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# COPPIN STATE UNIVERSITY



## Pandemic Influenza Plan

August, 2009



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## **INTRODUCTION**

This document contains the Coppin State University (CSU) Avian Flu Pandemic Plan. It is in response to the University System of Maryland (USM) Chancellor's directive, that the Presidents of all the 13-member institutions prepare a "management plan" in regards to a possible Avian Flu outbreak within the State of Maryland.

This plan is a part of a larger CSU Emergency Preparedness and Response Plan; it currently contains the action steps CSU will take in the event such a catastrophe occurs. In effect, it will be the strategic "blueprint" and "roadmap" that will guide Coppin's overall efforts in this regards – (1) the central repository of information, tasks, policies, protocols, and procedures that will steer the Coppin State University's Pandemic Flu decision-making processes; and (2) the CSU response to any extended interruption of the University's normal business operations or services, due to an Avian Flu Pandemic outbreak.

## **BACKGROUND**

According to the World Health Organization (14 October 2005), Pandemic influenza is different from Avian influenza.

Avian influenza refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. Accordingly, a pandemic influenza situation occurs when these bird viruses do transmit from birds to humans and then from humans to humans on a much larger or global scale—when a new subtype emerges that has not previously circulated among humans. For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus—it will be a human influenza virus. Again, influenza pandemics are caused by new influenza viruses that have adapted to humans.

More specifically, pandemic influenza is a global outbreak of the "bird flu" disease that causes serious illness and spreads easily from person to person worldwide. Pandemic flu is also different from seasonal flu in that a pandemic is caused by a strain of flu virus that circulation of a strain that has not been seen in people before; as opposed to the regular seasonal flu that causes outbreaks every year.

Although the seasonal flu shot does not protect against pandemic influenza, it may provide some protection from seasonal flu. For more information about the differences between pandemic and seasonal flu and/or for a brief history of the avian Influenza and Pandemic Influenza see appendix A, as well [www.hhs.gov/flu/season\\_or\\_pandemic.html](http://www.hhs.gov/flu/season_or_pandemic.html).

Currently, the number of deaths caused by the Avian Influenza (H5N1) reported to the World Health Organization between 2003 and 2006 numbered 138 out of 236 cases. Most of the (H5N1) fatalities occurred in Vietnam and Indonesia. According to World Health Organization, the most recent fatality was in Indonesia:



The Ministry of Health in Indonesia has confirmed the country's 56<sup>th</sup> case of human infection with the H5N1 Avian Influenza virus. The case occurred in a 17-year-old female from Jakarta Province. She developed symptoms on 28 July, was hospitalized on 4 August, and died on 8 August.

The source of this latest infection was reportedly from pet pigeons. The situation in Indonesia is just an example of the overall aggression of the Avian Influenza virus in other countries. As for the United States, the Centers for Disease Control and Prevention is actively researching bird migration and monitoring outbreaks in this regard. Since there haven't been any recent cases of Avian Influenza in the United States, the CDC has been principally in research, planning, and response mode, via initiating preparedness efforts for state and local governments.

The Center for Disease Control and Prevention (CDC) and the World Health Organization (WHO) defines various terms as follows:

- *Seasonal (or common) flu* is respiratory illness that can be transmitted person to person. Most people have some innate immunity and a vaccine is available.
- *Avian (or Bird) flu* is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.
- *West Nile (West Nile virus)* is a potentially serious illness. Experts believe WNV is established as a seasonal epidemic in North America that flares up in the summer and continues into the fall. Most often, WNV is spread by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Infected mosquitoes can then spread WNV to humans and other animals when they bite.
- *SARS (Severe Acute Respiratory Syndrome)* is viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February in 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained.
- *H1N1 Flu (Swine Flu)* Novel influenza A (H1N1) is a new flu virus of swine origin that was first detected in April, 2009. The virus infects humans and spreads from person-to-person. 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.

As of August 2009, the Center for Disease Control (CDC) has supplied background information and information on how to protect yourself and others from spreading the H1N1 flu virus.

## **H1N1 Background**

The novel H1N1 flu virus is causing illness in infected persons in the United States and countries around the world. CDC expects that illnesses may continue for some time. As a result, you or people around you may become ill. If so, you need to recognize the symptoms and know what to do.



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## Symptoms

The symptoms of novel H1N1 flu virus in people are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with novel H1N1 flu virus also have reported diarrhea and vomiting. The high risk groups for novel H1N1 flu are not known at this time, but it's possible that they may be the same as for seasonal influenza. People at higher risk of serious complications from seasonal flu include people age 65 years and older, children younger than 5 years old, pregnant women, people of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and people who are immunosuppressed (e.g., taking immunosuppressive medications, infected with HIV).

## Avoid Contact with Others

If you are sick, you may be ill for a week or longer. You should stay home and keep away from others as much as possible, including avoiding travel and not going to work or school, for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of fever-reducing medicine.) If you leave the house to seek medical care, wear a facemask, if available and tolerable, and cover your coughs and sneezes with a tissue. In general, you should avoid contact with other people as much as possible to keep from spreading your illness, especially people at increased risk of severe illness from influenza. With seasonal flu, people may be contagious from one day before they develop symptoms to up to 7 days after they get sick. Children, especially younger children, might potentially be contagious for longer periods. People infected with the novel H1N1 are likely to have similar patterns of infectiousness as with seasonal flu.

## Emergency Warning Signs

If you become ill and experience any of the following warning signs, seek emergency medical care.

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Reported by the World Health Organization in May 2009, 40 countries have officially reported 9830 cases of influenza A(H1N1) infection, including 79 deaths.

For additional information on the H1N1 flu virus, please visit the World Health Organization (WHO) website at [www.who.int/en/](http://www.who.int/en/) or visit the Center for Disease Control (CDC) website at [http://www.cdc.gov/h1n1flu/general\\_info.htm](http://www.cdc.gov/h1n1flu/general_info.htm)



In Summary:

- *Epidemic*—a disease or illness that spreads rapidly and extensively by infection and affects many individuals in an area or population at the same time.
- *Pandemic*—an epidemic over a wide geographic area and affecting a large proportion of the population.
- *Pandemic flu*—is virulent human flu that causes a global outbreak of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is now (known) pandemic flu in the United States. See glossary for more definitions and operational terms.

## **AVIAN FLU PHASES**

As the disease progresses and becomes more widespread, the danger to the campus community will increase. The Incident Command Team has organized its avian flu plan according to the following levels. The progression of these levels may occur rapidly and may be altered due to the recommendations of county, state and federal authorities. A brief overview of these levels is provided here, with more detailed plans outlined in the sections that follow.

### **Pre-Pandemic Phase**

This phase of the Avian Flu plan begins at the present time and continues until there is a reported and substantiated first case of efficient human-to-human transmission somewhere in the world.

### **Level 1 – Novel Virus Alert**

The first case of efficient human-to-human transmission is reported. The University will review all current emergency plans, communication plans, and enhances infection control measures. In addition, the Incident Command Team will meet to discuss specific steps to prepare for a Pandemic Alert.

### **Level 2 – Pandemic Alert**

At the Pandemic Alert phase, the Incident Command Team will begin meeting on a regular basis to fine-tune all plans for responding to the Avian Flu pandemic. All operations will continue as usual including classes and research, but more specific steps will be taken to prepare for the Pandemic Imminent phase. Communication with the campus community will be increased to keep everyone informed of plans being implemented.

### **Level 3 – Pandemic Imminent Phase**

At the Pandemic Imminent Phase, social distancing measures will be adopted, including the cancellation of classes and all other activities. The Nursing and Counseling Center staff will begin to implement emergency response procedures. Administrative departments, student service units, and all academic programs will begin the process of shutting down.



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### **Level 4 – Pandemic Phase**

At the Pandemic phase, Daley and Dedmond Residence Halls will be closed. Dining operations will be reduced to support only the students who cannot be immediately evacuated. All administrative and academic support units will be shut down until the campus reopens. No vehicles or pedestrians will be permitted on campus unless approved as essential employees for tasks related to maintaining and securing the physical campus structure. All service contracts and construction projects will be put on hold.

### **Pandemic Over**

Once the danger of the Avian Flu Pandemic has passed, the campus will re-open for business. As services return to normal, accommodations for concerns that arose as part of the period of closure will be addressed in executive session.



