ANNEX E
A&M COMMERCE
PANDEMIC INFLUENZA PROGRAM

DEPARTMENT OF CAMPUS OPERATIONS AND SAFETY
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Introduction

Purpose

Texas A&M University-Commerce Pandemic Influenza Contingency Plan (PICP) outlined below addresses the unique challenges faced in the university campus setting and the respective response roles of the University, Student Health Services Clinic; as well as, other A&M-Commerce entities in the event of a pandemic influenza incident. This document addresses the manner in which A&M-Commerce will maintain continuity of operations while monitoring and managing situations associated with the pandemic influenza. This plan puts into action a foundation of prevention, preparedness, response, and recovery if a pandemic influenza incident should occur.

Using the guidelines and procedures established in the A&M-Commerce Emergency Operation Plan (EOP), the university will respond to pandemic influenza situations in a safe, effective and timely manner. University personnel and equipment will be utilized to accomplish the following priorities:

- Protection of Human Life
- Support of Health, Safety and Basic Care Services
- Protection of University Assets
- Maintenance of University Services
- Assessment of Damages
- Restoration of General Campus Operations

The A&M-Commerce Pandemic Influenza Response Team (PIRT) will make every effort to accomplish these goals when dealing with a critical incident situation on campus.

The PICP, along with the EOP, are intended to establish policies, procedures and organizational structure for response to emergencies that are of a magnitude to cause a significant disruption of the functioning of all or portions of the university. This plan describes the roles and responsibilities of departments, agencies, and personnel during a pandemic influenza situation. The basic emergency procedures are designed to protect lives and property through effective use of university and community resources. Since an emergency may be sudden and without warning, these procedures are designed to be flexible in order to accommodate contingencies of various types and magnitudes.

Considering the difficulty in gauging the severity and rapid movement of a pandemic influenza situation, this plan is intended to be flexible enough to allow for necessary adjustments. Recommendations from local, state, and federal agencies will initiate the proper response procedures A&M-Commerce will follow.

Background

Pandemic flu is not a new medical condition. During the last century alone, three pandemics and several “pandemic threats” occurred. The pandemic flu of 1918, known as the Spanish Flu, has been cited as the most devastating epidemic in recorded world history and is suspected of killing more than 20 million people-- more than the total number killed during World War I. It is believed that 20-40% of the world’s population was infected with this virus.

Seasonal flu, avian flu, and pandemic flu are not the same. A pandemic flu can be described as an outbreak of influenza occurring over a wide geographic area and affecting an exceptionally high proportion of the population. This type of flu is easily transmitted from one human to another. It will most likely be transmitted through touch and the aerosolization of lung and nasal fluids, i.e. coughing and sneezing. The factors that separate a pandemic flu from ordinary flu are the level of virulence and number of persons infected. During a pandemic flu, it is likely that about one-third of the population may be infected at any one time. Of those infected, it is predicted that the mortality rate may approach 50%.

It is known that pandemic flu normally begins with a strain of flu that primarily occurs in animals, and is transmitted to humans through animal contact, such as the Avian Flu. The progression from an animal flu to a pandemic flu occurs when the flu virus mutates to a strain that can be transmitted from one human to another. Once the flu virus mutates to a human-to-human transmissible variety, the flu spreads rapidly in the human population in terms of numbers and geography.

Assumptions

- A pandemic influenza will result in the rapid spread or infection throughout the world.
- The pandemic influenza will occur in multiple waves.
- Each wave may last from six to eight weeks.
- The pandemic influenza attack rate will likely be 30% or higher among the University population. Illness rates will likely be higher with school-aged children and middle aged adults (18-40) and the elderly.
- Of those who become ill with influenza, the hospitalization rate may be as high as 8% and a mortality rate as high as 1%, possibly higher.
- Some persons will become infected but not develop clinically significant symptoms. Symptoms may not develop until 2-7 days after being infected.
- The number of ill requiring medical care will overwhelm the local health care system.
- The number of fatalities will overwhelm the medical examiners' office, hospital morgues, and funeral homes.
- The demand for home care and social services will increase dramatically and will not be available.
- Vaccines will not be available for 4-6 months following the emergence of a novel strain of influenza. Other prophylactic drugs, e.g. TamiFlu, may not be fully effective against a pandemic influenza.
- Absenteeism may be up to 40% (or higher in certain professions).
- There is likely to be a significant disruption of public and privately owned critical infrastructure including transportation, businesses, utilities, public safety, and communications.
- External resources may be exhausted; therefore, A&M-Commerce may have to be self-sufficient.
- The implementation of isolation and quarantine will be the decision of the federal or state government.
- Recommended travel restrictions will come forth from the federal and state government.

Plan Review & Testing

To ensure operational effectiveness the Pandemic Influenza Contingency Plan should:

- Be tested at appropriate intervals to ensure that key personnel are familiar with the plan and to allow improvement based on the results of testing.
- Be reviewed yearly and modified as necessary to incorporate new information and best practices.

A&M-Commerce Response Levels

General Actions and Considerations

The A&M-Commerce PICP is based upon six action levels. Each level of the plan is activated based on the phase of alert status and recommendations of the World Health Organization (WHO) or the Centers for Disease Control (CDC) and the information made available from local, state, and federal agencies.

- Level 1 - No occurrences of pandemic influenza are reported.
- Level 2 - No occurrences of pandemic influenza are reported in the continental United States, although the CDC or WHO are reporting cases of influenza outbreaks globally.
- Level 3 – Announcement and/or response recommendations by WHO or CDC about sustainable human-to-human transmissions of influenza in the continental United States.
- Level 4 - Unconfirmed cases of pandemic influenza in the South or confirmed cases in the Continental United States and/or response recommendations by WHO or CDC.
- Level 4a - Confirmed cases of pandemic influenza in our health service region or unconfirmed cases on campus and/or response recommendations by WHO or CDC.
- Level 4b - Confirmed cases of pandemic influenza in Hunt County or on campus and/or response recommendations by WHO or CDC.

Refer to Document 7 for a list of the State of Texas Health Service Regions.

These actions are to be taken during all levels of a pandemic influenza response:

- Provide counseling services to students, faculty, and staff.
- Provide and maintain communication for any member of the University while traveling abroad.
- All departments will provide well-being support for its employees.
- Mandatory quarantine is a more difficult strategy to employ as a disease containment measure because of its resource-intensive nature and the incubation period of the influenza virus. Therefore, the use of voluntary quarantine as a containment measure is recommended.

Level 1 Actions

No pandemic influenza event is occurring. Level 1 provides the opportunity for reviews and drills to be conducted.

Level 2 Actions

1. Monitor the transmission of pandemic influenza.
2. Review and update response plan with the Executive Management Team and the Emergency Management Coordinator as the situation evolves.

Level 3 Actions

1. Monitor the transmission of pandemic influenza.
2. Communicate with Hunt County Health Department and other relevant health organizations.
3. Review and update response plan with the Executive Management Team and the Emergency Management Coordinator as the situation evolves.
4. Issue communications to campus community regarding status of disease spread, self-protection and university response.
5. Consider voluntary isolation of close contacts, especially those returning from affected areas. Implement screening mechanisms for voluntarily isolated individuals.
6. The University will inform employees of campus policies regarding working from home, travel, using sick leave, and other human resources policies as applicable.
7. Open the EOC for monitoring purposes. Activation is not necessary; staff will be minimal along with hours of operation to be gauged by information dissemination, typically 1-2 hours daily.

Level 4 Actions

1. *The University will consider suspending classes and special events, depending geographical location of incidents reported and information gathered from local, state and federal agencies.*
2. Initiate planning for closing of research facilities.
3. Consider the recalling of students who are traveling abroad and/or out of state students based upon the recommendation of local, state, and federal agencies along with the A&M System offices.
4. Initiate social distancing process if recommended from local, state, and federal agencies *(Document 9 and 10)*.
5. Issue travel advisories for affected areas, international and domestic, based upon recommendations from local, state, and federal agencies.
6. Consider voluntary isolation of close contacts, especially those returning from affected areas. Implement screening mechanisms for voluntarily isolated individuals.
7. Isolate and monitor suspected cases of pandemic influenza.
8. Initiate triage and isolation for students experiencing influenza-like illnesses.
9. The university will review infection control procedures, make sure that personnel have adequate supplies of personal protective equipment (PPE).
10. Distribute appropriate disinfectants (e.g. hand sanitizers).
11. Procedures for cleaning public areas will be adjusted to respond to an influenza pandemic.
12. Provide necessary communications regarding the status of the University.
13. Activate the Emergency Operation Center (EOC). The initial staff will consist of the PIRT. The staffing requirements will be adjusted following the severity of the incident.

Level 4a Actions

1. Continue all Level 4 actions and implement any level 4 actions not already completed.
2. If not already enacted, suspend all university classes and special events.
3. Consider voluntary isolation of close contacts, especially those returning from affected areas. Implement screening mechanisms for voluntarily isolated individuals.
4. Continue triage and isolation of students experiencing influenza-like illnesses.
5. Discontinue (or minimize) routine health care.

