



COLUMBUS STATE

UNIVERSITY

Infectious Disease Plans 2020

As part of the Comprehensive Emergency Management Plan
Office of Emergency Management

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Forward

The policy and procedures found in the following pages was created as part of the overall Comprehensive Emergency Management Plan. This policy replaces the Pandemic Influenza Response Plan.

Currently, this policy and procedure is working through the approval process with Columbus State University's Office of Legal Affairs, Ethics and Compliance. However, in light of the situation with the Coronavirus, President Markwood has given temporary approval of the Columbus State University, Infectious Disease Plan. Once full approval is awarded, this document will be replaced.

The team below developed this plan from the Columbus State University's Pandemic Influenza Response Plan, review of other institutional plans, and through consultation and research with public health officials and the University System of Georgia.

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COLUMBUS STATE UNIVERSITY

Policy Name: Infectious Disease Policy

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Responsible University Office: Office of Emergency Management

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I. Policy Statement

Columbus State University places great importance on the health and well-being of the students, staff, and faculty that make up our community. With the rise and spread of infectious diseases throughout the United States and the rest of the world in recent years, this policy is intended to serve as one part of CSU's wider [Emergency Management Action Plan](#), and it should be viewed as one component of a larger, more extensive emergency response plan as stated in [BOR 6.16](#).

II. Purpose of Policy

The purpose of this policy is to serve as a supplemental guideline and procedural manual for the University's Emergency Management Action Plan in the case of an outbreak or epidemic of infectious disease in Columbus or at Columbus State University. This policy has the following objectives:

- a. Reduce the risk of infectious disease to students, faculty, and staff.
- b. Minimize any rate of illness and loss of life.
- c. Provide information and family emergency planning assistance to students, faculty, and staff to minimize mental and emotional stress.
- d. Support remaining students on campus in the event of suspension of classes.
- e. Support Columbus State University Student Health Services, to include any third party contracted medical services with the University.
- f. Ensure that the Columbus State University Student Health Center can continue to maintain normal operational services.
- g. Minimize disruption to academic instruction and research.
- h. Minimize disruption to non-academic University operations.

- i. Reduce the risk of damage to critical infrastructure.
- j. Minimize the impact on the community and state.

III. Definitions

Board of Regents (BOR) – The governing body of the University System of Georgia, which has control and operational authority over Columbus State University.

Call Center – A phone center operated by the Columbus State University Office of University Advancement, which is located in Richards Hall.

Chancellor – Chief Executive Officer for the University System of Georgia.

Epidemic – An outbreak, or rise in incident rate, or spread of incidence of contagious or infectious disease so as to constitute a clear and present risk of infection to the public at large or to congregated groups thereof. While an outbreak might suggest something that is geographically limited or constrained, an epidemic infers a crisis situation that can spread.

Incident Response Team (IRT) – The Emergency Management Coordinator, the Director of Student Health Services, the Director of University Relations, and the Chief of University Police, who will be responsible for handling an outbreak of epidemic of an infectious disease.

Index Case - Refers to the initial case of an infectious disease outbreak.

Infectious Disease – An illness caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another.

Student Health Services – The medical services provided to students through the Division of Student Affairs, which may include third party medical vendors.

Outbreak – The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area, or season. An outbreak may occur in a restricted geographical area, or may extend over several countries. It may last for a few days, weeks, or several years. A single case of a communicable disease long absent from a population, caught by an agent (e.g. bacterium or virus) not previously recognized in that community/area, or the emergence of a previously unknown disease, may also constitute an outbreak.

Personal Protective Equipment (PPE) – Items which when properly used will protect the wearer from exposure to the infectious disease.

IV. Incident Response Structure

The President of the University assumes overall responsibility for handling any crisis. In the event that the President is away, the standard line of succession will be followed.

The President's Executive Leadership Team will provide counsel to the President and direction for their respective areas, as required.

Incident Response Team

In the event of an infectious disease situation, the Incident Response Team (IRT) will consist of select members of the University's Emergency Management - Incident Response Team or their designee.

The following decision points are provided as a guide in the decision-making process and may not be the only considerations. As the infectious disease outbreak unfolds, new information may provide alternative choices. The general decision points for consideration by the IRT include:

- Transmissibility
- Morbidity
- Mortality
- Geographic spread
- Proximity of confirmed cases
- Department of Public Health recommendations
- Closing of K-12 public schools
- Falling class attendance
- Rising employee absenteeism
- Assessment of stakeholders' risk perception
- In the event the campus is closed, certain staff will be required to come to work on a limited basis. (See Critical Staff Policy)
- Notification of Student's Emergency Contact

Their fundamental responsibilities of the members of the Incident Response Team are as follows:

1. Emergency Management Coordinator will provide leadership and organizational oversight to the Incident Response Team. This includes but is not limited to:

- i. Establishing a Command Center, if necessary.
- ii. Communicating with the President regarding the facts of the incident or situation.
- iii. Making recommendations for action(s) to the President, as determined by the IRT. In the event that the IRT cannot arrive at a consensus, the Emergency Management Coordinator will determine the appropriate recommendation(s) and alternative recommendations, which will be communicated to the President.

2. Director of Student Health Services will possess operational authority for dealing with all medical issues related to an outbreak or epidemic. This includes but is not limited to:

- i. Providing medical counsel to the President on all matters dealing with the outbreak/epidemic.
- ii. Coordinating with local medical and public health agencies in making the determination to officially designate the on-campus situation as an outbreak.
- iii. Monitoring of the illness on campus and advising the President of the current effect of the disease on the campus population.
- iv. Provide patient treatment and patient support.
 - a. A determination could be made that the infected individual(s) may best treated and supported at their home or at an outside medical facility.
 - b. In these cases, the Director of Student Health Services will coordinate with the Chief of University Police to arrange appropriate transportation.
- v. As needed, facilitate establishing and staffing a Call Center where individuals can be screened and treated remotely rather than having them come to the Student Health Center.
- vi. Coordinating on medical matters with local medical and public health agencies.
- vii. Communicating with the Emergency Management Coordinator in providing relevant information concerning the current status of the infectious disease outbreak and its effect on the campus population.

3. Director of University Relations will coordinate the dissemination of all information dealing with the outbreak/epidemic. Any and all communications must be approved by the Director of Communication for the University System of Georgia. This includes but is not limited to:

- i. Providing counsel to the President on all matters dealing with the media.
- ii. Communicating an education campaign prior to the onset of the infectious disease outbreak to inform the University community about the outbreak/epidemic, what it is and methods to protect themselves and their families.
- iii. Identify a Communications Center where the campus community can obtain information about the outbreak/epidemic, its effects on the campus and our student population, and other information as needed. The Center should remain staffed until the infectious disease outbreak subsides. When the Center is closed for the night, the lines will be transferred to the University Police Dispatch Office.
- iv. Publish all phone numbers and websites where information can be obtained.

