Infectious Disease Response Plan (IDRP)

REVISION HISTORY

Revision Number	Revision Date	Revised By	Description of Change
00	2020-05-11	Charles Cherrito	Initial plan creation and implementation.
01	2022-03-22	Charles Cherrito	Annual review.
02	2023-11-20	Charles Cherrito	Periodic Review. Updated links.
03	2025-01-15	Charles Cherrito	Periodic Review. Updated procedural protocols.

Contents

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

- *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.

    - Droplet nuclei < 5µm (e.g., tuberculosis, chickenpox, measles).

- *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 > 5µm in diameter (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)

- ***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.

- ***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

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

- ***Epidemic*** refers to an increase, often sudden, number of cases of a disease above what is normally expected in that population in that area.

- ***Pandemic*** refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people.

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):

- Campus Dining
- Campus Services (Housing)
- Custodial Staff
- 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.

RESPONSIBILITIES

Environmental Health & Safety (EHS) Office
Within the EHS Office, the Biosafety Officer is designated the Institutional Official and will oversee the Infectious Disease Response Program. EHS Office responsibilities may include:

- Retrieval of biohazardous waste (if applicable);
- Provide training and fit testing for respirator usage;
- Provide overall biosafety, containment, and infectious agent guidance and advice.

Campus Services
Includes: Housing, Retail, and Dining

- Identify housing units that can be used for quarantine/isolation;
- Arrange for the delivery of food, drinks, and possible common goods to patients;
- Ensure procedures are taken to reduce infectious agent spread in all retail/dining locations.

Employee Responsibilities
Employees must follow the directive of their supervisors and report illness or unsafe conditions to their supervisors immediately.

Executive Management
In order for departments to effectively prepare and handle an outbreak, Executive Management must strongly consider the recommendations from various resources (e.g., State of Florida, Federal Government, Departmental Leadership, and designated internal committees tasked with pandemic response). Executive Management holds the responsibility to provide the university with the resources (through authoritative and/or financial) in order to mitigate an infectious agent outbreak.

Pandemic Response Team (PRT)
To be discussed in detail later in this document.

Individual Departments
Each department will be responsible for ensuring their staff/students are informed as to the proper procedures. Additionally, they must make every effort to follow the guidance of the university officials and committees that advise on such matters.

Information Technology & Telecommunications Department
Provide the means necessary for the university to continue communications for various reasons (classroom instructions, employment task, and media/exterior outlets).

Student Life
Ensure students are keep apprised to directives from university leadership.

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:

A. Assist in developing policies, procedures, and/or plans necessary to effectively mitigate an infectious agent outbreak;
B. Make recommendations to executive management and campus departments as to what actions to take;
C. Ensure campus communications by keeping employees, students, parents, and the general public apprised as to the situation;
D. Keep all committee members and the campus community current on events relating to infectious disease topics as it relates to Florida Tech;
E. Meet regularly (in-person or virtually) to discuss the program during outbreaks (consideration should be made to meet at times of no outbreak as well);
F. Maintain communications and a professional, ongoing relationship with Local, State, and Federal authorities as well as other peer institutes (e.g., Department of Health, CDC, FBI, Fire Department, Police Department, local and national colleges, etc.);
G. Review and update this plan as necessary.

Committee Membership:

The committee will be comprised of representatives from major departments/divisions within the university as well as subject matter experts relating to the containment, spread, and other various concepts of infectious agents.

A "Committee Chair" will serve as leadership for the committee and *may* also act as "Incident Commander" during an infectious agent outbreak.

Committee Roster:
Considerations will be made to include representatives from the following departments (this may not be an all-inclusive list of members):

- Academic Leadership
- Athletics Department
- Campus Security
- Campus Services (includes Retail, Residence Life, and Campus Dining)
- Custodial Services
- Environmental, Health & Safety
- Executive Management
- Facilities Management
- Holzer Health Center
- Human Resources
- Information Technology
- Information Technology & Telecommunications Department
- Library Services
- Marketing and Communications (Media Relations) Department
- Risk Management
- Student Life

INFECTIOUS DISEASE RESPONSE PROTOCOL

This section outlines the *generalized* response protocol that will be implemented during an infectious agent outbreak. Why "generalized"? Because each scenario will be taken on a case-by-case bases, and it's difficult (sometimes impossible) to predict the movement or characteristic of an infectious agent. This section is designed to be broad in nature—hence, more general, which allows for more freedom during the decision-making process—being each event will be treated as unique. For those actions that warrant more specific procedural tasks, separate "APPENDICES" are dedicated in this plan to address such actions.

