

University of New Orleans Communicable Disease Emergency Plan

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|--|-----------|
| <i>Communicable Disease Emergency Teams</i> | <u>2</u> |
| <i>Communicable Diseases</i> | <u>2</u> |
| <i>Emergency Information</i> | <u>2</u> |
| <i>Emergency Links</i> | <u>3</u> |
| <i>Communicable Disease Plan Summary</i> | <u>3</u> |
| STAGE ONE: Annual Preparation | <u>4</u> |
| STAGE TWO: Threat Assessment | <u>4</u> |
| STAGE THREE: Class Cancellation | <u>5</u> |
| STAGE FOUR: University Closing | <u>6</u> |
| STAGE FIVE: Continuity of Operations during Emergency Closure | <u>7</u> |
| STAGE SIX: Aftermath – Facility Assessment, Recovery, Reopening, and Return to Classes | <u>7</u> |
| <i>Appendix A: Team Members and Duties</i> | <u>8</u> |
| <i>Appendix B: Influenza Epidemic Overview</i> | <u>10</u> |
| <i>Appendix C: Severe Acute Respiratory Syndrome (SARS) Overview</i> | <u>13</u> |
| <i>Appendix D: Coronavirus Disease 2019 (COVID-19) Overview</i> | <u>15</u> |
| <i>Appendix E: Airborne Precautions</i> | <u>17</u> |
| <i>Appendix F: Meningitis Overview</i> | <u>18</u> |
| <i>Appendix G: Mass Vaccinations</i> | <u>20</u> |
| <i>Appendix H: Meningitis Education Handouts</i> | <u>22</u> |
| <i>Appendix I: Residential Life Quarantine Procedures</i> | <u>26</u> |
| <i>Appendix J: Meal Plan Requests for Quarantined Students</i> | <u>28</u> |
| <i>Appendix K: Office of Public Health and Community Contacts</i> | <u>29</u> |

This University Communicable Disease Emergency Plan is effective February 1, 2010.

Communicable Disease Emergency Teams

The President of the University New Orleans has designated the Dean of Students as the Plan Coordinator of the UNO Communicable Disease Emergency Plan. During the emergency period, the Plan Coordinator has supervisory responsibility over departments and personnel who comprise the Communicable Disease Emergency Team (CDET). All recommendations of the CDET must be relayed by the Plan Coordinator to the President for his approval.

The Communicable Disease Emergency Team (CDET) is responsible for planning and implementing specific detailed procedures for each area of responsibility. (See APPENDIX A for list of members and their duties). Each team member may require additional staff under their supervision to assist in the implementation of the UNO Communicable Disease Emergency Plan.

Communicable Diseases

A Communicable Disease is an infectious disease that is capable of being transmitted from one person or species to another. The means of transmission can be through direct contact with an individual, contact with bodily fluids of infected individuals, airborne exposure, or with objects that the infected individual has contaminated. (Some examples of Communicable Diseases are Tuberculosis (TB), Meningitis, Small Pox, Chicken Pox, Seasonal influenza, Avian influenza (AI), H1N1 flu, Diphtheria, Plague, and Severe Acute Respiratory Syndrome (SARS)).

Emergency Information

Since the danger of misinformation and rumor are greatly increased during any emergency period, the President has designated Strategic Communications as the official source of university announcements. This office will post official information on the UNO switchboard 504-280-6000, make announcements via campus-wide email, and communicate with local TV and radio news programs. The most current and up-to-date information will be available on the UNO website, on the university's general information number, 504-280-6000 and on WWNO, the University's public radio station at FM 89.9.

The Emergency Operation Center will be located in the Computer and Communication Building, room 218.

The Emergency Alert radio stations for the New Orleans area are:

AM 870/WWL and FM 101.9/WLMG

In addition, **FM 89.9, WWNO** is located on UNO's campus and is committed to providing updated information.

New Orleans Television Stations

- [FOX](http://www.fox8live.com/) 08 [WVUE](http://www.fox8live.com/) - New Orleans <http://www.fox8live.com/>
- [UPN](http://www.upn.com/) 54 [WUPN](http://www.upn.com/) - Metairie <http://www.upn.com/>
- [CBS](http://www.wwtv.com/) 04 [WWL](http://www.wwtv.com/) - New Orleans <http://www.wwtv.com/>
- [NBC](http://www.wdsu.com/index.html) 06 [WDSU](http://www.wdsu.com/index.html) - New Orleans <http://www.wdsu.com/index.html>
- [PBS](http://www.wyes.org/) 12 [WYES](http://www.wyes.org/) - New Orleans <http://www.wyes.org/>
- [ABC](http://www.wgno.com) 26 [WGNO](http://www.wgno.com) - New Orleans <http://www.wgno.com>
- [PBS](http://www.pbs.org/wlae/) 32 [WLAE](http://www.pbs.org/wlae/) - New Orleans <http://www.pbs.org/wlae/>

Emergency Links

- [University New Orleans](http://www.uno.edu) (www.uno.edu)
- [American Red Cross](http://www.redcross.org/) (<http://www.redcross.org/>)
- [World Health Organization](http://www.who.int/topics/en/)(<http://www.who.int/topics/en/>)
- [Center for Disease Control and Prevention](http://www.cdc.gov/) (<http://www.cdc.gov/>)

Communicable Disease Plan Summary

Philosophy

The federal government believes that higher education will be severely impacted because of risks resulting from open and accessible campuses to the local community at-large, and international travel.

