

COVID-19 Health and Safety Operational Plan

December 2020

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Introduction

The COVID-19 pandemic crisis that struck Oregon in March 2020 drastically impacted the lives of students, employees, and community members. Almost daily, new developments inform health and governmental agencies in decision-making about the health and welfare of College employees and students. These continual changes require flexibility and innovation as the College works tirelessly to protect everyone's health while concomitantly supporting students to achieve their educational goals.

Umpqua Community College is resolute in its commitment to the safety and well-being of the college community, seeking advice from public health experts at the local state and national levels, including the Douglas Public Health Network (DPHN), the Oregon Health Authority (OHA), Oregon OSHA, and the Centers for Disease Control (CDC). UCC is responsive to scientific developments in the understanding of COVID-19 and is systematically and consistently using measures deemed effective to protect the health and safety of our community.

The College recognizes that safety and health precautions are necessary until OHA, Oregon's Higher Education Coordinating Commission (HECC), and the Governor's Office (GO) determine otherwise. Until that time, operations will continue to be very different than in the past. For some time, the college community may continue to work and learn remotely. Understanding, patience, and adaptability are required of all.

UCC established a cross-campus ad hoc committee to gather information and recommend a plan for how to operate as we slowly and thoughtfully bring students, employees, and visitors to campus. Members of the committee include the following:

- Chair Kelley Plueard: Director of Human Resources
- Ian Fisher: Faculty & Welding Program Coord
- April Myler: Faculty & Health Sciences Chair
- Jenny Friedman: Adjunct Faculty
- Erica Abercrombie, Student Leader
- Daniel Roesel, Student Leader
- Ronda Stearns: Administrative Assistant for Enrollment and Student Services
- Frank Ruiz: Accounting Specialist

- Dina Battaglia: Director of Faculty Development
- Robin VanWinkle: Dean of Community Education and Partnerships
- Micque Shoemaker: Manager of College Store
- Jules DeGiulio: Purchasing Manager
- Craig Jackson: Athletics Director
- Jess Miller: Director of Facilities and Security
- Tiffany Coleman: Chief Advancement Officer

This document outlines Umpqua Community College's processes, procedures, and protocols that comply with two sets of guidance:

 Governor Kate Brown's 2020 Executive Order 20-28 - "Operation of Higher Education Institutions during Coronavirus Pandemic" (June 12, 2020)

• The joint statement from OHA and Oregon's Higher Education Coordinating Commission (HECC) – "Guidance for the Conduct of In-Person Instructional, Residential, and Research Activities at Oregon College and Universities" (June 12, 2020; undated July 22, 2020)

Additionally, Dr. Bob Dannenhoffer, the Douglas County Health Authority, was consulted about UCC's COVID-19 Health and Safety Operational Plan.

This plan was approved by the UCC Board of Education on August 20, 2020 and subsequently submitted to the Douglas County Public Health Network and HECC. At each regular UCC Board meeting, the Board will review any amendments to the plan. Any significant changes to the plan will result in a resubmission to the HECC.

Information for the campus related to COVID-19 are posted on the College's website at https://www.umpqua.edu/coronavirus.

After a surge in state and local COVID-19 cases, necessary edits to the August 2020 plan were implemented to assist in guiding students and staff. We continue to work with our campus and community partners to manage the ever-changing COVID-19 pandemic.

Purpose of Plan

This plan is designed to provide consistent guidance for employees, students, vendors, guests and other campus visitors on reopening protocols to reduce and prevent the spread of COVID-19 on the UCC campus while also supporting student access and success. This document may be reviewed and updated, incorporating new or additional guidance by federal, state, and/or local governments in response to changing conditions and regulations pertaining to the COVID-19 pandemic.

Key Principles

Shared Responsibility

All students, employees and visitors have a shared responsibility to protect and maintain the health and safety of our community. Everyone is responsible for following OHA's public guidance on COVID-19 and to comply with the processes and procedures outlined in this plan.



Flexibility

UCC has the flexibility to determine how and when students and employees return to campus but will meet, at a minimum, the public health requirements contained in this document. UCC provides the greatest level of choice and flexibility feasible to equitably support student access and educational success while minimizing risks to students, employees, and visitors.



Informed Decisions

UCC's determinations about current and future operations are informed by local circumstances and regional readiness, in consultation with Douglas County Public Health Authority and in compliance with OHA guidelines, HECC guidelines, and Oregon Governor executive orders and guidelines.



Key Practices for a Healthy Campus Environment



Telework and Remote Learning

- To the extent possible, employees are teleworking until OHA, HECC, or the GO advise otherwise. Exceptions are made with approval at the Senior Leadership Team (SLT) level and require a rationale as well as assurances that COVID-19 preventive measures (as described in this document) are in place.
- To the extent possible, courses are offered online or remotely until OHA or HECC advise otherwise. Protocol for limited exceptions are described in the "Instruction" section of this document.

Physical Distancing

- People maintain a minimum of 6 feet between each other.
- Signage and floor markings indicate appropriate spacing protocol.
- Shared spaces and classrooms are modified to provide buffer zones and reduce seating in order to maintain 6-foot distancing.
- Physical barriers are installed for customer service areas where six feet of spacing cannot be maintained.
- Room utilization requires a minimum of unencumbered 35 square feet per person with no more than 50 people per indoor space.
- Outdoor activities are considered for approval when they are conducive to learning and are feasible for overall safety. Gatherings are limited to 100 people and require physical distancing of 6 feet. Use of appropriate PPE is not a substitute for physical distancing.

Personal Protective Equipment (PPE)



- Appropriate PPE is required to be worn in places where interactions may not meet the 6-foot distancing requirement, such as hallways, common spaces, elevators, restrooms, outdoor walkways, and any public gathering area. See Appendix 3.
- Cloth face coverings are appropriate for most employees; cloth face coverings should be laundered daily. Surgical masks and N95 respirators are typically reserved for use by health care





- workers, emergency responders, and facilities maintenance personnel.
- Individuals with a medical condition or disability that prevents them from wearing appropriate PPE may request an accommodation; student requests are submitted to the Accessibility Office and employee requests are submitted to the Human Resources Department.

Hygiene

- Employees and students are encouraged to wash their hands when they arrive to campus-controlled properties and at multiple times during the day.
- Hands must be washed for 20 seconds with soap and warm water or by using a hand sanitizer with at least 60% alcohol.
- Handwashing facilities are available in buildings where people are present; many facilities have touch-free dispensers and faucets. Adequate soap and water are provided; hand sanitizer is provided in places where soap and water are not available or practical.
- Signage in all College-controlled restrooms reinforces handwashing.
- Employees and students are encouraged to exercise respiratory etiquette, the act of covering coughs and sneezes with an elbow or tissue. Tissues should be disposed of and hands washed or sanitized immediately.

Sanitation

- Custodial staff use CDC infectious disease cleaning protocols, including more frequent cleaning and disinfecting of regularly used spaces and highly touched surfaces. See Appendix 4.
- Sanitation is a joint responsibility of custodial staff and all other people on campus. Sanitation products are available in classrooms, offices, and common spaces; employees and students are asked to wipe down surfaces (such as tables, lab equipment, and computers) before and after use.
- Gloves are used as appropriate.





Health Monitoring



- Employees, students, and visitors must assess their health daily and attest that they have no COVID-19 signs or symptoms before coming to campus. See Appendix 2.
- Employees, students, and visitors may not come to campus if they are ill.
- Individuals who start to feel sick while on campus must notify their supervisor or instructor and immediately leave campus.
 They are encouraged to contact their health provider.
- If symptomatic individuals cannot immediately leave campus, they are isolated. Isolation rooms are identified at each College-controlled instructional location.
- In the event of an outbreak on campus, Douglas County Public Health is responsible for contact tracing.