- v. Identify and plan for the proper use of campus media resources that can be used to provide current information to the staff, students, and parents in a timely manner. These include but are not limited to:
 - University Radio - WCUG
 - Student/Faculty/Staff e-mail
 - Social Media
 - University Web Page
 - The Saber
 - CougarAlert
- vi. Identify and plan for the proper use of off-campus media resources that can be used to provide current information to the staff, students, parents and community in a timely manner. These include but are not limited to local television / radio stations and newspapers.
- vii. Identify a location for press conferences and other events dealing with the pandemic. When choosing a site, consideration should be given to the availability of parking for the media, availability of a/v equipment, and sufficient space so as to lessen the possibility of spreading the disease. The Director of University Relations will conduct press conferences on a regular basis to keep the public informed as to the status of the infectious disease outbreak on campus.

4. Chief of University Police will be responsible for coordinating resources in support of the medical and communication segments of this plan. This includes but is not limited to:

- i. Providing counsel to the President on all matters dealing with Public Safety.
- ii. Maintaining security at the Health and Wellness Center and around campus.
- iii. Coordinating the supply of personnel and supplies to the Health and Wellness Center as requested by the Director of Student Health Services.
- iv. Coordinating the transport of patients to and from the Health and Wellness Center and/or local hospitals.
- v. Coordinating with County and State officials in matters dealing with the pandemic. These agencies would include but are not limited to the Columbus, GA Office of Homeland Security, County Coroner, Public Health, and Piedmont Columbus Regional Midtown.
- vi. Monitor the World Health Organization's infectious disease outbreak alert status and notify the President's Cabinet and Infectious Disease Committee of any change.

5. Chair of the Infectious Disease Committee will serve as special counsel to the Emergency Management Coordinator.

Additional members may be added to the Incident Response Team as needed.

V. Preplanning and Preparation

A. Establishment of the Infectious Disease Committee

The Columbus State University Infectious Disease Committee's purpose is to provide a multidisciplinary approach to dealing with infectious disease outbreaks/epidemics and its effect on the institution. The Committee reports to the Emergency Management Coordinator and should include representatives from Academic and Student Affairs, University Police, Student Health Services, Residence Life, Facilities and Maintenance, and Dining Services. The Committee should also consult with the local health department.

The Committee is charged with an annual review and update of this document, recommending needed purchases, and providing educational information to the University community on preventing the spread of infectious diseases. The Infectious Disease Committee Chair is appointed by the Emergency Management Coordinator and approved by the Provost, will also serve as a member of the Infectious Disease Response Team.

B. Assumptions

Columbus State University is taking steps to prepare and plan for the possibility of any infectious disease outbreak that may reasonably have an effect on the University. As part of the planning process, the following assumptions have been used to base some of the planned actions. These are only assumptions—outbreaks and epidemics are unpredictable, and there is no way to know the characteristics of a particular virus before it emerges. Guidance has been gleaned from a variety of health-focused sources, other USG institutions, or developed from campus consensus.

More information can be found in sources such as the [United States Government Global Health Security Strategy](#), the [World Health Organization's Infectious Disease Information Page](#), and the [Centers for Disease Control's \(CDC\) Pandemic Tools page](#).

It is hoped that the next infectious disease outbreak is no worse than the one in 1968, which had a relatively small impact on the University. However, the plan will be most useful if the campus community prepares for the high-risk infectious disease outbreak predicted by reasonable public health experts. An extreme outbreak situation, like the 1918 Spanish Influenza outbreak, is not considered here.

C. Institutional Continuity

1. Campus Access Restrictions

Any individual who is displaying symptoms of an infectious disease is not to come to work or class until they are no longer contagious. Anyone who comes to work or class while in a contiguous state will be ordered to leave. This also includes individuals who have been medically excluded, as per [BOR 4.8.1](#). Failure to do so will result in a criminal trespass warning being issued by the University Police, as well as disciplinary action within existing University policy.

2. Immunization Status and Exclusion

Any individual who cannot show proof of immunity or adequate immunization at the time of an outbreak or epidemic and refuses to be immunized shall be excluded from any Columbus State University facility or event. This exclusion shall remain until valid evidence of immunization against the disease is presented or the epidemic or threat no longer constitutes a significant public health danger, as supported by [BOR 4.8.1](#).

In the event that Columbus State University determines it is necessary to exclude individuals due to an outbreak, affected employees will be required to take appropriate leave, and students will not receive any refund for tuition, fees, and room and board, in accordance with [BOR 7.3.5](#). The University will make an effort to deliver course content through online means where possible; however, students may receive unproductive grades in their courses.

The President, after consultation with the Chancellor of the University System of Georgia, will have the sole authority to make the determination of excluding individuals, as per [BOR 4.8.1](#).

3. Class Attendance and Academic Delivery Alternatives

Once an infectious disease outbreak emergency declaration is made, students who are excluded, in accordance with [BOR 7.3.5](#), must consult with the instructor and develop a work-plan to complete all missed classes and assignments; making this first contact is the student's responsibility.

- i. Faculty will be requested to determine methods in which their courses can be taught without or with limited classroom time for excluded students. This may include an independent study, sending the class lecture via e-mail or a digital platform, utilizing social media, converting the method of instruction to an online course, or any other approach that would allow the class to continue.
 - a. It is unrealistic to assume that all classes lend themselves to online instruction. For that reason, it is important to examine any and all possibilities for academic instruction, and the Office of Academic Affairs will work with faculty to develop

- appropriate solutions for class delivery.
- b. All alternative delivery agreements must be made in writing with an acknowledgement of acceptance from the excluded student, and a copy of the agreement forwarded to the appropriate Department Chair.
 - c. Any conflicts that arise from alternative delivery agreements will be addressed in accordance with established University policy.
- ii. Excluded students who are unable to complete the required work because the University is unable to deliver the material in an appropriate manner will be given an “Incomplete” in accordance with established University policy.
 - iii. Excluded students who do not complete the required work as outlined above shall receive the appropriate semester grade, as assigned by the faculty member and in accordance with established University policy.
 - iv. Non-excluded students are expected to attend classes as normal, unless directed otherwise by the University.

4. Return To Work Policy

No contagious or medically excluded employee will be allowed to return to work until they have (1) clearance from their medical provider; (2) given this written notification to Human Resources; and (3) Human Resources has given the employee approval to return to work.

Employees affected by the infectious disease outbreak will be charged leave in accordance with the BOR [Policy on Sick Leave With Pay](#).