The impact on college or university operations may include unprecedented demands on:

- Student Health Services
- Residence Halls and Campus Dining
- University Police and Environmental Health and Safety
- Establishment of quarantine and vaccination sites, if necessary
- Debilitating sickness among staff and faculty causing severe reductions in work force
- Essential services hampered and perhaps unavailable
- Significant loss of tuition revenues and non-returning students

To ensure the safety of UNO students, faculty, and staff; the University of New Orleans has developed an emergency plan, which is recommended as general guidelines for students, faculty, and staff in the event of a Communicable Disease outbreak. The university's primary concern is the safety, health, and well-being of UNO community members. All decisions reflect this ethic.

Communicable Disease Emergency Plan

The Communicable Disease Emergency Plan is divided into six stages. The action steps indicated in the stages may or may not be implemented in the order listed, depending on the circumstances of the outbreak and time of day in which the stage occurs. In addition, the President and/or Plan Coordinator may declare a change in stage at any time due to the unpredictable nature of spread of the disease.

- Stage 1. Annual Preparation
- Stage 2. Threat Assessment
- Stage 3. Class Cancellation
- Stage 4. University Closing
- Stage 5. Continuity of Operations during Emergency Closure
- Stage 6. Aftermath -- assessment, recovery, reopening, and return to classes

STAGE ONE: Annual Preparation

Do not wait until a communicable disease outbreak threatens the area or the country to make personal plans.

Students should notify their parents/family of their Personal Emergency Plans.

Resident students shall receive explicit instructions from Residential Life and Student Affairs staff regarding communicable disease procedures. All students residing on campus will be required to submit a Personal Emergency Plan to their Resident Assistant/Community Assistant on a form provided at the beginning of each semester. If a plan is already on file, it should be recertified by the resident. Such plans should also be communicated by the resident to their parents/family; Residential Life keeps all Personal Emergency Plan forms on file for the length of the residents' stay in the housing unit.

International Students are strongly encouraged to communicate their emergency evacuation plans to parents/family prior to a communicable disease emergency. These students are also required to submit their Personal Emergency Plans to the Office of International Students and Scholars.

Everyone should prepare a **Personal Emergency Plan** and assemble a **Disaster Supply Kit**. These plans and supply kits will vary depending on the type of disease that is being confronted at the time.

People can find assistance with Emergency Plans and Emergency Supply kits at the following web sites.

American Red Cross: http://www.redcross.org/services/prepare/0,1082,0_239_00.html

Center for Disease Control: <http://www.pandemicflu.gov/plan/individual/index.html>

World Health Organization: <http://www.who.int/topics/en/>

STAGE TWO: Threat Assessment

The University of New Orleans adheres to the authority of the Office of Public Health as vested by the State of Louisiana.

Any team member who becomes aware of a suspected or confirmed case of a contagious disease on campus, in the community or in the country is to inform the Dean of Students, or in the absence of the Dean of Students, the Associate Dean for Diversity and Student Affairs. The Dean of Students upon consulting with the Medical Director for Ochsner Health Center – UNO and the Office of Public Health will monitor the status of the disease outbreak, if any.

During this stage, precautionary measures such as quarantine, social distancing (such as canceling large scale events, revised dining plans), and mass immunizations may occur. See appendix for more information about these measures.

The Plan Coordinator in consultation with the Medical Personnel will inform the President of the status of the disease outbreak, if any. Depending on what the disease is and where the infected cases are located the President and Plan Coordinator may bypass stage two and go directly to stage three.

Information will be distributed to the UNO community via the UNO web page, e-mails, text messages, and posted statements in the University Center, residence halls, and other buildings when applicable. Should any student (resident or commuter) decide to leave prior to the official cancellation of classes, the student is responsible for making provisions for missed classes and assignments with their professors directly.

Plan Coordinator, in consultation with Medical Personnel, will monitor the situation and will make a decision as to whether or not to recommend to the President or his designee that classes be cancelled. When the President or his designee decide to cancel classes, stage 3 will be enacted.

STAGE THREE: Class Cancellation

Class cancellation signifies that all classes are cancelled and all students should evacuate all non-housing related campus buildings. University employees will remain at their posts. The Building Coordinators for each building will ensure that all students and visitors have left their buildings. Signs should be posted on all doors leading into the building, indicating that classes have been cancelled. Building coordinators should inform UNOPD when all students and visitors have evacuated their buildings. Resident students who have a place to evacuate to, will be encouraged to leave the campus. Those students who remain in the housing areas will be required to follow stringent guidelines in order to minimize exposure probabilities.

Employees will initiate any required departmental preparation to ensure academic operations and business continuity.

Any announcements as to whether the University will cancel classes and events (but other operations of the University will continue) because of emergency conditions will be made by the President through Strategic Communications for release to the public. Strategic Communications

will initiate E2Campus text messages, update the UNO website and the message on the UNO main switchboard (504-280-6000).

The standard announcement shall indicate that all classes at the University are suspended that day (or until further notice). In addition, the announcement should make clear that all departmental offices will be open and all employees, including faculty and graduate assistants whose work extends beyond conducting classes, are expected to report to work.

If classes are cancelled but all other operations of the University will continue, the announcement shall be: “*All classes, public events, and related activities at UNO are suspended today (or until further notice). However, all departmental offices will be open and all employees, including faculty and graduate assistants whose work extends beyond conducting classes, are expected to report to work.*”

The plan Coordinator and the Medical Personnel will monitor the ongoing medical event in the community and decide whether/when to recommend to the President or his designee the closing and/or evacuation of the University.

