for the incident. Communication could be fact sheets for distribution, email notification, a full media information campaign or just talking points for staff to discuss with concerned people.

Depending on the scope of the incident, the OSU/County Incident Command structure may be deployed, which includes four teams: Central Coordination, Communications, Surveillance/Prophylaxis and Mass Vaccination Operations. Teams will include designated members from OSU, SHS, BCHS, OHA and GSRMC (See [Appendix F](#)).

Sustainment

As the incident is initiated and progresses, SHS will provide direction and leadership for the ongoing response. If the incident escalates beyond their capacity to manage the medical and operational aspects of the incident, the OSU Emergency Operation Center may be activated to assist with the non-medical portions of the response. The decision to activate the center will be through the SHS Executive Director to the Senior Associate Vice President of Finance and Administration (SAVPA).

SHS and members of the IDRT committee will meet periodically to monitor the incident progress and re-assess the precautions of protecting response personnel and non-infected personnel.

Continued communication to the infected people, as well as the OSU community, will help manage rumors and instill confidence that OSU is responding appropriately to the incident. Benton County Health nurses will maintain contact with affected students to ensure they understand treatment protocols. They will further assist with questions from the affected student's friends and family members. University Relations and Marketing will oversee campus and community communication, including notices to students, faculty/staff and parents. They will also manage media requests, monitor social media networks, and other sources of information.

Depending upon the level of response and affected area, SHS may maintain their lead response role, or migrate to another leadership/organizational structure. Each situation is unique but OSU has plans and emergency structures available to accommodate all levels of incident response.

Recovery

SHS, BCHS, and in some cases OHA will identify the conclusion of an incident which will invoke an event termination process. These processes could include sanitizing/cleaning rooms/buildings, providing information to OSU members of the next steps of response/protection that they can implement, and conducting an after-action review.

The incident leadership will reduce operations and would return to SHS to absorb the reduced response effort into their routine medical services.

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6. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The following agencies are responsible for the planning, preparedness, and implementation of emergency management activities for the IDRP and IDRT.

IDRT Chairperson

- Responsible for review and modification of the IDRP
- Provides oversight and direction of the IDRT
- Provides cohesion to keep the IDRT viable during the academic year
- Assists the SHS Medical Director and Executive Director as an incident is identified and begins to escalate
- Maintains IDRT contact information and makes it available as needed

Student Health Services (SHS)

- Provides initial incident leadership in close partnership with BCHS and other agencies as appropriate
- Will assist with the coordination with community medical providers (GSRMC, Corvallis Clinic, etc.)
- Provides care-giving for students, with the exception of medications monitored by the BCHS nurse
- With University Relations and Marketing and other departments (e.g., UHDS, Center for Fraternity & Sorority Life), provides education and other messaging to students, staff, and faculty regarding medical/occupational issues
- Operates the RN Advice program

Benton County Health Services (BCHS)

- Governmental public health authority for Benton County
- Point of contact for other counties
- Point of contact for Oregon Health Authority (and through them to the Center for Disease Control (CDC))
- Provide expertise and support in:
 - Infectious disease prevention planning/coordination
 - Health risk communication planning/coordination
- Health risk surveillance/intelligence/evaluation
 - Responsible for case and contact investigation
 - Provide coordination for medical case management.
 - Provide coordination for public health communication
 - Support after action reporting and system improvement

Athletics Department

- Athletic Department medical personnel will coordinate with Student Health Services and State and County Health officials to provide needed care to athletes.
- Will provide support and communication for athletes and athletic trainers
- May be a liaison with the Athletic Departments from other universities if there is potential exposure during competition.

Center for Fraternity and Sorority Life (CFSL)

- Support for reaching fraternity/sorority member student populations
- Messaging to fraternity/sorority member students
- Support in the facilitation of events for fraternity/sorority member students, such as mass vaccination clinics.
- Support for coordinating messaging and instructions to individual fraternity/sorority chapters that have been impacted

Corvallis Fire Department (Emergency Medical Services)

- Provide and coordinate ambulance transportation

Counseling and Psychological Services (CAPS)

- Interface with Student Health Services (SHS) to ensure that medical care and counseling services are coordinated at the triage area:
 - Triage and treat injured or emotionally traumatized students, employees, or community members
 - Provide emergency psychological/counseling service to students, employees and community residents
 - Coordinate with volunteers to provide adequate mental health coverage during a disaster

Custodial Contract Services (ABM)

(Not used by UHDS, DRS, MU)

- Provide custodial support to buildings
- Provide cleanup capability to contaminated rooms

Department of Recreational Sports

- Support instructions or protocols as directed for response
- Support awareness campaigns to participants
- Responsible for health and safety for participants in facility spaces
- Coordinates with custodial services that provide support to DRS facilities

Emergency Management

- Liaison between IDRT and OSU Incident Management Team (IMT)/Emergency Operation Center (EOC)
- Assists with planning and response coordination
- Maintains OSU Alert program and assists with inter-IDRT communication via OSU Alert

Environmental Health and Safety (EHS)

- Provides biological subject matter consultation as needed
- Liaisons with other OSU biological committees, researchers, staff and students
- Provide cleanup capability to contaminated rooms

Office of International Services

- Provide advising support, communication with international students and their families
- Support all international students while attending OSU
- Provide translated relevant documents to international students
- Act as cultural awareness subject matter experts
- Support awareness campaigns through distribution to international community
- Support implementation of screening protocols to international community
- Support instructions or protocols as directed for response
- Work closely with University Relations and Marketing, as well as General Counsel to communicate immigration related matters with OSU community and beyond

