



Purdue Public Health Emergency Response Plan

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Section 1: Plan Fundamentals

1.1 Purpose:

- A) The Purdue Public Health Emergency Response Plan provides general guidance for preparedness, response and communication for public health emergencies. It is **critical** that we are prepared for potential events to protect the Purdue community. The plan also provides basic procedures, resources, and guidance in preventing, preparing, and responding to communicable disease outbreaks (i.e. meningitis, tuberculosis) and more emergent infectious diseases (i.e., public health emergencies such as COVID-19, influenza or Ebola).
- B) The Purdue Public Health Emergency Response Plan provides the structure for which an infectious disease would be controlled on the Purdue University campus. These procedures are subject to change on a case by case basis to best minimize the morbidity and mortality of Purdue populations.
- C) The plan identifies departments and individuals that are directly responsible and accountable for emergency response and critical support services. It also provides a structure for coordinating and deploying essential resources.
- D) At Purdue University, planning ahead for emergencies is part of normal business planning and campus life, and all members of the campus community share a responsibility for preparedness. An emergency can strike any time or anywhere and a public health emergency public health disaster will affect everyone.

1.2 Scope:

- A) The resources and strategies outlined in this plan are designed to give assistance to students, faculty and staff at the Purdue University West Lafayette campus.
- B) The primary stakeholders involved in managing infectious disease situations may include Purdue University Student Health (PUSH) and Environmental Health and Public Safety departments in accordance with the Tippecanoe County Health Department (TCHD), the Indiana State Department of Health (ISDH) and the US Centers for Disease Control and Prevention (CDC). Planning, preparation, and response to an infectious disease emergency will require collaboration with the Purdue University Public Health Emergency Planning Team. The regional campuses and Purdue Research Foundation may participate in the team to provide guidance for their locations as well.

1.3 Laws and Authorities:

- A) Public Law:
- 1) Homeland Security Presidential Directive (HSPD) 5, February 28, 2003, Management of Domestic Incidents
 - 2) Federal Civil Defense Act of 1950, as amended Public Law 920-81st Congress (50 USC App. 2251-2297)
 - 3) Disaster Relief Act of 1974: Public law 93-288
 - 4) Emergency Planning and Community Right to Know Act (EPCRA)
 - 5) Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL 106-390, as amended (USC Title 42, The Public Health and Welfare Chapter 68, Disaster Relief), 2000
 - 6) The Disaster Mitigation Act of 2000 (DMA 2000) (P.L. 106-390)
 - 7) The Higher Education Opportunity Act (Public Law 110-315) (HEOA) was enacted on August 14, 2008, and reauthorizes the Higher Education Act of 1965, as amended (HEA).
- B) Indiana Statutes:
- 1) IC 10-14-2, Chapter 2, Emergency Related Duties of Department of Homeland Security
 - 2) IC 10-14-4, Chapter 4, State Disaster Relief Fund
 - 3) IC 10-14-5, Chapter 5, Emergency Management Assistance Compact
 - 4) IC 10-14-6, Chapter 6, Interstate Emergency Management and Disaster Compact
 - 5) IC 16-41-9-1.5, Chapter 9, Communicable Disease: Imposition of Restrictions on Individuals With Certain Communicable or Dangerous Communicable Diseases
- C) University Executive Memoranda:
- 1) Environmental Health and Safety Compliance
<http://www.purdue.edu/policies/facilities-safety/iva4.html>

1.4 Situation Overview – West Lafayette Campus

- A) Purdue University is located in West Lafayette, IN (Tippecanoe County). According to the current census, the population of Tippecanoe County is over 167,900 people, with the highest concentration in West Lafayette/Lafayette cities, including Purdue's campus.
- B) Purdue's system-wide enrollment is over 70,000 students; however, this plan is designed for the West Lafayette campus which has an enrollment of over 44,500 students (Fall 2019) from 50 states and 122 countries.
- C) There are over 16,900 faculty and staff members at the West Lafayette campus.

- D) The West Lafayette campus is a “community” of over 60,000 faculty, staff, students and visitors.

