Purdue Public Health Emergency Response Plan

January 1, 2019

READY Purdue
PREPARE, PLAN, STAY INFORMED

(This page is intentionally left blank)

TABLE OF CONTENTS

Section 1: Plan Fundamentals

1.1   Purpose:

A)   The Purdue Public Health Emergency Response Plan provides general guidance, organizational structure and direction on preparedness, response and communication disciplines for public health emergencies. It is **critical** that we are prepared for potential events to protect the Purdue "family" and local community residents. 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 emergency such as influenza or Ebola).

B)   The Purdue Public Health Emergency Response Plan provides a general description of the process by 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) and the Indiana State Department of Health (ISDH) directions. Planning, preparation, and response to a severe infectious disease emergency will require additional collaboration with the Purdue University Public Health Emergency Planning Committee.

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…highest concentration live 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 41,573 students (Fall 2017) from 50 states and 122 countries (9,133 who are international students).

C) There are 16, 898 faculty and staff members at the West Lafayette campus.

D) The West Lafayette campus is a *"community"* of over 50,000 faculty, staff, and students.

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

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 will be in short supply. Flights will 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 pandemic, 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 staff" will be able to work remotely.
11) The ability of faculty and staff to work from home is expected to be constrained unless Purdue expands the capacity of its remote access technologies.
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 pandemic, 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 distance education infrastructure and expertise is currently insufficient to handle a majority of courses. Wide use of virtual classrooms is not possible without significant investment in equipment and training, or the engagement of additional suppliers.
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 amongst the Purdue University stakeholders to best fit the response to situation.

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) Keep 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
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 all organizational resources available to you.

2.4 Response (Possible responses by the TCHD & PUSH to reduce the spread of infection.

A) Analysis and surveillance of infectious disease outbreak

B) Dissemination of information and education to the public

C) Take all 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 spearhead 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 applicable 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 and 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 Planning Committee and will activate the committee upon a 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 committee 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 to update and activate their specific departmental checklist to ensure continuity of operations.
(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).
(vi) Provide operational recommendations to ELPG.

B) The Purdue Public Health Emergency Planning Committee will continue to work with 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.

C) The Incident Commander 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 Response Planning Committee

A) The committee is chaired by the Director of the Purdue Student Health Center and the Senior Director of Environmental Health and Public Safety.

B) The committee now 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 checklists; and discuss preparedness initiatives to ensure the University is ready for a potential significant incident.

C) The faculty and staff members may be organized into seven subcommittees:
1) Academic and Research Continuity
2) Business Continuation
3) Campus Health
4) Communications and Education
5) Safety and Security
6) Student Services
7) University Residences

4.2 Subcommittee Membership

A) The Purdue Public Health Emergency Planning Committee identified the need to branch out into a variety of planning subcommittees who could study the impacts and preparation requirements across a range of disciplines. The subcommittee membership lists are provided below.

1) Academic and Research
    (i) Office of Vice President for Research
    (ii) College of Consumer & Family Sciences
    (iii) Office of the Provost
    (iv) ITaP
    (v) Study Abroad
    (vi) School of Veterinary Medicine
    (vii) Registrar's Office
    (viii) School of Health Sciences

2) Business Continuation
    (i) Human Resources
    (ii) ITaP
    (iii) Convocations and Lectures
    (iv) Business Services
    (v) Hall of Music
    (vi) Conference Division

(vii) Intercollegiate Athletics Administration
(viii)   Insurance Services

3) Campus Health
   (i)   Student Health Center
   (ii)   School of Nursing
   (iii) Veterinary Teaching Hospital
   (iv)   Student Health Center Urgent Care
   (v)   Tippecanoe County Public Health Nurse
   (vi)   University News Service
   (vii) Purdue University Pharmacy
   (viii)   Tippecanoe County Health Department
   (ix)   Center for Healthy Living

4) Communications and Education
   (i)   Purdue News Service
   (ii)   Digital Marketing
   (iii) University Residences
   (iv)   Ag Communication

5) Safety & Security and Physical Facilities
   (i)   Purdue Police Department
   (ii)   Tippecanoe County Emergency Management Agency
   (iii) Buildings and Grounds
   (iv)   Energy, Engineering and Construction
   (v)   Purdue Fire Department
   (vi)   Radiological and Environmental Management
   (vii) Intercollegiate Athletics
   (viii)   Emergency Preparedness and Planning

6) Student Affairs
   (i)   Undergraduate Students Program
   (ii)   Office of International Students and Scholars
   (iii) Center for Career Opportunities
   (iv)   Dean of Students
   (v)   Student Access/Transition/Success Programs

7) University Residences

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 First Responders comply with NIMS training requirements.

