

2009-2010 UM Helena H1N1 Response Plan

Communication Action Plan

- Encourage good hand hygiene and respiratory etiquette through direct education, communication materials such as posters and flyers, and other methods including website, e-mail, text messaging, flat screens, reader boards, letters or phone calls. **Responsible Party: Marketing & Communications Coordinator**
- Provide educational materials, links, resources and updates on dedicated page of college website. **Responsible Party: Marketing & Communications Coordinator and IT**
- Communicate with vendors who supply critical products and services, including hygiene supplies, food service, and personal protective equipment for staff, to address the continuation of these products and services throughout the flu season. **Responsible party: Assistant Dean Fiscal & Plant and/or designee**
- Encourage sick people to stay at home or in their residence except to talk with a health care provider about whether they have flu, appropriate treatment, and what actions to take if they have severe symptoms. Encourage sick students, faculty, and staff to stay home and away from other people until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 38 degrees Celsius) or signs of a fever (have chills, feel very warm, have flushed appearance, or are sweating). This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen). If flu conditions become more severe, those who are sick should stay at their home, dormitory, or residence hall for at least 7 days, even if symptoms go away sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms are gone. **Responsible party: Administrators, faculty, staff, students**
- Communicate and instruct students, staff and faculty to promptly seek medical attention if they have a medical condition that places them at higher risk of flu-related complications, are concerned about their illness, or develop severe symptoms. Severe symptoms include increased fever, shortness of breath, chest pain or pressure, fast breathing, bluish skin color, vomiting, dizziness or confusion. **Responsible party: Administrators, faculty, staff, students**
- Encourage any students, faculty, and staff who want protection from flu to get vaccinated for seasonal flu. Also encourage students, faculty, and staff who are at higher risk for flu complications from 2009 H1N1 flu to receive the H1N1 vaccine when it becomes available. People at higher risk for 2009 H1N1 flu complications include pregnant women and people with chronic medical conditions (such as asthma, heart disease, or diabetes). **Responsible party: Administrators, faculty, staff, students**
- Communicate closely with state and local public health officials to guide flu response. Public health agencies will communicate changes in severity and the extent of flu-like illness to ensure that institutions have the information they need to choose the right steps to reduce the impact of flu. **Responsible party: Assistant Dean of Student Services and/or designee**

- All student, staff and faculty incidence and/or absenteeism for flu-like symptoms or positive determinations of seasonal influenza or H1N1 cases are to be reported to Assistant Dean of Student Services on a weekly basis. Frequency of reporting may need to be adjusted based upon severity of occurrence. Assistant Dean will report to Deputy Commissioner of Academic & Student Affairs on weekly basis during flu season. **Responsible party: Assistant Dean of Student Services and/or designee.**
- Establish a method for maintaining contact with students who are sick. If resources permit, student services staff could be assigned to make daily contact with each student. **Responsible party: Assistant Dean of Student Services and/or designee**

Facilities Management Plan

- Establish regular schedules for frequent cleaning of commonly touched surfaces, including: doorknobs, handrails, elevator buttons, desks, tables, chairs, sofas, and counters and surfaces in common areas, meeting rooms, and offices.
- Provide alcohol based hand cleaner and disposable wipes so that commonly used surfaces can be wiped down prior to each use. These surfaces include:
 - chairs, study carrels,
 - remote controls,
 - keyboards,
 - headphones shared in language laboratories, and
 - telephone receivers and touchtone pads in common areas.
- Routinely clean surfaces and items that people frequently touch with their hands with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended.
- Mitigate risks presented by food distribution:
 - Limit finger foods and common source foods.
 - Use safe food handling practices (gloves, plates, etc.)

Responsible party: **Assistant Dean of Fiscal & Plant**
 Assistant Dean of Student Services

Human Resources Plan

- Update student, faculty, and staff contact information as well as emergency contact lists.
- Consider adjusting sick leave policies so sick faculty and staff can stay home.
- Help faculty and staff understand the important roles they can play in reducing the spread of flu.

