

## **Preparing for an Influenza Pandemic**

The university is responsible for providing a safe and healthful workplace for employees. MUW puts forth efforts to assure the safety and health of its students, faculty and staff by setting and enforcing standards; providing training and education and encouraging continual improvement in workplace safety and health.

### **Introduction**

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide. A worldwide influenza pandemic could have a major effect on the global economy, including travel, trade, tourism, food, consumption, and eventually, investment and financial markets. Planning for pandemic influenza by business and industry is essential to minimize a pandemic's impact. Companies that provide critical infrastructure services, such as power and telecommunications, also have a special responsibility to plan for continued operation in a crisis and should plan accordingly.

As with any catastrophe, having a contingency plan is essential. In the event of an influenza pandemic, the university will play a key role in protecting students, faculty and staff's health and safety as well as in limiting the impact on the university community. We realize we will likely experience employee absences. Proper planning will allow us to better protect students, faculty and staff and lessen the impact of a pandemic event on campus.

The Occupational Safety and Health Administration (OSHA) has developed a pandemic influenza planning guidance based upon traditional infection control and industrial hygiene practices. It is important to note that there is currently no pandemic; thus, this guidance is intended for planning purposes only and is not specific to a particular viral strain. Additional guidance may be needed as an actual pandemic unfolds and more is known about the characteristics of the virulence of the virus, disease transmissibility, clinical manifestation, drug susceptibility, and risks to different age groups and populations. The university community should use this planning guidance to help identify risk levels in workplace settings and appropriate control measures that include good hygiene, cough etiquette, social distancing, the use of personal protective equipment, and staying home from work when ill. Up-to-date information and guidance is available to the public through the [www.pandemicflu.gov](http://www.pandemicflu.gov) website.

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### **Seasonal, Pandemic Influenza and Avian Influenza**

**Seasonal influenza** refers to the periodic outbreaks of respiratory illness in the fall and winter in the United States. Outbreaks are typically limited; most people have some immunity to the circulating strain of the virus. A vaccine, prepared in advance of the seasonal influenza, is designed to match the influenza viruses most likely to be

circulating in the community. Employees living abroad and international business travelers should note that other geographic areas (for example, the Southern Hemisphere) have different influenza seasons which may require different vaccines.

**Pandemic influenza** refers to a worldwide outbreak of influenza among people when a new strain of the virus emerges that has the ability to infect humans and to spread from person to person. During the early phases of an influenza pandemic, people might not have any natural immunity to the new strain; so the disease could spread rapidly among the population. A vaccine to protect people against illness from a pandemic influenza virus may not be widely available until many months after an influenza pandemic begins. While it is important to emphasize that there currently is no influenza pandemic, pandemics have occurred throughout history and many scientists believe that it is only a matter of time before another one occurs. Pandemics can vary in severity from something that seems simply like a bad flu season to an especially severe influenza pandemic that could lead to high levels of illness, death, social disruption and economic loss. It is impossible to predict when the next pandemic will occur or whether it will be mild or severe; therefore, it is wise to always be prepared.

**Avian influenza (AI)** - also known as the bird flu - is caused by virus that infects wild birds and domestic poultry, with some forms being worse than others.

Avian influenza viruses are generally divided into two groups: low pathogenic avian influenza and highly pathogenic avian influenza. Low pathogenic avian influenza naturally occurs in wild birds and can spread to domestic birds. In most cases, it causes no signs of infection or only minor symptoms in birds. In general, these low pathogenic strains of the virus pose little threat to human health; however, low pathogenic avian influenza virus H5 and H7 strains have the potential to mutate into highly pathogenic avian influenza and are, therefore, closely monitored. Highly pathogenic avian influenza spreads rapidly and has a high death rate in birds. Highly pathogenic avian influenza of the H5N1 strain is rapidly spreading in birds in some parts of the world.

Highly pathogenic H5N1 is one of the few avian influenza viruses to have crossed the species barrier to infect humans and it is the most deadly of those that have crossed the barrier. Most cases of H5N1 influenza infection in humans have resulted from contact with infected poultry or surfaces contaminated with secretions/excretions from infected birds.

As of February 2007, the spread of H5N1 virus from person to person has been limited to rare, sporadic cases. Nonetheless, because all influenza viruses have the ability to mutate, scientists are concerned that H5N1 virus one day could be able to sustain human to human transmission. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity to sustain transmission from person to person, a pandemic could begin.

