

**University of Oklahoma Health Sciences Center**  
**COVID-19 Response Plan**  
**July 1, 2022**

**Deans and vice presidents are responsible for reviewing and distributing this Plan in their areas and for implementing the necessary steps for compliance within their areas.<sup>1</sup>**

Revised versions of this Plan will be distributed to appropriate campus groups and posted on the HSC COVID-19 Updates and Resources page: <https://www.ouhsc.edu/coronavirus>, also accessible from the OUHSC home page. This Plan applies to all OUHSC employees and students,<sup>2</sup> which includes residents and trainees, scholars, and, for purposes of this Plan, volunteers. It includes the following sections:

- I. Remote Work
- II. Events, Eating, Social Distancing, and Masking
- III. Obtaining Masks
- IV. Cleaning Facilities and Equipment
- V. Testing, Isolation, and Contact Tracing
- VI. COVID-19 Vaccine for Employees and Students
- VII. Screening and Reporting - Vaccinated & Unvaccinated Students & Employees
- VIII. Travel
- IX. Training
- X. Enforcement

**I. Remote Work**

- A. Remote Work Related to COVID-19 – When remote work is recommended as part of the HSC COVID-19 response, managers and employees will be notified by campus administration or Human Resources. Current notices are available [here](#) and on [OU together webpage](#).
- B. Remote Work for Non-COVID Reasons – Remote work **for purposes unrelated to COVID-19** that is otherwise consistent with the University’s guidelines is not affected by this policy. The current Remote Work guidelines are available [here](#).
- C. Remote Work as a Reasonable Accommodation – Remote work for individuals with a disability must be coordinated with Human Resources (for employees) or the Accessibility and Disability Resource Center (for students).

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<sup>1</sup> As the nature of COVID-19 remains dynamic, the members of the Specific Pathogens Preparedness Operations Team (SPPOT) and the OUHSC Emergency Operations Committee (EOC) will regularly evaluate the COVID-19 Return Plan and implement new or revised requirements for return when indicated. Updated versions of this Plan will be distributed to appropriate campus groups and posted on the HSC COVID-19 Updates and Resources page: <https://www.ouhsc.edu/coronavirus>, also accessible from the OUHSC home page.

<sup>2</sup> If an employee or student indicates compliance with a provision of this Plan is not possible due to medical reasons, the individual should be referred to the appropriate University office to request accommodations on the basis of disability office (Human Resources for employees; Accessibility & Disability Resource Center for students).

## II. Events, Eating, Social Distancing, and Masking

A. Events and Social Gatherings may resume on campus in accordance with the current HSC masking policy.

B. Masking Protocols:

Employees, students, trainees, scholars, and volunteers must wear an approved mask in HSC patient-care areas, including in facilities whose primary function is patient care, and in University vehicles. Masks worn in these areas must be paper surgical style, KN95, or N95. Scarves, gaiters, cloth masks, and bandanas are not acceptable. Masks with vents may not be worn unless a surgical mask is worn over the vented mask. Masks must cover the nose and mouth. Supervisors and teaching faculty will continue to identify patient-facing areas and responsibilities.

NOTE: OU Health, the University Hospitals and Trust Authority, and other Health Center entities may have masking policies for their facilities that differ from the HSC policy; individuals are reminded to review signage in each building to ensure masking compliance.

Wearing a mask provides protection to you and others whom you interact with, so wearing a surgical-style mask inside campus facilities is encouraged. Employees and students are asked to respect the choice of those who elect to continue wearing a mask, keeping in mind that health conditions of colleagues and their family members are not always apparent.

C. Disability Accommodation for Required Masking:

1. If an employee or student indicates compliance is not possible due to medical reasons, the individual must be referred to the appropriate University office to request accommodations on the basis of disability (Human Resources for employees; Accessibility & Disability Resource Center for students).
2. If a patient states compliance is not possible due to medical reasons, contact the clinic manager for direction.
3. Masks are NOT required for children under age 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

D. Signage - University Operations will place signs in common areas that address the requirements in this Plan, as appropriate. Departments and areas can obtain additional copies from Operations.

