

Infectious Disease Emergency Protocol for Colleges and Universities

An Update to our 2006 Think Tank titled:
**Blueprint for Pandemic Flu
Preparedness Planning
for Colleges and Universities**



Gallagher

Higher Education Practice Group

This document has been excerpted and revised, with permission by the World Health Organization, from their document title, "WHO checklist for influenza pandemic preparedness planning."



Portions of both the 2006 and the updated 2015 edition of this document have been excerpted and revised, with permission by the World Health Organization, from their document title, "WHO checklist for influenza pandemic preparedness planning."

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This monograph does not create, and is not intended to create, a standard of care or a legal duty of any kind. The failure to implement any item from the proposed guidelines and checklists is not intended as, and should not be construed as, evidence of negligence or wrongdoing of any kind. Checklists and templates are merely aspirational and illustrative. The items listed are by no means required or recommended in all circumstances. Any appendices contained in this document were obtained from sources that, to the best of the writers' knowledge, are authentic and reliable.



2015 Reprint: Introduction

Even in a modern world of advanced health care, MRIs, microsurgery and antibiotics, it is distressingly easy to encounter infectious disease conditions that might present a college or university campus with challenges, up to and including the next epidemic. Our world contains many such risks, ranging from the recently reported cases of Ebola virus in Western Africa¹ to confirmed cases in the United States,² to a measles outbreak in Virginia,³ to a study reporting that dengue fever cases are 300 times higher than officially reported in India,⁴ to last year's 36,000 deaths from flu in the United States.⁵ We felt it was time to refresh our 2006 Think Tank white paper, originally titled *Blueprint for Pandemic Planning for Colleges and Universities*.

As of fall 2014, the Ebola death rate in Africa continued to hover at 50% and as yet there is no approved vaccine, but there is some reassurance that basic hygiene steps and an ordinary chlorine bleach rinse can significantly reduce potential exposure. While Ebola is apparently not, as of yet, transmitted via air, other infectious diseases, such as measles, are readily transmitted by airborne particulates.

While the original Think Tank paper focused on pandemic risk and response, this updated version, as the title implies, takes the original document and broadens it by editing the content to focus on emergency protocols for the full spectrum of infectious disease. Where appropriate, we left the original pandemic examples and references.

We wish to extend a special thank you to Dr. Anita L. Barkin, Director, Carnegie Mellon University Student Health Center, a member of the original Think Tank planning team, for the broader focus of this white paper and the additional Appendix on *Infectious Disease Response Protocol*.

2006 Preface

In late 2005, the World Health Organization and the Centers for Disease Control and Prevention (CDC) began in earnest to alert the world's countries to the possibilities of a pandemic flu outbreak on a scale similar to that of the Spanish Flu of 1918. That pandemic took an estimated 50 million lives. The pandemic that is now predicted is estimated to take the lives of as many as 25% of the population in those countries that could be severely impacted. Such a loss will undoubtedly result in severe human suffering and extreme economic havoc.

Higher Education will be among the industries most severely impacted because of risks resulting from international travel by students, faculty, and staff; and with open and accessible campuses to the local community at-large.

¹ http://www.who.int/csr/don/2014_09_04_ebola/en/

² <http://www.who.int/csr/don/01-october-2014-ebola/en/>

³ <http://www.vdh.virginia.gov/news/PressReleases/2014/050614Measles.htm>

⁴ <http://www.nytimes.com/2014/10/08/world/asia/study-of-dengue-cases-in-india.html>

⁵ <http://www.bloomberg.com/news/2013-01-18/flu-related-deaths-rise-above-epidemic-levels-in-the-u-s-.html>



According to the CDC, those most susceptible to death from a flu pandemic are those aged between 15 and 35 and the very old. Further, the CDC projects workplace absentee rates as high as 25% over a 4-9 month period. In the 1918 Spanish Flu, one-quarter of the United States' and one-fifth of the world's people were infected with the influenza resulting in 40-50 million deaths, with some scholars estimating as many as 100 million deaths.

The impact on college or university operations may include unprecedented demands on student health services, relocation of students in residence halls, the establishment of quarantine sites, debilitating sickness among staff and faculty causing severe reductions in force, essential services hampered and perhaps unavailable, and significant loss of tuition revenues and non-returning students.

Faced with this threat and the need to plan as soon as possible for managing the consequences of a pandemic flu outbreak, the Higher Education Practice at Arthur J. Gallagher Risk Management Services, Inc. held a "Think Tank" event on January 30 and 31, 2006. The purpose of this event was to develop a comprehensive document for colleges and universities to use in pre-planning a response to a pandemic flu outbreak.

Among those invited to participate were a blue ribbon team of experienced representatives from colleges and universities around the country who had already begun to draft planning documents for their institution's response to a pandemic outbreak. Large, small, public, and private institutions were represented.

Leading experts on pandemic flu kicked-off the two-day planning session with presentations that laid the foundation of knowledge necessary for the participants to develop this blue print.



Special presentations on Pandemic Flu were provided by:

Dr. Anita L. Barkin, Director, Carnegie Mellon University Student Health Service

Dan Lee, Pandemic Influenza Preparation Coordinator, Illinois Department of Public Health

Sena Blumensaadt, Officer in Charge, CDC Chicago Quarantine Station

The Planning Team members included:

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Vincent Morris, Director of Risk Management, Wheaton College

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John McLaughlin, Managing Director, Higher Education Practice

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John Watson, Executive Director, Higher Education Practice

Arthur J. Gallagher Risk Management Services, Inc.

As with any overwhelming task, the first step is to commit to getting started. It is our hope that this blueprint will help you do just that.

John McLaughlin

Managing Director

Higher Education Practice

Arthur J. Gallagher Risk Management Services, Inc.



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Introduction to Pandemic Flu

Failure to have a pandemic response plan may in of itself create liability for the institution, particularly given the amount of warnings and guidance offered by governmental officials and the encouragement to develop such a plan. Consider the following series of quotes:

“U.S. companies must pitch in to help prepare for what scientists believe could be a devastating influenza pandemic,’ Health and Human Services Secretary, Mike Leavitt, said 2/14/2006. Mr. Leavitt repeated the message he has been hammering home to states – they can expect little help from the federal government and need to get their emergency plans in order. ‘Avian flu, when it occurs, will severely test the best-laid plans...and many companies are not making any plans at all.’”

“We are overdue and ill-prepared. Local communities are going to have to take the lead.’ Mr. Leavitt said. ‘Those expecting the federal government to ride in and come to their rescue are going to be sorely disappointed.’”

“Mr. Leavitt said ‘checklists for businesses and families are being prepared to reveal weaknesses and enhance planning but acknowledged it was difficult to get people to act before the actual crisis hits.’”¹

“Let’s acknowledge that anything we say before a pandemic occurs feels like an exaggeration, feels alarmist. But anything said afterward, it shows a lack of preparation,’ Mr. Leavitt said.”

“Two thirds of some of the largest companies in America say they are not adequately prepared to deal with a flu pandemic. Former Health and Human Services Secretary, Tommy Thompson, told AP that corporate America reads about a possible pandemic flu, but can’t ‘completely digest it.’ Thompson’s new industry think tank, part of Deloitte and Touche, USA, sponsored the survey.”²

“People have to understand this is not science fiction,’ Dr. Osterholm says. ‘[Pandemics] are going to happen. This is why [a] group of infectious disease [experts] are trying to wake the world up, shake them and say, ‘You’ve got to understand this.’ Even if the bird flu isn’t the one that does it, another one’s going to. Like the people of New Orleans learned, this is not the time to panic and feel hopelessness. It’s the time to be prepared.’”³

Planning for a pandemic flu outbreak cannot begin without first understanding how it can get started, how quickly it will likely spread, and the potential magnitude of its consequences. The following illustrates a predictable scenario.

¹ Copyright 2006 Reuters Limited <http://www.businessinsurance.com/cgi-bin/news.pl?newsId=7210>

² <http://www.wavy.com/Global/story.asp?S=4192637&nav=23ii2Pmv>

³ From interview with Dr. Osterholm on the Oprah Winfrey Show, from “*Bird Flu: The Untold Story*”



Pandemic Scenario

In a remote country in Asia, a case of human-to-human transmission of Avian Flu is confirmed. Over the next two months, Avian Flu outbreaks take place in countries around the world. One in every 20 people infected dies. The rate of infection is rapid and countries initiate travel restrictions and quarantine measures. There are reports that the virus has spread in-flight to passengers arriving from an affected country.

A few weeks later, the first local outbreaks are reported. Rates of absenteeism in schools and businesses begin to rise. The spread of the new virus continues to be the major news item in print and electronic media. Widespread panic begins because supplies of antiviral drugs are severely limited and a suitable vaccine is not yet available.

By the end of the third month, police departments, local utility companies, and mass transit authorities experience significant personnel shortages that result in severe disruption of routine services. Hospitals and outpatient clinics are critically short-staffed as doctors, nurses, and other health-care workers themselves become ill or are afraid to come to work. Fearing infection, persons with chronic medical conditions are afraid to leave home. Intensive care units at local hospitals are overwhelmed, and soon there are insufficient ventilators for the treatment of flu patients. Parents are distraught when their healthy young adult children die within days of first becoming ill. Major airports begin to close because of high absenteeism among airline pilots, flight attendants, and air traffic controllers.

Over the next 6-8 weeks, health and other essential community services deteriorate further as the pandemic sweeps across the world.

Is your college or university prepared for this?

Similar to the impact the African Aids pandemic has had on that continent, a worldwide flu pandemic is expected to affect 25% of the world's population resulting in extreme mortality rates and social and economic chaos. The level of preparedness will influence the final death toll.

Recently, the Congressional Budget Office predicted that a severe flu pandemic could infect 90 million people and kill more than 20 million in the U.S. alone. These staggering numbers can be compared to the average of 200,000 typical flu cases per year in the U.S. with about 35,000 related deaths.