INTO OSU

- Support for reaching discrete populations or individuals within INTO OSU
- Messaging to INTO OSU students
- Space and facilitation of events for INTO OSU students and/or staff, such as mass vaccination clinics

Risk Management

- Provide risk analysis/impact recommendations to committee and OSU senior leadership
- Liaison with insurance carrier as needed

Office of Student Life

- Support instructions or protocols as directed for response
- Support and provide the coordination of awareness campaigns to students and staff/faculty participants
- Provide direct outreach and support for individual students impacted and their families
- Provide emergency notifications to faculty/staff on behalf of impacted students
- Provide on-call support and coordination through the Dean on Call program
- Coordinate and lead the Student Death Protocol

University Housing and Dining Services (UHDS)

- Responsible for health and safety for 5,000 students residing in residence halls, family housing, and the Gem
- Provide dining to thousands of students, staff, and faculty daily
- Able to communicate with parents/guardians and students associated with UHDS housing operations
- Implements an Incident Management Team to coordinate UHDS response
- Coordinates with custodial services that provide support to UHDS facilities
- Provides a limited amount of on-campus isolation/quarantine capability for students residing within residence hall program (see [Appendix D](#))
- Provides food safety information to Dining Operations

University Relations and Marketing (URM)

- Responsible for OSU communications to the OSU campus community including students, faculty, and staff.
- Develops communications strategy for key platforms such as web, social media, media
- Develops key messages and provides messaging consultation during incidents
- Leads creation and distribution of communications to OSU internal audiences and media outlets
- Identifies appropriate OSU spokespeople
- Coordinates with health authorities to develop and align communications during and after incidents

Good Samaritan Regional Medical Center (GSRMC)

- Tertiary care support of OSU Student Health Services
- Support care during an incident
- Provides consultative services (teaching, products, etc.) as needed
- Coordinates with BCHS and EMS
- Coordinate with OSU to absorb patients if needed and if capable
- Assist with after action review and plan development
- Provides assistance for mass infectious response planning and analysis

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7. DIRECTION AND CONTROL

Decision-Making

The line of succession for implementation of the plan and coordinating response is:

1. SHS Medical Director and SHS Executive Director in collaboration with BCHS and the Incident Command Coordinating Team
2. SHS IDRT Chair or participating physician

Control

The SHS Medical Director and Executive Director are responsible for the coordination of response resources to the event.

Incident response will be coordinated from the Plageman Building 3rd Floor Conference Room A: (541-737-3106 or 541-737-7605)

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8. COMMUNICATIONS

Several avenues exist for communication to staff, faculty, students, volunteers, and community members. Depending upon the extent/level of situation, multiple communication paths may be used to ensure personnel are kept informed:

All communication will be approved by the SHS Executive Director and University Relations and Marketing. The SHS Executive Director will coordinate communications with Benton County Health Services to ensure a consistent message.

The OSU University Relations and Marketing Department must be consulted for assistance and activation of the OSU Crisis Communication plan.

Refer to [Appendix F](#) for additional communication details.

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9. PLAN MAINTENANCE

The IDRPP is developed through the IDRT membership. The IDRT Chairperson is responsible for coordinating plan development and changes as necessary.

The Appendices to the plan provide supporting information and response guidance for anticipated incidents and response actions.

The plan will be updated as necessary, based upon periodic reviews, improvement items identified from drills or actual event responses, and changes to the threat environment.

The plan will be fully reviewed and re-promulgated every three years.

Questions about this plan should be directed to the IDRT Chairperson.

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Appendix A

COMMUNICATION CONTACT LIST

Department	Name	Work Number
Student Health Services (SHS)	Jenny Haubenreiser, Executive Director	541-737-7576
	Dr. Jeff Mull, Medical Director	541-737-9355 (Business Hours)
	Dr. Connie Hume-Rodman Director of Clinical Services	
Emergency Management	Mike Bamberger Emergency Preparedness Manager	541-737-4713
University Housing and Dining Services (UHDS)	Brian Stroup Director of Operations and Facilities	541-737-3290
Risk Management	Christina McKnight Interim Chief Risk Officer	541-737-7340
Environmental Health and Safety (EHS)	Tom Doyle Director of EHS	541-737-2505
	Matt Philpott Bio Safety Officer	541-737-4557
Facilities Services	Joe Majeski Director of Facilities Services	541-737-7646
Division of Student Affairs	Dan Larson Vice Provost of Student Affairs	541-737-8748
Division of Student Affairs & Office of Student Life	Kevin Dougherty Associate Provost of Student Affairs & Dean of Student Life	541-737-8748
Department of Public Safety (DPS)	Suzanne Tannenbaum Director of DPS	541-737-8321

Office of International Services (OIS)	Grace Atebe Executive Director of OIS	541-737-6457
INTO OSU	Julianna Betjemann Director of Student Experience	541-737-6988
Center for Fraternity and Sorority Life (CFSL) & Office of Student Life	Leslie Schacht Drey, Director of CFSL & Assistant Dean of Student Life	541-737-5459
University Relations and Marketing (URM)	Steve Clark Vice President of URM	541-737-3808
Counseling and Psychological Services (CAPS)	Ian Kellems Executive Director of CAPS	541-737-2131
Athletics Department	Doug Aukerman, MD Director of Sports Medicine	541-737-4527
Department of Recreational Sports (DRS)	Joe McQuillin Assistant Director, Facilities and Custodial Services	541-737-0518