C)   All members of the Purdue Public Health Response Planning Committee should be familiar with NIMS. Therefore, each committee member should, at a minimum, take the following on-line 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 Dispersing (POD) (for medicine or vaccines) Guidelines

A)   The Point of Dispersing (POD) Center Guidelines are prepared by Department of Environmental Health and Public Safety. See attachment 1.
   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 Dispersing (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 Staff Function and designation

A) In the event of a public health emergency or other crisis that requires access to the University to be severely limited, there are certain people who must report to campus to perform duties vital to the continuity of the University. Additionally, there may be some essential staff performing functions that can be accomplished from remote locations such as home.

B) In a crisis situation it is important to have simple, clear guidance to faculty, staff and students 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 a "restricted access" advisory is issued, anyone identified as "essential" or "critical" should report to campus or be prepared to work from a remote location.

C) Essential functions are those that need to be fulfilled to maintain essential functions when normal University operations have been suspended or closed. Departments must evaluate their department's impact on the overall goal of maintaining basic University operations. Additionally, they must designate these essential function positions. Pre-designation is especially important in incidents that happen with little notice. Individuals who fill these designated positions are expected to report for work during the emergency period unless specifically directed by the department not to do so. The following information provides some general guidelines to be considered when designating the essential function positions.

   1) Essential functions or responsibilities:
     (i)   to preserve the health, well-being and safety of the Purdue campus community.
     (ii) to assist and support students with needs generated by the emergency.
     (iii) to ensure timely and effective communication before, during, and after the emergency.
     (iv) to provide utilities to maintain and protect campus buildings.
     (v)   to maintain the health and well-being of vertebrate animals.
     (vi) to preserve the campus cyber infrastructure.
     (vii) to protect assets required to allow the University to resume its 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.

      (viii)   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 facilities into safe shutdown. After those actions, some of those individuals may no longer need to report to campus and should not do so unless requested or advised to do so.

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

Essential function position	**Duties**
Police officers and fire fighters	Respond to emergencies, maintain order
Certain power plant and utilities staff	Maintain utilities
Certain operations and maintenance staff	Monitor facilities, repair serious problems
Certain grounds staff	Refuse removal, assist in equipment supply
Certain computer staff	Maintain infrastructure, support emergency operations
Certain building services staff	Refuse removal, cleaning of occupied areas
Certain senior university staff	Policy decision making
Certain business office staff	Process emergency payments and payroll
Certain animal caretakers	Feed and monitor animals
Certain research caretakers	Maintain cell lines and other fragile research assets
Certain health care staff	Triage, treat students and staff, and dispense medication
Certain housing and food staff	Feed and house students, staff
Certain veterinary school staff	Care of injured/sick animals
Certain ADDL staff	Provide diagnostic services
Certain Marketing and Media staff	Disseminate information, policies
Certain student services staff	Assist students remaining on campus; continue recruitment, admissions processes

E) The above list is by no means exhaustive but illustrates types of essential function positions considered to be necessary during emergency situations. Some questions to ask when looking at this issue include:

1) What can be deferred without serious damage?

2) Can maintenance or repair wait for a period of time without seriously damaging the university infrastructure or a research asset?

3) Will the cost of waiting cause repair or replacement costs to become exorbitant?
4) Where does the essential function have to occur?
5) Can it be accomplished at home, or must it be completed at an on-campus location?
6) Does an essential function occur on a daily basis (e.g. student meals, animal care) or an occasional basis (maintaining cell line samples, picking up paperwork such as applications for admission to process at home).
7) How does a long term emergency period differ from a short term one such as a "snow recess"?

F) Who decides what is essential? While the examples above illustrate some essential function positions, it will be a departmental decision to determine these 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 function positions and the expectations for all employees during this period. Back-up individuals should be designated and trained.

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" should be informed of their status. Additionally, they should not report for work without prior approval from their department.

H) Non-essential function positions: Department positions that do not affect maintaining the University in a basic operating status. During an emergency period, most of the University's positions would be designated as non-essential function positions. Departments should routinely inform their employees of the emergency period essential/non-essential status of their positions and the effect it has on their pay, vacation, sick leave, etc. 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 lines of 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 warnings 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 decided on by the Incident Commander and senior 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: Acronyms and Definition of Terms

7.1 Acronyms:

CDC	Centers for Disease Control and Prevention
EMS	Emergency Medical Services
HIPAA	Health Information Portability and Accountability Act
IDP	Infectious Disease Plan
ICP	Infection Control Practitioners
ISDH	Indiana State Department of Health
LE	Law Enforcement
PU	Purdue University
PUSH	Purdue University Student Health
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.

Avian flu: also called bird flu, is caused by influenza viruses that occur naturally in wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans, for whom it causes serious illness and has resulted in death in over 50% of those infected.

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: a condition of being able 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 form 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.