5. Campus Closing

It is possible that the infectious disease outbreak will become so significant that it is necessary to suspend classes and/or close the campus completely. The Board of Regents may choose to close all institutions simultaneously or provide each President with the authority to do so as their campus becomes affected.

If the authority is given to the President, the decision to suspend or close will be made based on information received from various entities/individuals including, but not limited to: the University’s Incident Response Team (IRT); county, state, and national authorities; and other advisories gathered during the outbreak.

6. Additional Concerns

i. University Community Infectious Disease Outbreak Education

- a. The Committee will organize an educational campaign using the various media sources available to it to educate the campus community on the disease and means of preventing its spread. This campaign will be under the direction of the Director of University Relations. The goal is to

educate for the purpose of reducing the mystery of the disease and prepare the community for what will happen if an infectious disease outbreak becomes a reality. It is to be a gradual roll out using various forms of media including pamphlets, web pages, radio announcements, and local television.

- b. The program will be under the direction of the Director of University Relations with the Director of Student Health Services serving as a technical advisor. The education program is to begin as soon as the President approves this plan.

- ii. **Supplies – Purchase and Position**

- a. The Committee will identify a list of materials and the necessary quantities that will be needed to deal with the pandemic.

VI. Procedures

A. When an Outbreak or Epidemic is Declared

1. Command Center Activation

A Command Center may be activated and staffed as needed. Hours of operation will be determined by the impact the disease is having on the campus.

The possibility of disease transmission precludes gathering key personnel in one area. Therefore, personnel who normally report to the Center will continue to represent their department/unit during the response phase/infectious disease outbreak period, but will do so from their appropriate department operating centers or home. Coordination will be accomplished via telephone, email, and/or other remote means. Police personnel assigned to the Command Center will exercise “social distancing” to limit and/or prevent the spread of the disease within the Center.

The phone number for the Command Center will be provided to all directors who are part of this plan. A public information number will be disseminated by University Communications and handled by the Command Center. If the Command Center needs to expand staffing to handle the operations of the Campus, the public information line will be transferred to the Call Center at Richards Hall.

2. University Information Exchange Meetings

Once the infectious disease is identified, the Incident Response Team will begin meeting on a regular basis to discuss the effect the infectious disease outbreak is having on campus. They will also assess current actions being taken to control the spread of the disease and evaluating their effectiveness. The frequency of the meetings will be determined by the effect the

infectious disease outbreak is having on the university community. As the impact of the disease grows, the Infectious Disease Committee will be requested to attend the meetings.

These meetings will be handled as conference calls to lessen the chance of spreading the disease.

Staff who have been issued communication technology (cell phones, electronic tablets, etc.) will leave them on campus if they become ill so that they will be available to the staff that is assigned to replace them.

In concert with the Emergency Management Coordinator, the Incident Response Team will keep the President, the President's Cabinet and the Infectious Disease Committee informed as to the impact the disease is having on the campus. The Director of Student Health Services will be the lead spokesperson when communicating with the President, the President's Cabinet and the Infectious Disease Committee.

These meetings will continue until the Director of Student Health Services determines the disease has run its course.

3. Implement University Communication Plan

Once the University is made aware that an infectious disease outbreak has been identified, the Director of University Relations will begin a constant flow of information to the University Community via CougarAlert, Student/Faculty/Staff e-mail, the University Web Page, and WCUG.

The press releases will include the status of the infectious disease outbreak at Columbus State University as well as relevant information that the University President, Muscogee County/Georgia Public Health Departments, or the BOR wishes disseminated. Information on how to prevent the spread of the disease will also be distributed on a continual basis.

All communications to the campus or public must first be approved by the University System of Georgia before being released.

4. Campus Monitoring

It is vital that the University monitor personnel and students to determine how the infectious disease outbreak is affecting the Campus. Once it is determined that an outbreak is present, the University will begin monitoring those who have been affected. The departments, which will be responsible for monitoring the health of the campus, include:

- i. **Student Health Services** – Identify and record all students and employees by name and ID number who seek treatment for the disease.
- ii. **University Police** – Record all communications of transports to Student Health Centers and or local hospitals for students suffering from disease-like symptoms.

- iii. **Human Resources** – Monitor absenteeism within the faculty and staff on a daily basis.
- iv. **Residence Life** – Identify students who are ill or have gone home for safety reasons or treatment of the illness.
- v. **Faculty** – Monitor the number of students in class and identify, if possible, any that may have the illness.

The data will be forwarded to the Incident Response Team (IRT). The IRT will be responsible for analyzing the data and reporting the impact the infectious disease outbreak is having on the University to the President and Public Health Department.

5. Social Distancing - Event/Class Cancellation

Once it is determined that an infectious disease outbreak is present, all events other than classes may be canceled. In this case, Student Affairs will ask that all off-campus events that student organizations are planning also be canceled until the threat has passed. A ban for planning or hosting additional events will remain in effect until the IRT advises the President it is safe to resume normal activities. The final determination is, ultimately, the President's.

Those departments, units, or organizations which have scheduled events will coordinate with University Relations to notify the public of the cancellation using whatever media is available. The department will also inform the performer/speakers of the cancellation and arrange for refunds for any tickets which may have been purchased.

Classes will be canceled either on order of the Board of Regents or if, in the opinion of the President, there is insufficient faculty and staff present to properly operate the institution.

6. Student Health Center

Due to limited staffing, Student Health Centers will attempt to treat and send patients back to their residence halls or homes to recuperate. However, it may become necessary for Student Health Services to monitor the patients full-time, which will require a 24-hour operation. If this occurs, the following actions will be taken:

i. Supplementing Medical Staff

The Director of Student Health Services will coordinate existing medical personnel's schedules to provide adequate coverage. Faculty from the CSU School of Nursing as well as nursing students may supplement the Student Health Services staff if

necessary.

The Director of Student Health Services will coordinate with the Chair of the Department of Nursing to ensure that there will be no interruption to classes so long as the University is in operation. In the event the University is closed, Nursing Faculty will transfer to Student Health Services to work as needed.

Staff from other departments may be reassigned to Student Health Services to provide clerical support in order to free up medical staff for patient care. Any such reassignments will be handled through the Command Center.

ii. Expanding Bed Space/Refrigeration

If it becomes necessary to house ill students in the Woodruff Gym, the Director of Student Health Services will request through the Command Center that cots be installed. Support Services will be notified to begin transporting the cots to the Woodruff Gym or designated locations, removing unnecessary furniture to storage and setting up the cots.

When a patient leaves the Woodruff Gym, the sheets and pillowcases will be changed. Soiled items will be washed/dried or disposed of using as directed by the Director of Student Health.