An update on what is currently known about avian flu can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

**Swine Influenza** (swine flu) is a respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Swine flu viruses cause high levels of illness yet low death rates in pigs. Swine influenza viruses may circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks in humans. The classic swine flu virus (an influenza type A H1N1 virus) was first isolated from a pig in 1930.

Like all influenza viruses, swine flu viruses change constantly. Pigs can be infected by avian influenza and human influenza viruses as well as swine influenza viruses. When influenza viruses from different species infect pigs, the viruses can reassort (i.e. swap genes) and new viruses that are a mix of swine, human and/or avian influenza viruses can emerge. Over the years, different variations of swine flu viruses have emerged. At this time, there are four main influenza type A virus subtypes that have been isolated in pigs: H1N1, H1N2, H3N2, and H3N1. However, most of the recently isolated influenza viruses from pigs have been H1N1 viruses.

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in persons with direct exposure to pigs e.g., children near pigs at a fair or workers in the swine industry. In addition, there have been documented cases of one person spreading swine flu to other people. For example, an outbreak of apparent swine flu infection in pigs in Wisconsin in 1988 resulted in multiple human infections, and, although no community outbreak resulted, there was antibody evidence of virus transmission from the patient to health care workers who had close contact with the patient.

In the past, CDC received reports of approximately one human swine influenza virus infection every one to two years in the U.S., but from December 2005 through February 2009, 12 cases of human infection with swine influenza have been reported.

The symptoms of swine flu in people are expected to be similar to the symptoms of regular human [seasonal influenza](#) and include fever, lethargy, lack of appetite and coughing. Some people with swine flu also have reported runny nose, sore throat, nausea, vomiting and diarrhea.

Swine influenza viruses are not transmitted by food. You cannot get swine influenza from eating pork or pork products. Eating properly handled and cooked pork and pork products is safe. Cooking pork to an internal temperature of 160°F kills the swine flu virus as it does other bacteria and viruses.

Influenza viruses can be directly transmitted from pigs to people and from people to pigs. Human infection with flu viruses from pigs are most likely to occur when people are in close proximity to infected pigs, such as in pig barns and livestock exhibits housing pigs at fairs. Human-to-human transmission of swine flu can also occur. This is thought to occur in the same way as seasonal flu occurs in people, which is mainly person-to-person

transmission through coughing or sneezing of people infected with the influenza virus. People may become infected by touching something with flu viruses on it and then touching their mouth, nose, or eyes.

In September 1988, a previously healthy 32-year-old pregnant woman was hospitalized for pneumonia and died 8 days later. A swine H1N1 flu virus was detected. Four days before getting sick, the patient visited a county fair swine exhibition where there was widespread influenza-like illness among the swine.

In follow-up studies, 76% of swine exhibitors tested had antibody evidence of swine flu infection but no serious illnesses were detected among this group. Additional studies suggest that one to three health care personnel who had contact with the patient developed mild influenza-like illnesses with antibody evidence of swine flu infection.

To diagnose swine influenza A infection, a respiratory specimen would generally need to be collected within the first 4 to 5 days of illness (when an infected person is most likely to be shedding virus). However, some persons, especially children, may shed virus for 10 days or longer. Identification as a swine flu influenza A virus requires sending the specimen to CDC for laboratory testing.

There are four different antiviral drugs that are licensed for use in the US for the treatment of influenza: amantadine, rimantadine, oseltamivir and zanamivir. While most swine influenza viruses have been susceptible to all four drugs, the most recent swine influenza viruses isolated from humans are resistant to amantadine and rimantadine. At this time, CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with swine influenza viruses.

Probably the most well known outbreak of swine flu was among soldiers in Fort Dix, New Jersey in 1976. The virus caused disease with x-ray evidence of pneumonia in at least 4 soldiers as well as causing 1 death; all of these patients had previously been healthy. The virus was transmitted to close contacts in a basic training environment, with limited transmission outside the basic training group. The virus is thought to have circulated for a month and disappeared. The source of the virus, the exact time of its introduction into Fort Dix, and the factors limiting its spread and duration are unknown. The Fort Dix outbreak may have been caused by introduction of an animal virus into a stressed human population in close contact in crowded facilities during the winter. The swine influenza A virus collected from a Fort Dix soldier was named A/New Jersey/76 (Hsw1N1).