Communication



- The College shares timely, accurate, and pertinent information with the UCC community to prevent the spread of COVID-19 within the college community.
- Building signage, emails, the daily e-newsletter (Umpqua Updates), and the College website provide information on sanitation, physical distancing, and other health and safety measures. See Appendix 5 for examples of signage.
- Training is provided for employees and students on measures to prevent the spread of COVID-19 and on emergency responses.
- AlertSense, a mass notification software, is used to communicate emergency messages in the case of an outbreak or other serious matter related to COVID-19.

General Requirements

Campus Access

Campus Closed to Public	 All UCC campus spaces and buildings are open only for official college business and are closed to the general public. Tenants and vendors must operate within applicable OHA sector guidance; in the absence of guidance, the tenant or vendors must comply with this UCC COVID-19 Health and Safety Operational Plan. Academic and community program access to campus is assessed on a case-by-case basis by the Senior Leadership Team if the Face-to-Face (F2F) Review Committee determines COVID-19 safety requirements are met.
Arrival	 Students, employees, and visitors are encouraged to perform hand hygiene upon arrival to campus and regularly during their time on campus, washing with soap and warm water for 20 seconds or using an alcohol-based hand sanitizer with 60-95% alcohol. Hand hygiene recommendation signage is posted in all restrooms. Appropriate PPE (see appendix 3) must be worn by students, employees, and visitors when in public areas or when a distance of at least six (6) feet between people cannot be maintained. Wearing PPE is not a substitute for maintaining 6-foot distancing.
Health Check and "Home" Care	 Students and employees are required to <u>self-check</u> daily for COVID-19 symptoms. See Appendix 2. All sick employees and students are required to stay off campus and are recommended to follow the instructions of their health care provider or the local public health authority (DPHN). Individuals in close contact with COVID-19 are required to quarantine; close contact is defined as an individual who has spent at least 15 minutes within six (6) feet of a person with a confirmed or probable case of COVID-19.

Isolation

Isolation; Return to "Residence"	 Ill persons on campus must: wear masks, are directed to leave campus, and are encouraged to follow the instructions of their health provider or the DPHN. If too ill to safely drive themselves, ill persons are escorted to a dedicated isolation room until transportation can be arranged; ill persons and escorts must wear masks. Ill students who are housed in College-controlled housing (the Flegel Center and the Cummins House) are isolated in a designated isolation area, with staff support and symptom monitoring by a College employee wearing appropriate PPE.
Testing and Medical Care	 UCC has no medical or health care facility and does not provide COVID-19 testing. Individuals at College locations are directed to contact their own health care providers of the DPHN for testing, medical care, and isolation procedures. UCC reserves the right to ask students or employees who show signs and symptoms of a serious communicable disease to seek medical evaluation and provide a medical release prior to returning to classes or work when appropriate. For people showing any of the following emergency warning signs, the CDC recommends they seek emergency medical attention immediately: Trouble breathing Persistent pain or pressure in the chest New confusion Inability to wake or stay awake Bluish lips or face
Positive Test	 If students or employees have positive COVID-19 viral (PCR) tests, they should not return to campus and should follow the instructions of their health provider or the DPHN. Employees who test positive should disclose to the supervisor and/or Human Resources. Students who test positive for COVID-19 or are presumed to have COVID-19 should disclose to an instructor, Dean of Students, and/or Human Resources. UCC recognizes that a student's or employee's medical condition is confidential information and treats it as such unless otherwise provided by law.

• Please see Appendix 3 for further direction. The College encourages ill students and employees to keep their instructors or supervisors apprised of their recovery. • The College reserves the right to ask students or employees who **Symptomatic** show signs and symptoms of a serious communicable disease to with No Test seek medical evaluation and provide a medical release prior to returning to classes or work, when appropriate. • Employees or students known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 days should not return to campus and should follow instructions from their health care provider or the DPHN. UCC encourages ill students and employees to keep their **Exposure to** instructors or supervisors apprised of their recovery. COVID-19 • UCC reserves the right to ask students or employees who show signs and symptoms of a serious communicable disease to seek medical evaluation and provide a medical release prior to returning to classes or work when appropriate.

Health-Related Communication

Ongoing communication of COVID-19-related information is provided through all-student emails, all-employee emails, and the College's external and internal websites. UCC's Communications and Marketing Department strategically and continuously promotes hand hygiene, appropriate PPE, and distancing measures. UCC placed COVID-19 health-related signage throughout all its **Health-Related** locations in buildings, classrooms, and restrooms. (See Appendix 5 **Advice** for signage examples.) UCC, through policy and messaging, reinforces that working while ill on campus is not permitted. • UCC's Department of Human Resources reviewed its sick leave policies and researched federal and state COVID-19 guidance to ensure employees are kept informed of policy changes. • NOTE: UCC does not have health-care providers. Health and safety trainings are provided for all employees approved to conduct on-campus, face-to-face instruction, work, and events. UCC provides COVID-19 health and safety training via face-to-face training, Canvas, and the website on topics such as room set-ups, **Evidence-Based** hygiene, sanitation, disinfecting, physical distancing, face-Health coverings, and glove protocols. **Trainings** • Employees receive the training prior to start of a term, periodically throughout term, and as requested or required by new guidance. Students receive the training through course syllabi, Canvas, and emails prior to the start of classes. UCC uses the guidance available from the OHA and CDC to increase awareness of the pandemic situation and proper protocols. Custodial staff are trained on the following CDC protocols: Enhanced hand hygiene: providing soap, hand sanitizer that is 60% or higher alcohol, and paper towels • Comprehensive surface cleaning: providing the appropriate **Custodial Staff** cleaning and disinfectant products; using solution-dispensing systems for correct metering of product; and practicing routine **Training** cleaning of frequently touched surfaces High-touch surface disinfecting: targeting high-touch surfaces to suppress the spread of viruses; and using Victory Handheld sprayers for disinfecting and sanitizing

 Personal protective equipment (PPE): providing PPE and training staff on its proper use

Custodial staff participate in ongoing cleaning-industry trainings:

- SafeColleges online training
- Product trainings through our chemical supplier Walter E Nelson
- Bloodborne pathogens and CPR training
- MSDS Sheets
- COVID-19 facility surface cleaning, disinfecting training

Employee and Student Communication

- Communications updates are provided through College leadership emails, Umpqua Updates, and UCC's website.
- UCC provides COVID-19 safety protocols and procedures to employees and students through course syllabi, Canvas, emails, and the college website.
- When on-campus operations and classes resume, the College will develop additional communication to employees and students, explaining infection control protocols in place for preventing the spread of disease.
- All trainings, protocols, informational letters and other communications are provided in languages and formats accessible to the College's campus community.

Protocol for Communication regarding COVID-19 Contact and Campus Cases

- UCC consults with the Douglas County Local Public Health Authority to determine the appropriate communication of campus COVID-19 possible contact and confirmed cases.
- UCC uses AlertSense (which sends mass notifications with text messages, phone, calls, and emails), direct email, and phone notices to employees and students determined to be within close prolonged contact of persons diagnosed with COVID-19.
- Messages to employees and students describe UCC's efforts to notify, respond to, and clean the specific areas of contact. Information/links are provided for affected individuals to monitor their health and to contact the College if their health changes.

