REVISION HISTORY

Revision

PURPOSE

This plan has been created for Florida Institute of Technology (Florida Tech) to better prepare for a possible infectious disease (agent) incident or an outbreak (*commonly referred to as a "pandemic"*). It outlines the steps to take before, during, and after an outbreak to further reduce/eliminate the possibility of exposure to employees, students, residents, and the general public.

This plan is based off peer reviewed data and industry standards from numerous resources—both authoritative and from a guidance standpoint. Additionally, it will contain general information for educational purposes and site-specific (Florida Tech) information for procedural and implementation purposes.

Every attempt has been made to design this plan as user-friendly and informative as possible. Doing so will allow university employees at any level of knowledge regarding incident response and infectious materials to have a full understanding as to the appropriate procedures and actions to take. Additionally, it allows for an effective directive at the same time more freedom for individuals involved to address the situation on a case-by-case basis as the incident unfolds.

The term, "Patient" will be utilized throughout this plan. Unless specifically stated, "Patient" represents an individual who is either suspect of having or is confirmed to be infected with an infectious agent.

SCOPE

This plan is not designed to be all-inclusive; rather, it has been developed specifically for Florida Tech in relation to a biological outbreak (infectious disease). The University's Emergency Plan serves as the overall plan for emergencies—this plan is just one aspect of that document.

DEFINITIONS & CLARIFICATIONS

Transmission: Airborne vs. Droplet vs. Contact

o Airborne Infection:

Airborne agents float through the air after a person talks, coughs, or sneezes landing in the eyes, mouth, or nose of another person. Direct contact with the infected person is NOT needed for someone else to be infected by an airborne agent. Infection *usually* occurs by the respiratory route (but not always), with the agent present in aerosols. Airborne agents can remain (suspended) in the air for a long period of time (sometime hours). Airborne transmission differs from respiratory (droplet) transmission, in that, respiratory disease agents are carried in the mouth, nose, throat, and respiratory tract.

(e.g., tuberculosis, chickenpox, measles).

o Droplet Infection:

Droplet agents travel inside droplets that are coughed or sneezed from a sick person and enter the eyes, nose, or mouth of another person. Droplets travel short distances from one person to another. A person might also get infected by touching a surface or object that has agents on it and then touching their mouth or nose.

- Droplet nuclei > 5

e.g., flu, common cold, Coronavirus, Ebola).

Contact Infection (direct or indirect):

Infection occurs through direct contact between the source of infection and the recipient or indirectly through contaminated objects like door handles, food, water, skin, mucus membranes, blood, or other bodily fluids (e.g., Hepatitis A, HIV, Salmonella).

SPECIAL NOTE

Many actions or procedures cause "aerosolization". This is often confused with airborne. An agent can be considered "non-airborne" but when aerosolized, becomes a heightened risk. The difference is that airborne agents do not require an intentional physical means to become "aerosolized".

Aerosol Example (Non-Laboratory):

Non-airborne infections agents may be present in a toilet posing little hazard. However, when the toilet is flushed, those agents can be aerosolized, causing potential risk of infection.

Aerosol Example (Laboratory):

Procedures involving the use of a vortex, sonicator, centrifuge, etc.

Isolation vs. Quarantine (as defined by the CDC and HHS)

- o *Isolation* is used to separate ill (confirmed positive) persons who have an infectious disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis.
- O *Quarantine* is used to separate and restrict the movement of well persons who may have been exposed to an infectious disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of disease.

Endemic vs. Epidemic vs. Pandemic

- o *Endemic* refers to the constant presence and/or usual prevalence of an infectious agent in a population within a geographic area.
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Essential Personnel

In emergencies, Essential Personnel are required for business continuity to continue daily business functions. These individuals are not expected to be more at risk than when in the general public. Therefore, they may or may not interact with potentially infected people (asymptomatic) while on campus as part of performing their job duties.

Pandemic Response Personnel (PRP)

Individuals who are considered Essential Personnel **AND** are tasked with duties that are expected to place them in close contact with a reasonably suspected infected, confirmed infected, isolated, or quarantined individual, are designated as Pandemic Response Personnel (PRP). This can also represent personnel in close or physical contact with items used by the patient that could be a risk of exposure (e.g.,, the repair or unclogging of a patient's toilet).

Examples of Pandemic Response Personnel may include specific individuals from the below departments (but are not limited to):

- o Campus Dining
- o Campus Services (Housing)
- o Custodial Staff
- o Environmental, Health & Safety
- Facilities
- Holzer Health Center
- Security Officers

The determination as to who is considered PRP will undoubtedly depend on each infectious agent case scenario. Whenever possible, the number of individuals designated as Pandemic Response Personnel will be limited to reduce exposure to an unnecessary number of personnel. This will aid in limiting confusion and will allow for efficient and a more direct line of communication.