The H1N1 swine flu viruses are antigenically very different from human H1N1 viruses and, therefore, vaccines for human seasonal flu would not provide protection from H1N1 swine flu viruses.

## **Steps to Reduce the Risk of Exposure to Pandemic Influenza**

The best strategy to reduce the risk of becoming infected with influenza during a pandemic is to avoid crowded settings and other situations that increase the risk of exposure to someone who may be infected. If it is absolutely necessary to be in a crowded setting, the time spent in a crowd should be as short as possible. Some basic hygiene and social distancing precautions that can be implemented in every workplace include the following:

Encourage sick students and employees to stay at home.

Encourage students and employees to wash their hands frequently with soap and water or with hand sanitizer if there is no soap or water available. Also, encourage your employees to avoid touching their noses, mouths, and eyes.

Encourage students and employees to cover their coughs and sneezes with a tissue, or to cough and sneeze into their upper sleeves if tissues are not available. All should wash their hands or use a hand sanitizer after they cough, sneeze or blow their noses.

Everyone should avoid close contact. They should avoid shaking hands and always wash their hands after contact with others. Even if gloves are worn, they should wash their hands upon removal of the gloves in case their hand(s) became contaminated during the removal process.

Provide customers and the public with tissues and trash receptacles, and with a place to wash or disinfect their hands.

Keep work surfaces, telephones, computer equipment and other frequently touched surfaces and office equipment clean. Be sure that any cleaner used is safe and will not harm your employees or your office equipment. Use only disinfectants registered by the U.S. Environmental Protection Agency (EPA), and follow all directions and safety precautions indicated on the label.

Discourage your students and employees from using other employees' phones, desks, offices or other work tools and equipment.

Minimize situations where groups of people are crowded together, such as in a meeting. Use e-mail, phones and text messages to communicate with each other. When meetings are necessary, avoid close contact by keeping a separation of at least 6 feet, where possible, and assure that there is proper ventilation in the meeting room.

Reducing or eliminating unnecessary social interactions can be very effective in controlling the spread of infectious diseases. Reconsider all situations that permit or require students, faculty and staff (including family members) to enter the workplace. Workplaces which permit family visitors on site should consider

restricting/eliminating that option during an influenza pandemic. Work sites with on-site day care should consider in advance whether these facilities will remain open or will be closed, and the impact of such decisions on employees and the business.

Promote healthy lifestyles, including good nutrition, exercise, and smoking cessation. A person's overall health impacts their body's immune system and can affect their ability to fight off, or recover from, an infectious disease.

### **How a Severe Pandemic Influenza Could Affect Campus**

Unlike natural disasters or terrorist events, an influenza pandemic will be widespread, affecting multiple areas of the United States and other countries at the same time. A pandemic will also be an extended event, with multiple waves of outbreaks in the same geographic area; each outbreak could last from six to eight weeks. Waves of outbreaks may occur over a year or more. The campus will likely experience:

**Absenteeism** - A pandemic could affect as many as 40 percent of the workforce during periods of peak influenza illness. Employees could be absent because they are sick, must care for sick family members or for children if schools or day care centers are closed, or they are afraid to come to work. The university might not be notified that an employee has died.

**Stress** – Faculty, staff and students are likely to suffer distress related to personal or family illness, life disruption, grief related to loss of family, friends or coworkers, loss of routine support systems, and similar challenges. Assuring timely and accurate communication will also be important throughout the duration of the pandemic in decreasing fear or worry. MUW provides opportunities for support, counseling, and mental health assessment and referral should these be necessary.

**Change in patterns of business** - During a pandemic, demand for items related to infection control is likely to increase dramatically, while interest in other services may decline. Students, faculty and staff may prefer less contact as possible with people meaning classes may be smaller, events may be cancelled and eating in the cafeteria where there's typically a large population may be limited.

**Interrupted supply/delivery** - Shipments of items from those geographic areas severely affected by the pandemic may be delayed or cancelled.

