

# Proposed Pandemic Influenza Plan

## Westminster College

### I. Purpose

The purpose of this plan is to ensure the health and safety of Westminster faculty, staff, and students in the event of pandemic influenza. Westminster is committed to preparing for widespread influenza-like illness and the subsequent effects of such illness.

### II. Situation

A pandemic is an epidemic of infectious disease that is spreading through human populations across a large region. A widespread endemic disease that is stable in terms of how many people are getting sick from it is not a pandemic. A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious. Further, flu pandemics exclude seasonal flu.

According to the World Health Organization (WHO), a pandemic can start when three conditions have been met:

- Emergence of a disease new to a population;
- Agents infect humans; and
- Agents spread easily and sustainably among humans.

#### A. Characteristics of an Influenza Pandemic

Seasonal influenza generally peaks between December and March in North America. It causes approximately 36,000 deaths and 200,000 hospitalizations per year in the United States. A pandemic influenza can occur at any time of the year and resurges in waves that can last from 18 months to two years. The 1918 pandemic had four such waves; the most lethal was the second wave that swept through the United States between August and December. Therefore, planning should include recovery and response to more than one wave.

The normal influenza attack rate is 5-10%. In a pandemic, an attack rate of 20-40% is appropriate for planning purposes. It is recommended that the College plan for up to 50% staff, faculty, and student absences for periods of about two weeks at the height of a pandemic wave and lower levels of staff, faculty, and student absence for a few weeks at either side of the peak.

It is expected that a pandemic will have world-wide impact with an unpredictable timeline, spreading quickly from one area to another. Major disruptions are likely for health care, transportation, infrastructure, suppliers, education, and other public services.

#### B. Vaccines and Antivirals

Vaccine is in development and should be available by mid-October 2009. Distribution will be organized by the Utah Department of Health. Priority will be given to the following individuals: 1) pregnant, 2) health care worker, 3) children age 6 months-24

years, 4) individuals with chronic conditions, and 5) parents/child care workers of children <6 months.

Oseltamivir (Tamiflu) and zanamivir (Relenza) are effective in reducing the severity and duration of illness in seasonal influenza and may be effective against strains that cause pandemic influenza. At this time, there is no shortage of antivirals. Antivirals should therefore be prescribed for all patients presenting with flu-like symptoms. If a shortage does occur, treatment will be reserved for individuals in the priority groups listed above.

### C. Nonpharmaceutical Interventions (NPIs)

**Social distancing** refers to taking action to discourage close social contact between individuals. This includes maintaining a distance of four to six feet between yourself and others, avoiding casual contact such as hand shakes, and cancellation of classes, sporting events, worship services, and other social events. This intervention would be most effective when instituted early in the pandemic and before infection takes hold in a community.

**Isolation** refers to separating individuals with illness from the general population and restricting their movement within the general population until they are no longer contagious.

**Quarantine** is the separation and restriction of movement of those who are not ill but believed to have been exposed. The duration of quarantine will be dependent upon the length of the incubation period and period of contagion prior to onset of symptoms. Both the incubation period and period of viral shedding are difficult to know prior to the actual emergence of the pandemic virus.

**Protective sequestration** involves efforts taken to protect a healthy population from infection by isolating the community from the outside world. Restricting entry of outsiders into the community and restricting reentry of those community members who choose to leave during the period of time when protective sequestration is in place are measures utilized in this intervention. It requires the community to stockpile resources and become self-sufficient for some period of time — in the case of a pandemic, a minimum of 6-12 weeks according to many experts. Protective sequestration has high costs associated with it.

**Personal protection equipment**, such as gloves, masks and in some instances gowns and protective eyewear, are important for personnel who must interact with sick persons during a pandemic. Frequent cleaning of potentially contaminated surfaces and objects, such as doorknobs, telephones, keyboards, faucet handles, is an important measure to reduce exposure to infection.

**Public health education** that communicates accurate, clear information regarding reduction of personal risk, the role of quarantine, transmission, symptoms, treatment, when to seek care, and community efforts to assist those in need, is critical to empowering the public and decreasing panic and despair.

