



**CALIFORNIA STATE UNIVERSITY, CHICO
AVIAN (Bird) PANDEMIC INFLUENZA
BUSINESS CONTINUITY PLANNING GUIDE**

2006

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CALIFORNIA STATE UNIVERSITY, CHICO
Avian (Bird) Pandemic Influenza
Business Continuity Plan

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Table of Contents

- 1. Introduction and Purpose.....5
- 2. Background – Historical Perspective of the Avian Flu.....6-8
- 3. Strategy and Focus..... 8
 - 3.1. Office of the Chancellor.....9
 - 3.2. The Pandemic Management Team.....9
 - 3.3. Crisis Management Team.....10
 - 3.4. Emergency Operation Center.....10
 - 3.5. College/Schools/Units.....10
 - 3.6. Faculty Senate.....10
- 4. H R Issues in the Development of a Campus Pandemic Influenza DCP....10-11
 - 4.1. Human Resource Issues.....11
 - 4.2. Absenteeism Policies.....11
 - 4.3. Collective Bargaining Agreements.....11
 - 4.4. Influenza Manager.....11-12
- 5. Supplies and Inventory.....12-13
- 6. Communication.....13
- 7. Infection Control Guidelines.....13-14
 - 7.1. If the Patient Phones in.....14
 - 7.2. If the Patient Walks in.....14
- 8. Medical Support.....15-16
- 9. Identify Alternative Methods to Deliver Services and Classes.....16-17
- 10. Response Action.....17

CSU, Chico Avian Influenza Business Continuity Planning Guide - 2006

10.1. Phases in an Interpandemic/Postpandemic Period.....17

10.2. Activation.....17-18

11. Recovery Process.....18

Appendix A CSU, Chico Avian Flu (Pandemic) Planning Units/Contact Numbers.....19

Appendix B Key Elements of an Individual Campus Specific Business Continuity Plan.....20-21

Appendix C Overall Pandemic Management Stages and Associated Objectives..23

Appendix D-1 Cover your Bough.....24

Appendix D-2 Hand Hygiene with Alcohol-based Hand Sanitizer.....25

Appendix D-3 Hand Hygiene with Soap and Water.....26

Appendix E-1 Comparison of Common Cold and Influenza Symptoms.....27

Appendix E-2 Sample Notification Intake Form.....28

Appendix E-3 Contact List.....29

Appendix E-4 Summary of Influenza Protection Measures.....30

Appendix E-5 Screening Checklist for Detection and Management of suspected Pandemic influenza Cases.....31

Appendix F Phases of a Pandemic.....32

Attachment 1 Planning Timeline.....33

Attachment 2 Useful Web Sites.....34

Attachment 3 Overall Pandemic Management Stages & Associated Objectives...35

Attachment 4 Suggested Actions During Each Alert Code.....36

California State University, Chico

April 28, 2006

1. Introduction and Purpose

The California State University Chancellor's Office has instructed each California State University to produce a campus-specific business continuity plan that details how the Institution will respond to an Avian Influenza Pandemic event. While this plan details the steps California State University, Chico (CSUC) will engage in during a possible onset of the Avian Influenza it is also general enough to be adapted to other pandemics that may possibly threaten the University.

Traditional Disaster and Business Continuity Plans focus on damage to property, equipment, and machinery with (hopefully) limited loss of personnel and disruption to routine technology and on getting the organization back into normal operation as quickly as possible. While the CSUC has spent time and money on disaster preparedness, the threat of a pandemic is growing and preparation is crucial. This guide has been assembled to assist in the pandemic influenza preparedness efforts for CSUC as part of an influenza response as directed by the Chancellor.

The risks associated with a possible pandemic include an unpredictable timeline for when the event will occur; an indeterminate duration should the event occur; human suffering; disruption of normal life and business activities; and disruption of transportation and other public services. The challenges we will be presented with include planning and responding in a caring, compassionate and prudent manner; reducing the spread and continued transmission of the disease and delivering essential services to allow the institution to continue its important and vital mission.

