

MS SLP Handbook Addendum Infectious Diseases Policies and Procedures Academic Year 2022-23

Introduction

The health and welfare of each member of our community is a shared responsibility. We continuously monitor developments related to the spread of SARS-CoV-2 virus and COVID-19 disease, monkeypox virus (MPV), and any other infectious diseases that may impact students, staff, and faculty in our classrooms and in clinical settings. We revisit and revise our protocols in accordance with best practice. This document is subject to ongoing change, requiring everyone in our campus community to respond with professionalism and adherence to best practice. Our overall goal is to hold the health and welfare of each member of our community at the forefront while providing excellence in education as we prepare students for entry-level practice in speech-language pathology.

We define our community to include students, staff, faculty, and every individual we serve in community sites. The clients we serve through student placements and faculty participation in our community sites are vulnerable populations including children and children with complex medical conditions who cannot be vaccinated, adults with immunocompromise and/or complex medical conditions that place them at high risk. Our community includes not just all of us who work and learn on campus together, but also all those in your household and your immediate social circles. We hold concern for everyone's health and welfare which includes the risks of acute infection and of developing long-term complications of infection such as long COVID. Your efforts to limit your exposures in the community, to uphold the practice of mask wearing in class, to adhere to classroom cleaning protocols, to stay home if exposed or experiencing any symptoms, and to report infections work together to serve the health and well-being of our entire community.

Our goals are for every student, staff, and faculty to feel welcome and safe while on-campus and in our classrooms. We want you to remain healthy throughout your graduate program so you can access every moment of learning as you prepare to become a speech-language pathologist! Even "mild" disease is potentially disruptive to your learning with missed days of class. Beyond the acute stages of COVID, we also aim to avoid the risks and complications of long COVID. We appreciate every effort you make as we navigate this situation together.

Purpose

This document serves as guidance for process and policy for all in-person meetings on campus and applies to students, staff, and faculty. This document is an addendum to the MS SLP Handbook. All components of the Handbook remain in effect unless otherwise specified.

All policies and procedures associated with COVID-19 control and mitigation are integral to our expectations of professionalism for all students.

Modifications

The university is subject to directives from the Oregon Higher Education Coordinating Commission (HECC) together with guidance from university administration, the Pacific University COVID-19 Task Force, Executive Orders from the Governor's office, and the guidance from the Oregon Health Authority, the Centers for Disease Control and Prevention (CDC), and ongoing review of the scientific and medical literature. Guidance and directives from any of these bodies is subject to change. Students, staff, and faculty are expected to make adjustments to accommodate changes in schedules or behavior when those changes are made in order to uphold the safety and welfare of all members of the CSD community and the communities we serve.

We strive to communicate changes in policy and procedure through this guide, however changes may be required without notification via this document, but rather through email or other forms of announcement including the university Boxer Alert system. Announcements, when made through the School of CSD, College of Education, or University administration, will typically take precedence over this document.

Background and Decision Making

From February 2020 through present, the School of CSD has tracked data related to SARS-CoV-2 together with guidance from multiple sources. The faculty has worked tirelessly and effectively to examine our curriculum with intentionality, care, and focus on student learning and preparation. We have dissected and reworked our curriculum holding excellence in teaching and student learning outcomes at the forefront. After consideration of the facts available to us, we have established class schedules that meet our curricular goals and uphold our commitment to your safety.

We are a residential program at our heart, so when able, our strong preference is for in-person instruction. Through our experience using online instruction both before and during the pandemic, the faculty have also identified specific content that is well-suited to online learning which is used thoughtfully and judiciously to find a good balance of safety together with excellence in learning outcomes. We have considered pedagogical factors about which courses are well-suited to online instruction, pragmatic scheduling considerations such as time needed for students to travel home to transition from in-person to online instruction, and overall program delivery alongside safety considerations as we determined instructional method and scheduling.

The College of Education has worked closely with us to improve the audiovisual system support in classrooms and to streamline connectivity to support student, faculty, and guest speaker attendance via Zoom.

On-Campus Instruction

Our preference is for in person instruction while maintaining safety for everyone. Attendance in class is expected. However, we also encourage you to make good decisions that include staying home when you have symptoms or when caring for a member of your household who is ill.

If you are absent due to illness, please contact Student Support Committee, Professor

Fitzgerald or Dr. Sharp, who will notify your course instructors on your behalf. Please complete the online absence form (provided by your instructor on receipt of an absence request).

If you are absent due to known or possible exposure or are caring for a member of your household, but are healthy enough to attend class we will work to accommodate your ability to connect with the live class via Zoom whenever possible. Timing of notification, technological issues, and in-class activities may be barriers to full inclusion through this mechanism. We will work hard to support your learning, to offer make up learning or assessment opportunities, and we sincerely appreciate your thoughtful decision to remain at home if there is any possibility you are ill or have had direct exposure to someone with COVID-19 or monkeypox. Remote access for class attendance is intended for short-term use as described above and is subject to technological failures and barriers. Longer term needs for online attendance must be authorized through the processes of the Office of Accessibility and Accommodations (OAA).