The objective of this document on Infectious disease planning is to enable colleges and universities to be prepared to manage an Infectious disease outbreak. Planning can help to reduce transmission of the Infectious disease virus strain, decrease hospitalizations



and deaths, maintain essential services, and reduce the economic and social impact of an Infectious disease outbreak.

A critical component of any disaster plan, particularly one such as an Infectious disease outbreak that reaches far beyond campus boundaries, requires cooperation and partnership with local authorities. A blueprint for an Infectious disease preparedness plan can be used for broader contingency plans encompassing other disasters caused by bioterrorism and the emergence of any new, highly transmissible and/or severe communicable diseases. Infectious disease outbreak scenarios should also be incorporated into other institutional emergency plans.

Pandemic strain influenza vaccine

With the current technologies, it is estimated that it will take at least five or six months before vaccines based on a new influenza strain can be produced on a large scale. But even then, most countries without production facilities will have limited access to vaccines during the first Infectious disease wave. Research into new vaccines may improve the global situation. Countries with production facilities are being encouraged to support and ensure by all means that rapid and large-scale production can take place during an Infectious disease outbreak.

How Do I Proceed from Here?

1. Read the introductory paragraphs to each section
2. Assemble a core planning team
3. Use questions to assign/delegate planning activities
4. Assemble the plan
5. Validate the plan with “table top” tests
6. Follow-through with needed improvements identified in the tests



1. Preparing for an Emergency

A. Getting Started

Infectious disease preparedness is a complex process. To ensure that decision-makers are prepared to make effective choices to difficult issues before and during an Infectious disease outbreak, their commitment to a response plan is essential.

It is advisable to decide in advance who will serve as the team to plan an Infectious disease outbreak response. The first priority will be to decide on the major goals of your institution's plan; for example, life safety, protection of property, and the protection of laboratory research and animal care; and to identify and appoint those who will serve in a "command and control" function.

Further, it is advisable that any existing emergency preparedness and business continuity plans are reviewed for relevance and as a means to save time before starting to develop a new plan that may already have many similarities.

Remember, a response plan should also include any satellite campuses and foreign operations, and it may be desirable to address the impact and response to the institution's real estate holdings.

Questions for consideration:

- What resources are needed to get started in planning for an Infectious disease response?
- Who should be appointed to assist in the planning process?

Completed	In Progress	Not Started	
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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. There is recognition of the potential human, social, economic, and legal impact of an Infectious disease outbreak at the highest levels of the institution's administration. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. There is commitment from the highest level to prepare for such an event. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Funding and staff have been committed relative to the anticipated preparedness planning costs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Individuals responsible for developing the Infectious disease preparedness plan have been designated. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. A single individual has been designated by senior management to facilitate the process. |



Completed In Progress Not Started

- | Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. The team has decided on the major goals of the plan, such as life safety, protection of property, the protection of laboratory research and animal care, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Any existing emergency preparedness and business continuity plans have been reviewed for relevance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. The planning team has identified and appointed those who will serve in a “command and control” function. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. There is a clear strategy on how to involve the institution’s stakeholders in the planning process. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. A realistic timeline for completion of the plan has been established. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. There is agreement on the roles and contribution in the planning process from all participating individuals. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. There is agreement for: scheduled periodic meetings of the Infectious disease planning team in the absence of an epidemic; urgent, regular meetings of the committee in the early warning phase of a potential epidemic; and ongoing meetings when an epidemic is developing locally. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Steps have been taken to coordinate with local public health officials. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Steps have been taken to educate employees about the need for their own personal planning. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other issues and considerations have been identified. |



B. Governance, Command, and Control

It is crucial to be able to make clear and timely decisions. For this reason, it is essential to know who is in charge of specific activities, how roles might change if a limited outbreak transitions into a major emergency and how **Command and Control** will be handled if key staff members are personally impacted. Such elements are often already defined in an existing business continuity plan and may be applicable to an Infectious disease outbreak response plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. A command and control structure is in place identifying the management and decision-making processes of all departments involved in response.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The key decision makers have been identified, including who will advise the administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The hierarchical structure for deciding when and how actions are to be taken and in what order for implementation have been defined and are known to key responders and departments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Senior management and key department heads know who will be in charge and what they themselves are to do, including reporting lines and responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Coordination with local public health officials and communication protocols has been established.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Responsibility has been assigned for monitoring recommendations from WHO, CDC, State and local public health departments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Roles and responsibilities are defined and explained in the operational plans for each department.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Standard procedures have been developed for outbreak verification and alert.



Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Standard procedures have been developed for establishing an operational emergency team.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Standard operational procedures have been developed for information flows (i.e. drafting of situation reports, monitoring mechanisms, briefings, back-up of information).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Standard procedures have been developed for obtaining medical/scientific consensus during a crisis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Standard operational procedures have been developed for disseminating public information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Standard operational procedures have been developed for human resource management and each of the other essential services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Other issues and considerations have been identified.

C. Risk Assessment

In order to focus on the strategy, it is recommended that the expected impact of the Infectious disease outbreak be estimated, not only on students and health-care workers, but all staff, and faculty, and both internal and external essential services. To achieve this, a risk assessment needs to take into consideration a broad overview of exposures.

A risk assessment should also include any satellite campuses and foreign operations.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Assumptions from which to evaluate the impact of an Infectious disease outbreak event have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Estimates have been determined of the effect of an Infectious disease outbreak on the institution, local health care delivery, hospitals, and morgues.



Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. An assessment as to what extent the campus can provide medical services has been completed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. It has been determined whether the institution has been identified by local health officials or will volunteer to serve as a county infirmary or facility for mass inoculations, or in other support roles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. An assessment is completed on the availability of additional healthcare providers needed in case of an Infectious disease outbreak on campus.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Essential services and processes, both internal and external, have been identified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. It has been determined how an Infectious disease outbreak may affect the institution's internal essential services in the absence of any local support.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. It has been determined how an Infectious disease outbreak will affect the availability and delivery of the institution's external essential services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Continuity plans for critical research and training activities have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Plans for research continuity involving animals and animal safety and care have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. It has been determined what percentage of foreign students reside on campus and how an Infectious disease outbreak would impact them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. It has been determined what percentage of the institution's personnel, including students, faculty, and staff, is involved in international travel and how an Infectious disease outbreak would impact those



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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. It has been determined how an Infectious disease outbreak would impact the operations of the institution's agriculture school/college, if one exists. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. The local availability for potential interventions with antiviral medication and/or Infectious disease strain vaccine has been determined. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. It has been determined how specific groups and cultural issues will be addressed before and during an Infectious disease outbreak; for example, language, access to media, religious practices, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Other issues and considerations have been identified. |

D. Response Plan by Infectious Disease Phase

To facilitate a quick and adequate response during a crisis, all those responsible should know what to do and in what order. For this reason, response plans for each phase should be developed, bringing together all other aspects of preparedness.

See Appendices A and D for Infectious disease Response Plans with Incident Level Responsibilities

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. A response plan by Infectious disease phase has been established. The response plan indicates the specific response during each phase of an Infectious disease outbreak. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. The response plan includes a mechanism for identifying triggers that will change the level of response. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. The response plan indicates the departments within the institution responsible for the designated responses at each phase. |



Completed In Progress Not Started

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. A response plan that identifies the responsibilities and tasks of departments and individuals at varying stages of an Infectious disease outbreak. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other issues and considerations have been identified. |

E. Communications: Internal and External

Communication strategies are an important component in managing any infectious disease outbreak and are essential in the event of an Infectious disease outbreak. Accurate, timely, and consistent information at all levels is critical in order to minimize unwanted and unforeseen social disruption and economic consequences and to maximize the effective outcome of the response.

Internal Communications

Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. A person or group with medical and/or scientific expertise has been appointed to assess risks to the campus and interpret research and determine its public health relevance to the campus community. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. There is a process in place to review and approve all communiqués. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. The chain of responsibility for the communications plan has been defined with a designated spokes-person appointed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The communications plan takes into consideration an overview of all available campus media channels, including internet, campus-wide e-mail, voice, text messaging, reverse 911, press releases, campus radio and newspapers, 800 numbers, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. There is a communication plan that addresses the campus constituency at all levels to keep them informed of the progress and impact of the Infectious disease outbreak based on |



Completed In Progress Not Started

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | communications with state and local public health offices. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. The internal communication plan addresses different target groups (e.g. staff, faculty, students, student health workers, and specific risk groups), key messages to be conveyed, possible materials that are needed (web sites, leaflets, information in different languages, etc.) and distribution mechanisms to reach the target groups. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other issues and considerations have been identified. |

External Communications

Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The external communication plan addresses different target groups (e.g. parents, donors, boards, press, general public, and health-care workers), key messages to be conveyed, possible materials that are needed (web sites, leaflets, information in different languages, etc.) and distribution mechanisms to reach the target groups. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. An official campus Infectious disease outbreak web site has been created and linked with other appropriate websites such as the CDC's and WHO's. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Relationships with medical and public health specialists have been established who are able to help with the development of accurate and timely messages before and during an Infectious disease outbreak. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. A mechanism for daily briefings has been built into the communications plan if an Infectious disease outbreak occurs locally or otherwise impacts institutional activities, i.e. satellite campuses and/or |



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | foreign operations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Mechanisms exist for information sharing with local authorities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. The necessary technology and networks for rapid communication with the state and local authorities have been established, including teleconferencing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other issues and considerations have been identified. |

F. Legal and Ethical Issues

During an Infectious disease outbreak, governmental bodies may find it necessary to overrule existing legislation or individual human rights. Examples include the enforcement of quarantine (over-ruling individual freedom of movement), use of privately owned buildings for hospitals, off-license use of drugs, and compulsory vaccination or implementation of emergency shifts in essential services. These decisions need a legal framework to ensure transparent assessment and justification of the measures that are being considered.