It will be the goal and mission of the faculty and staff at CSUC to ensure the safety of its students, faculty, staff and surrounding community. We look to achieve this goal through collaboration and being very prudent in our preparation.

This document represents the CSUC Pandemic Business Continuity Plan that has been developed using a cross section of key individuals from specific operational areas of the University including health and safety, physical plant/facilities management, business, academic, and human resources.

Objectives:

- To promote and facilitate the development of written influenza preparedness and response plans integrated with other emergency planning efforts.
- To promote and facilitate coordination and collaboration between state and local health departments.

- To identify key health care preparedness issues and to provide guidance on approaches to optimally address them in written preparedness and response plans.

The planning committee has made every effort to ensure that this process has been as inclusive as possible. Nevertheless, improvements and modification to this document will be made as additional information is made available.

2. Background - Historical Perspective of the Avian Flu

Avian (bird) influenza identified as “H5N1” has been spreading through Asia and is no ordinary flu. While its primary victims have been chickens and other birds, scientists worldwide have been issuing dire predictions. The recently reported migration of the bird flu from Asia to Europe has intensified media coverage and public concern about the issue. As of the writing of this document there have been 139 people known to have been infected with (H5N1) strain of the Avian Flu of which 71 have died. These cases have been traced to contact with infected birds, but health experts fear the virus may mutate and infect the general population causing serious illness and death. One scientist has hypothesized that a virus usually takes ten mutations to move from animal-to-animal infection to animal-to-human and then to human-to-human infection and that H5N1 has already undergone five of these mutations. Should these predictions come to pass, the likelihood of a worldwide pandemic becomes substantial. It is not known whether this will occur tomorrow, next year, or perhaps, not at all, but the probability is sufficiently high to warrant our immediate attention, to expand public knowledge, and to begin preparation of response plans using a Business Continuity Plan (BCP) model.

There are three distinct forms of influenza, and they should not be referred to interchangeably:

- **Seasonal (or Common) Flu** – is a respiratory illness that can be transmitted person to person. Most people have some 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.
- **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.

A pandemic occurs when a new strain of the influenza A virus strikes humans, spreads easily from person to person, and causes serious illness with a high death rate. Since at least the 16th century, flu pandemics have swept the globe an average of three times per century, emerging every 10 to 50 years. In the 20th century, pandemics emerged in 1918, 1957, and 1968.

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Pandemic viruses emerge as a result of a process called “antigenic shift or drift”, which is a sudden change in the virus caused by changes in the protein coat on the surface of the virus. These changes can either reduce the virus’ pathogenic form (mild symptoms) or increase its pathogenic form thereby increasing its virulence. Viruses mutate in order to adapt. It is the nature of a virus to survive: mutating is both a virus’ defense mechanism and survival technique.

There have been three acknowledged pandemics in the 20th century:

- **1918-1919 “Spanish Flu” (H1N1)** - is estimated to have sickened 20-40% of the world’s population, and over 20 million people died -- 500,000 in the U.S. -- between September 1918 and April 1919. It spread rapidly; many died within a few days of infection, others from secondary complications. The attack rate and mortality was highest among adults 20-50 years old, although the reasons for this are uncertain.
- **1957-1958 “Asian Flu”, (H2N2)** - the virus was quickly identified due to advances in technology and a vaccine was produced. Infection rates were highest among school children, young adults and pregnant women. The elderly had the highest rates of death. A “second wave” developed in 1958. There were about 70,000 deaths in the United States.
- **1968-1969 “Hong Kong Flu”. (H3N2)** – caused approximately 34,000 deaths in the U.S. This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year. Those over age 65 were most likely to die. This virus returned in 1970 and 1972 and still circulates today.

Viruses containing a combination of genetic material from a human influenza virus and an Avian Flu virus caused both the 1957-1958 and 1968-1969 pandemics. The 1918-1919 pandemic virus also appears to have an Avian Flu virus origin.

