

HPAIV and ASFV-Specific Biological Safety Personnel Quarantine Requirements for Employees of the Colorado State University RBL Pod 1 (East) Laboratories

This quarantine agreement includes following the entry and exit SOPs for the RBL Pod 1 areas when HPAIV or ASFV active work is being performed and 7 days after. This includes:

- All personnel showering out of Pod 1 when any active HPAIV OR ASFV work is being conducted in Pod 1 and 7 days after active HPAIV OR active ASFV work is completed.
 - Dry erase signs next to the Pod 1 locker rooms will indicate shower out requirement
- No other personnel besides Bowen's group enter Bowen labs, nor any of the animal rooms where HPAIV or ASFV is worked with in Pod 1, during HPAIV or ASFV active work and 7 days after work is completed.**
- Bowen lab personnel will not enter or work in the B191 necropsy suite with HPAIV or ASFV-exposed animals nor enter B185 (Slayden BSL3 lab) during active HPAIV or ASFV work or 7 days after active HPAIV or ASFV work is completed.
- All persons that have direct contact with HPAIV OR ASFV or HPAIV or ASFV infected animals will have no physical contact with susceptible species, including birds (HPAIV) or pigs/swine (ASFV), either on or off the Colorado State University premises for **7 days after the last contact with HPAIV or ASFV in BSL-3/ABSL-3 laboratories.**

The prohibition on contact with susceptible species includes, but is not limited to for HPAIV, contact with any pet birds, backyard poultry flocks, birds at county/state fairs, commercial poultry operations, zoological collections (i.e. zoos) and wild birds (e.g. ducks, geese).

The prohibition on contact with susceptible species includes, but is not limited to for ASFV, contact with any pet pigs/swine, backyard pig livestock, pigs/ swine at county/state fairs, commercial pig operations, zoological collections (i.e. zoos) and warthogs, bushpigs, and soft ticks of the genus *Ornithodoros*

- Visitors will be escorted at all times when in these facilities and will have to conform to these requirements.

By signing this policy, I acknowledge that I have read and understand the policy and I agree to comply with these biological safety requirements.

Date _____

Name (please print) _____

Home Address _____

Phone _____

Email _____

Signature _____

Date(s) of visit (if applicable) _____