Facilities

Cleaning and Disinfecting	 UCC cleans and disinfects facilities frequently, generally at least daily when there is activity, to prevent transmission of the virus from surfaces. Employees and students clean and disinfect high-touch and high-use equipment and surfaces after each use and at the end of class, work, or event. UCC's custodial staff monitors class schedules and conducts daily cleaning and disinfection of used labs, testing centers, restrooms, and entrances/exits, in addition to standard cleaning protocol. Custodial staff uses the CDC guidance for cleaning public spaces. See Appendix 4.
Air Circulation and Ventilation	 UCC conducts remote operations and will continue to do so until COVID-19 restrictions are lifted. At this time, heating and ventilation systems are turned off in facilities not in use to conduct face-to-face labs or essential operations. UCC maintenance staff monitors air circulation and ventilation and is developing plans for more frequent building systems filter change and maintenance, using CDC guidance.
Windows	 Opening windows during room use is encouraged where feasible. Some facilities have a hybrid ventilation system that engage fans as part of the climate control for the classroom.
Meetings	 UCC limits use of facilities to College business; the College is closed to use by the general public. Meetings and gatherings must provide a minimum of 35 usable square feet per person. Indoor gathering size is limited to no more than 50% of approved room capacity. County risk levels are followed for specific capacities. Outdoor gatherings on campus property for campus business requires approval, is limited to 100 people, and must assure 6-foot distancing. Use of appropriate PPE is not an allowable substitute for maintaining 6-foot distancing. Gathering sizes may be adjusted as OHA limitations change.

Instruction Requirements

Modality

Limited Face-to-Face Instruction

- In general, courses are delivered online or remotely.
- In general, face-to-face classes are limited to the lab/clinical components of high demand CTE programs. However, if requested, the following classes will be reviewed for possible F2F instruction:
 - Classes for which the learning outcomes cannot be accomplished remotely AND one of the following:
 - Classes that are essential to the workforce, OR
 - Classes that meet minimum enrollment and are required for a degree or certificate program, OR
 - Classes that contribute significantly to enrollment and which can guarantee continuous use of preventive measures.
- Requests for face-to-face instruction must be approved by the F2F Review Committee and the SLT.
- When in-person instruction is permitted, physical distancing and appropriate PPE rules must be followed. Classes are staggered in such a manner as to reduce the number of students congregating in walkways and buildings.

General Instruction

Room Capacity	 UCC limits approved face-to-face instruction class size, using the following criteria: A classroom must provide a minimum of 35 usable square feet per person. Class size is limited to no more than 50% of approved capacity. Though a maximum class size is based on the "risk" level per county (students and employees combined), most F2F classes are expected to be less than 20. Class size may be adjusted as OHA limitations change.
Modified Physical Layout of Classrooms	 UCC may modify physical layout of instructional space to promote a healthy environment. Modifications may include: Removal of chairs, desks, tables and computer monitors. Changes to traffic flow with separate entrances and exits where possible. Addition of physical barriers in spaces with furniture and/or equipment that cannot be relocated. All modifications of physical space adhere to ADA requirements.
Physical Distancing Controls	 Physical distancing requirements for instructional spaces are indicated and maintained in multiple ways: Placement of furniture CDC and UCC-developed signage Floor marking Placement of physical barriers while maintaining adherence to ADA requirements Administrative controls: Employees and students monitor and encourage proper physical distancing, attempt to positively and politely resolve issues at the lowest level, and follow the College's COVID-19 Complaint Process as needed
High Risk Classrooms	 Instructional settings with a higher risk of COVID-19 spread (e.g., laboratories, computer labs, music/performance studios, stages, and locker rooms) are generally not permitted. If approved after review, classes in these settings have a heightened expectation for use of preventive measures: High risk classes must have a reduced capacity and must strictly follow the protocol for 6-foot distancing, use of appropriate PPE (see Appendix 3), and enhanced cleaning (see Appendix 4). High risk classes may use barriers (e.g., clear plastic), increase fresh air ventilation, or move outdoors, as feasible. This protocol may be adjusted as OHA guidelines change.

Career and Technical Education (CTE)

Physical Layouts	 As appropriate, UCC modified the physical layouts of CTE instruction classrooms and labs, using the following methods, in an effort to maintain at six feet of distance between each other and the instructor(s). Removing tables, chairs, computer monitors, and other equipment or furniture. Configuring desks into larger work area or stations for individual students to provide for 35 square feet of space per person with six feet distancing. Physical layout modifications comply with ADA requirements.
Special Circumstances and Safety Standards	 Where instruction requires instructors and students to work closer than six feet of each other (e.g., automotive or welding labs), physical barriers and appropriate PPE (see Appendix 3) are required. Instructors and students are required to follow all applicable CDC/OHA guidelines and industry safety standards.

Health Professions Education without Physical Contact

Classroom Physical Layout	 Lab and classroom spaces are modified to permit students to maintain six feet of distance between each other and the instructor(s). Classrooms/labs are modified by the following methods: Removing of tables, chairs, furniture, and equipment Configuring desks into larger work areas or stations for each student Modified layouts meet ADA requirements.
Physical Distancing Enforcement	 UCC employees train students on physical distancing requirements during initial course safety briefing. College employees enforce distancing requirements as needed as part of normal instruction.
Enhanced Cleaning	 Disinfectant and paper towels are used to clean equipment shared by students and staff before and after individual use, following the disinfectant product's drying time protocol. High-use, high-contact surfaces in classes/labs are cleaned before and after each use by employees and students. UCC's custodians monitor class schedules and conduct daily cleaning and disinfection of labs used, in addition to standard cleaning protocol.

Health Professions Education with Physical Contact

Infection Control Instruction	 Nursing and Dental Assisting faculty and staff provide mandatory instruction on infection control practices and appropriate use of PPE as part of course instruction. Nursing and Dental Assisting programs follow OHA guidance for health care facilities and workers.
Use of Appropriate PPE	 UCC Nursing and Dental Assisting courses use a tiered PPE approach which progressively add more stringent protective requirements as the risk increases for each procedure. PPE spectrum spans a range from face coverings in low risk situations to requirement for masks, gowns, gloves, N95 respirator (or equivalent), eye protection, and face shields in addition to masks in procedures as the risk spectrum increases.
Enhanced Cleaning	 Disinfectant and paper towels are used to clean equipment shared by students and staff before individual use. High-use, high-contact surfaces are cleaned at the end of class by students and employees. UCC's custodial staff monitors the class schedule and conducts daily cleaning and disinfection of labs used, in addition to standard cleaning protocol.

Health Professions Education Preceptorships and Direct Patient Care

Mandatory Infection Control Instruction	 UCC Nursing and Dental Assisting faculty provide mandatory instruction on infection-control practices and appropriate use of PPE as part of course instruction. Nursing and Dental Assisting Programs follow the OHA guidance for health care facilities and workers.
Clinical Infection Control	 Students are trained by the clinical facility's staff to adhere to that facility's infection-control protocols. UCC Nursing and Dental Assisting faculty are in contact with clinical facilities to ensure safe working environments for students.
Clinical Facilities PPE	UCC Nursing and Dental Assisting faculty are in contact with the clinical facility to ensure students have or are given the appropriate PPE for direct patient care.
Clinical Facility Occupational Health Protocols	 Students follow the clinical facility's exposure and symptoms protocols. See Appendix 3 for the Situation and Protocol table. UCC follows CDC and OHA health care worker exclusion guidance. Students are instructed to inform faculty when ill and if showing symptoms of COVID-19.
Cleaning and Disinfecting	Students perform cleaning and disinfection in accordance with the facility's protocols.
Monitoring Student Symptoms	 UCC Nursing and Dental Assisting faculty and staff conduct regular monitoring of student symptoms. UCC Nursing and Dental Assisting faculty maintain regular communication with students. Students are instructed to inform faculty when ill and if showing symptoms of COVID-19.

Research Activities

UCC does not conduct research.

