**Corban University Communicable Disease Plan**

***Last updated Monday, July 6, 2020***

SECTION I – PURPOSE

This document provides a general planning and response framework for departments at Corban University that are assigned to oversee critical functions in the response to the spread of communicable disease within the University community and/or in the surrounding area.

There are several aspects of a communicable disease emergency that differentiate it from other emergencies and that require variation in planning, response, and recovery. The intention of this document is to provide guidance throughout an outbreak situation, but nothing in this document precludes the primary parties (Corban departments, senior policymakers, employees, or key stakeholders) from modifying their actions to meet the unique conditions presented. These unique actions and responses may be based on one or more of the following:

* The current threat of disease in the world, region, state, and local area
* The unique nature of the disease including the incidence, morbidity, and mortality of the disease
* The novel nature of the disease pathogen, particularly when it mutates rapidly, has high virulence, and spreads easily from person to person
* Mandates and/or orders by federal, state, or local public health or public safety authorities

SECTION II – SCOPE

This plan applies to Corban University’s main campus as well as leased locations, field stations, and faculty, staff, and students stationed or traveling outside of the country under Corban auspices. Staff, students and faculty who have been traveling internationally and who are at risk of carrying a novel infection may be required to practice social distancing measures for a designated amount of time to minimize the likelihood of disease transmission.

While the general concepts and considerations remain constant, each location will assign critical tasks and responsibilities differently based on their respective organizational structure and governance.

The primary purpose of this plan is to promote the safety and well-being of Corban students, faculty, staff, and visitors by:

1. Preventing the spread of disease
2. Protecting Corban workers who provide essential campus operations
3. Providing support for the essential services that must be maintained

This plan provides a general framework for planning, response, and recovery for a large-scale outbreak of a communicable disease. It outlines the roles and responsibilities of University personnel and units and the functions that public partners can be expected to provide to the University. This plan was designed in response to the rapid onset and spread of the novel coronavirus (COVID-19) from Wuhan, China, that began in December 2019.

SECTION III – GENERAL INFORMATION

A pandemic is a geographically widespread outbreak of communicable disease. An emergency can result when there is sufficient morbidity and mortality to disrupt the essential operations of a community and when the communicable disease: a) is highly virulent (harmful), b) is readily transmissible from person to person, and c) has a high clinical severity (causing sudden, serious illness and death in a large number of people).

The communicable diseases with the highest risk for a pandemic event are those that are new to the population, either a mutated strain of a known pathogen or a newly emerging pathogen to which the general population has little or no immunity (resistance). These diseases spread easily and are sufficiently virulent to cause social disruption. In the remainder of this document, “novel pathogen” will be used to refer to the latter agents. Animal viruses infecting humans are considered novel pathogens. For example, the H1N1 influenza (“swine” flu) in 2009 had the potential to significantly interrupt usual operations and become a pandemic.

The H1N1 influenza will be used as the primary example for the Corban Communicable Disease Plan because this communicable disease provides the information and structure for almost any outbreak. Other infectious disease outbreaks that Corban recognizes as most likely to occur on campus include norovirus, measles, mumps, and meningitis.

To assist communities in planning for a potential pandemic, the World Health Organization (WHO) developed a phased pandemic alert system framework:

1. Inter-Pandemic Phase (the period between pandemics)
	1. A new virus appears in animals but there is no or low risk of human cases
2. Pandemic Alert Phase (influenza caused by a new subtype, identified in humans)
	1. New virus in animals with higher risk of human cases
	2. Increased human-to-human (H2H) transmission
	3. Significant H2H transmission
	4. Efficient and sustained H2H transmission
3. Pandemic Phase
	1. Global spread of communicable disease
4. Transition Phase
	1. Reduction in global risk
	2. Reduction in response activities
	3. Progression towards recovery actions

Further, the Centers for Disease Control and Prevention (CDC) has developed an interval system framework which can be applied to federal, state, or local indicators:

1. Investigation (of a novel pathogen in humans or animals)
2. Recognition (of increased potential for ongoing transmission of the novel pathogen)
3. Initiation (of a pandemic wave)
4. Acceleration (of a pandemic wave)
5. Deceleration (of a pandemic wave)
6. Preparation (for future pandemic waves)

The WHO and CDC frameworks complement one another, giving governments, institutions, and individuals information and timeframes to plan their response to a communicable disease outbreak. Relying on both frameworks, this Communicable Disease Plan has developed a four-level action plan:  **1) plan and prepare, 2) mobilize, 3) sustain, and 4) recovery.** These four levels will be followed throughout the course of a communicable disease outbreak.

Federal, state, and local public health agencies such as the CDC, the Oregon Health Authority, and Marion County Health & Human Services (MCH) also provide communicable disease planning and response guidance and support. The University planning and response levels described in this document are informed by the WHO pandemic alert system and are consistent with MCH planning levels wherever appropriate. Corban actions may deviate from the WHO and/or CDC recommendations when necessary in order to follow guidance or directives from local public health authorities that more closely reflect the current situation in surrounding communities in the state of Oregon.