### **III. Responsibilities**

- A. Office of the President
  - i. Provide executive level direction and authority for this plan.
- B. Influenza Manager/Medical Advisor – Jennifer Rogers, Director of Student Health Services
  - i. Monitoring of students, staff, and faculty who are ill or suspected to be ill in the event of a pandemic, including contacting students, staff, and faculty who are unexpectedly absent from work/school.
  - ii. Facilitating and encouraging the return of students, staff, and faculty to work/classes once they are symptom free for 24 hours.
  - iii. Ensuring the college has adequate supplies of tissues, masks, and hand sanitizer for individuals who become ill.
  - iv. Maintaining an open relationship with Utah Department of Health and Salt Lake Valley Health Department.
- C. Pandemic Planning Committee
  - i. Members
    - 1. Mark Ferne – Dean of Students
    - 2. Diane Forster-Burke – Nursing Faculty
    - 3. Susan Heath – Associate Provost for Student Development
    - 4. Kelly Dehill – General Counsel & Risk Management
    - 5. Laura Murphy – Public Relations
    - 6. Krista DeAngelis – Public Relations
    - 7. Cullen Green – Director of Residence Life
    - 8. Aimee Frost – Assistant Director of Residence Life
    - 9. Ginny-Beth Joiner – Director of Student Life
    - 10. Shay Wyatt – Athletic Director
    - 11. Rick Hackford – Head Athletic Trainer
    - 12. Deborah Vickery - Admissions
    - 13. Robert Allred – Director of IS
    - 14. Darin Jones – HR
    - 15. George White – Director of Masters of Public Health
    - 16. Ham Kim – Assistant Director of Masters of Public Health
  - ii. Meets monthly (or as needed relative to influenza activity) to discuss current influenza activity, make adjustments to plans, and make recommendations to SAT and the President regarding canceling of events or possible school closure.

### **IV. Activation of Plan**

If the level of influenza-like illness rises sufficient to raise concern for the College community, the Pandemic Committee will meet and discuss the measures to be taken. Recommendations will be given to SAT and the President regarding measures to be taken. All major decisions will be made by the President.

### **V. Surveillance**

- A. Deans of Schools
  - i. Will track faculty absences and report to Jennifer Rogers, Director of SHS bi-monthly.  
The frequency of reporting may increase as influenza activity increases.
- B. Department Supervisors

- i. Will track staff absences and report to Jennifer Rogers, Director of SHS bi-monthly. The frequency of reporting may increase as influenza activity increases.
- C. Resident Advisors
  - i. Will track student illness and report to Jennifer Rogers, Director of SHS bi-monthly. The frequency of reporting may increase as influenza activity increases.
- D. Director of SHS
  - i. Track student illness in SHS.
  - ii. Receive updates from SLVHD regarding influenza activity in the community.
  - iii. Collect and report all student, staff, and faculty illness to the Pandemic Planning Committee.

## **VI. Communication to Students, Parents, Staff, and Faculty**

- A. Communicate early the possibility of a pandemic, as well as our preparedness to manage it. (Jennifer Rogers)
- B. Communicate cancellation of events on campus. (Event Owner; Student Life; Communications Office)
- C. Communicate potential for campus closure and/or class suspension. (President and Deans Offices)
- D. Communicate to staff/faculty any expectations about work duties: e.g., which employees should report to work, where to report, self-monitoring for influenza-like symptoms. (Department Heads)
- E. Establish a communication tree utilizing existing risk management system.
- F. Communication for Specific Areas
  - i. Student Health Services (Jennifer Rogers)
    - 1. Plan to educate students, staff, and faculty about signs/symptoms of flu and when/where to seek medical help.
    - 2. Communicate preventative health measures.
    - 3. Provide clear, timely, and pro-active communications to students, staff, and faculty, including current influenza activity and how we are responding to the situation.
    - 4. Communicate frequently with local and state health agencies.
  - ii. Residence Life (Mark Ferne or Cullen Green)
    - 1. Plan to communicate about protocols for infection control, particularly in areas where social isolation is difficult.
    - 2. Plan to communicate campus plans, travel restrictions, and resources to residential students.
  - iii. Sodexo (Jeff Brown)
    - 1. All communication from Sodexo will be coordinated by the Director of Conferences and Event Services.
    - 2. Communicate plan for residential students to obtain food due to isolation restrictions. This is facilitated through the Dean of Students, Mark Ferne.
    - 3. Communicate potential closures.
  - iv. Student Life (Mark Ferne or Ginny-Beth Joiner)
    - 1. Plan to communicate campus plans and event cancellations.
  - v. Diversity and International Center (Bridget Newell)
    - 1. Plan to contact all international students with information on how they can prepare for the pandemic.
    - 2. Plan to communicate travel advisory procedures for international students who may wish to return home.

