

ELIZABETH CITY STATE UNIVERSITY

PANDEMIC INFLUENZA PLAN

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1.0 Purpose

The purpose of the Elizabeth City State University Influenza Response Plan is to provide a guide for the University to follow in the event of an influenza pandemic in North Carolina. The Pandemic Flu Planning Committee in their research has conducted a review of similar response plans from universities in the University of North Carolina System and the North Carolina Pandemic Influenza Plan. This plan outlines the key actions for Elizabeth City State University that should occur during each phase of the pandemic as defined by the World Health Organization. The plan will be coordinated with the plans of the community, state and federal partners. The overall purpose of the plan is to: 1) reduce the number of illnesses and deaths; 2) preserve continuity of essential University functions; 3) minimize social disruption; and 4) minimize economic losses.

1.1 Introduction and Background

According to the World Health Organization, “an influenza pandemic occurs when a new influenza virus against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous deaths and illness.”

During the last century, three influenza pandemics have occurred. The Spanish Influenza pandemic of 1918 killed over 500,000 people in the United States and 20 to 40 million worldwide. The Asian influenza, which involved two influenza A, in 1957, caused 69,800 deaths in the United States. Lastly the Hong Kong pandemic in 1968-1969 was estimated to be responsible for 30,000 deaths in the United States.

Influenza viruses cause annual epidemics because of their ability to change genetically. Both influenza A and B viruses have the capability to undergo genetic variations known as antigenic drift. For this reason, the influenza vaccine is changed every year.

Influenza A virus can infect animals and can also undergo a major genetic reassortment known as antigenic shift. This recombination results in a new subtype of influenza A to which the human population has little or no immunity against. An antigenic shift is almost always followed by an influenza pandemic (source: www.pandemicflu.gov).

1.2 Scope

The plan focuses on the roles, responsibilities, and activities of Elizabeth City State University. However, specific responsibilities of key community partners are included to identify points of coordination between agencies during a pandemic.

1.3 Planning Assumptions

- A. A pandemic influenza will result in the rapid spread of infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
- B. The University will not be able to rely on timely or effective mutual aid resources, such as State or Federal assistance to support local response efforts.
- C. An influenza pandemic may occur in waves and last 12 to 24 months.

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- D. The University community may be required to function independently without local assistance for a significant period of time during an influenza epidemic.
- E. Antiviral medications will be in extremely short supply.
- F. A vaccine for the pandemic influenza strain will likely not be available immediately.
- G. The number of ill people requiring outpatient medical care and hospitalization will overwhelm the local health care system.
- H. There will likely be a significant disruption of public transportation, commerce, utilities, public safety, and communications.
- I. Social distancing strategies aimed at reducing the spread of infection such as closure of the University and other public gathering places will be implemented.

1.4 Impact of a Pandemic

The following table illustrates the impact of pandemic influenza on North Carolina and was calculated using North Carolina total population of 8,541,263.

		Gross Attack Rates		
	Age Group	20%	30%	50%
Deaths	0-19	49	73	121
	20-64	2,169	3,254	5,423
	65+ years	2,223	3,335	5,558
	Total Deaths	4,441	6,662	11,102
Hospitalizations	0-19	868	1,302	2,171
	20-64	12,815	19,222	32,037
	65+ years	5,927	8,891	14,818
	Total hospitalizations	19,610	29,415	49,026
Outpatient Visits	0-19	274,974	412,464	687,440
	20-64	534,942	802,413	1,337,354
	65+ years	105,245	157,868	263,113
	Total outpatient visits	915,163	1,372,745	2,287,907

Source: NC Pandemic Influenza Plan

1.5 World Health Organization Phases of an Influenza Pandemic
PHASE 1:

No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. The risk to humans is considered to be low.

PHASE 2:

No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

PHASE 3:

Human infections with a new subtype but no human-to-human spread or at most rare instances of spread to close contact.

PHASE 4:

Small clusters with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

PHASE 5:

Large clusters but human-to-human spread is still localized, suggesting the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

PHASE 6:

Pandemic phase: increased and sustained transmission in the general population. Second or subsequent waves may follow the initial wave, usually within three to nine months.

1.6 Responsibilities for University Pandemic Planning for Individual Phases

A. Pandemic Alert Phase 1 and 2

1. Participate in Sentinel Provider Network (SPN), which are multiple sites across the state selected to conduct disease-based surveillance for influenza –like illness (ILI).
2. Recruit healthcare providers in your area to participate in your county to participate in the SPN.
3. Encourage participation in the annual influenza vaccination clinic among faculty, staff and students.

B. Pandemic Alert Phase 3

1. Educate faculty and staff about avian and pandemic influenza.
2. Investigate any cases of ILI with the following criteria: ILI with recent travel to an area where avian influenza has been documented.
3. Identify locations on campus for sites to be used for isolation/sick care facilities, mass vaccination clinics and temporary morgues.
4. Develop guidelines for mass vaccination clinics.
5. Conduct table top exercises on the University Campus and participate in table top exercises with the Regional Pandemic Planning Task Force

C. Pandemic Alert Phase 4

1. Continue to investigate ILI cases.
2. Perform viral testing through the State Laboratory of Public Health (SLPH) of any persons who present with ILI and have risk factors.
3. Provide estimate to the health department for priority groups to receive pandemic influenza vaccine.
4. Review and modify guidelines for mass vaccination clinic.