Ethical issues are closely related to those legal issues as mentioned above. They are part of the framework that is needed to assess the cultural acceptability of measures such as quarantine or selective vaccination of predefined risk groups.

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Liability issues have been considered and identified in the event the institution fails to respond appropriately to an Infectious disease outbreak. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. The advantages and disadvantages of a declaration of a state-of-emergency on campus during an Infectious disease outbreak have been identified. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Liability issues have been considered and identified in the event the institution fails to provide adequate level of care to students. |



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The institution has assessed the legal impacts of public health measures that are likely to be proposed, including: travel or movement restrictions (leaving and entering areas where infection is established); campus closings; prohibition of mass gatherings; isolation or quarantine of infected persons, or of persons suspected of being infected, or persons from areas where Infectious disease strain is established. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. The liability, insurance, and any necessary licensing issues have been considered for temporary, retired workers, and volunteers who may be assisting in areas outside their training and competence, particularly health and emergency services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. The liability issues have been considered for unforeseen adverse events in the possibility of administering a vaccine and/or antiviral drug, especially where the licensing process for an Infectious disease strain vaccine has been expedited. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. The legal and ethical questions have been considered for limiting the availability of a scarce resource, such as rationed diagnostic laboratory testing, Infectious disease strain vaccine or antiviral drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. The legal and ethical questions related to compulsory vaccination for health-care workers and workers from essential services have been considered. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. The legal and ethical issues related to limiting personal freedom, such as may occur with isolation and quarantine, have been considered. |



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. For research institutions, the establishment of a legal and ethical framework for research involving human subjects has been considered. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. For research institutions, the establishment of a legal and ethical framework for research involving animal subjects has been considered. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Other issues and considerations have been identified. |



2. Implementation, Testing, and Revision of the Plan

To ensure full implementation of the plan at all levels, it is recommended to set targets or define indicators that can be used to measure progress prior to a community or campus outbreak. An Infectious disease outbreak plan needs to remain a dynamic document to ensure that it is widely known. This can only be achieved if the plan is tested and revised regularly.

Questions for consideration:

- Who will set targets and oversee measures to assure progress in developing the plan?
- Who will be assigned to testing the plan?
- Who will be involved in deciding what to revise in the plan and when?
- Who will oversee decisions regarding when to implement the plan?

Completed	In Progress	Not Started	
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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. In the absence of outbreaks, a period of time has been established in which to review, revise and test the plan; for example, annually, biannually, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. In the absence of an outbreak, a mechanism is in place to ensure that the plan is tested and updated in the absence of, and prior to, an Infectious disease outbreak; for example, a table-top review of the preparedness and response plan is developed based on realistic situations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. An individual has been identified who is responsible for facilitating the regular review, testing and revision of the plan; for example, the health services director, risk manager, disaster services coordinator, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Processes are in place to assure improvement opportunities, once identified in the testing, are pursued; for example, critiquing of the drill, documentation of action items, assignment of action items to individuals, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other issues and considerations have been identified. |



3. Monitoring Incidence and Prevalence

Monitoring incidence and prevalence consists of ongoing collection, interpretation, and dissemination of data to enable the development of evidence-based interventions. Specific groups to pay particular attention to might include the agricultural schools and students and faculty who may come in contact with suspect carrier animals; medical school and hospital workers; research laboratory workers; student health workers; and returning students, faculty, and staff traveling abroad; and foreign students enrolling on your campus in the United States.

Questions for consideration:

- What type of monitoring is needed on campus?
- Who should be responsible for data collection and analysis?
- Who should use the information for policy and procedures development?
- How will the campus' monitoring system coordinate with local-area systems?

Completed	In Progress	Not Started	
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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. A coordination mechanism for monitoring in advance and during the response to an infectious disease outbreak has been established; for example input from housing, security services, student health, athletics, international programs, and local authorities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Personnel have been identified who are responsible for monitoring incidence and prevalence for infection internationally, regionally, and locally. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Objectives have been defined for an Infectious disease outbreak alert and during an epidemic. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. A point of contact has been identified at the local and/or regional health department. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Procedures to detect unusual or unexplained events of acute illnesses among students, faculty, and staff on campus have been developed in order to trigger appropriate public health and laboratory investigations. |



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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Procedures have been developed to help identify possible cases of Infectious disease contagion that might not otherwise be detected by routine monitoring among students, faculty, and staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Procedures have been developed to notify public health officials of unusual illnesses and medical conditions occurring among students, faculty, and staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Procedures for daily reporting of cases among students, faculty, and staff to local-area authorities have been developed, including information on the possible source of infection. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Appropriate protocol and contacts have been developed for arranging public health testing of students, faculty, and staff suspected of exposure or illness. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. A central reporting mechanism has been established for reporting: <ul style="list-style-type: none">• Employee “call-offs”/absences because of symptoms• Number of students in isolation and quarantine because of contagion symptoms• Number of confirmed cases being treated with antivirals• Number of contagion symptom transports to ERs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Other issues and considerations have been identified. |



4. Infection Control

Guidelines for infection control are important to clarify the routes of transmission and the ways to interrupt transmission through measures of hygiene. Infection control is an essential part of Infectious disease outbreak management.

Questions for consideration:

- Who will be responsible for establishing infection control guidelines?
- Who will be responsible for educating students, faculty, and staff about infection control procedures?
- How will implementation for infection controls be monitored and enforced?

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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Campus-wide education has been developed and available, including: <ul style="list-style-type: none">• Information on routes of transmission• How to prevent spread of the disease, including general hygiene measures such as cough etiquette and hand washing• Medical follow-up• Isolation (prophylactic)• Treatment with antiviral drugs, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. General bio-safety protocols have been developed where needed on campus; for example, research laboratories, animal care facilities, custodial services, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Personnel have been identified who will need special in-depth training because of the likelihood of exposure and infection; for example health care workers, security services personnel, emergency responders, housekeeping, and food services personnel; and anyone who may be working outside their area of competence and training. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Equipment needed to implement CDC recommended infection control and bio-safety measures; including personal protective equipment and fit testing for respiratory protection, has been identified. |



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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. The availability of equipment needed to implement CDC recommended infection control and bio-safety measures has been assured. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Policies have been developed on when to use personal protective equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Waste disposal and housekeeping protocols have been developed to prevent the exposure and spread of the disease. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Protocols for the handling and transfer of bodies have been developed to prevent the exposure and spread of the disease. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Fitness-for-duty procedures have been established to identify recovered cases of essential employees presumed to be immune. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Other issues and considerations have been identified. |



5. Public Health Measures: *Social Distancing and Quarantine, Travel Restrictions*

As the access to vaccines and antiviral drugs during an Infectious disease outbreak will be extremely limited, non-medical interventions may be the only way to delay the spread of the disease. Many of these interventions, however, may affect human behavior and human rights and therefore need a strong educational and legal basis. Moreover, most of the interventions are based on limited evidence. Therefore, transparent decision-making and frank information-sharing should go hand-in-hand with the measures discussed in this section.

Questions for consideration:

- Who will determine what type of pre-planning information is needed on campus?
- Who will be responsible for distributing educational materials to students, faculty, and staff?
- Who will coordinate the campus' monitoring system with local-area systems?

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- | Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The campus community knows how to achieve protection and contribute to limiting the spread of the disease, including public health measures that might be implemented to limit community spread, such as voluntary or enforced quarantine. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Logistical plans are in place to decide, carry out and communicate the proposed measures to limit the spread of the disease. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Persons who will be affected by public health measures have been informed about the expected effects and limitations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. General information on personal hygiene has been developed and distributed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Personal advice about reducing the risk of transmission is easily available to the campus community, for instance on an official Infectious disease outbreak web site. |



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Infection control guidelines are in place for non-medical settings; for instance in specific places where people gather or where there is a high risk of spread of infection (residence halls, classrooms, laboratories, athletic facilities, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Criteria to close the campus have been determined and the process for implementation has been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Criteria for the prohibition of mass gatherings have been defined and the process for implementation has been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Procedures for implementing confinement and quarantine, if proposed, have been developed taking into consideration the legal and practical issues.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Places on campus have been identified and designated for quarantine purposes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Procedures for the provision of medical care, food supply, social support, and psychological assistance for people in quarantine have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Procedures for transport of persons to quarantine sites and from there to hospitals or mortuaries have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Procedures to restrict domestic and foreign travel have been developed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Consequences of travel restrictions on partnering organizations have been identified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other issues and considerations have been identified.



6. Maintaining Essential Services: *Decision to Stay Open versus Decision to Close*

Essential services are those functions that keep a campus operating. Priorities may differ from institution to institution, but power, drinking water, transportation, and telecommunications are examples. Consideration of the effect of an Infectious disease outbreak on those persons who perform or assure the delivery of essential services is an important part of planning.

Typical departmental considerations follow. It is up to each institution to define for itself; however, based on its mission and priorities, what are the essential services required. For example, included in this section are considerations, in no particular order, for Student Health Services, Food Services, Admissions/Registrar/Financial Aid, Academic Affairs, Human Resources, Student Housing Services, Physical Plant and Facilities, International Studies and Foreign Operations, Counseling, Campus Security, and Business and Finance.

Other departmental considerations for essential services might include Public Affairs and Media Relations, Animal Care/Research Laboratories, Legal Affairs, Environmental Health and Safety, and Telecommunications.

Questions for consideration:

- Who will be among those deciding what the most essential services are?
- What criteria will be used in making such a decision?
- Who will be among those deciding whether to keep the institution open for classes or to shut down altogether for a specified period of time?
- What criteria will be used in making such a decision?