Community Partners

Department	Name	Work Number
Benton County Health Services (BCHS)	Dawn Emerick Director of BCHS	Day 541-766-6835 After hours ask for BCHS admin on call
	Charlie Fautin Bill Emminger Deputy Directors of BCHS	541-766-6835
Good Samaritan Regional Medical Center (GSRMC)	Karen Keuneke Jody Califf Infection Preventionist	541-768-5881
Corvallis Fire Department (EMS)	Will Bauscher	541-766-6942

Email distribution: infectiousdiseasesresponseteam@oregonstate.edu

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APPENDIX B

ABBREVIATIONS AND ACRONYMS

Abbreviation	Definition
ABM	ABM (Custodial Contract Services)
BCHS	Benton County Health Services
CAPS	OSU Counseling and Psychological Services
CFSL	Center for Fraternity and Sorority Life
CN	Community Network
DRS	Department of Recreational Sports
EHS	OSU Environmental Health and Safety
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
GSRMC	Good Samaritan Regional Medical Center
IC	Incident Command
OIS	Office of International Services
OSP	Oregon State Police
OSU	Oregon State University
SHS	Student Health Services
UHDS	University Housing & Dining Services
URM	University Relations and Marketing
WCC	Work Coordination Center

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APPENDIX C

EMERGENT 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.

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APPENDIX D

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 Services (BCHS), 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 Professional Staff Member on Duty (see [contact list](#)) to make arrangements for use of a designated isolation or quarantine space and to get the room/hall keys. The Professional Staff Member on Duty will arrange to have keys assigned to that student by working with the appropriate Service Center.
 - a. The Professional Staff Member on Duty will coordinate with UHDS Assignments staff to identify an appropriate space based on the student's needs and room availability.
 - b. The Professional Staff Member on Duty contacts the RLT on Call to inform them of the situation. If additional support is needed the Professional Staff Member on Duty will also consult members of the UHDS Emergency Response Team.
 - c. The Professional Staff Member on Duty will document the situation as appropriate.
4. SHS contacts the Benton County Health Services (BCHS) 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 BCHS 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 their 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 Living in Housed Fraternities/Sororities Off-Campus

1. Student Health Services (SHS), in consultation with the Benton County Health Services (BCHS), 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 President and Chapter Advisor 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 BCHS).
3. If an isolation room is unavailable in the fraternity or sorority house, SHS and BCHS will work with the Center for Fraternity and Sorority Life and the housed fraternity/sorority for the chapter to provide suitable housing during the isolation period. This may include a space with UHDS and will be determined on a case by case basis.

Scholar Housing and Conference Guests

1. Student Health Services (SHS), in consultation with the Benton County Health Services (BCHS), 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 Professional Staff Member on Duty, the appropriate conference team member in charge or on call, and the conference or scholar housing sponsor(s).
3. The Professional Staff Member on Duty (see [contact list](#)) makes arrangements for use of a designated isolation or quarantine space and to get the room/hall keys. The Professional Staff Member 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 Medical 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.

APPENDIX E

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 or 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 are available from Chemistry Stores in Gilbert Hall, or can be assembled ahead of time using guidance on the EH&S website.

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 removed and discarded immediately upon leaving the room. Disposable PPE should be discarded into bags or other suitable containers. Remove safety eyewear first, then gowns or other protective clothing inside out next, followed by N95 respirator and finally gloves, again inside out. Wash hands after removal of PPE.

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 healthcare personnel when taking care of patients is recommended.
2. Handwashing 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 healthcare 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. *In addition, alcohol-based hand sanitizers are not appropriate to use when Norovirus is the suspected infectious organism.*
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.

APPENDIX F

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 Student Health Services (SHS) Executive Director, SHS Medical Director or designee, and leadership from Benton County Health Services (BCHS), and in some circumstances, the Oregon Health Authority, will convene to assess the threat and determine validity. If response is warranted or there is a legitimate threat of an outbreak, or if the rumor level is sufficient to create media interest, the SHS Executive Director or designee will contact the Vice President for University Relations and Marketing (URM) or designee* and the Vice Provost of Student Affairs to implement a communication plan.

* If the Vice President for URM is unavailable, the next calls would go in order to the Associate Vice President for URM, 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 and transparent manner. Yet the privacy of students and employees, as dictated by legal and ethical guidelines, also influences the ability to share information and how information is shared. OSU is obligated to both protect individual student information and to work with BCHS to protect the health and safety of the community-at-large. BCHS is responsible for managing infectious disease incidents or outbreaks, and in this capacity often requires students' contact information to investigate case contacts and track treatment compliance. Legal staff from the county and OSU created a statement that, when invoked, allows OSU to share FERPA protected student information with BCHS.

When BCHS is requesting student information for infectious disease reporting or investigation, they will initiate the following request via secured email:

This communication is to advise you that on _____ Benton County Health Services received a report of _____ illness related to Oregon State University.

Pursuant to OAR 333-019-0000, the Benton County Health Services, as the local public health authority, is required to investigate "in a timely manner all reports of reportable diseases, infections, or conditions."

Based on the nature of this report and its responsibilities under OAR 333-019-0000 through 333-019-0003 and ORS 433.001-.035, Benton County Health Services has determined that time is of the essence and the information it seeks from OSU is necessary to protect the health, safety and welfare of the persons who may have been exposed to the disease.