Our program is a residential program and will not typically approve full online access to the program.

If one or more instructors are ill, we experience snowfall or other major weather conditions that close the campus, or experience an outbreak of infectious disease within a cohort, we may temporarily move scheduled in-person classes to online instruction.

Online Instruction

Online teaching will use a combination of scheduled, synchronous class meetings on Zoom and occasional content provided through asynchronous online access. The faculty are skilled users of Zoom and look forward to supporting your learning in the online space in conjunction with in person instruction.

Attendance is expected for synchronous class meetings. Absences should be reported consistent with the Handbook. We prefer to see you during online classes and also understand the need to mute your camera from time to time.

Clinical Education

Clinical education occurs through our community-based model of clinical education. Each clinic site makes determinations about how service delivery occurs at that site, whether in-person, entirely online, on-site with telepractice, or some combination of these approaches.

Sites may change their method of service delivery in accordance with their own protocols independent of semester calendars or timelines. Therefore, sites may plan for online telepractice, but shift to onsite service delivery with little or no notification and vice versa. Students are expected to be available to fulfill the expectations of service delivery in alignment with the site's practices. Please inform your clinical advisor about any major change in service delivery method. The ASHA Council for Clinical Certification (CFFC) that issues the CCC-SLP requires a specific proportion of hours be conducted in-person.

Sites may discontinue student placements as "non-essential" at any time and as they define "essential" as it relates to disease control or other crisis events. Decisions to limit personnel are out of the control of the supervisor, student, and School of CSD. Such decisions may delay

completion of the practicum placement including delay in program completion. In the event that a placement site terminates a placement related to COVID-19 and does not have an opportunity for continuation through alternate service delivery (e.g., telepractice), please notify the Director of Clinical Education, Professor Fitzgerald, immediately. We will work alongside you to identify alternative placement sites and to support continued progress toward competencies and clinical experiences understanding that implementation may require planning and time to initiate, particularly if the site provides little or no notice for their decision.

Any known or new student accommodations that may impact clinical placement or clinical work should be on file with OAA prior to the semester start in accordance with the handbook. Communication of accommodations after a placement has been made may result in a change in placement, delays in clinical practicum and in program completion.

Placements

Students should refer to the Handbook for policies and procedures related to how placements are made. There are no changes to these policies or procedures.

Each clinic site will make determinations about how student placements will occur and the policies and procedures for vaccine requirements and reporting, symptom checks, PPE use, and other clinical protocols (see also the School of CSD Clinical Placement Agreement).

Personal Protective Equipment (PPE) for External Clinic Sites

Sites are expected to provide PPE for student use while on-site and conducting clinical service delivery or any other related professional functions. Sites will stipulate the types of PPE required under their specific protocols, knowledge of the populations served and overall risk profiles associated with the nature of service delivery and medical status of patients and families served. Students are should not be expected to acquire or evaluate PPE on their own.

Due to variability across sites, students are expected to undergo training by the site and to use PPE in accordance with the site's policies and procedures at all times. If sites specify expected behaviors or requirements for students while they are off-site (such as restrictions on travel or contact limitations) students are required to adhere to the site's requirements.

Students are expected to maintain measures such as use of a high quality, well-fitted mask in all clinical interactions. If a student has concerns about safety or a site's protocols they should contact their clinical advisor to discuss the concerns and develop a specific plan to ensure safety throughout the placement.

Accommodations

Students with specific placement limitations or restrictions related to attendance for in-person instruction or in person clinical work are required to submit documentation to the Office of Accessibility and Accommodation (OAA).

Students with university-approved vaccine exemptions are required to submit the exemption approval to OAA with a request for accommodations that may impact clinical placement.

OAA will work with the student and students' medical provider to develop recommendations for accommodation(s) to the School of CSD with respect to clinical placements and/or in person class attendance. While the School of CSD will make every effort to identify a suitable placement to meet reasonable accommodations and the student's specific clinical experience needs, we cannot guarantee that such placements will be available. Therefore, it is possible that students with accommodations that impact clinical placements may experience delays in placements and in program completion.

Campus Policies

Access to Campus Buildings

Campus buildings are open only to those who are members of the campus community or who are visiting campus on specific campus business. All visitors to campus are expected to be fully vaccinated or to have a valid negative COVID-19 test within 24 hours of their visit.

All policies apply to students, staff, faculty, and any pre-approved visitors to campus.

COVID Vaccine Requirement

The COVID-19 vaccine and booster is required for students, staff, and faculty. Requests for medical or religious exemption are handled through Human Resources.

We are delighted that over 95% of the Pacific University campus community is vaccinated. However, we also know that vaccinated individuals are still at risk for contracting COVID-19 and may also serve as unwitting carriers of SARS-CoV-2 virus through asymptomatic transmission.