6. Provide emergency medical transportation.
7. Establish a Joint Information Center to coordinate press releases and manage news teams and interviews, etc.
8. Every available resource should be employed to reduce the spread of illness and provide services to those who are impacted by the disease.
9. The University should suspend administrative activities except those deemed essential.
10. All departmental business continuity plans are activated to ensure essential duties are performed.
11. All research facilities are closed, except those that are deemed critical (e.g., animal care).
12. Provide enhanced IT support to accommodate increased telecommunications.
13. Close and secure non-essential buildings.
14. Maintain critical infrastructure and services.
15. Enact policies regarding leave and essential/non-essential personnel.
16. Provide necessary communications regarding the status of the University.
17. Initiate planning to activate the point(s) of distribution.
18. Distribute personal protective equipment (to essential personnel).
19. Maintain constant communication with the Hunt County Health Department.

Level 4b Actions

1. Continue all previous Level actions.
2. Medical assistance, housing, telecommuting, and other assistance should be fully utilized to reduce infection and support those who are ill, while maintaining essential university operational duties.
3. Enhance the medical support to accommodate increased isolation.
4. Activate the point(s) of distribution.
5. Initiate planning for recovery as needed.

Other criteria considered in determining A&M-COMMERCE levels as well. These include, but are not limited to:

- Morbidity and/or mortality rate.
- Rate/speed of disease spread.
- Local/state/and federal public health recommendations to decrease/cancel public activities.
- Falling class attendance, students leaving campus.
- Rising employee absenteeism.
- Other regional schools/school systems closing.
- Transportation systems closing/decreasing interstate travel.

Command and Control

The President of the University retains authority for making decisions affecting the University. Command and control of the pandemic influenza situation will work though the established procedures of the EOP. Employees (essential and non-essential) may be tasked to perform other duties, essential duties, as a result of an influenza pandemic response. All emergency operations for responding to an influenza pandemic shall be within the framework of the National Incident Management System (NIMS).

Refer to Document 8 for a description of NIMS

Pandemic Influenza Response Team (PIRT)

The PIRT is responsible for coordinating the response activities of the incident. Upon activation of Level 3, the response team will meet daily to discuss the situation and make contingency plans and schedules. All meetings will take place at the EOC. Upon activation of Level 4, the response team will begin meeting at the start of each shift at the EOC. The severity of the incident will determine the time scheduled for staffing.

The PIRT consists of the following primary members:

- The Assistant Director, Risk Management
- The Director of Student Health Services
- The Director of Residential Learning and Living or alternate

When it becomes necessary to activate response level 2 or above, additional staff will be required. This staff will be the A&M-Commerce Emergency Operation Team Primary Members:

- Director of Campus Operation and Safety
- University Police Chief
- Associate Provost for Academic Foundations
- Associate Vice President, Dean of Students
- Chief Marketing Officer
- Lieutenant/Crime Information Officer

If the Pandemic Influenza Response Team is activated at level 4 or higher, the members will be dedicated to the response activities alone. Adjustments to normal departmental operational staffing will be necessary.

Communication of Response Activities

During a Pandemic Influenza Response, communication is important. Information needs to be disseminated promptly and effectively, both internally and to the public.

Internal Communication

Internal communication could include a variety of information:

- Updates from local, state, and federal agencies
- University response activities
- Health guidelines
- Media information
- Emergency bulletins

All A&M-COMMERCE response activities and information must be directed to and through the Emergency Operation Center and approved by the Pandemic Influenza Response Team. To facilitate this requirement, the following must take place.

- Immediately upon activation of Response Level 2, the Emergency Management Coordinator will prepare a statement of response to be sent out to the University Community. This statement will be approved by the Public Information Officer and delivered through the President's office.

- Immediately upon activation of Response Level 3, the PIRT will be activated. The organization and response activities will be communicated to the University Community. This statement will be approved by the Public Information Officer and delivered through the President's office.

- If the response activities increase and require further actions, necessary updates of response activities and organization will be delivered through similar statements from the President's office.

- The Incident Commander (IC) will delivery Incident Summaries to the Executive Management staff as necessary during the response activities *(Document 12).* The Executive Management staff will distribute the necessary information to their respective departments as deemed necessary. The IC will also serve as the Point of Contact between the A&M System and A&M-Commerce.

- All A&M-COMMERCE employees seeking or requesting information related to the Pandemic Influenza must contact the EOC for such information. It is very important that information dissemination be centralized and coordinated.

Public Communication

Information made available to the public will be coming from numerous sources:

- Television
- Radio
- Newspapers
- Local media sources
- National media sources
- Email

It is equally important as internal communications, that all information be centralized and coordinated through the EOC. A&M-COMMERCE will be responding to the Pandemic Influenza with numerous local and state agencies, so information requests will be vast.

All public information made available through A&M-COMMERCE will be directed through the university Public Information Officer.

Remember some simple rules regarding public information request and communication:

- If a news agency representative approaches you, direct them to the EOC.
- All public communications will go through the Public Information Officer.
- Contact the EOC with any prevalent information regarding the response activities or situations.

- The President, Public Information Officer, or designee of each, are the only university representatives approved to answer media inquiries.

Additional Information Sources

Understanding that the amount of information that will be available during a Pandemic Influenza situation will be vast, the following web sites will be useful information sources:

- Texas A&M University-Commerce (Home Page and News)
  http://web.tamu-commerce.edu/
- Texas Department of State Health Services
  http://www.dshs.state.tx.us
- U.S. Department of Health and Human Services
  http://www.hhs.gov
- Center for Disease Control and Prevention
  http://www.cdc.gov
- Pandemic Flu.gov (comprehensive pandemic flu information)
  http://www.pandemicflu.gov
- World Health Organization
  http://www.who.int/en/

Departmental Responsibilities

Individual departments of A&M-COMMERCE are responsible for the preplanning procedures and guidelines associated with actions of the pandemic influenza incident *(Document 11)*.The following departmental guidelines should be considered to establish the foundation for response to such incident response levels.

Pandemic Influenza Response Team (PIRT)

- Monitor influenza activity.
- Inform Executive Management Team of necessary updates while at activation level 2 or above.
- Coordinate activities with local, state, and federal agencies.
- Coordinate campus communications with the university Public Information Officer (*Document 1-6*).
- Update Executive Management Team of recommended and required travel advisories.
- Provide daily checks to university student, faculty, or staff that are in isolation or quarantine.
- Initiate Academic and Student Affairs course of action plan, immediately entering Level 3.

Human Resources

- Monitor employee absenteeism and provide updates to the PIRT.

- Provide guidance to the Executive Management Team and PIRT regarding System polices of absence and leave issues.
- Communicate University and System Policies to employees regarding absence and leave issues.
- Assist departments in identifying essential personnel.
- Assist in formulating possible telecommuting opportunities.
- Provide avenues for temporary employees if needed to support continuity of operations.
- Provide guidance and recommendations regarding employee reassignments and schedules.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Residential Living and Learning

- Publish information in residence halls and other campus locations for prevention and communication updates as needed to support the response activities.
- Hall Director staff will notify the Director of students exhibiting symptoms of the influenza virus.
- Coordinate relocation and isolation protocols.
- Provide a schedule of Residential Learning and Living events and programs to the PIRT.
- Work with the International Student Office to formulate housing needs for international and returning students.
- Coordinate housing accommodations for affected students that cannot return home in the event of campus closures.
- Assist with planning Food Services for campus.
- Assist with the preplanning of locations to stockpile necessary response items such as food, clothing, PPE, etc.
- Identify possible community locations (host families) willing to house displaced students should the university close.
- Identify a location to be designated as a Command Post when activation is 4 or higher.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Dining Services

- Dining Services will follow reasonable instruction from the PIRT for safe pick-up or drop-off procedures and locations.
- Regularly report to the Command Post established by Residential Living and Learning.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Student Health Services

- Inform university community of proper preventative and control measures.
- Laboratory testing will be conducted on all necessary patients through the established procedures set in place at the Student Health Center. Testing will be done on the following patient characteristics:

    - Patients with influenza like illness.
    - Patients with acute respiratory illness.
    - Patients who have recently traveled to a suspect location.
    - Patients who have recently been in contact with infected persons.

- When the determination has been made by the medical staff on campus or a local area medical professional has notified the University of a suspect, unconfirmed, or confirmed case, the following individuals will be immediately notified:

    - Emergency Management Coordinator.
    - Student Health Services Medical Director.
    - Executive Management Team.
    - Local, County, and State Health Departments.

- Following the notification guidelines, the PIRT will meet with the Student Health Services Medical Director to discuss proper procedures regarding isolation, social distancing, and directions for containment and recovery.
- Verify and stock necessary medical supplies *(Document 13).*
- Identify Essential Personnel immediately upon activation of Level 3 response.

Marketing Communications

- Develops plans for providing students, staff, parents and others with information via a variety of platforms such as web, e-mail, instant messaging, telephone, and print media.
- Works with campus and community partners to develop means for quickly distributing information to students and staff.
- Develops plan and process to review and approve all internal university-wide communications and communications with media.
- Designates personnel full time to response activities at Level 4a or above.
- Prepares phone scripts and communication material for phone banks and media outlets pertaining to incoming phone calls.
- Identify Essential Personnel immediately upon activation of Level 3 response.