D. Pandemic Alert Phase 5

1. Continue to investigate ILI cases
2. Continue viral testing (through the SLPH).
3. Establish communication plan with local health department regarding vaccine acquisition
4. Review guidelines for mass vaccination clinic.
5. Confirm locations of sites to be used for isolation/sick care facilities, mass vaccination clinics and temporary morgues.

E. Pandemic Alert Phase 6

1. Prepare for mass vaccination clinics by setting times and locations and determining which individuals will be vaccinated.
2. Administer pandemic influenza vaccine as it becomes available.
3. Track doses of pandemic influenza vaccine administered and the efficacy of the vaccine utilizing guidelines established by CDC/North Carolina Department of Public Health (NCDPH).

F. Post Pandemic Alert

1. Return to Phase 1.

II. Command, Control and Management Procedures

2.1 The Pandemic Influenza Planning Committee

The Pandemic Influenza Planning Committee has been formed to plan and prepare for a possible Pandemic Influenza. The committee will have the responsibility of advising the Chancellor on policy and planning issues related to the Pandemic Influenza.

2.2 Essential Personnel

Human Resources will be responsible for designating the individuals who will be essential personnel.

2.3 Emergency Operations Center

The ECSU Emergency Operations Center (EOC) is the location where all resources and information will be routed during an influenza pandemic. The EOC will be activated by the Emergency Operations Coordinator (EO Coordinator). The (EOC) will serve as the location for essential personnel to provide the following: 1) resource management; 2) mission assignment; and 3) deployment and demobilization.

2.4 Emergency Operations Coordinator

The Emergency Operations Coordinator or his/her designee will coordinate and control ECSU response and recovery resources during an influenza pandemic through the Emergency Operations Center. The Emergency Operations Coordinator will gather updated information every four hours. The EO Coordinator will forward situation reports to the Chancellor and the Director of University Relations and Marketing. The EO Coordinator will coordinate on campus efforts with Pasquotank County personnel. The EO Coordinator will provide training and conduct table top exercises for ECSU personnel as needed prior to an influenza pandemic and also participate in table top exercises sponsored by the local

health department and the local Emergency Management Services. The EO Coordinator will work with State and Local public health and other local authorities to identify legal authority and trigger points.

III. Surveillance

Influenza surveillance in North Carolina includes virology surveillance by the North Carolina State Laboratory of Public Health (SLPH), surveillance of influenza-like illness (ILI) by sentinel providers, level of influenza activity in North Carolina as reported by the State Epidemiologist, and the 122-Cities pneumonia and influenza mortality system, which is reported from Charlotte, NC.

ECSU Student Health Services is one of the sentinel providers in North Carolina. Student Health Services will report on a weekly basis any ILI activity and also send random samples for testing to the State Laboratory for Public Health. Please refer to Section V for more specific surveillance activities.

IV. Vaccine and Antiviral Preparedness and Response

The main goals of chemoprophylaxis and treatment are to reduce the infection rate and reduce morbidity and mortality associated with a pandemic. It is unlikely a vaccine will be available early in a pandemic and once developed the quantities of the vaccine will likely be limited.

The current antiviral for chemoprophylaxis and treatment of influenza includes two main classes of antiviral agents, the adamantanes (amantadine and rimantadine) and neuraminidase inhibitors (zanamivir and oseltamivir). Current evidence suggests that oseltamivir may be the best antiviral to stockpile. Chemoprophylaxis should be utilized as last option to prevent influenza and should be implemented after other preventive efforts such as travel restrictions, event cancellation, isolation, quarantine, use of mask, and hand washing.

A priority list containing the names of individuals deemed to be at high risk of exposure and indispensable to carrying out public health, clinical and public safety-related functions during the early stages of the pandemic will be developed.

V. Departmental Roles and Responsibilities

5.1 Pandemic Influenza Committee

Phase 3

- Develop the pandemic influenza plan and update as necessary.
- Review plan with Albemarle Regional Health Services (local health department).
- Review essential personnel and essential functions.
- Select an Emergency Operations Coordinator.

Phase 4

- Assess need for implementation of Level 1 activities.

Phase 5

- Assess need for implementation of Level 2 activities.

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- Advise on the opening of the Emergency Operations Center.

Phase 6

- Pandemic Influenza Committee duties are deactivated and the Emergency Operations Coordinator assumes responsibility.
- Advise on the opening of the Emergency Operations Center.

5.2 Academic Affairs

Phase 3

- Identify essential personnel and inform them of their responsibilities.
- Assess need and stock personal protection equipment (PPE) for essential personnel.
- Encourage distance learning.
- Lead drafting of “ECSU Pandemic Influenza Social Distancing Policy”.

Phase 4

- Communicate status information as it becomes available to faculty and students via all modes of communication.
- Issue travel advisories for students, faculty and staff planning international travel.
- Issue travel advisories for students, faculty, staff and visitors arriving from affected regions.
- Review policies and procedures for recalling students from affected regions.

