**Level 1**: Increased number of disease cases and/or outbreaks occurring in the U.S.

**Level 2**: Suspected disease on Campus or suspected/confirmed cases in Pensacola area.

**Level 3**: Confirmed cases on Campus [only essential personnel required to report to campus].

|  | **Level 1:**  | **Level 2:** **(in addition to Level 1 actions)** | **Level 3:****(in addition to Level 1 & 2 actions)** |
| --- | --- | --- | --- |
| 1. Task ForceTeam | * Bring in Environmental Health and Safety (EH&S) Director as Incident Commander.
* Monitor situation.
* Contact Institutional Communications/Media Relations.
* Bring in Housing & Residential Life/Dining for sequestration planning, as appropriate.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and Personal Protective Equipment (PPE) as appropriate, based on disease.
* Identify essential personnel.
 | * Advise President & Cabinet (VPs) to activate Emergency Operations Center (EOC) and implement Comprehensive Emergency Management Plan (CEMP).
 | * Maintain contact with members of Task Force Team.
* Implement essential personnel as necessary.
* Essential personnel receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S.
* UWF Bookstore will work with Academic Affairs/Provost Office to ensure students who need digital materials for online coursework have them.
 |
| 2. IncidentCommander(Director of Environmental Health & Safety) | * Communicate with Escambia County Health Department (ECHD) regarding preliminary planning and surveillance.
* Communicate and benchmark other college Health Services and EH&S Departments.
* Alert President and Cabinet.
* Establish communication with Deans and AVP of International Education and Programs regarding status of preparedness.
* Update Emergency Operations Plan with Taskforce Team & President and Cabinet as situation evolves.
* Work with Institutional Communications regarding communication(s) to campus community regarding status of disease spread, self-protection, and university response (email, website, text, alerts, town meetings, etc.).
* Responsible for coordinating the implementation of UWF departmental roles.
 | * Notify ECHD.
* All direction on how to proceed will be guided by the Florida Department of Health and ECHD.
* Notify Student Affairs, Student Health Services, and Counseling Services.
* Notify Housing & Residential Life and Dining Services on number of potential contacts that may require sequestration.
* Ongoing communications with campus community regarding signs/symptoms, protocol for referral of suspected cases.
* Initiate poster, email campaign on self-protection for campus community.
* Make recommendations to move forward with preparations for campus closure, if needed.
 | * In conjunction with ECHD, recommend temporary closure of building(s) and suspension of student and academic activities to President & Cabinet.
* Implement Emergency Operations Plan.
* Ensure that each Operations Group function is covered.
 |
| 3. President’s Office | * Receive information from Incident Commander.
* Based on recommendations from U.S. State Department, CDC, and ECHD be prepared to modify athletic events, university events, exchange programs, and university related travel to and from other countries, and class schedules.
* Work with Institutional Communications to review content of internal and external public information bulletins and announcements.
* Consider restricting movement on and off campus for activities/athletic events.
* Identify essential personnel.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Based on recommendations from U.S. State Department, CDC, and ECHD be prepared to modify athletic events, university events, exchange programs, and university travel to and from other countries, and class schedules.
* Advise Board of Trustees on response options.
* Evaluate information on institutional effects of the incident and set response priorities as appropriate.
* Activate EOC.
* Assist Dean of Students Office with student and parent issues.
* Provide assistance in supporting University offices in dealing with issues pertaining to faculty and staff.
 | * Authorize temporary suspension or closure of classes.
* Provide oversight for student, staff, and faculty family notifications, as appropriate.
* Implement essential personnel as necessary.
* Essential personnel receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S.
 |
| 4. Student HealthServices (SHS) | * Order extra Personal Protective Equipment (N95 masks, regular/surgical masks, gowns, gloves) for SHS staff.
* Confirm network for obtaining medications & vaccines.
* Collaborate with Florida Department of Health/ECHD for assessment of sequestration status for any staff or student based on the level of exposure and proof of immunity.
* Follow Florida Department of Health/ECHD guidelines regarding patient testing, sequestration and contact tracing.
* Collaborate with ECHD for hospital transportation procedure for suspected cases.
* Disease-specific in-service training for SHS staff.
* Monitor SHS staff.
* Identify essential personnel.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Notify Incident Commander and ECHD if there is a suspected case on the UWF campus.
* PPE use for all SHS staff as indicated.
* Sequester and monitor suspected cases.
* Contact tracing: identify contacts of suspected cases & susceptibility; collaborate with ECHD as needed.
* Communicate with parents of suspected cases.
* Initiate prophylaxis of contacts as indicated, based on disease.
* Establish phone triage lines for SHS and CAPS.
 | * For diseases that require proof of vaccination by UWF, SHS will determine proof of immunity for students using available Tableau reports and disseminate information to appropriate personnel.
* Collaborate with ECHD.
* Locate individuals contacted by patient in collaboration with Housing & Residential Life, Registration, and other appropriate departments.
* Arrange for screening of individuals who have had contact with patient.
* Arrange for counseling services.
* Assist in preparation for sequestration of individuals who are unable to show proof of immunity per Florida Department of Health/ECHD guidelines for vaccine preventable illnesses.
* Prophylactic treatment of contacts, as indicated.
* Monitor persons in sequestration based on ECHD direction.
* Provide care for persons in sequestration based on ECHD direction.
* Continue with use of appropriate PPE.
* Ongoing communication with campus community regarding signs/symptoms, protocol for referral of suspected cases.
* Collaborate with email/communication campaign on self-protection.
* Receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S, if needed.