International Student and Study Abroad Departments

- Review and confirm list of students studying abroad.
- Follow recommendations regarding evacuation and quarantine of traveling students.
- Monitor regions where students are, and make recommendations regarding safety.
- Implement plans for returning students following recommendations of local, state, and federal agencies.
- Work with the Department of Residential Living and Learning to formulate housing needs for international and returning students.
- Identify Essential Personnel immediately upon activation of Level 3 response.

University Police Department

- Provide security at locations identified by Pandemic Influenza Contingency Plan Emergency Operation Team.
- Monitor and secure closed buildings.

- Coordinate with Student Health Services to create a plan for contacting or transporting suspect or confirmed individuals.
- Assist Student Health Services with crowd control or security as needed.
- Establish routine contact with local and state emergency services to coordinate necessary response activities.
- Ensure proper training has been received by staff regarding PPE, transportation of ill, and contact scenarios regarding the Pandemic Influenza Response Activities.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Technology Services

- Prepare, review, or activate necessary phone banks for response efforts.
- Assist with technology issues affecting response and recovery efforts of PICP.
- Assesse the need for additional telephone, computer, or web support and services by the EOC, Health Center, Counseling Center, Human Resources, Public Relations, and Student Affairs during a pandemic.
- Assesses requirements to allow telecommuting, teleconferencing, and/or distance learning with class suspension or university closure.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Academic/Student Affairs

- IMMEDIATELY upon notification of Level 2, form a committee to review and plan for potential class closures or suspension due to the influenza situation. Consider course credit, time, grades, refunds, temporary suspension, or complete termination of semester.
- Establish daily contact with PIRT to coordinate student absences with professors.
- Identify procedures for students in isolation to receive class notes and assignments.
- Assist with providing labor for necessary phone bank/communication avenues for student-parent communications.
- Assist PIRT with monitoring of ill students, faculty, or staff.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Facilities

- Identify building ventilation systems in areas to be used for isolation or quarantine.
- Verify department inventory of PPE, hand sanitizer, disinfectants, and common cleaners.
- Coordinate with Student Health Services, specific sanitization techniques of suspected or confirmed environmental areas, following the guidelines of local, state, or federal agencies.
- Provide necessary equipment to support response and recovery efforts.
- Provide necessary transportation services.
- Provide necessary barricades and fencing to support response activities.
- Identify in advance, vendors capable of providing clean-up or sanitization services should the incident escalate to such a need.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Risk Management and Safety

- Assess actual risk/insurance claim issues.
- If necessary, communicate with insurance carriers on evolving campus issues.
- Identify steps that must be taken to monitor and protect insurance coverage.
- Provide necessary training for respirator use (Document 3).
- Coordinate necessary risk assessments related to closure, isolation, quarantine, or event cancellations.
- Verify and address continuity of operation plans.
- Verify and stock necessary biohazard containment material such as bleach, biohazard bags, sanitizer, and support necessary support items.
- Identify areas for storage of biohazard material until proper pick up can be made.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Executive Management Team

- Provide and approve the necessary funding to support preparation, response, and recovery efforts, this could include the following items:
    - *MRE's and Bottled Water*
    - *Additional Respiratory Protection*
    - *Additional Hand Sanitizer*
    - *Stockpile of Antiviral*
- Upon level three activation, meet daily with the PIRT.
- Communicate with the chancellor regarding the current situation.
- Communicate with the PICP Emergency Operation Team any necessary recommendation from the A&M System offices.
- Ensures university departments have developed, or are in the process of developing business continuity and recovery plans.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Campus Activities

- Supply schedule of all university events to the PIRT.
- Coordinate cancellation of campus events with the PIRT.
- Post appropriate communications regarding cancellations, prevention, and response.
- Identify contingency plans for Greek organizations for class or campus closures.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Athletics

- Supply schedule of all university athletic events, both home and travel, to the PIRT.
- Maintain a current list of students, faculty, staff that are traveling during the situation.
- Coordinate cancellation of athletic events with the PIRT.
- Post appropriate communications regarding cancellations, prevention, and response.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Research

- Develops plans for continuation of research in the event of university closures.
- Works with the Department of Risk Management and Safety to identify sensitive materials and document a security plan.
- Works with applicable departments on campus to develop plans for feeding, care and protection of research animals.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Counseling

- Provide necessary counseling to university community.
- Assist with information dissemination.
- Recommend guidelines for notification and necessity of isolation and possible quarantine cases.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Children's Learning Center

- Establish a daily contact with the PIRT.
- Immediately upon activation of Level 1 response, form a department committee to discuss plans for closure and information distribution, include the Provost and Dean of Students.
- Provide updates to the PIRT regarding sickness and communications of children and parents.
- Coordinate all communications with PIRT.
- Verify and stock necessary PPE and sanitization products.
- Identify Essential Personnel immediately upon activation of Level 3 response.

Off Campus Sites

A&M-Commerce serves students at several off campus sites, including:

- Dallas
- Mesquite
- Midlothian
- Navarro College Partnership

In the event of an epidemic or emergency, A&M-Commerce Emergency Operation Team would be available for guidance or recommendations. The Director or Associate Director of the off site location would follow the protocols already in place for that particular site. The Director or Associate Director will contact the A&M-Commerce Associate Vice President for Student Access and Success and the Department of Risk Management and Safety to notify them of any potential risks or threats occurring. If it is deemed necessary to cancel classes due to an emergency or pandemic possibility, the Director or Associate Director would complete the following actions:

- Follow the protocols of the site location, which could include:
    - Activation of the PAWS alert system.
    - Emails sent to the off site location list serve.
    - Contact all instructors via phone tree to alert them to contact students in their class.
- Contact Associate VP of Student Access and Success.
- Contact the appropriate shared facility personnel to make them aware of the situation.

The Director or Associate Director of the offsite location would be available through cell phone to help communicate information to students, staff, and administration in Commerce.

Record of Changes

Change #	Date of Change	Description of Change	Changed By	Added to Web Site By
1	5-27-09	Completely revised and updated 07-08 Plan	Derek Preas	
2	12-3-9	Adjusted response levels to mirror System response levels	Derek Preas	
3	05/16/2013	*Updated Titles*	Derek Preas	
4	12/2013	General Update	Derek Preas	

Documents

Document 1 – Flyers

COVER MOUTH AND NOSE

CLEAN HANDS

Cover Coughs and Sneezes. Clean Hands.

Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot

- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the "Happy Birthday" song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!

Stop germs. And stop colds and flu.

www.cdc.gov/germstopper

STOP THE SPREAD OF FLU

REMEMBER THE 3 C'S

1 CLEAN

Wash your hands often. Scrub your hands for at least 20 seconds with soap and water or use an alcohol-based hand cleaner.

2 COVER

Cover your cough. Use a tissue to cover your mouth and nose when you cough or sneeze. Don't have a tissue? The crook of your elbow will do.

3 CONTAIN

Contain germs by steering clear of others who are sick. If you do get sick, stay at home until you're well again, so you don't spread more germs.

TEXAS Department of State Health Services

For more information, visit **www.dshs.state.tx.us/swineflu/**

Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze

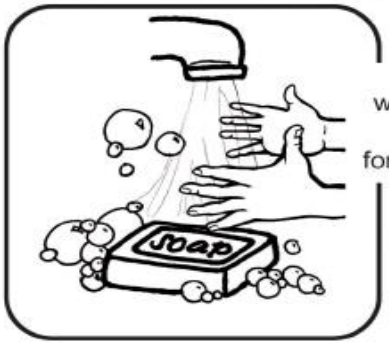
or

cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

Clean your Hands

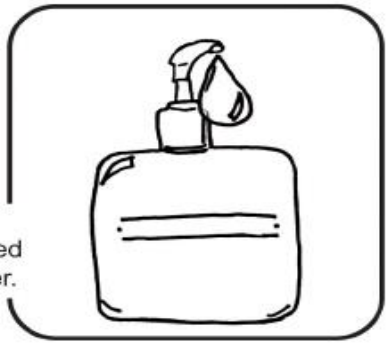
after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or

clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us

Document 2 - Pandemic Flu Control Measures for Home and Public

How Flu Viruses Spread

- A flu pandemic is an outbreak of illness caused by a new flu virus that spreads around the world. Because the virus is new to people, nearly everyone will be at risk .
- The main way that illnesses, like colds and flu, are spread is from person to person by coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person move through the air and make contact with the mouth or nose of people nearby.
- Droplets from an infected person can also make contact with environmental surfaces (like the tops of tables). The virus can then be spread from those surfaces if a person touches the droplets and then touches his or her own eyes, mouth, or nose before washing his or her hands.
- The virus also can be spread when an infected person coughs or sneezes into his or her hands and then touches a surface (like a phone, remote control, or toy) before washing his or her hands. Another person could become sick if he or she touches that surface and then touches his or her own eyes, mouth, or nose before washing. Flu viruses and other germs can live 2 hours or longer on hard environmental surfaces like tables, doorknobs, and desks. Surfaces are likely to be touched much more often than they can be cleaned and disinfected. Thus, it is important to wash your hands often, keep your hands away from your face, and keep such surfaces clean to help prevent the spread of germs.