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Those essential services necessary to maintain the primary mission of the institution have been identified; for example, teaching, research, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. How a widespread Infectious disease outbreak will affect the delivery of essential services to campus has been evaluated; for example, food services, travel to & from foreign locations, utilities, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Each designated essential service has developed emergency contingency plans applicable to an Infectious disease outbreak. |



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Persons responsible for maintaining essential community services have been identified; for example, law enforcement and security, student health services, facilities, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. A list has been developed of essential campus personnel whose absence would pose a serious threat to public safety, or would significantly interfere with the response to an Infectious disease outbreak. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Contingency plans have been developed for coping with shortages of workers in these services; for example, cross training volunteers. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Protocols have been developed for utilizing and training volunteers and untrained workers for essential service roles; for example, training in advance versus post-incident training. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Opportunities for cross training “single source” providers to enhance operational redundancy have been identified; for example, a single employee normally assigned, trained, and familiar with a key process or service. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Those persons who are responsible for maintaining essential services and who “moonlight” for another entity have been identified and it has been pre-determined which entity they will respond to and support during an Infectious disease event. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. The institution has compared its needs assessment for essential services to the needs of the community for similar services; for example, housing, food, medical treatment, building and vehicle use, etc. |



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Mutual Aid and/or Memo of Understanding agreements with other institutions or service providers for essential services have been developed; for example, science labs, food services, housing, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Discussions have taken place, and decisions made, as to what conditions need occur to decide whether to keep the institution open for classes or to shut down altogether for a specified period of time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Other issues and considerations have been identified. |



Campus Considerations

A. Student Health Center

Assess the need and explore the options for stockpiling additional medical supplies, including personal protective equipment.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Plans have been developed to assure ongoing student health services in the event of a reduction in work force.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Protocols have been established for communicating with local health department and hospital emergency rooms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Protocols have been established for planning and communicating with parents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Planning has occurred and protocols have been established for pre-event counseling with students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. A range of supplies and medications , including antibiotics and IV Fluids, have been identified and stockpiled that will be useful for the prevention of exposure to contagion.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Appropriate type and amount of personal protective equipment has been identified and stockpiled that will be useful for treatment of complications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. There is a process in place to ensure that stockpiled materials that have expiration dates have not exceeded those dates.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Policies and procedures have been developed for fit-testing of respirators when required to be worn.



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Contingency plans have been developed for buying increased supplies of antibiotics, including the identification of suppliers, supply quantities, and necessary lead time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. A strategy has been developed for the triaged-distribution of stockpiled supplies and medication. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. For campuses without infirmaries, a plan has been developed for establishing one on campus. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. An internal notification plan and alert mechanism is defined and in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. An external notification plan and alert mechanism is defined and in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. A negative pressure room has been created for private evaluations of patients with contagion symptoms. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Signs have been posted at all entry points to the clinic directing patients with contagion like symptoms and/or returning from recent international travel to areas where there have been contagion outbreaks to self-identify and register with staff immediately. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. The time lag between sending samples for testing and getting results has been determined. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Clinic protocols have been developed for evaluating patients with contagion like symptoms to determine the likelihood of an exposure while minimizing contact and self-exposure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Clinic protocols have been developed for caring for students exposed to the contagion but not symptomatic. |



Completed In Progress Not Started

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Clinic protocols have been developed for caring for students who are ill but not hospitalized. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Staff has been trained in each of the above noted protocols. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Transportation policies to isolation areas have been developed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. The development and implementation of protocols have been developed for the safe handling of corpses, respecting cultural and religious beliefs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. The emergency capacity for storage of corpses before transfer to a morgue has been determined. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Other issues and considerations have been identified. |

B. Food Services

Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Plans have been developed to assure the ongoing provision of food services in the event of a reduction in work force. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Appropriate type and amount of non-perishable foods have been stockpiled. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Appropriate amount of prepackaged utensils have been stockpiled. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. There is a process in place to ensure that stockpiled foodstuffs that have expiration dates have not exceeded those dates. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Medical personnel have trained essential food service personnel on the risks and response to exposure. |



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Infection control policies and procedures are developed to minimize or prevent the spread of contagion from self-serving operations and food service personnel; i.e. replacing open utensil bins with prepackaged plastic utensils. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Enforcement policies have been developed for assuring infection control procedures are followed to minimize or prevent the spread of contagion by and among food service personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. The impact of an Infectious disease outbreak on supply chains such as food deliveries has been identified and expected deficiencies have been addressed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Plans are in place to safely transport food to individuals isolated or quarantined. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Other issues and considerations have been identified. |

C. Admissions/Registrar/Financial Aid

Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. A policy has been developed to address academic and financial concerns of students resulting from prolonged absences from class. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. A plan is in place to address decreased tuition receivables if there is a significant reduction in returning students. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. A means to monitor the whereabouts of students during an Infectious disease outbreak has been developed. |



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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. A plan is in place to continue the recruiting and admissions process during a quarantine. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other issues and considerations have been identified. |

D. Academic Affairs

Completed	In Progress	Not Started
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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. A policy has been developed to address academic concerns of students resulting from prolonged absences from class. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. A procedure is in place for students to take courses on-line. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. A procedure is in place for students in isolation to obtain class lectures and participate in exams. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. A procedure is in place to provide tutoring to students in quarantine or isolation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other issues and considerations have been identified. |

E. Human Resources

Completed	In Progress	Not Started
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|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Emergency contact information has been updated for students, faculty, and staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. A work-at-home policy has been developed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. IT resources are available for work-at-home for students, faculty, and staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. There is a system in place to train temporary workers. |



Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. There is a policy requiring cross-training of essential personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. There is a means to provide support and benefit information to employees' families other than face-to-face. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other issues and considerations have been identified. |

F. Student Housing Services

Completed In Progress Not Started

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|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. On-campus housing has been identified for use as isolation units for students who may not be able to be isolated off-campus or at home. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. On-campus isolation areas do not have recirculated air have been identified for use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. On-campus isolation areas that have private bathrooms have been identified for use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Evaluation centers to send students who believe they have been exposed or exhibit contagion like symptoms have been identified. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other issues and considerations have been identified. |



G. Physical Plant and Facilities

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Buildings best suited to serve as triage treatment centers, quarantine areas, and morgues have been identified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Plans have been developed to assure the ongoing provision of essential services in the event of a reduction in work force.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Appropriate type and amount of personal protective equipment has been stockpiled.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Appropriate type and amount of germicidal and disinfectant supplies have been stockpiled.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. There is a system in place to transport supplies and personnel to secondary facilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other issues and considerations have been identified.

H. International Studies and Foreign Operations

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Well-defined policies have been developed for <ul style="list-style-type: none">• Trip cancellation• Restricted travel regions• Repatriation• Academic credit issues• Shelter-in-place guidelines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. A policy regarding advisory statements as part of the orientation process has been developed for persons planning to travel to affected areas, including personal financial obligations.



Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Plans have been developed for communicating with and assisting students, faculty and staff who may be restricted from returning to the United States from affected countries, or who may be quarantined while overseas or upon return to the US..
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Plans have been developed for communicating with and assisting international students, faculty and staff working and learning on the home-campus in the United States and who may be restricted from returning to their homelands if the United States is affected, or who may be quarantined while in the United States.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Plans have been developed for faculty, staff, and students upon return to home-campus to review health status and incubation concerns.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Plans have been developed for inquiries from families regarding student foreign travel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Plans have been developed for appropriate protocol training for foreign campus location's on-site staff and faculty regarding monitoring and infection control.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. The consequences of travel restrictions on partnering organizations have been identified, and reviewed for contractual obligations, including clarification on what each institution's obligations will be in the event of an outbreak and who pays.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Consideration has been given to provide recommendations on hygiene supply kits to faculty, staff and students specific to foreign locations in which they are planning to visit or study.



Completed In Progress Not Started

10. Other issues and considerations have been identified.

I. Counseling

Completed In Progress Not Started

1. A plan has been developed to provide counseling services to faculty, staff, and students pre, during, and post event with special recognition to the significant number of deaths anticipated.

2. A procedure has been developed to offer counseling services to faculty, staff, and students by means other than face-to-face.

3. Other issues and considerations have been identified.

J. Campus Security

Completed In Progress Not Started

1. Plans have been made to secure and protect **selected areas** on campus declared off-limits for both short and long term periods of vacancy or quarantine; for example, health center, food service centers, campus security's dispatch center, etc.

2. Plans have been made to secure and protect the **campus' premises** if declared off-limits for both short and long term periods of vacancy or quarantine.

3. Plans have been made to secure and protect the campus dispatch center so that it remains open and operational for critical "routine" activities outside of those involving an Infectious disease outbreak.



Completed In Progress Not Started

- | Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Plans have been made to secure and protect the campus from encroachment from neighbors and other non-campus populations seeking services and refuge in the event of panic. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. A security plan is readily employable to secure and protect the campus' consumer staples, including food, water, and essential healthcare items. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Campus Security Services have met with local authorities to understand the plans and expected limitations of local police, fire, and all other local emergency services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Arrangements are readily employable to control access to campus and specific facilities when any have been designated by public entities as sites for public immunizations or other services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. A policy has been developed to bring in the director of student health services or other medical personnel to assist in managing an outbreak. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. A policy has been developed to refer all media matters and inquires to those in charge of media relations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. A plan exists to provide all security services personnel identified as essential with appropriate personal protective equipment and fit testing prior to wearing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Other issues and considerations have been identified. |



K. Business and Finance

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The potential financial impact of an Infectious disease outbreak has been estimated.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The institution has identified funds for business continuation in the event of an Infectious disease outbreak.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. A system is in place to maintain payroll and accounts payable in the event a substantial number of employees are absent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. A system is in place to maintain the purchasing of goods and services in the event a substantial number of employees are absent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Other issues and considerations have been identified.



7. Recovery

After an Infectious disease wave is over, it can be expected that many people will be affected in a variety of ways. Many may have lost friends and relatives, suffer from fatigue, or have financial losses as a result of the interruption of work. Campus authorities should ensure that these concerns can be addressed.

Questions for consideration:

- Who will make the decision when recovery can begin?
- Who will be assigned to a recovery response?