Residential Housing Requirements

CDC Guidance	 UCC has no on-campus residential facility and has two off-campus residential facilities, the Flegel Center and the Cummins House. The Flegel Center and Cummins House adhere to CDC guidance for shared housing.
Health Education	 Residents receive instruction on COVID-19 symptoms and preventive measures. Signage is provided regarding hygiene, symptoms, and other safety protocol.
Capacity	At least 64 square feet of room space are provided per resident.
Cohort	 Roommates/suitemates are treated as family units for cohort isolation and quarantine protocols. Students are required to quarantine for 14 days upon initial arrival each term; arrivals are staged by cohorts.
Common Areas	Common spaces are configured to maximize physical distancing.
Enhanced Cleaning	 Enhanced cleaning is a shared responsibility. Residents clean shared and high touch areas after each use. UCC custodial staff conducts more frequent cleanings, especially of showers, toilets, and other shared spaces. Ample supplies are made available for cleaning and disinfecting and are made available in cleaning stations. Multiple sanitizing dispensers are installed.
Isolation	 Isolation rooms are provided for sick or potentially infected students or staff, as necessary; care is provided by College staff wearing appropriate PPE. Food delivery protocol exists for isolated residents. Residents who are symptomatic are tested by the DPHN. Residents who are symptomatic or who test positive are required to follow the instructions of their health provider or the DPHN. The College reserves the right to ask students or employees who show signs and symptoms of a serious communicable disease to seek medical evaluation and provide a medical release prior to returning to classes or work, when appropriate.

Communicable Disease Management Plan

UCC has Board-approved policies and procedures for employees and students regarding the College response to communicable diseases. See Appendix 56. The College extrapolated basic premises from these policies and procedures to develop the following plan to specifically respond to COVID-19.

Informed Decisions	 UCC: Makes evidence-based decisions and adheres to OHA guidance for controlling the spread of COVID-19. Consults with the Douglas County Public Health Authority for advice on plans and actions for campus confirmed or presumptive cases of COVID-19. Utilizes the Senior Leadership Team to operationalize this plan. Encourage employees, students, and campus visitors to follow guidance from OHA.
Remote Operations	 As directed by the Governor's Office, HECC, and OHA, and as deemed prudent for UCC's circumstances, employees are expected to telework; courses are delivered online or remotely; and services are provided virtually. Exceptions are considered on a case-by-case basis using established criteria. When operations begin to return to campus, the College will permit remote instruction/telework or make other reasonable accommodations for students and employees who are at higher risk for severe illness from COVID-19, including those with any of the following characteristics: People 65 years and older People with chronic lung disease (other than mild asthma) People who have serious heart conditions People who are immunocompromised People with diabetes People with diabetes People with liver disease Any other medical conditions identified by OHA, CDC, or a licensed health care provider as high risk for severe illness from COVID-19
Preventive	UCC:

Measures

- Emphasizes and provides resources for hand washing and sanitizing.
- Uses physical distancing of at least 6 feet between people.
- Conducts all indoor activities in groups of 50 people or less, with minimal mixing of groups.
- Provides at least 35 square feet per person in indoor spaces and does not exceed more than 50% of a room's capacity.
- Adheres to OHA guidelines on PPE.
- Conducts enhanced cleaning and disinfection, with extra attention given to high-touch surfaces.
- Provides signage and multiple methods of communication regarding preventive measures.
- Emphasizes shared responsibility of all campus community members for cleaning, disinfecting, handwashing, using appropriate PPE, and maintaining physical distance.
- Requires employees and students to do health self-checks before coming to campus. See Appendix 2.
- Disallows people who are ill to be on campus.

UCC:

- Modifies layouts of classrooms and related instructional spaces to meet published expectations and guidelines for infection control from OHA.
- Uses markings and signage to indicate infection-control requirements as designated by OHA and CDC. See Appendix 45.
- For settings with higher risk of spread, such as laboratories, computer labs, music/performance classes, studios, and locker rooms, implements enhanced controls and infection-control measures as recommended by DPHN and OHA.

Instructional Facilities

- For health care standardized patient simulations or laboratory instruction:
 - Provides mandatory instruction on infection control practices and the appropriate use of PPE;
 - Requires use of appropriate PPE for all personnel; and
 - Performs enhanced cleaning before and after each session.
- For preceptorships and direct patient care:
 - Provides mandatory instruction on infection control practices and the appropriate use of personal protective equipment (PPE);
 - Strictly adheres to the clinical facility's infection control and occupational health protocols;

	 Conducts regular symptom monitoring of students; Performs cleaning and disinfecting per the facility's protocols.
Training and Communication	 UCC: Ensures that employees are sufficiently trained in all pertinent, specific, and current OHA guidelines and protocols. Develops communications to students and employees explaining infection control measures that are being implemented to prevent spread of disease, what to do when they come into close/sustained contact with a person with COVID-19, and what the college does if a campus member is diagnosed with COVID-19. Uses building signage and other communications to remind students, employees, and visitors about the utmost importance of hand hygiene and respiratory etiquette.
Campus Reporting	 Students who learn they have COVID-19 symptoms or a confirmed case need to disclose this to any of the following: Dean of Students, Human Resources, and/or instructors. An employee who becomes aware of a student who is being tested for or may be presumed to have COVID-19 is required to inform the Dean of Students or Human Resources. Employees who are demonstrating COVID-19 symptoms disclose this condition to Human Resources or the employee's supervisor. Employees who are ill and being tested for, or may be presumed to have COVID-19, inform their supervisor and Human Resources.
Notification	 Notifies the DPHN of any known confirmed cases of COVID-19 among UCC students and employees so as to address contact tracing, community notification, cleaning, and possible classroom and/or campus-wide closure. Reports to the DPHN any known cluster of illness (two or more people with similar illness) among employees and students. Douglas Public Health Network 621 West Madrone Roseburg, OR 97470 M-F 8:00 a.m. – 5:00 p.m. 541-957-3716; CD: 541-464-3914 mail@douglaspublichealthnetwork.org

• UCC maintains sign-in sheets for campus gatherings/classes where sustained contact of 15 minutes or more at a distance of less than 6 feet is possible. Record-• Sign-in sheets are maintained for at least one month. Keeping • Sign-in sheets, in combination with UCC's computerized system of records, are readily available to assist the DPHN with contact tracing requirements. People who develop COVID-19 symptoms are directed by their supervisor or instructional staff to immediately leave campus, or to isolate in the designated single-occupation isolation area until they can safely leave campus or be transported to a health care facility. Symptomatic individuals are directed to seek medical care and communicable disease testing from their health care provider or **Isolation and** through the DPHN. They should follow instructions from their DPHN regarding isolation and the time required before returning Quarantine to campus. • UCC regularly provides employees and students with information on how and where to contact the DPHN in Douglas County. Any employee or student known to have been exposed (e.g., by a household member) to a communicable disease within the preceding 14 days should not come to campus and should follow instructions from the DPHN. See Appendix 3 or further definition. In the Flegel Center and Cummins House, UCC: Follows communicable disease-specific CDC guidance for shared or congregate housing. Does not allow more than two students to share a residential room unless alternative housing arrangements are impossible • Ensures at least 64 square feet of room space per resident. Ensures sufficient space for the isolation of sick or potentially Student infected individuals, as necessary. Treats roommates/suitemates as family units for cohort isolation Housing and quarantine protocols. Configures common spaces to maximize physical distancing. Provides enhanced cleaning. In partnership with the DPHN, establishes plans for the containment and isolation of cases, including consideration of PPE, food delivery, and bathroom needs.

The Director of Human Resources at UCC is designated as the College officer to supervise the implementation and enforcement of the requirements of this plan and related guidance from HECC, Designated OHA, and the Governor's Office. Officer • Director of Human Resources: Kelley Plueard, kelley.plueard@umpqua.edu, 541-440-7960. • In cases where Kelley cannot be reached, people may contact UCC Security at 541-440-7777. UCC complies with its established complaint policies for students and employees • UCC has a COVID-19 specific complaint form, available online at https://www.umpqua.edu/coronavirus. COVID-19 • Students with complaints are directed to contact the Dean of Complaint Students. Employees with complaints contact the Human Resources **Process** Department. For disability/access related complaints: o Employees are directed to Human Resources. Students are directed to Accessibility Services.

