Weber State University

Concept of Operations

During a Pandemic Event

Revised September 2013

Section I – Introduction

Background Information

While this concept of operations specifically references pandemic influenza, its protective actions and procedures have been developed for similar respiratory illness outbreaks which create a public health emergency. Weber State University's (WSU) public health emergency planning, issues and response shall be coordinated with local public health official's guidance. Although WSU campuses span a large geographic area, the Weber Morgan Health Department (WMHD) shall be the primary contact for local pandemic event information. In close coordination with Weber State University Office of Emergency Management, inter-agency coordination of resources during such an event will occur at or through, the Weber State University Emergency Operations Center (EOC) if activation is necessary. The implementation of EOC activities will occur through the WSU Crisis Management Team (CMT) which is comprised of President's Council.

Local planning must be supportive of, and supported by federal and state plans. Interoperability between all local, state and federal agencies is critical to success. Coordination of that support, as referenced herein, is required for information regarding vaccine and antiviral drug distribution, communications, disease surveillance, health services and emergency measures.

An influenza pandemic or worldwide epidemic constitutes a global health emergency and is associated with high morbidity, mortality and social disruption. Influenza pandemics tend to occur every 35 to 40 years when there is an abrupt change in the influenza "A" virus. Influenza pandemics have occurred in 1918 (Spanish flu), 1957 (Asian flu) and 1968 (Hong Kong flu), causing millions of deaths worldwide.

Given the serious implications of an influenza pandemic, planning is occurring at all levels of government to minimize the severity of the impact of the illness, the number of deaths and societal disruption. The World Health Organization (WHO) has released pandemic influenza planning documents, which are regularly updated.

Weber State University has taken an active role with the various stakeholders and planners regarding these issues. This plan is written to direct WSU in the event that a public health emergency (pandemic, influenza, or other like event) occurs in our area.

Assumptions

This concept of operations is based upon the following planning assumptions:

1. During a pandemic/epidemic event there may be a significant increase in student absenteeism effecting current academic protocols.

2. During a pandemic/epidemic event WSU may suffer employee absenteeism rates in excess of 30% due to personal or family illness.

3. Once a pandemic is declared within the borders of the U.S. , supplies of basic PPE such as surgical, N95 masks, etc. will become difficult to acquire.

4. The dissemination of public information regarding prevention strategies during a health emergency will be critical.

5. Regular operation during a pandemic will be difficult due to infection control measures and social distancing.

The Influenza Virus and Public Health Emergencies

Influenza is an acute viral illness with an incubation period of one to three days. It is transmitted primarily by contact: droplet, indirect or direct. There is some evidence that airborne transmission is a factor. The period of communicability is 24 hours prior to the onset of symptoms to 7 days after symptoms develop. Symptoms include: abrupt onset of headache, chills, dry cough, followed by high fever, myalgia, malaise, and loss of appetite. It can also progress to more severe illness such as pneumonia with fatal outcomes. Influenza is of such concern as a result of the rapidity with which epidemics develop, and the associated widespread illness and severe complications (viral and bacterial pneumonia). There are three types of influenza virus – A, B, and C (pandemics are associated with Influenza A).

The influenza virus is constantly changing or mutating. This usually results in minor changes (or "drifts") in the virus, which cause flu outbreaks every winter. A new vaccine is developed every year based on viral strains identified through world-wide disease surveillance. When the virus undergoes a major change (or shift); a high proportion of the population will have little or no immunity. If this virus causes serious illness, death, and can be transmitted efficiently person-to-person, the conditions for a public health emergency/pandemic will exist.

Unlike other respiratory illness outbreaks where transmission was primarily confined to hospitals and close household contacts, pandemic influenza can spread quickly throughout the community. Pandemics typically occur in waves. The first wave is expected to last six to eight weeks. A second wave often occurs six to nine months later and the level of illness is often more severe than in the first wave. A third wave can also occur.

Experts at the World Health Organization (WHO) and elsewhere believe that the world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century's three pandemics occurred. WHO uses a series of six phases of pandemic alert as a system for informing the world of the seriousness of the threat and of the need to launch progressively more intense preparedness activities.

