



Infectious Disease Response  
Plan (IDRP)

**REVISION HISTORY**

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Revision Number	Revision Date	Revised By	Description of Change
00	2020-05-11	Charles Cherrito	Initial plan creation and implementation.

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## PURPOSE

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This plan has been created for Florida Institute of Technology (Florida Tech) to better prepare for a possible infectious disease (agent) incidents 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 occupational 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 stand-point. 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 material 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 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

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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

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### 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 < 5 $\mu$ m (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 > 5 $\mu$ m 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 physical actions or procedures cause “aerosolization”. This is often confused with airborne. An agent can be considered “non-airborne” but when aerosolized, becomes a 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 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 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**

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### **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. Additional EHS Office responsibilities may include:

- Retrieval of biohazardous waste;
- 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 and drinks 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, Florida Tech Department Leadership, the Florida Tech Pandemic Response Team). 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 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 kept apprised to directives from university leadership.

## **PANDEMIC RESPONSE TEAM (PRT)**

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

### **Committee Responsibilities:**

- A. Develop policies, procedures, and plans necessary to effectively mitigate an infectious agent outbreak;
- B. Act as the emergency response team during infectious agent outbreaks;
- C. Make recommendations to executive management and campus departments as to what actions to take;
- D. Ensure campus communications by keeping employees, students, parents, and the general public apprised as to the situation;
- E. Keep all committee members and the campus community current on events relating to infectious disease topics as it relates to Florida Tech (even during times of no outbreak);
- F. Meet regularly to discuss the program during outbreaks and at times of no outbreak (ongoing meetings);
- G. 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.);
- H. Review and update this plan annually, at minimum, or more often as necessary (e.g. after an outbreak).

### **Committee Membership:**

The committee will be comprised of representatives from major departments/divisions that could potentially be impacted by an infectious agent outbreak (they will be collectively known as “stakeholders”) 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:**

The committee roster will comprise of representatives from the following stakeholders:

- ❖ 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

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This section will outline 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. This allows for more freedom during the decision-making process—being each particular 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), and to prevent exposure and spread. The characteristics of the disease (route of exposure, severity, and treatment availability), it’s impact on daily routine, previous infectious agent outbreaks, and directives from authoritative entities *all* play a fundamental role for actions taken by the university. Whenever possible, the PRT will advise all stakeholders (including Executive Management) as to the appropriate measures to be taken.

Typically, decisions are (but not always) made in conjunction to a particular ACTION LEVEL of threat. LEVEL 1 being of less threat and LEVEL 3 the most severe. However, each case presents its own set of circumstances; therefore, actions denoted in this plan are *general guidelines* (not exclusive) and can be implemented or ignored per each specific case.

For the purpose of this plan, as it pertains to preparation, LEVEL 0 (zero), will be denoted as a LEVEL and discussed as such.

Considerations for ACTION LEVELS 1 through 3 have been lumped together because of the unique nature that each case may present. An example was during the COVID-19 pandemic outbreak of late 2019 into 2020. Florida Tech—due to the directive of the CDC and Local Health Officials—implemented some ACTION LEVEL 3 procedures during what was considered an ACTION LEVEL 1 within the immediate community. Those decisions were made for the safety and security of all Florida Tech occupants and the outside community—highlighting that if decisions were made solely based on incremental steps, the actions taken might not have been appropriate nor effective to mitigate exposure at that particular time during the pandemic.

### **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.

### **ACTION LEVEL 0 (Ongoing)**

This level represents the ongoing actions, specifically during times no threat is foreseen, in order to better prepare for an infectious agent outbreak. It can also represent the time directly after a threat has been considered to be *fully mitigated*.

It cannot be overstated enough that it is at this stage where lackadaisical participation and effort is common within entities; therefore, active involvement within the university (specifically, the PRT involvement and overall due diligence of the campus community, both leadership and subordinates) is vital. Actions taken at this level can have the most profound impact on how a situation is handled when an outbreak occurs. Some actions require a lengthy process for preparation (e.g. enrollment in a Respiratory Protection Program) or the gathering of supplies; and may present negative consequences if attempted to be enacted too late (e.g. PPE supply shortage).