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. A prioritization sequence has been established in which essential services and key activities will be restored.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. A plan has been developed to establish recovery time-frames for essential services and key activities; for example, registrar's office within 2 weeks, physical plant operational within 24 hours.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. All essential services have developed recovery plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Human resources have been determined for social, psychological and practical support to students and affected faculty, and staff and their families; for example, employee assistance program, student counseling, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The financial impact of a recovery process has been estimated and available sources of funds have been determined; for example insurance, fundraising, use of endowment, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other issues and considerations have been identified.



8. Conclusion

This planning document is by no means complete nor is it intended to be. There are a multitude of issues both common and unique to colleges and universities to take into consideration when contemplating how best to respond to any crisis. An Infectious disease outbreak is only one of many events that can adversely impact a college or university campus.

Effective, efficient, well-reasoned, and tested emergency and disaster plans are critical at any time of crisis. Members of the panel involved in the development of this blueprint strongly encourage all institutions of higher education to review, update, and regularly test their disaster, recovery, and contingency plans.



9. Appendices

Appendix A provides a robust granular level infectious disease preparedness plan.

Appendix B provides a slimmer infectious disease response plan

Appendix C provides ebola and pandemic resources

Appendix D illustrates a sample Emergency Management Team Organization



Appendix A:

Infectious Disease Preparedness Plan: Incident Level Responsibilities

Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States	Level 3: Confirmed case(s) on Campus [Only essential personnel required to report to campus]
Incident Response Level Criteria and Corresponding World Health Organization (WHO) Phase				
Emergency Plan Incident Response Level Criteria	No current hazard to persons	Minimal immediate hazard to students, faculty and staff and can be resolved with minimal outside agency assistance.	Endangers students, faculty and staff and requires coordination with outside agencies.	Significant risk to students, faculty and staff and requires substantial coordination with outside agencies.
<i>WHO Phase*</i>	<i>Phase 3 –Disease Alert Phase</i>	<i>Phase 4 – Elevated Infectious Disease Risk</i>	<i>Phase 5 – Disease Imminent – cases anywhere in world</i>	<i>Phase 6 – Infectious Disease Outbreak Period</i>
Situation	<ul style="list-style-type: none"> Human infections with a new subtype, but no sustained human-to-human transmission 	<ul style="list-style-type: none"> Confirmed cases of sustained human-to- human transmission of novel virus anywhere in the world International travel advisories begin. 	<ul style="list-style-type: none"> Large clusters, but still localized. Public health authorities urge to prepare for social distancing. International travel warnings and passenger screenings begin. Virus characterized as having a high rate of transmissibility and/or mortality. Worried well begin to use resources. Trough between waves 	<ul style="list-style-type: none"> Increased and sustained transmission in the general U.S. population. Confirmation of a high rate of infectivity and/or mortality. Immediately preceded by falling class attendance, students leaving campus and local public health recommendations to curtail/cancel public activities in Louisiana. Rising employee absenteeism. International travel restrictions Some students unable to return home due to travel restrictions will remain at [institution short]. Essential employees requested report to work.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Emergency Management and Policymaking Responsibilities				
Infectious Disease Planning Team (Risk Manager, Residential Life Director, Counseling Director, University Police Chief, Human Resources Director, Medical Director for Student Health, Public Affairs Director, VP for Student Affairs)	Review/Define: <ul style="list-style-type: none"> • Essential functions • Overall Disease Response Plan • Incident level responsibilities of campus units • Tracking preparedness tasks and accomplishments • Joint review of plans with City of _____ Department of Health through [SCHOOL'S INITIALS]'s Assistant to the President for Government Relations. • Infectious Disease Planning Team recommends to President's Cabinet who can best serve as Incident Commander and alternatives. 	<ul style="list-style-type: none"> • Bring in Incident Commander • Monitoring situation • Contact Public Affairs. • Bring in Housing/Dining for quarantine planning. • Essential personnel receive fit test & training on respiratory protection from Safety Officer. 	<ul style="list-style-type: none"> • Essential personnel receive N95 respirators from Safety Officer 	<ul style="list-style-type: none"> • Maintain contact amongst Planning Team. • Implement regular meeting plan and place.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Incident Commander (TBD)	<ul style="list-style-type: none"> • Incident Commander and alternates receive training on incident response protocols (i.e. NIMS, ICS, etc.) and campus emergency plan. • Identify locations and confirm operational status for Incident Command Center and alternate Incident Command Center. 	<ul style="list-style-type: none"> • Establish communications protocol with City of _____ Department of Health regarding planning and surveillance. • Communicate with and benchmark other college Health Services and Environmental Health & Safety Depts. • Alert President’s Cabinet. • Establish communication with Deans and Public Safety/University Police regarding status of preparedness. • Update emergency action plan with Planning Team & President’s Cabinet as situation evolves. • In conjunction with the President’s Cabinet, compose communication(s) to campus community regarding status of disease spread, self-protection, & response (e-mail, website, town meetings). 	<ul style="list-style-type: none"> • Communicate with City of _____ Department of Health. • Notify Student Affairs and Counseling Services. • Notify Residential Life & Dining on number of potential contacts that may require isolation. • Issue communications with Public Affairs and the President’s Cabinet for the campus community regarding signs/symptoms, protocol for referral of suspected cases. • Essential personnel receive N95 respirators from Safety Officer. • Gather and report information on number of cases on campus and in parish. • Activate Incident Command Center and recall essential personnel. 	<ul style="list-style-type: none"> • Advise President’s Cabinet to activate Emergency Operations Center. • Recommend temporary closure of building(s) and suspension of student and academic activities to President’s Cabinet. • Implement Emergency Action Plan with Planning Team & President’s Cabinet. • Ensure that each Essential Department and Unit functions are covered.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
President’s Cabinet (President, Provost, and Vice Presidents)	<ul style="list-style-type: none"> • Endorse [Institution full name] Infectious Disease Response Plan. • Review and endorse “[Institution full name] Infectious Disease Social Distancing Policy.” • Review and endorse “Policy for Curtailing [Institution full name]’ Operations during Infectious Disease outbreak” (social distancing, leave, individuals with no leave, wage). • Encourage faculty to plan for delivering instruction via long distance learning or other modes. • Provide roster of essential personnel from President’s Cabinet to Infectious Disease Planning Team. • Appoint an Incident Commander. 	<ul style="list-style-type: none"> • Receive information from Incident Commander. • Review content of internal and external public information bulletins and announcements. Work with Public Affairs to select appropriate university spokesperson(s) for media reporting. • Essential personnel from President’s Cabinet receive fit test and training on respiratory protection from Safety Officer. • Consider restricting movement on and off campus for activities/athletic events. • Based on U.S. State Department/CDC recommendations, recommends campus community return home and not to travel to affected countries. • If supplies, medical & vaccine are limited beyond essential personnel, develop ethical and administrative guidelines for distribution. • Draft succession plan for leadership. 	<ul style="list-style-type: none"> • Advise Board of Trustees on response options. • Activate Incident Command Center. Recall essential personnel. • Evaluate information on institutional effects of the incident and set response priorities as appropriate. • Essential personnel receive N95 respirators from Safety Officer. • Advise faculty to prepare to implement distance learning. • Assess the limitations of social distancing plans on instruction and its impact on completing the session. • 	<ul style="list-style-type: none"> • Provide oversight for student, staff, & faculty family notifications if appropriate. • Plan for post-Infectious Disease outbreak recovery & resumption of normal operations. • Plan for revised instruction calendar & completion of the session. • Advise faculty to implement long distance learning (unless classes are curtailed). • Authorize temporary suspension of classes or closure as defined by the President’s Cabinet.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
<p style="text-align: center;">Responsibilities of Essential Departments or Units</p> <p>These departments and units must have:</p> <ul style="list-style-type: none"> • Continuity of Operations Plans, including verifying continuity of their supply chain(s). • Succession plans for all critical positions. Identified persons must be trained and understand his or her role. 				
Public Safety/University Police	<ul style="list-style-type: none"> • Provide roster of essential personnel from Public Safety/University Police to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Assure mutual aid agreements with local police and fire department and Homeland Security. • Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. 	<ul style="list-style-type: none"> • Key personnel train dispatchers, security, police, and other staff on symptom identification and personal precautions to reduce potential infection. • Alert Student Health Center if encountering individual(s) with contagion-like symptoms. • Essential personnel receive fit test and training on respiratory protection from Safety Officer. 	<ul style="list-style-type: none"> • Implement Student Health POLICY on transporting suspect infected individual to hospitals. • Essential personnel receive N95 respirators from Safety Officer. • Set up Public Safety command center and recall essential personnel. 	<ul style="list-style-type: none"> • If suspension of classes, class closure or establishing quarantine area, secure buildings and post signage. • Assist Health Center. • Maintain essential services for those remaining on campus.