### **How Influenza Can Spread Between People**

Influenza is thought to be primarily spread through large droplets (droplet transmission) that directly contact the nose, mouth or eyes. These droplets are produced when infected people cough, sneeze or talk, sending the relatively large infectious droplets and very small sprays (aerosols) into the nearby air and into contact with other people. Large droplets can only travel a limited range; therefore, people should limit close contact (within 6 feet) with others when possible. To a lesser degree, human influenza is spread by touching objects contaminated with influenza viruses and then transferring the infected material from the hands to the nose, mouth or eyes. Influenza may also be spread

by very small infectious particles (aerosols) traveling in the air. The contribution of each route of exposure to influenza transmission is uncertain at this time and may vary based upon the characteristics of the influenza strain.

### **Classifying Exposure to Pandemic Influenza at Work**

Risks of exposure to influenza during a pandemic may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on whether or not jobs require close proximity to people potentially infected with the pandemic influenza virus, or whether they are required to have either repeated or extended contact with known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups.

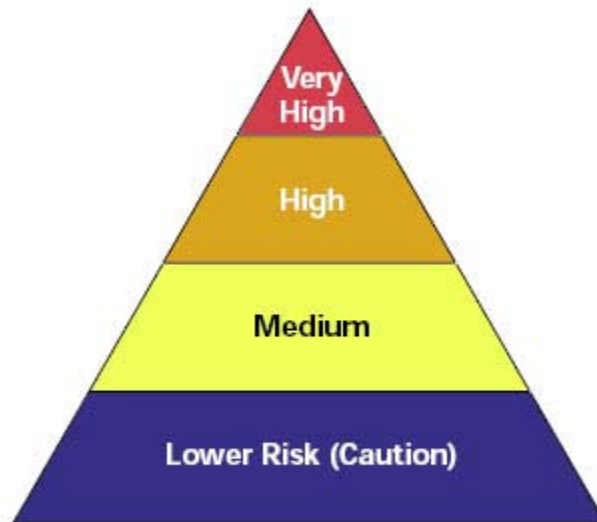
*Very high exposure risk* occupations are those with high potential exposure to high concentrations of known or suspected sources of pandemic influenza during specific medical or laboratory procedures such as the university health center and the College of Nursing.

*High exposure risk* occupations are those with high potential for exposure to known or suspected sources of pandemic influenza virus such as those in food services, police department, residence halls, mail services, resources management, and facilities management.

*Medium exposure risk* occupations include jobs that require frequent, close contact (within 6 feet) exposures to known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups – areas such ITS, Comptroller's Office, Admissions, Registrar's, Financial Aid, Colleges and Departments, Recreation Center and Child Parent Development Center.

*Lower exposure risk (caution)* occupations are those that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 6 feet) with the public such as office workers, especially those with limited traffic.

## Risk Pyramid for Pandemic Influenza



Departments with critical and key resource employees (such as police department, facilities management, food services, etc.) may consider upgrading protective measures for these employees beyond what would be suggested by their exposure risk due to the necessity of such services for the functioning of society as well as the potential difficulties in replacing them during a pandemic (for example, due to extensive training or licensing requirements).

To help determine appropriate work practices and precautions, MUW uses the following four risk zones based on the likelihood of employees' exposure to pandemic influenza. The pyramid represents how the risk will likely be distributed. The vast majority of American workplaces are likely to be in the medium exposure risk or lower exposure risk (caution) groups.

### **Business Operations during a Pandemic**

As a University, we have an important role in protecting campus health and safety, and limiting the impact of an influenza pandemic. It is important to work with community planners to integrate our pandemic plan into local and state planning.

### **Critical Infrastructure and Key Resources**

Police Department  
Facilities Management (includes lifelines)  
Food Services

Student Services  
Community Living  
Health Center  
Information Technology Services  
Mail Services  
Resources Management

## **Defining Levels of University Response**

As stated, there is a continuum of possibilities for the next pandemic. There likely will not be one isolated trigger that clearly necessitates increased response, especially at early stages of awareness regarding an emerging pathogen. Factors that will have forbearance on decisions to implement the response levels described below will include:

- government or IHL Board directives and/or travel advisories;
- proximity of disease to University campus;
- severity of disease;
- mortality rates;
- public perceptions and response;
- social order/social unrest;
- time within academic calendar year;
- positions and responses of peer institutions; and
- positions and responses of local institutions.

Because triggers and criteria for decision making are dynamic and relevant to only a unique set of circumstances, the response levels are associated with a milestone activity. The resulting plan outlines departments, activities, and resources that are necessitated by milestone decisions. Milestone decisions are incrementally presented: A) the current planning phase; B) enhanced communication due to reports of effective human-to-human disease transmission elsewhere in the world; C) social distancing of students to reduce illness and disease transmission on campus; D) suspension of normal University operations due to pandemic conditions; and E) plans for responding to ill individuals on campus.