1.5 Planning Assumptions:

- A) The infectious disease is reportable to Indiana State Department of Health.
- B) The infectious disease is transmittable from human to human
- C) The transmission of the disease will impose a significant risk of morbidity and/or there is no available vaccine.
- D) The infectious disease transmission can be minimized by using prevention, preparation, and response strategies
- E) A public health emergency could strike at any time, and at any time of year.
- F) We will have limited or no immunity.
- G) We do not know if and when a mutation will produce a novel virus with the capability for sustained human-to-human transmission.
- H) Virulence of the disease is a key factor in the decision-making process.
- I) If a public health emergency impacts our area:
 - 1) Purdue and the Greater Lafayette community may have insufficient medical care available for our large residential student population.
 - 2) Students may have the best opportunity for survival off campus, in homes or with friends or family, rather than on campus in close proximity to each other.
 - 3) Two to three days will be needed to evacuate students, even without most of their personal property. Traffic will clog roads. Gas may be in short supply. Flights may be very difficult to book. Many parents will drive to campus to pick up students.
 - 4) Students need to arrive at alternate communities/locations before authorities restrict domestic and/or international travel.
 - 5) Approximately 6,000 students and family members may not be able to leave, and will need to be provided accommodation on campus.
 - (i) International students will likely be unable to return to their native countries.
 - (ii) Graduate students who must stay are dependent on Purdue for their assistantship salaries.
 - 6) Students with residence hall contracts may need to leave belongings in place during a suspension of classes. Decisions made to use rooms for

- other uses will need to consider a number of factors, such as staffing, contractual issues, time, and liability issues.
- 7) Social distancing is essential at all times during a public health emergency, and supervisors could require that some employees work from home if office conditions prevent social distancing.
 - 8) Approximately 1,500 Purdue employees may be required to work on campus to perform critical functions. This will depend on many factors, including the time of year and virulence of the disease.
 - (i) The largest groups are from Environmental Health and Public Safety, Campus Health, Physical Facilities, University Residences, veterinary hospitals and diagnostic labs, and research labs with critical assets such as cell lines and animals.
 - 9) Compensation must balance fiscal responsibility and fairness.
 - 10) Some of those pre-designated as “essential personnel” may be able to work remotely.
 - 11) The ability of faculty and staff to work from home is expected to be constrained, due to employee access to broadband service .
 - 12) Students comprise the majority of our technical work force, and many will be leaving campus.
 - 13) Once a public health emergency strikes this area, up to 40 percent of the workforce may not be able to work due to illness or the illness of a member of their family.
 - 14) After a public health emergency, a shortage of workers nationwide can be expected.
 - 15) Some research and research assets are vulnerable if left unattended.
 - 16) Animals and other valuable research assets need care and monitoring.
 - 17) The first priority is to protect the health and safety of people within the campus community. If possible, sponsored research may continue during a reduction of campus operations, since any stand-down may impact the ability to pay staff funded by sponsored projects.
 - 18) Research is partially dependent on graduate students, who may leave campus or become ill.
 - 19) Our online education infrastructure has grown over time, and may be utilized to continue to deliver classes online with faculty approval.
 - 20) Internet disruptions may occur and would have considerable impact on alternate educational strategies.
 - 21) Flexible makeup schedules will be needed for individual students who cannot return to campus when classes resume.

Section 2: Phases of Emergency Management

2.1 The phases listed below are general responses to a public health emergency involving an infectious disease outbreak at the Purdue University campus (See *Figure 1*). Strategies such as providing education to the community, raising awareness of infectious disease resources and plans, and responding and recovering to an infectious disease outbreak will vary due to the severity of an outbreak, the current resources available, and the decisions made by Purdue University stakeholders.



Figure 1: Phases of Emergency Response

2.2 **Prevention and Mitigation** (Educate about prevention strategies to reduce the risk of contracting and spreading infectious diseases.)

