



**FLU – PANDEMIC
PREPAREDNESS
AND
RESPONSE PROCEDURES**

**BOARD OF REGENTS
APPROVED PLAN**

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1. Introduction

During the 20th century, influenza pandemics caused millions of deaths, social disruption and profound economic losses worldwide. Experts agree that another pandemic is likely to happen but are unable to say when. The specific characteristics of a future pandemic virus cannot accurately be predicted. Nobody knows how pathogenic a new virus would be, and which age groups it would affect. It is the hope that this planning effort will help to minimize the impact of such an event.

1.1 Goals and Objectives

The objective of pandemic planning is to enable Southern Polytechnic State University (SPSU) to be prepared to recognize and manage an influenza pandemic. The goal of this planning is to reduce transmission of the pandemic virus strain, to decrease illness amongst faculty, staff, and students, to maintain critical business activities and to reduce the impact of a pandemic on the educational mission of the University.

1.2 Scope

This plan covers all members of the SPSU family and will serve as guidance for the University.

1.3 Disease Background

An influenza pandemic (or global epidemic) occurs when a new influenza virus appears, against which no one is immune. This may result in several simultaneous epidemics worldwide with large numbers of sick people and deaths. With the increase in global transport and urbanization, epidemics caused by the new influenza virus are likely to occur rapidly around the world.

Influenza A and B viruses cause annual outbreaks and epidemics of influenza. They are the result of minor changes in the influenza viruses that enable them to evade the immunity we have developed after previous infections with the viruses, or in response to vaccinations.

Only the influenza A virus can cause pandemics. When a major change in either one or both surface proteins of the influenza A virus occurs, no one will be immune, as this represents a completely new virus. When the virus also has or develops the capacity to spread from person to person, a pandemic may occur.

It is impossible to anticipate when the next pandemic might occur or

how severe its consequences might be. On average, three pandemics per century have been documented since the 16th century, occurring at intervals of 10–50 years. In the 20th century, pandemics occurred in 1918, 1957 and 1968. The pandemic of 1918 is estimated to have killed more than 40 million people in less than one year, with peak mortality rates occurring in people aged 20–45 years. The pandemics of 1957 and 1968 were milder (1–4 million estimated deaths, primarily in traditional risk groups such as the very young or the elderly), but many countries nevertheless experienced strains on health-care resources. If an influenza pandemic virus were to appear again similar to the one that struck in 1918, even taking into account the advances in medicine since then, unparalleled tolls of illness and death should be expected. Air travel would almost certainly hasten the spread of a new virus, and decrease the time available for preparing interventions. Health-care systems will likely be rapidly overburdened, economies strained, and social order disrupted. Although it is not considered feasible to halt the spread of a pandemic virus, it should be possible to minimize its consequences through advance preparation to meet the challenge.

Pandemics do not occur frequently. The last major influenza pandemic was in 1968. Since then, however, highly pathogenic avian influenza (H5N1), which has previously infected only birds, has caused illness in humans several times with a high degree of mortality. These outbreaks remind us that the next pandemic could occur at any time.

The World Health Organization has recently revised its global pandemic plan and alert protocols in light of the current threat in Southeast Asia. This assessment tool provides communities with a clear picture of the emerging threat. As of July 17, 2005, the world was at Phase Three rapidly moving to Phase Four or Five.

Inter-pandemic period

Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period

Phase 3. Human infection(s) have occurred with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Pandemic period

Phase 6. Pandemic: There is increased and sustained transmission in the general population.

Planning Guidelines

Plan for the following impacts

- **Eighteen to thirty six month period of effect that comes in multiple separate waves.**
- **Significant absenteeism of faculty, staff, students, vendors.**
- **Limited services available from the local community such as health care, police, fire, etc.**
- **Limited services available from State and Federal agencies.**
- **Potential closure of gathering places in the community including schools, churches, events, malls, etc.**
- **Will likely have less than six weeks of warning from the time the pandemic is announced before it reaches the United States.**
- **No remedies will be immediately available. Vaccinations will take 9-10 months and antibiotics are only for the treatment of a secondary bacterial infection.**

2. SPSU Administrative Group Responsibility

2.1 Senior Administration

- **Work with internal units in advance of a pandemic to determine strategies to maintain the educational mission and the business critical activities that support it.**
- **Designate cross-functional Pandemic Coordination Team based upon the recommendation of the SPSU Pandemic Coordinator**
 - **Based on recommendations from U.S. State Department, CDC, Cobb & Douglas Public Health Department, Pandemic Coordination Team, or USG Board of Regents, be prepared to:**
 - **Modify or cancel athletic and other University events**
 - **Modify student exchange programs and University related travel to and from other countries or confirmed pandemic areas.**
 - **Modify or cancel class schedules.**
 - **Close buildings**
 - **Close campus**

2.2 Pandemic Coordination Team (emergency management team, HR Director, Dean of Students, campus nurse, and faculty representative named by the President)

- **Coordinate all SPSU efforts related to any pandemic events.**
- **Conduct pandemic training and exercises.**
- **Report any suspected pandemic flu cases to the Cobb & Douglas Public Health Department and/or the Centers for Disease Control.**
- **Develop a quarantine and isolation plan.**
- **Develop a travel restriction policy for approval by Senior Administration.**
- **Develop a list of minimum emergency supplies to be on hand at Central Receiving.**
- **Develop a policy for employee and student sick leave unique to a pandemic event.**