Additionally, PRP may require additional PPE and protective measures to avoid occupational exposure to an infectious agent.

PANDEMIC RESPONSE TEAM (PRT)

The Pandemic Response Team (PRT) will serve as the committee dedicated to providing advice to Florida Tech leadership (Executive Management) during an infectious agent outbreak.

Committee Responsibilities:

Committee Roster: Considerations will be made to include representatives from the following departments						
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Infectious Disease Response Plan (IDRP)						
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PERSONAL PROTECTIVE EQUIPMENT (PPE)

When the appropriate PPE is used properly, it can be an effective tool for mitigating hazards. Unless space that with the twise, T_0 and T_0 are the twise T_0 and T_0 and T_0 are the twise T_0 and T_0 and T_0 are the twise T_0 are the twise T_0 and T_0 are the twise T_0 and T_0 are the twise T_0 and T_0 are the twise T_0 are the twise T_0 are twise T_0 and T_0 are the twise T_0 are the twise T_0 are the twise T_0 and T_0 are the twise T_0 are the twise T_0 are the twise T_0 are the twise T_0 are twise T_0 and T_0 are twise T_0 are twise

EMPLOYEE TRAINING

Infectious Materials

Although just one portion of infectious agent control, training on generalized hazards—such as Bloodborne Pathogens (BBP's)—can further educate staff on protective and preventative measures for controlling exposure and spreading of infectious agents.

Therefore, due to the prevalence-14 (n)4d9rtn pron

REFERENCES

CDC

Quarantine vs. Isolation
Preparedness for Specific Types of Emergencies
Transmission-Based Precautions

NIH

Precautions, Bloodborne, Contact, and Droplet

National Center for Biotechnology Information (NCBI) <u>Isolation vs. Quarantine</u>

OSHA

Respiratory Protection Standard

APPENDIX B: SECURITY PERSONNEL

Due to the job environment that security personnel are often required to be involved—notably, the close proximity of other persons (e.g.,

Exposure to Blood or Other Potentially Infectious Material (OPIM):

When you have been exposed to blood or OPIM, you will treat your exposure no differently than you would if the infectious agent at large did not exist—this is because Bloodborne Pathogens (BBP's) do exit.

When exposed to BBP's, the following procedures will be implemented:

- o Wash the body part that received exposure thoroughly with soap and water.
- Launder contaminated clothing as normal.
- o Disposable PPE (e.g., gloves) is discarded in the trash and non-disposable PPE (e.g., eyewear) is rinsed thoroughly with soap and water, or an appropriate disinfectant (e.g., 70% Isopropanol Alcohol).
- o Report to the Hca7z-3 (e)-3 (i)3 (aL)2 (o) Tth Center at Florida Tech.
- o Report the incident to your supervisor and EHS.
- o If you believe the incident to be an immediate risk to life, seek medical attention at the nearest hospital emergency room.

Reporting Illness:

Report any illness that occurs within 14 days of close contact with the patient to your supervisor immediately as well as your preferred medical professional.

SPECIAL NOTE:

Due to the prevalence of BBP's and the nature of security personnel being at higher risk, all security personnel must complete the Florida Tech's online Bloodborne Pathogens (BBP) Training.

APPENDIX C: CUSTODIAL PERSONNEL

Custodial personnel often perform tasks that place them in situations to be at a higher risk to exposure of infectious disease. Therefore, completion of Bloodborne Pathogens Training is required at a minimum.

During times of an infectious outbreak, Custodial Service personnel may be tasked with additional (or more frequent) duties to further mitigate the spread of an infectious agent (e.g., disinfecting handrails and door handles more often than normal). Additionally, they should coordinate with other departments ways to reduce workload of unoccupied areas in order to concentrate on areas that are utilized more often.

When custodial services are required to be performed in housing units where a patient is under isolation/quarantine, the following procedures will be practiced:

- 1 If there are no adverse impact the wellbeing of patient or the general public, custodial service should be kept at a minimum and as less frequently as possible to avoid more frequent contact with the patient or area.

