## Communicable Disease Plan (CDP) Template – For University-Sponsored Youth Programs

*To be used as a sample resource for OSU units to develop communicable disease plans.*

*Unless otherwise noted, all forms are intended for internal program use and not for public distribution. Contact youthsafety.compliance@oregonstate.edu for questions on usage.*

Instructions for using this template:

- Refer to current OSU event guidance, including Vaccine or Testing Requirement for OSU Events

    o Latest Updates to OSU COVID-19 guidance: https://covid.oregonstate.edu/latest-updates

    o Other applicable OSU resources: Safety of Minors Policy, Youth Safety Standards of Behavior

- Refer to current Oregon Health Authority (OHA) sector and supplemental guidance and the latest OSU policies, as the information may have changed. *Remember that HECC guidance may also apply.*

    o Latest OHA COVID-19 Updates: https://govstatus.egov.com/OR-OHA-COVID-19

    o Summer and Youth Programs Reopening Public Health Recommendations and Requirements from OHA

    o Child Care Provider COVID-19 Requirements and Recommendations from Oregon Early Learning Division (ELD)

- Review the template and forms to determine what is appropriate for your specific program.

- Modify the forms, as needed. Consider unit-specific questions such as:

    o What are appropriate isolation/quarantine procedures for your program or facility that comply with OHA guidelines?

    o How does my unit's record retention policy align with the 4 weeks required by OHA to retain the daily log?

    o What supplemental training will be offered to staff related to privacy, procedures, logs, etc.?

- Keep program stakeholders (staff, parents and participants) informed about any new or heightened requirements related to your communicable disease plan. Consider including the following statements in program documentation and enrollment materials:

    o Public health is a shared responsibility.

    o Local public health authorities will be notified of any outbreaks, including names and information of symptomatic individuals for contact tracing, if needed.

    o Failure to follow public health guidance and program requirements may result in your child being unable to participate in the program.

- Consider whether program procedures need to be updated to address refunds for youth who are unable to participate due to illness/exposure, or in the event the program must be suspended, modified or cancelled due to an outbreak.

**Cover page**

COMMUNICABLE DISEASE MANAGEMENT PLAN

FOR:

[Name of Unit/College/Extension]
[Program/Camp Name]

Effective Dates: [Start date – End date]

Person responsible for managing this plan:
[Contact Name]
[Phone and Email]

Local Public Health Authority point-of-contact:
[Contact Name]
[Phone and Email]

Date of Last Review: [Review date]

Next Review Scheduled: [Review date]

**Sample Plan – Prevention, Intervention and Recovery/Mitigation for COVID-19**

| Communicable Disease Management Plan | | |
|---|---|---|
| **PREVENTION** | **Resources and Tools** | **Unit-specific plan / Notes** |
| Pre-program actions:<br><br>☐ Ask parents to conduct a health check of their child for COVID-19 symptoms before they arrive and require adult staff to conduct a self-check before arriving.<br><br>☐ Inform staff and families about health check procedures and the Daily Log before they arrive.<br><br>☐ Secure protective equipment: face coverings, gloves.<br><br>☐ Order cleaning and sanitizing supplies, including soap and alcohol-based hand sanitizer (60 to 95%).<br><br>☐ Conduct training on communicable disease plan prior to program start date.<br><br>☐ Define criteria for launching CDP INTERVENTION.<br><br>☐ Identify an isolation room/area and process for sending participants home and closing program.<br><br>☐ Develop plans to support staff, youth and families experiencing trauma or challenges related to COVID.<br><br>☐ Consult local public health authority regarding regional quarantine guidelines and outbreak control measures. | • Part of OSU's public health campaign<br><br>• Daily Log template<br><br>• OSU COVID Safety & Success Policy (direct link)<br><br>• See CDC's "Reopening Guidance for Cleaning and Disinfecting . . ." (link)<br><br>• Sample Training sign-in sheet<br><br>• See *If an outbreak occurs* below<br><br>• Refer to Youth Safety Standards of Behavior for *Supervision* standards<br><br>• Local Public Health Authority (LPHA) Directory by County (link) | Add planning notes here: |