The designation of phases, including decisions on when to move from one phase to another, is made by the Director-General of WHO. Each phase of alert coincides with a series of recommended activities to be undertaken by WHO, the international community, governments, and industry. Changes from one phase to another are triggered by several factors, which include the behaviour of the disease and the characteristics of circulating viruses.

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

Inter-Pandemic Period

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected

country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

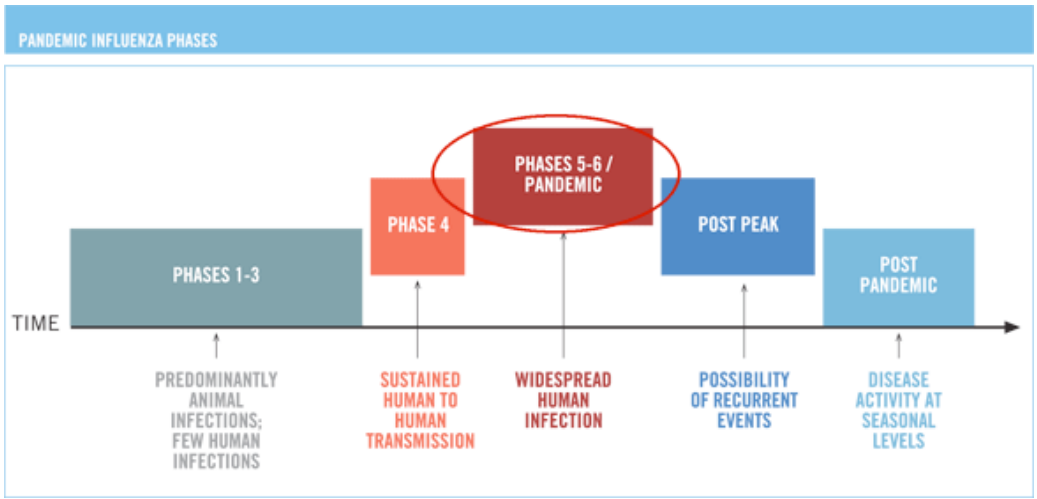
Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate "at-ease" signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

Current phase of alert in the WHO global influenza preparedness plan 2009



Section II – Strategies

Initial Strategy

Weber State University (WSU) will follow the guidance of our state and local public health agencies. If a public health agency in geographic proximity to WSU declares a Phase 4 Alert, the WSU Crisis Management Team (CMT), which consists of President's Council, shall meet, review this document, and begin preliminary action planning based on the most current operations and staffing information. The CMT may also consider the implementation of infection control guidelines, social distancing tactics, or other actions at this time. WSU will confer with the Weber-Morgan Health Department (WMHD) before implementing any protective measures.

Secondary Strategy

Once WSU has been notified that a public health emergency/pandemic has been declared by WMHD or is imminent/occurring in the greater Weber County/Davis County area this plan shall be activated. Notification will most likely be made through the Emergency Management Director by the Weber Morgan Health Department Emergency Coordinator. The point of contact will likely be the Emergency Management Director or his designee.

Once notified, the CMT shall be activated and will be the official source of health information to WSU faculty, staff and students. Any new directives regarding changes in operations will be made by the CMT. The decision to close any WSU facilities and any changes of day-to-day work schedules will be communicated through the CMT and will be based upon direction from local public health agencies.

Office of Emergency Management

The Office of Emergency Management will be responsible for the development and maintenance of this plan. The Office of Emergency Management will provide staff to the EOC during the scheduled hours of operation. If the EOC is not activated, the CMT can also be supported by this office.

Storage and Materials Management

WSU shall procure and keep inventory of personal protective supplies to include masks, protective gloves, and a suitable supply of hand wash agent. These supplies will be used by WSU employees, students and visitors to our campuses as appropriate. Dissemination of these supplies will be administered by WSU Environmental Health and Safety.