<p>Student Health Services (to be reviewed by Medical Director)</p>	<ul style="list-style-type: none"> • Work w/ Publications to post Infectious Disease website. • Develop Level 1 Infectious Disease communications & plans. • Plan for general information (non-health) call center. • Promote development of family emergency plans for campus community. • Provide roster of essential personnel from Student Health Services to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his/her role. • Create student self-care information/packets. • Develop surveillance plan for individuals w/ acute respiratory illness. • Coordinate with City of _____Department of Health on planning mass immunization/ mass dispensing sites. • Support planning for alternative care facilities. • Develop policy with Student Affairs & Public Safety/University Police on transporting of suspected infected individuals to hospitals. • Submit budgetary request to support Infectious Disease response materials (e.g., thermometers, respirators, body bags, etc.) for all students for use in early self-diagnosis. • Develop social distancing policy. • Identify training resources to be made available for staff. • Train key personnel on Infectious Disease Response training. 	<ul style="list-style-type: none"> • Notify campus by e-mail and post entry door notifying patients w/ contagion profile & travelers to affected countries to call Student Health in lieu of entering & potentially infecting others. • Locate an isolated exam room. • Standard precautions in place. • Resp. protection equip. in place. • Training on contagion symptoms. • Follow state/local protocols for patient testing. • Monitor Health Care workers. • Essential personnel receive fit test and training on respiratory protection from Safety Officer. • Provide seasonal flu vaccinations to all essential campus personnel & others based on supply. • Provide thermometers for students and staff to Residential Life for dissemination. • Heavily promote seasonal flu vaccination. • Provide training for staff for communicating with parents of suspected cases. • Identify a possible isolation ward for level 2 & 3 response. • Issue advisories for students, faculty, staff, and visitors arriving from affected regions. • Monitor student travelers entering from affected regions. • Contract with hazardous material company for professional cleanup and disposal of increased biohazard waste. • Key personnel trains Student Health Services staff on Infectious Disease symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Isolate and monitor suspected cases. • Identify contacts of suspected case. • Communicate with parents of suspected cases and explain procedure. • If appropriate, initiate prophylaxis of contacts based on strength of patient presentation assuming availability & access to Tamiflu. • Establish phone triage lines for Student Health Services. • Initiate poster, e-mail campaign on self-protection • Daily report of suspected cases to Incident Commander and City of _____Department of Health. • Essential personnel receive N95 respirators from Safety Officer. 	<ul style="list-style-type: none"> • Recall essential personnel. • Report cases daily to Incident Commander and City of _____Department of Health. • Locate people contacted by patient and arrange for screening of people who have had contact with affected individuals. • Identify student events where confirmed patients have attended. • Arrange for counseling services. • Contact Coroner's office if necessary. • Utilize debriefing opportunities for counseling, health care workers, & essential personnel. • Maintain essential services for those remaining on campus.
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Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Counseling Services	<ul style="list-style-type: none"> • Provide roster of essential personnel from Counseling Services to Infectious Disease Planning Team; and inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Coordinate with Student Health Services/others in developing counseling protocols and materials. • Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. 	<ul style="list-style-type: none"> • Essential personnel receive fit testing and training on respiratory protection from Safety Officer. • Provide training for staff for communicating with parents of suspected cases. • Identify and disseminate materials for faculty, staff, and students. • Key personnel trains Counseling Services staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Essential personnel receive N95 respirators from Safety Officer. • Establish phone triage lines for Counseling Services. • Counseling Services initiates pre-event counseling for essential personnel. • Provide counseling services. 	<ul style="list-style-type: none"> • Recall essential personnel. • Provide counseling services. • Utilize debriefing opportunities for counselors, healthcare workers, & essential personnel. • Maintain essential services for those remaining on campus.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Dining Services	<ul style="list-style-type: none"> • All management staff are deemed essential; review responsibilities to report, notify supervisor, etc. • Provide roster to Infectious Disease Planning Team. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Plan menus with contingencies for different situations, plan for paper supply use. • Plan for minimal staff levels, etc. • Plan for use of N95 respirators. • Consider contracts for alternate suppliers. • Promote hand washing and hygiene. • Plan for minimal wage employee turnout. • Educate management and support levels about departmental planning for contagion and emergencies. • Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. • 	<p>Enact planning for quarantine of students:</p> <ul style="list-style-type: none"> • Key personnel train Dining Services staff on contagion symptom identification and personal precautions to reduce potential infection. • Ensure emergency response menu is planned for various degrees of need. • Stockpile additional food stuffs and water. • Ensure food delivery process is planned and delivery supplies are on hand. • Essential personnel receive fit test and training on respiratory protection from Safety Officer. 	<p>Enact plan for quarantine of students:</p> <ul style="list-style-type: none"> • Set up Dining command center and recall essential personnel. • Identify meal delivery need and method for quarantined students. • Identify roles of essential staff: leadership, communications, food production, food delivery, maintenance and housekeeping. • Essential personnel receive N95 respirators from Safety Officer. 	<ul style="list-style-type: none"> • Recall essential personnel. • Activate plan from level 2 to quarantine students in conjunction with guidance from the City of _____ Department of Health. • Maintain essential services for those remaining on campus.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Residential Life	<ul style="list-style-type: none"> Develop information through Publications for website for resident students and parents to consult regarding status of Infectious Disease outbreak situation. Prepare planning regarding essential personnel and their responsibilities, provide roster to Infectious Disease Planning Team... (RA's have protocol on emergency situations). Draft/Update Continuity of Operations Plan. Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. Create contagion brochures and web information directed at students. Prepare information re: assistance and support for students who fall ill while in residence. Work with Residential Life assignments manager to pre-determine empty rooms for emergencies. Advise on Residential Life aspects of social distancing policy, isolation & quarantine options. Plan to track and report students leaving campus. Train support staff on hygiene, Level 3 plan & symptom recognition. Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. 	<p>Enact planning for quarantine of students:</p> <ul style="list-style-type: none"> Education, training and communications for Residential Life student and hall staff. Train on social distancing, hand washing and hygiene facts. Receive thermometers from Student Health and provide to all students and staff for early self-diagnosis. Stock N95 respirators for students. Identify potential rooms and/or buildings to be used for quarantined students. Update by semester based on current occupancy. Notify current occupants in spaces that will be needed of the potential or need for them to move. Essential personnel receive fit test and training on respiratory protection from Safety Officer. Key personnel train Residential Life staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> Essential personnel receive N95 respirators from Safety Officer. Determine whether to house students and work with them or evacuate residence halls (unless stay orders are implemented). Prepare for social distancing with students and staff. Enact plan for quarantine of students: Set up Residential Life command center and recall essential personnel. Enact emergency phone contact tree. Identify meal delivery need and method for quarantined students. Identify roles of essential staff: leadership, communications, food production, food delivery, maintenance and housekeeping. Activate emergency locator tracker on housing website for use by displaced students to report their temporary addresses. 	<ul style="list-style-type: none"> Recall essential personnel. Implement social distancing policy. Activate plan from level 2 to quarantine students in conjunction from the guidance from City of _____ Department of Health. Maintain essential services for those remaining on campus.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
International Education (Study Abroad Program)	<ul style="list-style-type: none"> • Develop information through Publications for website for Study Abroad, International Students, and parents to consult regarding status of Infectious Disease outbreak situation. • Train faculty directors on Infectious Disease outbreak issues and develop plan for specific study abroad programs. • Provide information on website directed at students and include in on-line orientation. • Prepare information re: assistance and support for students who fall ill while abroad. • For international students, work with Residential Life assignments manager to pre-determine empty rooms for emergencies. • Advise on housing aspects of social distancing policy, isolation, quarantine options. • Provide roster of essential personnel from International Education to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. 	<ul style="list-style-type: none"> • Coordinate with faculty directors on Infectious Disease outbreak response while abroad. • Essential personnel receive fit test and training on respiratory protection from Safety Officer. • Issue advisories for students, faculty and staff planning to travel internationally. • Issue advisories for students, faculty, staff, visitors arriving from affected regions. • Implement Emergency Protocol as needed. • Notify Incident Commander & Infectious Disease Planning Committee of students/faculty arriving from affected regions. • Evaluate status and recommend suspension of travel as appropriate. • Monitor student travelers entering from affected regions and assist with communications to int'l students & their families. • Key personnel trains International Education faculty directors and essential personnel on contagion symptom identification and personal precautions to reduce potential infection. • Plan to track and report students leaving study abroad programs. • Train faculty directors on hygiene, Level 2 & 3 plan & symptom recognition. 	<ul style="list-style-type: none"> • Implement Emergency Protocol as needed. • Essential personnel receive N95 respirators from Safety Officer. • Activate emergency locator tracker on housing website for use by displaced students to report their temporary addresses through the campus website. • Advise and communicate with overseas students, faculty and staff. • Determine whether to house students & work with them or evacuate housing (unless stay orders are implemented). • Prepare for social distancing with students & staff. 	<ul style="list-style-type: none"> • Recall essential personnel. • Continue to advise and communicate with overseas students, faculty and staff. • When possible, support overseas students, faculty and staff who are unable to return. • Implement social distancing policy.