| During program actions: | | Add planning notes here: |
|---|---|---|
| ☐ Orient all participants on protocols to prevent a COVID-19 outbreak through training, posters, etc. | • Refer to EHS COVID-19 Health & Safety Resources ([Link](#)) | |
| ☐ Designate a drop off/pick up area that is outside of facilities. | | |
| ☐ Set designated drop off time slots to avoid crowding. | | |
| ☐ Monitor for symptoms of COVID-19, and routinely remind staff members to self-screen for signs or symptoms of infectious illness daily. | • See CDC's *Symptoms of Coronavirus (COVID-19)* (.pdf resource for print) | |
| ☐ Exclude from the program any child or staff member who tests positive for COVID-19, or any child or staff member who is susceptible and who is exposed to COVID-19. | | |
| ☐ Document names, arrival/departure times, and emergency contact information on daily log. | • [Daily Log template](#) | |
| ☐ Monitor absenteeism of participants and staff. | | |
| ☐ Minimize contact during drop off and pick up, allowing parents to remain outside of buildings for sign-in/out. | | |
| ☐ Consider eliminating large group gatherings (larger than cohort) to minimize exposure. | | |
| ☐ Consider restricting non-essential visitors and volunteers. | | |

| INTERVENTION | Resources and Tools | Unit-specific plan / Notes |
|---|---|---|
| If outbreak occurs (i.e., any person with COVID-19 symptoms, a reported exposure to a positive case, or a positive test): | | |
| ☐ Appropriately isolate symptomatic or exposed person(s), following physical distancing protocols. | • Follow unit-specific isolation plan and closure criteria. | Add planning notes here: |
| ☐ Provide adequate care and support for sick individuals, including food, access to restroom facilities, etc. | • Refer to CDC's *If You are Sick or Caring for Someone* (Link) | |
| ☐ Initiate cleaning and disinfecting process, including closure of room(s)/area(s) used by exposed person(s). | • Refer to CDC's *Cleaning and Disinfecting* guide (Link) | |
| ☐ Establish contact with parent(s)/guardian(s) to arrange for pick up of any symptomatic or exposed youth. | | |
| ☐ Notify Local Public Health Authority of confirmed COVID-19 cases or any cluster of illness. | • Local Public Health Authority (LPHA) Directory by County (Link) | |
| ☐ Notify OSU. | • Follow OSU's Positive Case or Exposure Notification Protocol (Box) | |
| ☐ Follow CDC/OHA guidance for exclusion, including no return for at least 10 days after symptoms start and 24 hours after fever is gone and symptoms improve. | • Refer to CDC's *When You Can be Around Others After You Had or Likely Had COVID-19* (Link) | |
| ☐ Advise those who have had close contact with a presumed sick individual to stay home, self-monitor and follow CDC guidance if symptoms develop. | • Refer to CDC's *What to Do If You Are Sick* guide (Link) | |

| Closing program actions: | | |
|---|---|---|
| ☐ Notify all staff and families of closures and/or restrictions put in place due to COVID-19 exposure.<br><br>☐ If possible, wait at least 24 hours before cleaning and disinfecting facilities, shared objects, etc.<br><br>☐ Designate a point person and central repository (website, voicemail greeting) for messaging related to closures and/or restrictions. | • See Parent Letter Template 1 and 2<br><br>• Refer to CDC's *Cleaning and Disinfecting* guide (Link) | Add planning notes here: |

| RECOVERY/MITIGATION | Resources and Tools | Unit-specific plan / Notes |
|---|---|---|
| Keeping the program open / Re-opening actions:<br><br>☐ Secure authorization to resume/reopen from appropriate Dean/Director/Department Head.<br><br>☐ Debrief incident/outbreak and mitigation plans prior to returning to routine activities.<br><br>☐ Update/revise staffing and/or supervision plans to address any gaps or deficiencies.<br><br>☐ Communicate to staff and families any changes or updates to CDP and associated protocols. | • Use *Planning Checklist for University Sponsored Youth Programs Operating During COVID-19* (Link)<br><br>• See Incident Report template | Add planning notes here: |