The Center for Disease Control (CDC) in Atlanta and the World Health Organization (WHO) based in Switzerland support large surveillance programs to monitor and detect influenza activity around the globe, including the emergence of new strains or possible pandemic strains of influenza. There are currently 113 national centers in 84 countries tracking and analyzing over 200,000 samples per year.

The WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment (January 26, 2006) addresses the two traditional strategies being used currently to address the threat of an international pandemic: (1) attempts to contain outbreaks of the virus in poultry; and (2) intensifying the world’s preparedness to cope with a pandemic. This document also discussed the draft protocol for a third strategy – rapidly detecting and potentially containing an emerging pandemic virus near the start of the pandemic.

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The President announced his “Super-Flu” plan in November 2005 with the National Institutes of Health (NIH). The plan includes:

- \$1.2 billion for the government to purchase enough doses of vaccine against the current (2004-05 strain) of bird flu to protect 20 million Americans.
- \$1 billion to stockpile anti-viral drugs that lessen the severity of flu symptoms (so far only oseltamivir [trade name Tamiflu] has shown to have any effect on the H5N1 virus);
- \$2.8 billion to speed development of vaccines as new strains emerge, a process that now takes months, and
- \$583 million for states and local governments to prepare emergency plans to respond to an outbreak. To date (April 17, 2006) the federal government has not released any details on the availability of or process for applying for these grants.

The U.S. Department of Health and Human Services (HHS) also supports activities in the areas of surveillance, vaccine development and production, strategic stockpiling of antiviral medications, and research and risk communications. In May 2005 the U.S. Secretary of HHS created a multi-agency National Influenza Pandemic Preparedness and Response Task group. This unified initiative involves the CDC as well as international, national, state, local and private agencies in planning for a potential pandemic. Its responsibilities include revision of a U.S. National Pandemic Influenza Response Plan.

Infectious disease experts project that the current strain of Avian Flu will spread to the continental United States via the Bering Strait and Alaska by summer or fall 2006. The virus is most likely to infect birds and possibly pigs and some mammals, and human cases may occur if a victim is directly exposed to the secretions or waste products of an ill animal. In addition to the ongoing Federal and State monitoring efforts to track the virus, infection control and education initiatives are critical to the health and safety of our population. Preparation, not panic, is the key to effective prevention and pandemic response.

Should a pandemic occur, it would be the responsibility of the Public Health Department at the local, county, and state level to issue quarantine orders, direct facilities closure, and provide critical information designating key healthcare facilities as well as plans for distribution of anti-viral medications.

3. Strategy and Focus

As a rural institution nestled well within the community of Chico, California we firmly understand that our priority is first to our students, faculty, and staff at the university. However, we are also committed to our surrounding community where our students live and interact on a daily basis.

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3.1. Office of the Chancellor – The Office of the Chancellor will provide executive level direction, information, and recommendations for enhancements to the adopted basic BCP. The CSU Office of Risk Management (CSUORM), as primary contact with the State Office of Emergency Services (OES), will advise campuses of the State’s plan as soon as practical. The CSUORM is available to assist campus administration in the development of a campus plan and will provide campuses with substantive updates and information from federal and international sources as they become available.

3.2. The Pandemic Management Team – Listed are the departments that have contributed to the development of the Business Continuity Plan. By no means do we consider this to be an exhaustive list of individuals that should be consulted as work on this project. Nevertheless these individuals are considered primary contributors to ongoing campus operation and safety in the event of a pandemic. The Pandemic Management Team Includes but may not be limited to the following:

- | | |
|--|------------------|
| • Finance | Bill Jones |
| • Risk Management | Stephanie Yule |
| • Human Resources | Leslie Nix-Baker |
| • Student Health Center | Pedro Douglas |
| • Academic Affairs | Scott McNall |
| • Student Affairs | Drew Calandrella |
| • Facilities Management and Services | Glenda Morse |
| • Public Safety | Leslie Deniz |
| • Public Information Officer | Joe Wills |
| • Information Technology | Bill Post |
| • Academic Technology | Kathy Fernandez |
| • Disability Resources | Sandy Parsons |
| • Associated Students | David Buckley |
| • Faculty and Staff Assistance | Beverly Ford |
| • Counseling Center | Don Graham |
| • University Research Foundation | Richard Jackson |
| • Environmental Health & Safety | Ken Sator |
| • University Housing & Food Service | David Stephen |
| • Campus Influenza Manager group | See Section 3.3 |
| • Butte County Department of Public Health | Susan Patricio |
| • Others as Designated by the President | |