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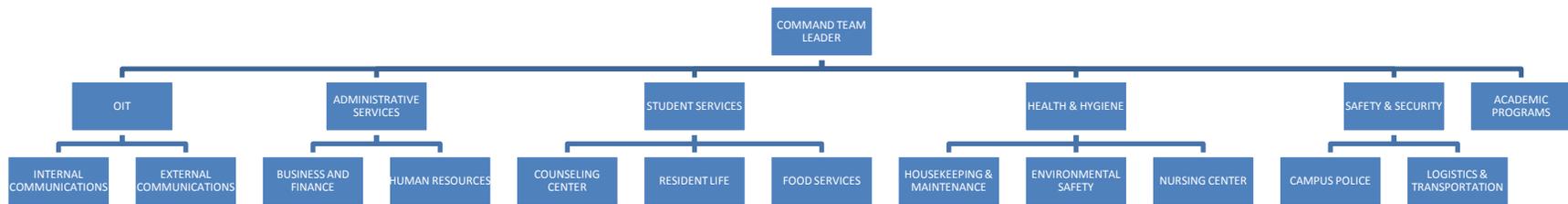
## **AREAS OF INSTITUTIONAL RESPONSE**

If a case of Avian Flu contracted by human-to-human transmission is identified anywhere in the world, the Incident Response Team will be activated. The regular membership of the team will be comprised of individuals identified as providing leadership to the following responsibility centers or areas of response: (1) Health & Hygiene, (2) OIT (Communications), (3) Safety and Security, (4) Student Services, (5) Academic Programs, and (6) Administrative Services. These six areas are highlighted to demonstrate how CSU is organized in response to a real pandemic influenza outbreak (NOTE: Each area is to outline those special offices and departments as well as specific tasks).

1. Health & Hygiene (Nursing, Housekeeping and Maintenance, and Environmental Safety)
2. OIT (Communications)
3. Safety and Security (Campus Police)
4. Student Life (Residential Life, Counseling Center, and Food Services)
5. Academic Programs
6. Administrative Services (HR and Business and Finance)



## CSU Incident Command Team Organizational Chart





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## **ACTION PLAN: AREAS OF INSTITUTIONAL RESPONSE**

The six levels of response (from Pre-Pandemic phase through Pandemic Over phase) provide the basis upon which the remainder of this report is organized. Each level is presented with specific actions that will occur in each of the identified areas of institutional response:

### **HEALTH AND HYGIENE**

#### ***Level of Response: Pre-Pandemic Phase***

***Definition:*** *Prior to efficient human-to-human transmission*

***Campus Response:*** *Business as usual*

- The Nursing Center will prepare training programs and materials for staff, establish policies on when sick employees will be sent home from work and allowed to returned, and establish cross-training for staff who volunteer to be temporarily re-assigned to meet temporary service needs that may arise from staffing shortages.
- The Nursing Center will also promote campus-wide hand washing hygiene and cough and sneezing etiquette, provide healthcare workers with respirators and training on respiratory protection and other PPE.
- Upon the request of local or state officials, the University will serve as a Point of Distribution (POD) for medical supplies and vaccines for the surrounding communities. During Pre-Level 1, the Community Nursing staff will finalize the plans to set up the POD. The POD will be located in the Coppin Center and will distribute vaccine or medications to the campus community first and then to the outside community. Fifty campus employees will be needed to run the POD. People who volunteer and their family members will be the first to receive the vaccine once it arrives. See Appendix for additional information on the POD.
- With assistance from Procurement, bulk quantities of surgical masks, N95 respirators, plastic gloves, and alcohol-based hand hygiene products will be purchased and stored for use during the pandemic.

#### ***Level of Response: Level 1 – Novel Virus Alert***

***Definition:*** *Novel virus detected in one or more humans; little or no immunity in the general population; potential, but not inevitable precursor to a pandemic.*

***Campus Response:*** *Business as usual, enhanced planning*

Nursing Center staff will undertake a number of tasks including:

- Continue to provide appropriate training, certifications and updates for healthcare workers.
- Train non-clinical staff to provide support capacity during crisis.
- Ensure all staff has an opportunity to receive seasonal influenza vaccine.

Environmental Safety will:

- Ensure all faculty and staff know how and when to use PPE.



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**Level of Response: Level 2 – Pandemic Alert**

**Definition:** *Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area.*

**Campus Response:** *Implement social distancing measures; cancel classes and other scheduled activities and events; prepare for closing; begin liberal leave for non-essential employees.*

Nursing Center staff will:

- Monitor supplies.
- Conduct influenza testing of patients.
- Separate acute illness services, suspend routine care if needed.
- Classify all staff as essential.

Counseling Services staff will:

- Suspend day-to-day operations.
- Implement on-call crisis management (psychological first aid) procedures in response to trauma (24/7).
- Assess need and provide short-term stress counseling for the campus community.
- Attend to first responders (healthcare workers and campus police).
- Designate all professional psychologists and counseling staff as essential (including at least one interpreter for the deaf).

Environmental Safety – PPE:

- Healthcare providers (medical personnel) will follow airborne precautions including utilizing a fit-tested respirator for close contact with suspected/confirmed cases.
- Evacuating students will be provided surgical masks.
- All essential staff will be provided respirators for use during shut down period.
- See Appendix for additional information on Protocol for Personal Protective Equipment Use by Employees.

**Level of Response: Level 3 – Pandemic Imminent**

**Definition:** *Novel virus causes unusually high rates of morbidity or mortality in multiple, widespread geographical areas.*

**Campus response:** *Residence halls will close; all administrative and academic support units will be shut down; dining operations reduced.*

Nursing Center staff will:

- Discontinue all routine appointments.
- Clearly communicate uses, resources and limits of care/services at the Nursing Center.
- Identify and publicize alternate care locations.
- Begin operation of the Point of Distribution (POD) for medication/vaccine and other supplies as available.
- Disburse equipment and supplies as needed.
- Ensure adequate disinfection of equipment after use.
- Monitor healthcare workers for signs of illness.
- Dispense vaccine and anti-viral medication.



- Monitor patients who present to the Nursing Center exhibiting symptoms suggestive of the Avian Flu virus and coordinate transportation to local hospital facilities.

Counseling Services staff will:

- Activate pre-selected campus-based psychologists/counselors to supplement Counseling Center staff in the provision of crisis intervention strategies to aid individuals experiencing emotional reactions to trauma.
- Implement telephone and online counseling to alleviate psychological trauma.

Environmental Safety – PPE:

Healthcare providers (medical personnel) will follow airborne precautions including fit-tested respirator for close contact with suspected/confirmed cases and will discontinue all aerosol-generating procedures. See Appendix for additional information on PPE.

***Level of Response: Level 4 – Pandemic***

***Definition:*** Further spread with involvement of multiple continents.

***Campus Response:*** Campus closed. Emergency condition declared; evacuation of all campus facilities except skeletal services and temporary emergency shelter housing for students with extreme hardships.

Health Center staff will:

- Continue emergency triage to determine level and location of care for new patients.
- Dispense vaccine and anti-viral medication, if and when it becomes available.
- Monitor healthcare workers for signs of illness.

Counseling Services staff will:

- Continue assessing and serving disoriented students with emergency psychological assistance.

Environmental Safety – PPE:

- Healthcare providers (medical personnel) will follow airborne precautions including fit-tested respirator for close contact with suspected/confirmed cases and discontinue all aerosol-generating procedures.

***Level of Response: Pandemic Over – Recovery***

***Definition:*** Cessation of successive pandemic “waves,” accompanied by the return (in the U.S.) of the more typical wintertime “epidemic” cycle.

***Campus Response:*** University positioned to re-open for business.

Health Center, Environmental Safety and Counseling Center services will return to normal operation.



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## **OIT (COMMUNICATIONS)**

***Level of Response: Pre-Pandemic Phase***

***Definition: Prior to efficient human-to-human transmission***

***Campus Response: Business as usual***

Institution Wide:

- The Incident Response Team will meet regularly to discuss preparations for each level and to confirm the designation of responsibility for specific types of communications.
- Campus faculty, staff, and students will be encouraged to become familiar with details of the Avian Flu Plan. A detailed plan for introducing the Avian Flu Plan to members of the University community is found in Appendix A. A draft of a student correspondence mailing on the Avian Flu for fall 2006 is provided in Appendix B.
- The new Emergency Preparedness Website ([www.coppin.edu/emergencypreparedness](http://www.coppin.edu/emergencypreparedness)) will be marketed to members of the University community and updated information will be posted on it as needed. This resource will be used during the Pre-level 1 period to communicate with students, faculty, staff, parents/families, regents, surrounding communities, local officials, state officials, and vendors.
- Educational campaigns on hand hygiene and cough and sneeze etiquette will be increased.