When the President or his designee makes the decision to close the University, stage four is enacted.

STAGE FOUR: University Closing

Once the Communicable Disease Emergency Plan, Stage Four, is reached, all essential personnel must remain on campus until discharged by their supervisors.

Any announcements as to whether the University will close because of emergency will be made by the President through Strategic Communications for release to the public. Strategic Communications will initiate E2Campus text messages, update the UNO website and the message on the UNO main switchboard (504-280-6000). Special instructions to Critical Emergency Personnel, Essential Personnel – Level 1 and Essential Personnel – Level 2 will be included.

University offices are to be closed and other operations suspended along with the suspension of classes. The announcement shall state “*All classes, public events, and related activities at UNO are suspended and all offices and departments except those previously designated as required for essential operations will be closed today (or until further notice). Faculty and staff are not to report to work unless previously and specifically told to do so.*”

Administrative Instructions: All members of the UNO community are expected to comply with the oral and written instructions of a University Official acting within the scope of their duty in a crisis, emergency, or disciplinary situation. University Officials include but are not limited to, public safety/ UNOPD officers, faculty members, administrators and residential life staff.

Compliance shall include providing clear and factual information concerning an individual situation and cooperating in a polite and respectful manner.

The Plan Coordinator will place all remaining resident students unable to evacuate, under **Administrative Instructions** (described above). All students placed under Administrative Instructions must comply with the oral and written instructions of residential life personnel, police personnel or other university officials and cooperate in a polite and respectful manner.

STAGE FIVE: Continuity of Operations during Emergency Closure

Departments are to follow their individual plans to maintain their operations and the operations of the university functional. (Telecommuting, teaching on-line, alternating schedules, etc.)

STAGE SIX: Aftermath – Facility Assessment, Recovery, Reopening, and Return to Classes

In the *Facility Assessment Stage*, Post-Emergency Response teams will return to campus and inspect the facilities to determine whether other employees and resident students who left can return to the UNO Campus.

In the *Recovery Stage*, University Essential Personnel and authorized contractors will be allowed back onto the campus to begin cleaning, disinfecting, and preparing areas for opening.

In the *Reopening Stage*, all other university personnel and resident students who left will be allowed on campus to prepare for the opening of the university.

In the *Return to Classes Stage*, the University resumes normal operations.

Once the President declares the campus ready to reopen, the Plan Coordinator will announce the official end of the emergency. The Plan Coordinator will notify Strategic Communications, which will change the message on the UNO switchboard (504-280-6000) and the UNO Web site send out a general e-mail with the information and will inform the media of the change in status.

Appendix A: Team Members and Duties

Communicable Disease Emergency Response Team:

Associate Vice President for Student Affairs and Dean of Students
Associate Dean for Diversity and Student Affairs
Director of Environmental Health and Safety
Risk Management Coordinator
Chief Communications Officer
Campus Police, Chief of Operations
Medical Director, Ochsner Health Center - UNO
Director of Residential Life
Executive Director for Privateer Place

Additional UNO partners:

Senior Vice President for Academic Affairs and Provost
Executive Assistant to the Provost
Executive Assistant to the President
Dean of the Library and CIO

Director of Counseling Services
Director of Student Involvement and Leadership
Director of Athletics
Director of International Students and Scholars

Facilities Services
Dining Services

Team member duties:

The following list is not exhaustive. All team members will assist in information gathering and contact tracing activities initiated by OPH. Additional UNO staff members may be assigned to this task.

Dean of Student Affairs:

- Assigns staff to necessary activities and contact tracing
- Communicates with upper administration and Medical Director, Ochsner Health Center - UNO

Medical Director, Ochsner Health Center - UNO:

- Assigns medical staff to intake, triage, and vaccination posts
- Secures delivery of needed supplies
- Coordinates delivery of vaccines

Campus Police:

- Assist in securing area and maintaining order
- Coordinates parking for media vans
- Coordinates parking for OPH vehicles
- Secures area for public announcements/statements

Chief Communications Officer:

- Consults with the OPH, Dean of Students, Medical Director, the President and legal advisor to determine what information can and will be released
- Coordinates all media efforts
- Identifies University and / or Medical spokesperson(s)
- Communicates designated spokesperson(s) to media
- Determines media distribution
- Helps update university webpage
- Prepares and distributes press releases to media throughout incident
 - Works with Director of Environmental Health and Safety to prepare and release campus wide information using various communication mediums, such as: e-mail, social media and electronic boards
- Prepare media advisories regarding vaccination(s) to alert media of event(s).
 - Establish and communicate guidelines in coordination with OPH for interviews, photography and videography.

Director of Environmental Health and Safety:

- Works with Chief Communications Officer to prepare and release campus wide information using various communication mediums, such as: e-mail, social media and electronic boards
- Communicates with Faculty and Staff regarding vaccination program
- Answers e-mails and phone calls

Appendix B: Influenza Epidemic Overview

Seasonal influenza refers to the periodic outbreaks of respiratory illness in the fall and winter in the United States. Outbreaks are typically limited; most people have some immunity to the circulating strain of the virus. A vaccine is prepared in advance of the seasonal influenza; it is designed to match the influenza viruses most likely to be circulating in the community. Employees living abroad and international business travelers should note that other geographic areas (for example, the Southern Hemisphere) have different influenza seasons which may require different vaccines.