How to Stop the Spread of Pandemic Flu Virus from Environmental Surfaces

Use good hygiene practices

- Cover your mouth and nose with a tissue when you cough or sneeze; put the used tissue in a waste basket and clean your hands.
- Cover your mouth and nose with your upper sleeve (not your hands) if you do not have a tissue and need to cough or sneeze.
- Clean your hands as soon as possible after coughing, sneezing, or blowing your nose.
    - Use soap and water and wash your hands for 15 - 20 seconds; or
    - Use alcohol-based hand wipes or alcohol-based (60-95% alcohol) gel hand sanitizers; rub these on the hands until the liquid or gel dries.
- Clean your hands often when you or others are sick, especially if you touch your mouth, nose, and eyes.
- Always clean your hands before eating.
- Carry alcohol-based hand wipes or alcohol-based (60-95% alcohol) hand-sanitizing gels with you to clean your hands when you are out in public.
- Teach your children to use these hygiene practices because germs are often spread at school.

Clean and disinfect hard surfaces and items in homes and schools

- Follow label instructions carefully when using disinfectants and cleaners.
    - Pay attention to any hazard warnings and instructions on the labels for using personal protective items (such as household gloves).

    - Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.
- Keep hard surfaces like kitchen countertops, tabletops, desktops, and bathroom surfaces clean and disinfected.
    - Clean the surface with a commercial product that is both a detergent (cleans) and a disinfectant (kills germs). These products can be used when surfaces are not visibly dirty.
    - Another way to do this is to wash the surface with a general household cleaner (soap or detergent), rinse with water, and follow with a disinfectant. This method should be used for visibly dirty surfaces.
    - Use disinfectants on surfaces that are touched often. Clean the surface as explained above before using disinfectants.
        - If disinfectants are not available, use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water; use a cloth to apply this to surfaces and let stand for 3 – 5 minutes before rinsing with clean water. (For a larger supply of disinfectant, add ¼ cup of bleach to a gallon [16 cups] of water.)
        - Wear gloves to protect your hands when working with strong bleach solutions.
- Keep surfaces touched by more than one person clean and disinfected. Examples of these surfaces include doorknobs, refrigerator door handles, and microwaves.
    - Clean with a combination detergent and disinfectant product. Or use a cleaner first, rinse the surface thoroughly, and then follow with a disinfectant.
    - Use sanitizer cloths to wipe electronic items that are touched often, such as phones, computers, remote controls, and hand-held games.
    - Use sanitizer cloths to wipe car door handles, the steering wheel, and the gear shift.

Use recommended laundry practices

- Gently gather soiled clothing, bedding, and linens without creating a lot of motion or fluffing; for example, do not shake sheets when removing them from the bed.
- Clean your hands after handling soiled laundry items.
- Use washing machine cycles, detergents, and laundry additives (like softener) as you normally do; follow label instructions for detergents and additives.
- Dry the cleaned laundry items as you normally do, selecting the dryer temperature for the types of fabrics in the load. Line or air-drying can be used to dry items when machine drying is not indicated.
- Clean your hands before removing clean laundry from the washer or dryer, especially if you have coughed or sneezed on your hands.

Use recommended waste disposal practices

- Toss tissues into waste baskets after they have been used for coughs, sneezes, and blowing your nose.
- Place waste baskets where they are easy to use.
- Avoid touching used tissues and other waste when emptying waste baskets.
- Clean your hands after emptying waste baskets.

Additional Information

Disinfectant products (sanitizer cloths and liquid disinfectants) available from grocery stores, hardware stores, and commercial cleaning product suppliers have been registered with the U.S. Environmental Protection Agency (EPA). Always follow label instructions carefully when using these products. For more information about EPA-registered disinfectants, visit www.epa.gov/oppad001/chemregindex.htm. For more information about cleaning and disinfection of surfaces to protect against pandemic influenza virus, consult "Interim Guidance on Environmental Management of Pandemic Influenza Virus." To learn more about pandemic influenza, visit www.pandemicflu.gov.

Document 3 - Stop the Spread of Germs at Work

How Germs Spread

Illnesses like the flu (influenza) and colds are caused by viruses that infect the nose, throat, and lungs. The flu and colds usually spread from person to person when an infected person coughs or sneezes.

How to Help Stop the Spread of Germs

Take care to:

- Cover your mouth and nose when you sneeze or cough
- Clean your hands often
- Avoid touching your eyes, nose or mouth
- Stay home when you are sick and check with a health care provider when needed
- Practice other good health habits.

Cover your mouth and nose when you sneeze or cough

- **Cough or sneeze into a tissue and then throw it away.** Cover your cough or sneeze if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

Clean your hands often

- **When available, wash your hands -- with soap and warm water -- then rub your hands vigorously together and scrub all surfaces.** Wash for 15 to 20 seconds. It is the soap combined with the scrubbing action that helps dislodge and remove germs.
- **When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used.** You can find them in most supermarkets and drugstores. If using a gel, rub the gel in your hands until they are dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause colds and the flu.*

  *Source: FDA/CFSAN Food Safety A to Z Reference Guide, September 2001: Handwashing http://www.cfsan.fda.gov/%7Edms/handwashing

Avoid touching your eyes, nose, or mouth

- **Germs are often spread when a person touches something that is contaminated with germs and then touches their eyes, nose, or mouth.** Germs can live for a long time (some can live for 2 hours or more) on surfaces like doorknobs, desks, and tables.

Stay home when you are sick and check with a health care provider when needed

- **When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed.** Your employer may need a doctor's note for an excused

absence. Remember: Keeping your distance from others may protect them from getting sick. Common symptoms of the flu include:

- fever (usually high)
- headache
- extreme tiredness
- cough
- sore throat
- runny or stuffy nose
- muscle aches, and
- nausea, vomiting, and diarrhea, (much more common among children than adults).

More Facts, Figures, and How-To Ideas

CDC and its partner agencies and organizations offer a great deal of information about handwashing and other things you can do to stay healthy and avoid the germs that cause flu, the common cold, and other illnesses. See Other Resources (http://www.cdc.gov/germstopper/resources.htm) and Posters (http://www.cdc.gov/germstopper/materials.htm) on this Stop the Spread of Germs site for a select listing of Web sites, materials, and contact information.

For more information, visit www.cdc.gov/flu , or call the CDC Flu Information Line at (800) CDC-INFO.

Document 4 - Custodial Guide

Guide to Cleaning Environmental Surfaces During a Flu Pandemic

Influenza viruses can persist on nonporous surfaces for 24 hours or more, but quantities of the virus sufficient for human infection are likely to persist for shorter periods. Although the relative importance of virus transfer from inanimate objects to humans in spreading influenza is not known, hand transfer of the virus to the mucous membranes of the eyes, nose, and mouth resulting in infection is likely to occur. Routine cleaning and disinfection practices may play a role in minimizing the spread of influenza.

Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources (for more general information about disinfection of environmental surfaces, see the CDC/ Healthcare Infection Control Practices Advisory Committee (HICPAC) "Guidelines for Environmental Infection Control in Health-Care Facilities," available at: http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html).

- Wear non-sterile, disposable gloves that are recommended by the manufacturer of the detergent/disinfectant while cleaning and when handling cleaning and disinfecting solutions.
- Dispose of gloves if they become damaged or soiled or when cleaning is completed, per normal standard operating procedures.
- Never wash or reuse disposable gloves.
- Avoid activities that may generate infectious aerosols.
- Eye protection, such as a faceshield or goggles, may be required if splashing is expected.
- Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
- Immediately clean hands with soap and water or an alcohol-based hand gel.
- Avoid touching the face with gloved or unwashed hands.

Hand Hygiene

When washing hands with soap and water: Wet your hands with clean running water and apply soap. Use warm water if it is available. Rub hands together to make a lather and scrub all surfaces. Continue rubbing hands for 20 seconds. Rinse hands well under running water. Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet. Remember: If soap and water are not available, use an alcohol-based hand gel to clean hands. When using an alcohol-based hand gel: Apply product to the palm of one hand. Rub hands together. Rub the product over all surfaces of hands and fingers until hands are dry.

Source: http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html

Document 5 - First Responders

Guide to Using Facemasks and Respirators

A flu pandemic is an outbreak caused by a new flu virus that spreads around the world. The virus will spread easily from person to person, mostly through coughing and sneezing. Because the virus is new to people, everyone will be at risk of getting it.

There may be times during a pandemic when you must be in a crowded setting or in close contact (within 6 feet) with people who might be ill. During such times, the use of a facemask or a respirator might help prevent the spread of pandemic flu.

What is a Facemask?
Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolation, and laser masks. Facemasks help stop droplets from being spread by the person wearing them. They also keep splashes or sprays from reaching the mouth and nose of the person wearing the facemask. They are not designed to protect you against breathing in very small particles. Facemasks should be used once and then thrown away in the trash.