  |
| 5. Environmental Health and Safety | * Identify essential personnel.
* Assess respiratory protection plan and resources (including PPE).
* Contract with hazardous material company for professional clean-up.
* Coordinate with SHS to promote good hygiene practices throughout campus.
* Work with SHS to provide confirmed cases and information to Incident Commander and/or Communications.
* Order Personal Protective Equipment (PPE) as needed based on assessment.
* Assess and provide PPE training for appropriate University personnel (Housing & Residential Life, Dining Services, & Building Services, etc.).
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Notify hazardous material company for professional clean-up.
* Arrange for additional medical waste pick-up and waste storage.
* Coordinate with SHS to continue promoting good hygiene practices throughout campus (increase information).
* Work with SHS to provide confirmed cases and information to Incident Commander.
* Issue appropriate PPE to essential personnel.
* Monitor appropriate PPE and emergency supply inventory.
 | * Assist with notification of Building Emergency Coordinators.
* Assist SHS as needed.
* Implement essential personnel as necessary.
* Assist Incident Commander as needed.
* Essential personnel receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S.
* Work with DOH on possible public and campus POD
 |
| 6. UWF Police Department | * SHS trains dispatchers, security, and police on disease risks and response.
* Alert Incident Commander/SHS if encountering individual(s) with disease sign/symptoms.
* Identify essential personnel.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Implement policy on transporting individual to hospitals.
* Secure police and communication center work areas.
* Communications Center will coordinate with SHS and Media Relations to direct/disseminate all applicable information.
* Ensure disease awareness training of all staff.
* Review ECDH Point of Dispensing (POD)/Mass Vaccination responsibilities.
* Assist SHS with special security issues/asset protection.
* Monitor and maintain law & order, public health and safety on campus.
 | * Secure buildings & post signage.
* Monitor and maintain law & order, public health and safety on campus.
* Implement essential personnel as necessary.
* Essential personnel receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S.
 |
| 7. Institutional Communications | * Draft internal/external bulletins and announcements with the President’s Office.
* Collaborate with Incident Commander regarding communication(s) to campus community regarding status of disease spread, self-protection, and university response (email, website, text, alerts, town meetings, etc.).
* Identify essential personnel.
 | * Appoint liaison to interface with the Task Force Team.
* Create and record bulletins and updates on the University’s Emergency Information Hotlines.
* Develop scripts for phone tree with approval from President & Cabinet.
* Communicate to campus that all signs/symptoms of disease are reported to Incident Commander (or identified personnel) as appropriate.
* Work with Incident Commander/SHS to determine messages to send to targeted audiences (students, faculty, staff).
* Respond to media inquiries regarding UWF’s outbreak/epidemic/pandemic preparations.
 | * Organize phone banks to refer callers to emergency services, take messages, & support rumor control, if necessary.
* Establish a Media Relations Center: coordinate press releases, manage news teams, interviews, and other media inquiries.
 |
| 8. Facilities Management | * Identify essential personnel along with back-up personnel for each position.
* Determine preliminary schedule for staffing needs.
* Determine buildings/rooms to be utilized for sequestration areas.
* Develop/review plans for on-going maintenance of critical areas such as labs, Heating Plant, and other facilities.
* Identify needed supplies for all campus departments.
* Develop plan for building security in case of campus closure.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Same as Level 1 procedures.
 | * Stand-by to shut off utilities as directed by Incident Commander, if indicated. (Contact ITS prior to cut off to ensure IT operations are not disrupted)
* Prepare mass vaccination center or other emergency shelter facility as requested.
* Implement essential personnel as necessary.
* Essential personnel receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S.
 |
| 9. Student Affairs (SA) & Housing and Residential Life | * SHS trains Resident Assistants (RAs) and other offices within the Division on disease risks and response.
* SA monitors student travelers entering from affected regions and assists with communication to international students and their families.
* SA develops plan to address needs/support for graduate and commuter students.
* RAs develop plan to address needs/support for students living on-campus.
* Fraternity and Sorority Life to develop plan to address needs/support for Greek organizations.
* Identify division personnel available for telephone support work, if needed.
* Identify essential personnel.
* Identify potential rooms and/or buildings to be used for sequestered students.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Educate students and staff on disease prevention strategies.
* Train/educate custodial staff on cleaning strategies/special instructions.
* Notify current occupants in spaces that will be needed of the potential or need for them to move.
* Assist with sequestration of identified student(s).
* Arrange for monitoring/delivery of medications, other services to sequestered case(s).
* Assist with relocation of students for sequestration.
* Educate staff for how to deal with the needs of persons in sequestration.
* Update essential personnel on disease information.
* Review the use of PPE and N95 masks, as appropriate.
* Report any possible cases to Incident Commander.
* Work with Dining Services for delivery of food to sequestered persons.
* Assist with telephone support work.
 | * Identify student events where confirmed patient has attended.
* Residential staff to assist SHS as needed.
* Implement essential personnel as necessary.
* Essential personnel receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S.
 |
| 10. Housing & Residential Life and Dining Services | * Identify potential rooms and/or buildings to be used for sequestered students.
* Notify current occupants in spaces that will be needed of the potential or need for them to move.
* Ensure emergency response menu is planned for various degrees of needs.
* Ensure adequate food and water supplies.
* Ensure food delivery process is planned and delivery supplies are on hand.
* Identify essential personnel.
* Ensure all staff are immunized to provide protection against disease (if applicable).
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Enact plan for sequestration of students:
* Set up Housing and Dining command center and recall essential personnel.
* Enact emergency phone contact tree.
* Identify meal delivery need and method for sequestered students.
 | * Activate plan from Level 2 for sequestered students in conjunction with the direction from the ECHD.
* Essential personnel receive appropriate PPE based on disease (including N95 respirators as indicated) from EH&S.
 |
| 11. Human Resources | * Prepare a call-off procedure.
* Identify personnel available for telephone support work, if needed. (Limited capacity to support incoming/outgoing calls if several phones are redirected to outside sources)
* Maintain and redistribute current leave policies and procedures to all employees.
* Contact workers compensation provider and make contingency plans for coverage and filing claims.
* Identify essential personnel.
 | * Communicate FMLA triggers to supervisors and employees.
* Send reminder to all employees to ensure that insurance and beneficiary information is current.
* Communicate procedures for sending home sick employees and contingency plans for essential personnel should they become ill.
* Modify workspace to minimize possible exposure.
 | * Activate call-off procedure.
* Implement essential personnel as necessary.
 |
| 12. Financial Services | * Identify critical Financial Services (FS) operations.
* Identify FS operations that can be postponed or delayed; determine how long these delays can continue.
* Develop a calendar of deadlines including responsible staff and back-up staff.
* Identify essential personnel.
* Identify back-up staff to perform critical functions.
* Review desk manuals & update (including procedures relating to back-up roles).
* Ensure all back-up staff are cross trained on critical functions.
* Identify all FS functions that can be performed at home and/or over internet.
* Test home internet service for confirmed ability to perform critical functions.
* Review and update office contact lists.
* Review supply inventory (including Check Stock) and order additional inventory.
* Contact University Budgets and other appropriate offices to plan special disbursement rules and restrictions.
* Set up special Funds to account for emergency purchases and supplies.
* Ensure all critical files, worksheets, and programs are backed up on shared drives and that employees can access these as needed.
* Review University plan with all FS staff.
* Ensure staff is educated on disease protection/prevention.
* Review signatory and authority delegations and plan additional delegations for back-up personnel.
* Review FS staff computer security and plan changes needed for Level 2 & Level 3 back-up personnel.
* Ensure departments review computer security and send updates needed for Level 2 & Level 3 back-up personnel.
* Review layout of customer service areas for improvement of reducing possible exposure.
* Review contracts and periodic payments to ensure schedules are current and readily available.
* Develop a calendar of critical payment dates.
* Contact critical vendors regarding emergency payment procedures.
 | * Authorize additional check signers for manual checks. Update bank signature cards.
* Notify bank of special procedures, contacts, etc.
* Prepare proposed work schedules for essential personnel for Level 3.
* Ensure appropriate staff has keys for office access.
* Develop call-in procedures for employees working from home or on administrative leave.
* Develop call-in procedures for essential personnel.
* Ensure updated computer security for back-up roles for all staff.
* File all external reports, tax returns, etc. as early as possible.
* Request extensions for reports and tax returns that cannot or may not be timely filed.
* Prepare and distribute a schedule (for customers) of personnel and contact information for specific problems or services.
* Ensure adequate supply of critical/emergency inventory.
* Notify UWF Police Department and other appropriate administrative offices of scheduling plans and contact information.
* Modify customer service areas to minimize possible exposure to staff and customers.
 | * Implement emergency work schedules for essential personnel.
* Implement emergency contact procedures.
* Direct all FS staff to check work schedule and messages daily.
* Process vendor payments as necessary.
 |
| 13. Cashier’s Office & Student Accounts | * Contact departments that collect money to plan/review deposit procedures.
* Contact appropriate offices to determine special guidelines for emergency student loans.
* Develop a calendar of critical invoices/billing dates.
* Identify essential personnel.
 | * Modify workspace to minimize possible exposure.
 | * Process deposits to bank periodically.