Department Specific:

- All units will identify essential staff to maintain necessary operations during Levels 1-4, and inform individual staff of their status in writing. This should be done as soon as practical.
- All units will confirm communication protocols for all staff levels (emails, meetings, conference calls, etc.)
- All units will be ready to communicate how they will function/provide services with fewer staff, noting restrictions of hours and service levels and alternative means of getting services as appropriate.
- The Nursing Center will provide health promotion activities that stress infection control measures, e.g. hand hygiene and cough and sneeze etiquette.
- The Nursing Center Website will be an additional source of current Avian Flu information for the campus.
- The School of Nursing will identify experts/spokespersons for campus from city and state health departments.
- Student Life in conjunction with the School of Nursing and the Department of Health Education, will prepare drafts of e-mails, web postings, FAQs and fliers to be used in (a) educational campaigns about hand hygiene and cough and sneeze etiquette, (b) personal protection campaign (e.g., what items students should have/store in their rooms and personal safety precautions), and (c) progressively difficult and dangerous situations. In addition, all residents will be advised that all University housing will be shut down shortly after classes are canceled and all residents will be expected to evacuate the campus.
- Human Resources will disseminate information about applicable leave policies and information on communicable diseases pursuant to the Memorandum of Understandings.



- The Office of Information Technology (OIT) will be responsible for maintaining the essential services and systems to support campus communication and instruction. See Appendix for an overview of the OIT plan.

***Level of Response: Level 1 – Novel Virus Alert***

***Definition:*** *Novel virus detected in one or more humans; little or no immunity in the general population; potential, but not inevitable precursor to a pandemic.*

***Campus Response:*** *Business as unusual, enhanced planning*

**Institution Wide:**

- Information on the Emergency Preparedness Website will be updated as needed to communicate current status of the pandemic and institutional responses. Additional efforts to market the website will also be implemented.
- E-mail alerts will be sent to students, faculty, staff, and parents/families of students informing them of the current status and encouraging them to refer to the Emergency Preparedness Website.
- Direct deposit inventories will be conducted.

**Department Specific:**

- All units will update departmental websites with service specific information as conditions evolve over time.
- All units will provide information to staff about departmental issues and the care and safety of their families.
- The Nursing Center will provide health promotion activities that stress infection control measures, e.g., hand hygiene and cough and sneeze etiquette.
- The Health Center Website will be an additional source of current Avian Flu information for the campus.
- Student Life staff will conduct informational meetings with student residents and other stakeholders as needed.
- The Nursing Center will manage the distribution of information and consult on regulatory issues regarding the use of personal protective equipment, the instructions for employees who request voluntary use of a respirator, and the protocol for cleaning disinfection of environmental surfaces.

***Level of Response: Level 2 – Pandemic Alert***

***Definition:*** *Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area.*

***Campus Response:*** *Implement social distancing measures; cancel classes and other scheduled activities and events; prepare for closing; begin liberal leave for non-essential employees.*



Institution Wide:

- Information on the Emergency Preparedness Website will be updated as needed to educate the campus community regarding flu signs/symptoms and when/where to seek help. Opportunities for responsive on-line communication will be provided.
- E-mail alerts will be sent to students, faculty, staff, parents/families, regents, state officials, and vendors apprising them of the status of activities on campus and steps being taken by the institution.
- A telephone information line will be implemented with information updated frequently to provide current, accurate pandemic information.
- Media will be alerted to the status of activities on campus and steps being taken by the institution.

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Department Specific:

- All units will keep staff in their areas informed of the current status of the pandemic and institutional responses.
- All units will update websites for closing status.
- All units will maintain staff phone trees.
- All units will publicize Nursing Center protocols for hand hygiene and cough and sneeze etiquette.
- All units will implement a procedure for dealing with a possible increased media presence, including access issues, and referrals to campus public information staff.
- The School of Nursing will educate the campus regarding signs/symptoms and when/where to seek help.
- The School of Nursing will conduct frequent consultation with the city and state health departments.
- Student Life will announce that all University housing will be closed imminently, and students will need to prepare to evacuate.
- Student Life will communicate Nursing Center protocols for infection control in areas such as residence halls where social isolation is difficult.
- Student Life will e-mail students directly affected by campus action (e.g., evacuation, social isolation, relocation) specifying actions they must take.
- Signs will be posted at the Dining Hall stating anticipated closing of the facility.
- The Nursing Center via Environment Safety will manage the distribution of information and consult on regulatory issues regarding the use of personal protective equipment, the instructions for employees who request voluntary use of a respirator, and the protocol for cleaning and disinfection of environmental surfaces.

***Level of Response: Level 3 – Pandemic Imminent***

***Definition:*** Novel virus causes unusually high rates of mortality in multiple, widespread geographical areas.

***Campus Response:*** residence halls will close; all administrative and academic support units will be shut down; dining operations reduce.

Institution Wide:



- Information on the Emergency Preparedness Website ([www.coppin.edu/emergencypreparedness](http://www.coppin.edu/emergencypreparedness)) will be updated on a continual basis, as needed. Online response to electronic inquiries will be provided from a remote location by the Emergency Preparedness Communication Designee.
- E-mail alerts will be sent to students, faculty, staff, parents/families, regents, state officials, and vendors apprising them of the status of activities on campus and steps being taken by the institution.
- The telephone information line will be updated frequently to provide current, accurate pandemic information.
- Campus wide voice mail will be sent to students, faculty, and staff. Other appropriate telephone contact will be made with other stakeholders.
- Media will be apprised of evolving status of activities on campus and steps being taken by the institution.

Department Specific:

- All units will follow campus protocols for updating the website and other communications, including approvals and sequencing of updates, relay of information between departments and the Incident Response Team, and taking into account the nature and volume of student, parent, and media inquiries.
- The School of Nursing will maintain contact with city and state health departments.
- The Nursing Center will manage the distribution of information and consult on regulatory issues regarding the use of personal protective equipment, the instructions for employees who request voluntary use of a respirator, and the protocol for cleaning and disinfection of environmental surfaces.

***Level of Response: Level 4 – Pandemic***

***Definition:*** Further spread with involvement of multiple containments

***Campus Response:*** Campus closed; declared emergency condition; evacuation of campus; all facilities closed except skeletal services temporary emergency shelter housing for students with extreme hardships; access to campus sealed off; closure sustained.

Institution Wide:

- Information on the Emergency Preparedness Website will be updated on a continual basis, as needed. Online response to electronic inquires will be provided from a remote location by the Emergency Preparedness Communication Designee.
- E-mail alerts will be sent to students, faculty, staff, parents/families, regents, state officials, and vendors apprising them of the status of activities on campus and steps being taken by the institution.
- The telephone information line will be updated frequently to provide current, accurate pandemic information.
- Campus wide voice mail will be sent to students, faculty, and staff. Other appropriate telephone contact will be made with other stakeholders.
- Media will be apprised of evolving status of activities on campus an steps being taken by the institution.

Department Specific:

- The School of Nursing will maintain contact with city and state health departments.



- Student life will continue to maintain e-mail and text message contact web information as appropriate at this stage.
- The Nursing Center will manage the distribution of information and consult on regulatory issues regarding the use of personal protective equipment, the instructions for employees who request voluntary use of a respirator, and the protocol for cleaning and disinfection of environmental surfaces. See Appendix for an overview of these three documents.

***Level of Response: Pandemic Over – Recovery***

***Definition:*** Cessation of successive pandemic “waves,” accompanied by the return (in the U.S.) of the more typical wintertime “epidemic” cycle.

***Campus Response:*** University positioned to re-open for business

Institution Wide:

- Re-opening procedures and timetable will be communicated via email, web, and media.
- The telephone information line will be updated frequently to provide current, accurate pandemic recovery information.
- Student return policy and procedures will be announced via e-mail and web (e.g., health and safety precautions, what to expect, what to bring, and pro-rata credits for unused portions of service).

## **SAFETY AND SECURITY**

***Level of Response: Pre-Pandemic Phase***

***Definition:*** Prior to efficient human-to-human transmission

***Campus Response:*** Business as usual

- Personal equipment, hygiene/cleaning and other supplies will be inventoried for adequacy.
- Essential staff members will be identified and that designation will be communicated to individuals including ramifications for absenteeism. Management will maintain contingency plans for handling staff shortages.
- The service plan to transport students to mass transit hubs will be developed, staff will be trained accordingly, and information about the plan will be posted on the departmental website. See Appendix for overview of the draft plan for the evacuation of residence halls.