What is a Respirator?
A respirator is designed to protect you from breathing in very small particles, which might contain viruses. These types of respirators fit tightly to the face so that most air is inhaled through the filter material. To work the best way, N95 respirators must be specially fitted for each person who wears one. Most of the time, N95 respirators are used in construction and other jobs that involve dust and small particles. Some healthcare workers, such as nurses and doctors, use these types of respirators when taking care of patients with diseases that can be spread through the air.

If you have a heart or lung disease or other health condition, you may have trouble breathing through respirators and you should talk with your doctor before using a respirator.

Like surgical masks, N95 respirators should be worn only once and then thrown away in the trash.

Wearing a Facemask or a Respirator
Very little is known about the benefits of wearing facemasks and respirators to help control the spread of pandemic flu. In the absence of clear science, the steps below offer a "best estimate" to help guide decisions. They will be revised as new information becomes available.

Consider Wearing a Facemask if:
You are sick with the flu and think you might have close contact with other people.

You live with someone who has the flu (you therefore might be in the early stages of infection) and need to be in a crowded place. Limit the amount of time you spend in these crowded places and wear a facemask while you are there.

You are well and do not expect to be in close contact with a sick person, but need to be in a crowded place. Limit the amount of time you spend in these crowded places and wear a facemask while you are there.

Consider Wearing a Respirator if:

You are well and you expect to be in close contact with people who are known or thought to be sick with pandemic flu. Limit the amount of time you are in close contact with these people and wear a respirator during this time. These recommendations apply if you must take care of a sick person at home.

Document 6 - Listserv Communication

Flu Prevention: Good Health Habits to Stop the Spread of Influenza

During a flu pandemic, you can use simple actions to help protect yourself and others from becoming sick with the flu. No single action protects completely. If used together, the steps below can help reduce the chances of becoming infected.

- Avoid close contact. Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

- Stay home when you are sick. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

- Cover your mouth and nose. Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

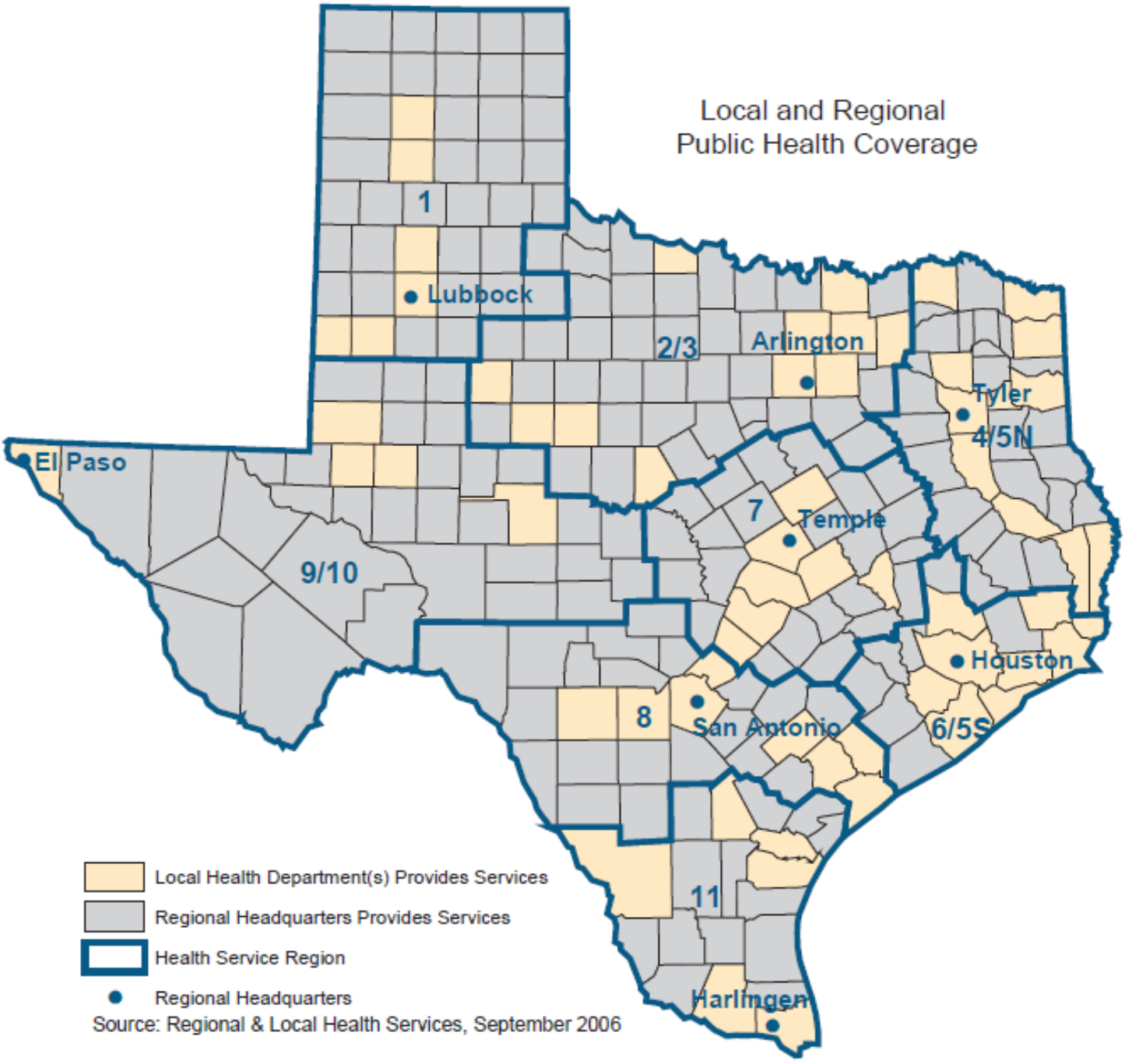
- Clean your hands. Washing your hands often with soap and water will help protect you from germs. Use an alcohol-based hand cleaner if soap and water are not available.

- Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

- Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

- Wear non-sterile, disposable gloves if required by the situation. Dispose of gloves if they become damaged or soiled, per normal operating procedures. Never wash or reuse disposable gloves.

Document 7 - Local and Regional Public Health Coverage



Document 8 - National Incident Management System (NIMS)

NIMS is a modular emergency management system designed for all hazards and levels of emergency response. This system creates a combination of facilities, equipment, personnel, procedures, and communication operating within a standardized organizational structure. The system is used by the Department of Homeland Security and throughout the United States as the basis for emergency response management. Use of the NIMS at the university facilitates the university's ability to communicate and coordinate response actions with other jurisdictions and external emergency response agencies. As a management system, NIMS helps to mitigate the incident risks by providing accurate information, strict accountability, planning and cost-effective operations and logistical support for any incident. NIMS can be used on any kind or size of an incident. It can also be used for planned non-emergency events. Some of the kinds of incidents and events that have been managed through NIMS are listed below:

- Fires, HAZMAT, and multi-casualty incidents.
- Multi-jurisdiction and multi-agency disaster responses (natural disaster, terrorism, civil unrest).
- Search and rescue missions.
- Significant transportation accidents.
- Major planned events, e.g., celebrations, parades, concerts.

KEY PRINCIPLES OF NIMS

- Modular response model based on activating only those organizational elements required to meet current objectives.
- Common terminology applied to organization elements, position titles, facility designations and resources.
- Unified command structure so that organizational elements are linked to form a single overall structure with appropriate span-of-control limits.
- Comprehensive resource management for coordinating and inventorying resources for field responses.
- Integrated communication so that information systems operate smoothly among all response agencies involved.
- Generic positions whereby individuals are trained for each emergency response role and follow prepared action checklists.
- Consolidated action plans that contain strategy to meet objectives at both the field response and EOC levels.

ORGANIZATION
NIMS is organized around five major management activities.

Command
Has overall responsibility at the incident or event. Determines objectives and establishes priorities based on the nature of the incident, available resources and agency policy. In all incidents, there is an identified Incident Commander or a unified command team. These have responsibility for overall management of the incident and must be fully qualified to manage the incident.

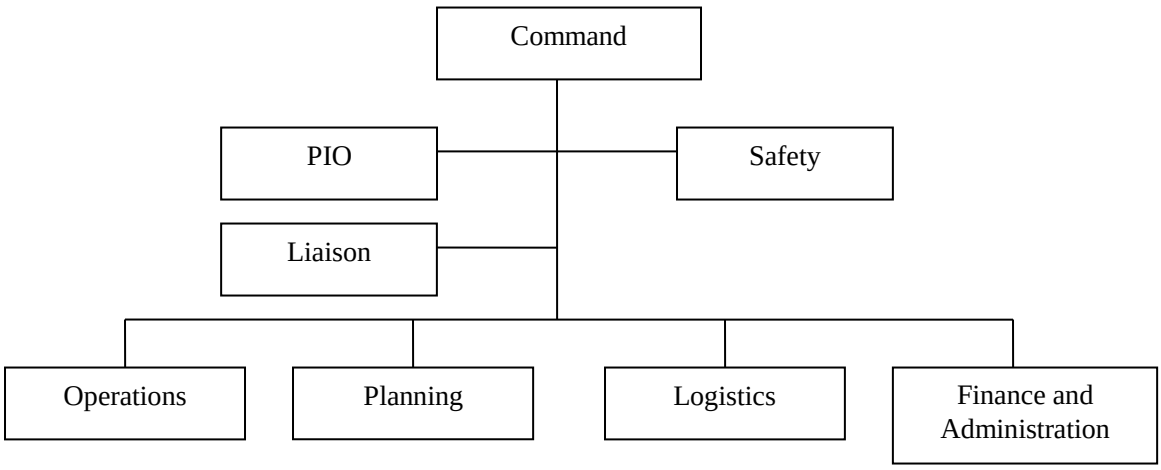
Operations
Develops the tactical organization and directs all resources to carry out the Incident Action Plan.