During an infectious agent outbreak, there are considerations that must be evaluated in order to effectively continue daily functions (to the extent possible), at the same time to prevent exposure and spread. The characteristics of the disease (route of exposure, severity, and treatment availability), impact on daily routine, previous infectious agent outbreaks, and directives from authoritative entities *all* play a fundamental role for actions taken by the university.

Typically, decisions are (but not always) made in conjunction (or response) to a particular ACTION LEVEL of threat—this action level is usually provided by federal/state/local authorities. Unfortunately, the COVID-19 pandemic highlighted that action levels can change at any time, which can cause confusion and more difficulty to mitigate—various governing agencies may classify them differently. For this reason, all action levels and their corresponding responses will be taken on a case-by-case basis per the guidance of regulatory authorities and any applicable best practices.

SPECIAL NOTE

All procedures specified in the Appendices are primarily based on outbreaks involving a "respiratory" infectious agent. Infectious agents that have different routes of exposure *may* require less PPE and/or alternative measures. The Biosafety Officer and the PRT will assist in ensuring personnel understand what procedures are necessary to mitigate exposure and not spread disease.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

When the appropriate PPE is used properly, it can be an effective tool for mitigating hazards. Unless specified otherwise, it will be the responsibility of each department to provide their employees with PPE and training on how to use the PPE—at NO COST to the employee. The Florida Tech EHS Office can assist in the proper selection of PPE and training.

PPE required to mitigate an infectious agent exposure will be dependent on the following criteria:

- The infectious agent involved (e.g., exposure route, severity, etc.)
- Recommendations from authoritative entities (e.g., CDC);
- The availability of PPE;
- The level of risk the employee will be exposed;

During an infectious agent outbreak, some common types of PPE utilized by employees may be:

- Gloves—surgical (always disposable and preferably made of nitrile or similar)
- Gowns (usually disposable but may be non-disposable with proper launder procedures)
- Eyewear (usually non-disposable, safety glasses/goggles)
- Face Shield (usually non-disposable, but can be disposable)
- Respirators (usually disposable, typically N95 or better, see below SPECIAL NOTES)

SPECIAL NOTE (RESPIRATORS)

Although an N95 might be considered nothing more than a mask to some, OSHA considers them to be actual "respirators", and as such, all individuals who are *required* to wear one while on the job MUST be enrolled in Florida Tech's Respiratory Protection Program. Individuals enrolled must receive a Medical Clearance, Training, and be Fit-Tested PRIOR to wearing a respirator—THIS IS LAW! Successful enrollment, as mandated by OSHA's Respiratory Protection Standard, is available through the EHS Office (ehs@fit.edu).

During times of PPE shortage, extreme outbreak, and/or under the guidance of authoritative entities (e.g., CDC, FDA, OSHA), the use non-traditional, expired, or other PPE variations may be permitted—these are taken on a case-by-case bases (e.g., cloth masks—discussed later).

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 of BBP's within the community, all personnel who have the potential of being exposed to infectious materials, must complete the Florida Tech's online Bloodborne Pathogens (BBP) Training.

Incident Command System

Those individuals who are involved in committees, decisions, and are depended on during a crisis—such as a pandemic—must understand the Incident Command System and how it works as it relates to a potential infectious disease crisis at Florida Tech.

Training in Incident Command procedures is vital to allow for effective communication, resources, and strategy during a crisis. The Florida Tech EHS Office can assist in providing references for personnel to take such training.

Respiratory Protection

As discussed earlier in this plan, any employee who is required to utilize a respirator must receive training on the use of such PPE initially and at least annually thereafter.

Biomedical Waste and Bloodborne Pathogens

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

GENERAL SAFETY PRECAUTIONS

Although some positions at Florida Tech have specific procedures that help reduce the risk of exposure, there are general precautions that can be taken by ALL individuals in order to prevent the spread of an infectious agent during an outbreak. The below outlines such actions:

1. Remain a safe distance away (as determined by whatever agent is at large) from individuals that are either non-household-immediate members, suspect or confirmed infected (also known as "social distancing";
2. Avoid being present within large crowds;
3. If required to wear PPE, do so in the appropriate manner;
4. Avoid touching your face, eyes, and nose;
5. Cover coughs/sneezes with your arm or hands (washing hands directly afterward);
6. When washing your hands, use soap and warm water and rinse for at least 20 seconds;
7. If soap and water are not readily available use an alcohol-based hand sanitizer with at least 70% alcohol;
8. Maintain a balanced diet to manage a healthy weight;
9. Stay physically active to the extent possible;
10. Incorporate ways into tour daily routine to reduce stress;
11. Reframe from the use of tobacco products, illegal drugs, and excess alcohol.