***Level of response: Level 1 – Novel Virus Alert***

***Definition:*** Novel virus detected in one or more humans; little or no immunity in the general population; potential, but not inevitable precursor to a pandemic

***Campus Response:*** Business as usual, enhanced planning



Transportation Services will:

- Create and maintain a list of essential employees for on-call driving responsibilities (in case of evacuation or mass absenteeism).
- Inventory all necessary supplies for staff and equipment and ensure adequacy.

Facilities Management will store barricades and preparation/contracts to secure commercial tents/awnings for check-in and check-out areas.

Human Resources will develop systems and procedures for activating the information resources to provide information on the status of the campus for employees.

Department of Public Safety will:

- Procure barriers for blocking roadways.
- Develop and/or review emergency supply checklist for the subsequent levels of the emergency.
- Direct all supervisory personnel to review the Department's Emergency Response Plan with their subordinates.
- Check and inventory all departmental communications networks.
- Assure all communications accessories are available and sufficient in the event that a higher level of emergency is declared.

***Level of Response: Level 2 – Pandemic Alert***

***Definition:*** *Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area.*

***Campus Response:*** *Implement social distancing measures; cancel classes and other scheduled activities and events; prepare for closing; begin liberal leave for non-essential employees.*

Transportation Services staff will:

- Implement exposure control plan if vans are used to transport sick individuals. This will include:
  - Surgical masks for symptomatic riders
  - Surgical masks for drivers if they request them
  - Normal cleaning procedures. During a local outbreak, clean surfaces that are frequently touched with the hands with an EPA-registered disinfectant. See Appendix for additional details.
- Begin to implement campus evacuation procedures with other campus departments.
- Implement reduced workforce transit operations plan as employee absenteeism increases.
- Identify sources of antiviral medication and relay to staff.

Department of Public Safety will:

- If necessary, escort medical personnel throughout the campus to ensure uninterrupted movement.
- Ensure decontamination center(s) are identified and equipped and supplied with basic essentials for viral decontamination.



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***Level of Response: Level 3 – Pandemic Imminent***

***Definition:*** Novel virus causes unusually high rates of morbidity or mortality in multiple widespread geographical areas.

***Campus Response:*** Residence halls will close; all administrative and academic support units will be shut down; dining operations reduced.

Transportation Services staff will:

- Implement campus evacuation plan.
- Maintain communications with other organizations and departments to share best practices in managing the pandemic.

Department of Public Safety will:

- Establish egress and ingress route from and onto the campus; barricade all non-usable routes.
- Implement identification system for essential campus personnel and key non-campus personnel.
- Prepare Department Personnel for eminent alert status, i.e. twelve (12) hour shifts.
- Prepare Department for overnight accommodations for Public Safety Personnel.
- Coordinate with medical personnel the areas of highest security, egress and ingress.
- Identify and prepare holding area for persons violating emergency conditions.
- Challenge all persons entering the campus and allowing only those with essential business related to the emergency to enter.

***Level of Response: Level 4 – Pandemic***

***Definition:*** Further spread with involvement of multiple continents

***Campus Response:*** Campus closed; declared emergency condition; evacuation of campus; all facilities closed except skeletal services temporary emergency shelter housing for students with extreme hardships; access to campus sealed off; closure sustained.

Transportation Services staff will:

Limited Access – Essential Employee Access Procedures:

- Once the University has declared that it is closed to all but essential employees, notifications must be made through various information sources. These should include, but not be limited to: Electronic Media and the University’s Homepage.
- To expedite the flow of traffic, all vehicles would be routed through drive-up check-in parking gates. At the parking gate station, the driver would provide the staff member at the gate with his/her name and a valid identification (CSU ID or Driver’s License). During the period of closure, all vehicles and pedestrians on campus will be challenged by University Police. All persons on campus who are not essential personnel will be asked to leave campus without exception. Those refusing to leave will be subject to arrest.
- After the employee has completed work for the day, the individual will drive back through the areas where they checked-in and repeat the process for check-out.
- The State of Maryland will decide on travel restrictions, if any, during the period of the pandemic. Coppin State University will have to abide by the policies set by the



pandemic. Coppin State University will have to abide by the policies set by the State government on travel restrictions and policies.

- University Police will need to provide 24/7 security for the POD.
- When the POD is closed, minimal staffing will be required to safeguard the POD.
- When the POD is operational, the POD will require security, crowd control and traffic control. It is conceivable that during operational hours up to recovery the University Police Officers will be required to staff the POD. University Police will be working to develop a POD security plan in more detail.

Department of Public Safety:

- Upon declaration of a level four emergency, CSU will establish a command post. The location of the Command Post will be determined by the Director.
- The Director will immediately establish communications with the emergency Operation Center.
- Will establish entrance and exit route to the campus.
- All entrances not used for the emergency will be blocked and staffed by campus police, allowing no one except essential personnel to enter.
- Police personnel will be fully briefed on critical areas on campus where suspected or identified contaminations exist.
- All persons without appropriate identifications will be barred from campus or directed to location where business and necessity on campus can be verified. Appropriate identification issued.
- All non-essential and unauthorized persons on campus will be escorted off the campus by campus police with instructions not to return until the emergency has been declared ended.
- Maintain essential PPE at all times and utilize the equipment whenever appropriate.

***Level of Response: Pandemic Over - Recovery***

***Definition:*** Cessation of successive pandemic “wave,” accompanied by the return (in the U.S.) of the more typical wintertime “epidemic” cycle.

***Campus Response:*** University positioned to re-open for business

Transportation Services staff will:

- Re-open and transportation services will return to regularly scheduled operations.

Department of Public Safety will:

- Ensure the re-storage of all emergency equipment and decontamination of any equipment that may have been possibly contaminated.
- The Director will prepare an after action report for the Vice President.
- Return to normal operations.

## **STUDENT SERVICES**

***Level of Response: Pre-Pandemic Phase***

***Definition:*** Prior to efficient human-to-human transmission

***Campus Response:*** Business as usual



- Staff in Student Life will finalize emergency protocols including: identification of essential employees, closing of residence halls and dining services facilities, management of a temporary housing shelter, and management of issues related to the use of University housing facilities by governmental agencies. See Appendix for an overview of Specific Plans for Resident Life and see Appendix H for the Thompson Hospitality Pandemic Plan for Dining Services.
- Staff will be advised of duty expectations during the closure for staff not required to come to campus, but who still maintain professional responsibilities.
- Information will continue to be distributed to all regarding planning issues including: what they should bring to campus or obtain once here, evacuation planning (where to go and how to get there), contacts with family and friends, and financial issues. Hard copy handouts as well as websites will be used. Training will also occur in any regular meetings with students.

***Level of Response: Level 1 – Novel Virus Alert***

***Definition:*** *Novel virus detected in one or more humans; little or no immunity in the general population: potential, but not inevitable precursor to a pandemic.*

***Campus Response:*** *Business as usual, enhanced planning*

Dining Services will:

- Increase supplies to cover modification of food provision to carry-out only (i.e. carryout containers, disposable utensils, individual beverages, gloves for food handlers, portable card readers, etc.)
- Increase convenience shop inventories in anticipation of a rush on food or water, and supplies.
- Establish a liaison for Dining Services and Student Life to coordinate emergency feeding needs and availability through Thompson Hospitality.
- Monitor the delivery of supplies.
- Increase the security of supplies
- Pre-position equipment necessary for emergency service operations.
- Continue education of students and staff regarding Dining Services' operations in case of campus closure, see Appendix H. Include related information on department website.

Student Life will:

- Finalize bulk purchases of kits for live-in staff (i.e. same as campus police issues to officers); finalize residence hall storage locations for medical supplies, bottled water, and non-perishable food.
- Identify staff members at all levels that may come in direct close contact with sick persons; identify and communicate requirements for student employees at Levels 2, 3, and 4.
- Finalize contingency plans for students who will depend on campus housing for some period after a campus closing/evacuation (e.g., international students and residents who cannot travel home because of distance or travel restrictions).
- Identify students whose home addresses are in areas of the world affected by early human-to-human cases; offer support to these students.