Phase 5

- Communicate status level to faculty and students via all modes of communication.
- Advise and communicate with overseas students, faculty and staff.
- Restrict all international travel for students, faculty and staff.
- Essential personnel receive PPE.
- Prepare to cancel classes.

Phase 6

- Essential personnel must report to work.
- Implement “ECSU Pandemic Influenza Social Distancing Policy”.
- When possible, support overseas students, faculty and staff who are able to return.
- Cancel classes for 4-12 weeks.

5.3 Student Affairs

Phase 3

- Provide educational information to new and current students about the pandemic flu.
- Advise students and their families about procedures to be followed in case of emergencies in accordance with the university’s communication response plan.
- Advise students and their families to monitor the university’s web site for up to date information.
- Identify essential personnel and inform them of their responsibilities.
- Provide influenza awareness training for staff.

Phase 4

- Advise students where to find up to date and reliable pandemic flu information from federal, state, local public health resources.
- Inform students of social distancing practices.
- Advise students on making plans with families to leave campus if situation escalates.

Phase 5

- Prepare to cancel classes.
- Support remaining students on campus and provide continuing contact and communications with students and parents.
- Essential personnel receive vaccine when available.
- Consider canceling all student travel and events: Athletics, SGA, etc.

Phase 6

- Support remaining students on campus and provide continuing contact and communications with students and parents.
- Communicate death notices.
- Cancel classes for 4-12 weeks.

5.4 Business and Finance

Phase 3

- List customer, vendor, supplier and organizational impact.
- Determine if alternated computing or manual processing is required.
- Determine hierarchical structure for deciding when and how actions are to be taken and what order and are known to key responders and departments.
- List department emergency contact list with names and numbers of primary and backup contacts.
- Review and update relevant parts of disaster recovery plan.
- Identify essential employees required to maintain business operations.
- Develop and plan for scenarios likely to result in a disruption of your day-to-day operations, concentrating first on those critical to essential activities.

Phase 4

- If manual process is required, list how each business function will be performed manually.
- List any preprinted or electronic forms, office equipment, supplies, furniture, printers, computers, network and telecommunications connections, telephone, power, etc. needed during the disaster.
- Document the process required to obtain the items listed.
- Identify funds for business continuation in the event of a pandemic.

Phase 5

- Implement system to secure potentially vulnerable cash handling during a pandemic.

- Implement system to maintain payroll and accounts payable in the event a substantial number of employees are absent.
- Implement procedures to ensure purchasing of goods and services in the event a substantial number of employees are absent.
- Ensure appropriate funds transfers to meet financial and regulatory obligations.

Phase 6

- Key responders will be contacted to either report to work or work from home.
- Vice Chancellor or designee will coordinate services that need to be provided to employees and user departments.

Procurement & Materials Management

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.

Some of the supplies are:

First Aid Supplies

Disinfectant cleaning agents (including an adequate supply of bleach)

Gloves (latex and vinyl)

Hand washing solutions

N95 respirators (requires fit testing)

Paper products

Nonperishable food items

Surgical masks

Oral fluids (Gatorade, apple juice, bottled water)

Risk Management

The Risk Management Officer shall be prepared to:

- Identify risk exposures for which insurance can and cannot be obtained including associated financial impact.
- Communicate with insurance carriers on evolving campus issues.
- Assess actual risk/insurance claim issues.
- Identify steps that must be taken to monitor and protect insurance coverage.
- Benchmark risk management response and insurance coverage options with peer universities.

5.5 University Relations

Phase 3 No Current Hazard

Communicate emergency procedures and university information and guidelines to:

- Administrators & Managers.
- Faculty, staff and students.
- Provide family preparedness information.
- Provide safety kit information.

General Crisis Preparedness

- Emergency contact listings of ECSU Crisis Team.
- Establish partnerships communications/PR personnel at health services, other emergency agencies, major businesses and agencies in the community.
- Use of PIER Communications software tools / website development.

Develop Level 1 communications

- Utilize communications vehicles that include: Publications, website, news media – press releases, email broadcasts, voicemail broadcasts, radio & TV stations, ECSU Campus Information Telephone Line, Hotlines (to be established), email address lists, telephone tree procedures, dedicated phone lines, press briefings, photography, special needs: sign language, etc., rumor control procedures.
- Prepare media response statements in advance.
- Recommendations for prevention: healthy behaviors, vaccinations, prevention supplies, control of transmission.
- Management of infected patients.
- Compliance to county, state, and federal guidelines: privacy rights (HIPAA & FERPA), open meetings law, public records law, policy enforcement.
- Evaluate and assess communications, make modifications as necessary.

Phase 4 Minimal immediate hazard

- Consult with UNC GA and coordinate response and communications
- Incorporate communications activities from previous levels as appropriate
- Provide statement/advisory about:
 - International travel.
 - Events and public gatherings.
 - Educational campaign – promote healthy activities and flu vaccination.
 - Define university response – utilize media response statements previously prepared.
 - Select technical expert spokespersons for internal and media communicators.
 - Develop Level 2 communications – be prepared for press briefings.
 - Evaluate and assess communications, make modifications as necessary.