2.3 Public Relations

- **Communicate to all SPSU stakeholders, including, but not limited to, faculty, staff, students, and parents information regarding pandemic preparedness and plan implementation using all available communication tools and processes as directed by Senior Administration.**
- **Coordinate all communications with the Media.**

2.4 Residence Life

- Implement plan for isolation and quarantine.
- Report any possible cases to the SPSU Pandemic Response Team

2.5 Facilities

- Develop protocols and training to maintain a safe work environment including janitorial cleaning practices, appropriate HVAC protocols (HEPA Filters) and strategies for delivery of mail, equipment and packages to widely dispersed employees (working from home).

2.6 Human Resources

- Assist employees to respond to the pandemic threat through working with medical providers, health insurance and benefit providers as necessary.
- Develop a mandatory “stay-at-home-if-sick” policy.
- Ensure that all employee contact and emergency information is correct.

2.7 Budget and Finance

- Provide resources to purchase supplies for personnel safety (such as face masks, disinfectants and antiseptic wipes) and business continuity (additional laptops, home equipment) as required

2.8 Police Department

- Educate officer staff regarding the pandemic threat.
- Develop appropriate post orders for managing campus security during a pandemic outbreak
- Enforce restrictions as dictated by Senior Administration.

2.9 Information Technology

- Develop technology strategies and solutions to manage mission critical staff working remotely from numerous locations including homes and maintain SPSU infrastructure
- Develop telephony strategies and solutions to manage mission critical staff working remotely from numerous locations including homes and maintain SPSU infrastructure

Respiratory Hygiene and Cough Etiquette Policy

A number of respiratory agents can be spread through large droplets. These include, but are not limited to influenza and severe acute

respiratory syndrome (SARS). To prevent the spread of respiratory droplets between faculty, staff, students, and visitors, the following measures to contain these respiratory secretions will be implemented throughout campus.

3. Guidelines

- **Educate employee, contingent worker and visitors on the importance of containing respiratory secretions to prevent droplet transmission of infectious agents, especially during seasonal outbreaks of respiratory tract infections.**

- **Respiratory Hygiene and Cough Etiquette signs will be distributed to all employee, contingent worker and visitors with instructions to cover mouths and noses when coughing or sneezing and to perform hand hygiene after coughing or sneezing into the hands or after using a tissue.**
- **Provide tissues and waste containers for disposal in office areas.**
- **Provide conveniently located alcohol-based hand rub containers and/or supplies for hand washing in all restrooms.**
- **Good personal hygiene practices include:**
 - **Keep your hands away from your eyes, nose and mouth. This will help prevent the transfer of any viruses you have picked up from the environment into your body.**
 - **Wash your hands with soap and water for 10 to 20 seconds:**
 - **After touching anything that you think could be contaminated with body fluids of others (e.g. saliva, nasal secretions, feces)**
 - **After coughing or sneezing**
 - **Before and after using the toilet**
 - **Before and after meals and snacks**
 - **Before preparing food**
 - **Before and after smoking cigarettes**
 - **When arriving home**
 - **Before and after work**

- **Good hand washing includes the following steps**
 - **Wet hands with warm water.**
 - **Apply a generous amount of soap & lather hands well. —**
 - **Rub hands together for 20 seconds, paying special attention to the areas between fingers & under nails.**
 - **Rinse hands thoroughly with warm water.**

- Dry hands with a disposable towel
- Use the disposable towel to turn off the faucet & open the door.

Pandemic Travel Restrictions

The goal of this plan is to reduce transmission of the pandemic virus strain to faculty, staff, and students from persons. Travel restrictions will be consistent with Centers for Disease Control and Prevention and World Health Organization recommendations, SPSU urges all faculty, staff and students to avoid any non-essential travel.

Return to Work

Faculty and staff who have traveled during a pandemic (work or pleasure), even if they have no symptoms when they return from their trip, may only return to campus after clearance from a health care professional. The clearance will be submitted by the employee to the SPSU Pandemic Coordination Team who will notify SPSU that it is OK for the employee to return to the office. This is a precautionary measure. Even in the absence of fever or respiratory symptoms, anyone who has traveled must receive a clearance by a health care professional.

In the event of non-clearance by a health professional, Faculty and staff who have traveled on approved and urgent SPSU business will be placed on paid leave for 10 days. Those who have chosen to travel on non-urgent or personal business will be required to take 10 days of sick leave, annual leave, or leave without pay. If, at the end of this 10-day period, the individual is still asymptomatic, they will be cleared to return to work.

SPSU employees who fail to receive authorization before business travel and after their return will be subject to disciplinary action.

SPSU employees who develop a fever or respiratory symptoms (cough or shortness of breath) after travel should not under any circumstances report for duty. These individuals should immediately report to their health care practitioner or go to a local hospital emergency room.

Monitoring Travel

Human Resources will monitor all traveling faculty and staff . All traveling faculty and staff will notify HR of their travel plans during a pandemic.

Student Travel:

To be developed in coordination with the VP of Student and Enrollment Services.