- Continue normal housekeeping services utilizing standard cleaning products and protocols.
- Make plans for tracking and tabulating all costs associated with influenza pandemic preparations and implementation of plans.
- Continue education of students regarding their own planning as well as University plans.
- Address students regarding their own planning as well as University plans.
- Address students' stockpiling of food and supplies, including pest management.

Student Life will:

- Train staff on how to discuss issues fully.
- Understand the scope, location, and extent of services available from Dining Services, the Nursing Center, and Counseling Center as the crisis unfolds.
- Post references to the institutional plans for Avian Flu on their websites, urging precautions are taken and outlining campus contingency plans to combat spread. The same information might also be communicated via direct e-mail to the parent distribution list.
- Share information about resources for coping with fears (e.g., Counseling Center), and facilitate counseling staff in getting into the communities in small groups to assist staff and students.

***Level of Response: Level 2 – Pandemic Alert***

***Definition:*** *Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area.*

***Campus response:*** *Implement social distancing measures; cancel classes and other scheduled activities and events; prepare for closing; begin liberal leave for non-essential employees.*

Dining Services staff will:

- Begin to limit services.
- Begin 24 hour alert, ensuring one senior staff member is on campus at all times.
- See Appendix H for Thompson Hospitality's response to a level 2 Pandemic Alert via Phase 2.

Student Life:

- Resident Life staff will begin closing all residence halls.
- Resident Life will initiate residence hall storage action plans.
- Resident Life staff will assist with departures from resident halls.
- Resident Life staff will send mass e-mail to the residential community outlining the institution closing, closing of residences, campus evacuation and other campus actions (e.g. evacuation instruction, online instruction, and service levels to be maintained/curtailed during evacuation, event cancellations, travel restrictions, visitor restrictions, pre-emptive building closing, direct e-mail to parent distribution list, and lack of access to campus during the closure).



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**Level of Response: Level 3 – Pandemic Imminent**

**Definition:** Novel virus causes unusually high rates of morbidity or mortality in multiple, widespread geographical areas.

**Campus Response:** Residence halls will close; all administrative and academic support units will be shut down; dining operations reduced.

Dining Services staff will:

- Coordinate vendor deliveries to one location.
- Require a senior staff member on duty at all times.

Student Life staff will:

- Implement web cast meetings.
- Assure extra supplies are in place in buildings scheduled to accommodate students during closing.
- Respond to forced departures/closing of residence halls: instructions to students, timeline, dealing with parents, and securing possessions.
- Relocate live-in staff and students who cannot leave.
- Prepare to execute isolation if ordered – feeding, sanitation, voluntary departures, and services during isolation.
- Scale back services and close 24 hour desks.

**Level of Response: Level 4 – Pandemic**

**Definition:** Further spread with involvement of multiple continents

**Campus Response:** Campus closed: declared emergency condition; evacuation of campus; all facilities closed except skeletal services temporary emergency shelter housing for students with extreme hardships; access to campus sealed off; closure sustained.

Dining Services staff will:

- Distribute food and water to those traveling long distances, if supplies allow.

Student Life staff will:

- Monitor sanitary conditions of vacated residence halls.
- Monitor building access systems in order to control unauthorized entry to closed halls.
- Manage access/entry to halls remaining open as temporary emergency shelter.
- Assist with relocation of students to temporary emergency shelter.
- Provide services to students who remain in temporary emergency shelter – safety and security, sanitation, access, staffing, counseling, and communication.

Student Life will:

- Work with Dining Services via Thompson Hospitality, Resident Life and the Nursing Center to determine location and needs of people who cannot be evacuated or have been temporarily reassigned.
- Document evacuation destinations for staff to maintain phone contact.
- Monitor well-being, health and morale of essential staff that may be required to remain on campus.



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**Level of Response: Pandemic over – Recovery**

**Definition:** Cessation of successive “waves,” accompanied by the return (in the U.S.) of the more typical wintertime “epidemic” cycle.

**Campus response:** University positioned to re-open for business

Student Life Staff will:

- Continue security program for unoccupied halls and houses.
- Implement cleaning protocols and inspections required before residents can return;
- Conduct ‘by room verifications’ or similar process determined which residents have not returned by certain key dates.

## **ACADEMIC PROGRAM**

**Level of Response: Pre-Pandemic Phase**

**Definition:** Prior to efficient human-to-human transmission

**Campus response:** Business as usual

- The Office of the Provost will work with schools and departments to develop unit emergency plans, including plans for dealing with research and research facilities.
- Each school/department will be asked to designate an emergency point person(s).
- Emergency contact information for critical/essential staff will be distributed through schools and departments, then to the Provost.
- In the fall of 2006, Deans will ask each faculty member to discuss class activities/actions (5-10 minutes in class) to be implemented in case the campus is closed due to an Avian Influenza outbreak. Faculty will be also requested to include a paragraph in their syllabi outlining how their courses would be continued and completed in case of an emergency. Faculty members will be asked to set up e-mail list servers for their classes and to consider how outline teaching platforms and other technologies could be used in their courses.
- Academic departments and faculty will be given some flexibility in how they approach working with their classes. Approaches will vary by discipline and class size. What works for a class of 10 might not work for a class of 40. Different approaches will be necessary for undergraduate and graduate students/program. There needs to be coordination so that students are not required to do things for one class that will jeopardize their ability to complete another class.
- The provost will continue to provide training/incentives for faculty to move appropriate segments of classes online or web-enhanced, and to learn how to use appropriate technology in cases of emergency so that their courses can continue.
- The Academic Affairs Division will develop simple, basic templates and general directions at this level that will be sent to Deans/Departments/Faculty. These directions will include: emergency contact information, lab protocols to be used in case of emergency and protocols that would be implemented if the University were closed for more than two weeks.
- See Appendix for an overview of the Academic Instruction Plan.



**Level of Response: Level 1 – Novel Virus Alert**

**Definition:** *Novel virus detected in one or more humans; little or no immunity in the general population; potential, but not inevitable precursor to a pandemic*

**Campus Response:** *Business as usual, enhanced planning*

- Preparations will continue for possible lapse in class schedule.
- Classes will continue on campus uninterrupted.
- Faculty will develop plans to address issues of student absenteeism.
- Faculty will consider experimental protocols and identify essential research and make plans for possible interruptions in research schedules.

**Level of Response: Level 2 – Pandemic Alert**

**Definition:** *Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area.*

**Campus Response:** *Implement social distancing measures; cancel classes and other scheduled activities and events; prepare for closing; begin liberal leave for non-essential employees.*

- On-campus classes will be cancelled.
- Alternative instruction methods will be employed where possible.
- Most research activities that depend upon campus facilities will be temporarily suspended. See Appendix for a checklist guide to the temporary closure of laboratories.

**Level of Response: Level 3 – Pandemic Imminent**

**Definition:** *novel virus causes unusually high rates of morbidity or mortality in multiple widespread geographical areas.*

**Campus Response:** *Residence halls will close; all administrative and academic support units will be shut down; dining operations reduced.*

- If the University is required to close during the spring or fall semester(s) for one to two weeks, students will make up work missed and fulfill the required 15 contract hours per class credit without significantly altering the semester calendar/structure.
- For any closure extending beyond two weeks, the University will consider extending the semester through the end of May and/or through summer sessions I and II. If necessary the fall semester can be extended to the end of December and/or winter term.
- Immediately, faculty can conduct coursework from off-site using listservs to communicate with students or telephone conference call support.
- Alternative methods of instruction will continue where possible.

**Level of Response: Level 4 – Pandemic**

**Definition:** *Further spread with involvement of multiple continents*

**Campus Response:** *Campus closed; declared emergency condition; evacuation of campus; all facilities closed except skeletal services temporary emergency shelter housing for students with extreme hardships; access to campus sealed off; closure sustained*



- If the University is required to close during the spring or fall semester(s) for one to two weeks, students will have the ability to make up work missed and fulfill the required 15 contact hours per class credit without significantly altering the semester calendar/structure.
- For any closure extending beyond two weeks, the University will consider extending the semester through the end of May and/or through summer session I and II. If necessary, the fall semester can be extended into the end of December and/or winter term.

***Level of Response: Pandemic Over – Recovery***

***Definition:*** Cessation of successive pandemic “waves,” accompanied by the return (in the U.S.) of the more typical wintertime “epidemic” cycle.

***Campus Response:*** University positioned to re-open for business.

In coordination with other response teams and with USM, Academic Affairs will coordinate the resumption of classes and other academic activities.