3. Plan to communicate travel advisory procedures for students studying abroad or traveling with May Term Study Experiences.
- vi. Plant Facilities (Richard Brockmeyer)
  1. Communicate with janitorial staff to give special attention to frequently touched surfaces: doorknobs, light switches, elevator buttons, tables, desks, etc.
  2. Communicate with key contractors as necessary.
  3. Provide personal protective equipment to individuals as necessary.
- vii. Human Resources (Darin Jones)
  1. Communicate to employees pertinent information about sick leave and vacation policies.

## **VII. Supplies on Hand**

Masks – 50/box (120 boxes)

Tissues – 36 boxes/case (5 cases)

Hand Sanitizer – Wall Mounted (50 dispensers) w/100 Bottles of Sanitizer

Cleaning Supplies – Supplied by college.

## **VIII. Protecting Students, Staff, Faculty and Visitors**

Westminster College will take the following steps to protect students, staff, faculty and visitors:

- A. Education
  - i. Educate students, staff and faculty about the signs/symptoms of flu and when/where to seek medical help.
- B. Social Distancing
  - i. Enable telecommuting.
  - ii. Cancellation of classes, sporting events, worship services, and other events on campus if necessary.
- C. Hygiene
  - i. Basic personal hygiene measures will be reinforced and encouraged to minimize potential influenza transmission.
  - ii. Practice good workplace cleaning habits.
  - iii. Cover nose and mouth when sneezing and coughing (preferably with a disposable single use tissue or coughing into the elbow).
  - iv. Immediately dispose of used tissues.
  - v. Adopt good hand washing/ hygiene practices, particularly after coughing, sneezing or using tissues.
  - vi. Keep hands away from the mucous membranes of the eyes, mouth, and nose.
  - vii. Post hygiene notices in all campus entrances, washrooms, hand washing stations and public areas.
  - viii. Use brochures, newsletters, emails, and employee notice boards, to inform your students, staff, faculty and visitors of the importance of hand hygiene and environmental cleaning during a pandemic.
  - ix. Install wall mounted hand sanitizer dispensers in key campus areas.
  - x. Place tissue boxes in key campus areas.
- D. Other
  - i. Manage students, staff and faculty who become ill at work.
  - ii. Manage students, staff and faculty who travel overseas.

## **IX. Business Continuity**

### **A. Business Essentials**

- i. Essential Business Functions:
  1. Teach Students
  2. House Students
  3. Feed Students
  4. Secure Campus
  5. Student Health Services
  6. Computer/Network Management
  7. Essential Accounting Functions
  8. Essential Maintenance Functions
  9. Communications
- ii. Core People Required to Keep Essential Functions Running:
  1. Teach Students
    - a. Faculty
  2. House Students
    - a. Director of Residence Life – Cullen Green
    - b. Resident Advisors
  3. Feed Students
    - a. Sodexho Staff – Jessica Alford
  4. Secure Campus
    - a. Campus Patrol – Drew Long
  5. Student Health Services
    - a. Director of SHS – Jennifer Rogers
  6. Computer/Network Management
    - a. Information Systems (IS) – Robert Allred
  7. Essential Accounting Functions
  8. Essential Maintenance Functions
    - a. Managing Director of Plant Facilities
  9. Communications – Laura Murphy
  10. Other
    - a. Dean of Students – Mark Ferne
    - b. President – Michael Bassis
    - c. Senior Administrative Team
    - d. Associate Provost for Diversity and Global Learning – Bridget Newell
    - e. Director of Conference and Event Services
- iii. Core Skills Required to Keep Essential Functions Running:
  1. Teaching/Subject Matter Expertise
  2. Student Housing Knowledge
  3. Security Knowledge
  4. Authorized Management/Decision-Making Authority
  5. Food Preparation Knowledge/License
  6. Nurse Practitioner
  7. IS Knowledge
- iv. Back-Up for Core Individuals/Skills
  1. Teach Students
    - a. Faculty

