

Communicable Disease Preparedness Committee (CDPC)
March 8, 2011 Meeting Summary (by JMD)

Members and Guests Present: Michael Abernethy, Kate (for Tammy Anthony), Nancy Baptiste, Minerva Baumann, Kristian Chervenock, Connie DeBlieck, Benjamin Diven, Katrina Doolittle, JoAnne Dupre, Kate Fahrbach, Lorin Gobble, Lori McKee, Mike O'Larey, Sidney Webb, Jackie Griffen (for Rene Yoder).

Members Absent: Angela Arvizo, Randey Bamford, Teresa Burgin, Amy Collins, Billy Dictson, Timothy Dobson, Cathy Fleischacker, Carmen Gonzales, Delano Lewis, Stephen Lopez, Albert Parra, Nellie Quezada-Aragon, Marriane Panzini Rosenthal, Pamela Schultz, Marry Simmons, Darrell Smith, Alfred Valdez, Julie Weber, Jeff Witte.

The meeting began at 3:02 p.m. in Academic Research Bldg C, room 110. K. Doolittle (Director, EH&S) introduced Kristian Chervenock, Director of International Programs. The Study Abroad program sends NMSU students and hosts foreign students for the summer and academic year, and also runs faculty led programs. He is the designated member to the CDCP for International Programs, and Delano Lewis will attend if his schedule allows. K. Doolittle thanked him for providing this update to the committee roster, and then called for all present to state their name and department information.

Minutes from the Dec. 2010 CDPC meeting

K. Doolittle called for comments, additions, or changes to the minutes of the previous meeting. A motion was made to accept the minutes, and the motion was seconded. The minutes were accepted by unanimous vote.

Old Business

1) CoOP plans (K. Doolittle)

Updated CoOP was received from Human Resources

Need submissions from Research, Auxillary Operations, Provost Office (no rep present at meeting).
Need updated CoOP's from DACC Health & Pub. Service, Campus Health Center, Health & Social Services, ICT, International and Boarder Programs, Myrna's Children's Village, School of Nursing;
Departments need to keep up contact lists and make all levels aware.

2) Committee charter update (K. Doolittle)

New policy on creation of official committees. Position appointments, the director and assistant director (position titles, not names) to designate who makes decisions and transfers information; when updated, will be forwarded through Glen. This committee and the Safety committee are not specified in policy but CoOP plan is required in policy. Discussion about what makes a committee "real", or official. The university president defined committees as standing, ad hoc, or advisory. This committee was approved by the former president with the scope as permanent, standing, and university-wide, and if we get it approved under new policy we will submit an annual report.

3) Update on tuberculosis incident (Dr. Webb)

Two patients were identified: one finished treatment, and one is undergoing treatment for meningitis. The latter is returning to home country and will complete treatment there. DOH did a review and found that all contacts of these individuals, including campus contacts, tested negatively for TB.

For the spring semester, International Studies identified 138 names of foreign students; of these, all but five have been screened for TB. Twenty seven of these had a positive ppd (TB skin test), but negative chest x-rays, so no active TB cases were found. The five unscreened individuals are still a concern, but Campus Health will block new registration so these people will need to get screened before attending next semester.

Dr. Webb stated that our process for screening is good, compared with UNM and UTEP, without implementing further policies. We have good communication with county health and state DOH officials, and they let us know if they identify cases. Campus Health personnel would like to communicate with International Programs and screening professors, both foreign and returning travelers. Campus Health personnel are testing a process to TB test certain current personnel before and after travel.

4) Foreign student travel protocols (International Programs)

