

University of Oklahoma Health Sciences Center
COVID-19 Response Plan – Adopted May 1, 2020
Last Updated August 16, 2021

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.¹

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,² which includes residents and trainees and, for purposes of this Plan, volunteers. It includes the following sections:

- I. Telecommuting in Response to COVID-19: Phase-Out
- II. Reopening Buildings and Common Areas, Resuming Services
- III. Events, Eating Spaces, Social Distancing, and Masking
- 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. Telecommuting in Response to COVID-19: Phase-Out

The Health Sciences Center campus has encouraged telecommuting where possible, since early 2020 as a mitigation strategy to minimize the risk of spread of COVID-19. With the wide availability of COVID-19 vaccines and the demonstrated effectiveness of other COVID-19 mitigation protocols on and off campus, in conjunction with the recommendations of infectious diseases and public health officials, telecommuting in HSC-based programs and areas will be phased out as described below.

- A. Telecommuting Phase-Out Schedule – Telecommuting arrangements that were put into place as a COVID-19 mitigation or accommodation measure are to be phased out as follows:
 - 1. By June 2, 2021, at least 50% of the program’s/area’s workforce will have resumed their regular (pre-COVID) schedule on campus.
 - 2. By July 1, 2021, at least 75% of the program’s/area’s workforce will have resumed their regular (pre-COVID) schedule on campus.

¹ 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. 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.

² 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).

3. By August 1, 2021, 100% of the program's/area's workforce will have resumed their regular (pre-COVID) schedule on campus.
- B. Telecommuting for Non-COVID Reasons - Telecommuting **for purposes unrelated to COVID-19** that is otherwise consistent with the University's guidelines is not affected by this telecommuting phase-out schedule. The current guidelines are available [here](#). Telecommuting as a reasonable accommodation for individuals with a disability must be coordinated with Human Resources (for employees) or the Accessibility and Disability Resource Center (for students).
- C. Staffing Plans – During the telecommuting phase-out period, each college dean and area vice president (or their designees) will determine the telecommuting phase-in plan for their respective areas and will advise employees of their date of expected return from telecommuting, generally at least two work weeks prior, but not less than one work week prior, to that date.
1. COVID-19 Resurgence - Each area must be prepared to slow or stop the telecommuting phase-out and/or to fully return to telecommuting as soon as possible, if the University deems it necessary.
 2. Screening – Employees returning from a telecommuting period who meet any of the instances described in Section VII below must complete the online COVID-19 Screening and Reporting Tool <https://covidreporting.ouhsc.edu/> and email the results to their immediate supervisor prior to returning to campus.

II. Reopening Buildings and Common Areas, Resuming Services

HSC facilities are open and accessible on the pre-COVID schedule. Common areas and services that have been closed or had substantially reduced operations as a result of COVID-19, such as health clubs and eating areas, may reopen/resume full services without further action. Masking remains required on mass transit and, as described in Section III below, in patient care areas.

III. Events, Eating Spaces, Social Distancing, and Masking

- A. Events and social gatherings may resume on campus in accordance with all pre-COVID policies and in accordance with current CDC guidance, with the exception of indoor eating.
- a. Designated Indoor Eating Spaces – Designated eating spaces include breakrooms, cafeterias, restaurants, and the like. Social distancing of at least 6 feet between individuals is expected where space permits. Masks should be worn in these areas when individuals are not eating or drinking.
 - b. Indoor Eating – Food may not be consumed indoors except in designated, socially-distanced eating areas and in private spaces that allow for social distancing.
 - i. Meetings - Food at indoor meetings should be served in designated eating spaces or provided to-go as individuals leave the meeting space.
 - ii. Events - Food may not be served at indoor events, such as receptions, parties, and recognition ceremonies but may be provided as a to-go option.
 - c. Outdoor Eating – Food may be consumed outdoors and at outdoor events; social distancing while eating is strongly encouraged.

For information about designated eating spaces in a particular building, individuals may contact the building coordinator or manager of the office where the space is located.

B. Masking protocols:

Masks must be surgical style. Scarves, gaiters, and bandanas are not acceptable. Masks with vents may not be worn, unless a surgical style mask is worn over the vented mask. Masks must cover the nose and mouth.

General Facilities – The University strongly recommends masking for all individuals when inside general facilities, including OU’s academic, athletic, housing, and administrative facilities.

Health Care Facilities – OU continues to require masking for **all individuals** in patient-facing* settings, including in clinics. In clinical research participant and simulated patient areas, and in facilities and areas where patient care is the primary function.

Transportation – Riders on transit buses and shuttles must wear masks, in compliance with Department of Transportation mandates.

*For purposes of this policy, “patients” include clinic and hospital patients, mental health and allied health clients, human research participants in clinical protocols, simulated patients, and parents/guardians of patients who cannot give legal consent.

“Patient-facing responsibilities” include activities that are anticipated to necessitate direct contact or close physical proximity to a patient, as determined by each area’s manager.

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.

C. Disability Accommodation:

1. If an employee or student indicates compliance 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 (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 should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance, per the CDC.

D. Signage - University Operations will place signs in common areas that address the requirements in Sections III, IV, and V, as appropriate. Departments and areas can obtain additional copies of these signs from University 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.