**Confidential Daily Log Template** – *attach additional pages as necessary*

Date: _____        Stable Group: _____

| Child name (First Last) | Arrival time in | Adult dropping off (Name / Contact #) | Contact on file? (Y/N) | Depart time out | Adult picking up (Name / Contact #) |
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Staff Log for Stable Group – *include any caregiver, staff member, or adult who interacts with the group*

| Staff Name (First Last) | Staff Type stable/floater/volunteer | Multi-Cohort contact? Yes/No | Arrival time in | Break time out | End break time in | Depart time out |
|---|---|---|---|---|---|---|
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*Log to be retained for 4 weeks\* following the final day of the camp/program (\*or 2 years per child care rules)*

**Training Sign-In Sheet Template**

<div align="center">

**Training Documentation Form**

**for Unit or Program-Specific COVID-19 Communicable Disease Plan**

</div>

Program/Unit name: _____  Date: _____

| Name | Training Date | Signature |
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**By signing this log, you confirm that you have been provided with training related to COVID-19 and your unit's Communicable Disease Plan, that the content is understood, and that you have had the opportunity to ask questions.**

**Incident Report Template**

[Program/Camp Name]
**Confidential COVID-19 Incident Report Template**
*Intended for internal program use only*

| |
|---|
| Name of person completing this form: |
| Date form completed: |

**Incident**

| |
|---|
| Date and Time that symptoms and/or exposures were noted: |
| Name(s) of person(s) displaying symptoms and the names of those exposed: |
| Description of the incident / symptoms displayed: |

| |
|---|
| Witnesses (including contact details): |

**Reporting of the incident to LPHA and OSU**

| | |
|---|---|
| Reported to (LPHA point of contact name): | Date and method (e.g., using this form, email, phone): |
| Reported to (OSU point of contact name): | Date and method (e.g., using this form, email, phone): |

**Follow Up Action**

| |
|---|
| Description of actions to be taken: |

**Parent Letter Template 1: Individual child sent home due to symptoms**

## ILLNESS REPORT

Date: _____

Dear Parent/Guardian,

_____ displayed the following indicators of not feeling well today:

_____

_____

_____

Child's Temperature: _____     Time: _____

Based on the indicators listed above, your child is being sent home due to displaying possible symptoms of COVID-19 (e.g., unusual cough, fever, shortness of breath).

**CDC Guidance:** The child should stay home for at least 10 days after the onset of the illness, and until 24 hours after fever resolves, without the use of fever reducing medicine, and other COVID-19 symptoms (unusual cough, shortness of breath, loss of taste/smell) improve.

Please keep us updated on your child's status and recovery process. We have notified the child's group and their parents as to their exposure to a child with the symptoms, and the program is taking all necessary precautions for cleaning and sanitization. Following Oregon Health Authority guidance, any absences due to illness have been recorded in our Daily Logs and any positive case of COVID-19 will be reported to the Local Public Health Authority (LPHA).

**Unless otherwise directed by the LPHA, your child may not return to the program for 10 days, plus 24 hours symptoms-free.** This means their earliest return date is: _____.

If you have any questions or concerns, please do not hesitate to contact us.

Thank you again for trusting us with your child.

Sincerely,

Program/Camp Director Name

Title

## Parent Letter Template 2: Group notification of COVID-19 exposure

**Program/Camp Name**

Date: _____

Notice of exposure to COVID-19

To: Parent/ Guardian


Dear Parent or Guardian,

We regret to inform you that despite all our precautionary measures, your child may have been exposed to a case of COVID-19. The timeline for the exposure was from _____ to _____.

Upon learning of this exposure, any person displaying signs or symptoms was immediately isolated and sent home, and your child's entire group has since been notified. The room and facilities will be cleaned and disinfected according to CDC and Oregon Health Authority standards prior to continuation of use.

We will keep you updated if we are able to provide any additional helpful information about the exposure, but no personal information will be given.

Our program will be in communication with the county health authority to determine appropriate steps, including when and if exposed individuals may return to our program after exposure.

In the meantime, we ask that you keep your child at home to observe possible symptoms of COVID-19. If your child develops symptoms, please keep them at home until the signs and symptoms are gone, in accordance with public health guidelines.

We would not be offended if you decide to withdraw your child from the program/session and resume participation at a future date, or request a refund.

Thank you again for trusting us with your child.

Sincerely,

Program/Camp Director Name

Title