The Continuity Plan will inform:

- | | |
|-----------------------------|------------------|
| • President | Paul Zingg |
| • VPAA/Provost | Scott McNall |
| • VP Student Affairs | Drew Calandrella |
| • VP University Advancement | Rick Ellison |
| • VP Business & Finance | Dennis Graham |

Once a core group of people and skills are identified, ensure that they are aware of their role and its associated responsibilities and how they will be managed in the event of a pandemic. It is imperative that each individual represented on this committee select an alternate who is willing to serve in their absence. These individuals should be kept abreast of any changes in the plan. Committee members must consider the possibility that individuals may become ill and then craft strategies for minimizing the effects of these absences, including determining which critical functions could be performed from home.

Individuals represented on the Pandemic Management Team will ensure that schools, colleges and units will develop an avian Influenza Pandemic Business Continuity Plan based on the templates and information provided in the appendices.

See Appendix A

3.3. Crisis Management Team – This group consists of individuals who will be responsible for changes, updates, and the maintenance of the continuity plan. This committee includes the following:

- Director of Student Health Service
- Director of Environmental Health & Safety
- Director of Risk Management
- Director of Facilities Management & Services
- Butte County Department of Public Health

3.4. Emergency Operation Center – If a pandemic significantly impacts normal campus operations or threatens to do so, the University will activate its emergency response processes and protocols and determine whether to activate the campus incident command system known on the CSUC campus as the Emergency Operations Center (EOC). The EOC serves as a centralized location from which campus emergency operations can be directed and coordinated.

3.5. College/Schools/Units – Each school, college and administrative unit will be responsible for developing an Avian Influenza Pandemic Business Continuity Plan. A template has been provided in the Appendices to assist in this process.

See Appendix B

3.6. Faculty Senate – Academic departments will develop policies and procedures for waivers of regulations regarding examinations and required days of instructions as relevant to a campus shut-down or quarantine. Faculty members should be encouraged to consider alternate methods to deliver classroom instruction and methods to deliver classroom instruction and materials in the event of a campus shutdown.

4. H R Issues in the Development of a Campus Pandemic Influenza BCP

It must be stressed that most employees have the option of leaving their jobs. They have the right to refuse to perform work if they believe that performing such work can seriously harm them. The campus should apply a "reasonable standard" approach and develop a system for addressing employee concerns and resolving their perceived conflict(s) based on that standard. It is recommended that discussion with all staff take place prior to a pandemic occurring.

See Appendix C

4.1. Human Resource Issues (Absenteeism) - The primary effect of a pandemic on staffing levels are unlike those of a natural disaster. Pandemics do not damage property or equipment; the effects are mainly human resources oriented. Absenteeism may be for a variety of reasons: illness/incapacity; need to stay home to care for ill spouse, family members, or closure of child's school or day care center; or they may feel safer at home. Strategize how to manage and plan for absences, information management and any systems that rely on periodic physical intervention to keep them running.

4.2. Absenteeism Policies – The Human Resources department in the Office of the Chancellor has the responsibility for reviewing and revising system wide policies regarding absenteeism and to ensure these are in compliance with collective Bargaining Agreements. The Vice Chancellor of Human Resources is responsible for these actions and should be consulted prior to any campus changing its policy.

4.3. Collective Bargaining Agreements – Any questions regarding collective bargaining agreements should be addressed to the Vice Provost for Human Resources.

