

Pandemic Influenza Preparedness and Response Plan

INTRODUCTION

Background

Pandemic: A Worldwide Outbreak of Influenza

An influenza pandemic is a global outbreak of disease that occurs when a new influenza A virus appears or “emerges” in the human population, causes serious illness, and then spreads easily from person to person worldwide. Pandemics are different from seasonal outbreaks or “epidemics” of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that are already in existence among people, whereas pandemic outbreaks are caused by new subtypes or by subtypes that have never circulated among people or that have not circulated among people for a long time. Past influenza pandemics have led to high levels of illness, death, social disruption, and economic loss.

Phases of a Pandemic

Phase	Definition
Phase 1	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Phase 2	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 3	Human infection(s) 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).
Phase 6	Pandemic: increased and sustained transmission in general population.

Colleges and universities will be essential partners in protecting the public’s health and safety when an influenza pandemic occurs. At the onset of an influenza pandemic, public health officials will determine the severity of the pandemic and recommend actions to protect the community’s health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

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- Asking ill people to voluntarily remain at home and not go to work, school or out in the community for about 7–10 days or until they are well and can no longer spread the infection to others (ill individuals may be treated with influenza antiviral medications, as deemed appropriate by health care providers or public health officials, if these medications are effective and available).
- Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may also be provided with antiviral medications, as deemed appropriate by health care providers or public health officials, if these medications are effective and available).
- At the direction of local public health authorities and/or members of the Campus Emergency Planning Team (CEPT), dismissing students from school and school-based activities for up to 12 weeks, coupled with protecting students, faculty and staff through social distancing in the community to include reductions of out-of-school social contacts and community mixing.
- Recommending social distancing of all campus community members, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services; and ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.
- All such community-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette.

Purpose

Lewis University has developed this institutional guide to assist in the reduction of a pandemic virus spread within the university community. The plan also serves to provide a framework for the University to work together with public health authorities to reduce the influenza morbidity, mortality, and social disruption which would result from a pandemic influenza outbreak. Lewis University will follow recommendations and directives from governmental authorities such as the Centers for Disease Control (CDC), the Illinois Department of Public Health (IDPH), the Will County Health Department (WCHD), and/or the Will County Emergency Management Agency (WCEMA).

Scope and Applicability

Our plan is designed to outline the duties of various departments that would have special responsibilities to supplement the Campus Emergency Operations Plan (CEOP) in the event of a pandemic influenza outbreak on campus. Additionally, the plan focuses on pre-event planning activities. A coordinated response from all involved departments is essential.

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Authorities

The Lewis University Influenza Preparedness and Response Plan is written based on guidance from the CDC, IDPH, and the WCHD.

The overall authority for direction and control, within the university, of the response to a pandemic illness outbreak rests with the Campus Emergency Planning Team (CEPT).

This plan is consistent with the overall CEOP and follows the same chain of command. Before or during a pandemic illness outbreak, the Campus Emergency Planning Team (CEPT) can initiate any portion of the CEOP, at any time and will be in overall command of plan operations. The level of plan activation will be determined by CEPT officials with the guidance and direction of local public health authorities.

Plan Goals and Objectives

- Ensure optimal coordination, decision-making, and communication between internal departments as well as with local health authorities.
- Keep our community and families educated and informed.
- Implement measures to decrease the spread of disease among the Lewis University community, thus protecting the health and safety of students, employees and their families.
- Maintain continuity of essential operations during any period when students are sent home.
- Maintain financial viability despite possible campus evacuation of students.
- Preserve human life

PLANNING CONSIDERATIONS

Situation

Lewis University's main campus houses approximately 1,300 students and employs over 650 faculty and staff.

A pandemic illness outbreak presents a real threat to any University campus, with our residence halls, classrooms, dining halls, and other large gatherings of individuals in close contact with one another. The outbreak may be localized or widespread. Preparedness, planning, training and exercises are our only defense and are the focus of emergency plans. A pandemic illness outbreak will require the interactions and collaboration of university community members, local, state, and federal health agencies and personnel depending on the scope of the outbreak. Planning for a prolonged period of student dismissal will help the university to plan for alternate ways to provide continued instruction and services for students and staff. Even if students are dismissed from classes, the university may remain open during a pandemic and may continue to provide services to students who must remain on campus and provide lessons and other services to off-campus students via Internet or other technologies. Some students, particularly international students, may not be able to rapidly relocate during a pandemic and may need to

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remain on campus for some period. They would continue to need essential services from the university during that time.

