Dear OU Health Sciences Center Faculty and Staff,

The purpose of this email is to share some of the actions the OU Health Sciences Center is taking to help guide and inform COVID-19 response efforts throughout the campus.

Looking ahead, we are preparing for a potential surge in the COVID-19 pandemic locally. We are actively working with OUMI leadership and our campus research experts to set up screening sites and testing capabilities to ensure we have adequate resources and coverage for our patients and employees. Additionally, we are creating pro-active plans to be able to respond rapidly as the situation continues to evolve.

This week, Governor Stitt issued an executive order, and we are preparing our response to several aspects of that order; however, it should be noted that the Health Sciences Center campus is not closing and we will continue to provide essential services, including emergency oral surgery, in all buildings across campus which remain open.

Toward that end, if your position is designated as essential, you are expected to perform the essential elements of your position, ideally through telecommuting if possible, but in person and on campus, if necessary. This includes the continued delivery of instruction to students as determined by the dean of your college.

As the Nation comes together to slow the spread of COVID-19, on March 16th, the President issued updated Coronavirus Guidance for America. This guidance states that:

“If you work in a critical infrastructure industry, as defined by the Department of Homeland Security (DHS), such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule.”

According to DHS Cybersecurity and Infrastructure Security Agency (CISA), Essential Healthcare / Public Health employees include the following:

- Workers providing COVID-19 testing; Workers that perform critical clinical research needed for COVID-19 response
- Caregivers (e.g., physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, speech pathologists and diagnostic and therapeutic technicians and technologists)
- Hospital and laboratory personnel (including accounting, administrative, admitting and discharge, engineering, epidemiological, source plasma and blood donation, food service, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, respiratory therapists, etc.)
- Workers in other medical facilities (including Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long Term Care, Organ Pharmacies, Procurement Organizations, Psychiatric Residential, Rural Health Clinics and Federally Qualified Health Centers)
- Manufacturers, technicians, logistics and warehouse operators, and distributors of medical equipment, personal protective equipment (PPE), medical gases, pharmaceuticals, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies, and tissue and paper towel products
- Public health / community health workers, including those who compile, model, analyze and communicate public health information
• Blood and plasma donors and the employees of the organizations that operate and manage related activities
• Workers that manage health plans, billing, and health information, who cannot practically work remotely
• Workers who conduct community-based public health functions, conducting epidemiologic surveillance, compiling, analyzing and communicating public health information, who cannot practically work remotely
• Workers performing cybersecurity functions at healthcare and public health facilities, who cannot practically work remotely
• Workers conducting research critical to COVID-19 response
• Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely
• Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters
• Pharmacy employees necessary for filling prescriptions
• Workers performing mortuary services, including funeral homes, crematoriums, and cemetery workers
• Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters

The DHS CISA also identifies the following areas as critical infrastructure workforce categories:

1) **Law Enforcement**, including emergency management, law enforcement, fire, and workers who maintain infrastructure supporting law enforcement.

2) **Food & Agriculture**, including company cafeterias, restaurant and quick serve food operations.

3) **Communications and IT**, including maintenance of communications infrastructure, including privately owned and maintained communications systems, workers who support command centers, data center operators, client service centers, workers responding to cyber incidents involving critical infrastructure including medical facilities, and support required for continuity of services, including janitorial and cleaning services.

4) **Community Based Governmental Operations and Essential Functions**, including workers to ensure the continuity of building functions, security staff to maintain building access control and physical security measures, workers that maintain digital systems infrastructure supporting other critical governmental operations, educators supporting


Unless you are informed otherwise by your supervisor, you should expect to continue your current work schedule.

Sincerely,

Jason R. Sanders, MD, MBA
Senior Vice President and Provost

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