Appendix 1. Resources

OHA HECC Guidance for the Conduct of In-Person Instructional, Residential, and Research Activities at Oregon Colleges and Universities

OHA COVID-19 Guidance and Updates

UCC Coronavirus Information

Oregon local public health authority (DPHN) directory

CDC guidance on the use of face coverings

<u>CDC guidance: "Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes"</u>

CDC guidance on ventilation and filtration

Appendix 2. Health Monitoring Daily Checklist



HEALTH MONITORING DAILY CHECKLIST

Please review this checklist every day before reporting to work or attending in-person classes.



<u>STAY HOME</u>... if you have a fever* of 100.3 or above; notify your supervisor, HR director, and/or faculty plus your health care provider.

<u>STAY HOME</u>... if you have two or more of the following symptoms; notify your supervisor, HR Director, and/or faculty plus your health care provider.

COUGH*
DIFFICULTY BREATHING/SHORTNESS OF BREATH*
RUNNY OR STUFFY NOSE
SORE THROAT
MUSCLE OR BODY ACHES
HEADACHES
FATIGUE (TIREDNESS), GENERALLY FEELING UNWELL
DIARRHEA/VOMITTING (MAY BE MORE COMMON IN CHILDREN THAN ADULTS) WITH OR WITHOUT RESPIRATORY SYMPTOMS
NEW LOSS OF TASTE OR SMELL
NEW FOOT SORES

^{*} Cough, fever, difficulty breathing, and shortness of breath are the primary COVID-19 symptoms identified by CDC.

Appendix 3. Situation and Protocol Table with Isolation vs. Quarantine

Situation	Protocol
Symptomatic with no test	Individual(s) must isolate until they are fever free for 24 hours without medication and other symptoms are resolving.
Symptomatic with negative rapid test	Individual(s) must isolate until they are fever free for 24 hours without medication and other symptoms are resolving.
Symptomatic with negative rapid test and a send out polymerase chain reaction (PCR) pending *PCR looks at specific piece of protein that makes up the virus to determine if the person has an active infection.	 Individual(s) must isolate until PCR test results complete. Positive- Individual(s) must isolate until they are fever free for 24 hours without medication and other symptoms are resolving AND at least 14 days from onset of symptoms. Negative- Individual(s) must isolate until they are fever free for 24 hours without medication and other symptoms are resolving.
Symptomatic with positive test	Individual(s) must isolate until they are fever free for 24 hours without medication, other symptoms are resolving and be at least 14 days from onset of symptoms.
Symptomatic with positive test and hospitalization	Individual(s) must isolate until they are fever free for 24 hours without medication, other symptoms are resolving and be at least 20 days from onset of symptoms.
Asymptomatic with positive test	Individual(s) must self-monitor for symptoms and isolate for 14 days. If symptoms develop, individual(s) must follow the above protocol for symptomatic with a positive test.
Asymptomatic with High Risk exposure to COVID positive patient.	Individual(s) must quarantine for 14 days and self-monitor for symptoms. If symptoms develop, follow the above protocol for symptomatic with a positive test.
*This is when students are exposed, but it is not a high risk exposure. Example: Student was in proper PPE while caring for a patient that came back as positive at a later date. **Students are not permitted to care for a known or presumptive COVID patient.	Individual(s) must self-monitor for symptoms. Health-care individual(s) may be able to attend clinical at the discretion of the facility due to clinical hour needs (much like staffing ratios for healthcare workers). If symptoms develop, the individual(s) must follow the protocol for symptomatic with a positive test.

- **Isolation:** Individuals that have tested positive or are symptomatic with COVID symptoms.
- Quarantine: Individuals that are exposed to COVID patients.
- **High Risk** exposure is defined as:
 - Providing patient care that included aerosol-generating procedures without all required elements of full PPE (respirator, eye protection, gown and gloves)
 - ♦ Providing patient care that did not include aerosol-generating procedures without a regular face mask or respirator and eye protection (goggles or face shield), even if the patient was masked (OHA, 2020).

Resources:

Oregon Health Authority 2020 Douglas County Public Health Network

What does **Isolation** mean?

A confirmatory test for COVID-19 triggers the need to isolate to reduce transmission to others.

If your doctor or someone from DPHN tells you that you need to **ISOLATE**, this is what you should do:



Stay home.

For as long as your doctor or health department advises, unless you have a health emergency — then call ahead before you go to the doctor or hospital.



No visitors.

Don't have anyone visit you at home while you are in isolation.



Wash your hands often.

With soap and water for 20 seconds each time you wash them.



No sharing.

Don't share towels, silverware, cups, bowls, or plates with anyone else in your home.



Stay in a separate part of your home or at least 6 feet away.

It's best to stay in a designated room or area away from others while you are sick. If possible, have a designated toilet and bathroom as well.



Check your temperature.

And your oxygen levels if you have a pulse oximeter at least twice a day.



Wear a face covering.

When you are around others, like household members, or when you enter a healthcare provider's office.

When is it okay to end isolation?

 If you test positive, please isolate immediately and notify your close contacts to quarantine for 14 days since they last saw you.
 If you have questions, contact the DPHN hotline.



Learn more at douglaspublichealthnetwork.org or call (541) 464-6550

What does **Self-Quarantine**mean?

Self-quarantine is recommended for close contacts of a known COVID-19 case, after recent travel to a place with a lot of COVID-19 infections, or in preparation for travel to visit vulnerable populations such as elderly family members.

If your doctor or someone from DPHN tells you that you need to **SELF-QUARANTINE**, this is what you should do:



Stay home.

Except to get medical care. Call your doctor or hospital ahead of time so they can prepare for your arrival.



Check your temperature.

And your oxygen levels if you have a pulse oximeter at least twice a day.



Watch for other symptoms.

Aside from fever, COVID-19 symptoms include cough, difficulty breathing, headache, runny nose, diarrhea, nausea, loss of smell or taste, muscle aches, and/or fatique.



Wear a face covering.

When you are around others, like household members, or when you enter a healthcare provider's office.



Wash your hands.

Practice good hand hygiene by washing your hands with soap and water or using alcohol-based hand sanitizer.



Stay in a specific room.

If you're sick or suspect yourself to be sick, it's best to stay in a designated room or area away from others. If possible, have a designated toilet and bathroom as well.



Get tested.

If you have symptoms and its been 7 days or more since exposure. A negative test does not end your quarantine. If you need a safe to return to work letter contact DPHN.

When is it okay to end self-quarantine?

- 14 days have passed since your most recent exposure;
 AND
- You've had no development of respiratory illness symptoms (cough, shortness of breath, fever, sore throat, and fatigue).