Planning
Develops the Incident Action Plan to accomplish the objectives. Collects and evaluates information, and maintains status of assigned resources.

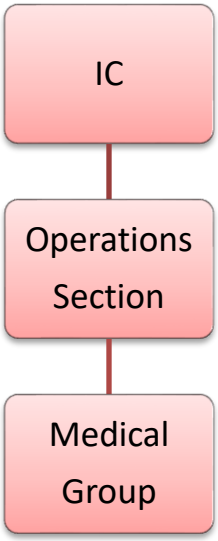
Logistics
Provides resources and all other services needed to support the organization.

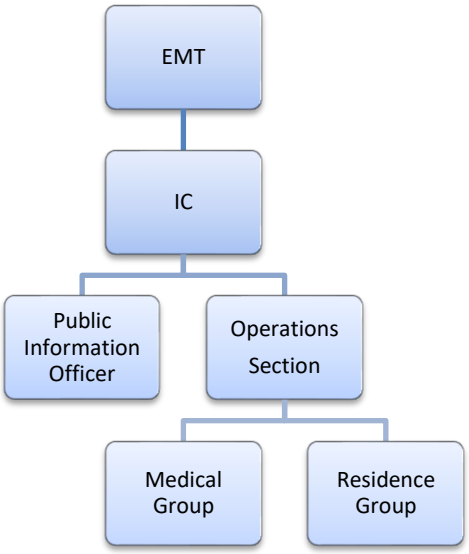
Finance/Administration
Monitors costs related to the incident, provides accounting, procurement, time recording, cost analysis, and overall fiscal guidance.

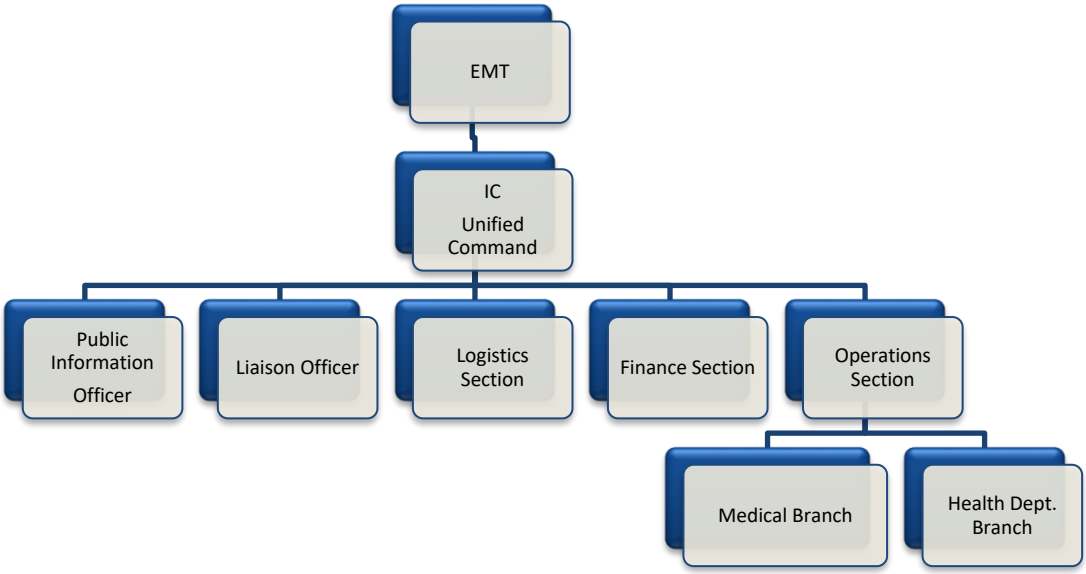
- On small incidents, the five major activities may be managed by a single individual. Large incidents usually require each of these activities to be established as a separate section within the organization.
- Not all sections need to be established within NIMS organization.
- The Incident Commander will make this decision based on the demands of the incident. Each of the primary Incident Command System sections may be further subdivided as reflected in the organization chart.



The following organizational charts represent 3 **examples** of incident command organization for the operations section. Depending on the scale of the incident, operations can be simple to complex.







Document 9 - Nonpharmaceutical Interventions (NPIs)

Social distancing, isolation, quarantine, protective sequestration, and public health education that include practices employed to reduce individual risk of contracting the disease (i.e., hand washing, cough etiquette) comprise the list of NPIs that could be employed in a pandemic situation. While the effectiveness of any of these strategies for preventing the spread of illness is unknown, employment of a combination of NPIs, as deemed appropriate for the individual college or university setting, may slow the spread of disease. As mentioned above, the advantage to *Guidelines for Pandemic Planning / 3* slowing the spread is important as it relates to the surge capacity of health care resources.

Social distancing

Social distancing refers to actions taken to discourage close social contact between individuals, including cancellation of classes, sporting events, worship services, and other social events. This intervention would be most effective when instituted early in the pandemic and before infection takes hold in a community. Given that the 1918 pandemic swept across the country in 3-4 weeks at a time when fewer people traveled and modes of transportation were more limited and slower, the window for taking action may be limited to a few days in light of today's highly mobile society and the frequency of international air travel.

Isolation

Isolation refers to separating individuals with illness from the general population and restricting their movement within the general population until they are no longer contagious. Plans for isolating ill students and providing care for them by either utilizing campus resources or partnering with community resources will be necessary for most schools, in that, some students may not be able to go home. Hospital resources will be strained and decisions for admission will be made based on assessment of those most in need. *Provisions should be made to care for students who are not ill enough to require hospital care but are too ill to take care of themselves.* The composition of the student body in terms of the number of international and out-of-state students, the number of commuters, and the number of students residing in residence halls, factored against the resources of the institution, will affect the plans for isolation and infirmary care.

Quarantine

Quarantine is the separation and restriction of movement of those who are not ill but believed to have been exposed. The duration of quarantine will be dependent upon the length of the incubation period and period of contagion prior to onset of symptoms. Both the incubation period and period of viral shedding are difficult to know prior to the actual emergence of the pandemic virus. Planning for quarantine must take into account some of the same factors as isolation, such as, composition of the student body and residential demographics. Enforcement of quarantine is an issue that must be discussed with local government authorities and campus security.

Protective sequestration

Protective sequestration involves efforts taken to protect a healthy population from infection by isolating the community from the outside world. Restricting entry of outsiders into the community and restricting reentry of those community members who choose to leave during the period of time when protective sequestration is in place are measures utilized in this intervention. It requires the community to stockpile resources and become self-sufficient for some period of time — in the case of a pandemic, a minimum of 8-12 weeks. Geographical location (i.e., island or remote mountain region) may make this easier for some communities to consider than others. Protective sequestration has high costs associated with it. For more information on the use of

protective sequestration during the 1918 pandemic, see the study by Markel, et al. at https://beta.saic.com/workshop/report.

Public health education

Public health education that communicates accurate, clear information regarding reducing personal risk, the role of quarantine, transmission, symptoms, treatment, when to seek care, and community efforts to assist those in need, is critical to empowering the public and decreasing panic and despair. The messages should be consistent with those being issued by other public health authorities and crafted in advance to meet the needs/concerns of various campus audiences, including students, staff, faculty, parents, and members of the surrounding community. Given the anticipated increase in communication needs, all available means of communicating with the campus public must be assessed and tested to determine the capacity for managing the surge.

Above information was obtained through the *American College Health Association Guidelines website at: http://www.acha.org/info_resources/06_Pandemic_Guidelines.pdf*

Document 10 – Isolation Facilities

Home Isolation

Ideally, persons who meet the criteria for a case of pandemic influenza and who do not require hospitalization for medical reasons should be isolated in their homes. The home environment is less disruptive to the patient's routine than isolation in a hospital or other community setting.

If feasible—especially during the earliest stages of a pandemic—a home being considered as an isolation setting should be evaluated by an appropriate authority, which could be the patient's physician, health department official, or other appropriate person to verify its suitability. The assessment should center on the following minimum standards for home isolation of an influenza patient:

Infrastructure

- Functioning telephone.
- Electricity.
- Heating, ventilation, and air conditioning (HVAC).
- Potable water.
- Bathroom with commode and sink.
- Waste and sewage disposal (septic tank, community sewage line).