SECTION IV – KEY PREPAREDNESS and RESPONSE PRINCIPLES

Key preparedness and response principles addressed in this plan include:

1. **Monitoring disease burden** among the local population to collect novel pathogen-related morbidity and mortality data that will be used to inform decision-making. This includes gathering real-time information from OHA, MCH, and federal public health partners, and monitoring the disease burden on campus when feasible.
2. **Communicating to the University community** about the disease spread, prevention actions individuals can take, and the operational status of the University during various levels of the pandemic is essential. The University will collaborate with local public health entities, as appropriate, to share basic prevention measures such as hand washing or using sanitizing hand gel, maintaining cough and sneeze etiquette, staying home when sick, and avoiding unnecessary contact with people who are ill.
3. **Developing capabilities to implement public health prevention measures** is essential to limit disease spread for:
	* students and staff living in on-campus residential housing and off-campus shared housing
	* Students, faculty, and staff commuting to campus
	* International students, faculty, and visitors
	* Staff and students in travel status
	* Medical facilities
	* Visitors and other non-campus individuals
4. **Planning for business, academic, and research continuity** by:
	* Determining essential staffing services in the event nonessential operations are suspended
	* Considering the provision of academic continuance through technology and remote options when feasible
	* Determining operational function at low staffing levels
	* Implementing social distance measures, when deemed necessary
	* Deciding when non-essential Corban business travel to affected global areas is needed
5. **Coordinating with local and regional public health agencies** (OHA, MCH) to plan for monitoring the spread of the virus, reporting, mass vaccination, antiviral/antibiotic distribution, isolation and quarantine capabilities, and disaster triage standards that direct resources to care for those with a potential for survival.
6. **Planning for recovery of operations** so normal operations can be resumed when feasible.

SECTION V – AUTHORITY

**Emergency Authority**

Emergency authority during the communicable disease event resides with the President of the University and the President's Cabinet.

**Advisory Committee on Communicable Disease (ACCD)**

The ACCD is composed of Corban leaders who collectively provide the University President with technical, logistical, educational, and policy advice and recommendations related to communicable disease that may affect University operations.

**Public Health – Marion County Public Health**

The director of MCH is the local health officer for Marion County and has statutory authority to enforce public health laws and regulations, and to control and prevent the spread of communicable diseases throughout Marion County.

**Corban Public Health Officer**

Corban’s chief public health officer is the **Student Health Coordinator (SHC). This position** is a member of the ACCD. The SHC coordinates public health services to reduce exposure and transmission of disease. For communicable disease management, the SHC works with internal Corban partners, as well as with MCH, to monitor the clinical needs of students and employees, evaluate disease morbidity and mortality on campus, and coordinate vaccine, antibiotic, or antiviral distribution. Internal Corban partners include the medical directors of the Corban Student Health Center and are also members of the ACCD.

SECTION VI – UNIVERSITY RESPONSE LEVELS and CONTROL STRATEGIES

The **Communicable Disease Plan** divides the responsibilities of the various Corban departments into two sections. In **Level One**, the specific tasks are related to addressing the early WHO phases and CDC intervals, *prior* to a main outbreak. Once there is more person-to-person transmission, the later WHO phases and CDC intervals are incorporated into **Level Two**. This grouping reflects the MCH approach to planning, responding, and recovering from a pandemic.

While Corban levels have *some* correlation with the WHO phases and CDC intervals, the potential or known virulence and transmissibility of the novel pathogen, together with the geographic proximity, must guide the University's level of implementation. The ACCD will utilize recommendations from OHA, MCH, and CDC in making its own recommendations to the President and Cabinet with regards to implementation of critical control strategies for Corban University.

1. **Corban Level One: Plan and Prepare**

**Corban Level One describes activities that should be taken to prepare for the possibility of a communicable disease outbreak.**

1. Risk assessment summary for Level One

A new pathogen is detected that is likely to be or has been transmitted to humans. No or very limited human-to-human transmission has occurred. The University continues monitoring worldwide developments and begins planning for a change in status or an emergence of a new pathogen.

At this level, the University faces only potential risks. The risk factor that needs to be considered at this phase is the potential for an unanticipated introduction of the pathogen into any of the University campuses or local community.

1. Critical Control Strategies - Prevention and Protection

Depending on the level of concern that the pathogen presents, the University may reiterate to the University community that common-sense approaches can help to control the spread of any communicable disease.

1. Encourage all faculty, staff, and students to receive the seasonal influenza vaccine and other appropriate vaccinations to reduce their risk of personal illness and possible co-infection with a novel pathogen. These vaccinations are usually available at the Student Health Center.
2. Communicate the current CDC, OHA, and MCH recommendations and the availability of seasonal influenza vaccines and novel pathogen vaccines as they become available .
3. Remind University staff, faculty, and students that using basic health practices (e.g., frequent handwashing, cough etiquette, and staying home when ill) can help prevent transmission of a communicable disease.