E. Masking Compliance Program – The Health Sciences Center, through SPPOT/EOC and clinics, will implement a masking compliance program for areas where masking is required, as needed.

## III. Obtaining Masks

A. Masks for Students and Employees - The University will make masks available to employees and students, appropriate to their on-campus responsibilities. A small supply will be available at the entrances of non-clinical facilities. In addition:

1. Employees - Masks for employees outside of clinical areas may be obtained from the central mask inventory. Managers should complete this [form](#) to obtain surgical-style or KN95 masks

for their employees. Masks for employees within clinical areas are available through the normal clinic supply chain.

2. Students - Masks for students on campus are available from the HSC Student Affairs or OU-Tulsa Student Affairs offices. Masks for students in Lawton, Weatherford, Ardmore, and Bartlesville are available from program coordinators. Students in off-campus rotations who need masks should contact HSC Student Affairs or OU-Tulsa Student Affairs, as applicable.

- B. Masks for Patients and Guests – When possible, patients should be asked to wear their own approved mask to their appointments and to advise their guests to do the same. If sufficient supply is available, University clinics will make masks available to patients and their guests who do not bring their own approved masks.
- C. Masks for Vendors and Others in Patient-Facing Areas/Buildings - Departments should advise their visitors, vendors, and service providers that they are expected to provide their own approved masks when in patient-facing areas and in buildings where the primary function is patient care. Staff may provide masks if available.

### **III. Cleaning Facilities and Equipment**

Clean facilities and equipment require a commitment from all levels of the University community. Everyone has an important role and responsibility in maintaining a healthy work environment.

- A. University Responsibility - The University will provide appropriate routine cleaning consistent with pre-COVID cleaning schedules. For campus areas where a positive COVID-19 case has been identified, refer to B1 and B2 below.
- B. Department/Area Responsibility – As prior to COVID-19, each department/area manager remains responsible for obtaining appropriate cleaning supplies and providing for the cleaning of shared office equipment, furniture, surfaces, and environment.
  1. COVID-19 Positive Individuals –Department/area managers who are notified that a COVID-19 positive individual was in their space in the past 24 hours should contact General Services (405-271-2311 or 918-660-3555) for OUHSC-operated buildings or OneCall (405-271-2252) for UHAT-operated buildings to confirm when disinfecting of the space last occurred.
  2. If the positive individual has been in the space since it was last disinfected, General Services/OneCall will, in consultation with EHSO, assess whether interim disinfecting is appropriate. The supervisor should follow instructions from General Services/OneCall while the assessment is pending. This procedure should be followed in off-campus leased spaces as well, by contacting the leasing agent or building maintenance team.
- C. Individual Responsibility – As prior to COVID-19, individuals are responsible for cleaning their personal and shared spaces and office equipment.

## V. Testing, Isolation

### A. Positive COVID -19 Tests

1. Employees and students who test positive at any testing location must report the positive test and obtain clearance from the Student & Employee Health Clinic via the online COVID-19 [Screening and Reporting Tool](#) upon receipt of the results.
2. Employees and students who test positive for COVID-19 are expected to advise co-workers, classmates, faculty, and supervisors who they had close contact with, in accordance with instructions from Student & Employee Health.

## VI. COVID-19 Vaccine for Employees and Students

The University recognizes that vaccine requirements, particularly in patient care settings, are both prudent and important. To that end, the COVID-19 vaccine has been added to the mandatory vaccines for individuals in certain campus groups. The declination process in place for other mandatory vaccines is in effect for the COVID-19 vaccine as well, as described in Paragraph D below. These requirements and processes will be updated as appropriate, based on guidance from public health agencies and officials.