## **ADMINISTRATIVE SERVICES**

***Level of Response: Pre-Pandemic Phase***

***Definition:*** Prior to efficient human-to-human transmission

***Campus Response:*** Business as usual

- Office of Human Resources will re-visit existing workplace flexibility options (as appropriate) to provide advice and guidance to departments (e.g., teleworking, staggered hours of operation). See Appendix for a set of guidelines from Human Resources regarding various staffing issues.
- Departments should thoroughly evaluate their operations to determine the essential services that will continue to be delivered in the event of Temporary Campus Closing (TCC), and which of their employees will be responsible for delivering these services as essential employees, both primary and back-up. See Appendix for an overview of departmental pre-closing checklist.
- All units will define essential staff within each department and within each level defined in this plan. Some employees may be defined as essential at one level but not at another. Employees will be notified in writing of this designation. This should be done as soon as practical and should be followed up with a reminder at such time as the campus might go to a level 1 or greater alert. All employees identified as essential will be provided vaccination by the University as it becomes available.
- Departments will be encouraged to familiarize themselves with the Departmental Closing Plan.
- All units will consider reassignment of staff within the department to meet temporary service needs.
- As part of this analysis, departments should determine the best methodology for notifying essential employees of their daily work obligations under a TCC:



- **Option #1 (recommended):** Identify one telephone number in the department which will be updated each morning for essential employees. Essential employees would be required to call the number at an appointed time each day to ascertain whether or not they are required to report to the campus that day to receive any special instructions. Each employee calling in would be required to leave voicemail on the number so that the supervisor is able to confirm that the message was received (the call will be date/time stamped by the voicemail system). With this option, the burden is on the employee to call regarding working status.
- **Option #2:** Departments could identify a point person who is responsible for calling essential employees each day regarding their daily status and work assignments. This is a less efficient way to do this, as employees may not always be available to receive the phone call. Departments should consider the potential for a breakdown in communication with this methodology, and consider the consequences at such a critical time. Nevertheless, this may be a more viable option for very small departments.
- Departments should begin to identify critical supply and operating expense requirements to maintain service levels throughout the various stages of the TTC. Funding source and procurement arrangements will be coordinated through the Comptroller and Procurement offices.
- Payroll or the Comptroller will notify faculty and staff about pay check distribution during such an emergency. The on-campus distribution of paychecks will be suspended. Paycheck distribution of paychecks will be suspended. Paycheck distribution of employee pay.

***Level of Response: Level 1 – Novel virus Alert***

***Definition:*** Novel virus detected in one more humans; little or no immunity in the general population; potential, but not inevitable precursor to a pandemic

***Campus Response:*** Business as usual, enhanced planning

Facilities Management staff will:

- Inventory cleaning supplies. No special cleaning procedures or products are needed.
- Procure, store and provide sufficient and accessible soap, alcohol-based hand hygiene products (e.g., Purell), tissues and receptacles for their disposal.

Business and Finance staff will:

- Prepare and send request to the State General Accounting Office to increase University Working Fund cash.
- Increase purchasing card transaction limits to facilitate procurements.
- Coordinate process with State treasurer's office to hold in "reserve" excess Bursar working funds for emergency cash flow needs.
- Increase and expand signatory authority on procurement documents and checks as needed.
- Begin cross-training of staff as needed.



Staffing:

- Human Resources will distribute letters to all staff outlining potential hazardous conditions.

***Level of Response: Level 2 – Pandemic Alert***

***Definition:*** Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area.

***Campus Response:*** Implement social distancing measures; cancel classes and other scheduled activities and events; prepare for closing; begin liberal leave for non-essential employees.

Facilities Management will:

- Require all healthy essential personnel to report and maintain all essential facility services.
- Eliminate routine maintenance.
- Distribute sufficient and receptacles for their disposal.
- Follow facility procedures
- Give special attention to frequently touched surfaces in addition to floors and other horizontal surfaces.
- Handle blood and other bodily fluid spills in accordance with blood-borne pathogen procedures.

Business Finance:

- All healthy essential personnel will report and services will continue.
- Comptroller will contact State Central Payroll Bureau to process payroll if needed.
- Procurement will coordinate with departments to identify and prepare “Suspension of Work” and “Termination for Convenience” notifications to service contract vendors.
- Procurement and Comptroller will facilitate and expedite emergency supply and service orders.
- Comptroller will prepare to implement manual processes for cash deposit, cash disbursement, procurements, vendor disbursements and billing of student and contact/grant receivables in the event that mainframe systems become unavailable.
- Comptroller will coordinate requests for resource assistance from other delegated Accounts Payable offices on campus to assist with vendor payment processing if needed.

***Level of Response: Level 3 – Pandemic Imminent***

***Definition:*** Novel virus causes unusually high rates of morbidity or mortality in multiple, widespread geographical areas.

***Campus Response:*** Residence halls will close; all administrative and academic support units will be shut down; dining operations reduced.

Facilities Management staff will:

- Maintain essential services to all facilities (e.g., utilities HVAC).
- Close and secure non-essential building.



- Curtail outside maintenance.
- Provide sufficient and accessible soap, alcohol-based hand hygiene product (e.g., Purell), tissues and receptacles for their disposal.
- Give special attention to frequently touched surfaces in addition to floors and other horizontal surfaces.
- Handle blood and other bodily fluid spills in accordance with blood-borne pathogen procedures.

Business and Finance:

- Assuming full campus closure, financial transactions will be limited to critical procurements and payments.
- Limited essential personnel will report to campus or handle transactions from remote locations depending on system availability.

***Level of Response: Pandemic Over – Recovery***

***Definition:*** Cessation of successive pandemic “waves,” accompanied by the return (in the U.S.) of the more typical wintertime “epidemic” cycle

***Campus Response:*** University positioned to re-open for business

Staffing:

- All staff will return to work.
- Pay distribution plan will be implemented, including last pay for hourly employees (assume paid ‘Administrative Leave by regular salaried employees).

Business and Finance – Funding Additional Costs:

- In order to assess impacts to University financial position, it will be necessary to immediately determine any modifications to the current refund policies for tuition, fees and other services.
- The University does have sufficient reserves to handle some level of additional emergency costs. Should these costs begin to grow, then the University would have to look at other alternatives for funding. This would require that Executive Officers and members of the Finance Committee convene to determine the possibility of redirecting funds from certain projects, deferring facility renewal projects, or borrowing externally or internally.
- A major flu pandemic would be a national, or at least a regional, issue of significant impact. Therefore, it would be likely that federal and/or state emergency funding could be made available to the University.



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## **DEFINITIONS AND OPERATIONAL TERMS**

**Alternative Site:** A location, other than the normal facility, used to conduct business functions in the event of a disaster.

**Assumptions:** Basic understandings that the disaster recovery plan are based on.

**Avian Influenza:** Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no vaccine available.

**Backup:** An alternate source or resource to be used in the event the primary resource is no longer available for use.

**Blackboard:** Enables educational institutions to use the Internet to provide access to any learning resource at any time from any place.

**Communications Failure:** An unplanned interruption in any electronic communication.

**Contagious:** A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

**COOP:** Continuation of Operations Plan

**Crisis:** A crucial or decisive point or situation; a turning point. Crisis also can be defined as an unstable condition, as in political, social, or economic affairs, involving an impending abrupt or decisive change.

**Damage Assessment:** The process of assessing damage, following a disaster, to computer hardware, network components, office facilities, etc. and determining what can be salvaged or restored and what must be replaced.

**Disaster:** An occurrence causing widespread destruction and distress; a catastrophe.

**Disaster Recovery:** The act, process, duration, or an instance of recovering from a disaster.

**Emergency:** A serious situation or occurrence that happens unexpectedly and demands immediate action.

**Epidemic:** Spreading rapidly and extensively by infection and affecting many individuals in an area or a population at the same time, as of a disease or illness.

**Extended Outage:** The interruption of electrical services with a duration of 24 hours or more.

**Facilities:** Campus building and other physical resources.

**File Backup:** Copy files to secondary location in the event the primary files are lost.



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**File Recovery:** Restoration of files from the file backup system.

**H1N1:** Novel H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the [World Health Organization](#) (WHO) signaled that a pandemic of novel H1N1 flu was underway.

**H5N1:** A variant of avian influenza, which is a type of influenza virulent in birds. It was first identified in Italy in the in the early 1900s and is now known to exist worldwide.

**HPAI:** Highly Pathogenic form of Avian Influenza. Avian flu viruses are classified based upon the severity of the illness and HPAI is extremely infectious among humans. The rapid spread of HPAI, with outbreaks occurring at the same time, is of growing concern human health as well as for animal health.