- A) Primary Prevention (Stop infectious diseases before they happen):
- 1) Wash hands regularly
 - 2) Stay up-to-date on vaccinations
 - 3) Receive regular medical examinations
 - 4) Maintain a healthy diet
 - 5) Exercise regularly
 - 6) Get an adequate amount of sleep
 - 7) Maintain proper hygiene
 - 8) Drink plenty of water
 - 9) Find healthy ways to reduce stress
 - 10) Stay away from people that are ill
- B) Secondary Prevention (Keep infectious diseases from getting worse):
- 1) Seek medical attention as necessary and stay home if you are sick
 - 2) Comply with your medical regimen as advised by your doctor
 - 3) Reduce spread of disease to others by staying away
 - 4) Drink plenty of water
 - 5) Maintain a healthy diet

- 6) Get an adequate amount of sleep

2.3 Preparation (Gain knowledge regarding infectious disease information in your area):

- A) Keep up to date on infectious disease outbreaks around Purdue University
- B) Review organizational resources available to you.

2.4 Response (Possible responses by PUSH and/or TCHD to reduce the spread of infection).

- A) Analysis and surveillance of infectious disease outbreak (PUSH reports to ISDH)
- B) Dissemination of information to the public
- C) Implement appropriate measures to reduce the spread of infection among the Purdue community

2.5 Recovery (Potential recovery strategies to improve the health of the Purdue Community):

- A) Re-evaluation of preparation and response strategies to reduce the spread of infectious diseases
- B) Continue to re-evaluate community health education strategies to inform the Purdue community of infectious disease risks

Section 3: Concept of Operations

3.1 Introduction

- A) The Purdue Public Health Response Plan is designed to incorporate all areas of comprehensive emergency management—mitigation/prevention, preparedness, response, and recovery. The plan is flexible in that part of the plan or the entire plan may be activated based on the specific emergency and decision by University senior leadership.
- B) Campus Emergency Preparedness and Planning Office personnel will assist in the development, coordination, and revision of the plan.

3.2 Objectives

- A) The plan's critical objectives are:
 - 1) Preservation of life.
 - 2) Continuity of academic and business operations.
- B) Additional objectives:
 - 1) Provide strong leadership and effective management.
 - 2) Ensure a quick response to a potential public health emergency outbreak.
 - 3) Implement the National Incident Command System (NIMS).
 - (i) Require all response personnel be trained on NIMS requirements.
 - 4) Ensure the development of departmental standard operating procedures (SOPs) and checklists to respond to the pandemic.
 - 5) Develop or maintain mutual aid agreements with local agencies, as needed.
 - 6) Partner with local, state, and federal agencies and appropriate private sector organizations.
 - 7) Develop and implement an effective communications process for internal and external stakeholders.
 - 8) Educate stakeholders on prevention recommendations, as applicable..
 - 9) Periodically, exercise the plan to ensure its effectiveness and change as needed.

3.3 Plan Activation

- A) The Director of the Purdue Student Health Center and the Senior Director of Environmental Health and Public Safety are the co-chairs of the Purdue Public Health Emergency Planning Team and will activate the team upon an emerging threat of a public health emergency or major infectious disease that may impact the University.
 - 1) The plan will be activated based on the recommendation of the team co-chairs after consultation with external partners to include Tippecanoe County Emergency Management Agency, Tippecanoe County Health

Department, Indiana Department of Health and Indiana Department on Homeland Security. Once activated:

- (i) Set up routine meeting schedule.
 - (a) Provide informational updates at each meeting on specific pandemic/infectious disease, as applicable.
 - (ii) Discuss virulence and potential impact on the University.
 - (iii) Emphasize to departments the need to update and activate their specific departmental continuity of operations plan.
 - (iv) Maintain frequent communication and coordination with key local and state partners (Red Cross, Tippecanoe County Health Department, Tippecanoe County Emergency Management Agency, District 4 Planning Council, and Indiana State Department of Health.)
 - (v) Provide regular updates to Purdue Executive Leader Policy Group (ELPG).
- E) Provide operational recommendations to ELPG. Some questions to be addressed as the public health emergency expands:
- 1) Do enhanced cleaning procedures, such as extra wipe down of surfaces need to be implemented?
 - 2) Does social distancing need to be implemented?
 - 3) Do campus events need to be altered or cancelled?
 - 4) What can be deferred without serious damage?
 - 5) Can maintenance or repair wait for a period of time without seriously damaging the university infrastructure or a research asset?
 - (i) Will the cost of waiting cause repair or replacement costs to become exorbitant?
 - 6) How does a long term public health emergency period differ from a short term one?
 - (vi)
- B) The Purdue Public Health Emergency Planning Team will continue to work with internal and external partners and serve as a single point of communication to senior leadership.