For purposes of determining quarantine periods, the HSC will follow CDC guidance on individuals who are fully vaccinated and those who are up to date on vaccination [, as defined here by the CDC](#). Per CDC guidance, individuals are **up to date** on COVID-19 vaccines if they are fully vaccinated AND have received any recommended booster doses when eligible.

### A. Mandatory Vaccine:

1. Effective **June 1, 2021**, the following individuals (current and newly hired/enrolled) are required to submit a completed COVID-19 Vaccine Documentation Form and proof of vaccine:

a. Faculty, staff, and students with patient-facing responsibility. For purposes of this policy, “patients” include clinical and hospital patients, mental health and allied health clients, clinical human research participants, simulated patients, and parents/guardians of patients who cannot provide legal consent. “Patient-facing responsibilities” include any activities that are anticipated to necessitate direct contact or close physical proximity to a patient. Supervisors are responsible for determining whether the individuals in their area have patient-facing responsibilities.

b. Individuals who will observe, shadow, or volunteer in an area where patients are reasonably expected to be.

2. Study Abroad - Faculty, staff, and students who are participating in an elective Study Abroad program should contact the Study Abroad office for current COVID-19 vaccine requirements of the University and country and program involved.

### B. Vaccine Documentation:

1. Vaccine documentation must include the recipient’s first and last name, recipient’s date of birth, vaccine manufacturer, date(s) for each dose, and administering healthcare professional or facility.

2. The following documentation is acceptable as proof of vaccine completion. Student and Employee Health (405- 271-9675) can answer specific questions regarding documentation.

- a. Documentation from [Oklahoma State Immunization Information System](#) (OSIIS) or other state vaccine registry<sup>3</sup>
- b. A legible copy of the front side of a completed CDC Vaccine Record card
- c. Documentation from the licensed health care facility that vaccinated the individual
- d. Other official documentation that includes the information in B.1 above.

3. Documentation will be submitted as follows:

- a. Students will follow the [Student Process for COVID-19 Documentation](#)
- b. Employees and student employees will complete the [COVID-19 Vaccine Documentation Form](#) and follow the submission instructions on it.

C. Vaccine and Booster Availability: The University strongly encourages all other faculty, staff, and students to complete a COVID-19 vaccine series, including the booster, when eligible.

The College of Pharmacy and OU Health offer the COVID-19 vaccines at various campus locations. Click [here](#) for more information.

Boosters can be reported in the University's vaccine portal. Although reporting boosters is not currently required, employees and students are encouraged to log into [Employee Self-Service](#) to update their booster information so the campus can include them in its assessment of immunity.

D. Vaccine Completion for New Hires/Admissions:

Faculty, staff, volunteers, and students who are patient-facing and who are not fully vaccinated upon hire or admission must complete the first dose of a 2-dose WHO-approved series or a single series dose of a WHO-approved vaccine within 30 days of appointment (employees, scholars, volunteers) or of the first day of classes (students) and must complete the series no later than 60 days from then. Boosters are also encouraged.

Students should confirm specific dates and deadlines for vaccine completion with their college/program.

E. Declination: Faculty, staff, and students with patient-facing responsibility who decline to be vaccinated must complete and submit the appropriate Declination of COVID-19 Vaccination Form and comply with any preventive measures directed by the HSC facility where the individual will perform academic or employment responsibilities. (Facilities outside of HSC may have different vaccine policies and declination procedures.) HSC process and forms are available here:

1. Employees and student employees: <https://hr.ou.edu/self-service>

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<sup>3</sup> [https://osiis.health.ok.gov/osiis\\_public/LoginPublicPortal.aspx](https://osiis.health.ok.gov/osiis_public/LoginPublicPortal.aspx)

2. Students: <https://students.ouhsc.edu/Current-Students/Student-Wellbeing/Health-Clinic/required-immunizations>

## VII. Screening & Reporting - Vaccinated and Unvaccinated Employees & Students

For purposes of this Response Plan, the following definitions apply at HSC:

### Fully Vaccinated Person - Defined

- *A person who completed the second dose of a two-dose World Health [Organization \(WHO\)-approved COVID-19 vaccine](#) series at least 14 days ago*
- *A person who completed a one-dose WHO-approved COVID-19 vaccine series at least 14 days ago*

NOTE: WHO and CDC distinguish between individuals who are *fully vaccinated* and those who are *up to date* on vaccinations, the latter requiring boosters for those who are eligible.