Personal Hygiene/Social Distancing

The best possible defence to a flu virus is personal hygiene and social distancing. Employees and students should thoroughly wash their hands after every contact, before touching food, after using the washroom, after sneezing, coughing or blowing your nose. It is recommended that employees should obtain a yearly flu vaccination.

Social Distancing (those steps implemented to increase personal distance between members of society and/or to minimize contact) is a critical key to maintaining the health of WSU faculty, staff and students during an epidemic/pandemic event. Unfortunately procedures of social distancing may be perceived by the public as cold or impersonal and may heighten fears of individuals who come in contact with our staff. The distribution of accurate and timely information to the public regarding social distancing procedures will alleviate these perceptions. WSU shall disseminate educational information to better prepare and educate the campus community regarding prevention strategies such as personal hygiene, social distancing and remaining home if sick.

Within the office, employee's offices can be placed farther apart, shifts can be staggered, contact can be made over phone rather than face-to-face and email can also be used for information exchanges and other communication necessary to the operations of WSU.

Section III – Business Continuity

In the event a pandemic emergency is declared, the emergency may, with varying degrees, have an effect on university operations. Should this occur; the university has developed contingency plans to ensure the continuation of operational needs and personnel administration. Each department throughout campus may have similar plans based on this model.

To ensure Weber State University's business continuity, consideration is given to the following:

- Identification of essential functions
- Delegation of authority
- Communication/messaging plans
- Alternative work schedules
- Telecommuting

1. Identification of Essential Functions

The university has identified essential functions to ensure business continuity. Essential functions are those functions/job duties that must continue during an emergency situation. The discharge of certain essential functions may be specific to the time of month, season, or year, or may be dependent on other factors directly affecting the essential function(s).

The universities method for identifying essential functions consisted of the following:

- Identify personnel who perform the essential functions and the minimum number of staff necessary to perform the essential functions
- Identify essential functions that may be done on a less frequent basis than would otherwise occur under normal conditions
- Identify the location of where these essential functions must be performed. May the essential function be performed at an alternative location other than the worksite?
- Identify non-essential functions (functions that can be suspended during an emergency event)
- Identify secondary personnel who have skills and abilities to perform other functions. Secondary personnel may include:
    - Employees who have previously performed the work and are currently employed elsewhere in organizations within the university
    - Employees who can be trained either in advance or on-the job if/when the need arises.
- Identify material support (outside resources) which is necessary to accomplishing essential tasks. If specific vendors are required for this material support, list those vendors and their contact information.
- Identify critical supplies involved essential tasks and maintain an inventory to sustain the department through a pandemic event. (12 week supply preferred)
- Identify the proper amount of personal protective equipment for essential staff to sustain a 12 week period.
- Personal protective equipment should include N-95 masks, latex gloves and alcohol based hand sanitizer.

2. Delegation of Authority

In an effort to plan and prepare for high levels of absenteeism during a pandemic the university has outlined a plan for delegation of authority. This plan also establishes a management line of succession. (A line of succession provides a list of predetermined alternates for key leadership positions in each department, division or work unit.) The university's line of succession plan considers the following:

- The personnel identified for the management line of succession should know the operations of the work unit.
- Have the ability to effectively perform his/her duties with minimal or no supervision.
- Clearly understand the scope of the powers and duties delegated to him or her.
- Clearly understand the constraints, if any, of the powers and authorities she or he will be delegated.
- The line of succession plan is updated whenever a pertinent staff change occurs.
- Communicate the names and order of succession of designated personnel to division and work unit personnel.

The management line of succession plan should clearly identify:

- The names of designated personnel
- Their title(s); and how they can be contacted (phone, work cell-phone, pager, and/or email)
- In the event no personnel identified for the line of succession are available, the department should have an alternate line of succession plan that identifies other personnel who can assume the powers and duties outside of the work unit
- Departments should determine if those in the line of succession may need to be cross-trained in other areas in advance and provide such training where needed
- Departments should construct a method by which those in the line of succession will have access to information and needed items (*i.e.* computer access, calendars for employee approved time off, office keys, file cabinet keys etc.)