These preparedness efforts will be beneficial to our school, staff, students, and the community, regardless of the severity of the pandemic.

Assumptions

A pandemic is a public health emergency that has political, social, and economic dimensions and will be governed by factors that cannot be fully known in advance.

The Will County Health Department (WCHD) will provide members of the Lewis University community with updates and directives from the Illinois Department of Public Health (IDPH) and the Centers for Disease Control (CDC).

Nationwide, a pandemic could last up to several years with several peak waves of activity. A pandemic wave in an affected community would typically last six to eight weeks.

University operations may be interrupted for up to twelve weeks.

Dismissing students for up to 12 weeks will have educational implications.

Many students, faculty and staff may become ill. Increased absenteeism can be expected during a pandemic illness outbreak. Rates of absenteeism will vary based on the severity of the pandemic, but could be as high as 50% of the student population and/or workforce.

Non-medical containment measures, such as social isolation, will be the principle means of disease control until vaccinations are available.

Students exhibiting symptoms of influenza-like illness will return home if possible. Those students not living within driving distance will be asked to self-isolate in their rooms.

Vaccinations and treatment with antiviral medications are anticipated to be the most effective medical intervention, but they may be unavailable or in limited supply during the first wave of a pandemic.

Plan Organization

This plan describes coordination between departments and decision making within the University as well as coordination with local public health officials.

The Appendices describe activities of the primary and support elements needed for effective response. They contain contact lists and planning checklists.

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Plan Development

The Pandemic Influenza Preparedness and Response Plan is based on instruction and guidance provided by the CDC, IDPH, and the WCHD.

Plan Activation

The plan is activated at the discretion of the CEPT and/or at the instruction of the WCHD.

DIRECTION AND CONTROL

Upon activation of the plan, the SVP for Student Services, or alternate/designee, shall be responsible for the overall command and control of emergency operations related to the plan. The Dean of Students, as well as the Directors of Health Services and Residence Life will be key points of contact during an event. The Lewis University response will be supported and largely directed by the official government agencies that will provide surveillance on the pandemic, public health advisories, emergency management updates, vaccine and resource information, and the pandemic severity index.

INCIDENT MANAGEMENT ACTIVITIES

An Incident Command System (ICS) will be followed in response to any public health emergency. The plan fully supports and complies with the National Incident Management System (NIMS) in preparing for and responding to an emergency.

ROLES AND RESPONSIBILITIES

Lewis University plays an integral role in protecting the health and safety of students, employees and their families. University departments and their personnel may be assigned duties during an emergency that are different from those performed routinely. Refer to the appendices of this plan for specifics.

CONCEPT OF OPERATIONS

Lewis University's Pandemic Influenza Preparedness and Response Plan is a dynamic document. The plan is on-going and specific components can be executed based on the scenario presenting itself and the level of event severity.

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CONTINUITY OF OPERATIONS

During a pandemic event, it is essential that Lewis University operations continue to function at a level sufficient to perform necessary operations regardless of the absence of any critical personnel. The University has mechanisms in place for continuing academic operations utilizing various on-line technologies including Blackboard. Lewis University's Campus Emergency Operations Plan (CEOP) contains a Continuity of Operations (COOP) annex which outlines procedures to assure that Lewis University employees and students are safe and essential operations can be continued even during emergencies.

RECOVERY

Recovery is the development, coordination, and execution of service and site restoration plans. Recovery involves actions needed to help the University return to a normal service level and to help campus community members return to normal when feasible. Recovery efforts shall be the responsibility of the University under the guidance of the Campus Emergency Planning Team (CEPT). Depending on the magnitude of the situation, internal efforts may be supplemented with assistance from the WCHD and/or Will County Emergency Management Agency (WCEMA).

PLAN MAINTENANCE, REVIEW, AND UPDATE

The Lewis University Pandemic Influenza Preparedness and Response Plan will be reviewed and updated at least annually by the Campus Emergency Planning Team (CEPT).

Refer to the Appendices of this plan for specific and detailed planning information.

The *Pandemic Flu Planning Checklist for Colleges and Universities* describes approaches to school planning for a pandemic and can be found at www.pandemicflu.gov/plan/school/index.html and www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html. Recommendations for implementation of pandemic mitigation strategies are available at www.pandemicflu.gov and reliable, accurate, and timely information on the status and severity of a pandemic will also be posted on this site. Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). This line is available in English and Spanish, 24 hours a day, 7 days a week. TTY: 1-888-232-6348. Questions can be e-mailed to cdcinfo@cdc.gov.