### Unvaccinated Person - Defined

- *A person who has not completed the second dose of a two-dose [Organization \(WHO\)-approved COVID-19 vaccine](#) series at least 14 days ago.*
- *A person who is not at least 14 days past receipt of a one-dose WHO-approved COVID-19 vaccine series.*
- *A person who has completed a non-WHO-approved COVID-19 vaccine series.*

Reporting: The online Screening and Reporting tool <https://covidreporting.ouhsc.edu/> MUST be completed each time any of the following scenarios are experienced, for assessment and clearance BEFORE an employee or student may return to assigned University work location or obligation.

#### A. Fully Vaccinated Person – Reporting Requirement:

- You have symptoms that are consistent with COVID-19. For a list of symptoms, [click here](#).
- You have tested positive for COVID-19 within in the past 10 days or are awaiting COVID-19 test results from a facility outside of OUHSC.
- You have been in close contact within the past 10 days with someone who is COVID-19 positive or who is awaiting COVID-19 results. (Note: Health care workers who are treating COVID-19 patients and wearing appropriate PPE are not required to report exposures.

#### B. Unvaccinated Person – Reporting Requirement:

- You have symptoms that are consistent with COVID-19. For a list of symptoms, [click here](#).
- You have tested positive for COVID-19 within the past 10 days or are awaiting COVID-19 test results from a facility outside of OU Health.
- You have been in close contact within the past 10 days with someone who is COVID-19 positive or who is awaiting COVID-19 results.
- You have a household member who has tested positive for COVID-19 in the past 10 days.

**NOTE:** Vaccinated and unvaccinated individuals must also comply with the screening and reporting processes in place at their assigned off-campus locations/rotations.

## **VIII. Travel**

The University's Travel and Screening Committee provides recommendations for COVID-19 mitigation strategies for travel that is approved as mission-critical.

- A. University Domestic and International Travel – Consistent with guidance from the University of Oklahoma President's Office, domestic and international air travel by HSC employees for University-related business or academic purposes is permitted only if the travel is considered *mission-critical* to the University.
- B. Mission-critical Travel, Defined – Mission-critical travel is travel that is necessary to the University's ability to meet its core academic, research, or operations functions. More specifically, the purpose and timing of the travel must be such that if the travel does not occur as scheduled, the University's ability to meet its core academic, research, or operations functions is significantly impaired.
- C. Approval Process - Individuals who believe domestic or international travel is mission critical must contact their dean/vice president, who will consider factors such as timing and purpose, State Department and CDC travel advisories for the destination(s), impact on competitive advantage, and actions of peer institutions. Approval of the Senior Vice President and Provost is required only for those who are Provost-direct reports.

## **IX. Training**

- A. Campus-Level - The SPPOT/EOC Exec Team will assist with and coordinate training materials and opportunities for departments/areas, employees, and students to learn about COVID-19 and related campus policies.
- B. Other - Each college, clinic, and department will ensure its employees and students also receive COVID-19 training specific to their areas on as needed.

## **X. Enforcement**

Employees and students who refuse to comply with the policies in this Response Plan are subject to disciplinary action, in accordance with the applicable handbook policy. Managers may consult with Human Resources for additional information.

If an employee or student indicates compliance is not possible due to medical reasons, the individual must be referred to the appropriate University office to request accommodations (Human Resources for employees; Accessibility & Disability Resource Center for students).

Vendors, visitors, volunteers, and patients who refuse to comply with this Response Plan are subject to having their access to campus suspended or terminated.