Accommodations

- Ability to provide a separate bedroom for the influenza patient.
- Accessible bathroom in the residence; if multiple bathrooms are available, one bathroom designated for use by the influenza patient.

Resources for patient care and support

- Primary caregiver who will remain in the residence and who is not at high risk for complications from influenza disease.
- Meal preparation.
- Laundry.
- Banking.
- Essential shopping.
- Social diversion (e.g., television, radio, Internet access, reading materials).
- Masks, tissues, hand hygiene products, and information on infection control procedures.
- Educational material on proper waste disposal.

Isolation in a community-based facility

When persons requiring isolation cannot be accommodated either at home or in a healthcare facility, a community-based isolation facility will be required. The availability of a community-based facility will be particularly important during a large outbreak (See also http://www.ahrq.gov/research/altsites.htm).

Much of the work in identifying and evaluating potential sites for isolation should be conducted in advance of an outbreak as part of preparedness planning. Each jurisdiction should assemble a team (including infection control specialists, public health authorities, engineers, sanitation experts, and mental health specialists) to identify appropriate locations and resources for community influenza isolation facilities, establish procedures for activating them, and coordinate activities related to patient management. The team should consider the use of both existing and temporary structures. Options for existing structures include community health

centers, nursing homes, apartments, schools, dormitories, and hotels. Options for temporary structures include trailers, barracks, and tents. Considerations include:

Basic infrastructure requirements

- Meets all local code requirements for a public facility.
- Functioning telephone system.
- Electricity.
- Heating, ventilating, and air conditioning (HVAC).
- Potable water.
- Bathroom with commode and sink.
- Waste and sewage disposal (septic tank, community sewage line).
- Multiple rooms for housing ill patients (individual rooms are preferred).

Access considerations

- Proximity to hospital.
- Parking space.
- Ease of access for delivery of food and medical and other supplies.
- Handicap accessibility.
- Basic security.

Space requirements

- Administrative offices.
- Offices/areas for clinical staff.
- Holding area for contaminated waste and laundry.
- Laundry facilities (on or off-site).
- Meal preparation (on or off-site).

Social support resources

- Television and radio.
- Reading materials.

To determine priorities among available facilities, consider these features:

- Separate rooms for patients or areas amenable to isolation of patients with minimal construction.
- Feasibility of controlling access to the facility and to each room.
- Availability of potable water, bathroom, and shower facilities.
- Facilities for patient evaluation, treatment, and monitoring.
- Capacity for providing basic needs to patients.
- Rooms and corridors that are amenable to disinfection.
- Facilities for accommodating staff.
- Facilities for collecting, disinfecting, and disposing of infectious waste.
- Facilities for collecting and laundering infectious linens and clothing.
- Ease of access for delivery of patients and supplies.
- Legal/property considerations.

Additional considerations include:

- Staffing and administrative support.

- Training.
- Ventilation and other engineering controls.
- Ability to support appropriate infection control measures.
- Availability of food services and supplies.
- Ability to provide an environment that supports the social and psychological well-being of patients.
- Security and access control.
- Ability to support appropriate medical care, including emergency procedures.
- Access to communication systems that allow for dependable communication within and outside the facility.
- Ability to adequately monitor the health status of facility staff.

Quarantine Facilities

Home quarantine

A person's residence is generally the preferred setting for quarantine. As with isolation, home quarantine is often least disruptive to a person's routine. Because persons who have been exposed to influenza may need to stay in quarantine for as long as 10 days (may be modified based on information about the virus), it is important to ensure that the home environment meets the individual's ongoing physical, mental, and medical needs. An evaluation of the home for its suitability for quarantine should be performed, ideally before the person is placed in quarantine. This evaluation may be performed on site by a health official or designee. However, from a practical standpoint, it may be more convenient to evaluate the residence through the administration of a questionnaire to the individual and/or the caregiver. Factors to be considered in the evaluation include:

- Basic utilities (water, electricity, garbage collection, and heating or air-conditioning as appropriate).
- Basic supplies (clothing, food, hand-hygiene supplies, laundry services).
- Mechanism for addressing special needs (e.g., filling prescriptions).
- Mechanism for communication, including telephone (for monitoring by health staff, reporting of symptoms, gaining access to support services, and communicating with family).
- Accessibility to healthcare workers or ambulance personnel.
- Access to food and food preparation.
- Access to supplies such as thermometers, fever logs, phone numbers for reporting symptoms or accessing services, and emergency numbers (these can be supplied by health authorities if necessary).
- Access to mental health and other psychological support services.

Quarantine in a community-based facility

Although the home is generally the preferred setting for quarantine, alternative sites for quarantine may be necessary in certain situations. For example, persons who do not have a home situation suitable for this purpose or those who require quarantine away from home (e.g.,during travel) will need to be housed in an alternative location. Because persons who have been exposed to influenza may require quarantine for as long as 10 days, it is important to ensure that the environment is conducive to meeting the individual's ongoing physical, mental, and medical needs. Ideally, one or more community-based facilities that could be used for quarantine should be identified and evaluated as part of influenza preparedness planning. The evaluation should be performed on site by a public health official or designee. Additional considerations, beyond those listed above for home quarantine, include:

- Adequate rooms and bathrooms for each contact.

- Delivery systems for food and other needs.
- Staff to monitor contacts at least daily for fever and respiratory symptoms.
- Transportation for medical evaluation for persons who develop symptoms.
- Mechanisms for communication, including telephone (for monitoring by health staff, reporting symptoms, gaining access to support services, and communicating with family).
- Adequate security for those in the facility.

Services for removal of waste. No special precautions for removal of waste are required as long as persons remain asymptomatic.

Above information was obtained through the U.S. Department of Health and Human Services Pandemic Influenza Plan – Supplement 8 Community Disease Control and Prevention – Document 7: http://www.hhs.gov/pandemicflu/plan/sup8.html#appendix7

Appendix 11 – Preplanning Responsibilities

Student Health Services

Below is a list of key considerations that student health services need to address in pre-event planning. Some items will apply to some services and not to others.

Health Service Staff Education and Preparedness

1. Engage SHS staff in pandemic planning and provide exercises and drills to rehearse the plan and revise as necessary.
2. Provide regular updates for SHS staff regarding influenza, recommendations for treatment protocols, appropriate infection control procedures, and status of antiviral and vaccine development. Encourage participation in webcasts, seminars, and other continuing education programs as they become available.
3. Monitor CDC, WHO, and ACHA websites for the latest developments and updates on planning recommendations.
4. Encourage SHS staff to make personal emergency preparedness plans with their families.
5. Engage SHS staff in discussions regarding their psychological and emotional support needs in preparation for dealing with a pandemic event.
6. Provide a means to vaccinate necessary staff against seasonal influenza.
7. Fit test staff with direct patient care responsibilities with N95 respiratory protection annually and provide an in-service on proper use of personal protective equipment.
8. Identify resources for food and on-campus lodging for health service staff in the event staff cannot or do not wish to commute home.

Supplies/Equipment/Services

Once a pandemic starts, it will be difficult, if not impossible, to obtain medical supplies. Purchasing ahead and storing nonperishable goods is a prudent strategy. Quantities should be based on a best estimate of the number of students who may not be able to leave campus and the attack rate.

1. Compile a list of supplies that would be needed, such as respiratory protection equipment, gloves, gowns, protective eyewear, medications (antibiotics), disinfectants, and IV fluids.
2. Identify supply sources and a storage area.
3. Provide administration with a cost estimate for securing supplies.
4. Maintain a stock supply of necessary medications and equipment; inventory and rotate supplies as appropriate.
5. Investigate the feasibility of establishing negative pressure rooms in the clinic, equipment necessary, and cost/benefit. Consult with Department of Environmental Health and Safety for assistance in this area.
6. Establish a plan for continuation of cleaning services and waste removal services including triggers to increase the frequency of the scheduling of these services.

Clinical Issues

Expect that hospital systems and 911 will be overwhelmed. Only persons in acute respiratory distress will be considered for admission, leaving the majority of ill students to be cared for by university staff, particularly those in health services and student affairs.

1. Consult with Human Resources regarding the recruitment of volunteer's campus wide willing to be trained to assist in providing care for the ill. Risk management and university legal counsel should be included in these discussions as well.

    a. Develop a list of duties that volunteers could assist with, including answering phones, moving supplies, and providing bedside assistance to the ill.
    b. Develop a training plan that includes use of personal protective equipment.
    c. Develop telephone triage protocols.
    d. Develop a clinic schedule based on 24/7 operations to determine staffing needs.
2. Develop a protocol for transport of students to the hospital if 911 is not available.
3. Develop a plan for setting up an infirmary and expanding clinical space, including identification of alternate locations and equipment and supply and staffing needs.
    a. Develop a contingency plan for managing health care needs in the event that you exhaust human resources and supplies.
4. If unable to provide infirmary care due to limited resources, identify community resources that students could access.
    a. Engage in discussions with community resources in advance so that they understand the needs of the student population and you understand their pandemic operating protocols.
5. Develop a triage and treatment protocol that can be easily adapted once a case definition is established.
6. Develop clinic signage and voice messages that would give ill students directions about how to access services.
7. Develop a protocol for monitoring cases residing in on and off campus apartments/residences.
8. Develop a protocol for care of the deceased that addresses storage until transfer and notification of the family.
9. Develop a plan for conducting mass immunization clinics.