### **CONSIDERATIONS FOR ACTION LEVEL 0:**

#### **All Departments**

- As directed and/or advised by the Biosafety Officer, departments should work at obtaining emergency supplies for future needs (N95 respirators, surgical/dust masks, gloves, face shields, safety eyewear, hand sanitizer, etc.).
- All departments should review/update departmental plans they have relating to emergency preparedness and how it may relate to an infectious agent outbreak. Additionally, this plan should be reviewed regularly and recommendations for edits made to the Biosafety Officer.
- Maintain continual meetings to engage staff as to preparedness.
- Maintain due diligence in regards to best practices for mitigating exposure and spread of infectious diseases.
- Specific personnel (employees) designated “Essential”, as defined per this plan should be enrolled in The Florida Tech’s Respiratory Protection Program. Personnel enrolled in the Program must remain up to date on medical evaluations, fit tests, and training.
  - ✓ NOTE: Personnel serving as contractors are to be enrolled in their companies Respiratory Protection Program).

## Infectious Disease Response Plan (IDRP)

### **Campus Services**

- Identify and maintain an inventory of housing units that can be utilized for the quarantine/isolation of resident students.

### **Information Technology & Telecommunications Department**

- Identify and test ways for the campus community to continue communications. Examples include: online classes, phone support, website accessibility, access to files for stay-at-home employees & students (if applicable).

### **Facilities Management**

- In coordination with Campus Services, should identify building ventilations system capabilities (e.g. negative pressure availability) and shut down procedures for isolation/quarantine areas.

### **PRT Committee**

- Appoints a Committee Chair to serve as the main contact for the PRT.
- Regularly meets to discuss the topics related to this plan and continually provides relevant status updates and recommendations to all stakeholders.
- Perform Table-Top Drills of scenarios regularly (annually, at minimum) to test the efficiency and accuracy of this plan as well as the reliability and availability of resources.

### **Risk Management**

- Identify and monitor insurance coverage as it pertains to the university, employees, property, liability, etc.

### **ACTION LEVEL 1**

This level represents a scenario in which there are suspected cases within the community outside of Florida Tech (Nationally or Internationally) that have the potential to impact Florida Tech.

### **ACTION LEVEL 2**

This level represents a scenario in which there are suspected or confirmed cases (not widespread) on the Florida Tech campus or the immediate local community (e.g. Brevard County).

### **ACTION LEVEL 3**

This level represents a scenario in which there are widespread cases on the Florida Tech campus and/or the local community (State of Florida and/or Brevard County).

## **CONSIDERATIONS FOR ACTION LEVELS 1-3**

### **Campus Dining**

- Adjust procedures as outlined in “*Appendix D--Campus Dining Personnel*”.

### **Campus Security**

- Activates internal emergency procedures (e.g. EOC).
- Follows procedures outlined in “*Appendix B: Security Personnel*”.

### **Campus Services**

- Residents who are either confirmed or are suspect of being infected are asked to isolate/quarantine themselves in their housing unit or an alternative one designated as such per the “*Appendix E: Isolation/Quarantine Protocol*”.

### **Custodial Services**

- Follows procedures outlined in “*Appendix C: Custodial Personnel*”.
- Implements more rigorous/frequent disinfectant procedures.

### **EHS Office**

- Keeps the PRT apprised to recommendations set forth by entities such as the CDC, WHO, State of Florida, and/or Health Department.
- Benchmark other universities as to actions they are implementing.
- Finalize PPE resources for essential staff.

### **Executive Management**

- Cancel, suspend, or postpone group activities.
- Cancel face-to-face instructional classes and switch to online/virtual classes.
- Close or modify hours of specific buildings (e.g. Fitness Center, Library, Dining Areas).
- Implement social distancing policies on all Florida Tech property.