**Incident Command Team:** The team of campus personnel who have defined roles and responsibilities for preparedness, response, and recovery planning.

**Influenza:** A serious disease caused by viruses that infect the respiratory tract.

**Loss:** The condition of losing services due to an unexpected occurrence.

**MOU:** Memorandum of Understanding

**OIT:** Office of Information Technology

**Pandemic:** Is an epidemic over a wide geographic area and affecting a large proportion of the population.

**Pandemic Flu:** Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu in the United States. See glossary for more definitions and operational terms.

**POD:** Point of Distribution

**Quarantine:** Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. Individuals may be quarantined at home or in designated facilities; healthcare providers and other response workers may be subject to quarantine when they are off duty.

**SARS:** Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus, called SARS – associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global



outbreak of 2003 was contained. This fact sheet gives basic information about the illness and what CDC has done to control SARS in the United States. To find out more about SARS, go to [www.cdc.gov/sars/](http://www.cdc.gov/sars/) and [www.who.int/csr/en/](http://www.who.int/csr/en/).

**Seasonal Flu:** Seasonal (or common) flu is respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

**System Outage:** A short-term disruption of all electrical and/or technology related systems and services – usually, less than 24 hours in duration.

**TCC:** Temporary Campus Closure

**Tegrity:** An academic learning support system that enables educational institutions to automatically capture, store, and index every class on campus, making class time available all the time, easily accessible to every student.

**Vaccine:** A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organism) killed or weakened) or parts of these organisms.

**West Nile:** West Nile virus (WNV) is a potentially serious illness. Experts believe WNV is established as a seasonal epidemic in North America that flares up in the summer and continues into the fall. Most often, WNV is spread by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Infected mosquitoes can then spread WNV to humans and other animals when they bite.

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## **APPENDICES**

- Appendix A: Background of the Current Outbreak
- Appendix B: Guidance for Protecting Workers against Avian Flu
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## **APPENDIX A: Background of the Current Outbreak**

The following excerpt is from the U.S. Department of Labor via OSHA, Occupational Safety & Health Administration; detailing the background and history of avian influenza:

An outbreak of influenza A (H5N1), also known as “avian flu” or “bird flu,” has been reported in several countries throughout Asia. Cases of avian influenza A (H5N1) in birds have been confirmed in Cambodia, China, Hong Kong, Indonesia, Japan, Laos, Pakistan, South Korea, Thailand, and Vietnam. Human cases of avian influenza have been reported in Thailand and Vietnam. During this outbreak investigation, it has not been determined that avian flu is spread from person to person. This strain of avian influenza A (H5N1) currently affecting Asia has not been found in the United States. The current outbreak of avian influenza has prompted the killing of more than 25 million birds in Asia.

In February 2004, different strains of avian flu were detected among several flocks of birds in the U.S. and state officials ordered the destruction of hundreds of thousands of birds. The avian influenza strain found in Delaware was (H7N2), in Pennsylvania the strain was (H2N2), and the (H5N2) strain was found in Texas. The strain found in Texas has been determined to be “highly pathogenic” to birds. However, the strain of avian influenza in Texas is not the same as the strain that is affecting Asia. There does not appear to be any connection between the illness in the flocks on the East Coast and the flock in Texas. Wild birds are the natural hosts for the virus. Avian flu viruses circulate among birds worldwide and are highly contagious among birds. It is also important to note that the United States annually imports an estimated 20,000 birds from countries with current avian influenza outbreaks, according to the U.S. Fish and Wildlife Service.

### **BACKGROUND ON INFLUENZA AND AVIAN FLU**

Influenza is a category of viruses associated with acute (short), usually self-limited infections, whose symptoms are commonly fever, muscle pain aches, and cough. However, illness can be more severe based upon the properties of the virus, the patient’s age, pre-existing immunity status, or pre-existing medical conditions. The influenza virus is described by a three part naming system that includes the virus type, subtypes, and strain. There are three major types (A,B,C) and a number of subtypes which are classified based upon the surface coating of the virus. These surface coatings determine whether the virus will affect human, pigs, horses or birds, or more than one type of animals. Within a specific type and subtype of influenza, there are also important differences in the particular strain of virus. For example, the strain of influenza A (H5N1) that has affected birds and humans in much of Asia is not the same strain that is affecting birds in the U.S. or Pakistan.

Influenza viruses also change or mutate overtime. “Scientists know that the avian and human influenza viruses can exchange genes when a person is simultaneously infected with viruses from both the common human influenza virus and the avian type. This process of gene swapping inside the human body can give rise to a completely new subtype of the influenza virus to which few, if any, humans would have any natural immunity...If the new virus contains sufficient human genes humans would have any natural immunity...If the new virus contains sufficient human



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flu virus genes, transmission directly from one person to another (instead of from birds to humans only) can occur.” Some previous outbreak investigations documented limited human-to-human transmission of avian influenza. It is believed that most cases of avian influenza in humans have resulted from contact with infected poultry or contaminated surfaces.

In particular, influenza A (H5N1) has a documented tendency to acquire genes from viruses infecting other animals. There is a particular cause for concern because this strain of influenza A (H5N1) is now spreading from birds (e.g., chickens, ducks, and turkeys) to humans, and scientists are trying to determine if the virus does not commonly infect humans, the general population may not have natural immunity to the virus. The current strain of influenza A (H5N1) that is transmitted from birds to humans is considered to be “highly pathogenic.”



## **APPENDIX B: Guidance for Protecting Workers against Avian Flu**

The following selection is from the U.S. Department of Labor via OSHA, Occupational Safety & Health Administration; detailing routes of exposure to avian flu and guidance for medical and food handlers when dealing with avian influenza:

### **ROUTES OF EXPOSURE TO AVIAN FLU**

Most human influenza infections are spread by virus-laden respiratory droplets that are expelled during coughing and sneezing. Influenza viruses range in size from 0.08 to 0.12 micrometers. They are carried in respiratory secretions as small-particle aerosols (less than 10 micrometers in diameter).

### **GUIDANCE FOR MEDICAL WORKERS THAT TRANSPORT / TREAT AVIAN FLU PATIENTS**

All patients who present to a health-care setting with fever and respiratory symptoms should be managed according to the CDC's recommendations for respiratory hygiene and cough etiquette and questioned regarding their recent travel history (see <http://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>). It has not yet been determined that avian flu can be spread from person to person. However, due to the potential risks of human to human infection, isolation precautions identical to those recommended for SARS should be implemented for all hospitalized patients diagnosed with or under evaluation for influenza A (H5N1) as follow:

1. Standard Precautions
  - a. Pay careful attention to hand hygiene before and after all patient contact.
2. Contact Precaution
  - a. Use gloves and gown for all patient contact.
3. Eye Protection
  - a. Wear when within 3 feet of the patient.
4. Airborne Precautions
  - a. Place the patient in an airborne isolation room (i.e., monitored negative air pressure in relation to the surrounding areas with 6 to 12 air changes per hours).
  - b. The CDC has recommended that, the minimum requirement is a disposable particulate respirator (e.g. N95, N99 or N100) used in accordance with 29 CFR 1910.134 for respiratory protection programs. Workers must be fit tested for the model and size respirator they wear and must be trained to fit-check for face seal, when entering the room.
  - c. If transport or movement is necessary, ensure that the patient wears a surgical mask. If a mask cannot be tolerated, apply the most practical measures to contain respiratory secretion.

For additional information regarding these and other health-care isolation precautions, see the CDC's Guidelines for Isolation Precautions in Hospitals. These precautions should be continued for 14 days after onset of symptoms until an alternative diagnosis is established or until



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diagnostic test results indicate that the patient is not infected with influenza A virus (see Laboratory Testing Procedures below). Patients managed as outpatients or hospitalized patients discharged before 14 days should be isolated in the home setting on the basis of principles outlined for the home isolation of SARS patients (see <http://cdc.gov/ncidod/sars/guideance/i/pdf>).

## **GUIDANCE FOR FOOD HANDLERS**

In general, good hygiene practices during handling of raw poultry meat and usual recommended cooking practices for poultry products would lower any potential risks to insignificant levels. Eggs from infected poultry could also be contaminated with the virus and therefore care should be taken in handling shell eggs or raw egg products. Some, more limited, knowledge is available about the effect of food handling and treatment on the influenza virus. While freezing and refrigeration would not substantially reduce the concentration or virulence of viruses on contaminated meat, proper cooking kills such viruses. In general, chicken should be cooked to reach an internal temperature of 180 degrees. Employers should continuously emphasized the important of good hygiene practices during handling including hand washing, prevention of cross-contamination and thorough cooking of poultry products.