Benton County Health Services respectfully requests the following information in order to conduct its investigation into the above-described outbreak:

- <LIST>

All other information to be released from OSU about an outbreak of infectious diseases, such as details related to an individual case, actions to address an outbreak or incidence of infectious disease, or other related information related to university and community impacts MUST be approved by the SHS Executive Director or designee and the Vice President for University Relations and Marketing, or designee, who will also work in consultation with the BCHS and the Oregon Health Authority as needed.

In most cases, the SHS Medical Director or designee will serve as the primary spokesperson for news media coverage related to medical aspects of an outbreak or incidence of infectious disease. The Vice President of University Relations and Marketing will serve as the primary spokesperson for media requests related to institutional response, unless otherwise designated. In some instances, the spokesperson for the medical aspects of the event may be a representative from BCHS or the Oregon Health Authority.

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 and circumstances. 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](#)
8. [Tuberculosis](#) (TB)
9. For pathogen-specific information describing modes of transmission, decontamination, etc., go to the [Pathogen Safety Data Sheets and Risk Assessment](#) from the Public Health Agency of Canada.

Communicating Internally

The nature of an outbreak will dictate which campus units need to be informed and when.

- Student Health Services will notify Benton County Health Services (BCHS) upon identifying a significant infectious disease, or
- BCHS staff will notify the SHS Executive Director and the SHS Medical Director or designee when they identify a potential incidence of infectious disease involving an OSU student.
- The SHS Executive Director will contact the Vice Provost of Student Affairs, the Vice President of University Relations and Marketing, and other stakeholders as warranted.
- The SHS Executive Director or designee will next notify the appropriate departments most directly affected by possible exposure. Examples may include UHDS, CFSL, Facilities Services and Custodial Services.
- If the infectious disease or outbreak affects university housing, the UHDS director of Housing Operations or designee will determine the appropriate response, including capacity to provide isolation or quarantine rooms on campus, as needed, in consultation with BCHS and/or the SHS Medical Director.

- If warranted, the SHS Executive Director, Medical Director or designee will send a notification to the Infectious Disease Response Team (IDRT) as appropriate outlining the circumstances and other information.
- The Medical Director or designee provides information and talking points to the SHS Nurse Advice Line staff.
- BCHS will contact community medical providers and/or the Oregon Health Authority as needed. BCHS and other community media representatives, will circulate health information (e.g., required or recommended vaccination), throughout the local medical community, including pharmacies.

The following areas will serve as points of contact to assist case investigation, communication and transmission of information:

1. University Relations and Marketing
 - a. Web Communications
 - b. News and Research Communications
2. President and Provost Offices
 - a. Enrollment Management
 - b. INTO OSU
 - c. Summer Session staff
3. Vice Provost of Student Affairs Office
 - a. Office of the Dean of Student Life
 - b. Office of International Services
 - c. Youth Safety and Compliance
 - d. University Housing and Dining Services
 - e. Center for Fraternity and Sorority Life
 - f. Family Resource Center (child care)
 - g. Dixon Recreational Sports
 - h. Counseling and Psychological Services
4. VP of Finance and Administration
 - a. Office of Risk Management
 - i. Environmental Health and Safety
 - b. Office of Human Resources
 - c. Facilities Maintenance Operations
 - d. GCA Custodial Services
 - e. Public Safety - OSU Alert system
5. OSU Conference Services
6. Athletics Department
7. Campus Vendors and OSU Beaver Store
8. Others as needed
(See [contact list](#))

Other communication strategies, including the use of the OSU Alert text and e-mail, and/or OSU Today community news releases, will be implemented on a case-by-case basis after a mutual decision is made by the SHS Executive Director or Medical Director and the Vice President of University Relations and Marketing or designee.

Communication with International Students (Office of International Services and INTO OSU)

Communication involving international students may necessitate additional steps to effectively manage cultural differences, restricted access to phone or email, and any language barriers. Additional steps include:

- An imminent public health threat or a reportable infectious disease affecting INTO OSU students or international students from International Programs is identified by SHS or BCHS.
- The SHS Executive Director, Medical Director, or designee, and assigned clinical staff from BCHS will draft a response plan via secure email.
- The SHS Executive Director, Medical Director, or designee, will notify:
 - o the Executive Director of International Services;
 - o the International Student Case Manager;
 - o the INTO OSU Director of Student Experience and Executive Director
- The Office of International Services (OIS) or INTO OSU staff will be provided the affected student(s) names via secured email.
- BCHS and SHS will determine the appropriate next steps, including student contact, follow-up visits for treatment, screening, or participation in a BCHS investigation. Additional medical specialists will be consulted as needed.
- OIS or INTO OSU staff, or their designees, will advise SHS and BCHS on any cultural issues and will provide logistical support to ensure students are compliant in receiving treatments or participating in follow-up screening, or any other needed actions.
- The SHS Executive Director will contact the Vice President of University Relations and Marketing and other officials as needed. The Executive Director will also notify departmental leadership for areas directly affected, e.g., UHDS or Greek Life, as needed.
- Any additional actions, such as isolation or quarantine, will be coordinated by BCHS officials, the SHS Medical Director the UHDS Director of Housing Operations and the designated OIS or INTO OSU staff.