Learn more at douglaspublichealthnetwork.org or call (541) 464-6550

Question Answer

Is a face covering or mask required on the	Yes.
UCC campus?	In general, it is recommended that people wear a mask or face covering, with or without a face shield, whenever they are within six (6) feet of people who do not live in the same household.
	It is NOT recommended that individuals wear a face shield <u>instead</u> of a mask or face covering. Face shields can be very good at blocking droplets that individuals release, but they are not as effective at limiting the release of aerosols that can go around the shield.
	It is recommended that wearing a face shield alone be limited to situations when wearing a mask or face covering is not feasible, such as:
	 When a person has a medical condition that prevents them from wearing a mask or face covering.
	 When people need to see mouth and tongue motions in order to communicate (ie. For communicating with children in certain developmental stages or people hard of hearing).
	 When an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible.
	It is strongly recommended that masks, face coverings and face shields be worn at all times when around individuals outside of your household, including inside private residences.
What is a face mask?	A face mask means a medical grade mask.
What is a face covering?	A face covering is a cloth, polypropylene, paper or other face covering that covers the nose and the mouth and that rests snugly

	above the neces below the recently and are
	above the nose, below the mouth, and on the sides of the face.
	The following are not face coverings
	because they allow droplets to be
	released: a covering that incorporates
	a valve that is designed to facilitate
	easy exhalation, mesh masks, lace
	masks or other coverings with
	openings, holes, visible gaps in the
	design or material, or vents.
What is a face shield?	A face shield is a clear plastic shield that
	covers the forehead, extends below the chin,
	and wraps around the sides of the face.
Do I have to wear a face mask or covering	Yes.
when walking to or from my car?	It is strongly recommended that a mask or
	face covering be worn at all times when
	around individuals outside of your
	household, including inside private
	residences
	 "Outdoor spaces open to the public"
	means outdoor spaces, whether
	publicly owned or privately owned,
	where the public has access by right
	or invitation, express or implied,
	whether by payment of money or not,
	and include but are not limited to
	shared or common spaces, outdoor
	sports fields, parks, rooftop terraces,
	sidewalks or spaces where people
	may gather for social, civic, cultural or
	religious purposes.
Do I have to wear a face mask or covering	Yes.
when walking across campus?	 "Outdoor spaces open to the public"
<u>-</u>	means outdoor spaces, whether
	publicly owned or privately owned,
	where the public has access by right
	or invitation, express or implied,
	whether by payment of money or not,
	and include but are not limited to
	shared or common spaces, outdoor
	sports fields, parks, rooftop terraces,
	sidewalks or spaces where people

religious purposes Check with your supervisor.
Private career schools and public and private colleges and universities are required to: • Provide masks, face coverings or face shields for students who do not have one.
You do not have to wear a mask if you are in a "private individual workspace". • "Private individual workspace" means an indoor space within a public or private workplace used for work by one individual at a time that is enclosed on all sides with walls from floor to ceiling and with a closed door.
You are required to wear a face mask or covering in a common or shared space. • A common or shared space is an area where individuals may interact such
as a restroom, breakroom, hallway, elevator, lobby, classroom, large room with cubicles, meeting rooms, conference rooms and any area open to the public.
No.
It is NOT recommended that individuals wear a face shield instead of a mask or face covering. Face shields can be very good at blocking droplets that individuals release, but they are not as effective at limiting the release of aerosols that can go around the shield.
The physical distancing requirements are related to the involved employee's actual work activities and are not related to incidental and abbreviate contact such as described here. While permissible for employees to temporarily pass another individual within 6 feet to reach their work

In open office spaces with multiple cubes, where employees can maintain physical distancing, do employees have to wear face coverings in their own cubicles?	station or common area (for example, the bathroom), such interactions should be minimized and made as brief as possible using directional hallway signs or other similar means. And, of course, everyone involved should be wearing a facial covering or mask already. Physical distancing does not have any bearing on facial covering requirements in indoor settings. Unless the involved employee is working within a private individual workspace as defined by the Oregon Health Authority, all workers are required to wear facial coverings when inside. Facial coverings are not required in outdoor settings where physical distancing can be consistently
Staff who work with the public worry about COVID-19 and the common flu virus. Should they wear a face covering?	assured. Businesses, persons responsible for an indoor or outdoor space open to the public, and persons responsible for public and private workplaces are required to: • Require employees, contractors, volunteers, students, customers and visitors to wear a mask, face covering with a face shield, with some exceptions.
Should I wear a mask to protect myself?	Yes. Masks, face coverings or face shields are currently required statewide for all workplaces and indoor public spaces (for example offices, grocery stores, pharmacies, public transit, personal services providers, restaurants, bars, retail stores, and more). Masks, face coverings or face shields are also required at outdoor businesses and in outdoor public spaces when physical distancing of at least six feet is not possible. OHA recommends wearing a face covering or mask instead of a face shield, except in limited situations when a face shield by itself

is appropriate, like talking to someone who is deaf or hard of hearing and needs to read lips to communicate.

Children age 5 and older are required to wear a face covering.

People with a disability or medical condition may request an accommodation from a business, public space or workspace if they cannot wear one.

Can homemade masks help prevent the spread of COVID-19?

Cloth face coverings may help prevent people who have COVID-19 from spreading the virus to others. Wearing a cloth face covering will help protect people around you, including those at higher risk of severe illness from COVID-19 and workers who frequently come into close contact with other people (e.g., in stores and restaurants). Cloth face coverings are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings. The spread of COVID-19 can be reduced when cloth face coverings are used along with other preventive measures, including social distancing, frequent handwashing, and cleaning and disinfecting frequently touched surfaces.

The cloth face coverings recommended here are not surgical masks or respirators. Currently, those are critical supplies that should be reserved for healthcare workers and other first responders. Cloth face coverings are not personal protective equipment (PPE). They are not appropriate substitutes for PPE such as respirators (like N95 respirators) or medical facemasks (like surgical masks) in workplaces where respirators or facemasks are recommended or required to protect the wearer.

	Information on how to make and care for your own cloth face covering is available on the CDC website.
What about children on campus?	Kids age 5 and older are required to wear a mask, as long as they're able to remove it themselves.
Statewide, masks face coverings or face shields are required to be worn by all individuals at all times unless the individual:	 Is at their own residence. Is in their own personal vehicle. Is under five (5) years of age. Is eating or drinking. Is engaged in an activity that makes wearing a mask, face covering or face shield not feasible, such as when taking a shower. Is sleeping.
	 Is in a private, individual workspace. Must remove the mask, face covering or face shield briefly because the individual's identity needs to be confirmed by visual comparison, such as at a bank or if interacting with law enforcement. If possible, individuals should limit speaking while the mask, face covering or face shield is off as speaking generates aerosols and droplets that can contain viruses.

Resources:

Oregon Health Authority 2020 Oregon OSHA Rules



Stay home and contact your supervisor and/or faculty if you have been asked to *self-isolate or quarantine* by a medical professional or local public health official.

Appendix 4: Enhanced Cleaning and Disinfection Protocols



COVID-19 PREVENTION: ENHANCED CLEANING AND DISINFECTION PROTOCOLS

Purpose of Protocol Plan

In alignment with public health recommendations, Umpqua Community College is taking measures to prevent community spread of COVID-19, including enhanced cleaning and disinfection procedures. A community-level effort is essential if we are to gradually increase our on-site working, teaching, and engagement activities safely and in full compliance with State Executive Orders, Oregon Public Health Authority guidance, and Douglas County Public Health Authority advice.

The Office of Human Resources in collaboration with the Facilities Department developed enhanced cleaning and disinfection procedures for Umpqua Community College to follow during the COVID-19 public health situation.

1. ENHANCED CLEANING FOR PREVENTION

A. General guidance:

- i. Increase the frequency of cleaning and disinfecting, focusing on high-touch surfaces, such as residence hall communal rooms, public restrooms, exercise rooms, library tables, buttons, handrails, tables, faucets, doorknobs, shared toys, and shared keyboards. Increased frequency of cleaning and disinfecting with attention to these areas helps remove bacteria and viruses.
- ii. Practice good hand hygiene after cleaning (and always!):
 - Wash hands often with soap and warm water for at least 20 seconds.
 - If soap and warm water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

B. Safety guidelines during cleaning and disinfection:

- i. Wear disposable gloves when cleaning and disinfecting. Gloves should be discarded after each use. Clean hands immediately after gloves are removed.
- ii. Wear eye protection when there is a potential for splash or splatter to the face.
- iii. Gowns or aprons are recommended to protect personal clothing.

iv. Store chemicals in labeled, closed containers. Keep them in a secure area away from children and food. Store them in a manner that prevents tipping or spilling.