Members of the CSD community remain at risk because they are not vaccinated or cannot be vaccinated or are immunocompromised.

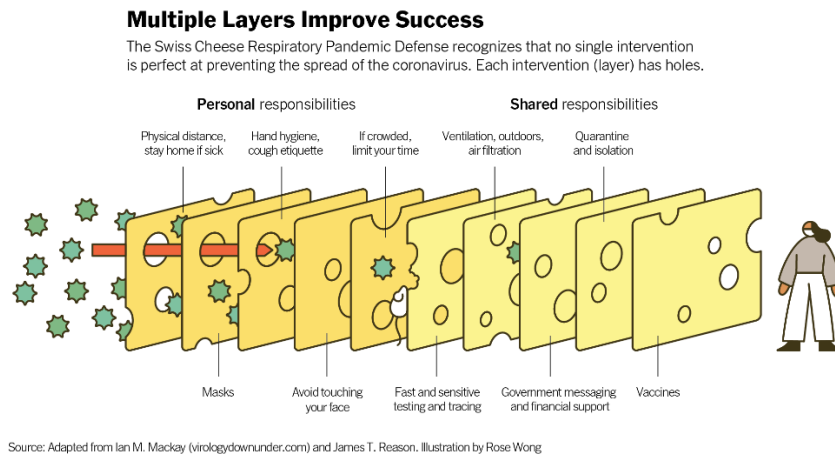
People who are vaccinated are not immune to infection. Those who have previously had COVID-19, even if mild, remain at risk of reinfection and at risk for long COVID with each subsequent infection. Because our community is a complex network with many vulnerable individuals directly connected with us, we share an ongoing obligation to make every effort to protect all members of our community as we work together on campus.

School of CSD Policies & Practices: A Multi-Level Strategy for Prevention

A culture of shared responsibility and trust is encouraged. We strongly believe that every student should feel safe in our classrooms. We want you to focus on your learning, not on whether the person behind or beside you might be infectious.

It is everyone's responsibility to assist others with all aspects of prevention and disease control.

No one method of prevention is 100% effective. Public health experts often talk about multilayered prevention strategies as the “swiss cheese” model, that recognizes that each “slice” or layer has some gaps or flaws, but when those “slices” are lined up as a whole, it becomes very difficult to find a path all the way through.



A multi-layered approach to infection is recommended by the CDC (2021). Multi-layered control includes: (a) vaccination, (b) the building’s HVAC system & in-classroom HEPA filtration, (c) source control & filtration of classroom air through use of universal masking in class, (d) enhanced cleaning protocols, (e) hand hygiene, and (f) reporting illness to increase awareness of potential exposures, AND (g) staying home when experiencing symptoms or after known exposure. When all these strategies are used together as a matter of routine, we can create a safe in-person learning environment that allows you to focus on learning and your success as a student.

Vaccination

Vaccination serves to limit the severity of disease for individuals who contract COVID-19. The data on risk reduction for hospitalization and reduction of mortality are compelling (Baden et al., 2021). It is exceptionally helpful that our campus has a very high vaccination rate and that alone substantially reduces our overall population risk within the program and across all those in our campus community. However, vaccination alone is insufficient to prevent exposure to the SARS-CoV-2 virus for two main reasons: (1) continued mutation of the virus and (2) waning of vaccine-induced antibodies over time (Pegu et al., 2021). Some individuals who are fully vaccinated and boosted become quite ill. As the virus mutates, breakthrough infections (immune escape) are increasingly common among people who are vaccinated and boosted and among people who have had a previous infection.

Vaccines are slightly protective (estimated 15% reduction of risk) against complications of long COVID (Al-Aly, Bowe, Xie, 2022). Even individuals who are vaccinated are advised to avoid infection (and reinfection) with COVID-19.

Vaccine uptake rates in the broader community are lower than is ideal. The Oregon Health Authority maintains vaccine statistics for Oregon. As of August 2022, 47.9% of Oregonians are vaccinated and have received one booster ([OHA, 2022](#)). Rates are particularly low among young children. Ten percent of children aged 0-4 have received one dose of vaccine and 6.5% have completed a two-dose series. Less than 40% of children aged 5-11 have received a two-dose series ([OHA, 2022](#)).

In short, this means that MANY members of the communities we serve remain at substantial risk of significant illness with infection. Vaccinated people most often experience asymptomatic or mild diseases themselves, but are able to pass active virus to others.

Ventilation & Air Purifiers: Building HVAC & Classroom HEPA Filters

Berglund Hall is a modern, LEED certified building. University facilities has worked to optimize filtration and air turnover in the building through the HVAC system.

Our primary classrooms each have one or more large area HEPA filters that are designed to reduce contaminants, including viruses in the classroom (EPA, 2022). Each day the HEPA filter should be started for an 8-hour run. Please **do not** use the ionizing setting. All filters are changed at the beginning of each semester. If you see a “change filter” message please notify your instructor, Katie Lardy, or Helen Sharp.