Implement essential personnel as necessary. |
| 14. Cash Flow(Foundation CFO or Director) | * Contact Foundation regarding possible cash loan needs.
* Contact Department of Education regarding timing of payments to UWF.
* Contact Research and Sponsored Programs regarding their cash requirements.
* Contact bank regarding special arrangements.
* Prepare a schedule of planned cash flows including upcoming major payments and expected revenue collections.
* Identify essential personnel.
 | * Update cash flow forecasts.
* Initiate any special transactions (loans, liquidations, etc.) to ensure cash availability.
 | * Monitor daily transactions and bank balances.
* Process critical transactions (transfers, etc.) as necessary.
* Implement essential personnel as necessary.
 |
| 15. Payroll | * Send notice(s) for all employees paid by check to sign up for direct deposit.
* Send notice(s) to all employees to verify personal information (address, phone #, cell #, etc.)
* Contact agencies that receive amounts withheld from payroll to determine emergency procedures.
* Develop a calendar of critical payment dates.
* Identify essential personnel.
 | * Same as Level 1 procedures.
 | * Process bi-weekly payroll.
* Implement essential personnel as necessary.
 |
| 16. Dean of Students Office | * Coordinate communication to students & parents.
* Coordinate communication of sequestration.
* Work with Dining Services, Housing & Residential Life, SHS, and EH&S for needs.
* Manage enforcement issues.

