Management of Infectious and Communicable Disease
PS-EHS-03

About This Policy

Effective Dates:
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Responsible University Administrator:
Office of the Executive Vice President for University Academic Affairs

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Scope

This policy applies to all employees of Indiana University including faculty and staff; all students; all IU units; and all visitors to IU facilities.

Policy Statement

Indiana University will take all reasonable measures to ensure the safety of members of the university community during global and local infectious disease events. These may include implementing infection control guidelines designed to stop or slow the spread of infectious diseases. These guidelines may address programs such as immunizations, protective equipment, behavioral guidance, isolation and quarantine protocols, waste disposal, and cleaning guidance.

Reason For Policy

The purpose of this document is to provide guidelines for the response to a wide variety of infectious disease threats to Indiana University. Each infectious disease is unique. This policy is not meant to be an exhaustive compendium of all diseases or situations that might possibly threaten the university community, but rather is a general guide for assessment and the corresponding necessary steps for the university to take when any communicable disease affects university operations.

Procedure

A. General
   a. Response Structure
      1. The Incident Commander for an infectious disease event shall be designated by the Executive Policy Group when threats at IU Action Level II (see Appendix B) are present.
      2. The standard incident command structure related to all campus emergencies applies to infectious diseases as well. The EOC will be partially or fully activated at the discretion of the Incident Commander, as demanded by the situation and guided by the Infectious Disease Action Levels chart (see Appendix A).
   b. Infectious Disease Action Levels
1. The diagram in Appendix B summarizes the trigger points and suggested corresponding actions related to communicable disease events with varying levels of risk.

2. Threats at IU Action Level II and above require the activation and participation of the Executive Policy Group (EPG) in order to ensure adequate coordination among all areas of the university. Membership of the EPG may be expanded at the discretion of the group to account for the unique circumstances represented by a given disease.

3. The IU Action Levels are meant to guide the university response, not define it. As infectious disease events unfold, actions should be taken based upon the situation at hand, not by strict adherence to the Action Levels.

B. Operational Priorities are as follows:
   a. Human and public health
   b. Academic continuity
   c. Research
   d. Special events

C. Infection Prevention and Control Guidelines
   a. Infection control guidelines are steps designed to stop or slow the spread of infectious diseases. They can include immunization programs, protective equipment, behavioral guidance, isolation and quarantine protocols, waste disposal, and cleaning guidance, among other things.

   b. Infection control guidelines vary widely depending on the infectious disease. University Environmental Health and Safety will work with university medical care experts along with national and professional resources and through the Incident Commander to develop and distribute guidelines to all university departments during infectious disease events.

   c. Each campus will identify an area that could be used as a Point of Distribution (POD) for immunizations and treatment drugs. Such areas should be large enough to allow large groups of people to easily flow through a point of immunization or medicine distribution. An ideal location allows for drive-through access in order to minimize interpersonal interaction. Please note that multiple small locations are preferable to one large location if feasible. These locations should be communicated to University Environmental Health and Safety and Emergency Management and Continuity.

   d. Immunizations
      1. All students who attend Indiana University must provide certain immunization information to the Office of the Registrar. The main objective of this provision is to enable the university to provide a safer and healthier environment for students. Students who do not provide the required immunization data will be prevented from registering for the semester or session following their matriculation semester.

      2. Every new student who will be physically present on an Indiana University campus must complete the online Immunization Compliance Form before or during the semester in which they matriculate. Students will provide the information and upload associated documentation identified below on the form, which can be accessed at One.IU.edu.

         a. Students will be asked to provide dates of immunizations for the following diseases:
            - measles (requires two immunizations)
            - rubella (German measles)
            - mumps
            - tetanus-diphtheria-acellular pertussis (Tdap)
            - varicella (requires two immunizations)

         b. Students new to IU in Fall 2018 and thereafter will be asked to provide dates of immunization for meningitis (one dose of MenACWY (MCV4) if 21 years old or younger, and two doses of MenB if 23 years old or younger)
3. Students are excused from providing proof of one or more of the required vaccinations only upon provision of or one of the following:
   - physician's written statement of immunity due to having had the infection
   - a statement of contraindication to a vaccine (accompanied by a physician's statement)
   - a lab titer documenting immunity
   - a statement of religious exemption

4. Religious and medical exemption letters will be accepted in lieu of immunization information. Medical exemption letters must be accompanied by a physician's statement.