Obtaining Masks

- A. Masks for Students and Employees - The University will make masks available to employees and students who are required to or who wish to wear masks, appropriate to their on-campus responsibilities.
 - 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 masks for their employees. Masks for employees within clinical areas will be obtained through the normal clinic supply chain.
 - 2. Students - Masks for students who are on campus may be obtained from the HSC Student Affairs or OU-Tulsa Student Affairs offices. Masks for students in Lawton, Weatherford, Ardmore, and Bartlesville may be obtained from the 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 mask to their appointments and to advise their guests to do the same. If sufficient supply is available, the University clinics will make surgical-style 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 masks when in patient-facing areas and in buildings where the primary function is patient care. Staff may provide masks if sufficient supply is available.

IV. 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 was the case 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 what, if any, interim disinfecting is appropriate. The supervisor should close off affected areas and/or open outside doors and windows, if instructed by 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 was the case prior to COVID-19, individuals are responsible for cleaning their personal and shared spaces and office equipment.

V. Testing, Isolation, and Contact Tracing

- A. Positive COVID -19 Tests - If an employee or student tests positive for COVID-19, they and the University will cooperate with the appropriate health department in its contact tracing efforts.
1. Employees and students who test positive must obtain clearance from the Student & Employee Health Clinic via the online COVID-19 Screening and Reporting Tool <https://covidreporting.ouhsc.edu/> before returning to on-campus University responsibilities. Clearance may require proof of a negative COVID-19 test.
 2. PLEASE NOTE: The University does not accept negative rapid COVID-19 antigen tests from any clinic or laboratory.

VI. COVID-19 Vaccine for Employees and Students

The University recognizes that vaccine requirements in certain University settings, but 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 groups. The declination process in place for other mandatory vaccines is in effect for this vaccine as well, as described in Paragraph D below. These requirements will be updated as appropriate, based on guidance from public health agencies and officials.

A. Mandatory Vaccine: Effective June 1, 2021, the following individuals are required to submit a completed COVID-19 Vaccine Documentation Form and proof of vaccine:

1. 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 (6 feet for 15 minutes) to a patient. Supervisors are responsible for determining whether the individuals in their area are patient-facing.

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

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

B. Documentation:

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

2. The following documentation is acceptable as proof of vaccine and booster. 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 registry³
- 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](#)
- a. Employees and student employees will complete the [COVID-19 Vaccine Documentation Form](#) and follow the submission instructions on it.

C. Vaccine Availability: The University strongly encourages all other faculty, staff, and students to complete a COVID-19 vaccine series. Vaccine is available at no cost in various locations on the Health Sciences Center campus, including Student and Employee Health (405-271-9675), [OU Children’s Pharmacy](#), Sooner Pediatrics (405) 271-6827, and Family Medicine (405) 271-4311, as well as in the community.⁴ OU-Tulsa students and employees may [schedule a vaccine in the Internal Medicine clinic at covidvaccine.ou.edu/tulsainternalmedicine](#) or check their [local health department website](#).

D. Vaccine Completion Dates: During the implementation phase, current faculty, staff and students who have not yet completed a [World Health Organization \(WHO\) approved](#) COVID-19 vaccine series have until June 30, 2021, to complete at least the first dose of or submit the declination form.

- 1. Current faculty, staff, and students who have completed only the first dose of a 2-dose WHO-approved vaccine series as of June 30 have until July 31, 2021, to complete the series and provide documentation via the COVID-19 Vaccine Documentation Form. As of August 1, a completed COVID-19 Vaccine Documentation Form must be on file for all individuals described in Paragraph A 1-3 above.
- 2. Faculty, staff, and students who are hired or begin classes after June 1 must complete the first does of a 2-dose WHO-approved series or a single series dose of a WHO-approved vaccine within 30 days of appointment (employees, volunteers) or of the first day of classes (students) and must complete the series no later than 60 days from then. Students should confirm specific dates and deadlines 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 facility where the individual will perform academic or employment responsibilities. Reasons for declining include medical condition and non-medical bases. Process and forms are available here:

³ https://osiis.health.ok.gov/osiis_public/LoginPublicPortal.aspx

⁴ See, for example, [vaxokc.com](#).

Employees and student employees: [https://apps.hr.ou.edu/DMS/documents/files/COVID-19 Declination Form/COVID Declination 06012021.pdf](https://apps.hr.ou.edu/DMS/documents/files/COVID-19%20Declination%20Form/COVID%20Declination%2006012021.pdf)

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

F. Vaccine FAQs : FAQs regarding vaccine requirements will be posted on the [OUHSC COVID-19 webpage](#).

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

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

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

Unvaccinated Person - Defined

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

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. 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 14 days or are awaiting COVID-19 test results from a facility outside of OUHSC.
- You have been in close contact within the past 14 days with someone who is COVID-19 positive or who is awaiting COVID-19 results and you were not wearing the appropriate PPE.

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 14 days or are awaiting COVID-19 test results from a facility outside of OU Health.
- You have been in close contact within the past 14 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 14 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 provide recommendations for COVID-19 mitigation strategies for travel that is approved as mission-critical.

- A. University Domestic and International Travel – 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. International travel by unvaccinated employees and students requires completion of the online COVID-19 Screening and Reporting Tool.
- 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.

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, and make a written recommendation to the Senior Vice President and Provost for approval.

- C. FAQs on domestic and international travel are available [here](#).

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 this Response Plan are subject to disciplinary action, in accordance with the applicable faculty, staff, or student 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 should 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).

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