If the Director of Student Health Services determines that additional refrigeration is needed, the Command Center will be notified. The Command Center will request Support Services to transport the number of units needed and place them in the locations designated.

7. Site Security / Access Restricted

The safety of essential personnel and the prevention of the spread of infectious disease is a high priority for University Police during an outbreak. University Police will support Student Health Services as needed with site security and/or crowd control during an infectious disease outbreak on campus. All requests and support will be directed through the Command Center. This support may be in the form of police presence, non-sworn personnel, electronic or physical locking of facilities, and restricting access to parking areas deemed necessary for the ideal operation of Student Health Services.

When the Director of Student Health Services confirms the existence of an infectious disease outbreak on campus, the University Police will begin posting police officers on-site as needed in order to prevent any potential panic that might occur. Current conditions and the number of police officers available will determine how many will be assigned to the facility. The officer(s) will be on post to act as a calming factor or to assist with unruly people. The officer(s) assigned to the detail will not leave the facility except under an extreme circumstance, and then only

with the permission of a University Police Supervisor. Once the emergency is under control, the officer(s) will return to their assigned post.

In order to prevent the spread of the disease and allow for the unrestricted movement of staff, it may be necessary to limit the number of patient visitors. The Director of Student Health Services will determine the number of visitors each patient can have and when the restriction is to begin. This information will be forwarded to the Command Center for implementation and dissemination.

Lot 2A on the Northside of the main campus facility will be kept clear at all times. Parking for medical staff and others assigned to the Student Health Center on the main campus will be reserved in Lot 2 throughout the event.

8. Custodial Services

Custodial Services will assign sufficient staff to constantly clean the Student Health Centers with the intent of lessening the spread of the disease. If the Student Health Centers go to a 24- hour operation, Custodial personnel will be assigned around the clock. All custodial personnel working in the Student Health Centers will wear protective gloves, masks, and eye protection when cleaning. The gloves are to be changed regularly and discarded in a proper manner. Prior to putting on new gloves, the custodian will wash his/her hands with soap and water.

Trashcans will be emptied continuously, with the contents being placed in plastic bags, sealed and removed from the building immediately. Medical waste will not be allowed to stay in the building or collect on site. A dumpster is to be placed at the site or a system established where non-medical waste is transported to a dumpster at Plant Operations on a regular basis. Those responsible for transporting the waste are to wear rubber gloves whenever touching the bags. Once the waste has been placed in the dumpster, the gloves are to be discarded in the dumpster as well. The staff member will then wash his/her hands with soap and water.

Safety and Environmental Services (SES) will arrange for additional medical waste pickup if needed. In the event that the University's normal medical waste hauler is incapable of providing normal, or enhanced service is needed but not possible, SES will designate a safe site at which the excess waste can be stored.

Examination Tables will have the paper changed and sprayed with an antiviral spray prior to the next patient being seen.

9. Deaths

In the event that an individual should die on campus, the individual will be pronounced by the

appropriate medical personnel. At this time:

- i. University Police will notify the Muscogee County Coroner and take other appropriate actions.
- ii. Under the direction of the Director of Student Health Services, the appropriate individuals will clean affected rooms or areas.
- iii. If the deceased is a student, the Office of the Dean of Students will be notified and will activate the Death of a Current Student Protocol.
- iv. If the deceased is an employee, the Office of Human Resources will be notified and will activate the Death of a Current Employee Protocol.

10. Food Service

The provision of food service during an infectious disease outbreak is considered to be a medical necessity for those students, faculty, and staff remaining on campus. For that reason, CSU's Food Service Provider's (FSP) personnel will be considered part of the critical staff and will be provided the same access to vaccinations, Tamiflu, and protective equipment as Columbus State University staff.

As soon as the outbreak has been identified, FSP will increase its inventory of food and supplies so that it can operate for at least three days without being re-supplied. This will be done to compensate for any interruption that may occur in the supply network as a result of the outbreak.

In the event the University is closed and students are sent home, FSP, in conjunction with the VP Business and Finance and the Director of Enterprise Development, shall determine how those who have purchased a meal plan should be compensated for unused meals and Cougar Cash. Its plan shall mirror that of the University in the case of refunds.

11. Counseling

As the numbers of individuals become ill, and if members of the University community begin to die, the Counseling Center will begin to provide counseling to those in need. It will be up to the Director of the Counseling Center to determine the frequency, time, and location of the counseling. If it is determined that group counseling is to be provided, the Emergency Management Coordinator will be notified and the information published throughout the campus community.

B. When an Outbreak or Epidemic is Over

1. Cleaning

Once it is determined that the infectious disease outbreak is over, the following steps

will be taken:

- i. Student Health Centers and any other facility utilized for patient treatment will be thoroughly cleaned and disinfected. Safety and Environmental Services (SES) will test to ensure that the locations are cleaned in accordance with national guidelines.
- ii. If a dumpster was moved to the Student Health Centers or elsewhere, SES will ensure that it is cleaned and returned to the vendor.

2. Counseling

The Counseling Center will:

- i. Continue to provide counseling as needed.
- ii. Monitor those students and staff who were emotionally impacted by the infectious disease outbreak and arrange for long-term follow up as needed.

3. Audit

The Director of Human Resources will perform an audit of personnel records to tally how many working hours were lost during the outbreak. The personnel records will also be audited to ensure that leave time was correctly applied according to the guidelines provided by the Board of Regents.

The University's Auditor will perform an audit of those departments that spent funds in order to contain the outbreak. The audit will be conducted to ensure that funds were spent properly and are all accounted for. A total cost and an opinion as to how the funds were spent will be provided to the President.

4. Debriefing

Once the Campus is clear of the outbreak, the President's Executive Leadership Team and Infectious Disease Committee will meet with the President to discuss the University's response. The plan will be altered to reflect what was learned from the experience so the response can be improved for any future event.

APPENDIX - Infectious Diseases

1. BACTERIAL MENINGITIS

Key goals related to the handling of a bacterial meningitis case:

- Identify the “index case” (initial case of meningitis) and arrange for rapid hospitalization.
- Identify other individuals who may be at risk for developing infection (potential secondary cases) and arrange for treatment.
- Educate the campus community about the risk factors related to contracting meningitis and the treatment process.
- Reassure those individuals who are not at risk.
- Prepare for second and/or further cases.
- Notify immediately and collaborate closely with the Georgia Department of Public Health and Muscogee County Health Department to determine if mass vaccination or any other community-wide actions are necessary.