### **Response Level A—Planning Level**

The University remains engaged in pandemic planning, which has been triggered by circumstances and events that have prompted international experts to anticipate human-to-human transmission of an emerging or re-emerging pathogen. This document provides tangible products representative of the University's response.

### **Response Level B—High Alert**

This response level (B) is likely to be necessitated by confirmed reports of efficient and sustained human-to-human transmission of an emerging or re-emerging virulent pathogen

anywhere in the world. It is fully expected that such reports will generate a flurry of media activity across the globe, which in turn will multiply external and internal queries about the disease and situation.

The University, through the Office of Public Affairs and the University's website will provide the latest information regarding such reports.

During this High-Alert level, the University must be ready to respond to internal queries from its faculty, staff, and students and to external queries from concerned parents, visitors, and the media. The Web site will be central to this effort,

During the High-Alert level, communications will also be fortified using multi-media approaches. The information will remain consistent via centralization through the Office of Public Affairs. As necessary, print and voice communications will be targeted to specific audiences, (e.g. parents, students, staff, or faculty) to provide a more effective message.

The whereabouts of individuals performing University functions would be helpful in a pandemic scenario due to impending or enforced travel restrictions. Also, it may be necessary to be aware that an individual's recent travel destinations have included areas where illness is prevalent, so that the individual may be appropriately screened or quarantined before returning to campus. The University is prepared to enact such screening as necessary.

### **Response Level C—Full Alert (Social Distancing)**

This response level is associated with confirmed reports that there has been human-to-human transmission of an emerging or re-emerging pathogen anywhere in the vicinity of campus. The vicinity of campus is defined by an area that encompasses all locales that are within a typical daily commuting distance by automobile.

This response level is prompted by a scenario where emerging illness is spreading across the globe and the nation. There is non-stop media coverage and reported deaths in North America. There is a heightened fear among the regional population. The University is receiving hundreds of inquiries per day regarding the status of student whereabouts, classes, social events, research studies, and provision of other services. Assuming that a majority of social activities such as grade school, high school, sporting events, meetings, and other gatherings have been suspended, there will be increased pressure to disperse students from campus in order to reduce the spread of disease. (There may even be a government mandate to disperse.)

#### *Social distancing*

Absent a government mandate, early decision making to enact "social distancing" at the campus may be prudent to minimize the demand for on-campus medical care of students and for housing and support services for well students during this period of social

stresses. In essence, social distancing for the University would encompass a temporary suspension of classroom activity. (This is not equivalent to a temporary suspension of all classes. Many classroom activities can continue via distance learning.) Additionally, students would be encouraged, advised, or required to return to their homes to reduce the spread of illness.

It is recognized that there are legal, financial, and reputational risks in acting too early (and too late). Parents demanding to retrieve their students from campus will also apply additional factors for consideration. The duration of social distancing will be determined by the disease profile, external circumstances, and the timing of the decision relative to the academic calendar. In the event of a decision to enact social distancing, an organized dispersal of students from campus will be attempted using a multiple-day process.

For the sake of the social-distancing portion of this plan, only residence hall students are accounted for. Those students not residing in residence halls will be instructed to follow the direction of and obtain services from their county Health Department.

#### *Absenteeism*

During this response level (C) in which social distancing is assumed and classroom activity is temporarily suspended, the faculty and staff are assumed to be available to work. Based on the social stressors that are anticipated during this scenario, absenteeism rates of 10-25 percent are projected.

Faculty and staff who indicate any of the symptoms associated with the pandemic disease profile will be instructed to immediately leave campus and seek treatment through their health care provider. Information will also be communicated to faculty and staff that if they become sick, under no circumstances are they to report to campus. Anyone who is out sick during such periods will be required to obtain clearance in writing from their personal physician.

Any ill student will prompt a response outlined in Level E. Students who have been out sick will be required to obtain clearance in writing from their personal physician or from the Health Center.

During this response level (C), the University will be focused on housing and feeding the remaining students, enhancing communication, maintaining campus security and computer networks.