Communication Guidelines:

1. All email communication including protected student information should include a warning in boldface that the material is confidential FERPA protected information. Emails containing FERPA protected information should not be forwarded. Questions about FERPA can be addressed by the Registrar's office.
2. All patient status information MUST come directly from the SHS Executive Director, the Medical Director or BCHS. If the patient is hospitalized, the appropriate staff member(s) from that hospital would provide information to a designated group
3. If there is a criminal investigation, information about the investigation will only be discussed by the appropriate leadership of the investigating law enforcement agency.
4. Oral or written communication about any infectious disease scenarios, including outbreaks, should be timely, factual and concise, avoid making assumptions, and be limited to appropriate audiences.

Sample FERPA/Confidentiality Sections for Messages:

Subject Line: *CONFIDENTIAL FERPA information*

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 message and any attached documents contain information which may be confidential, subject to privilege or exempt from disclosure under FERPA or other applicable laws. These materials are intended only for the use of the intended recipient. If you are the intended recipient, this information is for your use only. Do not redistribute, disclose, print, copy, or re-share this message.

If you are not the intended recipient of this transmission, you are hereby notified that any distribution, disclosure, printing, copying, storage, modification or the taking of any action in reliance upon this transmission is strictly prohibited. Delivery of this message to any person other than the intended recipient shall not compromise or waive such confidentiality, privilege or exemption from disclosure as to this communication. If you have received this communication in error, please immediately notify the sender and delete the message and any attachments from your system.

Media Contacts

All inquiries from the news media about infectious/communicable diseases should be referred to the SHS Executive Director or the Vice President for University Relations and Marketing.

DATA SHARING BETWEEN OSU AND BCHS

Data sharing

BCHD ↔ Encrypted email ↔ OSU SHS

- University Relations & Marketing
- Housing & Dining
- Registrar
- Student Affairs

This communication is to advise you that on <insert date> Benton County Health Department received a report of <insert name> illness related to Oregon State University.

Pursuant to OAR 333-019-0000, the Benton County Health Department, as the local public health authority, is required to investigate "in a timely manner all reports of reportable diseases, infections, or conditions."

Based on the nature of this report and its responsibilities under OAR 333-019-0000 through 333-019-0003 and ORS 433.001-.035, Benton County has determined that time is of the essence and the information it seeks from OSU is necessary to protect the health, safety and welfare of the persons who may have come into contact with the disease.

Benton County respectfully requests the following information in order to conduct its investigation into the above-described outbreak: <LIST>

ATTACHMENT 1 TO APPENDIX F

SEASONAL INFLUENZA AND RESPIRATORY SYNCYTIAL VIRUS

TALKING POINTS

Seasonal Influenza and Respiratory Syncytial 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.

Seasonal Influenza and Respiratory Syncytial 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.

Seasonal Influenza and Respiratory Syncytial 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>

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ATTACHMENT 2 TO APPENDIX F

AVIAN AND PANDEMIC INFLUENZA TALKING POINTS

Avian and Pandemic Influenza 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.

Avian and Pandemic Influenza 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 are 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:
 - a. 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.
 - b. 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.
 - c. Exchanging phone lists so those who are ill can contact others to do their shopping.
 - d. 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.
 - e. Volunteering with local groups to prepare and assist with emergency responses.
 - f. Getting involved in your community as it works to prepare for an influenza pandemic.

Avian and Pandemic Influenza 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.

Additional Information:

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

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ATTACHMENT 3 TO APPENDIX F

TUBERCULOSIS (TB)

Basics

1. Tuberculosis (TB) is a bacterial disease caused by Mycobacterium Tuberculosis. While TB can affect many species of mammals, the primary host is humans.
2. Tuberculosis is the second most common infectious cause of death in adults worldwide.
3. TB bacteria invade the body through the lungs. This occurs when an individual is exposed to a person with active TB in the lungs.
4. TB organisms can efficiently establish an inactive (latent) infection. It is estimated that 1/3 of the world's population is infected. Most individuals (90%), when infected, develop latent TB. Those with latent TB have no symptoms and are not contagious.
5. Latent infections can last a lifetime. Due to certain circumstances, many involving weakening of the immune system from other diseases such as HIV, diabetes, or cancer, a latent infection can become an active infection.
6. 10% of individuals with TB will develop an active infection. While this organism can affect any body system, active infections most commonly affect the respiratory system.
7. Once an individual has an active infection in the respiratory system, they become contagious to others by coughing, sneezing and breathing bacteria into the air around them. Infections in other body systems do not tend to be contagious.
8. Symptoms of TB come on very gradually, making diagnosis difficult. By the time an individual is diagnosed they may have spread the disease to several people who have close contact with them.
9. In most cases, TB is not highly contagious. Those at risk are individuals who spend extended time with the infected person in close contact. There is no risk to casual contacts, those eating in the same dining hall, classmates, or non-roommates in residence halls unless they have had extended close contact with the infected individual.
10. TB is a reportable disease – Oregon health care providers and health care facilities are required to report all confirmed and suspected cases to the local health department within one working day of making a presumptive TB diagnosis. (OAR 333-018-0000)
11. Reporting to Public Health should be made when any of the following is true:
 - a. TB is one of the primary differential diagnoses. This often occurs when signs and symptoms of TB are present and/or:
 - i. The patient has an abnormal chest x-ray consistent with TB or
 - ii. The patient is started on multi-drug therapy for TB
 - iii. When specimen smears are positive for acid fast bacilli (AFB)
 - iv. When the patient has a positive culture for M. tuberculosis complex (e.g. M. tuberculosis, M. bovis, M. canetti, M. africanum)
 - v. When a pathology report is consistent with tuberculosis.