Additional Guidance:
Our main vectors of transmitting contact pathogens (and sometimes respiratory) to ourselves and others are our hands. Practicing good hand hygiene is one of the most important measures you can take to avoid exposure and to prevent the spread of an infectious agent.

SPECIAL NOTE (CLOTH or ALTERNATIVE "MASKS")

The use of cloth masks or similar to avoid disease spread is widely popular throughout the world. It's important to understand that if recommended, the purpose is not intended to act as PPE (protect the user); rather this method is to protect others from being exposed to disease (particularly respiratory agents).

The Reasoning Behind Wearing Masks:
Due to the possibility of individuals being asymptomatic, the more individuals wearing a mask has been shown to help reduce the likelihood of inadvertently spreading a respiratory disease—particularly when individuals are unaware that they are carriers of a disease.

REFERENCES

CDC
https://www.cdc.gov/
Quarantine vs. Isolation
Preparedness for Specific Types of Emergencies

NIH
Precautions, Bloodborne, Contact, and Droplet

National Center for Biotechnology Information (NCBI)
Isolation vs. Quarantine

OSHA
Respiratory Protection Standard

Florida Department of Health
https://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/brevard-county/index.html

APPENDIX A: MAINTENANCE PERSONNEL

When maintenance (e.g., repairs or routine maintenance) is required to be performed in housing units where a patient is under isolation/quarantine, the following procedures will be practiced:

1. If possible, routine maintenance that does not impact the wellbeing of patient or the general public will be placed on a moratorium until the housing unit is vacant.

2. If the maintenance of the facility cannot be postponed, Florida Tech Facilities Personnel will coordinate with Campus Services to ensure the occupant(s) are aware as to the reason for entering and when they plan to enter the area.

3. Campus Services asks the occupant(s) to make arrangements to separate themselves in an area of the unit that maintenance will not occur (preferably behind a closed door). This is to better distance Florida Tech personnel from patient with the illness (or presumptive illness).

4. If personal protective equipment (PPE) is required, Maintenance personnel 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).

5. Maintenance 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).

6. Upon completion, maintenance personnel will notify the patient verbally they are complete.

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., 70% Isopropanol Alcohol).

8. 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.

APPENDIX B: SECURITY PERSONNEL

Due to the job environment that security personnel are often required to be involved—notably, the proximity of other persons (e.g., transport of persons, apprehension, and general investigation). These actions place security personnel at a greater risk of being exposed to potential pathogens. This section identifies procedures for security personnel to mitigate occupational exposure during an infectious agent outbreak (particularly, a respiratory infectious agent).

Whenever Personal Protective Equipment (PPE) is required, the Florida Tech EHS Office can assist in the determination of what PPE should be utilized.

In general, the below practices should be implemented to help eliminate or reduce occupational exposure (as it applies to an infectious disease outbreak).

- While on the job, implement good hygiene practices (e.g., not touching any part of your face, eyes, and not touching items not absolutely necessary to perform the job task).

- If the incident you are responding to allows, make every attempt to keep a safe distance from an individual in isolation/quarantine (e.g., 6 feet). If the incident requires proximity or physically touching the patient, the use of gloves, a respirator, and eyewear is recommended.

- When transporting individuals (suspect or confirmed infected) by vehicle (e.g., golf-cart, car, or by walking), the use of gloves, a respirator, and safety eyewear is recommended (unless a distance of at least 6 feet can be accomplished throughout the transport—in this case, no PPE is required).

- Disposable PPE (e.g., gloves) is discarded in the trash immediately after use and non-disposable PPE (e.g., eyewear) is rinsed thoroughly with soap and water, or an appropriate disinfectant (e.g., 70% Isopropanol Alcohol).

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.

If you do not have a respirator and/or safety eyewear immediately available, a face shield is can help mitigate exposure (this PPE does not require enrollment in a program).

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:

- Wash the body part that received exposure thoroughly with soap and water.
- Launder contaminated clothing as normal.
- 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).
- Report to the Holzer Health Center at Florida Tech.
- Report the incident to your supervisor and EHS.
- 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 as well as their role of "first responders", all security personnel must complete the Florida Tech's online Bloodborne Pathogens (BBP) Training.