Phase 5 Endangerment to people; outside agencies needed

- Consult with UNC GA and coordinate response and communications.
- Incorporate communications activities from previous levels as appropriate.
- Provide statement/advisory about:
 - Protocol for suspected cases, preparation for social distancing.
 - International travel curtailed; persons quarantined before returning to campus.

- Include information from county and state health departments (sanitation, etc.).
- Campus activities/cancellations.
- Class suspension (on and off campus).
- Offices closed / essential personnel report.
- Counseling services available.
- Central Command Center.
- Telecommuting.
- Provide press releases and utilize PIER website along with ECSU website.
- Hold press briefings as appropriate – utilize spokespersons as appropriate.
- Develop Level 3 communications.
- Develop post-pandemic communications, including medical clearance.
- Evaluate and assess communications, make modifications as necessary.1

Phase 6 Significant risk, substantial coordination with outside agencies

- Response Level 3: Significant risk, substantial coordination with outside agencies.
- Issue Level 3 communications (self-protections, social distancing, etc.).
 - Incorporate communications activities from previous levels as appropriate.
 - Coordinate internal messages and news releases.
 - Utilize PIER website along with ECSU website.
 - Manage media relations issues.
 - Hold press briefings as appropriate – utilize spokespersons as appropriate.
 - Evaluate and assess communications, make modifications as necessary.
 - Provide close-out communications/announcements, return to normalcy messages, etc.

5.6 Director of Safety

Phase 3

- Identify essential personnel.
- Assess respiratory protection plan and resources.
- Develop respirator guidance document addressing use and issuance of N95, surgical masks, fit-testing of health care workers, voluntary use, and re-usability and care of N95 respirators.
- Develop plan to acquire respirator supplies. Increase stockpile of N95 respirators and respirator storage bags (zip lock bags).

Phase 4

- Obtain list of essential personnel compiled by Pandemic Influenza Committee (PIC).
- Prepare PPE/ respiratory protection information and recommendations applicable to a pandemic situation for posting on website.
- Identify essential personnel who already have respirators. Student Health, FM, Housing, OS&H, Etc.
- Assist departments with training needs.

Phase 5

- Post PPE/respiratory protection information on website.
- Develop distribution system for N95 respirators or appropriate PPE.

- Arrange for additional medical waste pickups not normally covered such as housing or designated isolation or quarantine areas.
- Develop plan for central pick up points.
- Coordinate with FM on how to handle custodial pick-ups for bio-waste mixed with regular trash.
- Additional training required for Housekeeping personnel and issuance of N95 respirators.
- Plan to store larger quantities of medical waste until an available pick-up from medical waste contractor.
- Prepare list of freezers/locations on campus in case capacity is exceeded.
- Stock additional medical waste supplies (red bags, containers). Stock additional medical waste PPE supplies.

Phase 6

- Assist with distribution of N95 respirators or appropriate PPE to essential personnel.
- Assist with notification and set-up of EOC.
- Oversee additional medical waste/bio-waste pick-ups.

5.7 Student Health Services

Phase 3

- Educate Student Health Services staff about avian and pandemic influenza.
- Investigate any suspected cases of ILI with the following criteria: ILI with recent travel to an area where avian influenza has been documented.
- Identify locations on campus for sites to be used for sick care facilities, mass vaccination clinics and temporary morgues.
- Develop guidelines for mass vaccination clinics.
- Participate in University table top exercises and also table top exercises with the Regional Pandemic Planning Task Force.
- Secure stockpile of PPE supplies and antivirals in preparation for Pandemic.
- Fit test Health Services personnel with N-95 Respirator masks.
- Create self-care packets for students and their family members.
- Promote seasonal influenza vaccination.

Phase 4

- Continue to investigate ILI cases.
- Perform viral testing through the State Laboratory of Public Health (SLPH) of any persons who present with ILI and have risk factors.
- Provide estimate to the health department for priority groups to receive pandemic influenza vaccine.
- Review and modify guidelines for mass vaccination clinic.
- Review PPE and N-95 needs.

Phase 5

- Continue to investigate ILI suspected cases with the following criteria:
 - Report suspected cases to Albemarle Regional Health Services.
 - Distribute PPE and N-95 mask to staff.

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- Continue viral testing (through the SLPH).
- Establish communication plan with local health department regarding vaccine acquisition.
- Review guidelines for mass vaccination clinic.
- Confirm locations of sites to be used for sick care facilities, mass vaccination clinics and temporary morgues.

Phase 6

- Provide health services to all remaining students on campus.
- Prepare for mass vaccination clinics by setting times and locations and determining which individuals will be vaccinated.
- Administer pandemic influenza vaccine as it becomes available.
- Track doses of pandemic influenza vaccine administered and the efficacy of the vaccine.

5.8 Campus Security

Phase 3

- Establish incident command center with the help of the Safety Officer.
- Identify pandemic coordinator. Identify essential personnel and inform them of their duties. Assess essential personnel PPE need.