5. The immunization requirements in this policy are not meant to supersede more restrictive immunization requirements associated with clinical, academic, and research programs.

D. Campus Control
   a. Universities are unique environments that provide many opportunities for large groups that have traveled from diverse international areas to gather for a host of different reasons. There are also significant populations of students who are housed in close living environments on some of our campuses.
   b. In consideration of these unique characteristics, Indiana University reserves the right to restrict access to university property by any individual or group of individuals during infectious disease incidents. Restrictions may be partial or total, and will be based upon sound principles of public health, as identified by the Executive Policy Group in consultation with UEHS and university and campus health authorities. Restrictions may include, but are not limited to, classrooms, athletic events, workplaces, and campus housing facilities.
   c. Each residential campus will identify area(s) within existing campus facilities that could be used as an isolation ward during a large-scale infectious disease event. This space does not need to be kept vacant and/or unused, but will be evacuated if it becomes necessary. The area(s) should be capable of housing beds for up to 10% of the total campus residential population. This information should be forwarded to University Environmental Health and Safety and Emergency Management and Continuity. If no area exists that can be used for this purpose, that also needs to be communicated to UEHS and IUEMC.
   d. Note that the operation of such an isolation ward will necessitate the identification of staffing and supply resources, including beds, food, basic supplies, medical care, security, custodial services, etc.
   e. Under IC 16-41-9, only the local public health authority may petition a court to issue an order of involuntary isolation or quarantine for a person it believes has been infected or exposed to a dangerous communicable disease or outbreak. Indiana University has no authority to impose an involuntary isolation or quarantine. Indiana University will work with local authorities in cases involving campus residents to ensure that the campus community is maximally protected.

E. These procedures will be reviewed annually by the Infectious Disease Steering Committee and modified as appropriate.

Responsibilities

Executive Policy Group
   a. Policy-level decision making, including adoption of these procedures.
   b. Designation of the Incident Commander during infectious disease events.

University Environmental Health and Safety (IUEHS)
   a. Development and maintenance of this policy.
   b. Liaison with the Centers for Disease Control and Prevention (CDC), Indiana State Department of Health (ISDH), and Local Health Departments (LHDs).
   c. Alerting executive leadership of developing infectious disease situations that may affect Indiana University.
d. Development, along with university and campus health authorities, of infection control guidelines for infectious disease events that affect Indiana University.

e. Providing public health services and technical assistance where needed and when applicable. Maintenance of lists of areas to be used as Points of Distribution and isolation wards

**Emergency Management and Continuity (IUEMC)**

a. Liaison with the Department of Homeland Security and other agencies as needed.

b. Logistical and administrative support of the Emergency Operation Centers (EOCs) for each campus.

c. Alert IUEHS of developing infectious disease situations that may affect Indiana University.

d. Develop any necessary mechanisms to facilitate the reporting of ill persons.

e. Coordinate outreach with child/daycares and other vulnerable populations within the IU system.

f. Ensure that appropriate communication exists between university officials and local response groups: police, fire, county coroner, etc.

**University and campus health authorities (IU Health Center, IUPUI Campus Health)**

a. Provision of medical expertise and guidance during the development of infection control guidelines for infectious disease events that affect any Indiana University campus.

b. Liaison with local hospitals and other medical support networks.

c. Development of appropriate medical response and support for the university during infectious disease events.

d. Alerting IUEHS of developing infectious disease situations that may affect Indiana University.

e. Report communicable diseases and conditions that occur at IU health facilities as detailed and defined in 410 IAC 1-2.3-47 Communicable Disease Control.

f. Develop plans to store and transfer bodies to the morgue if necessary.

g. Develop any necessary mechanisms to facilitate the reporting of ill persons

**Emergency Support Functional (ESF) areas**

a. The impact of infectious disease events on the university will vary widely depending on the disease and the rates of infection. Each ESF could potentially have a role in infectious disease incident response.

b. Considerations and tasks for each ESF are outlined in the Appendices. These are not intended to be an exhaustive list of all possible tasks for each ESF, only a list of major items to consider as incidents progress.

**Offices of the Registrar (Note: this role will be filled by IUPUI Campus Health at the Indianapolis campus)**

a. Collect information from each student on immunization history before matriculation.

b. Ensure that each student is given information regarding the risks associated with meningococcal disease and the benefits of vaccination before matriculation.