I. Bacterial meningitis case identified

Health Services would most likely become aware that a Columbus State University student (or students) has (have) contracted bacterial meningitis in one of three ways:

- An outside/off-campus agent provides notification that a student has been diagnosed.
- Another office or individual in the University community learns of a case and notifies Health Services.
- A Columbus State University Health Services medical provider makes the diagnosis.

Once a case has been reported, the Director of Student Health Services will quickly gather as many details as possible regarding the case and potential contacts that may be of concern, as prompt action is of the essence in effectively treating the affected individual and any others who may have been exposed to the illness. In the event that another office or individual in the Columbus State University community first learns of a case, it is imperative that Health Services be notified *immediately*.

II. Executive and Incident Response Team Notification

A. The Director of Student Health Services will notify the Emergency Management Coordinator and members of the University's Incident Response Team of the situation and request that the Incident Response Team be alerted to prepare for coordination of the University's response.

B. Appropriate members of the Incident Response Team will collaborate to determine target individuals who may be at risk for meningitis as a result of contact with the index case.

C. The Director of Student Health Services will collaborate with, provide on-going situational updates, and serve as the primary medical/health resources to the Emergency Management Coordinator and Incident Response Team.

III. Initial Priority Actions/Decisions

A. Health Services

- The Director of Student Health Services (or Health Services' designee) will be responsible for coordinating the efforts of Health Services and for preparation of the clinic office, facilities and staff to respond to meningitis inquiries and administer preventive treatment.
- As part of a coordinated response, Health Services will collaborate closely with the Columbus State Office of University Relations in the preparation of meningitis-related educational materials for distribution to patients as they arrive at Health Services. These materials will also be distributed on campus to educate specific groups of people (or the community in general) about bacterial meningitis.
- The Director of Student Health Services will contact the Southeast Health District Office of Infectious Disease and Muscogee County Health Department to notify them of the meningitis case, and to initiate a collaboration of Public/Community Health and campus efforts.
- The Director of Student Health Services will also contact the local emergency room directors and staff so they can prepare for possible patients. Other colleges in the Muscogee County area should also be notified (ie, Columbus Tech, Troy State, Chattahoochee Valley Community College).

B. Identification and treatment of possible at-risk individuals/groups

Individuals or groups who may be "at-risk" for exposure to the index case include:

- All household or household-like contacts (i.e., roommate(s) and residence hall

floor-mates, but not residents living on other floors in the hall).

- Anyone who has had intimate contact with the index case and may have had such contact within (and including) 14 days of the onset of symptoms of the case.
- Anyone who has been exposed to the index case's respiratory or oral secretions (i.e.: kissing, sharing a drink, sharing food or eating utensils, sharing a cigarette) within (and including) 14 days of the onset of symptoms of the case.

All individuals meeting the above criteria for possible exposure or are otherwise determined to be “at-risk” need to be seen by Health Services or by another licensed health care professional within 24 hours of the identification of the index case.

- Health Services personnel will begin offering chemoprophylaxis (preventive medication) to all close contacts and “at-risk” individuals (including students, faculty and staff), as deemed appropriate, as soon as possible and within 24 hours after diagnosis of the index case. Treatment will be provided based on the individual’s level of risk, exposure, and medical history. Most will be offered Cipro 500 mg in a single dose. For those less than 18 years of age, Rifampin 300 mg – two capsules every 12 hours for a total of 4 doses – will be prescribed.

C. Reassurance of those NOT at risk

Individuals not meeting any of the criteria for possible exposure listed above *do not* need medical treatment, just reassurance. Bacterial meningitis is not spread through casual contact. Examples of individuals who would "not be at risk" include:

- Someone who shared a class with the index case.
- Someone who sat next to the index case in the library.

D. Cleaning/disinfection Procedures

For any cases of bacterial meningitis identified amongst residential students, arrangements should be made for thorough cleaning and disinfection of their residence hall room(s). All potentially contaminated materials should be removed from their room(s) and the room itself thoroughly cleaned and disinfected. Housekeeping personnel responsible for the cleaning and disinfection process should utilize appropriate personal protective equipment (PPE) provided by the University. If the student was seen in Health Services, the same procedures should be followed for the examination room.

E. Notification of “at-risk” individuals/groups

Once target individuals/groups have been identified, it will be necessary to have a specific briefing with representatives from the groups that would be responsible for contacting students who may have been exposed to the index case; for example, the coach of a sports team, an RA or other Residential Life staff member, or representatives for a student club or organization. A designated member of Health Services will be responsible for speaking with these group representatives. They should be provided with a summary of what has occurred, what needs to be done, and the need to contact students who may be potential secondary cases. These representatives may be asked to contact individuals and direct them to report to Health Services.

F. Communications

The Director of University Relations and the Office of the President will be the primary contacts for on and off-campus communication of important information related to an incident of bacterial meningitis in the Columbus State University community. Communications developed in coordination with their offices and Health Services will be used throughout the crisis to educate the community about bacterial meningitis and what steps are being taken. The Director of University Relations is the representative designated to coordinate information to the media.

Depending on the situation, other student groups, campus departments, or faculty/staff will be briefed about the meningitis incident and related procedures. For example, a special briefing could be held in the residence hall of the index case. Information shared would be helpful in providing correct information, alleviating rumors, and dispelling potentially needless worry.

IV. Collaboration with local, district, and State Public Health Agencies

Georgia Department of Public Health, Muscogee County Health Department and staff will collaborate with Columbus State University in decisions regarding other possible community-based considerations such as: quarantine, isolation, exclusion from campus, cancellation of classes and/or community/athletic events, restriction of public/visitor access to campus, campus “closure”, etc. Georgia Board of Regents, and by extension the University, does not have the legal authority to designate a quarantine order. The Georgia Department of Public Health, and by extension the Muscogee County Health Department, is the only entity that has legal authority in Georgia to issue and execute a quarantine order.

If mass vaccination and/or prophylaxis is recommended, Health Services will work with campus Facilities staff to coordinate on on-campus Point of Distribution site with Muscogee County Health Department officials.

2. [MEASLES](#), [MUMPS](#), and [RUBELLA](#) (MMR)

Note that this protocol specifically addresses measles; it will be adapted based on the resources

above in the event of a case of an outbreak of Mumps or Rubella.

Key goals related to the handling of measles, mumps, and rubella are:

- Identify the index case and arrange for rapid exclusion from campus or isolation on campus (based on order from Southeast Health District Office of Infectious Disease)
- Identify other individuals who may be at risk for developing infection (potential secondary cases) based on exposure and arrange for treatment and/or quarantine.
- Identify students on campus who have not provided proof of immunization (including new, transfer, online) and develop a plan to immunize, quarantine, or exclude from campus based on order from Southeast Health District Office of Infectious Disease
- Educate the campus community about the risk factors related to contracting MMR and the treatment process.
- Reassure those individuals who are not at risk.
- Prepare for second and/or further cases.
- Notify immediately and collaborate closely with the Southeast Health District Office of Infectious Disease and Muscogee County Health Department to determine if any other community-wide actions are necessary.