Phase 4

- Delineate accountability and responsibilities.
- Incorporate awareness training and include scenarios that address university functioning.
- Training must include dispatchers, security and police officers.

Phase 5

- Identify and review the university legal responsibilities and authorities for executing infection control methods.
- Give all essential personnel a copy of your plan of action and distribute PPE.
- Have your outside resources on standby.

Phase 6

- Incident command station in the ready mode. Essential Personnel must report to work.
- Consider special parking rules for essential personnel.
- Prepare for crowd control. If POD is activated secure campus for mass dispensing sites.

5.9 Counseling Services

Phase 3

- Educate staff about Avian and Pandemic Influenza.
- Identify counselors who will be available for counseling support for fear, stress, anger and loss of life.

Phase 4

- Students will need to be educated about the emotional responses they might experience and how to cope with these emotions.

Phase 5

- Assist with students preparing to leave campus and student affairs protocol in accordance with the university's communication plan.

Phase 6

- Assist with students leaving campus and student affairs protocol in accordance with the university's communication plan.

5.10 Residence Life

Phase 3

- Inform staff of the UNC Pandemic Influenza Social Distancing Policy.
- Clarify specific roles of staff throughout duration of plan.
- Develop communication.
- Identify needed materials and begin stockpiling.
- Conduct dry run.

Phase 4

- Inform students of social distancing practices to reduce infection.
- Train staff in social distancing practices to reduce infection to themselves.
- Inform students regarding social distancing plans for themselves, friends, families who may be "trapped" on campus.

Phase 5

- Keep staff Informed.

Phase 6

- Recall all staff.

5.11 Facilities Management

Phase 3

- Essential personnel have been identified.
- Train Housekeepers for hygiene and cleaning of personal contact surfaces.
- Essential personnel will receive training and fit test on respirator protection.
- Emergency Purchase Orders have already been established.

Phase 4

- Identify building ventilation systems.
- Clear cooler on first floor of Jenkins Science Building to be used as morgue.
Train housekeepers for hygiene and cleaning of personal contact surfaces.

- Essential personnel will receive training and fit test on respirator protection.

Phase 5

- Essential personnel will receive PPE.
- Will receive information on when to disable ventilation systems and lock doors for unused offices and classroom buildings.
- Will pick-up large bags for bodies.
- Increase supply of bleach.

Phase 6

- Essential personnel must report to work.
- Change Housekeeping procedures to prioritize essential personnel areas, remaining students/families and cleaning of personal contact surfaces.

5.12 Information Technology

Phase 3

- Assess departmental needs for increased telecommunication.
- Identify essential personnel.
- Support distance learning objectives.
- Assess PPE needs for essential personnel.

Phase 4

- Continue to support distance learning objectives.

Phase 5

- Distribute PPE to essential personnel.
- Assist with implementation of distance learning.

Phase 6

- Essential personnel must report to work.
- Continue to support distance learning.

5.13 Dining Services

Thompson Hospitality

Elizabeth City State University Food Service Provider, Thompson Hospitality, will be prepared to serve all meals as scheduled despite emergency situations. Thompson Hospitality will provide food service for all emergency operation centers.

Prior to Pandemic Flu:

- Review emergency plans.
- Ensure all Food Service employees are familiar with the plans and procedures.
- Ensure Food Service employees are properly trained in emergency procedures.
- Update Food Service staff assignments and emergency contact information.
- Ensure emergency response menu is planned for various degrees of need.

- Ensure food delivery process is planned and delivery supplies are on hand.
- Ensure that all usable food and water are preserved and properly maintained
- Food Service provider will ensure that a sufficient supply of food and supplies is on hand (fresh foods, dairy products, etc). Be able to contact vendors with several hours notice for additional food supplies including: dried foods (crackers, cereal); canned foods (tuna, pasta, vegetables, soups, peanut butter); and drinks (Gatorade).
- Serve all food on disposable service ware.
- Identify supplier and alternates for level 3 meals.
- Maintain a safe and operable kitchen.
- Emergency menus will be used until the end of the emergency.

Stockpiling Water

- 84gallons of water per student per 12 weeks should be kept on hand.
- Keep in mind the water requirement for foods.

5.14 Human Resources and Payroll

- Human Resources and Payroll will ensure the continuation of critical functions, including payroll, HR information systems and maintenance, benefits continuation, employee/management consultations, recruitment and selection for essential positions, policy interpretation and communication to employees of available internal and external resources.
- Human Resources and Payroll will collaborate with General Administration and the Office of State Personnel to gain consensus on necessary changes and/or supplements to policy and procedures.

Responsibilities of Human Resources and Payroll

- Identify and communicate to the campus community the primary and secondary coordinator as well as key human resources personnel.
- Communicate the availability of human resources personnel and support throughout the campus during a closure.
- Develop and communicate pandemic policies; determine when modifications may become necessary and take action.
- Identify essential employees with back ups, especially in supervisory positions.
- Identify available employees.
- Develop campus-wide pandemic education plan and train all essential employees and available employees to serve as back-ups.
- Identify and train alternative workers (retirees, part-time, temporary).
- Develop alternate work schedules.
- Provide disaster response and leadership training for essential employees.
- Continuous review of communications, plans and policies.