**Office of International Affairs**

Develop/maintain mechanisms to communicate with university community members who are out of the country and threatened by disease and/or restricted from returning to the United States.

**Incident Command Information**

1. Incident Command structure

2. Infectious Disease Action Levels
3. Considerations/Tasks for ESF -1 Transportation
   a. There is a procedure in place for determining when public transportation services should be suspended during an infectious disease event.
   b. There is a plan in place for transporting members of the university community to Points of Distribution (PODs) to receive immunizations or medicine.
   c. Transportation protocols to isolation areas have been developed.
   d. Public transportation employees are an at-risk group during infectious disease events because of the number of people they encounter on a day-to-day basis. Employees in these positions should be provided with personal protective equipment when recommended by UEHS and/or university or campus health authorities.

4. Considerations/Tasks for ESF – 2 Communication
   a. Ensure the primary coordinating agency and all supporting agencies, both internal and external to IU, maintain communication capabilities that will accommodate timely warnings and notifications to the IU population.
   b. Prepare backup and remote plans to accomplish ESF 2 tasks with reduced personnel as a result of infectious and/or contagious disease impacting the workforce.

5. Considerations/Tasks for ESF – 3 and ESF – 12 – Public Works and Engineering/Energy
   a. Cleaning and sanitizing procedures exist and may be ramped up during infectious disease events. Cleaning staff may be an at-risk group in certain situations and should receive appropriate training and/or protective equipment. Appropriate procedures will vary depending on the disease and should be worked out with IUEHS prior to deployment.
   b. In some situations a wide variety of staff members who fill public works and other support positions may be at-risk groups.
   c. Staffing for key functions may become strained during widespread events.
   d. Mechanisms are in place to distribute signage, protective equipment, and other materials that need to be distributed throughout public areas as demanded by the situation.
   e. Procedures are in place to close buildings if it becomes necessary.

6. Considerations/Tasks for ESF – 4 Fire
   a. Fire response capabilities of local departments may be strained during widespread events.
   b. Fire departments may include mass decontamination capabilities if needed, which should be requested through the university’s Incident Commander.

7. Considerations/Tasks for ESF – 5 – Emergency Management and Continuity
   a. See “Responsibilities” section, above

8. Considerations/Tasks for ESF – 6 – Mass Care, Emergency Assistance, Housing, and Human Services
   a. Each campus will identify an area that could be used as a Point of Distribution (POD) for immunizations and treatment drugs. Such areas should be large enough to allow large groups of people to easily flow through an immunization point. An ideal location allows for drive-through access in order to minimize interpersonal interaction. These locations should be communicated to University Environmental Health and Safety and Emergency Management and Continuity.
   b. Each residential campus will identify area(s) that could be used as an isolation area during a large-scale infectious disease event. The area(s) should be capable of housing beds for 10% of the total campus resident population. This information should be forwarded to University Environmental Health and Safety and Emergency Management and Continuity. If no area exists that can be used for this purpose, that also need to be communicated to IUEHS and IUEMC.
   c. Communications plans are in place for campus residents.
   d. There is an isolation plan in place to handle sick campus residents.
e. Procedures for handling the roommates of sick individuals are in place.

f. Staffing for key functions may become strained during widespread events.

g. Housing and Dining Services plans are in place for students who must stay on campus unexpectedly.

h. Infection control procedures may become necessary for Housing and Dining Services employees, who will be at increased risk of infection in certain situations.

i. Prepackaged utensils are available to reduce person-to-person contact.

j. Plans are in place to transport food to individuals who are isolated or in quarantine.

9. Considerations/Tasks for ESF – 7 – Resource Support

a. The availability of many essential supplies, including disinfectant, protective equipment, medical supplies, and food, may be lowered or non-existent in some situations.

b. Procedures are in place to account for these changes in normal business functions to enable Purchasing and other IU departments to obtain essential supplies.

c. Security of some types of limited-availability supplies may become very important.

d. To the extent possible, suppliers of high-demand supplies should be identified early in the event and tracked throughout.

e. Considerations/Tasks for ESF – 8 – Public Health and Medical

a. See “Responsibilities” section, above.

b. Evaluate the value of educational forums

10. Considerations/Tasks for ESF – 9 and ESF – 13 – Search and Rescue/Public Safety and Security

a. First responders are an at-risk group in certain situations and should receive appropriate training and/or protective equipment. Appropriate procedures will vary depending on the disease and should be worked out with IUEHS as early as possible.

b. Staffing for key functions may become strained during widespread events.

c. Dispatch must be informed where to take sick individuals.

d. Security and order in the following areas may become key:

   1. Points of Distribution of immunizations and medicine.

   2. Storage/distribution areas of essential supplies, including food and water, that may be in short supply.

   3. Emergency housing/lodging.

e. Procedures exist for the security of buildings, should some need to be closed.