<p>Facilities/Physical Plant (Safety Officer)/ Housekeeping</p>	<ul style="list-style-type: none"> • Provide roster of essential personnel from Facilities/Physical Plant/Housing to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Submit budgetary request to support Personal Protective Equipment needs of all campus essential personnel. • Assess essential personnel Personal Protective Equipment needs and stock; prepare for medical and fit testing. • Assure mass dispensing protocols developed; coordinate with City of _____ Department of Health to assure priority for campus first responders. • Review housekeeping training on disinfection and cleaning re. an Infectious Disease event. • Evaluate needs for housekeeping supplies. • Evaluate need for trash receptacles to place outside of restrooms. • Recruit chemical hygienist for Safety Officer support, backup. • Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. • Identify building ventilation systems' ability to isolate regions within building and to close or increase make-up air as determined by Student Health Services. 	<ul style="list-style-type: none"> • Essential personnel receive fit test and training on respiratory protection from Safety Officer. • Assess respiratory protection plan and resources. • Key personnel train Facilities/Physical Plant/Housekeeping staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Essential personnel receive N95 respirators from Safety Officer. • Arrange for additional medical waste pickups. • Setup Facilities Command Center. 	<ul style="list-style-type: none"> • Recall essential personnel. • Stand by to shut off utilities as directed by Incident Commander, if necessary. • Assist w/ notification of Emergency Building Coordinators. • Assist Student Health Services. • Maintain essential services for those remaining on campus.
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Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Human Resources	<ul style="list-style-type: none"> • Provide roster of essential personnel from Human Resources to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Prepare a call-off policy • Support/advise on HR aspects of social distancing policy, essential personnel policy, telecommuting, re-allocating personnel to jobs outside role, employee compensation issues. • Investigate off-site access to HR systems. • Plan for increased benefits case load. • Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. 	<ul style="list-style-type: none"> • Monitor faculty & staff travelers entering from affected regions. • Identify personnel available for e-mail response. • Inform campus of policies for social distancing, essential personnel, telecommuting, and benefits under extraordinary circumstances. • Essential personnel receive fit test and training on respiratory protection from Safety Officer. • Key personnel train Human Resources staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Same as Level 1. • Essential personnel receive N95 respirators from Safety Officer. • Activate emergency locator tracker on website for use by displaced faculty and staff to report their temporary addresses. 	<ul style="list-style-type: none"> • Recall essential personnel. • Activate call-off policy. • Maintain essential services for those remaining on campus.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Risk Management	<ul style="list-style-type: none"> • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Support/Advise on Human Resources aspect of worker compensation coverage. • Facilitate development of a business continuity plan. • Identify risk exposures for which insurance can and cannot be obtained including associated financial impact. • Benchmark risk management response and insurance coverage options with peer universities. • Appoint key personnel to be trained by Student Health Center on Infectious Disease Response Training. 	<ul style="list-style-type: none"> • Monitor world/national health issues. • Advise Infectious Disease Planning Team of information. • Facilitate the update of the campus Business Continuity Plan. • Identify steps that must be taken to monitor and protect insurance coverage. • Essential personnel receive fit test and training on respiratory protection from Safety Officer. • Key personnel train Risk Management staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Facilitate the implementation of campus Business Continuity Plan. • Communicate with insurance carriers on evolving campus issues. • Essential personnel receive N95 respirators from Safety Officer. 	<ul style="list-style-type: none"> • Recall essential personnel. • Assess actual risk and possible insurance trigger events. • Initiate claim process as appropriate. • Continue to facilitate the implementation of the campus Infectious Disease Response and Business Continuity Plans. • Maintain essential services for those remaining on campus.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Publications	<ul style="list-style-type: none"> • Work with Student Health Services to develop and post Infectious Disease outbreak Website. • Work with all major departments to develop information for their populations (e.g. Residential Life, International Education, etc.) 	<ul style="list-style-type: none"> • Continue to update Infectious Disease outbreak Website. 	<ul style="list-style-type: none"> • Continue to update Infectious Disease outbreak Website. 	<ul style="list-style-type: none"> • Continue to update Infectious Disease outbreak Website.



<p>Information Technology Services</p>	<ul style="list-style-type: none"> • Provide roster of essential personnel from Information Technology to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Evaluate expanding web course casting and telecommuting resources. • Facilitate and support the development of Blackboard. • Review plans for call center. • Evaluate off-campus access to necessary systems. • Appoint key personnel to be trained by Student Health Center on Infectious Disease outbreak Response Training. 	<ul style="list-style-type: none"> • Essential personnel receive fit testing and training on respiratory protection from Safety Officer. • Plan for general information (non-health) call center & assist Student Health Center with planning for a health-related call center. • Assess supplemental telecomm/computing hardware/software needs for the entire campus. • Assess needs for webpage support. • Develop plan for adding volunteers to loyno.edu email addresses. • Develop plan for distributing telephone calls to homes or phone banks. • Purchase/contract for supplemental telecommunications/computing hardware/software needs. • Key personnel trains Information Technology Services staff on contagion symptom identification and personal precautions to reduce potential infection 	<ul style="list-style-type: none"> • Essential personnel receive N95 respirators from Safety Officer. • Assist with implementation of distance learning and telecommuting. • Add additional phone lines to Emergency Operations Center, quarantine areas, and functional groups. • Setup Information Technology command center. 	<ul style="list-style-type: none"> • Recall essential personnel. • Support distance learning and telecommuting. • Provide guidance for forwarding phones and setting up “bounce messages” for remote a-mail retrieval. • Activate and assist with Emergency Notification System. • Maintain essential services for those remaining on campus.
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Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Public Affairs	<ul style="list-style-type: none"> • Provide roster and number of essential personnel from Public Affairs to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • With all departments, develop & manage a centralized website. • Develop a crisis communication plan. • Appoint key personnel to be trained by Student Health Center on Infectious Disease outbreak Response Training. 	<ul style="list-style-type: none"> • Draft internal and external bulletins and announcements, with the President’s Cabinet. • Write scripts for each stakeholder group with approval from President’s Cabinet. • Essential personnel receive fit testing and training on respiratory protection from Safety Officer. • Key personnel train Public Affairs staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Appoint liaison to interface with the President’s Cabinet. • Write and record bulletins and updates on the [SCHOOL’S INITIALS]’s Emergency Information Hotline (XXX-XXX-XXXX). • Essential personnel receive N95 respirators from Safety Officer. • Setup Public Affairs command center. 	<ul style="list-style-type: none"> • Recall essential personnel. • Publish messages from Public Affairs on a periodic basis on the front page of [institution short]’s website. • Organize phone banks with at least two other Jesuit Universities, if necessary (phone banks can refer callers to emergency services, take messages, support rumor control). • Establish a Media Relations Center: coordinate press releases, and manage news teams and interviews, etc. • Maintain essential services for University.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Emergency (Building) Coordinators	<ul style="list-style-type: none"> • Emergency (Building) Coordinators receive emergency response training. • Provide roster of Emergency Coordinators to Infectious Disease Planning Team. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Appoint key personnel to be trained by Student Health Center on Infectious Disease outbreak Response Training. 	<ul style="list-style-type: none"> • Essential personnel receive fit testing and training on respiratory protection from Safety Officer. • Key personnel train Emergency Coordinators on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Disseminate information to Emergency Floor Coordinators as needed. • Essential personnel receive N95 respirators from Safety Officer. • Remain available for further instructions. 	<ul style="list-style-type: none"> • Recall essential personnel. • Maintain essential services for those on campus.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Responsibilities of other Officials, Colleges and Departments				
All Colleges and Departments	<ul style="list-style-type: none"> • Draft/Update Continuity of Operations Plan. • Evaluate and determine essential functions. • Develop roster of essential personnel, and succession plans for those positions and functions. Provide copies to Infectious Disease Planning Team. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Plan for expanding distance learning and development of alternative teaching strategies. • Plan for possible telecommuting operations. • Appoint key personnel to be trained by Student Health Center on Infectious Disease outbreak Response Training. 	<ul style="list-style-type: none"> • Encourage flu vaccinations. • Encourage development of family preparedness plans. • Essential personnel receive fit testing and training on respiratory protection from Safety Officer. • Key personnel trains all Colleges' and Departments' faculty and staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Prepare to activate Continuity of Operations Plans. • Plan for distancing measures and/or disbursement of essential personnel. • Essential personnel receive N95 respirators from Safety Officer. 	<ul style="list-style-type: none"> • Recall essential personnel. • Activate Continuity of Operations plans. • Maintain essential services for those remaining on campus.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
College of Humanities and Natural Sciences	<ul style="list-style-type: none"> • In addition to the above, plan for: mass euthanasia, burial or disposal of susceptible species; animal care with reduced personnel resources. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Appoint key personnel to be trained by Student Health Center on Infectious Disease outbreak Response Training. 	<ul style="list-style-type: none"> • Order additional supplies for animal care that may be in short supply during Infectious Disease event. • Key personnel trains College of Humanities and Natural Sciences staff on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Prepare to implement animal care or euthanasia plan based on circumstances. 	<ul style="list-style-type: none"> • Recall essential personnel. • Implement animal care or euthanasia plan based on circumstances.



Emergency Plan Incident Response Level	Level 0 Pre-event assessment, evaluation and planning	Level 1: Confirmed cases of human-to-human transmission (All Level 0 steps not yet implemented)	Level 2: Suspected case(s) on Campus or suspected/confirmed cases in United States (All Level 1 steps not yet implemented)	Level 3: Confirmed case(s) on Campus (All Level 2 steps not yet implemented)
Department Emergency Coordinators	<ul style="list-style-type: none"> • Identify Emergency Coordinator from each department. • Provide roster of essential personnel among the Departments to Infectious Disease Planning Team; inform them of their responsibilities. • Draft/Update Continuity of Operations Plan. • Draft succession plan for all critical positions. Identified persons must be trained and understand his or her role. • Appoint key personnel to be trained by Student Health Center on Infectious Disease outbreak Response Training. 	<ul style="list-style-type: none"> • Encourage faculty and staff to develop family preparedness plans. • Essential personnel receive fit testing and training on respiratory protection from Safety Officer. • Key personnel train Department Emergency Coordinators on contagion symptom identification and personal precautions to reduce potential infection. 	<ul style="list-style-type: none"> • Monitor campus communications and disseminate information. • Remain available for further instructions. • Essential personnel receive N95 respirators from Safety Officer. 	<ul style="list-style-type: none"> • Same as Level 2 • Recall essential personnel. • Maintain essential services for those remaining on campus.

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Appendix B: Infectious Disease Response Protocol

This sample response protocol is meant to indicate what typical role players (groups and individuals) will be doing at various levels of disease. The leftmost column indicates the responding team or individual, while the Level 1-2-3 columns indicate escalating response levels (described immediately below) and what should be happening for each response category for that level. This sample is meant to be edited to suit your institutional needs and structure.

1. *Unit Level* - Limited transmission of infectious disease with low mortality and morbidity.
[Human impact- Asset impact- Mission impact]
2. *Small-Scale EOC* – Case(s) of an infectious disease with high mortality or morbidity that potentially threaten campus health & safety.
3. *Full EOC* – Cases of an infectious disease with high mortality and morbidity that disrupts the conduct of University business.

	Level 1	Level 2 (in addition to Level 1 actions)	Level 3 (in addition to Level 2 actions)
1. Assessment Team (University Health Services, FMS, EH&S, & Univ. Police)	Unit Level response	<ul style="list-style-type: none"> • Small-scale Emergency Operations Center (EOC) to coordinate key stakeholder communications. • Assess nature and extent of outbreak. • Assign incident coordinator (commander). • Notify the Executive Policy Group Coordinator. • Generate action plan with Health Services. • Contact internal communications (Public Information). 	<ul style="list-style-type: none"> • Activate EOC with Executive Policy Group Coordinator. • Small EOC appoints someone to City Unified Incident Command. • Launch campus -Alert.