I. Measles, Mumps, or Rubella Case Identified

Health Services would most likely become aware that a Columbus State University student (or students) has (have) contracted measles, mumps, or rubella in one of three ways:

- An outside/off-campus agent provides notification that a student has been diagnosed.
- Another office or individual in the University community learns of a case and notifies Health Services.
- A Columbus State University Health Services medical provider makes the diagnosis.

Once a case has been reported, the Director of Health Services will quickly gather as many details as possible regarding the case and potential contacts that may be of concern, as prompt action is of the essence in effectively treating the affected individual and any others who may have been exposed to the illness. In the event that another office or individual in the Columbus State University community first learns of a case, it is imperative that Health Services be notified *immediately*.

II. Executive and Incident Response Team Notification

- The Director of Student Health Services will notify the Emergency Management Coordinator and members of the University's Incident Response Team of the situation and request that the Incident Response Team be alerted to prepare for coordination of the University's response.
- Appropriate members of the campus Incident Response Team will collaborate to determine target individuals who may be at risk for MMR as a result of contact with the index case.
- The Director of Student Health Services will collaborate with, provide on-going situational updates, and serve as the primary medical/health resource to the Emergency Management Coordinator and Incident Response Team.

III. Initial Priority Actions/Decisions

A. Health Services

- The Director of Student Health Services (or Health Services' designee) will be responsible for coordinating the efforts of Health Services and for preparation of the clinic office, facilities, and staff to respond to MMR inquiries and administer preventive treatment.
- As part of a coordinated response, Health Services will collaborate closely with the office of Health Education and Promotions and University Communications and Marketing in the preparation of MMR-related educational materials for distribution to patients as they arrive at Health Services. These materials will also be distributed on campus to educate specific groups of people (or the community in general) about MMR.
- The Director of Student Health Services will contact the Southeast Health District Office of Infectious Disease and the Muscogee County Health Department to notify them of the MMR case, and to initiate a collaboration of Public/Community Health and campus efforts.
- The Director of Student Health Services will also contact the East Georgia Regional Medical Center (EGRMC) Emergency Room director and staff so they can prepare for possible patients. Other colleges in the Muscogee County area should also be notified (i.e., Ogeechee Technical College and East Georgia College).
- Health Services staff will identify all students who have not provided proof of immunity to MMR and will work with various departments to contact those students with further instructions based on guidance from the Southeast Health District Office of Infectious Disease and Muscogee County Health Department officials (vaccination, quarantine, exclusion).

B. Identification and treatment of possible at-risk individuals/groups

Individuals/groups who may be “at-risk” for exposure to the index case include:

- All household or household-like contacts who cannot prove immunity to MMR.
- Anyone who has had intimate contact with the index case and may have had such contact within (and including) 14 days of the onset of symptoms of the case who cannot prove immunity to MMR.
- Anyone who has been exposed to the index case's respiratory or oral secretions (i.e.: kissing, sharing a drink, sharing food or eating utensils, sharing a cigarette) within (and including) 14 days of the onset of symptoms of the case who cannot prove immunity.
- *Any unvaccinated student, faculty, and staff member on campus* (including those with immunization exemptions), or student, faculty, or staff who cannot prove immunity

All individuals meeting the above criteria for possible exposure or who are otherwise determined to be “at-risk” need to be seen by Health Services or by another licensed health care professional within 24 hours of the identification of the index case.

- Health Services personnel will identify and begin offering chemoprophylaxis (MMR vaccine) to all close contacts and “at-risk” individuals who cannot prove immunity (including students, faculty and staff), as deemed appropriate, as soon as possible (within 24 hours) after diagnosis of the index case. Immunoglobulin may also be considered but would require referral to the local hospital

C. Reassurance of those NOT at risk

Individuals not meeting any of the criteria for possible exposure listed above and who do have proof of immunity *do not* need medical treatment, just reassurance. Examples of individuals who would "not be at risk" include:

- Anyone who has proof of immunity.

D. Cleaning/disinfection Procedures

For any cases of MMR identified amongst residential students, arrangements should be made for thorough cleaning and disinfection of their residence hall room(s). All potentially contaminated materials should be removed from their room(s) and the room itself thoroughly cleaned and disinfected. Housekeeping personnel responsible for the cleaning and disinfection process should utilize appropriate personal protective equipment (PPE) provided by the University. If the student was seen in Health Services,

the same procedures should be followed for the examination room.

E. Notification of “at-risk” individuals/groups

Once target individuals/groups have been identified, it will be necessary to have a specific briefing with representatives from the groups that would be responsible for contacting students who may have been exposed to the index case; for example, the coach of a sports team, an RA or other Residential Life staff member, or representatives for a student club or organization. A designated member of Health Services will be responsible for speaking with these group representatives. They should be provided with a summary of what has occurred, what needs to be done, and the need to contact students who may be potential secondary cases. These representatives may be asked to contact individuals and direct them to report to Health Services.

F. Communications

The Director of University Relations and the Office of the President will be the primary contacts for on and off-campus communication of important information related to an incident of MMR in the Columbus State University community. Communications developed in coordination with their offices and Health Services will be used throughout the crisis to educate the community about MMR and what steps are being taken. The Director of University Relations is the representative designated to coordinate information to the media.

Depending on the situation, other student groups, campus departments, or faculty/staff will be briefed about the MMR incident and related procedures. For example, a special briefing could be held in the residence hall of the index case. Information shared would be helpful in providing correct information, alleviating rumors, and dispelling potentially needless worry.

IV. Collaboration with local, district, and State public health agencies

Georgia Department of Public Health, Muscogee County Health Department and staff will collaborate with Columbus State University in decisions regarding other possible community-based considerations such as: quarantine, isolation, exclusion from campus, cancellation of classes and/or community/athletic events, restriction of public/visitor access to campus, campus “closure”, etc. Georgia Board of Regents, and by extension the University, does not have the legal authority to designate a quarantine order. The Georgia Department of Public Health, and by extension the Muscogee County Health Department, is the only entity that has legal authority in Georgia to issue and execute a quarantine order.

If mass vaccination and/or prophylaxis is recommended, Health Services will work with campus Facilities staff to coordinate on on-campus Point of Distribution site with Muscogee County Health Department staff if providing that service at the Health Services facility is not feasible.