Manage parent issues. | * In collaboration with Institutional Communications, coordinate communication to students and parents.
* Coordinate communication of sequestration.
* Work with Dining Services, Housing & Residential Life, SHS, and EH&S for needs.
* Manage enforcement issues.
* Manage parent issues.
* Manage parent phone calls and those wanting to come to campus.
 | * Coordinate communications to students & parents.
* Coordinate communication of sequestration.
* Work with Dining Services, Housing & Resident Life, Dining Services, SHS, & EHS.
* Manage enforcement issues.
* Manage parent issues.
* Manage parent phone calls and those wanting to come to campus.
 |
| 17. Counseling andPsychologicalServices (CAPS) | * Develop staffing procedures for handling increased demand.
* Disseminate information available related to medical resources available and prophylactic measures students can take to feel more empowered and secure.
* Begin to develop emergency schedule of counselor availability if needed for Level 2 or Level 3.
* Provide support to the “worried well.”
* Identify essential personnel.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Expect an increase in clients seeking emergency emotional support.
* Implement staffing procedures to handle increased client demand.
* Utilize existing procedures for providing 24/7 care if needed.
* Begin emergency support efforts to help students deal with effects of illness and loss.
* Implement emergency schedule of support for increased counselor availability.
* Provide emotional support for those sequestered via telephone.