C. Cleaning and disinfection of surfaces:

- i. Clean surfaces and objects that are visibly soiled first. If surfaces are dirty to sight or touch, they should be cleaned using a detergent or soap and water prior to disinfection.
- ii. Clean and disinfect surfaces as soon as possible in areas where a person with respiratory symptoms (e.g., coughing, sneezing) was present.
- iii. Use an EPA-registered disinfectant for use against the novel coronavirus. Refer to the list of products pre-approved for use against emerging enveloped viral pathogens, or the list of disinfectants for use against SARSCoV-2.
- iv. Follow the manufacturer's instructions for safe and effective use of all cleaning and disinfection products (e.g., dilution concentration, application method and contact time, required ventilation, and use of personal protective equipment). Review the COVID-19 Chemical Disinfectant Safety Information guide to potential health hazards and the recommended protective measures for common active disinfectant agents.
- v. Consult manufacturer recommendations on cleaning products appropriate for electronics. If no guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol. Use of alcohol-based products may reduce risk of damage to sensitive machine components. Whenever possible, consider using wipe able covers for electronics. Dry surfaces thoroughly to avoid pooling of liquids.
- vi. The following products are effective for disinfection of hard, non-porous surfaces:
 - A 10% diluted bleach solution, an alcohol solution with at least 70% alcohol, and/or an EPA-registered disinfectant for use against COVID-19.
 - Prepare a 10% diluted bleach solution by doing the following:
 - o Mix five tablespoons of bleach per gallon of water.
 - After application, allow 2 minutes of contact time before wiping, or allow to air dry (without wiping).
- vii. For soft (porous) surfaces such as carpeted floor, rugs, and drapes:
 - Remove visible contamination (if present) and clean with appropriate cleaners indicated for use on these surfaces.
 - After cleaning, launder items (as appropriate) in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - If laundering is not possible, use an EPA-registered disinfectant for use against COVID-19. Refer to the list of <u>products pre-approved</u> for use against emerging enveloped viral pathogens, or the list of <u>disinfectants</u> for use against SARS-CoV-2.

viii. If a COVID-19 case is confirmed at Umpqua Community College, employees are required to follow the guidance *Enhanced Cleaning and Disinfection after Notification of a Confirmed Case of COVID-19 outlined* in this document.

2. ENHANCED CLEANING AND DISINFECTION AFTER NOTIFICATION OF A CONFIRMED CASE OF COVID-19

This protocol is for cleaning and disinfection of areas where a person with COVID-19 spent time in Umpqua Community College campus spaces. It is applied *from 48 hours prior to the onset of symptoms until seven days have passed* since the person was present in an Umpqua Community College campus space. After notification of a person with confirmed COVID-19 on the Umpqua Community College campus, the following cleaning and disinfecting protocol will be followed:

- A. Buildings and/or specific rooms and areas where a COVID-19 positive person spent time will be assessed on a case-by-case basis. The cleaning scope will be implemented based on the risk of potential contamination as determined, in coordination with the impacted department, and Facilities Services.
- B. Staff will do the following (as applicable):
 - i. Communicate in writing the scope of cleaning to Facilities Services or other department responsible for cleaning.
 - ii. Identify areas that require restricted access during and immediately following enhanced cleaning.
 - iii. Communicate with impacted department(s).
 - iv. Coordinate with building coordinators/managers.
- C. When cleaning and disinfecting rooms with increased surface area due to a large numbers of desks, tables, and other furniture, and where a spray application of disinfectant is needed, Custodial Services will notify the building coordinator in advance if the spraying will occur during normal work hours. Advance notice allows the building occupants to be apprised of the schedule for disinfection of the space and any areas that may require restricted access during cleaning.
- D. The cleaning crew will:
 - i. Follow the Enhanced Cleaning for Prevention guidance outlined in this document.
 - ii. Open windows to the outside to increase air circulation, if possible.
 - iii. If possible, wait 24 hours after the ill person was present in a space prior to beginning cleaning and disinfection.
 - iv. If an outside contractor is used for cleaning and disinfection, the proposed scope of work, including the products and their respective material safety data sheets (MSDSs), and application methods must be reviewed by Facilities Services prior to work commencing.
- E. Wear the required personal protective equipment (PPE) during cleaning and disinfecting:
 - i. Disposable gloves, gowns or a lab coat to protect contamination of clothing
 - ii. Safety glasses/goggles when there is a potential for splashing/spraying the disinfectant
 - iii. All staff must be fully trained on donning and doffing required PPE to prevent cross contamination.

F. Review the COVID-19 Chemical Disinfectant Safety Information guide to potential health hazards and the recommended protective measures for common active disinfectant agents.

CLEANING AND DISINFECTION RESOURCES

- CDC response plans for Institutions of Higher Education
- CDC recommendations for confirmed or suspected cases of COVID-19 in healthcare settings
- CDC recommendations for confirmed or suspected cases of COVID-19 in households
- CDC cleaning and disinfecting to slow spread of flu
- CDC Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility
- Persistence of Coronaviruses on Inanimate Surfaces and their Inactivation with Biocidal agents

Appendix 5. Re-Entry Signage for Campus Buildings

Umpqua Community College Campus

Re-Entry Signs*



Re-Entry Door Sign A



Re-Entry Door Sign B



Re-Entry Sign C



Re-Entry Sign D



Re-Entry Elevator Sign E



Re-Entry Sign F



Re–Entry Sign F Spanish



Re-Entry Sign G



Re-Entry Sign K (Lollipop)



Re-Entry Bathroom Poster

^{*}Signs are not depicted to scale.

Appendix 6. Communicable Disease Policies and Procedures



BOARD POLICY

BOARD POLICY SERIES NUMBER: 309

TITLE: Communicable Disease

UCC shall take action involving persons who have communicable diseases based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighting of the identified risks and the available alternative for responding to the person with a communicable disease.



ADMINISTRATIVE PROCEDURE

ADMINISTRATIVE PROCEDURE NO: AP 309.01 RELATED TO POLICY NO. 309

TITLE: EMPLOYEE PROCEDURES

In order to protect employees, students and visitors, the College has established rules and procedures for prevention or transmission of communicable diseases including Hepatitis B and HIV infections/ARC/AIDS. All college employees will abide by these rules and procedures.

- A. All college employees shall take reasonable and necessary steps to prevent the spread of communicable/infectious disease.
- B. Self-disclosure is voluntary. However, since any disease may adversely affect job performance, an employee with a communicable disease is encouraged to seek assistance from a supervisor and/or the Director of Personnel/Affirmative Action. Job performance alone, not the fact that an employee seeks assistance, will be the basis of performance appraisals.
- C. If the College becomes aware that an employee has been diagnosed as having a communicable disease, the information will not be disseminated to anyone without the permission of the infected person. If rumors or co-worker concerns become so wide spread and disruptive that it is impractical to maintain productivity, the consent and cooperation of the infected employee will be sought in developing coworker communication.
- D. College employees will receive educational information on communicable diseases and preventative/precautionary measures. Dissemination of accurate information and creation of informed public opinion about the blood borne diseases relating to HIV virus (AIDS, ARC, HIV test positive) is a policy goal of the College. Appropriate educational efforts directed to employees shall be undertaken through the office of Staff Development.
- E. In the case of employees who are unable to perform regular duties due to health, it shall be the policy of the College in regard to the impacted employee to consider and, if reasonably available, provide alternative work assignments until an impacted employee again becomes health qualified for return to regular assignment.
- F. Any employee who has a communicable disease will be treated the same for all employment-related purposes as other employees who have medical conditions with a similar impact on the employee's job performance. If reassignment or lay-off is necessary to provide reasonable accommodation for an infected employee, the action taken will follow appropriate college policies that govern such reassignments or layoffs for medical reason, including the use of appropriate sick leave and disability leaves.
- G. The following Administrative Rules for Infection Control as outlined by Oregon Health Division shall be followed by all employees. (These apply to all situations, not just to those persons known to have Hepatitis B and HIV infections/ARC/AIDS.) [Oregon Health Division's Guidelines

for AIDS in the Workplace, 9/86] "... B. Recommendations: ... Infection control guidelines: These apply to all situations, not just to those persons known to have AIDS, HTLV-III infection, or hepatitis B.