It should be noted that, per CDC recommendations, people exposed to measles who cannot readily show that they have evidence of immunity against measles should be offered post-exposure prophylaxis (PEP) or be excluded from the setting (school, hospital, childcare). MMR vaccine, if administered within 72 hours of initial measles exposure, or immunoglobulin (IG), if administered within six days of exposure, may provide some protection or modify the clinical course of disease.

3. TUBERCULOSIS

Key goals related to the handling of tuberculosis (TB) are:

- Identify the “index case” (initial case) and arrange for rapid exclusion from campus or isolation on campus (based on order from Southeast Health District Office of Infectious Disease)
- Identify other individuals who may be at risk for developing infection (potential secondary cases) based on exposure and arrange for treatment and/or quarantine.
- Educate the campus community about the risk factors related to contracting varicella and the treatment process.
- Reassure those individuals who are not at risk.
- Prepare for second and/or further cases.
- Notify immediately and collaborate closely with the Southeast Health District Office of Infectious Disease and Muscogee County Health Department to determine if any other community-wide actions are necessary.

I. Tuberculosis Identified

Health Services would most likely become aware that a Columbus State University student (or students) has (have) contracted TB in one of three ways:

- An outside/off-campus agent provides notification that a student has been diagnosed.
- Another office or individual in the University community learns of a case and notifies Health Services.
- A Columbus State University Health Services medical provider makes the diagnosis.

Once a case has been reported, the Director of Health Services will quickly gather as many details as possible regarding the case and potential contacts that may be of concern, as prompt action is of the essence in effectively treating the affected individual and any others who may have been exposed to the illness. In the event that another office or individual in the Columbus

State University community first learns of a case, it is imperative that Health Services be notified *immediately*.

II. Executive and Incident Response Team Notification

- The Director of Student Health Services will notify the Emergency Management Coordinator and members of the University's Incident Response Team of the situation and request that the Incident Response Team be alerted to prepare for coordination of the University's response.
- Appropriate members of the campus Incident Response Team will collaborate to determine target individuals who may be at risk for varicella as a result of contact with the index case.
- The Director of Student Health Services will collaborate with, provide on-going situational updates, and serve as the primary medical/health resource to the Emergency Management Coordinator and Incident Response Team.

III. Initial Priority Actions/Decisions

A. Health Services

- The Director of Student Health Services (or Health Services' designee) will be responsible for coordinating the efforts of Health Services and for preparation of the clinic office, facilities and staff to respond to TB inquiries.

As part of a coordinated response, Health Services will collaborate closely with the office of Health Education and Promotions and University Communications and Marketing in the preparation of TB-related educational materials for distribution to patients as they arrive at Health Services. These materials will also be distributed on campus to educate specific groups of people (or the community in general) about TB.

- The Director of Student Health Services will contact the Southeast Health District Office of Infectious Disease and Muscogee County Health Department to notify them of the TB case, and to initiate a collaboration of Public/Community Health and campus efforts.
- The Director of Student Health Services will also contact the East Georgia Regional Medical Center (EGRMC) Emergency Room director and staff so they can prepare for possible patients. Other colleges in the Muscogee County area should also be notified (ie, Ogeechee Technical College and East Georgia College).

B. Identification and treatment of possible at-risk individuals/groups

Individuals/groups who may be "at-risk" for exposure to the index case include:

- All household or household-like contacts.
- Other groups as determined by the Southeast Health District and Muscogee County Health Department contact investigation process
- Persons are considered contagious beginning at least 3 months prior to diagnosis
- Health Services personnel can serve as a resource for directing potential contacts to local and/or district public health officials
- Health Services may provide initial testing of contacts if directed to do so by the Southeast Health District Office of Infectious Disease

C. Reassurance of those NOT at risk

Individuals not meeting any of the criteria for possible exposure listed above *do not* need medical treatment, just reassurance.

D. Cleaning/disinfection Procedures

For any cases of TB identified amongst residential students, arrangements should be made for thorough cleaning and disinfection of their residence hall room(s). All potentially contaminated materials should be removed from their room(s) and the room itself thoroughly cleaned and disinfected. Housekeeping personnel responsible for the cleaning and disinfection process should utilize appropriate personal protective equipment (PPE) provided by the University. If the student was seen in Health Services, the same procedures should be followed for the examination room.

E. Notification of “at-risk” individuals/groups

Once target individuals/groups have been identified, it will be necessary to have a specific briefing with representatives from the groups that would be responsible for contacting students who may have been exposed to the index case; for example, the coach of a sports team, an RA or other Residential Life staff member, or representatives for a student club or organization. A designated member of Health Services will be responsible for speaking with these group representatives. They should be provided with a summary of what has occurred, what needs to be done, and the need to contact students who may be potential secondary cases. These representatives may be asked to contact individuals and direct them to report to Health Services.

F. Communications

The Director of University Relations and the Office of the President will be the primary contacts for on and off-campus communication of important information related to an incident of TB in the Columbus State University community. Communications developed in coordination with their offices and Health Services will be used throughout the crisis to educate the community about TB and what steps are being taken. The Director of University Relations is the representative designated to coordinate information to the media.

Depending on the situation, other student groups, campus departments, or faculty/staff will be briefed about the TB incident and related procedures. For example, a special briefing could be held in the residence hall of the index case. Information shared would be helpful in providing correct information, alleviating rumors, and dispelling potentially needless worry.

IV. Collaboration with local, district, and state public health agencies

Georgia Department of Public Health, Muscogee County Health Department and staff will collaborate with Columbus State University in decisions regarding other possible community-based considerations such as: quarantine, isolation, exclusion from campus, cancellation of classes and/or community/athletic events, restriction of public/visitor access to campus, campus “closure”, etc. Georgia Board of Regents, and by extension the University, does not have the legal authority to designate a quarantine order. The Georgia Department of Public Health, and by extension the Muscogee County Health Department, is the only entity that has legal authority in Georgia to issue and execute a quarantine order.

4. VARICELLA

Key goals related to the handling of varicella are:

- Identify the “index case” (initial case) and arrange for rapid exclusion from campus or isolation on campus (based on order from Southeast Health District Office of Infectious Disease)
- Identify other individuals who may be at risk for developing infection (potential secondary cases) based on exposure and arrange for treatment and/or quarantine.
- Identify students on campus who have not provided proof of immunization (including new, transfer, online) and develop a plan to immunize, quarantine, or exclude from campus based on order from Southeast Health District Office of Infectious Disease
- Educate the campus community about the risk factors related to contracting varicella and the treatment process.
- Reassure those individuals who are not at risk.
- Prepare for second and/or further cases.
- Notify immediately and collaborate closely with the Southeast Health District Office of Infectious Disease and Muscogee County Health Department to determine if any other community-wide actions are necessary.