Provide support for faculty and staff. | * Cancellation of existing appointments to prevent exposure of students to the health center.
* Provide emotional support on campus and in residence halls through open support meetings.
* Provide telephone emergency support to existing clients and new clients.
* Provide telephone support to those sequestered.
 |
| 18. Academic Affairs | * Responsible for communication and coordination with academic areas on campus regarding necessary changes in class schedules, class cancellations, and other matters related to academics.
 | * Responsible for communication and coordination with academic areas on campus regarding necessary changes in class schedules, class cancellations, and other matters related to academics.
 | * Responsible for communication and coordination with academic areas on campus regarding necessary changes in class schedules, class cancellations, and other matters related to academics.
 |
| 19. Office of International Affairs  | * Coordinate communication with:
* International students and parents
* Students studying abroad and parents
* Students in progress with study abroad approval and approved students pending departure
* Partner universities abroad and study abroad providers
* Confirm student and scholar ISSM status and information accuracy.
* Coordinate with Counseling and Psychological Services (CAPS) for services to students coping with family illness or death at a distance.
* Implement plans for students, faculty, and staff who are restricted from returning to the U.S. from affected countries, or who may be quarantined abroad or upon arrival to the U.S.
* Determine trip cancellations, travel restrictions, academic credit issues as needed, and clarify obligations of all involved parties.
* Determine study abroad and international student health insurance provisions and case initiation process.
* Identify essential personnel.
* Essential personnel receive fit testing for N95 respirators and training on respiratory protection and PPE as appropriate, based on disease.
 | * Coordinate communication with:
* International students and parents
* Students studying abroad and parents
* Students in progress with study abroad approval and approved students pending departure
* Partner universities abroad and study abroad providers.
* Faculty involved with abroad programs
* Create action plan for staff to work remotely.
* Confirm student and scholar ISSM status and information accuracy and generate reports.
* Maintain list of abroad students and country status for potential emergency claims initiation for health and or evacuation services to study abroad insurance company.
* Provide interpreter services for communicating with students whose English proficiency may be low.
* Provide interpreter services to Dean of Students, Housing Offices, SHS, & CAPS for communicating with on campus students whose English proficiency may be low.
* Manage international student parent phone calls.
* Notify F-1 and J-1 students of immigration updates and travel warnings. Announce need for travel signatures from International Programs staff.
* Identify points of contact and contact information.
* Update social media accounts.
* Coordinate with UWF Postal Services regarding delivery of USCIS documents
* Prepare plan to repatriate study abroad students.
* Coordinate with Academic Affairs to identify data for required SEVP updates.
 | * Coordinate communication with:
* International students and parents
* Students studying abroad and parents
* Students in progress with study abroad approval and approved students pending departure
* Partner universities abroad and study abroad providers.
* Confirm workability of student and scholar reports, information access and documentation updates in ISSM.
* Initiate emergency claims for study abroad health and evacuation services to study abroad insurance company.
* Provide interpreter services for communicating with students whose English proficiency may be low.
* Provide interpreter services to Dean of Students, Housing Offices, and SHS for communicating with on campus students whose English proficiency may be low.
* Manage international student parent phone calls.
* Develop contingency plan for international students who may not be able to return to their home countries.
* Create and release list of services available to international and study abroad students
* Assign point of contact for study abroad and international students. Provide google phone number for ease of communication.
* Finalize repatriation of students from abroad.
* Activate communication to incoming/prospective students coming to UWF for next semester.
* Implement essential personnel as necessary.
 |
| 20. Parking Services  | * Determine plan of disinfection for on campus trolleys. Per ECAT, trolleys and ECAT buses are disinfected daily.
* UWF requests to have hand sanitizer and Lysol wipes on board for traveler’s use, if possible.
* Trolleys and ECAT buses continue to run campus routes as usual.
 | * Confirmed case in Pensacola area: Request that ECAT Route 43 skip campus stops.
* Confirmed case on campus: Suspend all ECAT bus and UWF Trolley service.
 | * Parking: Clear Field House Parking lot for Strategic National Stockpile and POD staging area (as needed).
* Transportation Services: No transportation services on campus.
 |
| 21. Networking &Telecommunications | Not applicable | Arrange for emergency telephone lines to be established at EOC and sequestration areas. | * Arrange for emergency telephone lines to be established at EOC and sequestration areas.
 |
|  |  |  |  |

# Appendix A

# Standard Precautions

1. Standard precautions are the basic level of infection control that should be used in the care of all patients all of the time.
2. Use standard precautions in the care of all patients to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
3. Applies to blood, all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes.

## Personal Protective Equipment (PPE) for Standard Precautions:

[Gloves](http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/ppe/comp/gloves.html)

* 1. Clean, non-sterile gloves when touching or coming into contact with blood, body fluids, secretions, or excretions.
	2. Apply gloves just before touching mucous membranes or contacting blood, body fluids, secretions, or excretions.
	3. Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another patient.
	4. Wash hands immediately after removing gloves.

[Gowns](http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/ppe/comp/gowns.html)

1. Wear a fluid resistant, non-sterile gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
2. Do not wear the same gown for the care of more than one patient.
3. Apply gown prior to performing such activities that may generate splashes or sprays of blood, body fluids, secretions and excretions.

[Masks and Respirators](http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/ppe/comp/masks.html)

1. Wear a facemask when there is potential contact with respiratory secretions and sprays of blood or body fluids.

[Other Face and Eye Protection](http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/ppe/comp/face.html)

1. Wear eye protection (goggles and face shields) for potential splash or spray of blood, respiratory secretions, or other body fluids.
2. Personal eyeglasses and contact lenses are *not* considered adequate eye protection.
3. May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes.
4. [Hand Hygiene](http://www.health.state.mn.us/handhygiene/index.html)--following any patient contact:
5. Wash hands for 20 seconds with soap and warm water – especially if visibly soiled.
6. Clean hands with alcohol-based hand rub if not visibly soiled.
7. Patient Care Equipment
	1. Avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments.
	2. Clean, disinfect or reprocess non-disposable equipment before reuse with another patient.
	3. Discard single-use items properly.

