

**Pandemic Response Plan
The University of North Carolina at Pembroke**

**Attachment: UNCP's Response to H1N1 influenza, fall 2009
08/27/2009**

- 1. H1N1.** Novel influenza A (H1N1) is a new flu virus of swine origin that first caused illness in Mexico and the United States in March and April 2009. It's thought that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus, but it may also be spread by touching infected objects and then touching your nose or mouth. Novel H1N1 infection has been reported to cause a wide range of flu-like symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. In addition, many people also have reported nausea, vomiting and/or diarrhea.
- 2. Organization.** UNC Pembroke will use a special committee structure to prepare for and respond to H1N1 on campus this fall. The structure is as follows:

Pandemic Coordination (in accordance with University Administration and Pandemic Plan) Planning for: Oversight of all emergency functions and coordination with other agencies as needed.

Glen Burnette, Vice Chancellor for University and Community Relations
Charles F. Harrington, Vice Chancellor for Academic Affairs and Provost
Diane Jones, Vice Chancellor for Student Affairs
Rick Boyd, Assistant Vice Chancellor, Public Safety
Ronnette Sutton, University Counsel
Cora Bullard, Director, Student Health Services
Pam Barkett, Director, Human Resources
Preston Swiney, Director, Housing and Residence Life
Larry Freeman, Director, Physical Plant
Student Representative

Emergency - Health and Medical Services

Lead: Student Health Services

Planning for: Medical treatment, surge planning, epidemiology, medical guidance, and vaccine distribution.

Cora L. Bullard, Student Health Services
Judith Lee, Student Health Services

Emergency – Resource Management

Lead: Business Affairs **Support:** Human Resources / Academic Affairs

Planning for: Faculty and staff relations and absenteeism planning. Logistics and support of other emergency functions.

Neil Hawk*, Business Affairs
Charles F. Harrington*, Academic Affairs
Pam Barkett, Human Resource Services

Joshua Malcolm, General Counsel

Emergency - Public Information

Lead: University Communications

Planning for: Educational materials for faculty, staff, and students as well as the public relations and communications.

Glen G. Burnette, Jr.*, University Communications

Amber F. Rach, University Communications

Lawrence Locklear, University Communications

Scott Bigelow, University Communications

Jerrod Hatfield, University Communications

*Member of the Crisis Action Team.

3. Major Actions

a. Oversight (Pandemic Coordination)

- **Coordination.** The primary function of the pandemic coordination committee is to ensure regular communications between the special work committees, University administration, and the UNC General Administration.
- **Guidance and Recommendations.** The pandemic coordination committee shall issue guidance to University departments, faculty, staff, and students. The committee shall also make recommendations to the University administration regarding policies, cancellations, and closures.
- **Response structure.** The pandemic coordination committee shall also measure the University's response protocols with other institutional responses, applicable regulations and guidance, and the specific risk at UNC Pembroke. The pandemic committee may revise or restructure the response at UNC Pembroke in response to any of these criteria.

b. Health and Medical Services.

- **Monitoring.** Student Health Services will serve as the lead agency for H1N1 monitoring and surveillance on campus. Weekly reports, indicating the total number of influenza-like-illness (ILI) cases on campus shall be forwarded to the University administration and the University of North Carolina (UNC) General Administration.
- **Treatment.** The treatment of all students presenting to Student Health Services with ILI will go unchanged. Student Health Services continues to follow applicable Centers for Disease Control (CDC) guidance, particularly guidance for institutions of higher education.
- **Coordination.** Student Health Services coordination with other University

departments and public health will continue. Regular communication and briefings will continue until there is a significant reduction in the risk and/or transmission of H1N1 / ILI cases.

- **Personal protective equipment (PPE).** Although PPE is only required for a limited number of staff and those presenting symptoms of ILI, this function shall monitor the distribution and use of PPE.

c. Resource Management.