Personal Protective Equipment (PPE) & Mask Use

PPE use on-campus serves as both source control by containing infection (e.g., asymptomatic person wearing a mask) (Lindsley et al, 2020) and filter or barrier control (e.g., uninfected person uses mask to reduce exposure to airborne particles, (Andrejko et al, 2022) or uses gloves as barrier to contact with body fluids.

Mask Use

The use of two-way masking is substantially more effective than *only* source control or *only* filter control even if mask fit is imperfect (Bahheri, Thiede, Hejazi, & Bodenschatz, 2021).

All students, staff, and faculty should identify a high-quality mask that fits snugly over nose, mouth, and chin. High-quality masks are defined as those that provide filtration at or above 95% such as the N-95, KN-95, or equivalent. Masks are rated based on the proportion of particles they filter, so an N-95 (or KN-95) mask that is well-fitted is expected to filter 95% of particles. Recommend you watch this very well presented [video](#) on how & why N-95 masks work.

The School of CSD stocks an array of masks and masks are given to students on arrival in the program and are readily available throughout the semester. Please let us know which type of mask is working well for you so we can keep favorites readily available.

Notes: A well-fitted mask is better than a mask that does not fit properly so while KN-95 (FFP-2) masks are preferred, for some users other masks will be a better option. [Facial hair](#) may

prevent a good seal with any mask (CDC, 2017) and some clinical sites may have policies that restrict facial hair in order to achieve fit for N-95 masks. Masks that get wet or become damaged should be replaced immediately. We have plenty of masks available, so please get in touch with Katie Lardy, Trey Peterson, or Helen Sharp if you need new mask(s)! There will usually be a bag of KN-95 masks available in Berglund 145/147 and Berglund 140.

N-95/KN-95/FFP2 masks can be worn for 5-7 full days of wear (6-8 hours continuous wear = 1 day) and should be hung to air out or placed in a paper bag when you return home. They should not get wet and are *not* effective after being washed. Reusable cloth masks should be washed after each wearing and should be replaced with any sign of wear or damage.

Masks are mandatory in all clinical skills practice and strongly encouraged in all other indoor contexts. Mandatory mask use will be waived for clinical skills practice under very specific situations such as practice of oral-facial exam skills or other procedures which preclude use of masks (i.e., oral examinations, where the student learning the exam must practice on someone not wearing a mask). At such times, additional PPE will be required such as face shields for students or faculty without face coverings and the use of eye protection, gloves, and gowns for all others.

Respiratory Etiquette

- Keep your mask in place and cover your mouth and nose when you cough or sneeze.
- Wash or sanitize your hands after blowing your nose, coughing, or sneezing.
- Replace your mask, as needed, through the day.

Student Training

- Students complete additional training about use of PPE in a Moodle module which reviews terminology, prevention including handwashing, mask use, and physical distancing expectations. 1st year students will complete this in the Orientation Moodle site or the Clinical Methods course.
- 1st year students will have additional in-person training related to donning and doffing full PPE in the Clinical Methods course labs.

Faculty and Staff Training (includes Student Employees)

- All faculty and staff are required to complete the “Return to Campus During the COVID-19 Pandemic” course on PayCom as required by HR.

Enhanced Cleaning in the Classroom

Cleaning supplies are available in each classroom including virucide cleaners. To be effective, virucides are sprayed and left on the surface for 10 minutes before being wiped dry. Please assist faculty and staff if you arrive to the classroom early or are among the last to depart by spraying table tops, door handles, and other surfaces and wiping the surfaces dry after 10 minutes have elapsed. Gloves, mask, and eye protection are recommended to reduce your exposure to these cleaning agents.

Careful, Frequent Handwashing

Please wash your hands or use hand sanitizer before placement of PPE, after handling PPE, and before eating or drinking. Sinks are available in the lab space and restrooms. Hand sanitizer is readily available in classrooms, hallways, and we have plenty of personal sized hand sanitizer bottles for you!

Symptom Monitoring and Reporting: Datos & Program Report

Students, Staff, and Faculty are enrolled in the Datos (Sidney Navigator) daily symptom check, an app-based reporting system.

If you experience symptoms OR someone in your household or other close contact experiences symptoms, is waiting for COVID test results, or tests positive for COVID you are required to report through the Datos app.

Datos data are NOT reported to the School of CSD so you are also responsible for notifying the School of CSD or individual instructors about absences or requests to attend class remotely.

At this time, there is no centralized reporting mechanism for monkeypox (MPX) exposure or confirmed diagnosis. Please report such exposures or diagnoses directly to the program until further notice.