TB Prevention

1. Using the usual respiratory hygiene recommendations including covering a cough, avoiding others when cough is significant, and seeing a health care provider for a cough that lasts more than 2 weeks can help stop the spread of TB.
2. Those with close contact to individuals with active TB should be tested with either a TB skin test (PPD) or blood test (IGRA) and offered treatment. Close contacts may include family,

housemates, those sharing an office space, and those who have spent extended time in a closed space such as a vehicle with the individual. County and State Health Department Communicable Disease programs provide guidance and technical assistance to determine who needs testing.

3. It is important to consider testing for TB if an individual has spent extensive time in a high risk situation such as working in a prison, with the homeless, or in certain health care settings.
4. Individuals who spend extended time in high risk areas of the world, especially if involved in riskier settings such as hospitals or clinics, orphanages, or prisons, should also be tested.

TB Treatment

1. Most cases of TB, both active and latent, are treatable. Since the bacteria responds very slowly to treatment, and has a strong ability to become resistant to individual anti-bacterial agents, treatment is long term (9-24 months) and in the case of active TB involves multiple medications. Luckily, individuals on proper treatment lose their contagiousness within 2-4 weeks.
2. Those with latent TB (positive TB skin or blood test without symptoms or abnormalities in a chest x-ray) should be offered treatment. This will protect them from the possibility of developing active TB later in life. Treatment options for latent TB include taking 2 medications once weekly for 12 weeks or taking one medication daily for 4-9 months. Medications used tend to be safe and have minimal side effects.
3. In the last 20 years some forms of TB have developed that are partially or completely resistant to all of the drugs we use for treatment. This is why prevention is extremely important in the effort to eradicate this disease worldwide.

TB Case Management

1. When a case of active TB is suspected in a student being seen at Student Health Services (SHS), Benton County Health Department (BCHD) will be notified within one working day. If a suspicious case in an OSU student is seen somewhere outside of Student Health, Benton County will notify the Medical Director or Clinical Director of Student Health. Medical/Clinical Director will inform the Executive Director who may choose to inform University Relations and Marketing although no further messaging would be needed at this stage.
2. In the event that a case of active TB occurs in an international student, SHS and BCHD will work with the Executive Director of the Office of International Services and the International Student Case Manager to assure that the student understands the evaluation and treatment process and complies with this process.
3. Once diagnosis of active TB is confirmed, SHS and BCHD will work together to assure that the student is adequately treated. There may be a short period where the infected individual needs to be isolated from others. If the infected student is living in campus housing, it may be necessary to arrange with UHDS for the student to be housed temporarily in a private room and have meals delivered to their room. Once treatment begins, contagiousness usually disappears within 1-2 weeks.
4. The process of determining whether someone has active TB can take anywhere from a few days to a few months. Ninety five percent of people infected with the TB bacteria never develop disease (Latent TB Infection or LTBI) so are not contagious. A small number of individuals will develop active TB after initial exposure but this takes months for disease to develop to the point where that individual becomes ill or contagious.
5. Once a diagnosis of contagious TB disease in a student has been confirmed, Student Health Services will work with the State and County Health officials to determine which contacts need to be tested for infection and offered prophylactic treatment (see Prevention below #2).

6. BCHD will offer contacts testing for TB by either blood or skin testing. Those with positive tests will be evaluated for contagious disease with a chest x-ray. If chest x-ray is normal, the infected individual will be offered preventative treatment for LTBI with anti-tuberculosis medication. If the chest x-ray shows active TB, the individual will be treated through BCHD.
7. In most cases of active TB there is a very small group of individuals who would be considered contacts at risk of developing infection. As noted above, most of these contacts would not develop contagious disease and if they did it would take several weeks to develop. Therefore, there would rarely be a need for general messaging to the OSU or Corvallis community. This however might be necessary in the case of a highly contagious individual, especially if there is a delay in diagnosis.

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ATTACHMENT 4 TO APPENDIX F

MENINGOCOCCAL DISEASE

Meningococcal Basics

1. Meningococcus is a type of bacteria that can cause severe life threatening infection in the blood or lining of the brain (Meninges). Although Meningococcus is a rare disease, an active infection progresses rapidly and has a high risk of leading to permanent disability or death.
2. If not quickly recognized and treated, Meningococcus can cause death within hours.
3. There are five unique types of Meningococcus that cause disease in the US. All are preventable by immunization. Types A, C, W and Y are similar in structure and can be prevented with a single vaccine. Type B has a unique structure so prevention requires a separate vaccine.
4. Meningococcus is present in the saliva of infected individuals and is spread by activities such as coughing, sneezing, kissing, and sharing food, drink or utensils. Most of those infected do not become ill but can carry the bacteria in their saliva for several days or weeks.
5. For a few individuals, the bacteria will invade the blood and cause serious disease. This can be triggered by another infection, such as a cold or flu, weakening the immune system. Therefore, this disease is more common during “flu season” (winter and early spring).
6. Close contact with large numbers of people at events, such as parties and group living environments (e.g. residence halls, fraternities and sororities), leads to an increased risk of transmission.
7. Meningococcal disease is a reportable condition – Oregon health care providers and health care facilities are required to report to the local health department within 24 hours. Laboratories are required to report within 1 working day, and to submit all isolates from normally sterile sites to the Oregon State Public Health Laboratory ([OAR 333-018-0000](http://www.ohp.org)).