Infections of greatest concern in the workplace are those transmitted by the respiratory route (measles, influenza). At a much lower level of risk, diseases spread by the fecaloral route (Hepatitis A, salmonellosis), or by close personal contact (examples: staphylococcal skin infections, head lice) may be of concern. Good personal hygiene (hand washing, covering coughs and sneezes, etc.), early diagnosis and treatment, exclusion from work while infectious if a risk of transmission exists, and adequate environmental hygiene -- are the primary defenses against the spread of infectious disease.

Blood-borne and sexually-transmitted infections (examples: Hepatitis B and the AIDS virus, HIV) are generally of little concern in the workplace because they require mucous membrane or blood exposure to an infected person's blood or body fluids in order for transmission to occur. This usually means sexual contact or injectable drug and needle- sharing with the person who is ill. However, given concerns about the acquired immunodeficiency syndrome (AIDS), the Oregon Health Division is issuing the following set of guidelines.

Background

- The causative agent of AIDS is a virus, known as human immunodeficiency virus (HIV).
 It is also known as the human T-lymph tropic virus type III (HTVL-III).
- ii. The HIV is most commonly transmitted through intimate sexual contact involving exchange of semen and/or other body fluids, or via sharing of infectious blood during i.v. drug abuse. Newborn infants may be infected prenatally by infected mothers.
- iii. The vast majority of persons infected with this virus is currently free of symptoms, and are unaware that they have been infected.
- iv. There is no evidence to date that casual contact exposure has led to transmission of the virus. There is much evidence from the study of household contacts of AIDS cases that spread of the infection does not occur through casual contact.
- v. Many infected persons may never become ill from this infection; however, all persons infected with HIV must be presumed to be capable of transmitting the virus to others, through sexual contact or blood contact.
- vi. An infected person may experience a spectrum of clinical conditions, and may remain without symptoms indefinitely. It generally takes 3 years or more for an infected person to develop AIDS, among that small percentage of infected persons who develop the syndrome.
- vii. Once diagnosed as having AIDS, most patients die within 2 years.
- viii. The virus is quite fragile and is quickly killed on environmental surfaces, when treated with common, inexpensive disinfectants (see below).
 - ix. At present, the only means available to ascertain a person's infection status is a special antibody test. If a person is infected, the test should become positive within 12 weeks. However, the test is not 100% accurate, and for many reasons is not recommended for routine screening of all persons.

- x. All sharp objects which could be a source of cuts, punctures, or lacerations, should be covered where possible or labeled appropriately. When needles are used in health care facilities, personnel should be educated not to re-sheath them after use. Sharp objects must be disposed of in safe containers so as not to pose a hazard for custodial personnel. [Special procedures may be appropriate where moving machinery exists which could cause a bleeding injury, such as on assembly lines.]
- xi. Persons with cuts, scratches, or other lesions on the hands or other exposed areas, should wear covering bandages and/or gloves to prevent blood/body fluid contamination of their surroundings, of themselves, or of other persons.
- xii. Whenever possible, disposable rubber or plastic gloves should be worn when providing first aid for bleeding injuries. However, administration of appropriate care should not be delayed because gloves are not available.
- xiii. Contact of the skin with blood or body fluids from other persons should be avoided. If such exposure occurs, the affected skin should be washedthoroughly with soap and water.
- xiv. Contact with the mouth, eyes, or other mucous membrane areas with blood or other body fluids from other persons should be avoided. If such exposure occurs, the affected region should be washed thoroughly with water.
- xv. Environmental surfaces on which blood has been spilled should be cleaned promptly with soap and water, followed by disinfection with a freshly made solution of one part bleach to 10 parts water. Some commercially available disinfectants are an acceptable substitute.
- xvi. Blood-contaminated items such as gloves, bandages, and paper towels should be placed in a sealed plastic bag, and immediately put in the garbage receptacle.
- xvii. Hard, impervious containers should be used when disposing of sharp blood-contaminated materials which could cause injuries to others.
- xviii. An incident in which blood from one person contacts mucous membranes or broken skin of another should be promptly reported to the supervisor.



BOARD POLICY

TITLE: COMMUNICABLE DISEASE - STUDENTS

BOARD POLICY # 5210

The College cooperates with local public health officers in measures necessary for the prevention and control of communicable diseases in students. The College complies with any immunization program required by Oregon Health Authority regulations.

The College shall take action involving persons who have communicable diseases based on current and professionally informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, a careful weighting of the identified risks, and the available alternative(s) for responding to the person(s) with a communicable disease.

Certain College programs, as a condition for participation, may require vaccinations and other medical interventions as determined by the program.

RESPONSIBILITY:

The Dean of Student Services is responsible for implementing and updating this policy. Specific guidance for policy implementation may be found in the associated Administrative Procedure(s).



ADMINISTRATIVE PROCEDURE

TITLE: COMMUNICABLE DISEASE - STUDENTS

ADMINISTRATIVE PROCEDURE # 5210

RELATED TO POLICY # 5210

In order to protect employees, students and visitors, the College has established rules and procedures for prevention or transmission of communicable diseases including Influenza, Hepatitis B and HIV infections. Students will abide by the following rules and procedures:

- A. Students shall take reasonable and necessary steps to prevent the spread of communicable/infectious disease.
- B. Self-disclosure is voluntary. However, since any disease may adversely affect academic performance, a student with a communicable disease is encouraged to seek advice from an academic advisor, the Accessibility Services Office, or the Dean of Student Services.
- C. If the College becomes aware that a student has been diagnosed as having a communicable disease, the information will not be disseminated to anyone without the permission of the infected person.
- D. In the case of students who are unable to perform academically due to their health, students may choose to pursue a medical withdrawal pursuant to Board Policy and Administrative Procedure 5075.

RESPONSIBILITY:

The Dean of Student Services is responsible for implementing and updating this procedure.



ADMINISTRATIVE PROCEDURE NO: AP 309.02 RELATED TO POLICY NO. 309

TITLE: SPECIAL GUIDELINES, NURSING

Nursing students will take the following precautions in the clinical facilities and the campus nursing laboratory to protect themselves from communicable diseases that are transmitted through blood and body fluids:

- Follow communicable disease precaution procedures in the health care facility to which assigned.
- В. Use latex gloves when handling blood and body fluids, mucous membranes or non-intact skin of all persons. Remove gloves and wash hands immediately after completing each task, or handling items or surfaces soiled with blood or body fluids.
- C. When there is danger of splashing blood or body fluids, add goggles, mask and, if necessary, protective gown coverings.
- D. When caring for a patient who is unable, or chooses not, to take hygienic precautions with their waste products, use as many preventative measures as necessary for protection, including wearing isolation gowns.
- Dispose of all sharp objects in puncture-resistant containers.
- F. Do not recap needles unless it is possible to do so without touching the cap.
- G. When opening containers which have blood or body fluids, open with end pointing away from self or anyone else.
- Н. Always wash hands in the following circumstances:
- I. after removing gloves
- Ī. if accidentally contaminated
- K. between each person cared for
- L. Know and follow emergency procedures for handling spilled blood and body fluids.
- Nursing students who have exudative lesions, or weeping dermatitis on the face, will not care for patients nor practice skills on anyone.
- N. Any contaminated trash will be bagged, tied and identified as blood and body fluid contaminated.
- 0. Contaminated clothing is to be changed and cleaned with alcohol.