Expectation to Stay at Home with Symptoms or Exposures

The most commonly ascribed cause of symptoms is seasonal allergies. If you have known allergies you can monitor typical symptoms and these symptoms will usually be controlled with anti-histamines or other typical methods of control. New onset symptoms should be monitored closely and should not be assumed to be allergies. If you're uncertain, [here's one source](#) that helps to differentiate COVID symptoms from seasonal allergy symptoms.

At home rapid antigen tests (RAT) for COVID lack sensitivity, in other words – these tests have a high false negative rate (Dinnes et al., 2022). RATs do a little better when the person has symptoms (Dinnes et al., 2022, but have proven less sensitive to newer variants (Murakami et al, 2022). If you have symptoms of COVID, it is recommended you retest and/or seek polymerase chain reaction (PCR) lab testing. If you're uncertain about your status and you have symptoms, please stay home even if you test negative on a RAT.

Fever is an indicator of infection and you should *always* stay home if you have a fever.

COVID Symptoms and Exposures

COVID Symptoms

If you have any symptoms of upper respiratory illness (including fever, cough, congestion, runny nose, difficulty breathing or shortness of breath, headache, stomach pain, diarrhea, nausea, vomiting, new loss of sense of taste or smell, sense of pressure or pain in the chest),

please stay at home, contact your health care provider OR [Pacific University Student Health Center](#) (503.352.2269), and monitor your symptoms.

Please also complete the daily Datos survey to report symptoms & let us know that you will not be in class or report a clinic absence through the CSD absence report form.

What is an Exposure?

An exposure *is defined as a close contact, without adequate PPE*, with anyone with symptoms of COVID-19, anyone suspected of having COVID-19, or anyone awaiting test results (due to suspicion of COVID-19), or anyone with a known diagnosis of COVID-19.

A close contact includes anyone in your household and/or any period of time without a mask indoors (such as shared eating space in a breakroom or office space), or in close proximity outdoors. If you have had such an exposure, please (1) wear a mask near any at risk (incl. anyone who is unvaccinated or immunocompromised) including in your home, (2) monitor for symptoms, (3) undergo testing for COVID-19 3-5 days post-exposure, and (4) attend classes remotely during the 3-5 day window post-exposure. You may return to campus with a negative COVID-19 test and no onset of symptoms. We will work to support your attendance via remote Zoom access.

If you are vaccinated and have a known exposure, but used adequate PPE throughout contact with an individual who later tests positive for COVID-19 or is known to have COVID-19, you are not required to quarantine, isolate, or test for COVID-19. Examples include clinical care for an individual known to have COVID-19 with adequate PPE in use throughout the contact.

If you are not vaccinated and have a known exposure to anyone with COVID-19 (or someone with known exposure, symptoms, or awaiting test results due to suspicion of COVID-19) you are required to quarantine for a period of 7-days before returning to campus. Please (1) monitor for symptoms for 10-days after exposure, (2) check with your health care provider, and (3) seek testing for COVID-19 if you experience symptoms. It is recommended that you stay away from others in your household who may be at high risk (anyone unvaccinated, immunocompromised, or with other health risks).

Notify your instructor (or direct supervisor) or Caitlin Fitzgerald, Chair of Student Support to notify that you will not be attending clinical placement (see the Handbook for attendance policies).

Monkeypox Symptoms and Exposure

Monkeypox Symptoms

The World Health Organization (WHO, 2022) reports that symptoms of Monkeypox occur in two phases after a relatively long incubation period that ranges from 5 to 21 days after exposure:

Disease Symptoms Phase I (0-5 days): fever, headache, chills, muscle aches, back pain, exhaustion, respiratory symptoms (nasal congestion, sore throat, and/or cough), and

swelling of lymph nodes. Lymph node swelling may differentiate monkeypox from many other infectious diseases accompanied by rash and is likely to continue through phase II.

Disease Symptoms Phase II (1-3 days after onset of fever, lasting 2-4 weeks): rash or lesions on any part or across the body including palms of the hand and soles of the feet, oral mucosa (or other mucous membranes), and/or face. Rash or lesions are itchy or painful and progress from flat, discolored marks (macules) to raised bumps (papules), to raised, pus filled bumps (pustules) which then crust over, scab, and fall off.

If you have symptoms of monkeypox, please stay at home, contact your health care provider OR [Pacific University Student & Employee Health Center](#) (503.352.2269), and monitor your symptoms. The Student and Employee Health Center has stocked monkeypox tests.

What is an Exposure?

Monkeypox enters the body through skin contact, respiratory tract, or mucous membranes (ECDC, 2022). An exposure *is defined as a close contact* with anyone with symptoms of monkeypox, anyone suspected of having monkeypox, anyone awaiting test results (due to suspicion of monkeypox), or anyone with a known diagnosis of monkeypox.

A close contact includes anyone in your household and/or any period of time indoors (such as shared eating space in a breakroom or office space), anyone with whom you had physical contact, shared utensils or cups, and/or direct contact with clothing/linens.