Meningococcal Prevention

1. Basic hygiene is important in preventing spread of this bacteria. Measures include covering coughs and sneezes and avoiding sharing drinking glasses, utensils and cigarettes or smoking devices.
2. As noted above there are 2 types of vaccines available to prevent meningococcal disease.
3. The vaccine that prevents types A, C, W135, and Y is called a Quadrivalent Vaccine. This is considered a routine vaccine of childhood and should be given at 11-12 with a booster at age 16. This is required for all incoming OSU students.
4. The Vaccine for Meningococcus B is not considered a routine vaccine for children. It is only recommended when an individual has a weak immune system or during outbreaks of this disease. *From fall term 2016 through winter break 2017, OSU had a Meningococcus B outbreak (5 cases all the same serotype while the 6th and last case proved to be a different serotype). We initially required matriculating students under the age of 26 to get the MenB vaccines, then increased the requirement to all OSU students under age 26 years old in 12/2017 after learning of a 6th case. This requirement ended winter term 2019 after the outbreak was declared over after 12 months of no new cases.*
5. When an active case of Meningococcus is identified those with close contact should be treated as soon as possible, preferably within 24 hours, with a single dose of an antibiotic to prevent infection. Close contacts are individuals who have had prolonged (> 8 hours) contact while in close proximity (< 3 feet) to the patient or who have been directly exposed to the patient's oral secretions during the seven days before the onset of the patient's symptoms and until 24 hours

after initiation of appropriate antibiotic therapy. County and State Health Department Communicable Disease programs will provide guidance regarding who needs treatment.

6. When cases are identified in a community it is also imperative to make sure that unimmunized individuals are offered immunization. Since this bacteria can pass between asymptomatic carriers for weeks or months, immunization is vital to stopping outbreaks.

Meningococcal Treatment

1. Those with active disease are normally treated with antibiotics and life support measures as indicated.

Meningococcal Case Management

1. When a case of presumed Meningococcal disease occurs in an OSU student (see below for cases involving a faculty or staff), communication begins with the diagnosing entity (typically a hospital) informing the Benton County Health Department. The diagnosing entity is required to report this to state or county health officials within 24 hours.
2. Benton County officials will inform the Executive Director and Medical Director of Student Health Services. Executive Director will in turn inform the University Vice President for Relations and Marketing.
3. The groups in 1. and 2. above will begin to formulate a plan for preventative treatment (one dose of an antibiotic) for those who may have had close exposure to the infected individual. This may trigger involvement of the Directors of Nursing and Clinical Services at Student Health as well as representatives from the living environment of the case or any organizations with which they might be involved. These entities could include UHDS, Fraternity and Sorority Life, Athletics Department, or others.
4. State and County officials will work with Student Health to determine who has significant exposure to the case and obtain contact information for students from the entities listed above as needed. Benton County officials will typically contact at risk individuals or groups and advise them of the need for preventative treatment. Treatment can be provided at Student Health Services during hours of operation or through Urgent Cares, pharmacies, or PCPs.
5. A broader group which may include representatives from Oregon Health Authority, Benton County Health Department, OSU Student Health Services, OSU Relations and Marketing, Samaritan Medical Services, and other entities that might be involved such as Athletics will convene as soon after identity of the case as feasible. This group will meet via conference call on a schedule as deemed necessary by the specific event.
6. Responsibilities for ongoing investigation, treatment, and communication will be split into the following teams, each having representatives from the State, County and OSU. Other entities may be involve in a given group depending on the situation. These groups will also meet periodically as needed:
 - a. Incident Coordination Team
 - b. Investigation/Prophylaxis Operations
 - c. Vaccination Planning
 - d. Information Management

ATTACHMENT 5 TO APPENDIX F

NOROVIRUS

Norovirus Basics

1. Norovirus (“Norwalk-like viruses” including sapovirus, calicivirus & others) is a gastroenteric disease that is a major cause of foodborne illness outbreaks. Outbreaks are possible anytime but occur most commonly during colder months.
2. This class of viruses is probably the most common cause of gastroenteritis outbreaks in Oregon and throughout the United States.
3. There are very few medical or epidemiological differences between the viruses in this group so treatment and response are the same throughout and while specific viral sub-typing may be interesting and useful epidemiologically, it is not necessary for medical treatment.
4. In Oregon, norovirus is not a reportable disease. Although single cases of non-reportable disease are not reportable, Oregon Administrative Rule 333-018 requires all outbreaks to be reported and investigated by the Local Health Department (LHD) (see [OAR 333-018-0000](#) and [OAR 333-018-0015](#)). A Norovirus outbreak is defined as two or more cases with symptoms clustered in time and space.
5. Due to its high infectivity, outbreaks of Norovirus in group or congregate living settings can expand rapidly and are of particular public health concern.
6. Although Norovirus outbreaks occur every year, incidence tends to spike when new sub-variant strains emerge which has been observed to occur every 2-4 years.

Norovirus Prevention

1. Wash hands with soap and water several times a day, especially before eating and after using the toilet.
2. Various studies have demonstrated that waterless hand sanitizer is SIGNIFICANTLY LESS EFFECTIVE against Norovirus than it is against respiratory viruses and most disease-causing bacteria.
3. Keep hands away from 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. Use scrupulous hygiene including gloves when cleaning vomitus, diarrhea, bedding, clothing, towels, changing diapers, etc. from anyone experiencing symptoms of Norovirus.
6. Particular care should be exercised for food preparation in any home or facility where a person has signs or symptoms of Norovirus. Those with symptoms should NEVER participate in food preparation, serving or clean-up. If possible, those experiencing symptoms should use disposable dishes and utensils and care should be exercised so that those items never re-enter food preparation or storage areas after use.