APPENDIX C: 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 are operating a vehicle. If two or more employees are within the vehicle for the purpose of a work-related task, they are all considered operators. Note: if students are operators, the Florida Tech employee who is tasked with supervising the students is responsible for ensuring the students adhere to this Appendix.

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
- 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**

EPA registered disinfectants are recommended as a disinfection chemical (specifically, ones shown to be effective against whatever agent is at large). Whenever electronics are involved or EPA products are not available, an alcohol-based solution of at least 70% is recommended. Although a 10% bleach solution (water-bleach) is effective against most infectious diseases, care should be taken to consider rust issues on certain surfaces. Therefore, when sourcing disinfectants, consideration should be taken as to what type of material the product is intended to be used on.

- **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 this reason, wipes instead of sprays may be more suitable for these types of instances.
  D. If an individual has entered the vehicle who is known or reasonable expected to be infected, the vehicle shall be thoroughly disinfected after that individual has exited and before any other passenger enters.
  E. Operators should utilize Nitrile gloves (or similar) when disinfecting or handing disinfectants; other than when using hand sanitizer for their hands.

- **Disinfecting Vehicles—Operators**

  Whenever possible, operators should wash their hands before entering and upon exiting a vehicle. If hand wash stations or a sink is not readily available, they should disinfect their hands with an alcohol-based solution (e.g., hand sanitizer) of at least 70% or higher. Keeping a supply of hand sanitizer within the vehicle is recommended.

- **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:

  - Don the appropriate gloves.
  - Spray handrail after each trip with passengers
    - Use provided product that combats the agent at large (e.g., Coronavirus)
    - Let product sit on surface as long as possible before wiping away
    - Wipe the surface once, from end to end
    - Use a new paper towel for each surface
    - Discard used towels in receptacle
    - Sanitize hands with alcohol-based hand sanitizing gel or alcohol spray 70% solution
  - When changing of drivers occurs disinfect the following:
    - Control knobs & buttons (radio, door open, A/C)
    - Seat belt latch
    - Wiper arm
    - Directional arm
    - Door hand
    - Steering wheel

  Upon being disinfected, the vehicle not on route will not be utilized for at least 24 hours unless there are circumstances that warrant the use before this time (e.g., the mechanical failure of another vehicle providing the same service).

  - Spray provided product on non-porous surfaces and let sit.
  - Use mist sprayer or spray provided product on porous surfaces and let sit.
  - Wipe away, using one paper towel per swipe along a surface.
  - Discard paper towel appropriately.

  NOTE: Never soak or saturate towels with chemicals or leave puddles of chemicals behind.

❖ **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.

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:

- Wash the body part that received exposure thoroughly with soap and water.
- Launder contaminated clothing as normal.
- 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).
- Report to the Holzer Health Center at Florida Tech.
- Report the incident to your supervisor and EHS.
- 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. Additionally, it is the responsibility of the employee to inform their supervisor if they feel ill. Employees who show signs of illness or report they are ill should be instructed to leave work and should be restricted to operating Florida Tech vehicles during times they are ill.

APPENDIX D: CUSTODIAL PERSONNEL

See below section titled, "*Appendices D, E and F*".

APPENDIX E: CAMPUS DINING PERSONNEL

See below section titled, "*Appendices D, E and F*".

APPENDIX F: ISOLATION/QUARANTINE PROTOCOL

See below section titled, "*Appendices D, E and F*".

Appendices D, E and F

Custodial Services, Dining Services, and Isolation/Quarantine Protocols will be utilized and constructed greatly according to the nature of what agent at large is involved and its impacts. Specifically, the route of exposure, severity of disease, mandates by governing authorities as well as Florida Tech resources.

The delivery of meals, laundry and cleaning services, and isolation/quarantine availability will be continually assessed as an ongoing strategy.

Because the safety of staff, students, and the general public is priority to Florida Tech, every measure will be implemented to ensure a level of service is provided for each area; however, as a specific type of pandemic is unpredictable, staff availability and the availability of resources such as goods and services nationally (and/or locally) may impact services provided.

During an epidemic or pandemic, meetings will be convened with stakeholders from each area to ensure the most efficient and optimal provisions are taken. Additionally, instructions and guidance provided by governing authorities (e.g., CDC and Florida Health Department) will be monitored continuously so that adjustments, if required, can be made to internal Florida Tech response procedures.

SPECIAL NOTE (Custodial Personnel)

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