Pandemic influenza: refers to a worldwide outbreak of influenza among people when a new strain of the virus emerges that has the ability to infect humans and to spread from person to person. During the early phases of an influenza pandemic, people might not have any natural immunity to the new strain so the disease would spread rapidly among the population. A vaccine to protect people against illness from a pandemic influenza virus may not be widely available until many months after an influenza pandemic begins. It is important to emphasize that there currently is no influenza pandemic. However, pandemics have occurred throughout history and many scientists believe that it is only a matter of time before another one occurs. Pandemics can vary in severity from something that seems simply like a bad flu season to an especially severe influenza pandemic that could lead to high levels of illness, death, social disruption and economic loss. It is impossible to predict when the next pandemic will occur or whether it will be mild or severe.

Avian influenza (AI): - also known as the bird flu - is caused by virus that infects wild birds and domestic poultry. Some forms of the avian influenza are worse than others. Avian influenza viruses are generally divided into two groups: low pathogenic avian influenza and highly pathogenic avian influenza. Low pathogenic avian influenza naturally occurs in wild birds and can spread to domestic birds. In most cases, it causes no signs of infection or only minor symptoms in birds. In general, these low path strains of the virus pose little threat to human health. Low pathogenic avian influenza virus H5 and H7 strains have the potential to mutate into highly pathogenic avian influenza and are, therefore, closely monitored. Highly pathogenic avian influenza spreads rapidly and has a high death rate in birds. Highly pathogenic avian influenza of the H5N1 strain is rapidly spreading in birds in some parts of the world.

Highly pathogenic H5N1 is one of the few avian influenza viruses to have crossed the species barrier to infect humans and it is the most deadly of those that have crossed the barrier. Most cases of H5N1 influenza infection in humans have resulted from contact with infected poultry or surfaces contaminated with secretions/excretions from infected birds.

Pandemics

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide. A worldwide influenza pandemic could have a major effect on the global economy, including travel, trade, tourism,

food, consumption and eventually, investment and financial markets. Planning for pandemic influenza by business and industry is essential to minimize a pandemic's impact. Influenza pandemics are different from many of the other major public health and health care threats facing our country and the world. A pandemic will last much longer than most flu outbreaks and may include "waves" of influenza activity that last 6-8 weeks separated by months. The number of health care workers and first responders able to work may be reduced. Public health officials will not know how severe a pandemic will be until it begins.

How a Severe Pandemic Influenza Could Affect Workplaces

Unlike natural disasters or terrorist events, an influenza pandemic will be widespread, affecting multiple areas of the United States and other countries at the same time. A pandemic will also be an extended event, with multiple waves of outbreaks in the same geographic area; each outbreak could last from 6 to 8 weeks. Waves of outbreaks may occur over a year or more. Your workplace will likely experience:

- **Absenteeism:** - A pandemic could affect as many as 40 percent of the workforce during periods of peak influenza illness.
- **Change in patterns of commerce:** - During a pandemic, consumer demand for items related to infection control is likely to increase dramatically, while consumer interest in other goods may decline.
- **Interrupted supply/delivery:** - Shipments of items from those geographic areas severely affected by the pandemic may be delayed or cancelled.

Key segments at risk for Influenza:

Some segments of the population are at high risk for serious flu complications and yearly vaccination is recommended. These high-risk groups include:

- Adults 65 years and older (adults 50 to 64 years of age are considered at "increased risk")
- People who live in long-term care facilities, such as nursing homes
- Adults and children 6 months and older with chronic conditions, such as asthma, diabetes, kidney disease, or weakened immune system
- Children 6 months to 18 years of age who are on long-term aspirin therapy
- Women who will be pregnant during the flu season
- All children 6 to 23 months of age

Yearly vaccination is also indicated for any person in close contact with someone in a high-risk group, such as healthcare workers and caregivers

Experts recommend basic hygiene (see www.cdc.gov/flu/protct/stopgerms.htm) and social distancing precautions as the best possible way to ensure personal safety during a communicable disease outbreak.

- Wash your hands with soap and water or clean them with an alcohol-based hand sanitizer. Wash hands for at least 15 seconds. This will reduce the chance of spreading flu from one person to another.

- Cover your mouth and nose with a tissue when you cough or sneeze, and clean your hands afterwards.
- Use soap and water or an alcohol-based hand sanitizer (as above).
- If you don't have a tissue or handkerchief, cough or sneeze into the inside of your elbow or upper arm.
- Whenever possible, avoid coughing or sneezing into your hands.
- Keep your hands away from your eyes, nose and mouth to keep flu germs from entering your body.
- Stay home if you are feeling sick. Get plenty of rest and drink lots of fluids.
- Avoid close contact with people who are sick. The flu virus is spread by respiratory droplets passed from one person to another. These droplets can pass among people in close contact.
- Avoid sharing objects—such as utensils, cups, bottles and telephones. If you must share, disinfect the objects before and after using them.
- Keep your living and work areas clean.

Conditions before and during an event will deteriorate so we must prepare for many contingencies. A **Disaster Supply Kit** should be prepared in advance. Experts in the emergency planning field suggests that you include the following:

Food and Non Perishables

Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups - canned juices - protein or fruit bars - dry cereal or granola - peanut butter or nuts - dried fruit – crackers - bottled water (at least a gallon of water per person per day) - canned or jarred baby food and formula - pet food - other non-perishable items.