**Appendix B**

**Airborne Precautions (in addition to Standard Precautions)**

**Examples include:** **COVID 29, Flu, Measles, Tuberculosis, Varicella (chickenpox)**

1. Airborne Precautions are designed to reduce the risk or eliminate the airborne transmission of infectious agents. The infectious particles are so small that they can remain suspended in the air for long periods of time and are carried on air currents.
2. The patient must have a private room with special ventilation (negative pressure); door must be kept closed.
3. The patient should stay in his/her negative pressure room with the door closed at all times.
4. N95 masks are worn by personnel if the patient has or is suspected of having an airborne illness.
5. Patient care items such as blood pressure cuffs, etc. should be dedicated and disinfected or discarded after care of patient is completed.
6. Patient should be taught to cover their nose and mouth with tissues when coughing or sneezing and to discard tissues in a bag.
7. If advanced notice of patient coming to SHS:
	1. Have patient enter through a separate entrance to the facility (e.g., back of building, business manager office side) to avoid the reception and registration area & have patient don regular/surgical facemask before entering building.
	2. Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette.
	3. Once the patient leaves, the exam room should remain vacant (with the door closed) for generally one hour before anyone enters; however, adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly.
8. If a negative pressure airborne isolation room is not available:
	1. Provide a facemask (regular/surgical mask) to the patient and place the patient immediately in an exam room with the door closed.
	2. Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet.
	3. Appropriate PPE for personnel with patient contact as indicated.
	4. Initiate transfer of patient to a healthcare facility that has the recommended infection-control capacity to properly manage the patient.

**\*There is no current capability for airborne isolation/negative pressure rooms in UWF campus buildings. These individuals must be transported to the local hospital emergency room.**

**COVID 19 (Novel Coronavirus)**

1. Plan for/Implement:
2. Contact ECHD & local hospital emergency room.
3. Case-patient is considered infectious.
4. There is no current capability for airborne isolation/negative pressure rooms in UWF campus buildings. The case-patient must be transported to the local hospital emergency room.
5. Airborne precautions (N95 mask & gloves), in addition to Standard Precautions, for all personnel with case-patient contact prior to hospital transport.
6. Contact tracing for determination of all exposed persons; determine susceptibility of exposed persons.
7. All persons who have shared space with the case-patient are considered exposed persons: residence halls, classrooms, buildings, elevators, vehicles, etc.
8. Possible sequestration of susceptible exposed persons.

**Measles-Specific Outbreak Information**

Plan for/Implement:

1. Contact ECHD & local hospital emergency room.
2. Case-patient is considered infectious from 4 days before and 4 days after onset of rash.
3. There is no current capability for airborne isolation/negative pressure rooms in UWF campus buildings. The case-patient must be transported to the local hospital emergency room.
4. Airborne precautions (N95 mask & gloves), in addition to Standard Precautions, for all personnel with case-patient contact prior to hospital transport.
5. Contact tracing for determination of all exposed persons; determine susceptibility of exposed persons [susceptible persons include all persons without documentation of receiving MMR or immunity documentation from titer results].
6. All persons who have shared space with the case-patient are considered exposed persons: residence halls, classrooms, buildings, elevators, vehicles, etc.
7. Offer Post Exposure Prophylaxis (PEP) for susceptible exposed persons. MMR vaccine offered to those not immunocompromised. Immunoglobulin (IG) can be offered for those immunocompromised, if available (including pregnant women without evidence of measles immunity):
8. Administer MMR within 72 hours of exposure.
9. Administer IG within 6 days of exposure, if available.
10. Persons who receive MMR vaccine or IG should be monitored for signs/symptoms of measles for at least 1 incubation period (14 day avg, 7-18 day range).
11. Except for healthcare settings, unvaccinated persons who receive their 1st dose of MMR vaccine within 72 hours post-exposure may return to child care, school, or work (monitor for signs/symptoms of measles).
12. Possible sequestration of susceptible exposed persons for 2 weeks.
13. Case-patient can return to regular activities on the 5th day after onset of rash, if not immunocompromised.
14. All students and personnel born on or after 1957 who cannot provide adequate presumptive evidence of immunity should be vaccinated.
15. Persons receiving their 2nd dose and previously unvaccinated persons receiving their 1st dose as part of the outbreak control program may be immediately readmitted to school/work (continue to monitor for signs/symptoms of measles).
16. Signs/Symptoms of Measles: high fever, runny nose, cough, red eyes, sore throat, Koplik spots, followed by rash.
17. Those who continue to be exempt or refuse vaccination should be excluded from campus until 21 days after onset of rash in the last case of measles.