- 4. If personal protective equipment (PPE) is required, Custodial Services personnel will don the appropriate PPE, provided by their department (or employer, if a contractor) before entering the area needed to mitigate exposure to infectious agents.
- 5. Custodial Services personnel enter and perform the required tasks. During this time, they must conduct work using good hygiene practices (e.g., not touching any part of their face, eyes, and not touching items not absolutely necessary to perform the job task). Unless specified otherwise, all household waste can be discarded in regular trash and laundry can be laundered as normal.
- 6. Upon completion, Custodial Services personnel will notify the patient verbally they are complete (assuming the patient is in the housing unit during the time of service).
- 7. After exiting the area, all PPE should be removed. Disposable PPE (e.g., gloves) is discarded in the trash and non-disposable PPE (e.g., eyewear) is rinsed thoroughly with soap and water, or an appropriate disinfectant (e.g.,

Waste Disposal

The method for disposal will be dependent on the following:

- o The infectious agent and its characteristics involved;
- o Recommendations from authoritative entities (e.g., CDC, Health Department, etc.);
- o The level of risk the employee will be exposed to the waste.

Typically, the waste generated by an individual in isolation is considered normal household waste and is disposed as regular trash. In cases where the guidance from authoritative entities (e.g., CDC) determine all waste to be a significant risk and categorized as biohazardous, the waste is labeled and disposed of as biohazardous waste.

Laundry Procedures

Although Custodial Services may not be responsible for laundry tasks, it is being denoted in this section for uniformity.

Individuals in isolation or quarantine can typically launder their linens and clothes no differently than they would regular clothing with normal detergent. However, each infectious outbreak will be taken on case-by-case bases; and the method of launder and PPE required will be dependent on the following:

- The infectious agent and its characteristics involved;
- o Recommendations from authoritative entities (e.g., CDC, Health Department, etc.).

In the event laundry service is conducted outside the housing unit, the Patient will be provided with trash bags (or similar) to place clothing in for launder. Personnel tasked with laundering the clothing should wear gloves, at minimum (and possibly an N95 respirator as well as eyewear).

SPECIAL NOTE 1:

Per federal law, wearing a respirator on the job requires enrollment in a Respiratory Protection Program. Due to Florida Tech's contractual relationship with Custodial Services, all personnel individuals requiring respiratory protection must be enrolled in their employers (at this time, National) Respiratory Protection Program and that employer must supply the necessary PPE.

SPECIAL NOTE 2:

Those who are involved in the retrieval of biohazardous waste must be trained to do so per <u>FL</u> <u>Chapter 64E-16</u>. Therefore, all personnel involved in such tasks must receive both Biomedical Waste Training and Bloodborne Pathogens Training.

- 4. If it is absolutely necessary for Dining Service personnel to enter the housing unit, they will coordinate the entry with Campus Services so the patient can make arrangements to separate themselves in an area of the unit where food/liquid delivery will not occur (preferably behind a closed door). This is to better distance Florida Tech personnel from the patient with the illness (or presumptive illness).
- 5. If personal protective equipment (PPE) is required, Dining Service personnel will don the appropriate PPE, provided by their department, before entering the area needed to mitigate exposure to infectious agents. The Florida Tech EHS Office can assist in the determination of what PPE should be utilized (examples: gloves, safety eyewear, gown, respirator, etc.). However, in most circumstances, disposable gloves are considered sufficient PPE if the patient is in another closed room or a safe distance away (e.g., 6 feet).
- 6. Campus Dining personnel enter and perform the required tasks. During this time, they must conduct work using good hygiene practices (e.g., not touching any part of their face, eyes, and not touching items not absolutely necessary to perform the job task).
- 7. Upon completion, Dining Service personnel will notify the patient verbally they are complete.
- 8. After exiting the area, all PPE should be removed. Disposable PPE (e.g., gloves) is discarded in the trash and non-disposable PPE (e.g., eyewear) is rinsed thoroughly with soap and water, or an appropriate disinfectant (e.g., 70% Isopropanol Alcohol).
- 9. Report any illness that occurs within 14 days of entering the area to your supervisor immediately as well as your preferred medical professional.

SPECIAL NOTE:

Per federal law, wearing a respirator (e.g., N95) on the job requires enrollment in the Florida Tech's Respiratory Protection Program that includes: Medical Evaluation, Training, and a Fit Test.

Infectious	Disease	Response	Plan ((IDRP))

Specific Isolation/Quarantine Procedures

When a screening of a student from the Holzer Health Center satisfies criteria that justifies them as a credi

- 12. If test results for the infectious agent at large show positive, the patient remains in isolation until consideration of release according to criteria set forth by an authoritative entity (e.g., CDC, Health Department, etc.).
- 13. Before being released, final consultation and permission of the Holzer Health Center must be obtained.
- 14. Upon the student(s) being released from isolation/quarantine, Custodial Services will perform a disinfection of all housing units occupied by the students involved.
- 15. The PRT will reconvene to discuss the process, making note to rectify any procedural and/or administrative issues that were discovered throughout the incident in order to improve the Isolation/Quarantine process for future cases.