- Review following staffing issues for each area:
 - Identification of essential functions
 - Identification of essential staff
 - Depth charting
 - Short term staffing situations
 - Working outside normal job description/cross training
 - Return to work requirements

- Review following policies related to absenteeism and/or campus closure:
 - Flex-time
 - Working from home
 - FMLA/FLSA
 - Campus Emergency Action and Crisis Protocol Policy/Plan
 - Use of leave time (documentation, appropriate use, depletion & sharing sick leave, etc)

- Communication, work environment and staff support (see also Communication Action Plan)
 - Monitoring and reporting staff and faculty incidence of influenza/H1N1
 - Community updates and public health reminders
 - Cleaning workspaces and maximizing workspace between employees (CDC recommends 3-6 feet)
 - Minimize face to face meetings where possible
 - Provide wellness events, flu vaccinations, referrals to EAP

Responsible party: UM-Helena Administration, Human Resource Specialist

Operations Plan

- Academic Considerations
 - Review policies for students to ensure that there are no negative academic consequences for staying home while sick.
 - Develop a plan and options for how class work can be continued at home (e.g., homework packets, Web-based lessons, phone calls), if institutions suspend classes.
 - Develop a consistent protocol for managing individual class cancellation, and strategies to address educational continuity in the event of suspension of classes.

- Business/Operational Considerations in the Event of Absenteeism and/or Emergency Closure
 - Identify key business functions necessary in emergency
 - Identify individuals/roles to fulfill mission critical needs
 - Identify critical payments
 - Identify where functions will be performed and what equipment/materials are necessary.

Responsible party: Associate Dean of Academic Affairs, Assistant Dean Fiscal & Plant

CDC Recommendations for Severe Outbreak

- Permit students, faculty, and staff at higher risk of complications from flu to stay home while there is a lot of flu in the community.
- Explore innovative methods to increase social distances between students while continuing to meet their educational needs. A few examples of increasing social distances include moving desks farther apart, leaving empty seats between students, holding outdoor classes, and using distance learning methods.
- Encourage students, faculty, and staff who are sick to stay at their home, dormitory, or residence hall for at least 7 days, even if symptoms go away sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- Cancel, postpone, or discourage all institution-related and non-institution related mass gatherings. These include sporting events, performances, commencement ceremonies, fraternity and sorority parties, and other events that bring large groups of people into close contact with one another.
- Suspend classes. Some institutions may choose to suspend classes when they cannot maintain normal functioning. And, CDC may recommend suspending classes if the flu starts causing severe disease in a lot of people. Institution administrators should work closely with their local and state public health officials when deciding whether or not to suspend classes. The length of time classes should be suspended depends on the goal of suspending classes and the severity of existing illness. If the decision is made to suspend classes, CDC recommends doing so for at least 5–7 calendar days. There are two types of class suspension:
 - Reactive class suspension is used when a majority of students and staff are sick and are not attending classes, or the institution cannot maintain normal operations.
 - Preemptive class suspension is used early on during a community flu response to decrease the spread of the flu before many students, faculty, and staff get sick. This is based on information about the spread of severe flu in the region. Class suspension is likely to be more effective when used early after flu appears.

UM-Helena Campus Emergency Action and Crisis Protocol Policy 100.2

- Chapter eight of the Campus Emergency Action and Crisis Protocol Manual (pp. 83-90) provides a comprehensive pandemic management plan that outlines specific actions and responsibilities according to the following three levels of severity:
 - Level 1: Confirmed cases of human-to-human transmission of pandemic flu anywhere in the world.
 - Level 2: Suspected case(s) on campus or suspected/confirmed cases in Helena area.
 - Level 3: Confirmed case(s) on campus
- Suggested elements in the H1N1 Draft Response Plan are consistent with and/or support Campus Emergency Action Plan