Medical, health, and emergency supplies

Prescribed medical supplies such as glucose and blood-pressure monitoring equipment - soap and water, or alcohol-based (60-95%) hand wash - medicines for fever, such as acetaminophen or ibuprofen – thermometer - anti-diarrheal medication – vitamins - fluids with electrolytes - cleansing agent/soap – flashlight – batteries - portable radio - manual can opener - garbage bags - garbage bags - protective clothing – rainwear - bedding or sleeping bags - special items for infants, elderly, or disabled family members.

Appendix C: Severe Acute Respiratory Syndrome (SARS) Overview

Introduction

Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained. SARS has the potential to cause widespread morbidity and mortality along with ensuing social disruption. Currently there is no vaccine.

Symptoms of SARS

In general, SARS begins with a high fever (temperature greater than 100.4°F [$>38.0^{\circ}\text{C}$]). Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also have mild respiratory symptoms at the outset. About 10 percent to 20 percent of patients have diarrhea. After 2 to 7 days, SARS patients may develop a dry cough. Most patients develop pneumonia.

How SARS spreads

The main way that SARS seems to spread is by close person-to-person contact. The virus that causes SARS is thought to be transmitted most readily by respiratory droplets (droplet spread) produced when an infected person coughs or sneezes. Droplet spread can happen when droplets from the cough or sneeze of an infected person are propelled a short distance (generally up to 3 feet) through the air and deposited on the mucous membranes of the mouth, nose, or eyes of persons who are nearby. The virus also can spread when a person touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s). In addition, it is possible that the SARS virus might spread more broadly through the air (airborne spread) or by other ways that are not now known.

What does “close contact” mean?

In the context of SARS, close contact means having cared for or lived with someone with SARS or having direct contact with respiratory secretions or body fluids of a patient with SARS. Examples of close contact include kissing or hugging, sharing eating or drinking utensils, talking to someone within 3 feet, and touching someone directly. Close contact does not include activities like walking by a person or briefly sitting across a waiting room or office.

Crisis Response

Prevention and control of SARS-CoV transmission in the community rely on prompt identification and management of both SARS patients and their contacts. Isolation is a standard public health practice applied to persons who have a communicable disease. Isolation of SARS patients prevents transmission of SARS-CoV by separating ill persons from those who have not yet been exposed. Rapid identification, evaluation, and management of contacts of SARS patients (i.e., the persons most at risk for development of SARS) is resource intensive yet critical to controlling transmission. Contacts can be managed by use of a range of strategies, all of which facilitate close monitoring (active or passive) for symptoms and rapid initiation of isolation if symptoms develop. Quarantine is a contact management strategy that consists of

active monitoring plus activity restrictions; quarantine may be voluntary or mandatory. As an outbreak evolves, measures to increase social distance (e.g., cancellation of public events; implementation of community “snow days”) may become necessary; extensive transmission may call for activity restrictions applied to large groups.

Students, faculty and staff who become ill from SARS should seek medical attention. Individuals who have been in close contact with someone who has SARS should monitor their symptoms. If symptoms aggravate, seek medical attention or report to the nearest emergency room.

Priority Activities

- Identify, evaluate, and monitor contacts of SARS patients, and consider quarantine of contacts if needed. Continually monitor the course and extent of the outbreak, and evaluate the need for community containment measures. Develop tools and mechanisms to prevent stigmatization.
- Establishment of designated sites for evaluation of possible SARS patients
- Closing schools, canceling large gatherings, or implementing other “snow day”-type measures for increasing social distance as temporary measures to slow transmission in an affected community

Additional information: www.cdc.gov
www.dhh.la.gov

Appendix D: Coronavirus Disease 2019 (COVID-19) Overview

Introduction

Coronavirus Disease 2019 (COVID-19) is a viral respiratory illness caused by a new coronavirus, called SARS-associated coronavirus 2 (SARS-CoV2). COVID-19 was first reported in China in December 2019. COVID-19 has caused reported illness ranging from mild symptoms to severe illness and death. Currently there is no vaccine. COVID-19 is a rapidly evolving situation.

Symptoms of COVID-19

COVID-19 symptoms may appear within 2-14 days of exposure. Symptoms include fever, cough, and shortness of breath. Individuals should contact a healthcare provider if they develop these symptoms and have been in close contact with a person known to have COVID-19 or if they recently traveled from an area with widespread or ongoing community spread of COVID-19.

How COVID-19 spreads

COVID-19 is a new disease and health officials are still learning a lot about how the virus that causes COVID-19 spreads. The current understanding of virus spread is based on what we know about similar coronaviruses. The virus is thought to spread mainly from person-to-person, though it may also be possible for a person to get COVID-19 by touching a surface or object that has the virus on it and then touching their nose, mouth or face.

Person-to-person spread may occur between people who are in close contact (within six feet) and through respiratory droplets when an infect person coughs or sneezes. People are thought to be most contagious when they are symptomatic, though there have been some reports of the virus spreading before people become symptomatic.