- **Faculty and Staff Coordination.** This function will provide regular communications and information for the faculty and staff. Examples of communication may include e-mail notices that promote hygiene and consideration of absenteeism.
- **Absenteeism.** Address concerns related to increased absenteeism and how supervisors should handle absenteeism.
- **Mandatory and Essential Employees.** The identification and notification of mandatory and critical employees, as indicated by UNC or UNC Pembroke policy, is the responsibility of resource management.
- **Logistics (mission support).** This action includes the supplies and materials to support UNCP's response to H1N1. Logistics may include expendable items or cleaning materials. The funding of these logistics is also the responsibility of this function.

d. Public Information.

- **Public communications.** Web communication is the primary method for H1N1 information. The general public is utilizing reputable information sources, such as the CDC's www.flu.gov for the latest H1N1 information. The public information function shall monitor the latest information available on the Web and provide information as needed on the University's Web site. Additionally, this function will monitor all H1N1 information on institutional Web sites and provide a common area where the information is provided. Additionally, this function may utilize other media to notify the faculty, staff, students, and greater University community of applicable H1N1 information as it relates to UNC Pembroke.
- **Preventive education and information.** Tools and media campaigns for prevention are also the major responsibility of this function. Preventive tools may include the dissemination of fliers or brochures, hand sanitizers, etc.

- 4. Isolation.** Students with symptoms of an ILI are asked to self-isolate in accordance with the latest CDC recommendations. If an on-campus student is asked to self-isolate by Student Health Services, a representative of Student Health Services shall notify Housing and

Residence Life so that assistance may be provided. Students that are able to leave campus and return home shall be asked to do so. Students that do not report to Student Health Services, faculty, and staff are asked to pay close attention to their symptoms and self-isolate in accordance with CDC recommendations.

5. **ILI Monitoring.** Student Health Services shall provide weekly reports of ILI cases presenting to Student Health Services during the week. This report shall include a total count of ILI cases and be forwarded to the University Administration as well as UNC General Administration.
6. **Large Gatherings.** The decision to cancel large gatherings and special events will be made by the Chancellor and University administration, the pandemic coordination committee, and direct stakeholders in the gathering or event. It is unlikely that the University will cancel a large event, rather, the event may be used for public education outreach and information.
7. **Coordination with Public Health and UNC-GA.** Student Health Services shall maintain regular communications with public health officials. Regular updates and communication with UNC General Administration may occur through multiple outlets (human resources, Student Health Services, student development, etc.), although regular reports shall be forwarded from emergency management to the Vice Chancellor for University and Community Relations.
8. **Training and Exercises.** Many of the H1N1 Briefings have possible and/or likely scenario discussion in a tabletop format. Various stakeholders will use these scenarios to develop plans and procedures moving forward.
9. **Death of a Student.** In the event that a student dies from H1N1, the University will follow the standard policies and procedures regarding student death notification. The Vice Chancellor for Student Affairs will serve as the lead official throughout this process. Communications and information for the campus community will be managed through University and Community Relations in coordination with Student Health Services (in accordance with the University's Crisis Communications Plan).
10. **H1N1 Briefings.** The pandemic coordinating committee shall call regular H1N1 briefings and compile situation reports as needed. H1N1 briefings shall follow a standard meeting agenda, comprised of the following elements:
 - Call to order
 - Health and medical update
 - Resource management update
 - Public information update
 - Other questions and business update
 - Adjournment
11. **Responding to Significant Developments.** Although H1N1 is less severe than Avian

influenza or SARS, the University will continue to monitor the epidemiology and transmission of H1N1. If at any time there are significant developments, the University may apply all planning assumptions and guidelines of the entire Infectious Disease Pandemic Response Plan.

12. CDC Guidance. The University of North Carolina at Pembroke will follow the Centers for Disease Control *Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year* dated August 20, 2009 as follows:

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

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

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

- Non-residential students, faculty, and staff with flu-like illness should be asked to self-

isolate at home or at a friend's or family member's home until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medicines.