Counseling Services

1. Develop a plan for providing 24/7 counseling services for students, staff, and faculty.
    a. Include protocols for providing services via telephone and Internet.

Residential Learning and Living

1. Identify rooms and buildings that could be used for quarantine, isolation, and residence for students who cannot go home. Public health authorities may suggest utilizing residential space that does not have a centralized ventilation system to avoid spread of aerosolized pathogens. Residential space with self-contained heating and cooling in individual rooms or suites may be more desirable settings in which to isolate or quarantine persons.
2. Develop a procedure for closure and evacuation of campus residence halls and houses not in use.
3. Develop procedures for notifying and relocating students.
4. Develop plans for continuation of housekeeping services and stockpiling items such as cleaning and disinfecting supplies, facial tissues and toilet paper, disposable towels.
5. Ensure that housekeeping personnel receive training regarding personal protection and proper cleaning procedures.
6. Identify communication protocols between housing services and residence life staff.
7. Establish communication protocols with student health for surveillance and reporting illness in the residence halls.
8. Establish protocols with housing to assist with the relocation of students and in closure and evacuation of residence halls.
9. Formulate and rehearse plans to address anticipated student needs ranging from delivery of food and medication to providing emotional support.

Auxiliary Services / Dining Services

1. Compile a list of non-perishable food items and drinks, including water that can be stockpiled and stored.
    a. Quantities can be estimated by determining the percentage of students who may not be able to go home and will be dependent on campus dining services for food for a 5-8 week period.
    b. Include the need to provide food for health care staff, facilities staff, or other key personnel who may need to be provided with shelter-in-place.
2. Develop a procedure for delivery of foodstuffs to residential areas, quarantined students, and the infirmary.
3. Enlist Human Resources assistance to identify volunteers to supplement food services staff.

University Police Department

1. Develop procedures for securing building, protecting stored supplies, and restricting access to campus.
2. Establish ongoing communication with local police, fire, and emergency response personnel in order to coordinate efforts for managing safety issues.
3. Develop triage protocols for responding to students in distress either due to illness or illness of others or requesting transport for medical care.
4. Establish a communication plan with student health and counseling services, residence life, and student affairs for reporting calls and transports.
5. Participate in training regarding influenza.
6. If campus police will be involved in student transport because other emergency transport is not available:
    a. Train in use of personal protective equipment and fit for N95s.
    b. Equip cars with disinfectants, surgical masks for persons being transported, gloves, and hazard waste bags.

International Student and Study Abroad Student Services

1. Develop procedures for monitoring student travelers entering the campus from affected regions and providing information to health services.
2. Develop a plan for communicating with international students and their families regarding travel restrictions and re-entry.
3. Develop a plan for communicating with students who are studying abroad or plan to study abroad.
4. Develop guidelines for temporary closure of study abroad programs.
5. Communicate with study abroad program leaders about planning procedures for shelter-in-place, closure decisions, and resources for assisting students who cannot get home.

Facilities

1. Discuss contingency plans in case of fuel, water, and energy shortages including the availability of emergency generators.
2. Identify building ventilation systems especially in those areas considered for quarantine, isolation, and health care delivery.

Human Resources

1. Coordinate the identification of essential personnel and ensure that departments are staffed appropriately.
2. Encourage staff and faculty to update emergency contact information.
3. Prepare call-off guidelines and review vacation/sick leave guidelines for applicability in a pandemic event.

    a. Employees who have been exposed or are suspected of having the illness should not come to work. Therefore, liberal, non-punitive policies should be established in order to ensure compliance with public health recommendations.
4. Establish return-to-work guidelines consistent with the case definition.
5. Prepare communications for supervisors and the campus work force addressing guidelines related to reporting of ill, business travel procedures, information to persons returning from affected areas, and access to mental health resources (i.e., Employee Assistance Programs).
6. Prepare work-at-home guidelines that address telecommuting issues.
7. Assist in the recruitment of a volunteer work force and identification of cross-training needs.

Academic Affairs

1. Develop a policy or guidelines to address academic concerns of students absent from classes due to illness or quarantine.
2. Develop a procedure for students who are in isolation or quarantine to obtain class notes.
3. Develop and disseminate alternative procedures for completing course work (i.e., web-based instruction, lessons and assignments delivered via snail mail).

Research

Some researchers may be able to continue working during a pandemic, especially if they are working alone or in small groups in spacious labs. The ability to continue research will to some extent be dependent upon safety issues and the availability of other support services such as Environmental Health and Safety and Physical Plant.

1. Determine campus buildings that may remain open for research.
2. Establish a plan for maintaining security in laboratory spaces.
3. Establish a plan for care of laboratory animals if research ceases due to safety issues or high absenteeism among the animal handlers.
4. Establish a plan for specimen storage and managing experiments in process.

Business and Administration

1. Discuss the potential financial ramifications of a pandemic and estimate the impact and identify emergency funding to cover purchases and business continuation.
    a. Collect information from departments (i.e. student health, dining, housing) related to costs for stockpiling supplies.
2. Develop procedures for rapid procurement and payment for supplies, equipment, and services.
3. Develop a plan for ensuring the continuation of payroll and accounting operations in the face of high employee absenteeism.

Admissions/Financial Aid

1. Develop a plan for reviewing applications and recruiting in the absence of face-to-face interviewing or campus visits.
2. Discuss contingency plans for issues dealing with financial aid, withdrawal from school due to illness, and other factors related to tuition and registration.

Above information was obtained through the *American College Health Association Guidelines website at: http://www.acha.org/info_resources/06_Pandemic_Guidelines.pdf*

Document 12 – Incident Summary

Incident Summary

Incident Name	Date Prepared	Time Prepared	Prepared By	ICS Position

Response Level

Impact Conditions	
Estimated Loss	
Injuries	
Deaths	

Current Weather	
Wind Speed	
Wind Direction	
Temp	
Relative Humidity	

Explanation of Response Level

Response Activities

Anticipated Objectives Next Shift

Document 13 – Medical Supplies

Supplies / Equipment / Services

Once a pandemic starts, it may be difficult, if not impossible, to obtain medical supplies. Purchasing ahead and storing nonperishable goods is a prudent strategy. Quantities should be based on a best estimate of the number of students who may not be able to leave campus and the attack rate discussed earlier.

- Compile a list of supplies that would be needed, such as respiratory protection equipment, gloves, gowns, protective eyewear, medications (antibiotics), disinfectants, and IV fluids.
- Identify supply sources and a storage area.
- Provide administration with a cost estimate for securing supplies.
- Maintain a stock supply of necessary medications and equipment; inventory and rotate supplies as appropriate.
- Investigate the feasibility of establishing negative pressure rooms in the clinic, equipment necessary, and cost/benefit. Consult with Department of Environmental Health and Safety on your campus for assistance in this area.
- Establish a plan for continuation of cleaning services and waste removal services including triggers to increase the frequency of the scheduling of these services.

Pandemic Supply List

Once a pandemic starts, it will be difficult, if not impossible, to secure needed supplies due to increased demand coupled with delays in shipments because of fuel shortages and illness and absenteeism in the transportation industry.

Given the just-in-time purchasing practices of most organizations and the fact that most medical supplies and medications are manufactured overseas, it is anticipated that current medical supplies in the United States will be exhausted quickly under pandemic circumstances. Therefore, schools should determine whether stockpiling of critical supplies would be prudent and, if so, the amount of funding necessary to establish and store supplies.

Below is a general list of supplies that student health services might consider stockpiling. The list is intended to be helpful but not prescriptive, recognizing that the services that student health may provide will vary from campus to campus.

- Adhesive tape (1 inch and l/2 inch)
- Angio caths (#20 and #22 needles)

- Bedpans
- Biohazard bags
- Blankets
- Blood pressure cuffs
- Disposable thermometers
- Disinfectant cleaning agents
- Emesis basins
- Gauze bandages
- Gloves (latex and vinyl)
- Hand washing solutions
- IV administration kits
- IV fluids
- Oral fluids (Gatorade, apple juice, bottled water, etc.)
- Paper products
- Drapes
- Pillowcases
- Exam table paper
- Gowns
- Peak flow meters
- Pillows
- Pretzels, crackers
- Pulse Oximeters
- Surgical masks
- Thermometer probe covers
- Urinals

Medications

- Acetaminophen (suppositories and oral tabs)
- Antibiotics
- Anti-emetics (suppositories and injection)
- Cough suppressants (liquid syrups, lozenges)
- Decongestants
- NSAIDs

Personal Protective Equipment

- US NIOSH-certified N95 or equivalent respirator
- Face shield, visor, or goggles
- Non-sterile long-sleeved gowns - disposable and fluid resistant

Above information was obtained through the *American College Health Association Guidelines website at: http://www.acha.org/info_resources/06_Pandemic_Guidelines.pdf*