Prevention

The best way to prevent illness is to avoid being exposed to the virus. Everyday preventive actions can help to avoid spreading respiratory diseases. The CDC recommends the following preventive actions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue; then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask.
 - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial

for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Crisis Response

Prevention and control of COVID-19 transmission in the community rely on prompt identification and management of both patients and their contacts. Isolation is a standard public health practice applied to persons who have a communicable disease. Isolation of COVID-19 patients prevents transmission of SARS-CoV2 by separating ill persons from those who have not yet been exposed. Rapid identification, evaluation, and management of contacts of COVID-19 patients (i.e., the persons most at risk for development of COVID-19) is resource intensive yet critical to controlling transmission. Contacts can be managed by use of a range of strategies, all of which facilitate close monitoring (active or passive) for symptoms and rapid initiation of isolation if symptoms develop. Quarantine is a contact management strategy that consists of active monitoring plus activity restrictions; quarantine may be voluntary or mandatory. As an outbreak evolves, measures to increase social distance (e.g., cancellation of public events; implementation of community “snow days”) may become necessary; extensive transmission may call for activity restrictions applied to large groups.

Students, faculty and staff who become ill from COVID-19 should seek medical attention. Individuals who have been in close contact with someone who has COVID-19 should self-isolate. If symptoms develop, seek medical attention.

Priority Activities

- Identify, evaluate, and monitor contacts of COVID-19 patients, and quarantine contacts if needed. Continually monitor the course and extent of the outbreak, and evaluate the need for community containment measures. Develop tools and mechanisms to prevent stigmatization.
- Establishment of designated sites for evaluation of possible COVID-19 patients
- Closing schools, canceling large gatherings, or implementing other “snow day”-type measures for increasing social distance as temporary measures to slow transmission in an affected community

Additional information: www.cdc.gov
 www.dhh.la.gov

Appendix E: Airborne Precautions

Patients suspected or confirmed to have tuberculosis, measles, varicella, smallpox or SARS are transmitted predominantly by particles of respiratory secretions smaller than 5 micrometers. Since the droplet nuclei can remain suspended in the air for extended periods of time, they can easily be inhaled by susceptible individuals.

Patients should wear surgical masks that cover their mouths and noses during self-provided transportation. **Note: UNO doesn't provide transportation.** Patients are encouraged to seek medical care in hospitals with Airborne Infection Isolation rooms (AIIR). Procedures for these patients should be scheduled at times when they can be performed rapidly and when waiting areas are less crowded.

The above information does NOT apply to varicella zoster. Health care workers immune to measles and varicella do not need to wear respiratory protection.

Appendix F: Meningitis Overview

Definitions:

Meningococcal disease is a rapidly progressing disease caused by the systemic invasion by the bacteria *Neisseria meningitides*, also known as meningococcus and may be manifested as a **meningitis** (inflammation of the lining of the brain and spinal cord), pneumonia, **meningococemia** (febrile bacteremia and conjunctivitis). Complications may include arthritis, myocarditis, pericarditis and endophthalmitis.

- A **confirmed case** of meningococcal disease is one that is defined by isolation of *Neisseria meningitides* from a normally sterile site (e.g., blood or cerebrospinal fluid) from a person with clinically compatible illness.
- A **probable case** is one that is defined by detection of polysaccharide antigen in cerebrospinal fluid or the presence of clinical purpura fulminans in the absence of a diagnostic culture from a person with clinically compatible illness
- **Index case or Primary case** is one that occurs in the absence of previous known close contact with another patient
- **Secondary case** is one that occurs among close contacts of a primary patient ≥ 24 hours after onset of illness in the primary patient.
- **Co-primary cases** are two or more cases that occur among a group of close contacts with onset of illness separated by < 24 hours.

Lifestyle behaviors relate to maximizing the body's own immune system response. A lifestyle that includes a balanced diet, adequate sleep, appropriate exercise, and the avoidance of excessive stress is very important. Avoiding upper respiratory tract infections and inhalation of cigarette smoke may help to protect from invasive disease. Everyone should be sensitive to public health measures that decrease exposure to oral secretions, such as covering one's mouth when coughing or sneezing and washing hands after contact with oral secretions.

Chemoprophylaxis describes the procedure in which specific antibiotics are administered to **at risk** contacts to eliminate the nasopharyngeal carriage of *Neisseria meningitides* and therefore reduce their risk of developing invasive disease. Chemoprophylaxis **does not prevent** contacts from subsequently acquiring the infection and chemoprophylaxis **does not treat** infection in those incubating the disease.

Outbreak

- Organization-based outbreak describes the occurrence of 3 or more confirmed or probable cases of identical sero-group meningococcal disease during a period of ≤ 3 months, with a resulting primary attack rate of at least 10 cases per 100,000 persons.
- Community-based outbreak describes the occurrence of three or more confirmed or probable cases of meningococcal disease in ~ 3 months among persons residing in the same area who are not close contacts of each other and who do not share a common affiliation, with a primary disease attack rate of > 10 cases per 100,000 persons.

Occupational Safety and Health Administration (OSHA) section of the U. S. Department of

Labor has set forth a plan which was developed as a means of eliminating or minimizing employee exposure to human blood and other potentially infectious materials. This plan is defined by Part 1910.1030, Title 29 of the Code of Federal Regulations.

Personal Protective Equipment (PPE) — These are specialized clothing or equipment to be worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, etc.) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

Appendix G: Mass Vaccinations

The Louisiana Office of Public Health (OPH) has the legal authority to call for mass immunizations. In the event OPH determines this is warranted, the following activities will take place:

Assist OPH in contact tracing / information gathering,
Setting up an impromptu mass vaccination site,
Outreach and education activities,
Public information activities.

OPH may determine that select, targeted immunization (few individuals) is necessary. In this case, Ochsner Health Center - UNO may serve as an ideal site for implementation.