If you have had such an exposure, please (1) wear a mask near anyone at risk (incl. anyone who is immunocompromised) and when with others in your home, (2) monitor for symptoms (fever, swollen lymph nodes, muscle aches, fatigue) for 21 days, and (3) undergo testing for monkeypox at day 5, and (4) attend classes remotely for 5 days or until testing can be completed. You may return to campus after testing and with no onset of symptoms. If any new symptoms develop, another 5 day period of isolation begins. Please wear a mask for the remainder of the 21 day monitoring period while in classroom, lab, and clinical spaces.

Main Message:

If you are uncertain, please err on the side of caution and stay home!

Availability of PPE & Other Supplies

Use of PPE is mandatory for all clinical skills work in classroom or lab settings. Gowns, gloves, and face shields will be provided. Students usually clean and store their face shield in their on-campus mailbox for easy access on lab days.

Eye protection (face shield or goggles) are recommended for use in some clinical skills labs may be used in place of a face shield for specific clinical practice work.

Please LABEL all reusable PPE (e.g., face shield) with your name. Please retrieve your own gloves and gowns in lab settings. **Do not share** gowns, masks, gloves, face shields or goggles.

The School of CSD will have KN-95 and N-95 masks available for students at any time. Please

let us know if you need masks, we are happy to make those available to you.

Cleaning Supplies

Cleaning kits are available in classrooms for spraying down table tops and high touch areas before class begins and after classes are adjourned.

Additional cleaning supplies are available in the CSD office. Please notify Helen and Katie immediately if you notice any supply is getting low.

Children and Visitors

Visitors to campus are strongly discouraged during this time. However, if a visitor needs a mask or other relevant PPE we are happy to provide what they need. We also maintain a small supply of child-sized KN-95 and reusable cloth masks.

Accommodations and PPE

Students who are unable to wear a mask or use other forms of PPE as required in clinical skills labs and/or clinical settings must contact the Office of Accessibility and Accommodation (OAA) Services. Appropriate PPE use is required in the absence of documented accommodations from OAA.

Activities and Services On-Campus

Restrooms

The use of masks in restrooms is strongly recommended. All hand air dryers have been turned off due to concerns about aerosol distribution in restrooms.

- Adhere to signage posted in bathroom areas.
- Please use paper towels. Do not use airflow-based hand dryers.
- An all-gender single restroom is available on the lower level of Berglund Hall. To access take the elevator OR stairs beside the elevator down to the lower level.

Eating on Campus

- Students/faculty/staff are very strongly encouraged to eat outdoors whenever feasible.
- Handwashing prior to opening shared refrigerators is required.
- While eating/drinking, face masks should be stored appropriately when not in use.
- Ideally, you will have several high quality masks. It is recommended that you switch to a fresh mask at lunchtime. If a face mask is reused, verify that it is not damaged, wet, or dirty.

Use of Food Storage and Preparation Areas

Refrigerators and microwaves will be available for use by students/faculty/staff on the main and 2nd floors of Berglund.

- You are expected to clean any surfaces or equipment after use (using appropriate sanitization methods).
- All food brought to campus and stored in shared refrigerators must be contained in a clean and cleanable bag. Food storage bags should be sanitized daily.
- All food storage bags must be clearly labelled with your name.
- On leaving campus, please take all water bottles, dishes, and utensils with you.
- Found items will not be maintained.

Use of Study Spaces

Study spaces are available by reservation in the Tran Library on the Forest Grove Campus. To reserve: <https://pacific.libcal.com/r>. We will work with students who have specific requests to identify space on campus for studying, taking part in Zoom classes or telepractice, on a case-by-case basis. All rooms in Berglund Hall can be reserved through Katie Lardy, School of CSD Senior Manager of Operations.

Development of Symptoms While on Campus

If you begin to experience COVID-19 or Monkeypox or any other disease symptoms while on campus, please:

- keep your mask on and notify your instructor, and
- exit a shared space immediately, and
- determine whether to return home, if safe to do so, OR
- call Student Health Center for consultation and decision-making about availability of testing, go to the Student Health Center (must call first), or arrange for transport to a health care facility, AND
- once medical needs have been met, submit a symptom report through Datos.

Faculty or staff should:

- note where the person was relative to all others in the room,
- discard or isolate materials the individual had contact with,
- notify facilities to isolate the room for re-cleaning, and
- file a care report

Responsibilities Outside of Campus

As a professional and learning community we share responsibility to one another to minimize the risks of exposure through our work together on campus. Every potential exposure you have off-campus increases the risk of transmission through you (even as an asymptomatic carrier) to other students, to staff, and to faculty. Therefore, every member of the graduate program in CSD shares in the responsibility to adhere to best practice while off campus. This includes:

- Use of masks indoors and at any time you are indoors with people who are not in your immediate household.
- Staying home when you experience symptoms.