## Infectious Disease Response Plan (IDRP)

### **Holzer Health Center**

- Maintain communications with Brevard County Health Department regarding planning and surveillance, and upon a suspected case of infection.
- Arrange for screening of people who have had contact with patient(s).

### **Human Resources/Supervisors**

- Instruct employees who are able to work from home to do so.
- Finalize Human Resource related items regarding sick leave, vacation, etc. for employees.

### **Marketing and Communications (Media Relations) Department**

- Approves (and may disseminate communications to the campus community (students, employees, parents, press releases, etc.).
- Publish communications on Florida Tech website and/or bulletins, posters, signs, etc.

### **PRT Committee**

- An Incident Commander is appointed.
- Meets more frequently and provides the university guidance as the situation unfolds.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

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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, WHO, various standards, etc.);
- The availability of PPE;
- The level of risk the employee will be exposed;
- Level of experience of potential PPE users.

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 NOTES (RESPIRATORS):**

The CDC does not typically recommend the general public use respirators as they may be at more risk to exposure (due to touching their respirator), and to avoid shortage to medical personnel. Therefore, in general, the use of respirators *should be* reserved for personnel who are expected to have DIRECT contact with an individual suspected or confirmed infected as described earlier in this document as “Pandemic Response Personnel”.

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 wear one while on the job MUST be enrolled in a formal 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 in the [Florida Tech's Respiratory Protection Program](#), as mandated by [OSHA's Respiratory Protection Standard](#), is available through the EHS Office ([ehs@fit.edu](mailto:ehs@fit.edu)).

During times of PPE shortage, extreme outbreak, and/or under the guidance of authoritative entities (e.g. CDC, FDA), 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

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### **Infectious Material**

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 material, must complete the Florida Tech's online [Bloodborne Pathogens \(BBP\) Training](#) and read the Florida Tech's [Bloodborne Pathogens \(BBP\) Plan](#).

### **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 utilizes a respirator must receive training on the use of such PPE initially and at least annually thereafter.

## GENERAL SAFETY PRECAUTIONS

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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;
2. Practicing overall social distancing as recommended for the particular agent;
3. Avoid being present within large crowds (e.g. 10 or more);
4. If required to wear PPE, do so in the appropriate manner;
5. If other means of protective wear (e.g. cloth masks) are an option, do so to avoid the spread of disease;
6. Avoid touching your face, eyes, and nose;
7. When coughing or sneezing, cover such acts with your arm or hands (washing hands directly afterward);
8. When washing your hands, use soap and warm water for at least 20 seconds;
9. If soap and water are not readily available use an alcohol-based hand sanitizer with at least 70% alcohol;
10. Maintain a balanced diet to manage a healthy weight;
11. Stay physically active to the extent possible;
12. Incorporate ways into your daily routine to reduce stress;
13. Refrain 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—more so with specific cultures. 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

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CDC

[Quarantine vs. Isolation](#)

[Endemic vs. Epidemic vs. Pandemic](#)

[Preparedness for Specific Types of Emergencies](#)

[Transmission-Based Precautions](#)

[NCEZID Strategic Plan 2018-2023](#)

[Biosafety in Microbiological and Biomedical Laboratories \(BMBL\) 5th Edition](#)

FEMA

[Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plans](#)

NIH

[Precautions, Bloodborne, Contact, and Droplet](#)

National Center for Biotechnology Information (NCBI)

[Isolation vs. Quarantine](#)

OSHA

[Influenza Pandemic](#)

[Respiratory Protection Standard](#)

WHO

[Airborne vs. Droplet vs. Contact Transmission](#)

## APPENDIX A: MAINTENANCE PERSONNEL

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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 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

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Due to the job environment that security personnel are often required to be involved—notably, the close 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 close 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, a face shield is sufficient if the agent is not considered airborne (this 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 exist.

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, all security personnel must complete the Florida Tech's online [Bloodborne Pathogens \(BBP\) Training](#) and read the Florida Tech's [Bloodborne Pathogens \(BBP\) Plan](#).