For larger or campus-wide groups, a larger area will be necessary. The following sites, and their contact person, have been identified as suitable:

Larger sites:

University Center Ballroom (Pat Linn, 280-6375, or Delilah Hall 280-6337)
University Center 242 (Pat Linn, 280-6375, or Delilah Hall 280-6337)
University Center lobby (Pat Linn, 280-6375, or Delilah Hall 280-6337)
University Center cafeteria / eating area (Pat Linn, 280-6375, or Delilah Hall 280-6337)
HPC gym (Sterling Stewart, 280-7254)
RIS gym (Jody Duvernay, 280-6358)
Alumni Building events room (Katie Comer, 280-4726)
MH 165 and 172 (auditoriums) (Cathy Simoneaux, 280-4721)
ENGR 101 (auditorium) (Cathy Simoneaux, 280-4721)
Pontchartrain Hall (Amanda Robbins, 280-6590)

Smaller sites:

UC 238 (Ochsner Health Center - UNO)
Privateer Place Club House (Executive Director, 282-5670)

Setting up a mass immunization site:

Setting up a site for mass immunization requires the following steps:

1. Secure immediate access to an appropriate site.
2. Have tables and chairs delivered and set-up (by building staff or Facility Services, 280-6675)
3. Deliver and set-up nursing supplies.
4. Take delivery of vaccines, check for refrigeration.
5. Organize an assembly line procedure for processing students.

The site should consist of the following areas:

- an intake area
- a triage area
- a vaccination area
- a water/snack table
- a rest/observation area for students
- a communications table/area

The site should be accessible to work vehicles, such as vans and delivery trucks, and be near parking. The communications area should be set up with a phone line and computer capability. Electrical extension cords may be necessary.

Check list for vaccination site:

- Sufficient tables and chairs
- Sufficient supplies
- Trash cans
- Bio-hazard containers
- Water for students / volunteers
- Snacks for students receiving shot, if necessary
- Computer hookup
- Telephone and/or walkie-talkies
- Sufficient pens and paper
- Sufficient copies of handouts

Appendix H: Meningitis Education Handouts

- a. FAQ's short version
- b. FAQ's long version

**University of New Orleans
Ochsner Health Center - UNO
UC 238, 504-280-6387**

Meningitis Fact Sheet (Brief)

What is meningitis?

It is a rare, though potentially fatal bacterial infection caused by Neisseria Meningitidis. It has two forms: meningococcal meningitis, an inflammation that affects the brain and spinal cord, or as meningococemia, which is the presence of bacteria in the blood. It may also be viral.

Symptoms of meningitis:

| | |
|-----------------|----------------------|
| High fever | rash |
| Vomiting | neck stiffness |
| Lethargy | nausea |
| Severe headache | sensitivity to light |

How is it transmitted?

The bacterium is transmitted through air droplets (sneezing, coughing) and direct contact with someone already infected. Direct contact also occurs with shared items, such as glasses or cigarettes, or intimate contact such as kissing.

When should someone seek medical attention?

The infection progresses quickly, and students should seek medical care immediately if two or more of these symptoms occur at one time. If untreated, it can lead to shock and death within hours of the first symptoms.

About the vaccine:

A vaccine is available which is 85-100% effective in preventing four kinds of bacteria. It is considered safe, with mild and infrequent side effects such as redness and pain at the injection site lasting up to 2 days.

more information

American College Health Association

www.acha.org

Centers for Disease Control and Prevention

www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

**University of New Orleans
Ochsner Health Center - UNO
UC 238, 504-280-6387**

Meningitis Fact Sheet (Detailed)

What is meningitis?

It is a potentially fatal bacterial infection caused by Neisseria Meningitidis. It has two forms: meningococcal meningitis, an inflammation that affects the brain and spinal cord, or as meningococemia, which is the presence of bacteria in the blood. It may also be viral.

Symptoms of meningitis:

| | |
|-----------------|----------------------|
| High fever | rash |
| Vomiting | neck stiffness |
| Lethargy | nausea |
| Severe headache | sensitivity to light |

Meningitis usually peaks in late winter and early spring, overlapping with the flu season. The infection progresses quickly, and students should seek medical care immediately if two or more of these symptoms occur at one time. If untreated, it can lead to shock and death within hours of the first symptoms. Permanent disabilities may include brain damage, seizures, hearing loss, or limb amputation.

How is it transmitted?

The bacterium is transmitted through air droplets (sneezing, coughing) and direct contact with someone already infected. Direct contact also occurs with shared items, such as glasses or cigarettes, or intimate contact such as kissing.

How is it diagnosed?

Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made by growing bacteria from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back where fluid in the spinal canal is readily accessible. Identification of the type of bacteria responsible is important for selection of correct antibiotics.

Am I at risk?

Meningitis can strike at any age. It is spread through close proximity and contact, thus concentrations of people are of concern.

- individuals living in residence halls
- U.S. military recruits
- individuals with damaged or removed spleen
- people with routine exposure to the bacterium (such as scientists)
- anyone in close contact with a known case
- anyone with an upper respiratory infection with a compromised immune system
- anyone traveling to endemic areas of the world where it is prevalent

Each year, meningitis strikes about 3,000 Americans and claims about 300 lives. Approximately 125 cases occur on college campuses each year. 5-15 college students die each year as a result. During the 1990's the frequency of outbreaks rose at U.S. colleges and universities. The cases among teenagers and young adults have more than doubled. A freshman living in the dorms has a six-fold increase of risk.

What about prevention?