Students, staff, and faculty traveling internationally on University-related activity or business are encouraged to obtain pre-travel advice and register with the U.S. Embassy prior to departure to plan for potential illness abroad and ensure appropriate health insurance coverage exists, including emergency evacuation insurance. Corban students, staff, and employees should also register with the Corban Center for Global Engagement before traveling abroad:

The ACCD will collaborate with the Center for Global Engagement to identify students, faculty, and staff, on Corban-related international travel who may face travel restrictions either entering their destination country or reentering the United States.

**2. Corban Level Two: Mobilize/Respond**

**Level Two** will be activated upon the first confirmed case of a human disease caused by a highly virulent novel pathogen in the United States, Mexico, and/or Canada that has the potential to cause substantial social and economic disruption due to high morbidity or mortality . Level 2 is flexible and scalable to meet emerging disease event conditions.

* + 1. Risk Assessment Summary

**Level Two** of the Communicable Disease Plan provides response guidance in situations where the first confirmed case of human-to-human transmission of a novel pathogen has occurred in the United States, Mexico, and/or Canada. The University response level will depend on the pathogen’s virulence and rate of spread and will change as new information about the agent or its transmission/spread becomes available.

The University will identify major risk factors that are unique to the University and related to the potential transmission of a novel pathogen disease, should human-to-human transmission be documented. These could include such factors as: densely located populations in housing and classrooms, age and immunity status of campus population, and international travel status of some University members. The impact of the disease in the communities surrounding the University as well as other risk factors will also be included in risk evaluation.

* + 1. Critical Control Strategies: Prevention and Protection

* + 1. Prevention and protection

**Level Two** response includes the following prevention and control strategies:

The controls noted in “Level One” such as basic hygiene and working with healthcare providers to receive vaccinations are critical prevention strategies that need to be continued and followed by all members of the University community.

At this point, the University *may* begin to consider (or start planning) to suspend classes or cancel/postpone/reschedule some public activities such as sporting events, conferences, etc., as a precaution to limit close contact between members of the campus community. At this level, public health officials may consider imposing or implementing travel restrictions to/from the US or specific countries/continents. In the event that such travel restrictions seem likely to occur, Corban may want to send on-campus resident students to their families and homes..

Depending on the specific circumstances of the communicable disease threat, the University may implement travel restrictions and requirements for returning travelers.

The University uses CDC definitions and local health guidance in determining what constitutes “close personal contact” for purposes of establishing appropriate risk reduction procedures. Close contact may include kissing or embracing, sharing eating or drinking utensils, close conversation, and any other direct physical contact between persons. Close contact generally does not mean the casual contact provided by attending the same class or walking briefly past a person.

Transmission of a novel pathogen may be more likely among health care providers who have close contact with infected patients. To reduce the potential for transmission among these University employees, the medical centers affiliated with the University Student Health Center have implemented infection control mechanisms, including designated screening areas and the use of Personal Protective Equipment (PPE) by those providers having close contact with potential novel pathogen patients. Surgical mask will be offered to any person who is coughing and/or sneezing while in waiting and reception areas of the health center, as the mask can minimize the risk of exposure to others.

For a pathogen of extreme virulence and transmissibility, and when rates of infection and absenteeism disrupt critical services in the area, the University will plan for and may take the following actions as appropriate:

* Implement local public health directives
* Suspend University nonessential operations
* Suspend classes or transition to remote learning formats
* Evacuate residence halls and or other University-supported housing units
* Restrict visits to campus of non-essential visitors
* Remove individuals showing symptoms from campus
* Quarantine/Isolate resident students
* Implement travel restrictions
* Implement requirements for returning travelers
* Establish mass dispensing operations for treatments or immunizations, in coordination with campus and local public health officials
* Activate an incident management team (physically or virtually)

2. INITIAL DISEASE NOTIFICATION: If the University is notified of a contagious condition in a student or employee, the first person notified will immediately contact the Student Health Coordinator or Human Resources. The Student Health Coordinator or Human Resources will contact Marion County’s 24/7 Disease Reporting:(503) 588-5621.

**3. Corban Level Three: Sustain**

**Level Three** will sustain efforts and activities taken at Level Two until the outbreak ends.

**4. Corban Level Four: Recovery**

**Level Four** takes place immediately after the outbreak is deemed over. At this time, coordinating groups will come together to create after-action reports. These reports will be used to guide the next planning process as the University departments return to focusing on the actions outlined in Level One. Outbreak management is a cycle, so it is necessary to use the knowledge gained during the previous outbreak to begin preparing for the next infectious disease outbreak at the University.

SECTION VII – MORE INFORMATION

CDC: <https://www.cdc.gov/>

World Health Organization: <https://www.who.int/>

Travel information from CDC: <http://www.cdc.gov/travel/>

State of Oregon Department of Health: <https://www.oregon.gov/oha/ph/pages/index.aspx>

Marion County Public Health Services: <https://www.co.marion.or.us/HLT/PH>

Telephone numbers of local health authorities are listed below:

 Marion County – 24/7 Disease Reporting: (503) 588-5621

 Marion County Health & Human Services: (503)-588-5357

Marion County – Prevention & Health Promotion: (503) 576-2864

Marion County – Communicable Disease Control: (503) 361-2693