## APPENDIX C: CUSTODIAL PERSONNEL

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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.
2. Custodial Services will coordinate with Campus Services to ensure the patient receives appropriate custodial care (e.g. the disposal of household trash, the replenish of personal hygiene or cleaning products such as toilet paper, dish soap, etc.). This type of care can be coordinated with occupant in a manner to lessen interaction. Although each case is taken as unique, some examples are:
  - a. The occupant sets trash outside into a “common” area;
  - b. Custodial Services Personnel place items in the same area above for patient retrieval.
3. Although it should be considered as a last resort, in the event Custodial Services Personnel have to enter the unit while occupied, Campus Services should ask the occupant(s) to make arrangements to separate themselves in an area of the unit that Custodial Services will not occur (preferably behind a closed door). This is to better distance personnel from patient with the illness (or presumptive illness).

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. 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. 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.
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.

#### **Disinfection of Quarantine/Isolation Area**

Upon the vacancy of a quarantine or isolation area, Custodial Services will perform an area disinfection in accordance with the manufacturer's instructions. All products used to disinfect will have an efficacy statement that they are effective (or expected to be) against the infectious agent at large.

Disinfection of an area can be accomplished by utilizing two types of disinfectant procedures:

1. Surface disinfection (wiping all exposed surfaces with disinfection);
2. Vaporized disinfection (also known as aerosolization disinfection—e.g. vaporized hydrogen peroxide).

### **Waste Disposal**

The method for disposal will be dependent on the following:

- The infectious agent and its characteristics involved;
- Recommendations from authoritative entities (e.g. CDC, WHO, Health Department, etc.);
- 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;
- Recommendations from authoritative entities (e.g. CDC, WHO, 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 possible 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 [FL Chapter 64E-16](#). For this reason, EHS will be the primary individuals who retrieve biohazardous waste. If anyone else is involved, they must receive both Biomedical Waste Training and Bloodborne Pathogens Training.

## **APPENDIX D: CAMPUS DINING PERSONNEL**

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The Campus Dining is unique, in that, they are a not only an entertainment department, to an extent but are designed to serve residence that are housed on the campus. During an infectious disease outbreak, there are actions that must be taken into consideration that may have an impact on decreasing of the spread of a disease. The actions would be based on student academic environment. (e.g. online campus, hybrid, campus closed). Some actions to consider are:

- Eliminating self-serve (commonly known as self-buffet style) method;
- Transition to “take-out” orders only;
- Transition to “take-out” and ‘Delivery’ only;
- Assigning specific seating arrangements to avoid large gatherings;
- Transition to disposable food-ware only;
- Limiting hours of operation or specifying specific hour for specific parties;
- Revise menu as necessary to handle any food shortages;
- Limiting clientele to Florida Tech residence only.

The Campus Dining will create specific procedures for each scenario so that those personnel involved can properly be informed and trained as to the tasks they are being asked to perform and mitigate occupational exposure.

### **Quarantine-Isolation Delivery**

When delivery of food is required where a patient is under isolation/quarantine, the following procedures will be practiced:

1. Campus Dining will coordinate the delivery (if needed, with the assistance of Campus Services) of food and liquids to patient(s). A predetermined mutually agreed-upon menu will be decided.
2. Whenever possible, all food/liquids will be delivered in disposable containers to avoid reuse and to eliminate the factor of exposure to dishwashing personnel. In the event, this is not possible, the patient will either be provided a means of washing the dishes or Campus Dining will retrieve non-disposable food-ware while wearing gloves, place the food-ware in a secondary container for transport, and wash it as normal.
3. Ideally, the delivery of food/liquids should be done in a manner as to not place the Dining Service Personnel at risk of exposure as well as the general public. An example might be to place the food/liquids just outside the housing units door on a table for retrieval by the patient.

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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 on the job requires enrollment in the Florida Tech's Respiratory Protection Program that includes: Medical Evaluation, Training, and a Fit Test.