4.4. Influenza Manager – The CSUC Influenza Manager chairs the CSUC Pandemic Business Continuity Planning Committee and has a major advisory and guidance role in coordinating and supporting campus planning and response activities before, during, and after a pandemic event. These planning and response activities are executed in conjunction with other units and entities such as the EOC, the President's Cabinet, the CSUC Business Continuity Pandemic committee, Public Relations, Human Resources, Public Safety, Information Technology Services, and others. The Influenza Manager may perform the following duties:

1. Setting up a system to monitor staff who are ill or suspected to have influenza in the event of a pandemic, including contacting staff who are unexpectedly absent from work.
 - a. Have contact issues been addressed?
 - b. Is there someone able to care for them?
2. Ensuring the workplace has adequate supplies and anti-viral tissues, medical and hand hygiene products, cleaning supplies and masks for people who become ill at work. These products may be difficult to procure once a pandemic begins.

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3. Setting up a process to facilitate/encourage staff to return to work once they are better or at the end of a quarantine or pandemic period.

The line of succession for the CSUC Influenza Manager is as follows:

1. Primary designee – CSUC Influenza Manager: Pedro W. Douglas, Director of Student Health Services. (with SHC Chief of Clinical Medicine).
2. Secondary designee – CSUC Influenza Manager: Ken Sator, Director of Environmental Health and Safety (with SHC Chief of Clinical Medicine).
3. Tertiary designee – CSUC Influenza manager: Leslie Deniz, Director of University Police. (with SHC Chief of Clinical Medicine).

At CSUC we view these individuals working in concert with one another.

5. **Supplies and Inventory**

- a. Each college, school and unit will be responsible for establishing an inventory of essentials and ensure that adequate supplies are maintained as well as a contingency supply. Shortages of supplies may occur during a pandemic due to increased demand (i.e. medications, medical and cleaning supplies).
- b. Each college, department and unit will work with Procurement and Contract Services and discuss with key suppliers a plan for regular shipments in the event of shortages during a pandemic.
 - i. Priority contracts and agreements should be established with key suppliers and other vendors for those supplies identified as essential to ongoing business function.
- c. Each college, department and unit should identify supplies essential to business continuity that are often in back order status or require long lead time and consider stockpiling these supplies.
 - i. Costs of additional supplies may exceed currently allocated funds in individual departments. Consideration of alternative sources of funding for supplies may be necessary.
 - ii. Stockpiled supplies should be inspected and rotated or replaced as appropriate on regular and routine basis.
- d. Personal Protective Equipment – The following information provides the best guidance available as of the date of this document. In the event of a pandemic, the CDC and WHO websites may offer more updated information.
- e. Using masks – People with respirator infection symptoms should use a disposable surgical mask to help prevent exposing others to their respirator secretions. The mask must be discarded in an appropriate waste receptacle as soon as it becomes moist or after any cough or sneeze. Hands must be thoroughly washed and dried after the mask has been discarded.

- f. Individuals Hand Cleaners – Campuses should consider providing waterless antibacterial hand cleansing solutions to individuals. These may be kept at the workstation to limit person-to-person contact in bathrooms.
- g. Protective Barriers – Barriers such as Perspex, Plexiglas or glass may provide protection for employees who duties require them to have face-to-face contact with students, employees or members of the public where social distancing is not possible or practical.

6. Communication

- a. The Emergency Operations Team, which includes the Director of Public Affairs and Publications will utilize all available methods to inform the faculty, staff and students about actions CSUC is taking pertaining to a potential pandemic.
- b. While most individuals have heard news reports and/or have read newspapers regarding the avian or bird flu, frequent updates/reminders regarding disease progress and tips for protecting oneself are key in preventing further outbreaks and promoting the goodwill of the university. Flyers, posters, websites and emails should/will be used for widespread dissemination of information.

7. Infection Control Guidelines

The Student Health Center is committed to working with the Centers for Disease Control and the Butte County Department of Public Health to promote a safe and healthy working environment for students and staff. Avian influenza A (H5N1) is a virus found in birds worldwide. It is spread by saliva, respiratory secretions, and feces. Avian influenza viruses do not usually infect humans; however instances of human infection outbreaks of Avian influenza have been reported since 1997.