Human Resources and Payroll Operational Assumptions

- Human Resources and Payroll, Suite 243 Administration Building, will remain open and accessible if possible.

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- There will be no general access to the building or the Human Resources and Payroll Suite; employees only or others as may be required and authorized by Human Resources and Payroll.
- Human Resources and Payroll will establish and maintain a list of essential public health employees.
- Human Resources and Payroll will maintain a skeletal crew and contact numbers through which essential employees may be contacted.
- Human Resources and Payroll will ensure that employees required to work from home will have necessary equipment and internet access.
- Human Resources and Payroll will maintain essential programs and services
- Human Resources and Payroll will consult as may be necessary to determine the applicability and necessity of policy changes or amendments.
- Human Resources and Payroll will heed all governmental agency requirements (Health Department, Office of the Governor, etc).

Essential Personnel

The following positions in Human Resources and Payroll are designated as essential:

Vice Chancellor

Director of EPA Personnel Administration

Human Resources Consultant (Salary Administration)

Human Resources Consultant (Employee Relations/EEO)

Human Resources Specialist (Benefits Administrator)

Human Resources Specialist (Recruitment & Selection)

Human Resources Specialist (Banner Technology)

Human Resources Specialist (Temporary Employment & Personnel Assistant)

Administrative Support Specialist (Permanent Payroll)

Administrative Support Specialist (Temporary Payroll)

A rotational/sharing schedule for essential Human Resources and Payroll employees will be determined by the Vice Chancellor.

VI. Communication

The university's existing communication plan has been updated to include a response plan to be utilized in the event there is influenza pandemic.

Appendix A

Pandemic Influenza Planning Committee

Mrs. Deborah Branch	Coordinator, Associate Vice Chancellor for Student Affairs
Mr. Michael Godfrey	Co-Coordinator, Director of Campus Safety
Mrs. Regina McCoy-Davis	Co-Coordinator, Director of Student Health Services
Mrs. Latonya Afolayan	Vice Chancellor for Institutional Advancement
Mrs. Lora Ann Barclift	Executive Assistant to the Provost
Dr. Eric Thomas	Associate Vice Chancellor for Academic Affairs
Mr. Torian Lee	Director of International Studies Program
Mr. Stephen Sylvester	Director of Housing and Residential Life
Mr. Sam Beamon	Director of Campus Security, Chief of Police
Dr. Anthony Brown	Vice Chancellor for Student Affairs
Mr. Robert Gaines	Vice Chancellor for Business and Finance
Mrs. Barbina Houston-Black	Associate Vice Chancellor for Student Affairs
Dr. Lloyd Mitchell	Assistant Professor
Mrs. Jean Sims	Vice Chancellor for Human Resources and Payroll
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Appendix B

CDC Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year

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This document provides guidance to help decrease the spread of flu among students, faculty, and staff of institutions of higher education (IHE) and post-secondary educational institutions during the 2009-2010 academic year. The guidance expands upon earlier guidance for these settings by providing a menu of tools that IHE and health officials can choose from based on conditions in their area. It recommends actions to take now (during this academic year), suggests strategies to consider if the flu starts causing more severe disease than during the spring/summer 2009 H1N1 outbreak, and provides a checklist for making decisions. Detailed information on the reasons for these strategies and suggestions on how to use them is included in the Technical Report. Based on the severity of 2009 H1N1 flu-related illness thus far, this guidance also recommends that students, faculty, and staff with flu-like illness remain home until 24 hours after resolution of fever without the use of fever-reducing medications. For the purpose of this guidance, IHE will refer to public and private, residential and nonresidential, degree-granting and non-degree-granting institutions providing post-secondary education in group settings regardless of the age of their students. Portions of this guidance pertaining to dormitories and residence halls may serve as a useful supplement to residential (boarding) schools providing primary and secondary education, with adaptations as needed for their younger population. This guidance represents the CDC's current thinking on this topic. It does not create or confer any rights for or on any person or operate to bind the public.

IHEs should tailor the guidance to account for the size, diversity, and mobility of their students, faculty, and staff; their location and physical facilities; programs; and student and employee health services. Decisions about strategies should balance the goal of reducing the number of people who become seriously ill or die from flu with the goal of minimizing educational and social disruption.

Although the severity of flu outbreaks during the fall and winter of 2009-10 is unpredictable, more communities may be affected than were affected in spring/summer 2009, reflecting wider transmission and possibly greater impact. CDC is working with state and local health departments to continually monitor the spread of flu, the severity of the illness it is causing, and changes to the virus. If this information indicates that flu is causing more severe disease than during the spring/summer 2009 H1N1 outbreak, or if other developments require more aggressive mitigation measures, CDC may recommend additional strategies. Since severity may vary from community to community, IHEs should also look to their state and local health officials for information and guidance specific to their location.

The recommendations below are divided into two groups: 1) recommendations to use now, during this academic year, assuming a similar severity to the spring/summer H1N1 flu outbreak, and 2) recommendations to consider adding if the flu begins to cause more severe disease.