## APPENDIX E: ISOLATION/QUARANTINE PROTOCOL

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Because Florida Tech is also home to many students living on campus, we have a unique responsibility to ensure the safety of the campus community who reside on the property. Isolation and quarantine help protect the public by preventing exposure to people who are suspect or confirmed infected. Understanding the difference between the two is vital for preparations and actions during an outbreak. Individuals living off campus are expected to isolate/quarantine at their own residence, therefore, this section only applies to students who live “on campus”.

**Isolation** separates sick people with a contagious disease (or reasonable expected to have—e.g. showing symptoms) from people who are not sick and **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick but are not yet showing symptoms. In regards to this plan, Isolation and Quarantine will be the same as **Self-Isolation** and **Self-Quarantine**, respectively.

Florida Tech will designate specific housing units to serve as both isolation and quarantine areas. Such areas will be strictly monitored, and specific practices performed to ensure the possibility of cross contamination is reduced and/or eliminated.

Areas to consider being addressed for individuals in isolation/quarantine are:

- Transportation of the Patient (From Holzer Health Center to Housing Unit or Elsewhere)
- Laundry Service
- Food Service
- Miscellaneous Items Service (e.g. Medication, Personal Hygiene Products, etc.)
- Waste Disposal (Household and if applicable, Biohazardous Waste)
- Sanitation and Housekeeping of the Housing Unit
- Maintenance of the Housing Unit (Routine & Repairs)
- Communication with Patient (Patient to Exterior and Vice-versa)
- Testing Procedures (For Isolation/Quarantine Release Purposes)
- Rules for Patient Abiding to Isolation/Quarantine (e.g. Leaving, Visitors, etc.)
- Campus Security Response to Unit
- Mental & Emotional Wellbeing of the Patient

### **Specific Isolation/Quarantine Procedures**

When a screening of a student from the Holzer Health Center satisfies criteria that justifies them as a credible suspect to being infected, the following actions are to be taken to prevent the spread of the infectious agent:

1. Holzer Health Center personnel will isolate the individual in a separate area. If the infectious agent is respiratory related, the patient will be provided a face mask (commonly called, "surgical or dust mask").
2. Holzer Health Center personnel notifies Brevard County (or Florida) Health Department and will follow their directive or will implement procedures that have not already been previously announced by an authoritative entity.
3. It is at this time when a test sample is usually taken from the patient.
4. If the student is to be escorted to a housing unit serving as an isolation area, Holzer Health Center personnel will notify the Dean of Students.
5. The Dean of Students will notify both Campus Services (to prepare the housing unit) and Campus Security (to transport the patient).
6. The student is transported by Campus Security to the housing unit.
7. Campus Services will notify Campus Dining, Custodial Services, and the Facilities Department with the assigned room information.
8. Dean of Students notifies all students (roommates) who shared the previous housing unit with the patient and are asked to self-quarantine in current area or assigned new housing assignments to self-quarantine.
9. The Custodial Services perform a disinfection of the previously occupied housing unit.
10. The Dean of Students will update the PRT and call a meeting to discuss the proceeding steps.
11. From this point moving forward, the incident will be taken on a case-by-case basis with all parties involved adhering to their responsibilities as discussed in this plan and as advised by the PRT.
  - a. Food Delivery: Campus Dining will notify the patient regarding scheduled food deliveries. Deliveries will be made in a manner to minimize/eliminate the risk of exposure to anyone outside the isolation area.
  - b. Custodial Services: Arrangements will be made between Campus Services and the Custodial Services to retrieve household trash.
  - c. Maintenance: The Facilities Department will be consulted to ensure maintenance tasks are handled appropriately.
  - d. Other needs: the patient will communicate with Campus Services additional needs. These may include: additional hygiene products, medications, items for physiological well-being, or items relating to facilities related. Each request will be taken on a case-by-case basis as to how the need is satisfied.

## Infectious Disease Response Plan (IDRP)

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)**

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This section pertains to procedures involved for buses and trolley's 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 trolley's 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 handling 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.