#### *Academic considerations*

Academic considerations prior to enacting a social distancing response will be critical in decision-making. The academic considerations are highly dependent on existing academic policies, and the period of the academic calendar in which the social-distancing decision arises. Timing for tuition reimbursement, scheduling of classes, and

matriculation of new students (to name a few) will all be considered in the decision to enact social distancing.

The university hierarchy—President/Cabinet/Deans and Directors/Department Chairs—will be the primary communication process for academic and other considerations during any emergency. Existing communication chains utilizing all appropriate technologies will be utilized at each level to the extent possible during the period of the emergency to provide the most reliable and structured dissemination of information as to immediate actions.

### *Communications*

Per the existing Emergency Response and Preparedness Plan, the emergency command post will be assembled in Hogarth Student Center when an emergency scenario is declared by the University President or designee. In the Emergency Response and Preparedness Plan, the Campus Emergency Resource Team, is defined as follows:

Emergency Coordinator: Chief of Police

Damage Control: Director of Facilities Management

Campus Security: All MUW Police Department personnel

Public Information: Director of Public Affairs

Environmental Health and Compliance: Director of Human Resources

In the case of a pandemic, the President, all cabinet members, the Executive Director of MSMS, and the coordinator of the campus health center would join the Emergency Resource Team in the command post. In the various pandemic scenarios, the emergency command post may extend beyond University officials to incorporate local, state, or federal officials responsible for coordination of activities, such as traffic control or emergency supply needs.

The University's home page will be used for institutional announcements, particularly to students and parents, as well as to the general public. Specific announcements directed to faculty, staff, and students will be sent via list-serves to appropriate groups. E-mail will be utilized as appropriate to communicate directly with individuals and groups. In addition, emergency text and voice messages to personal mobile devices would be delivered to individuals through the University's emergency notifications service.

The University's communications will be maintained at the highest level of efficiency. It is critical that the University's computer networks remain fully staffed and operational to ensure secure and reliable communications. Staffing network will be given the highest priority, and ensuring the continued availability of key individuals will be critical. Given the necessary reliance on multiple means of communications, it is critical that one office

have responsibility for ensuring that all communications are consistent and timely. The Office of Public Affairs will assume this role.

### *Suspension of classroom activity*

Classroom activity will be formally cancelled on a campuswide basis when, in the judgment of the President/Provost, acting upon the advice of competent authorities and pursuant to an agreed upon response level, class attendance would pose a risk of contagion or when a sufficient number of faculty and staff are not available to conduct classes or provide appropriate levels of support for students.

Individual faculty may not unilaterally cancel classes except under the types of conditions in which they now may do so, which is largely limited to short-term illness. Faculty should notify their department chair and dean of any changes to course delivery. The announcement of the cancellation of classes will be communicated centrally through the university home page, as well as via the telephone and e-mail contact lists.

Activities located in other places, such as study-abroad or distance-education programs, should continue if possible. Certain classes over which the University may not have scheduling control, such as internships, may be cancelled unilaterally by the sponsoring agencies.

In the event of the cancellation of classroom activities, academic work in specific courses may or may not be suspended.

The impact of the cancellation of classes on the academic calendar should be as minimal as possible, and every effort will be made to return to the normal calendar quickly.

### *Faculty*

Faculty who become ill, whose family members become ill, or who are subject to quarantine and cannot conduct their assignments will be subject to the normal University policies as specified in the faculty and medical and family leave policies. Faculty who are able to do so will normally be expected to carry on to the greatest extent possible their academic responsibilities even if classes are cancelled, pursuant to the class cancellation policy described above. To the extent possible, faculty should utilize online or other appropriate distance forms of instruction and communication with students to ensure the continuation of appropriate academic work and to maintain the integrity of instruction and evaluation. The University's network and applications such as Web-CT will be critical to this effort, in terms of providing remote access to appropriate institutional resources. These resources will permit some level of academic work to continue during the period of the emergency, whether the students are home or are quarantined on campus. The extent to which this is possible will depend upon the severity and extent of the disruption and will be largely dependent upon the academic judgment of individual faculty.

### *Deans*

Deans of the individual colleges are responsible for developing and implementing broad policies governing appropriate forms of faculty instruction during the period of any disruption. It is particularly important that units in which external accreditation is an issue have clear guidance from their accrediting agencies about the flexibility they have to implement alternative forms of instruction.