3. Communication/Messaging Plans

A key element in responding to any emergency situation is having effective and timely communication processes in place prior to the occurrence of the emergency situation and will provide clear, accurate, and meaningful communications to employees at all levels within the university. While the university's emergency notification system, Code Purple may be used for mass communication, other processes have been considered.

These processes include:

- Ensure access to laptops, fax machines, and other hardware for appropriate personnel.
- Develop and regularly review a telephone tree to effectively pass critical information from the top down.
- Where possible, prepare basic templates and other communications materials in advance, and update them as needed.
- Monitor the effectiveness of communication messages, vehicles, and timing and refine them as necessary.
- Identify and communicate the university's critical functions and the employees who can perform them.
- Update employee contact lists, e-mail addresses, and phone numbers.
- Develop/maintain employee emergency contact information.

4. Alternative Work Schedules

Alternative work schedules may be preferred or necessary during an emergency situation to enhance social distancing, operational and business continuity, and other emergency response goals.

The university's alternative work schedule plan gives considered to the following:

- Review of normal business hours and work schedules to determine if they can be modified in a manner that best promotes social distancing should the authorization to do so be given.
- Identify essential functions and non-essential functions that may be staffed with personnel on alternative schedules.
- Ask employees to voluntarily agree to work hours other than their normal working schedule in order to meet the essential functions requirement of the department.
- Work with employees to minimize the impacts of decisions affecting schedule changes.
- When appropriate, employees may be assigned back to their regular work schedule.

5. Telecommuting

Telecommuting means that an employee is working one or more days each work week from home instead of commuting to his or her regular worksite. Arrangements for telework agreements and assignments should be made in accordance with policy. WSU may allow telecommuting in order to maintain business continuity while following social distancing practices.

The university's telecommuting plan gives consideration to the following:

- Identify possible telecommuters as soon as possible and, where possible, make the necessary technological arrangements;
- Consider a broader use of telecommuting than would be exercised under normal operations or for other types of emergencies, when necessary to accomplish social distancing for emergencies such as Pandemic Influenza;
- Identify essential functions which may be accomplished remotely and whether the person performing the function(s) needs access to all systems and applications or only email and/or voice communications.
- Identify employees who are designated to perform essential functions and determine their ability to telecommute in order to perform those functions;
- Consider alternative work schedules for those authorized to telecommute to reduce peak demands on Information Technology systems. (See "Alternative Work Schedules");
- Telecommuting work assignments may be processed via email, fax or phone.
- Supervisors may require that an employee telecommute during a pandemic emergency:
    - Any requirement to telecommute shall be communicated to the affected employee(s);

- Any requirement to telecommute shall be documented;
- For expediency, supervisors may initially document the change via email, memorandum, fax or other documented method.

Section IV – Academic Continuity

The President, Provost and members of Deans' Council believe that proactive measures should be taken to address how a severe flu season would impact academic departments. The following information addresses issues to include in college and department meetings, and suggests points to be addressed in course syllabi and classroom conversations.

Absences

Local and national health authorities are emphasizing the importance of physical and social distancing during disease outbreaks in order to slow the spread of infection.

Guidelines

- If illness occurs with fever, students, faculty and staff should stay home until at least 24 hours after fever, or signs of fever.

- If H1N1 is suspected, visit your health care provider if you are experiencing flu-like symptoms and you have an underlying health condition (pregnancy, asthma, diabetes, undergoing chemotherapy, etc.) or your condition worsens.

- To prevent the spread of illness, the health authorities are discouraging visits to the Student Health Center and other health facilities to merely request a doctor's note to document absence. Faculty need to operate within this parameter.

- WSU faculty routinely deal with extenuating conditions in a fair and flexible manner.

- Faculty are likely in the best position to communicate the need for staying home when ill in order to limit spread of the virus.

- Students should communicate with faculty if they become ill and will miss class for a period of time.

- Faculty and staff should communicate with their departments as soon as possible if they become ill, and stay away from campus.

- Faculty are strongly urged to engage in early discussions and serious planning about a number of "what if?" questions. Key policies and preparedness areas to consider:

Academic Continuity

It is possible that many faculty members and students will contract the H1N1 flu. Faculty and administrators need to plan now for continuity of instruction if a local outbreak takes place.