7. Anyone exhibiting symptoms of Norovirus should exclude themselves from work or school for 72 hours AFTER their last episode of vomiting or diarrhea. THIS IS ESPECIALLY IMPORTANT FOR THOSE WORKING IN FOOD SERVICE, CHILD CARE, ELDER CARE, and HEALTH CARE settings.
8. Group and communal living settings as well as schools should stop group activities until the outbreak has been declared over. Communal meals and social and recreational groups should be stopped to prevent further person-to-person transmission.
9. If the facility does not have an Environmental Protection Agency-registered commercial virucide, use bleach. The CDC recommends the use of a chlorine bleach solution with a concentration of 1000–5000 ppm (5–25 tablespoons of household bleach (5.25%) per gallon of water) on all surfaces (refer to Clean-up and Disinfection for Norovirus recommendations.). Leave the surface wet for ≥5 minutes or follow the directions on the commercial cleaner to allow sufficient time for the bleach to kill the entire virus. Clean frequently used surfaces as well:
 - a. chair handles and backs
 - b. door handles
 - c. counters
 - d. hand railings
 - e. bed linens

Norovirus Treatment

1. There is no specific medicine to treat people with norovirus illness. Norovirus infection cannot be treated with antibiotics because it is a viral and not a bacterial infection.
2. Drink plenty of liquids to replace fluid lost from throwing up and diarrhea. This will help prevent dehydration. Sports drinks and other drinks without caffeine or alcohol can help with mild dehydration. However, these drinks may not replace important nutrients and minerals. Oral rehydration fluids sold over the counter are most helpful for mild dehydration.

Norovirus Case Management

1. When a possible outbreak of norovirus (such as multiple cases of gastroenteritis occurring within a living area) is suspected SHS will notify BCHD and the IDRT liaison for UHDS.
2. If it is agreed that norovirus is likely, University Relations and Marketing will be informed.
3. UHDS will contact their cleaning service and request more frequent cleaning using the protocol in #15 below.
4. BCHD will investigate as to whether there is a common source of exposure such as a food handler in UHDS.
5. In some cases, UHDS may remove certain higher risk food choices, such as salad bars and other uncooked foods, from their dining facilities until the outbreak is under control.
6. SHS, BCHD and UHDS will work together to educate students on proper precautions to prevent spread.
7. Depending on the extent of the outbreak it may be necessary to send out a message to professors explaining the situation and asking that they be lenient regarding student absences, since the recommendation is that students not attend classes until 48 hours after symptoms have resolved.

Norovirus Additional Information

1. <https://www.cdc.gov/norovirus/index.html>
2. <http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/calicivirus.aspx>
3. <http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/OUTBREAKS/GASTROENTERITIS/Pages/index.aspx>

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APPENDIX G

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 (See [ORS 431](#) and [ORS 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 (See [ORS 431](#) and [ORS 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.

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APPENDIX H

OREGON REPORTABLE DISEASES AND CONDITIONS

Student Health Services providers adheres to FERPA regulations in protecting identifiable patient information. SHS works closely with Benton County Health Services in reporting cases or suspected cases of the diseases, infections, microorganisms and conditions specified in the link below. These reporting laws are necessary to protect the health, safety and welfare of the persons who may have come into contact with the disease (see [Appendix F](#)).

The timing of these reports is determined by the severity of the illness or condition and the potential value of rapid intervention by public health agencies. Deadlines for reporting different infections are outlined in the link below.

When BCHS 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.

<http://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/Pages/index.aspx>

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APPENDIX I

CONTAMINATED FOOD RECALLS

All dining staff at OSU are expected to be signed up for food safety alerts via the FDA (<https://www.fda.gov/safety/recalls/>). When information comes through this venue or via a vendor, dining administrative staff take the following action.

Once we receive notice of a recall, staff verify if it is an item that has been purchased. Once that is confirmed, staff pull the product from all locations and clearly mark it “DO NOT USE” and hold it until further instruction. The pulled product is discarded and credited by the vendor or, on occasion, the vendor will want to pick it up.

Dining staff that follow these procedures are UHDS Dining Services staff, OSU Catering staff, Memorial Union Food and Retail Services staff, and Levy staff. When any one entity is engaging this protocol due to a recall, they will reach out to the other dining entities at OSU noted above, as well as to Student Health Services.

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APPENDIX J

SUGGESTED IMMUNIZATIONS FOR IDENTIFIED RESPONSE PERSONNEL

Some positions at OSU will be involved with any infectious disease response (e.g. medical providers, custodial staff, UHDS staff, etc.)

Based on history at OSU and recommendations of the OSU Occupational Medicine Department, the following list of immunizations are suggested for responders:

1. Highly Contagious Airborne Spread
 - a. Measles, Mumps and Rubella (MMR) x 2 doses
 - b. Varicella x 2 doses or history of disease
 - c. Influenza (Yearly)
2. Contagious Airborne Spread
 - a. Pertussis (Tdap) once as an adult. Extra doses may be recommended in an outbreak.
3. Blood Borne
 - a. Hepatitis B x 2 or 3 doses depending on the vaccine

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