3.4 Emergency Operations Center (EOC)

- A) The purpose of the EOC is to serve as the single focal point and command center for the management of information, decision-making, and resource support and allocation in an emergency and recovery process and sharing of this information with the University President, or designee. The primary functions of the EOC are to:
- 1) Provide support to Incident Commander.
 - 2) Determine policy directions as needed.
 - 3) Provide resources needed by the campus.
 - 4) Provide direction and support to field activities.
 - 5) Address issues that are beyond capabilities in the field.

- 6) Provide “one voice” in communicating emergency information to the public (normally Marketing & Media personnel fill this role).

- B) EOC Activation: When an emergency occurs, the Senior Director Environmental Health & Public Safety, or designated representative, will determine if the EOC is to be activated and, if activated, which positions will be staffed for the emergency response. Refer to the EOC Handbook (IEMP attachment 5) for specific procedures. It’s likely that in a public health emergency, the EOC will operate “virtually”.

- C) The Incident Commander (if designated) will normally be the Senior Director Environmental Health & Public Safety or the Director of the Purdue Student Health Center, based on the specific incident or event.

Section 4: Organization and Assignment of Responsibilities

4.1 Purdue Public Health Emergency Planning Team

- A) The team is chaired by the Director of the Purdue Student Health Center and the Senior Director of Environmental Health and Public Safety.
- B) The team generally meets on an as needed basis to ensure current public health emergency and other infectious disease information is reviewed; continue to revise and review department actions, such as enhanced cleaning procedures; and discuss preparedness initiatives to ensure the University is ready for a potential significant incident.
- C) The following offices are typically represented on the team:
EHPS, Student Health, Provost, Human Resources, Student Life, Research, Physical Facilities, Athletics, ITaP and others as needed.

Section 5: Direction, Control, and Coordination

5.1 National Incident Management System

- A) Purdue University has adopted the National Incident Management System (NIMS) which includes the Incident Command System (ICS) -a standardized, on-scene, all-hazard incident and resource management concept. NIMS is a comprehensive, national approach to incident management that is applicable to all jurisdictional levels and across functional disciplines. The intent of NIMS is to be applicable across a full spectrum of potential incidents and hazard scenarios, regardless of size or complexity.
- B) NIMS is designed to improve coordination and cooperation between public and private entities in domestic management activities. Response actions will be based on the ICS. All Purdue public safety emergency responders comply with NIMS training requirements.
- C) All members of the Purdue Public Health Response Planning Team should be familiar with NIMS. Therefore, each team member should take the following online NIMS courses:
 - 1) **IS-700: NIMS, An Introduction**
 - 2) **IS-100: Introduction to the Incident Command System (ICS)**

5.2 Incident Command System—Purdue University

- A) Incident command should be used for a public health emergency incident. If the Incident Commander (IC) requires assistance in managing the incident,

he/she will request that the EOC Director activate the Emergency Operations Center (EOC).

- B) Purdue University Incident Commander (PUIC)
 - 1) The Senior Director, Environmental Health & Public Safety and the Director of Purdue University Student Health Center will collaborate based on the given incident and select an IC.
 - 2) See the Integrated Emergency Management Plan for additional information on IC roles and responsibilities.

5.3 Point of Dispensing (POD) (for medicine or vaccines) Guidelines

- A) The Point of Dispensing (POD) Center Guidelines are prepared by Department of Environmental Health and Public Safety. See attachment 9a.
 - 1) The publication addresses the facility, personnel, procedures and support requirements for activating a POD in a large-scale emergency situation. This publication also provides checklists needed for POD operation.
- B) A Point of Dispensing (POD) Center is a building or site that is designated for use in the event that there is a need to either mass vaccinate the whole or an identified part of the campus population or issue prophylaxis medication to the whole or identified part of the campus population.