## **EMPLOYEE TRAINING**

All employees with potential occupational exposure, as described in this document, should be trained on the hazards associated with exposure to influenza A (H5N1) and the protocols in place in their facility to isolate and report cases or reduce exposures.

The following excerpt was taken from Delmarva Avian Influenza Joint Task Force document revised October 17, 2005:

Hand hygiene should consist of washing with soap and water for 10-15 seconds or the use of other standard hand-disinfection procedures as specified by the poultry company's medical department. This will happen at all breaks (especially where smoking or snacking will occur), at lunch/bathroom breaks, and prior to leaving the affected farm.



## Appendix C: Internal Emergency Response / Essential Personnel Contact List

Incident Command Team	Email Address	Campus Address	Campus #	Home #	Cellular or Page #
<b>Siemer, Richard</b> Vice President Finance and Administration	<a href="mailto:rsiemer@coppin.edu">rsiemer@coppin.edu</a>	Admin. Bldg, 3 <sup>rd</sup> floor	(410) 951-3594		
<b>Bailey, Patrick</b> Director Of Housing & Residence Life	<a href="mailto:pbailey@coppin.edu">pbailey@coppin.edu</a>	Daily Hall, 1 <sup>st</sup> floor	(410) 951-6399		
<b>Stamper, Jerry</b> Director of Facilities	<a href="mailto:jstamper@coppin.edu">jstamper@coppin.edu</a>	Research Bldg, 1 <sup>st</sup> floor	(410) 951-1234		
<b>Hamm, Leonard</b> Director of Public Safety	<a href="mailto:lhamm@coppin.edu">lhamm@coppin.edu</a>	Research Bldg, 1 <sup>st</sup> floor	(410) 951-3906		
<b>Dr. Joan Tilghman</b> Acting Dean of Nursing	<a href="mailto:JTilghman@coppin.edu">JTilghman@coppin.edu</a>	Health and Human Services Building	(410) 951-3990		
<b>Dr. Marcella Copes</b> Interim Provost & Vice President for Academic Administrator for Athletics	<a href="mailto:mcopes@coppin.edu">mcopes@coppin.edu</a>	Health and Human Services Building 4 <sup>th</sup> floor	(410) 951-3010		
<b>Batten, Jesse</b> Director of Auxiliary Services	<a href="mailto:jbatten@coppin.edu">jbatten@coppin.edu</a>	Dining Hall, 2 <sup>nd</sup> floor	(410) 951-3573		
<b>Rader, Dick</b> Director of Telecommunications	<a href="mailto:drader@coppin.edu">drader@coppin.edu</a>	Admin Bldg, 3 <sup>rd</sup> floor	(410) 951-3858		
<b>Flowers, Tammy</b> Director of Human Resources	<a href="mailto:tflowers@coppin.edu">tflowers@coppin.edu</a>	Research Bldg, 2 <sup>nd</sup> floor	(410) 951-3666		



## Appendix D: External Emergency Preparedness & Response Support Systems

Support Systems	Address	Phone #	Distance from Campus	Est. Time	Notes
Bons Secours Hospital	2000 West Baltimore Street Baltimore, MD 21223	410-362-3000	2.07 miles	7 minutes	
Sinai Hospital	2401 West Belvedere Avenue Baltimore, MD 21215	410-601-9000	3.86 miles	12 minutes	
Saint Agnes Hospital	900 Caton Avenue Baltimore, MD 21229	410-368-6000	3.44 miles	10 minutes	
Southwest Police District	424 Font Hill Avenue Baltimore, MD 21223	410-396-2488	3.59 miles	11 minutes	
Western Police District	1034 N. Mount Street Baltimore, MD 21217	410-396-2477	1.32 miles	4 minutes	
Medic #8/Fire Dept. Engine#20	3130 North Avenue Baltimore, MD 21216	410-396-0208	1.56 miles	2 minutes	
Fire Dept. Engine #52	3525 Reisterstown Road Baltimore, MD 21217	410-396-0452	.90 miles	4 minutes	
Medic #15/Fire Dept. Engine#8	503 Lafayette Avenue Baltimore, MD 21217	410-396-0208	1.56 miles	5 minutes	
Medic #4/Fire Dept. Engine #13	405 McMechen Street Baltimore, MD 21217	410-396-0413	1.67 miles	6 minutes	
Fire Dept. Engine#36	2249 Edmondson Avenue Baltimore, MD 21223	410-396-0436	1.23 miles	4 minutes	
Captain Kenneth Hyde, Dir Baltimore Office of Disaster Control and Civil Defense	1201 E. Cold Spring Lane Baltimore, MD 21239	410-396-6175	6.88 miles	18 minutes	
Dr. Christa Singleton, Dir Public Health Preparedness & Response	210 Gilford Avenue, 3 <sup>rd</sup> fl Baltimore, MD 21202	443-984-2621	3.56 miles	10 minutes	

## Appendix E: Emergency Preparedness Milestones/Timelines

	March	April	May	June	July	August	Sept	Oct	Nov	Dec
2006		Pandemic Influenza Incident Command Team Formed	<ul style="list-style-type: none"> <li>Research and Development Activities Continues</li> <li>Incident Command Team Weekly Progress Meetings Held</li> <li>Discussions regarding MOU's &amp; MOA's Initiated</li> </ul>				Refine Final Draft w/the Presidents Recommendations	Research for the Comprehensive Emergency Preparedness & Response Plan Begins	<ul style="list-style-type: none"> <li>Pandemic Influenza</li> </ul>	



	CSU Emergency Preparedness Planning Begins	Series of Internal and External Environmental Scans, SWOT Analysis, and Strategic Research & Development Activities Begin		Meeting w/ Captain Hyde, Dir. Of Baltimore Office of Disaster Control & Civil Defense; and Dr. Singleton, Dir. Public Health Preparedness Response	Review of 1 <sup>st</sup> & 2 <sup>nd</sup> Drafts	Pandemic Plan Final Draft Submitted & Presidential Debriefing Held	Follow-up Meeting w/the Baltimore City Health Commissioner & Dir of Disaster Control  Establish an Emergency Communications Plan	<ul style="list-style-type: none"> <li>Planning Continues</li> <li>• Planning for Orientation &amp; Training for Faculty, Staff, &amp; Students Begin</li> <li>• Begin research on infection control policies and procedures</li> <li>• University's Emergency Planning Website Completed</li> </ul>
		<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	
2007			Initiate strategic exercises and drills to test the overall readiness for the CSU Emergency Preparedness & Response Plan	Review and Update Policies, Practices & Procedures for establishing and Implementing formal MOU's and/or MOA's	Protocol for Personal Protective Equipment (PPPE) Completed	CSU Emergency Response Plan Completed		
					Review and Refine overall Emergency Preparedness and Response Planning Protocols			



## Appendix F: CSU Pandemic Influenza Departmental Matrix

	Health and Hygiene	OIT (Communications)	Safety & Security	Student Services	Academic Programs	Administrative Services
Protocol for Respirators (Nursing Center)	X					
Avian Flu Plan Members (Incident Response Team)	X	X	X	X	X	X
Protocol for Personal Protective Equipment (PPE)	X					
Checklist Guide to the Temporary Closure of Labs					X	X
Academic Instructional Emergency Management Plan					X	
Email Listservs		X				
Human Resources Plan						X
Pre-Closing Checklist					X	X
Temporary Campus Closure (TCC)		X	X	X		X
Departmental Closing Plan			X		X	X



## Appendix F: CSU Pandemic Influenza Departmental Matrix

	Health and Hygiene	OIT (Communications)	Safety & Security	Student Services	Academic Programs	Administrative Services
Draft Memo about Employee Paychecks						X
Protocol for Cleaning an disinfection of Environmental Surfaces						X
OIT Plan		X				
Dept Resident Life Plan				X		
Dept of Dining Services Plan				X		
Draft Plan for the Evacuation of Residence Halls	X		X	X		
Campus Emergency Procedures			X			
MOU's and MOA's	X					



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<b>Early Detection and Identification of Avian Flu</b>	<b>X</b>					
<b>Early Warning and Notification on systems</b>		<b>X</b>	<b>X</b>			
<b>Faculty and Staff Training</b>						<b>X</b>