Campus Health subscribes to Travix, a service which provides up-to-date CDC recommendations for international travel. All students and personnel should check with the Health Center for this risk analysis to have access to health alerts for precise locations and recommended medical evaluations and vaccinations. This is necessary to the university to prepare for potential Workman's Comp issues, and to travelers because some countries will not allow unvaccinated individuals to leave the airport. Travelers can also register when and where to have help to evacuate if needed in emergencies. K. Doolittle asked if guidance documents are available to get this info to supervisors. K. Chervenock explained that this is similar to the hold harmless waiver on the Travel Notification form for students who study abroad, to ensure travelers are aware of state department-issued warnings. The completed form is authorized by the dean and by Mike for the insurance policy umbrella coverage. The student health insurance plan has provisions to evacuate for medical reasons, but not acts of terrorism. Campus Health personnel would like a step in the process so that the traveler can be routed to the Health center for recommendations, documentation to the department for index number to pay for vaccinations, and a signature that the traveler has accepted or declined the recommendations. This process is comparable to the OHSP for Animal Workers, and the BBP program in which vaccinations are paid by the department. Several members commented that to amend the policy would require a meeting with the Dean and Provost, and formal approval by the Regents. Since this revision will take some time, in the interim, International Programs can recommend that each traveler make an appointment with the Health Center to receive the detailed CDC-Travix health information. Travelers should get any required vaccinations 6-8 weeks before departure in order to build immunity. Action items: L. McKee will schedule meetings with Dean Lewis and others involved to pursue interim procedures and proposed policy revisions to include planning for preventative health care.

New Business

1) Protocol for dealing with death or life threatening injury or illness for University students, faculty and staff

The document distributed to the CDPC and attendees was written by the Emergency Planning Committee under B. Woods. The document designates university entities that are responsible for notifications and information flow during serious events involving students, employees, and university guests. This is not policy, it is a protocol to identify responses and contacts for the communication of sensitive information. It is applicable to the CDPC in the case of a contagious disease outbreak.

Given a scenario that includes a disease agent that is extremely contagious and virulent, and potentially fatal, such as measles (which is currently active in the State health alerts), this committee

needs to define such terms as “emergency”, “life-threatening”, “urgent”, before releasing information. As with the Health Center, the CDC cannot violate patient confidentiality and HIPPA, so we can’t report an illness just because it is communicable. The TB cases were under the care of physicians and cleared by the health department to walk around. The individual that was hospitalized with TB-associated meningitis was probably immunocompromised, but was not “high-risk” to the general public. If Campus Health works with public health when needed, as in the case of a TB-positive PPD and chest x-ray, and they will investigate and give alerts or quarantine when necessary. Similarly, if the registrar’s office notifies Campus Health of a student death (usually after an obituary is published), then health personnel can look at health records for suspected causes, but since they often don’t know if the death was related to a past health issue, no action can be taken on a “rumor”.

In another type of emergency situation, the death of an athlete, different protocols for the release of information are followed. Athletics can talk further with B. Woods about amending protocols to deal with stressful events involving athletics. Any other department who is developing a similar internal plan should speak to B. Woods for guidance.

2) Influenza at NMSU- S. Webb

Sixteen cases were diagnosed in January, 2011 and twenty six cases in February, with about half of the cases confirmed by tests. This year is milder than previous years, both in the numbers and in the symptoms. NM saw a small bump, but not like H1N1.

Campus Health has used most of the influenza vaccine doses available. The remaining doses will be used for travelers to countries for which vaccination is recommended.

3) Weather / utility outage emergency protocol

The committee discussed experiences during the recent severe weather (snow and cold) that caused a three day university closure and several periods of utility outages. Several members commented that building monitors were vital during this time, and many of them came to campus in hazardous driving conditions several times during the closure to respond to alarms, check computer systems and pipes, and other duties. K. Doolittle stated that the CoOp plan was a helpful reference to keep the HazWaste facility working and to enable staff to check their responsibilities. Some places on campus had problems because the “monitor” wasn’t aware of their responsibility, or that the entire building needed to be checked. The police were swamped with calls at first because people did not believe the university communications about the closures. Some departments specified that the CoOP plan directed personnel to the department web site for updates, and used distribution lists to send emails to inform personnel not to go to work.

Corbett Center remained open, so that students could be fed and have a warm place to study. Essential people, especially maintenance and custodial worked. One power outage occurred and a leak was found in the bookstore. The Health Center was very busy after the closure; possibly some people became ill working long hours in wet conditions. No estimate has been given for property damage (foliage is not covered by insurance). This weather situation provided an opportunity to check CoOP functionality and provide additional training to staff as needed.

Dr. Doolittle thanked everyone for their attendance and noted that the next quarterly meeting will be held on June 14, 2011. The meeting ended at 4:04 p.m.