5.4 Essential Personnel Function and designation

- A) On an annual basis, supervisors notify “essential personnel” of their status as essential to the operations. In the event of suspension of normal operations, the essential personnel will be asked to stay/return to campus to continue the operations of the university. Additionally, there may be some essential staff performing functions that can be accomplished from remote locations.
- B) In a crisis situation it is important to have simple, clear guidance to the campus community regarding their responsibilities and course of action. For the purposes of response to this crisis, “essential” and “critical” are defined as having the same meaning. When normal operations are suspended, supervisors will ensure that essential personnel report to campus as expected.
- C) Departments must evaluate the need for essential personnel, based on operational needs. The following information provides some general guidelines to be considered when designating the essential personnel positions.
 - 1) Essential functions or responsibilities:
 - (i) preserve the health, well-being and safety of the Purdue campus community.
 - (ii) assist and support students with needs generated by the emergency.

- (iii) ensure timely and effective communication before, during, and after the emergency.
 - (iv) provide utilities to maintain and protect campus buildings.
 - (v) maintain the health and well-being of vertebrate animals.
 - (vi) preserve the campus cyber infrastructure.
 - (vii) protect assets required to allow the University to resume normal functions when the public health emergency has subsided.
- 2) Assets may include, but are not limited to
- (i) university facilities.
 - (ii) animals.
 - (iii) cultures of valuable, unique, or irreplaceable living species.
 - (iv) valuable, unique, or irreplaceable research specimens or samples.
 - (v) the environment surrounding and sustaining sensitive materials.
 - (vi) equipment to include IT infrastructure.
 - (vii) sensitive or irreplaceable data and critical business continuation functions.
- 3) If the crisis is foreseeable, research staff will have notice to bring their experiments into safe shutdown. The purchase of research animals may be curtailed and the need for graduate staff and faculty to come to campus will be minimized, but not eliminated. If the crisis is sudden, certain staff may need to travel to campus to bring research facilities into safe shutdown.

D) Examples of employees who may be expected to be defined as critical or essential:

“Essential personnel” position

Duties

Police officers and fire fighters
Certain power plant and utilities staff
Certain operations and maintenance staff
Certain grounds staff
Certain ITaP staff

Certain building services staff
Certain senior university staff
Certain business office staff
Certain animal caretakers
Certain research caretakers

Certain health care staff

Certain housing and food staff
Certain veterinary school staff
Certain ADDL staff
Certain Marketing and Media staff

Respond to emergencies, maintain order
Maintain utilities
Monitor facilities, repair serious problems
Refuse removal, assist in equipment supply
Maintain infrastructure, support emergency operations
Specialized cleaning of occupied areas
Policy decision making
Process emergency payments and payroll
Feed and monitor animals
Maintain cell lines and other fragile research assets
Triage, treat students and staff, and dispense medication
Feed and house students, staff
Care of injured/sick animals
Provide diagnostic services
Disseminate information and communication

Certain ODOS staff

Assist students remaining on campus; continue recruitment, admissions processes

- F) Who decides what is essential? While the examples above illustrate some essential personnel positions, it will be a departmental decision to determine essential functions in advance or as the University progresses into the crisis. For example, the libraries may decide that access to electronic journals and databases are critical and they will designate essential function positions to maintain these assets.
- 1) Essential function positions may change depending on factors such as the time during the year, nature and severity of the emergency and the length of time “restricted access” is in force.
 - 2) The number of essential function positions, such as building services personnel will be highly dependent on the number of other staff who are on campus. Prior to or at the declaration of an emergency period, Vice Presidents, Vice Provosts, Deans, Directors, and Department Heads should review the designation of essential personnel and the expectations for all employees during this period. Back-up individuals should be designated and trained as needed.
- G) Backup positions: Individuals who have been designated to “fill in or take the place of” an essential function position. If an essential function position staff member is unable to report to work, the “backup” designated individual would be called by the department to report to work. If possible, departments should designate at least two individuals per function for all essential function positions. Individuals that are designated as a “backup” will be informed in advance.
- H) Non-essential function positions: Department positions that do not report to work in an operational suspension. University officials will inform non-essential function employees when it is safe to return to work.

Section 6: Communication

6.1 The primary objective is to provide timely and accurate information to the university’s stakeholders in preparation for – and in response to – a public health emergency or other major infectious disease outbreak. Marketing and Media will implement their crisis communications plan to ensure this objective is met.

6.2 Communication goals:

- A) Identify personnel with communications responsibilities, and develop response and contingency plans.
- B) Define a common language and identify communications approval processes.
- C) Provide information about the university’s public health emergency plan, and advise stakeholders where to find information.