### *Staff*

Staff essential to the continuation of operations of the university will be identified and notified of their designation and responsibilities. Faculty and staff who fulfill these responsibilities should continue to receive their regular salaries during the period they are doing so. Personnel actions, including leaves of absence for essential personnel, may be suspended during the period of the disruption.

### *Students*

Students will be given the greatest opportunity possible under the circumstances to continue their course work within the procedures described above.

### *The quandary of essential personnel*

As stated, the anticipated absenteeism for this scenario is projected at 10–25 percent. For certain key functions or for smaller departments, this level of absenteeism may lead to the quandary posed by designating “essential personnel.” The failure to report to duty based on documented illness or documentation regarding sick family members is managed through existing policies, but a failure to report to duty based on fear or the perceived need to protect ones' family, future, or livelihood is being evaluated by Human Resources with respect to current employee policies.

## **Response Level D—Pandemic Period**

The response level (D) entitled Pandemic Period is self-evident and is associated with widespread, efficient, and virulent disease that is entrenched throughout the region of northeast/east central Mississippi. It is assumed that the health care delivery system is extremely over-taxed and most public services are minimized. There is widespread public distress and pervasive media coverage. In this scenario, social distancing as described in the previous response level is assumed, and for the sake of this plan, the temporary suspension of normal University operations is also assumed.

University operations will be reduced to a minimal level necessary to maintain security, support students remaining on campus, and protect buildings. The performance of these functions will be impacted by the assumption that there will be a 40 percent absenteeism rate at any given time due to illness in the community. Additional absenteeism also is

assumed due to illnesses encountered at home or fear of public travel. A 5 percent mortality rate is also assumed.

### *Suspension of normal operations*

Another key consideration during a period of suspended normal operations will be the maintenance of University buildings. Facilities Management will delineate the number of personnel and the activities necessary to sustain buildings throughout such a period. Such activities include provision of minimal heat to avoid rupture of plumbing in cold weather, providing minimally conditioned air to sustain computer systems and animal models, and providing clean and reliable sources of water and sanitary facilities to those areas where remaining students are housed or where personnel are maintaining operations for security forces, emergency response, decision-making, and other essential functions.

Maintaining a secure campus in such a scenario will become increasingly important as the University may be perceived as an area of refuge for those in distress. Further, capabilities of emergency response may be minimized and extra vigilance and monitoring of University facilities may be necessary to protect property and health.

Under the scenario described for the pandemic period, the University may be providing support for a number of students still housed on campus. Strong consideration will be given to consolidate those students into one facility to preserve resources. In order to further preserve and maintain resources for commodities, selected departments have initiated the exercise of validating that contracts with key vendors are in place and that an alternate source for the commodity has been identified (should the vendor also have a suspension of normal operations during the pandemic period).

The following items will be stored centrally for an indefinite period of time to be utilized in an emergency: masks, liquid barrier gloves, hand soap, paper towels, waterless hand cleaner, concentrated disinfectant, ready-to-use disinfectant spray, wiping cloths, buckets, and trash bags for potentially infectious waste.

### **Response Level E—Management of Pandemic Cases On Campus**

This response level is necessitated by a confirmed case of an emerging or re-emerging pathogen on campus. Such a finding would obviously negate the incremental approach to pandemic preparations described in this document.

It is possible that the first identified case(s) in the region could be entered into the health care delivery system. However, since placement of a sick student in the health care delivery system may not be possible, the University will designate Carrier Lodge for placement of the sick student. The facility will be staffed and operated by the Student Health Services in conjunction with Housing, and with support from the University Police, and other University services. Upon case confirmation, the family of the student will be notified by the Office of the Vice President for Student Services, and close personal contacts of the sick student may be quarantined.

If the confirmed case is a University student that lives outside of a residence hall, the case will be referred to the Lowndes County Health Department for management. If the case involves a visitor to campus, the individual will be referred to the local health care network for treatment and management. If the case involves a faculty or staff member, the individual will be promptly directed to return to their residence and seek health care through their health care delivery system.

If it is suspected that Carrier Lodge will not accommodate an increasing number of students presenting with pandemic symptoms, the campus may be prepared to engage Fant Hall as an isolation and quarantine facility. Fant Hall was selected due to its proximity to adjacent health care delivery facilities, and its east/west and south arrangement.

### **Communication Plan**

Throughout these various response levels, centralized and consistent communications will be necessary. Refer to the Emergency Response and Preparedness Plan.