Recommended responses to influenza for the 2009 – 2010 academic year

Recommended strategies under current flu conditions (similar severity as in Spring/Summer 2009)

Facilitate self-isolation of residential students with flu-like illness

- Those with flu-like illness should stay away from classes and limit interactions with other people (called “self-isolation”), except to seek medical care, for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. Some people with influenza will not have fever; therefore, absence of fever does not mean absence of infection. They should stay away from others during this time period even if they are taking antiviral drugs for treatment of the flu. (For more information, visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>.)
- Review and revise, as needed, policies, such as student absenteeism policies and sick leave policies for faculty and staff, that make it difficult for students, faculty, and staff to stay home when they are ill or to care for an ill family member. Do not require a doctor’s note to confirm illness or recovery. Doctor’s offices may be very busy and may not be able to provide such documentation in a timely way.
- If possible, residential students with flu-like illness who live relatively close to the campus should return to their home to keep from making others sick. These students should be instructed to do so in a way that limits contact with others as much as possible. For example, travel by private car or taxi would be preferable over use of public transportation.
- Students with a private room should remain in their room and receive care and meals from a single person. Students can establish a “flu buddy scheme” in which students pair up to care for each other if one or the other becomes ill. Additionally, staff can make daily contact by e-mail, text messaging, phone calls, or other methods with each student who is in self-isolation.
- If close contact with others cannot be avoided, the ill student should be asked to wear a surgical mask during the period of contact. Examples of close contact include kissing, sharing eating or drinking utensils, or having any other contact between persons likely to result in exposure to respiratory droplets.
- For those who cannot leave campus, and who do not have a private room, IHEs may consider providing temporary, alternate housing for ill students until 24 hours after they are free of fever.
- Instruct students with flu-like illness to promptly seek medical attention if they have a medical condition that puts them at increased risk of severe illness from

flu, are concerned about their illness, or develop severe symptoms such as increased fever, shortness of breath, chest pain or pressure, or rapid breathing.

Promote self-isolation at home by non-resident students, faculty, and staff

- Non-residential students, faculty, and staff with flu-like illness should be asked to self-isolate at home or at a friend's or family member's home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medicines.
- Review, and revise if needed, sick leave policies to remove barriers to faculty and staff staying home when they are ill or caring for an ill family member. For students, consider altering policies on missed classes and examinations and late assignments so that students' academic concerns do not prevent them from staying home when ill or prompt them to return to class or take examinations while still symptomatic and potentially infectious.
- Do not require a doctor's note for students, faculty, or staff to validate their illness or to return to work, as doctor's offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.
- Distance learning or web-based learning may help students maintain self-isolation.
- Visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm> for more information on staying home while sick.

Considerations for high-risk students and staff

- People at high risk for flu complications who become ill with flu-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications often can prevent hospitalizations and deaths. Groups that are at higher risk of complications from flu if they get sick include: children younger than age 5; people age 65 or older; children and adolescents (younger than age 18) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after flu virus infection; pregnant women; adults and children who have asthma, other chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes; and adults and children with immunosuppression (including immunosuppression caused by medications or by HIV). People age 65 and older, however, appear to be at lower risk of 2009 H1N1 infection compared to younger people. But, if older adults do get sick from flu, they are at increased risk of having a severe illness.
- One of the best ways to protect against the flu is to get vaccinated against the flu. People under age 25 are one of the key groups recommended by CDC's Advisory Committee on Immunization Practices (ACIP) to be among the first to receive the 2009 H1N1 flu vaccine. For more information, visit <http://www.cdc.gov/h1n1flu/vaccination>.
- Communicate with local health officials to determine where vaccine will be administered and to discuss the possibility of a vaccination clinic at the IHE.

Discourage campus visits by ill persons: Use a variety of communication methods such as e-mail, posters, flyers, and media coverage to discourage people with flu-like illness from visiting the campus or attending IHE events such as football games or concerts until they have been free of fever for at least 24 hours.

Encourage hand hygiene and respiratory etiquette of both people who are well and those that have any symptoms of flu: Emphasize the importance of the basic foundations of flu prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

Routine cleaning

- Establish regular schedules for frequent cleaning of high-touch surfaces (for example, bathrooms, doorknobs, elevator buttons, and tables).
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by students before each use.
- Encourage students to frequently clean their living quarters, including high-touch surfaces.

Considerations for specific student populations

- Review policies for study abroad programs, including accessing health services abroad and reporting illness to the IHE.
- Communicate plans, policies, and strategies to partner K-12 schools regarding “early/middle college” students, prospective student tours, and other K-12 students regularly on campus.
- Determine if special communication strategies are needed to meet the needs of students with disabilities.
- Remind health-care profession students to follow infection control guidance for health-care workers. Visit <http://www.cdc.gov/h1n1flu/clinicians> for guidance for health care settings.

Under conditions with increased severity compared to spring/summer 2009

CDC may recommend additional strategies to help protect IHE students, faculty, and staff if global, national, or regional assessments indicate that flu is causing more severe disease. In addition, local health or IHE officials may choose to use additional strategies. Although the following strategies have not been scientifically tested in the IHE setting, they are grounded on basic principles of infection control. Implementing these strategies is likely to be more difficult and to have more disruptive effects than the previously described strategies. These strategies should be considered if influenza severity increases and are meant for use *in addition to* the strategies outlined above.