- D) Ensure stakeholders have access to accurate and timely information to address fears and anxieties.
- E) Increase awareness of importance of infection control precautions to minimize impact of potentially deadly viruses.
- F) Gain consensus on speaking with one voice, through internal publications, designated media spokespersons and official Purdue websites.
- G) Develop and/or implement crisis communications plan.

6.3 Purdue ALERT

- A) Purdue ALERT is the University's emergency warning notification program. There is no way to reach everyone instantly with a single message or system. The objective is to balance the need to provide emergency notification as quickly as possible with the need to ensure accuracy and provide helpful safety instructions to our campus community. In order to accomplish this, Purdue ALERT has been designed as a multi-layered approach that will help spread the word quickly and accurately. Purdue ALERT may be used to keep the stakeholders informed of a public health emergency or other major infectious disease outbreak.
- B) Multiple communication systems and processes make up Purdue ALERT. Activation of all or part of the overall warning notification system will be determined by the Incident Commander and EHPS leadership, as time permits.
- C) The Purdue ALERT Emergency Warning Notification Plan (IEMP attachment 6) provides detailed information on activation protocols and concept of operations.

Section 7: Common Public Health Acronyms and Definition of Terms

7.1 Acronyms:

CDC	Centers for Disease Control and Prevention
EMS	Emergency Medical Services
IDP	Infectious Disease Plan
ICP	Infection Control Practitioners
ISDH	Indiana State Department of Health
LEA	Law Enforcement Agency
PU	Purdue University
PUSH	Purdue University Student Health Center
SARS	Severe Acute Respiratory Syndrome
TB	Tuberculosis
TCHD	Tippecanoe County Health Department
WHO	World Health Organization

7.2 Definitions

Active cases: An infectious disease that can spread from the infectious individual to others.

Communicable disease: A disease that is able to transmit from human to human.

Containment measures: include cancellation of public events, closure of office buildings, apartment complexes, or schools, closure of subways or bus lines; restriction of entrance to buildings or other sites (e.g., requiring fever screening or use of face masks before entry to schools, worksites, or airplanes). (from the HHS implementation plan).

Critical/essential: people and/or functions vital to protecting the assets and continuity of the University.

Health Information Portability and Accountability Act (HIPAA): A federal law protecting the privacy of an individual by making personal records confidential.

Immunity: ability to resist a particular disease especially through preventing development of a pathogenic microorganism or by counteracting the effects of its products.

Isolation: the separation of persons who have a specific infectious illness from those who are healthy in order to stop the spread of that illness.

Mass gatherings: the congregation of groups of people in situations where it is not possible to manage social distancing, such as classes, sporting events, concerts, movies, meetings, etc.

Morbidity: illness, disease.

Mortality: the number of deaths at a given time or place.

Mutation: a significant and basic alteration: a permanent change in DNA or RNA.

Normal operations: procedures followed during typical conditions when the University is open.

“On call”: ready to respond to a summons or command.

Outbreak: An event in which an infectious disease has spread in a localized area.

Pandemic: a global outbreak of disease in which a novel virus which causes serious illness spreads easily from person to person.

Prophylaxis: measures designed to preserve health and prevent the spread of disease.

Quarantine: a restriction of the activities of healthy persons or animals that have been exposed to a communicable disease. The aim is to prevent transmission of the disease from potentially infected persons to healthy persons during the incubation period.

Remote workers or work-at-home: workers or employees that perform their work full-time from home or other locations away from campus.

Seasonal flu: a respiratory illness caused by type A or B influenza virus that can be transmitted from person to person. Most people have some immunity and there is a vaccine available.

Self-Isolation: Additional measures to reduce the spread of the infectious disease by isolating the infected individual.

Self-quarantine: self-imposed quarantine in order to prevent cross-contamination in the event of a contagious disease.

Social distancing: a self-defense action to protect individuals from contracting a contagious disease. These actions might include: maintaining a distance of at least three feet from other workers, changing work shifts, avoidance of enclosed spaces containing many people and/or wearing a mask.

Virulence: the ability of an infectious agent to cause disease; a measure of the severity of disease a microorganism is capable of causing.