Key Points for Syllabus

- Alterations in course content and/or structure may be necessary.

- Emphasize the point that students who are ill with flu-like symptoms should not come to class or have close contact with other students (e.g., study groups). They should not return to class until 24 hours after fever has abated. Faculty should follow the same guidelines.

Section V - Student Life and Services

1. Housing and Residential Life

General Information
Residential students will be asked to go home, or go to the home of a relative or friend, via personal vehicle. If this is not possible they will be asked to self-quarantine in their rooms. Roommates of ill students will be given prevention information. Roommates of ill students will not be moved to other rooms unless they are able to produce medical documents indicating a complicating health issue as it relates to the flu. Students in this situation will be moved to the isolation unit.

H/RL will educate students through educational kits, posted information, and updates through Resident Assistants, floor meetings, etc.
Operational Information:

- H/RL has created a quarantine/isolation area in Stewart Wasatch Hall
    - Broken up into suites (45 rooms 1st floor, 30 rooms 2nd floor, 30 rooms 3rd floor)
    - Most students would go home
    - Estimated number of students to be housed in a sick environment is just 10-20
- Ill students will be made aware of the isolation area by the WSU physician and/or nurse practitioner and their opportunity to use it
- Student meals will be delivered to the rooms of sick students by Sodexo personnel; students with meal money will pay as they go, others would be paid by another source of funds
- Common restrooms will be cleaned by Residence Life custodial personnel, who will be supplied with the necessary cleaning supplies
- Students will be asked to bag their garbage according to CDC guidelines and disposed of properly by custodians, with the assistance of Facilities Management

- Mechanical systems (air flow protocols) are sufficient for housing both sick and well students. Appropriate filters will need to be added
- Isolation zone will not be "enforced" by full time staff, but student communications will be regular
- A buddy system will be put in place where RAs serve as buddies to any isolated residents. The WSU physician has developed a checklist based on CDC guidelines that has been turned into a generalized checklist for RA buddies to use when calling isolated students two or three times per day.

2. Student Health Center

General Information

Student Health Center Response to H1N1 (any flu) or other campus health alerts:
During any campus health alert, the Health Center will participate as part of the campus Planning Committee to help provide information to Residence Life , and the campus in general. Information will be prepared/disseminated for the purpose of keeping the campus informed relating to H1N1 or whatever the health issue may be.

- Packaged information will be provided to residential students via Housing and Residence Life
- Disposable/one time use thermometers will be provided and located at RA's offices for use by students
- Web based information site to be used as a resource will be created/maintained during this time with frequent updates to posted information

Clinical Response

- The clinic will see any WSU student, however, it is advised that students seek medical advice based on CDC guidelines that can be found through WSU's flu web site.
- Maintain contact with community/state agencies as appropriate and establish monitoring for situation as appropriate
- Determine status of clinic supplies to meet situation, order accordingly and make best effort to have adequate supplies available
- Keep current on status of situation and discuss with clinic staff making appropriate modifications to clinic routine/patient flow as needed
- Work toward establishing any outside/community support necessary for clinic staff
- Continue to provide patient services at both the Ogden and Davis campuses as practical
- Adjust patient services as dictated by situation
- Maintain web based information updates and keep alerts current

Section VI – Departmental Guidelines during Public Health Emergencies

This section is intended to provide guidance to WSU departments regarding pandemic planning. It is essential that all WSU departments take the steps necessary in order to minimize the spread of pandemic influenza and its effect on WSU operations. Please review the material and apply it appropriately within your departments.

The university has purchased a supply of hand sanitizer and smaller amount of rubber gloves and face masks and virucidal disinfectant. If you feel that your department is in need of these supplies please contact Environmental Health and Safety at extension 8004.

1. Infection Control Measures

Infection control measures are prevention strategies which will help control the spread of the flu virus. Utilizing these measures will help contain and prevent contamination of work surfaces and reduce students, faculty and staff's potential exposure to the virus.