<p>2. Incident Coordinator (University Health Services [UHS])</p>	<ul style="list-style-type: none"> • Direct ill students to contact UHS. • Identify index case and assess need for mitigation strategies to limit transmission. • Determine nature/level of communication to targeted audience(s). 	<ul style="list-style-type: none"> • Assign UHS personnel to Operations Team for local control and communications. • If immediately dangerous to life and health (IDLH) - Launch campus -Alert. • Establish contact with County Health Dept. and other health agencies as deemed appropriate. • Assess adequacy of resources and supplement, as necessary, including medical personnel and supplies. • Establish and communicate a response protocol for suspected cases. • Assist in planning/execution of mass vaccination. 	<ul style="list-style-type: none"> • Initiate NIMS structure. <ul style="list-style-type: none"> ○ Appoint head of Operations, Liaison, Logistics, Planning, Safety, Finance and Record Keeper, if necessary. • Formulate & implement internal Emergency Action Plan with Assessment Team, UHS, and Executive Policy Group Coordinator. (Michael Murphy) • Provide information and updates to Public Information (Media Relations). • Authorize a de-activation or reduced operations for the EOC.
<p>3. University Police (UP)</p>	<ul style="list-style-type: none"> • Implement policy on transporting individuals to hospitals. • Summon campus EMS or 911 for triage. 	<ul style="list-style-type: none"> • Receive additional fit test, training on respiratory protection and personal protection protocols from EH&S for personnel. • Implement screening protocol for dispatch in consultation with UHS. • Alert UHS if encountering individual(s) with symptoms consistent with illness. 	<ul style="list-style-type: none"> • Enforce public health orders. • Secure perimeter of quarantine/isolation areas - post signage as needed. • Secure health care facility. • Control crowds and maintain civil order.



<p>4. Facilities Management</p>	<ul style="list-style-type: none"> • Provide special cleaning of identified areas, if required. 	<ul style="list-style-type: none"> • Restrict key card access to building(s), if needed. • Inform FMS & ISS personnel in affected building(s) of possible decontamination requirements and manage turnover of isolation housing. • Assist with securing/moving additional medical and cleaning supplies. 	<p>Same as Level 2</p>
<p>5. Environmental Health & Safety</p>	<ul style="list-style-type: none"> • Train UP and UHS on respiratory protection and personal protective equipment, if applicable. • Assist with infectious waste disposal as needed. 	<ul style="list-style-type: none"> • Provide safety recommendations to incident coordinator. • Contract with hazardous material company for professional cleanup and disinfection, if needed. • Obtain and distribute N95 respirators and personal protective equipment for UHS, UP and others, if needed. • Provide additional training and communications for essential personnel with UHS for safeguarding against agent. 	<p>Same as Level 2</p>
<p>6. President's Office</p> <p>Executive Policy Group Coordinator (Michael Murphy)</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> • Receive updates from UHS and incident coordinator. • Coordinate communication updates with campus community and local/national media. • Contact Expert Team, Deans, or 	<ul style="list-style-type: none"> • Activate Emergency Operation Center. • Executive Policy Group Coordinator receives assessment about the incident from the Incident Coordinator and key health care agencies. • Evaluate the institutional effects of the incident.



		<p>Dept. Heads, if needed.</p> <ul style="list-style-type: none"> Secure additional resources, as necessary. Benchmark parallel institutional response. Work with Public Information to select appropriate university spokespersons for media reports. 	<ul style="list-style-type: none"> Advise Executive Management on response options. Notify Deans and Department heads of decisions. Provide oversight for family notifications, if appropriate. Review audiences and content for follow-up, internal and external public information bulletins, and announcements. Review business continuity plan and eventual return to normal operations.
<p>President's Office</p> <p>Executive Management</p>	Not applicable	<ul style="list-style-type: none"> Receive updates from Executive Policy Group Coordinator. 	<ul style="list-style-type: none"> Evaluate information on the institutional effects of the incident and set response priorities, as appropriate. If necessary, authorize a temporary suspension of classes, campus evacuation or closure.
<p>7. Public Information (Media Relations)</p>	Not applicable	<ul style="list-style-type: none"> Obtain information from UHS/Incident Coordinator. Determine relevant audiences and draft initial internal and external follow-up bulletins and announcements with the Executive Policy Group Coordinator. Prepare public information reports for the campus web site. 	<ul style="list-style-type: none"> Request phone banks from Telecom, if necessary (phone banks can refer callers to emergency services, take messages, support rumor control). Establish a Media Relations Center: coordinate press releases, and manage news teams, site tours, interviews, etc. Monitor media reports about the University.
8. Floor Marshals	Not applicable	Not applicable	Same as Level 2
9. Student EMS	<ul style="list-style-type: none"> Assist with medical assessment. 	Same as Level 1	Same as Level 2



	<ul style="list-style-type: none"> • Coordinate response and provide case reports to UHS. 		
10. Radio Club	Not applicable	Not applicable	<ul style="list-style-type: none"> • Assist with communication as necessary
11. Parking	Not applicable	Not applicable	<ul style="list-style-type: none"> • Coordinate with UP for the following: <ul style="list-style-type: none"> ○ Open parking gates for evacuation. ○ Establish traffic patterns for evacuation. ○ Arrange public transportation options.
12. Housing & Dining Services	<ul style="list-style-type: none"> • May provide special meal accommodations on case by case basis. • Provide isolation housing on a case by case basis. 	<ul style="list-style-type: none"> • Provide meals for ill students in isolation. • Provide additional isolation areas, as needed. • Relocate students, as necessary. 	<ul style="list-style-type: none"> • Provide supplies as needed. • Provide meals and accommodations for students unable to travel home.
13. Risk Mgmt.	Not applicable.	Same as Level 1	Same as Level 2
14. Medical Services (University Health Services)	<ul style="list-style-type: none"> • Address the medical care needs for ill person(s). • Conduct contact investigation, education and symptom monitoring. • Mitigate the spread of illness through patient education, isolation, and other relevant strategies as appropriate. • Address reportable disease requirements, if 	<ul style="list-style-type: none"> • Contact Center for Disease Control and County Health Department. • Secure additional clinical space and nursing staff from outside agencies, if needed. • Plan and participate in a mass vaccination campaign. • Initiate phone triage protocol for UHS. • Provide additional training and communication to response personnel in partnership with 	<ul style="list-style-type: none"> • Determine staffing, scheduling, hours of operation needed to support remaining students.



	<p>applicable.</p> <ul style="list-style-type: none"> • Craft appropriate educational communications to targeted audiences. • Contact relevant support services in Student Affairs to assist the student. • Contact/collaborate with Human Resources if staff and faculty impact is anticipated. 	EH&S.	
15. Telecommunications	Not applicable	<ul style="list-style-type: none"> • Establish additional phone support for UHS. 	<ul style="list-style-type: none"> • Establish phone banks, if necessary (phone banks can refer callers to emergency services, take messages, support rumor control).
16. Student Life/Activities	House fellows or College Liaisons contacted to provide residential and academic support for affected student(s).	<ul style="list-style-type: none"> • Assist with isolation/quarantine including meal provision and delivery of other necessary supplies. • Act in a surveillance role especially in the residential setting and student activity arena and communicate relevant information to UHS. • Consider mitigation strategies for student events (screening participants, hand washing stations) or postponement/cancellation. 	<ul style="list-style-type: none"> • Provide student support for those unable to leave campus in the event of evacuation.



17. Counseling and Psychological Services	Not applicable	<ul style="list-style-type: none"> Establish plan for providing services, including teletherapy, to students experiencing stress as a result of disease outbreak. 	Same as Level 2
18. Office of International Education	Not applicable	<ul style="list-style-type: none"> Provide guidance regarding international student issues. Assist in communication of travel advice to students abroad. Identify contacts in host countries regarding access to health care, travel issues, status of disease in the region. 	<ul style="list-style-type: none"> Provide student information/support for students traveling home due to campus evacuation. Provide student information/support/monitoring of students who are studying abroad.
19. Human Resources	Not applicable	<ul style="list-style-type: none"> Prepare call-off and/or telecommuting policy for faculty/staff who are in isolation. Communicate protocols or restrictions relating to travel to faculty and staff. Communicate work expectations and leave policies to campus community, as needed. 	<ul style="list-style-type: none"> Identify personnel to staff essential functions. Identify personnel available for telephone support work.



Appendix C: Ebola and Pandemic Resources

While not an exhaustive listing, the following will provide key resources for staying informed of infectious disease activities.

- CDC: Advice for Colleges, Universities and Students about Ebola in West Africa
<http://wwwnc.cdc.gov/travel/page/advice-for-colleges-universities-and-students-about-ebola-in-west-africa>
- Public Health England: Ebola Advice and Risk Assessment for Universities
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365601/Ebola_advice_for_further_educational_establishments_211014.pdf
- US Health & Human Services: Disaster Information Management: Ebola Outbreak 2014
http://disasterinfo.nlm.nih.gov/dimrc/ebola_2014.html?utm_source=NHC+Master+List&utm_campaign=61d2a02fdf-DR633&utm_medium=email&utm_term=0_dabc309806-61d2a02fdf-54389106
- US CDC: Ebola
<http://www.cdc.gov/vhf/ebola/>
- CDC Unveils 6-phase Pandemic Response Blueprint
<http://www.cidrap.umn.edu/news-perspective/2014/09/cdc-unveils-6-phase-pandemic-response-blueprint>
- Official United States government website on pandemic flu and avian influenza
<http://www.pandemicflu.gov/>
- Avian Flu Facts, CDC
<http://www.cdc.gov/flu/avian/index.htm>
- WHO Avian Flu Home Page
http://www.who.int/csr/disease/avian_influenza/en/
- Global Health Council
<http://www.globalhealth.org>



Appendix D:
Courtesy of Cornell University
A Sample Emergency Management Team and Organization