APPENDIX F: FLORIDA TECH VEHICLES (BUSES & TROLLEY'S)

This section pertains to procedures involved for buses and trolleys at Florida Tech. The department with responsibility of all vehicles will be termed "Transportation Department".

DEFINITIONS

Vehicle

For the purposes of this appendix, both buses and trolleys will collectively be termed "vehicles"

Some examples of Florida Tech vehicles are (but limited to):

Passengers

Individuals who are being transported by a vehicle.

Operators

Employees or students who ar

PROCEDURES

During an infectious disease outbreak, frequently occupied vehicles are more likely to harbor the biological hazard at large. This is due to the environment often being of close quarters in nature, the number of people gathered in one general area, and the increased instances of surface touching by passengers and operators. Florida Tech will take the necessary precautions to reduce the risk of disease spread and exposure to passengers and operators by implementing the below practices:

- Alternating Vehicles
- o Disinfecting Vehicles
- Limiting Vehicle Capacity
- Practicing Hygiene Etiquette

Alternating Vehicles

Whenever possible, the Transportation Department will alternate usage of duplicate vehicles (or vehicles used for the same purpose) to allow for more thorough disinfections.

Example:

One strategy is to alternate the use the same bus every other day on a route. This would allow for a bus utilized on Monday to be free of passengers on Tuesday, therefore, allowing the bus to be more thoroughly disinfected. The bus is then placed back into service on Wednesday. Conversely, the bus utilized Tuesday is disinfected on Wednesday, and then placed back into service on Thursday.

Disinfecting Vehicles—Disinfection Type

Disinfecting Vehicles—Frequency

The frequency of disinfection will be determined by the frequency of usage; however, all vehicles will be cleaned and disinfected after every use and more often as necessary.

The following procedures will be implemented:

- A. All vehicles utilized shall be disinfected at the end of each work shift or more often as described below.
- B. Whenever a vehicle is to be used by other personnel who were not originally occupying the vehicle within the same workday, it shall be disinfected.
- C. If the vehicle transported passengers other than Florida Tech personnel, spot disinfection in between pick-ups should occur whenever possible. Note: consideration should be taken when using chemicals in proximity of passengers. For

Disinfection—Procedures (Bus & Trolley Specific)

Disinfection will be as thorough to the extent possible. Before disinfection, cleaning of any debris will occur. During operating hours:

- x Don the appropriate gloves.
- x Spray handrail after each trip with passengers
 - o Use provided product that combats the agent at large (e.g., Coronavirus)
 - o Let product sit on surface as long as possible before wiping away
 - o Wipe the surface once, from end to end
 - o Use a new paper towel for each surface
 - o Discard used towels in receptacle
 - Sanitize hands with alcohol-based hand sanitizing gel or alcohol spray 70% solution
- x When changing of drivers occur7 0 Tdu-1 (%)3 c 61 Tf(MCID 35 >>BDC /Tc. 7vT9.3 .7 (e)1 (ac)1

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Limiting Vehicle Capacity

In order to effectively practice social distancing, limiting the number of passengers (and operators) inside a vehicle may be required. There are times this may not be feasible (e.g., golf carts) but is a more doable option for other vehicles like busses and trolleys.

Whenever possible, if room inside the vehicle allows, passengers should be required to sit so that there is enough spacing between each person—who do not share a family household—to be considered social distancing. One method may be to temporary block seats by means of signs, tape; another may be to make seating arrangement designated by a seating chart; or place objects in a manner that specifies and prevents the seating location is not available.

Practicing Hygiene Etiquette

Encouraging passengers and operators to practice good hygiene etiquette is fundamental to avoid the spread of AND the exposure of infectious diseases. Passengers can be informed of proper practices by means of signage. All operators will be instructed as to proper etiquette by their supervisors. The proper hygiene etiquette is as follows:

Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 70% alcohol by covering all surfaces of your hands and rub them together until they feel dry.

Avoid touching your eyes, nose, and mouth with unwashed hands.

Cover your mouth and nose with a cloth face cover when around others. If you don't have a tissue, cough or sneeze into your elbow, not your hands

Avoid touching surfaces inside and outside the vehicle unnecessarily.

Practice social distancing. This means avoiding seating next to someone if other seats are available.

Do not enter a Florida Tech vehicle if you are sick, unless it is for emergency purposes only.

Stay home if you are sick.