At this point in time, the human cases reported in Asia and the Middle East are believed to have caught the virus from infected birds. There is little evidence of human-to-human transmission of this strain. The World Health Organization (WHO) and the CDC are monitoring the spread of Avian influenza globally to determine if human-to-human transmission develops and becomes a significant factor in the virus' spread. If this change does occur, the guidelines below will address the risk of human-to-human transmission.

At this time, Americans are being encouraged to avoid contact with all birds while traveling to countries with reported cases of Avian flu. However, travel is not being discouraged by the CDC. The CDC and Butte County Department of Public Health recommend the following:

- Annual influenza immunization if medically appropriate.

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- Frequent hand washing to reduce chances of infection.
- Covering one's mouth while coughing or sneezing to reduce spread of respiratory secretions that may contain viruses.
- Avoid contact with infected birds.
- Use caution when handling and cooking possible infected poultry.
- Avoid contact with surfaces contaminated by bird or animal feces.
- Avoid eating raw or poorly cooked poultry.

The CDC and WHO websites will be monitored on a regular basis to report any updates as to the risk to humans. No H5N1 has yet been reported in humans in the United States. If a human-to-human risk is identified by the CDC and WHO, the Student Health Center (SHC) will implement the guidelines below to reduce the risk of human-to-human transmission.

Appendix D1, D2 and D3

7.1. If the Patient Phones In – If the patient complains of fever >38C (>100.4F), and flu-like illness or respiratory symptoms including one of the following: cough, sore throat, shortness of breath; ask about recent travel to an Avian flu-affected country and/or exposure to infected birds such as domestic poultry, e.g., has the patient visited a poultry farm, bird market, or been around household poultry? In case of development of human-to-human transmission, the patient will also be assessed as to potential exposure to infected humans.

- a. If yes, the call should be referred to the Triage nurse on duty.
 - By triage: The patient should be diverted to a medical facility where evaluation can take place in a setting which minimizes the potential for human transmission of Avian flu. The patient should be instructed to not use public transportation. Family members, EMS, or university staff should be utilized to transport patients.
 - If the patient is determined to be high risk, activate the internal alert mechanism. Notify the Infection Control Committee Chair and the SHS Directory and Medical Chief of Staff.
- b. If no, triage the patient as usual.

7.2. If the Patient Walks In – If a student self-identifies as having possible Avian flu exposure the receptionist should do the following:

- Hand the student a surgical mask to put on.
- Place the student in the Avian flu evaluation room (airborne negative pressure isolation room). No other patients should be in this room.
- Patient should use specified alcohol-based hand wash products or wash hands with soap and water.
- Close the door and post an "Isolation" sign on the door.
- Call the medical provider who will do the Avian flu evaluation

- Complete an exposure log for anyone (staff, students in the lobby) who may have had contact with the patient in the SHS. Exposure log should include name, ID number, and all contact information (home phone, cell phone, e-mail address)

8. Medical Support

Clinical support staff and medical providers assigned to care for patients with possible Avian flu include the following.

Activate the internal alert mechanism.

- a. Don surgical mask or PPE (N-95 respirator, gown, gloves, face-shield or disposable goggles).
- b. Clinical evaluation as appropriate. To meet the suspect case definition of Avian flu, the patient must meet both epidemiologic criteria and symptom criteria:
 - i. Epidemiologic criteria
 1. Travel from an area with documented or suspected to have Avian flu in birds, and
 2. Contact with possible infected birds or
 3. Close contact with a person who has Avian flu, and
 - ii. Symptom criteria:
 1. One or more of the typical flu-like symptoms such as fever >38C (>100.4F), cough, sore throat, shortness of breath, and muscle aches.
- c. If the patient meets the suspect case definition and alternative diagnosis cannot be established, the medical provider:
 - i. Contacts a medical facility (e.g. emergency room or health department clinic) where appropriate diagnostics can take place in a safe environment. For the SHC at CSUC, this would be Enloe Hospital.
 - ii. In conjunction with the Butte County Department of Public Health develop a list of contacts of patients to include close contacts, casual contacts, classroom and other contacts. Contacts are advised to follow CDC guidelines.
 - iii. Activates external alert mechanism (Contact the Butte County Department of Public Health).
 - iv. Arranges for transport of patient to appropriate medical facility.
 1. Transport of high-risk patients:
 - a. Transport of high-risk patients within the SHC should take place in accordance with SHC protocols.