Personal Hygiene

Many diseases and conditions can be prevented or controlled through a few thoughtful steps as you transition from home to campus and back:

- On arrival home, remove and launder all clothing worn to campus.
- Wash reusable cloth masks daily.
- Replace KN-95 and N-95 masks after 5-7 uses or if the mask is damaged in any way. If you accidentally wash a KN-95 or N-95 mask you should discard it.
- Maintain hand skin health with lotions and creams that can prevent dryness that happens from all that good handwashing!

Reporting of Diagnosis or Presumptive Diagnosis

If a student, staff, or faculty member tests positive or is presumed to be positive for COVID-19 or Monkeypox please report this illness through Datos and let us know as well. By reporting, you will allow us to provide appropriate flexibility for attendance via Zoom, missed classes for recovery, extensions on assignments, and support relative to practicum responsibilities, as indicated. It is exceptionally helpful to us to know how best to support you and as we continuously evaluate risk.

Return to Campus after Illness

Return to Campus after COVID-19 Diagnosis

Return to campus after diagnosis of COVID-19 should occur after a minimum of 5-full days of isolation AND once symptoms have cleared.

- If you are symptom-free and return to campus after the minimum 5-day isolation period, you are required to wear a mask in all indoor campus spaces for an additional 5-days.
- If you have a fever, cough, or other symptoms please stay at home.
- If a rapid antigen test (RAT) is positive, you are still infectious. Please do not attend class or clinic in person if you are infectious.
- If you experience moderate (shortness of breath) or severe illness (ER visit/hospitalization) you are required to isolate for a full 10 days, then follow the guidance related to symptoms and rapid antigen test (RAT) results.

Although many employers and the media cite CDC guidelines as 5-days of isolation, the above listed requirements *are* the [CDC guidelines](#) for ending isolation.

Return to clinic is based on the clinic site's policies, but should never be less than what is detailed above. The CDC recommends that if you are going to be near people who are particularly vulnerable, you should wait until Day 11 post-test or symptoms before doing so (or test negative twice over a 2 day period using rapid antigen test).

Post-Exposure Return to Campus

An example of a known exposure is someone in your household tests positive. If someone in a clinic site tests positive and you maintained appropriate PPE throughout the time you were with that person, that is *not* considered an exposure.

If you have an exposure, you should:

- Monitor for symptoms of COVID-19
- Limit your exposure to others through consistent use of masking and physical distancing both indoors and outdoors
- Wear a mask at home to protect anyone in your household who is at risk (unvaccinated or other risk profile)
- Test on days 3-5 post-exposure (without symptoms) or seek testing with onset of symptoms if symptoms appear earlier
- Register the exposure through the Datos app.
- Return to campus after a negative COVID test and no symptoms.

If you have a known exposure and you are not vaccinated:

- Monitor for symptoms of COVID-19
- Limit your exposure to others through consistent use of masking and physical distancing both indoors and outdoors
- Quarantine including mask use at home to protect anyone in your household who is at risk (unvaccinated or other risk profile)
- Register the exposure through the Datos app
- Seek COVID-19 testing through PCR laboratory test 3-5 days post exposure
- Do not return to campus until Day 5 with negative COVID test and no symptoms

Students should report known exposure through Datos. Please notify Caitlin Fitzgerald, Chair of Student Support Committee or Helen Sharp, Director of School of CSD to report your absence from in-person classes, to request Zoom access, and/or to report absence from clinical practicum. It is expected that missed days of clinical practicum will be made-up whenever feasible and with permission of the site supervisor.

*Please note. Return to clinical sites will adhere to the above standards as a minimum in the absence of a site-specific standard. Students will always be expected to adhere to any requirements specific to the site and those take precedence over these return to campus policies if more stringent than above.

Return to Campus after Monkeypox Diagnosis

Monkeypox remains contagious until all sores are fully healed and dry. You can return to campus and/or clinical practicum when all sores and/or scabs are healed and dry. This can take two to four weeks from the time of the appearance of the rash.

Return to Campus after Illness Associated with Other Infectious Diseases

For students, faculty and staff who have stayed home with symptoms of illness not related to COVID-19 or Monkeypox:

Return to campus will be allowed when at least 24 hours have passed since symptoms ceased without the use of symptom suppressing medication. For example, if you stayed home with a fever, you should be fever-free for 24 hours without the use of Tylenol or Advil (or other fever suppressant). If you stayed home with vomiting or diarrhea, you should be symptom free for one full day before returning to class or clinic.

Expectations of Students: Professionalism, Attendance, and Integrity

Chapter 4. Professional Conduct in the Handbook provides specific expectations for students throughout the program. All aspects of Chapter 4 remain in effect, with the exception of the attendance policy. Specific to COVID-19, we expect all students to provide truthful reporting of symptoms and to make the difficult, but appropriate decision to stay at home when you have symptoms, test positive for infectious disease, or have a known exposure to an infectious disease.