**Appendix C**

**Droplet Precautions (in addition to Standard Precautions)**

**Examples include: Coronavirus 2019-nCoV, Flu, Bacterial Meningitis, Mumps, Pertussis**

1. Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Infectious droplets are released when the infected person sneezes or coughs and the large droplet spray may spread as far as three to six feet.
2. Examples of Disease include influenza, meningococcal meningitis, mumps, rubella, diphtheria, pertussis.
3. Private room is required or a room with other patients with the same diagnosis.
4. Patient should stay in his/her room with the door closed; if the patient must leave the room, the patient must wear a regular/surgical facemask when out of his/her room.
5. A regular/surgical facemask should be used by all personnel for any potential exposure within 3 feet of the patient.
6. Gloves and gown are recommended when delivering patient care/meals. Regular/surgical facemask is required if coming within 3 feet of the patient.
7. Patient care items such as blood pressure cuff, etc. should be dedicated to that patient and disinfected or discarded after care is completed.
8. Patient should be taught to cover his/her nose and mouth with tissues when coughing or sneezing and to discard tissues into a bag.
9. If advance notice of patient coming to SHS:
	1. Have patient enter through a separate entrance to the facility (e.g., back of building, business manager office side) to avoid the lobby area. Have patient don regular/surgical facemask before entering building.
	2. Place patient in an exam room with door closed as soon as possible; prioritize those with excessive cough and sputum production.
	3. If exam room is not available, provide a regular/surgical facemask to patient and place in a separate area, away from other patients.
	4. Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette (cover mouth and nose with a tissue when coughing or sneezing; use in the nearest waste receptacle to dispose of the tissue after use; perform hand hygiene [e.g., handwashing with soap and water or alcohol-based hand rub] after having contact with respiratory secretions and contaminated objects/materials.

**COVID 19 (Novel Coronavirus)**

Plan for/Implement:

1. Contact ECHD & local hospital emergency room.
2. Case-patient is considered infectious.
3. Droplet precautions (regular/surgical facemask & gloves), in addition to Standard Precautions, for all personnel with case-patient contact.
4. Regular/surgical facemask on suspected case-patient.
5. Contact tracing for determination of all exposed persons; determine susceptibility of exposed persons.
6. All persons who have shared space with the case-patient are considered exposed persons: residence halls, classrooms, buildings, elevators, vehicles, etc.
7. Possible sequestration of susceptible exposed persons.

**Bacterial Meningitis-Specific Outbreak Information**

Plan For/Implement:

1. Emergency situation; call 9-1-1 for all suspected cases immediately.
2. Contact ECHD & local hospital emergency room.
3. Droplet precautions (regular/surgical mask & gloves), in addition to Standard Precautions, for all personnel with case-patient contact.
4. Regular/surgical facemask on suspected case-patient.
5. Transportation of suspected person(s) via EMS to hospital for immediate treatment; suspected cases should be treated promptly without waiting for laboratory confirmation.
6. Contact tracing of all close contacts (roommates, boy/girlfriends) of case-patient.
7. Close contacts to be treated with antibiotics.
8. Media/Campus communication/reassurance.
9. Possible mass vaccinations dependent upon situation as directed by Florida Department of Health/ECHD.

**Mumps-Specific Outbreak Information**

Plan For/Implement:

1. Contact ECHD.
2. Contact local hospital emergency room, if needed.
3. Droplet precautions (regular/surgical facemask & gloves), in addition to Standard Precautions, for all personnel with case-patient contact.
4. Regular/surgical facemask on suspected case-patient.
5. Incubation period range is 12-25 days. Incubation period is the time from the moment of exposure to an infectious agent until signs and symptoms of the disease appear.
6. Patients should be sequestered for 5 days following the onset of parotitis (inflammation of one or both parotid glands, the major salivary glands located on either side of the face); Standard & Droplet precautions are to be used during this time period.
7. Recommended period for contact tracing is 2 days before patient parotitis onset through 5 days after parotitis onset.
8. Contacts’ immunity should be verified or receive MMR immunization. Titer is not recommended.
9. Susceptible contacts should be immunized to reduce likelihood of infection upon future exposures. Immunoglobulin (IG) is not as effective and not recommended.
10. Persons with zero doses of MMR vaccine and no other evidence of mumps immunity should be excluded from school until the 26th day after the onset of parotitis in the last person with mumps.
11. Persons who have a history of one dose of MMR vaccination should receive their second vaccine dose and be allowed to remain in school.
12. Persons who have been exempted from MMR vaccination should be excluded from school until the 26th day after the onset of parotitis in the last person with mumps.
13. All susceptible persons should be excluded from school or work until the 26th day after the onset of parotitis in the last person with mumps in the affected school.

**Appendix D**

**Contact Precautions (in addition to Standard Precautions)**

**Examples include: Gastrointestinal/diarrheal illness (possible rotavirus, norovirus, *Clostridium difficile*), wound/skin infections (e.g. impetigo, MRSA)**