Permit high-risk students, faculty, and staff to stay home when flu is spreading in the community

- If flu severity increases, people at high risk of flu complications may consider staying home while a lot of flu is circulating in their community. Such people should make this decision after consulting with their doctor.
- IHEs should plan now for ways to continue educating students who stay home through distance learning methods. IHEs should also examine policy accommodations that might be necessary such as allowing high-risk students to withdraw for the semester, tailoring sick leave policies to address the needs of faculty and staff, or modifying work responsibilities and locations.

Increase social distances:

- Explore innovative ways to increase the distances between students (for example, moving desks apart or using distance learning methods). Ideally, there should be at least 6 feet between people at most times.
- Consider whether to suspend or modify public events such as films, sporting events, or commencement ceremonies.

Extend the self-isolation period: If flu severity increases, people with flu-like illness should stay home for at least 7 days after the onset of their symptoms, even if they have no more symptoms. If people are still sick after 7 days, they should stay home until 24 hours after they have no symptoms. See information above for self-isolation in different types of housing.

Consider suspending classes

- IHE and health officials should work closely to balance the risks of flu in their community with the disruption that suspending classes will cause in both education and the wider community.
- Use multiple channels to communicate a clear message about the reasons for suspending classes and the implications for students, faculty, staff, and the community.
- Reactive class suspension might be needed when IHEs cannot maintain normal functioning.
- To decrease the spread of flu, CDC may recommend preemptive class suspension if the flu starts to cause severe disease in a significantly larger proportion of those affected than occurred during the spring/summer 2009 outbreak.
- If classes are suspended preemptively, large gatherings (for example, sporting events, dances, commencement ceremonies) should be cancelled or postponed.
- IHEs with only nonresidential students should consider whether they can allow faculty and staff to continue use of their facilities while classes are not being held. This may allow faculty to develop lessons and materials and engage in other essential activities.
- IHEs with residential students should plan for ways to continue essential services such as meals, custodial services, security, and other basic operations for students who remain on campus. When possible, dismiss students who can get

home – or to the home of a relative, friend of the family, or host family – by private car or taxi. International students and others without easy access to alternative housing should stay on campus, but increase the distance between people as much as possible.

- The length of time classes should be suspended will vary depending on the goal of class suspension as well as the severity and extent of illness. IHEs that suspend classes should do so for at least five to seven calendar days. Before the end of this period, the IHE, in collaboration with public health officials, should reassess the epidemiology of the disease and the benefits and consequences of continuing the suspension or resuming classes.

Deciding on a course of action

CDC recommends a combination of strategies applied early and simultaneously. Strategies should be selected a) based on trends in the severity of disease, virus characteristics, feasibility, and acceptability and b) through collaborative decision-making with public health agencies, IHE faculty and staff, students, students' families, and the wider community. CDC and its partners will continuously look for changes in the severity of flu-like illness and will share what is learned with state and local agencies. However, states and local communities can expect to see a lot of differences in disease patterns from community to community.

Every IHE has to balance a variety of objectives to determine the best course of action to help decrease the spread of flu. Decision-makers should identify and communicate their objectives which might be one or more of the following: (a) protecting overall public health by reducing community transmission; (b) reducing transmission in students, faculty, and staff; and (c) protecting people with high-risk conditions. Some strategies can have negative consequences in addition to their potential benefits. The following questions can help begin discussions and lead to decisions.

Decision-Makers and Stakeholders

Are all of the right decision-makers and stakeholders involved?

- Local and state health, education, and homeland security agencies
- Campus health services and mental health services
- Campus emergency managers and security staff
- Student affairs and residential life staff
- Communications staff
- Physical plant staff
- Food services staff
- Students
- Faculty
- Community representatives
- Students' families

Information Collection and Sharing

Can local or state health officials determine and share information about the following?

- Numbers of and trends in outpatient visits, hospitalizations, and deaths for flu-like illness
- Percent of hospitalized patients requiring admission to intensive care units (ICUs)
- Groups being disproportionately affected
- Ability of local health care providers and emergency departments to meet increased demand
- Availability of antiviral drugs, hospital beds, staff, ICU space, and ventilators for flu patients

What does the IHE know about the following?

- Student, faculty, and staff absenteeism rates
- Number of visits to the campus health service
- Bed availability for student self-isolation
- Severity of illness among affected staff and/or students

Feasibility

Do you have the resources to implement the strategies being considered?

- Funds
- Personnel
- Equipment
- Space
- Time
- Legal authority or policy requirements
- Communication channels

Acceptability

Have you determined how to address the following challenges to implementing the strategies?

- Public concern about flu
- People who do not feel empowered to protect themselves
- Lack of public support for the strategy
- Secondary effects of strategies (for example, job security, financial support, health service access, and educational progress)

Appendix C

References

1. www.pandemicflu.gov
2. www.ncpandemicflu
3. www.cdc.gov
4. www.acha.org
5. <http://www.cdc.gov/h1n1flu/schools/>