If you will be absent from classes or clinic, you are required to report your absence to Professor Fitzgerald or Helen Sharp. Any absences not reported centrally are required to be reported via online report as close to the absence as is feasible, this includes any class scheduled to occur on-campus class that is attended via Zoom.

All other expectations of students' conduct remain in effect including upholding ethical and professional behavior at all time. These qualities are essential for the wellbeing and safety of the full CSD and campus community.

Academic honesty is also expected in association with all online assessments of learning. Unless otherwise specified, all submitted assignments, quizzes, reflections, and exams are to be completed independently so faculty are able to assess *your* learning. These existing expectations are essential as we work with you to build the knowledge and skills you need as a future clinician. We are here to support your learning, but we cannot fulfill that role if quiz, exam, or other assessments do not reflect your individual understanding. We rely on your integrity now so that you can be a knowledgeable and effective professional later.

If concepts are confusing or difficult for you, we will work with you to support your learning. That's why we are here!

Lack of integrity is not something we can remediate.

FERPA and Class Recordings

FERPA releases are not required to make a recording of a class; but are required to make the recording available beyond the immediate class instructors and students. Class recordings will be stored in Box or Moodle, both of which require password access. Students who have access to class recordings are expected to use those recordings for their intended purpose and are not

permitted to post, share, or download videos of class recordings.

Preparedness

While we all make every effort to avoid the spread of infectious diseases, there remain risks of exposure. It is best practice to be prepared for illness and maintain a few key supplies in your home.

Having a plan in place before you need it will help ease your mind “in the moment.”

Establish a Communication Plan

Your health provider for any individualized care needs and advice such as eligibility for anti-viral medications, symptoms to watch for that indicate you should seek medical attention.

- a. Have any relevant phone numbers including after-hours numbers readily available.
- b. Bookmark [Pacific University Student Health Center](#)
- c. Save the phone number for Student & Employee Health Center (503.352.2269) in your cell phone
2. Notify your household members and any direct contacts (e.g., shared meal or other period of time indoors or outdoors with no mask; direct contact).
3. Contact the program (Caitlin Fitzgerald, Student Support or Helen Sharp, Director) and your clinical supervisor. caitlinf@pacificu.edu or helen.sharp@pacificu.edu.
4. Complete the DATOS app survey.

Establish a Care Plan

People who are vaccinated and boosted for COVID and people who contract monkeypox are most often able to isolate and recover at home.

Although we are nearly 2 years in to the pandemic, there’s a remarkable lack of guidance from the CDC and others about what you might need on-hand at home in the event you do test positive and need to isolate. Here’s an unofficial list of items that I hope you won’t ever need! However, if you do, you will need them rather suddenly and while you are expected to isolate from community contact so you should have these items available at home and to take along if you travel. Consider assembling small bag or kit so you’re prepared, just in case.

Items helpful to have on hand for COVID or Monkeypox or other illnesses:

- N-95 or KN-95 masks for source control and enough for other members of your household
- Personal medications, a 5-10 day supply
- Sanitizing cleaners for shared spaces including bathrooms, kitchen
- Thermometer
- Ibuprofen (Advil) and/or Acetaminophen (Tylenol) for pain and fever control
- Food and drink: frozen or shelf stable soups, comfort foods, popsicles, tea or other throat soothing foods/drinks. Roughly a 5 day supply*.

- If your budget allows, a room HEPA filter). For a small space, such as a studio apartment or your sleeping space you can find options in the [\\$50 range](#). You can also make your own effective [filter](#) with a box fan, furnace filters, and some duct tape.

*Note: this is also best practice for earthquake and other natural disaster preparedness

Other items specific to COVID:

- Rapid test kits
- Pulse-oximeter for monitoring blood oxygen levels (available at pharmacies, Target/Walmart, and online for about \$15-20)
- Expectorant (e.g., Mucinex)
- Other personal preferred supplies when you're sick with a severe upper respiratory infection or GI bug (e.g., vaporub, electrolytes (e.g., Gatorade), tissues, cough drops, jello, Ginger ale, EmergenC...you get the idea)!

Other items specific to Monkeypox:

- Anti-histamines (e.g., Benadryl)
- Itch reducers: Oatmeal bath (e.g., Aveno soothing bath), Calamine lotion, ointments (e.g., Vaseline/Aquaphor)
- Gloves (medical type gloves) [Note: some people also find regular gloves helpful to avoid scratching when asleep]
- Bandages or soft gauze for covering open rash/sores

Develop an Isolation Plan

Discuss isolation planning with roommates/members of your household. It is not inevitable that everyone in the household will get COVID or monkeypox if one person tests positive. Thoughtful planning for isolation, management of laundry, food preparation and clean up, shared bathroom use, and ventilation are all helpful in reducing household transmission. Also develop a plan to isolate from pets if you have monkeypox.

Additional resources for home-based management of Monkeypox:

<https://www1.nyc.gov/assets/doh/downloads/pdf/monkeypox/what-to-do-when-sick.pdf>

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