I. Varicella identified

Health Services would most likely become aware that a Columbus State University student (or students) has (have) contracted varicella in one of three ways:

- An outside/off-campus agent provides notification that a student has been diagnosed.
- Another office or individual in the University community learns of a case and notifies Health Services.
- A Columbus State University Health Services medical provider makes the diagnosis.

Once a case has been reported, the Medical Director and Administrative Director of Health Services will quickly gather as many details as possible regarding the case and potential contacts that may be of concern, as prompt action is of the essence in effectively treating the affected individual and any others who may have been exposed to the illness. In the event that another office or individual in the Columbus State University community first learns of a case, it is imperative that Health Services be notified *immediately*.

II. Executive and Incident Response Team Notification

- The Director of Student Health Services will notify the Emergency Management Coordinator and members of the University's Incident Response Team of the situation and request that the Incident Response Team be alerted to prepare for coordination of the University's response.
- Appropriate members of the campus Incident Response Team will collaborate to determine target individuals who may be at risk for varicella as a result of contact with the index case.
- The Director of Student Health Services will collaborate with, provide on-going situational updates, and serve as the primary medical/health resource to the Emergency Management Coordinator and Incident Response Team.

III. Initial Priority Actions/Decisions

A. Health Services

- The Director of Student Health Services (or Health Services' designee) will be responsible for coordinating the efforts of Health Services and for preparation of the clinic office, facilities and staff to respond to varicella inquiries and administer preventive treatment.
- As part of a coordinated response, Health Services will collaborate closely with the office of Health Education and Promotions in the preparation of varicella-related educational materials for distribution to patients as they arrive at Health Services. These materials will also be distributed on campus to educate specific groups of people (or the community in general) about varicella.

- The Director of Student Health Services will contact the Southeast Health District Office of Infectious Disease and Muscogee County Health Department to notify them of the varicella case, and to initiate a collaboration of Public/Community Health and campus efforts.
- The Director of Student Health Services will also contact the East Georgia Regional Medical Center (EGRMC) Emergency Room director and staff so they can prepare for possible patients. Other colleges in the Muscogee County area should also be notified (ie, Ogeechee Technical College and East Georgia College).
- Health Services staff will identify all students who have not provided proof of immunity to varicella and will work with various departments to contact those students with further instructions based on guidance from the Southeast Health District Office of Infectious Disease and Muscogee County Health Department Officials (vaccination, quarantine, exclusion).

B. Identification and treatment of possible at-risk individuals/groups

Individuals/groups who may be “at-risk” for exposure to the index case include:

- All household or household-like contacts who cannot prove immunity to varicella.
- Anyone who has had intimate contact with the index case and may have had such contact within (and including) 2 days before the onset of rash (and/or until the rash is completely crusted) in the confirmed case, who cannot prove immunity to varicella.
- Anyone who has been exposed to the index case's respiratory or oral secretions (i.e.: kissing, sharing a drink, sharing food or eating utensils, sharing a cigarette) within (and including) 2 days before the onset of rash (and/or until the rash is completely crusted) in the case, who cannot prove immunity.
- *Any unvaccinated student, faculty, and staff member on campus* (including those with immunization exemptions), or student, faculty, or staff who cannot prove immunity.

Individuals meeting the above criteria for possible exposure or are otherwise determined to be “at-risk” need to be seen by Health Services or by another licensed health care professional within 24 hours of the identification of the index case.

Health Services personnel will identify and begin offering chemoprophylaxis (varicella vaccine) to all close contacts and “at-risk” individuals who cannot prove immunity (including students, faculty and staff), as deemed appropriate, as soon as possible (within 24 hours) after diagnosis of the index case. Immunoglobulin may also be

considered for persons in whom the vaccine is contraindicated but would require referral to the local hospital.

C. Reassurance of those NOT at risk

Individuals not meeting any of the criteria for possible exposure listed above and who do have proof of immunity *do not* need medical treatment, just reassurance. Examples of individuals who would "not be at risk" include:

- Anyone who has proof of immunity.

D. Cleaning/disinfection Procedures

For any cases of varicella identified amongst residential students, arrangements should be made for thorough cleaning and disinfection of their residence hall room(s). All potentially contaminated materials should be removed from their room(s) and the room itself thoroughly cleaned and disinfected. Housekeeping personnel responsible for the cleaning and disinfection process should utilize appropriate personal protective equipment (PPE) provided by the University. If the student was seen in Health Services, the same procedures should be followed for the examination room.

E. Notification of "at-risk" individuals/groups

Once target individuals/groups have been identified, it will be necessary to have a specific briefing with representatives from the groups that would be responsible for contacting students who may have been exposed to the index case; for example, the coach of a sports team, an RA or other Residential Life staff member, or representatives for a student club or organization. A designated member of Health Services will be responsible for speaking with these group representatives. They should be provided with a summary of what has occurred, what needs to be done, and the need to contact students who may be potential secondary cases. These representatives may be asked to contact individuals and direct them to report to Health Services.

F. Communications

The Director of University Relations and the Office of the President will be the primary contacts for on and off-campus communication of important information related to an incident of varicella in the Columbus State University community. Communications developed in coordination with their offices and Health Services will be used throughout the crisis to educate the community about varicella and what steps are being taken. The Director of University Relations is the representative designated to coordinate information to the media.

Depending on the situation, other student groups, campus departments, or faculty/staff will be briefed about the varicella incident and related procedures. For example, a special briefing could be held in the residence hall of the index case. Information shared

would be helpful in providing correct information, alleviating rumors, and dispelling potentially needless worry.

IV. Collaboration with local, district, and state public health agencies

Georgia Department of Public Health, Muscogee County Health Department and staff will collaborate with Columbus State University in decisions regarding other possible community-based considerations such as: quarantine, isolation, exclusion from campus, cancellation of classes and/or community/athletic events, restriction of public/visitor access to campus, campus “closure”, etc. Georgia Board of Regents, and by extension the University, does not have the legal authority to designate a quarantine order. The Georgia Department of Public Health, and by extension the Muscogee County Health Department, is the only entity that has legal authority in Georgia to issue and execute a quarantine order.

If mass vaccination and/or prophylaxis is recommended, Health Services will work with campus Facilities staff to coordinate on-campus Point of Distribution site with Muscogee County Health Department staff if providing that service at the Health Services facility is not feasible.

It should be noted that, [per CDC recommendations](#), persons who lack evidence of immunity and who refuse vaccination should be excluded from school from the start of the outbreak through 21 days after rash onset of the last identified case. Antiviral medication may modify the clinical course of disease. Varicella immunoglobulin may be indicated in persons at high risk for whom vaccine is contraindicated.