- Review, and revise if needed, sick leave policies to remove barriers to faculty and staff staying home when they are ill or caring for an ill family member. For students, consider altering policies on missed classes and examinations and late assignments so that students' academic concerns do not prevent them from staying home when ill or prompt them to return to class or take examinations while still symptomatic and potentially infectious.
- Do not require a doctor's note for students, faculty, or staff to validate their illness or to return to work, as doctor's offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.
- Distance learning or web-based learning may help students maintain self-isolation.
- Visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm> for more information on staying home while sick.

Considerations for high-risk students and staff

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

Discourage attendance at campus events by ill persons: Events such as football games or concerts that bring large groups together may pose a high risk of exposure and transmission of flu. Use a variety of communication methods such as e-mail, posters, flyers, and media coverage to discourage people with flu-like illness from attending these events until they have been free of fever for at least 24 hours and to encourage hand hygiene and respiratory etiquette. Explore ways to modify events to reduce close contact and increase distances between participants. IHEs may need to consider cancelling some events if modification is not possible and there is a high level of influenza activity in the community.

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

Routine cleaning (*conducted as possible*)

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

Considerations for specific student populations

- Review policies for study abroad programs, including accessing Student Health Services abroad and reporting illness to the IHE.
- Communicate plans, policies, and strategies to partner K-12 schools regarding “early/middle college” students, prospective student tours, and other K-12 students regularly on campus.
- Determine if special communication strategies are needed to meet the needs of students with disabilities.
- Review policies for sports teams, bands, and other large groups of students who spend a lot of time together in close quarters. IHE may need to consider cancelling travel to off-campus activities.
- Remind health-care profession students to follow infection control guidance for health-care workers. Visit <http://www.cdc.gov/h1n1flu/clinicians> for guidance for health care settings.

Under conditions with increased severity compared to spring/summer 2009

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

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

- If flu severity increases, people at high risk of flu complications may consider staying

home while a lot of flu is circulating in their community. Such people should make this decision after consulting with their doctor.

- IHEs should plan now for ways to continue educating students who stay home through distance learning methods. IHEs should also examine policy accommodations that might be necessary such as allowing high-risk students to withdraw for the semester, tailoring sick leave policies to address the needs of faculty and staff, or modifying work responsibilities and locations.

Increase social distances: Explore innovative ways to increase the distances between students (for example, moving desks apart or using distance learning methods). Ideally, there should be at least 6 feet between people at most times.

Campus events: Consider whether to suspend or modify public events such as films, sporting events, or commencement ceremonies.

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

Consider suspending classes

- IHE and health officials should work closely to balance the risks of flu in their community with the disruption that suspending classes will cause in both education and the wider community.
- Use multiple channels to communicate a clear message about the reasons for suspending classes and the implications for students, faculty, staff, and the community.
- **Reactive class suspension** might be needed when IHEs cannot maintain normal functioning.
- To decrease the spread of flu, CDC may recommend **preemptive class suspension** if the flu starts to cause severe disease in a significantly larger proportion of those affected than occurred during the spring/summer 2009 outbreak.
- If classes are suspended preemptively, large gatherings (for example, sporting events, dances, commencement ceremonies) should be cancelled or postponed.
- IHEs with only **nonresidential students** should consider whether they can allow faculty and staff to continue use of their facilities while classes are not being held. This may allow faculty to develop lessons and materials and engage in other essential activities.
- IHEs with **residential students** should plan for ways to continue essential services such as meals, custodial services, security, and other basic operations for students who remain on campus. When possible, dismiss students who can get home – or to the home of a relative, friend of the family, or host family – by private car or taxi. International students and others without easy access to alternative housing should stay on campus, but increase the distance between people as much as possible.
- The length of time classes should be suspended will vary depending on the goal of class suspension as well as the severity and extent of illness. IHEs that suspend classes

should do so for at least five to seven calendar days. Before the end of this period, the IHE, in collaboration with public health officials, should reassess the epidemiology of the disease and the benefits and consequences of continuing the suspension or resuming classes.

Deciding on a course of action

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

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