2. House Students
  - a. Director of Residence Life – Aimee Frost
  - b. Resident Advisors
3. Feed Students
  - a. Sodexho Staff
4. Secure Campus
  - a. Campus Patrol – Wayne
5. Student Health Services
  - a. Director of SHS – Jennifer Stock or Ronda Lucey
6. Computer/Network Management
  - a. Information Systems (IS) – Cullen Bunker
7. Essential Accounting Functions
8. Essential Maintenance Functions
  - a. Managing Director of Plant Facilities
9. Communications – Krista DeAngelis
10. Other
  - a. Dean of Students – Ginny-Beth Joiner
  - b. President – Cid Seidelman
  - c. Senior Administrative Team
  - d. Associate Provost for Diversity and Global Learning – Sara Demko
  - e. Director of Conference and Event Services
- v. Core Individuals to Manage Pandemic Plan:
  1. Pandemic Committee
  2. Senior Administrative Team
  3. President
- vi. Core Systems Relying on Periodic Physical Intervention by Key Individuals:
  1. IS Servers
  2. Housing
  3. Food Services
  4. Security

**B. Absenteeism**

- i. When faculty and staff are unable to be physically present at work, the following will be considered:
  1. **Telecommuting Options:**
    - a. IS support functions
    - b. Teaching online classes
    - c. Attending classes
    - d. Accounting/payroll
    - e. Leadership/management
    - f. Note: Core Individuals will be set-up with remote log-in capability
  2. **Remote working options:**
    - a. Telecommuting
    - b. Possible remote command/management center

**C. Critical Faculty/Staff Numbers**

- i. 60% of Faculty required to continue classes
- ii. For short periods of time, non-core staff could be absent

**D. Travel Arrangements (International/Domestic)**

- i. Decisions to cancel travel will be made by the president or corresponding back up.
- ii. Associate provost for diversity and global learning will make recommendations related to academic travel and will coordinate with students, faculty, and staff already traveling at the time of a pandemic outbreak.

#### **E. Information Management**

- i. Key operating and emergency management information will be stored in known, accessible, and shared locations.

### **X. Faculty and Staff Guidelines**

#### **A. Vaccination**

- i. All faculty and staff are encouraged to receive a seasonal influenza vaccination.
- ii. All faculty and staff are encouraged to receive a novel influenza vaccination as they become available to various populations.

#### **B. Prevention**

- i. All faculty and staff are encouraged to follow prevention guidelines, which include frequent hand-washing, staying home when you feel ill, and coughing/sneezing into a tissue/elbow.
- ii. All faculty and staff are encouraged to clean their work surfaces (desk, computer, phone, etc) daily to minimize spread of germs.

#### **C. Isolation**

- i. All staff and faculty are encouraged to seek medical attention for influenza-like illness; Doing so in a timely manner will ensure treatment with antivirals, which will shorten the course of illness. All staff and faculty are encouraged to stay home when you have influenza-like symptoms, including fever, chills, headache, body aches, sore throat, cough, etc. According to CDC guidelines, you must remain in isolation until 24 hours after symptoms resolve.

#### **D. Student Absenteeism**

- i. Be lenient in regards to attendance policies in courses.
- ii. 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.

### **XI. ALL Student Guidelines**

#### **A. Vaccination**

- i. All students are encouraged to receive a seasonal influenza vaccination.
- ii. All students are encouraged to receive a novel influenza vaccination as they become available to various populations.

#### **B. Prevention**

- i. All students are encouraged to follow prevention guidelines, which include frequent hand-washing, staying home when you feel ill, and coughing/sneezing into a tissue/elbow.

#### **C. Treatment/Isolation**

- i. All students are encourage to seek medical attention for influenza-like illness; Doing so in a timely manner will ensure treatment with antivirals, which will shorten the course of illness. All students are encouraged to stay home when you have influenza-like symptoms, including fever, chills, headache, body aches, sore throat, cough, etc. According to CDC guidelines, you must remain in isolation until 24 hours after symptoms resolve.