Department Checklist

- **Utilization of hand sanitizers/hand washing**

  - Regularly washing or sanitizing your hands will greatly lessen your chances of becoming ill. Placement of hand sanitizing solution is recommended in service areas and where employees are in regular contact with many people.

- **Increased disinfecting schedule**

  - It is recommended that work surfaces be cleaned regularly throughout the day to limit contact with the flu virus. Virucidal disinfectant is available for high traffic areas to compliment regular cleaning procedures.

- **Encourage staying home if you are sick**

  - In an effort to combat this spread, it is recommended people stay home if they are sick. The flu is contagious 24 hours prior to the onset of symptoms and up to 7 days after onset.

  - CDC guidelines recommend staying at home until you are symptom free for 24 hours or for 7 days, whichever is longer. Key symptoms of the flu are sudden onset of symptoms, high fever and sore throat.

2. **Infected Employees Procedures**

Weber State University has policy and procedures in place which will assist in business continuity and also support the initiative to have sick people stay home.

- Know and understand what you can and cannot do in relation to policy as it is associated with maintaining a healthy working environment.
    - The following questions and answers can help you understand the procedures for dealing with ill people in the workplace.

Q: Will WSU provide paid sick leave to faculty or staff who are out of work because they have pandemic influenza, have been exposed to someone with influenza, or caring for a family member with influenza?

A: WSU's policy allows faculty and staff to take paid sick leave if they are ill or have a family member who is ill. Refer to WSU Policies and Procedures 3-21 which defines illness. Based on this definition sick leave may be used. Employees may use vacation if they do not have sufficient accrued sick leave or leave without pay if they do not have sufficient leave of either type, as allowed by PPM 3-29a, or PPM 3-21a.
Please encourage faculty or staff who are ill with pandemic influenza to stay home.

Q: Is WSU required by law to provide paid sick leave to faculty or staff who are out of work because they have been exposed to someone with influenza?

A: No. However, the University will be receptive to guidance from the CDC and/or the Utah Department of Health on this issue.

Q: May a supervisor send faculty or staff home if they show symptoms of pandemic influenza?

A: Yes. But remember when making a decision to exclude faculty or staff from the workplace, you cannot discriminate on the basis of race, sex, age (40 or over), color, religion, national origin, disability, or veteran status.

Q: May a department chair or supervisor prevent faculty and staff from coming to work if they are ill?

A: You may exclude an employee from the workplace if you have objective evidence that an employee is symptomatic. You are encouraged to contact either Human Resources or the Health Clinic rather than make such a medical judgment yourself.

Q: During an influenza pandemic, can a healthy employee refuse to come to work, travel, or perform other job duties because of a belief that by doing so, he or she would be at an increased risk of catching the flu?

A: The circumstances under which employees have a right to refuse to work are very limited. Refusing to do a job because of potentially unsafe workplace conditions is not ordinarily an employee right under the Occupational Safety and Health Act (OSHA). WSU can impose disciplinary action for refusing to work. However, faculty or staff have the right to refuse to do a job if they believe in good faith that they are exposed to an imminent danger.

Q: Once a pandemic begins, may a supervisor or department chair mandate alternative work schedules or alternative work arrangements?

A: Once a pandemic begins, changing work schedules or job duties is usually within a supervisor or department chair's discretion as long as such changes are nondiscriminatory.

Q: May WSU encourage or require faculty or staff to telework as an infection control strategy?

A: Yes. WSU may encourage or require faculty or staff to telework as an infection control strategy, based on timely information from public health authorities about pandemic conditions. Such decisions are subject to Dean or VP approval.

3. Identification of Essential Functions

Essential functions are those functions/job duties that must be carried out in order to maintain continuity in your department through the high absenteeism that is expected during a pandemic. Here are some basic steps that departments can take as part of their contingency planning efforts.

Departmental Checklist

- Identify essential functions that must continue to be performed in your department.
- Identify non-essential functions that can be suspended if needed.
- Identify back-ups to key personnel.
- Plan for the re-routing of in-coming phone calls in the event of absences.