11. Considerations/Tasks for ESF – 10 – Hazardous Materials

a. Biohazardous waste storage and disposal may become key during large events. Waste storage needs are likely to be high during large-scale events, and should be in a secure area.

b. Disposal procedures are in place and waste accumulation areas are identified.

c. Biohazardous waste disposal contracts are in place.

d. A biohazardous clean-up response contract is in place with Crisis Cleaning.

12. Considerations/Tasks for ESF – 11 – Research Continuity

a. Guidance is drafted and distributed to Deans, Directors, and Department Heads.

b. Restrictions on animal purchases may become necessary.

c. Animal and cell line lab needs have been identified and addressed.

d. Animal inventories should be prioritized if it becomes impossible to support all labs.

e. Determine critical research areas and needs and determine procedures to follow if lab leadership becomes ill or the campus is closed.

13. Considerations/Tasks for ESF – 14 – Business Continuity

a. The impact of the event on business supply chains, such as food, has been identified and addressed.
b. Essential services and persons responsible for maintaining essential services have been identified.

c. Critical personnel for each department have been identified.

d. Consider mail delivery contingencies.

e. Consider the necessity of issuing identification cards.

f. Business resumption procedures have been developed, including recovery time frames for essential university business offices.


a. A chain of responsibility for communications approval is in place and a university spokesperson has been identified. A medical authority will also been identified to speak on behalf of the university.

b. Procedures are in place to manage media inquiries and to distribute information to IU employees and external media through multiple forms of media and methods, including news briefings, news releases, social media messaging, electronic signs, internal news outlets and IU Notify. Continuous updates may be needed.

c. Procedures are in place to monitor electronic and social media to counter misinformation.

d. Procedures are in place to share information with the university Call Center and Office of Student Affairs to assist their efforts to respond to contacts from parents and the public.

e. Procedures are in place to address media interest in the campus emergency assistance center, if one is established.

15. Considerations/Tasks for ESF – 16 – Academic Continuity

a. A procedure is in place for students to take courses online.

b. A procedure is in place to provide tutoring to students in quarantine or isolation.

c. A procedure is in place for students in isolation to obtain class lectures and participate in exams.

d. A policy has been developed to address academic and financial concerns of students resulting from prolonged absences from class or temporary closure of the institution.

16. Considerations/Tasks for ESF – 17 – Student Continuity

a. A plan is in place for responding to loved ones who are calling to check on students. Depending on the situation, this messaging may need to include information about students who are ill or deceased.

b. A system is in place to help students get home or find temporary housing if a campus is closed.

c. Appropriate counseling resources are in place for students affected by infectious disease.

d. Ensure that students who are living in greek and other off-campus housing, including those studying abroad, are included in notifications and decision-making processes.

e. A plan is in place to continue the admissions process during a quarantine.

17. Considerations/Tasks for ESF – 18 - Human Resources / Staff Continuity

a. There is a means to provide support and benefit information to employees’ families other than face-to-face.

b. Categorize critical personnel into different categories.

c. A work-at-home policy has been developed for non-essential personnel.

d. A plan is in place regarding the impact of National Guard or other volunteer service on staffing levels.

e. Standard operational procedures have been developed for human resources management and each of the other essential services.

f. There is a system in place to train temporary workers.

g. A plan is in place to continue the recruiting process during a quarantine.

h. A plan is in place to continue food service on campus during a quarantine.

Additional Contacts
History

This policy was established in 2015

Policy updated January 2016 to make a few minor clarifications to the policy consisting of allowing for electronic signature and clarifying that students that aren’t physically coming to campus aren’t covered.

Policy was updated in July 2018 due to changes in state law regarding immunization requirements.

Related Information

Incident Command structure
Infectious Disease Action Levels