1. Use Contact Precautions, in addition to Standard Precautions, in the care of patients known or suspected to have a serious illness easily transmitted by direct patient contact or by indirect contact with items in the patient’s environment.
2. Direct Contact Transmission
3. Involves body-surface to body-surface contact and physical transfer of microorganisms between a susceptible person (host) and an infected or colonized person.
4. More often occurs between a healthcare worker and a patient than between patients.
5. Indirect Contact Transmission
6. Involves contact of susceptible person (host) with a contaminated intermediate object such as needles, dressings, gloves or contaminated (unwashed) hands.
7. Disease is more likely to develop following direct or indirect contact transmission when the pathogen is highly virulent or has a low infectious dose or the patient or healthcare worker is immunocompromised.
8. Poor hand hygiene is most often cited as a cause of contact transmission.
9. Private room is required or a room with other patients with the same diagnosis.
10. SHS: Prioritize placement of patients in an exam room if they have stool incontinence, draining wounds, and/or skin lesions that cannot be covered, or uncontrolled secretions.
11. Patients with known or suspected infectious diarrhea to use a separate bathroom, if available; bathroom to be cleaned/disinfected before it can be used again by others.
12. Personal Protective Equipment (PPE) for Contact Precautions:

[Gloves](http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/ppe/comp/gloves.html)

1. Wear gloves when touching the patient and the patient’s immediate environment or belongings.
2. Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another patient.
3. Wash hands immediately after removing gloves.

[Gowns](http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/ppe/comp/gowns.html)

1. Wear a fluid resistant, non-sterile gown if substantial contact with the patient or patient environment is anticipated.
2. Do not wear the same gown for the care of more than one patient.

**Appendix E**

**Viral Hemorrhagic Fever Disease-Specific Outbreak Information**

**Standard, Droplet, & Contact Precautions**

Plan For/Implement:

1. Contact ECHD for notification and collaboration for patient transport to hospital via EMS. Contact local hospital emergency room.
2. Standard, Droplet and Contact precautions for all personnel with case-patient contact.
3. Virus is transmitted through direct contact with the blood or body fluids of a person infected with viral hemorrhagic fever disease; incubation period is 2 to 21 days.
4. Contact tracing for determination of all exposed persons.
5. CDC now recommends **active monitoring** for all people with any level\* of potential exposure to viral hemorrhagic fever disease. This means that public health workers (local Health Department) are responsible for checking at least once a day to see if people in these risk levels have a fever or other symptoms of viral hemorrhagic fever disease. In addition, people being monitored must take their temperature two times each day and watch themselves for symptoms. Active monitoring must take place until 21 days after the last possible exposure and can occur on a voluntary basis or be required by legal order.
* For all people in the High and Some risk levels, and some people in the Low risk level, public health workers will make a direct observation at least once a day for a fever or other symptoms. This is called **direct active monitoring**. An example of direct observation is an in-person visit. A second follow-up can be done by telephone.
* For people in the High risk level, there are additional restrictions on travel and public activities. These restrictions also may apply to people in the Some risk level depending on their individual situation, such as how they were exposed to viral hemorrhagic fever disease, the number of days since they might have been exposed, and whether they have followed the requirements for direct active monitoring.

http://www.cdc.gov/vhf/ebola/exposure/qas-monitoring-and-movement-guidance.html

1. Special viral hemorrhagic fever disease decontamination of exposed areas needed.
2. Sequestration of exposed persons based on ECHD direction.
3. sequestration on-campus considerations (students): housing, security, meals, lost wages, current courses/classwork, entertainment, laundry
4. Sequestration off-campus considerations (staff): lost wages, leave

\*High risk level of exposure activities include:

* Contact with body fluids, from a person sick with viral hemorrhagic fever disease and showing symptoms, through:
	+ - A needle stick
		- Splashes to eyes, nose, or mouth
		- Body fluids directly on skin
* Touching a dead body while in a country with a large viral hemorrhagic fever disease outbreak or a small outbreak that may be hard to control without wearing recommended personal protective equipment (PPE) or not wearing PPE correctly.
* Living with and taking care of a person sick with viral hemorrhagic fever disease.

\* Some risk level of exposure activities include:

* Close contact (within 3 feet) of a person sick with viral hemorrhagic fever disease for a long time (such as in a household, healthcare facility, or the community) without wearing PPE.
* In a country with a large viral hemorrhagic fever disease outbreak or a small outbreak that may be hard to control—
	+ - Direct contact with a person sick with viral hemorrhagic fever disease while wearing PPE correctly.
		- Direct patient care in any other healthcare setting.

\*Low risk level of exposure activities include:

* Having been in a country with a large viral hemorrhagic fever disease outbreak or a small outbreak that may be hard to control within the past 21 days with no known exposure (such as NO direct contact with body fluids from a person sick with viral hemorrhagic fever disease).
* Being in the same room for a brief period of time with a person sick with viral hemorrhagic fever disease.
* Brief direct contact, like shaking hands, with someone sick with viral hemorrhagic fever disease.
* Direct contact with a person sick with viral hemorrhagic fever disease in a country where there have been viral hemorrhagic fever disease cases, but no large viral hemorrhagic fever disease outbreak or small outbreak that may be hard to control (for example, Spain and the United States) while wearing PPE correctly.
* Traveling on an airplane with a person sick with viral hemorrhagic fever disease.