A vaccine is available which is 85-100% effective in preventing four kinds of bacteria (serogroups A, C, Y, and W-135) that cause about 70% of disease in the U.S. It is considered safe, with mild and infrequent side effects such as redness and pain at the injection site lasting up to 2 days.

After vaccination, immunity develops within 7-10 days and remains effective for 3-5 years. As with any vaccine, vaccination may not protect all susceptible individuals. Healthy lifestyles and hand washing also promote immunity and protection.

While not required by federal or state law, the American College Health Association and the Centers for Disease Control and Prevention have recommended that all first year students living in residence halls be vaccinated.

Contact Ochsner Health Center - UNO or your primary care provider if you wish to be vaccinated.

more information

American College Health Association
www.acha.org

Centers for Disease Control and Prevention
www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

Appendix I: Residential Life Quarantine Procedures

Isolation may be recommended for a symptomatic resident who has been exposed to a communicable or contagious disease. Quarantine may be recommended for a resident who has been exposed to a communicable or contagious disease but has not experienced symptoms. If possible, the resident is encouraged to isolate/ quarantine in their family home; however, the University of New Orleans acknowledges this is not possible for all students. The following procedures will apply for residents of Pontchartrain Halls and Lafitte Village in cases in which a student needs to be isolated or quarantined.

Process

If a student needs to be isolated or quarantined, the Dean of Students, Residential Life, Environmental Health and Safety, and Strategic Communications staff are notified.

The Office of Residential Life reviews available bed spaces in Adirondack: The Housing Director software via the “Open Rooms with Room Type” Saved Report. Designated isolation or quarantine spaces must be one or two bedroom units without any additional students occupying the space (these spaces include a private bathroom). The Director of Residence Life and On Call Area Coordinator work together to identify the appropriate space, and arrange room key and card access. Linen is provided to the room prior to resident’s arrival.

A key or access card will be issued to the resident student. Residential Life staff will work with public health officials to identify best practices for issuing the key to the student to limit exposure for others.

The resident will remain in the new assignment for the entire period of recommended or required isolation or quarantine.

The resident will be provided with a copy of this protocol and instructions regarding contact with others, dining and custodial care for the duration of the isolation.

The resident is to remain in the assigned room for the entire isolation period without visitors, refraining from in-person contact with others.

The following custodial considerations are encouraged:

Wash your hands frequently using soap and water or sanitizer with at least 60% alcohol content.

Monitor yourself for symptoms or increase in existing symptoms. Follow medical direction. Contact UPD at 504.280.6666 to report a need for emergency medical care. Notify the officers of your isolation status.

Clean common surfaces in the space and carefully clean laundry and dishes after isolation period ends to limit exposure. (Place your laundry in a bag or container to avoid close proximity with your mouth and nose.)

The Office of Residential Life and Dining Services will work together to provide accommodations for meals during the length of the isolation or quarantine.

The Dean of Students and Student Affairs staff will seek academic accommodations and support on behalf of the isolated or quarantined student.

Appendix J: Meal Plan Requests for Quarantined Students

Purpose: To provide meals to residential meal plan holders that are under quarantine or isolation.

Procedures:

1. Once a student is placed into isolation housing, the RA will notify the Galley that a meal is needed. This is done by calling the Galley kitchen at 504-841-9342. If no answer, please leave a message and also call 985-438-3515. Please provide the student's name and student number and any allergies. This is to be done by 8 A.M. for Breakfast, 10:30 A.M. for lunch, and 4 P.M. for Dinner.
2. Meal will be prepared and ready for pick up within 1 hour.
3. Housing or RA will complete a meal pick up form. The person making the request or their designee will bring the form to the cashier in the Galley for meal pick up. The meal will be given to the individual listed on the meal pick up sheet.
4. Meal pick up sheets will be compiled and sent to housing for verification.

Should there be a significant cluster of isolated students (12 or more) in one area a different protocol will be utilized and meals will be prepared in kitchen and brought over in bulk and assembled there in order to maintain quality and lessen the burden of transportation.

Meal Plan Student on Isolation Meal Request

Date: _____
Meal needed (circle one): Breakfast (9am) Lunch (10:30 AM) Dinner (4PM)
Housing/ RA Requesting: _____
Employee or Student ID number _____
Student needing Meal: _____
Student ID number: _____
Allergies: _____

Call 504-841-9342 with request; leave information above on voicemail. If no answer also call 985-438-3515.

Person Picking up meal: _____ ID number: _____

Appendix K: Office of Public Health and Community Contacts

Office of Public Health:

Dr. Raoul Ratard, State Epidemiologist
504-568-8294
rratard@dhh.la.gov

Alternative OPH contacts:

Theresa Sokol, MPH, Assistant State Epidemiologist Surveillance Manager
504-568-8295
504-219-4539
Fax- 504-219-4522
tsokol@dhh.la.gov

Local Emergency Rooms:

Touro

1401 Foucher St
897-7011

Children's Hospital

200 Henry Clay Ave.
899-9511

Oschner (Main Campus)

1514 Jefferson Highway
866-624-7637

University Medical Center

2000 Canal St
702-2138

East Jefferson Hospital

4200 Houma Blvd.
503-4377

Tulane University Medical Center

1415 Tulane Ave.
988-5263

West Jefferson Hospital

1101 Medical Center Blvd.
347-5511

Tulane-Lakeside Emergency Room

4700 I-10 Service Road
780-8282

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2/28/2020

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