### **XII. Residential Student Guidelines**

When a residential student becomes ill with influenza-like illness:

- A. Provide treatment with antivirals as indicated.
- B. Student is supplied with a face-mask (not a N95 respiratory) to use when in close quarters with other persons until well x 24 hours. Student is given masks for roommates as needed.
- C. Student is instructed to self isolate in their room until 24 hours after symptoms subside; if they must leave their room and are around other people (ie, kitchen, bathroom, common areas, etc) they are to have their mask on as per above.
- D. Student is given information sheet on influenza and patient instructions.
- E. Student is given a note excusing them from class until 24 hours after symptoms have resolved.
- F. Student is given handout “My Roommate has the Flu” for all roommates.
- G. Relocation – If there is a situation where either the ill student needs to be removed from their current living quarters, or one of their roommates is high risk for flu complications, consider the following relocation options.
  - i. If they have a local contact, student is to go home.
    - 1. Obtain contact info and provide direction that they should contact you upon returning to the halls.
  - ii. Isolate in Room
    - 1. Remain in room at all times.
    - 2. Wear mask if required to leave room.
    - 3. Contact Dean of Students for a permission slip that allows a roommate/friend to use their student ID to obtain food from Sodexho for a period of 2 weeks.
    - 4. In apartment style housing, roommates to all use one bathroom, leaving a bathroom for the ill individual.
    - 5. Roommates can be evaluated for potential prophylaxis as needed.
    - 6. Maintain as much physical distance from roommates as possible.
  - iii. Alternate Isolation Locations (in order of preferred locations):
    - 1. Available rooms.
    - 2. Payne Gymnasium.
    - 3. Basement of HWAC.
    - 4. Nursing lab.
    - 5. Note: No access or keys will be taken away to their permanent housing.
- H. Follow-up on ill students will come from the Director of SHS, Dean of Students, and Director of Residence Life as needed.
- I. Students are to clean their rooms after isolation period to decrease contamination of surfaces and spread of flu.

### **XIII. Cancellation of Events**

- A. Decision to Cancel All Events
  - i. Utah Department of Health & Salt Lake Valley Health Department Recommendations to Jennifer Rogers and Pandemic Committee.
  - ii. Pandemic Committee Recommendations to the President & SAT.
  - iii. Decision will be made by the President.
- B. Decision to Cancel Individual Events
  - i. Decision will be based on staffing and expected turnout.
  - ii. If an individual event is being cancelled, the Office of the President will be made aware.
- C. Specific Events that May be Affected
  - i. Music
  - ii. Theater
  - iii. ASWC

- iv. Athletics
- v. Lecture Series
- vi. Poetry
- vii. Individual Clubs

## **XIV. College Closure**

- A. Decision
  - i. Recommendations from CDC and local/state health department.
  - ii. Pandemic Committee recommendations to the President & SAT.
  - iii. Decision will be made by the President.
- B. Definitions
  - i. Reactive Class Suspension
    - 1. Suspension of classes in response to a present pandemic flu outbreak when the college can no longer maintain normal functioning.
  - ii. Preemptive Class Suspension
    - 1. Suspension of classes prior to a pandemic flu outbreak in order to decrease the spread of flu. Recommended by the CDC if flu starts to cause severe disease in significantly larger proportion of those affected than occurred during the spring/summer 2009 outbreak.
- C. Objectives for Closure
  - i. Protect overall public health by reducing community transmission.
  - ii. Reduce transmission in students, staff, and faculty.
  - iii. Protect people with high-risk conditions.
- D. Deciding a Course of Action
  - i. CDC recommends basing decisions on:
    - 1. Trends in severity of disease, virus characteristics, feasibility, and acceptability.
    - 2. Recommendations from public health agencies.
    - 3. Collaboration with staff, faculty, students, students' families, and the community.
- E. Length of Suspension
  - i. Depends on the goal of class suspension, as well as severity and extent of illness.
  - ii. If classes are suspended, the college should remain closed for at least five to seven calendar days.
  - iii. Before the end of this period, Westminster, 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.
- F. Procedure for Closure
  - i. Announcements will be provided through local television and radio media.
  - ii. Information about closure will be posted on the college web page.
  - iii. Signs will be placed around campus indicating closure.