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- b. Transport of high-risk patients from outside the SHS: call 911 alerting the responders that they will be transporting a possible Avian flu patient.
- v. Properly disposes of used PPE and washed hands or disinfects hands with an alcohol-based hand rub immediately after removal of gloves.
- d. Cleaning of Avian flu evaluation room should take place according standard facility procedures for terminal cleaning of an isolation room.
 - i. Clean and disinfect all surfaces that were in contact with the patient or may have become contaminated during patient care.
 - ii. Wipe down mattresses and headboards with an EPA-approved hospital disinfectant.
 - iii. Privacy curtains should be removed, placed in a bag in the room and then transported to be laundered.
 - iv. No special treatment is necessary for window curtains, ceiling, and walls unless there is evidence of visible soil.
 - v. Do not spray (i.e., fog) occupied or unoccupied rooms with disinfectant. This is a potentially dangerous practice that has no proved disease control benefit.
- e. If the patient meets epidemiologic criteria and symptom criteria, the patient should be isolated for 72 hours and monitored (coordinate monitoring with the Butte County Department of Public Health) according the CDC guidelines.
- f. The patient should be masked during transport to isolation housing.
- g. The patient should be kept three feet or more away from others.
- h. The patient should remain in isolation with all visitors and caretakers closer than three feet using mask, gloves, and gown precautions as above for 72 hours.

In all cases the procedure for following personal hygiene practices should be used.
See Appendices E1, E2, E3, E4 and E5

9. Identify Alternative Methods to Deliver Services and Classes.

Each college, school and unit must consider what methods can be employed to continue essential services and classes. Alternatives should be identified and planned for maintaining infrastructure, business service, animal care, continuation of research and continuation of course instruction. As alternative methods are identified, they will be posted on the Campus Emergency Management web site. They should include the following:

- a. Identify key employees; create redundant or double teams for all critical staff or faculty functions.

- b. Identify and maintain stockpiles of key supplies, consider how to proceed if key services or supply providers are not available.
- c. Develop staffing plans to identify work that must be done in the office and work that can be done at home.
- d. Establish remote or redundant facilities for services or classes, increase self-service options, consider videotaping or video conferencing/teleconferencing option.
- e. Expand the use of telecommunication – although issues such as security and bandwidth must be taken into account, ensure knowledge of text-based messaging.
- f. Developing backup systems in case of failures.

10. Response Action

Should the pandemic move into a state or national alert phase, the Chancellor and the campus president or their designees should implement the specific response processes and measures.

10.1. The different phases include the following of a Interpandemic - Postpandemic Period is as follows:

- a. Interpandemic/Postpandemic Period
 - i. Phase 1 - No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
 - ii. Phase 2 – No new influenza virus subtypes have been detected in humans, however, a circulating animal influenza subtype poses a substantial risk of human disease.
- b. Pandemic Alert Period
 - i. Phase 3 – Human infection(s) with a new subtype, but no human-to-human contact spread, or at most rare instances of spread to close contacts.
 - ii. Phase 4 – Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
 - iii. Phase 5 – Larger cluster(s), but human-to-human spread is still localized suggesting that the virus is becoming increasingly better adapted to humans, but may not be fully transmissible (substantial pandemic risk).
- c. Pandemic Period

- i. Phase 6 – Pandemic phase increased and sustained transmission in general population.

See Appendix F

10.2. Activation – Alerts equivalent to Phase 4 and will be transmitted to the Pandemic Managers for notification of the President, Vice Presidents, Deans, and other department heads through the appropriate Committee. The Butte County Department of Public Health will also be notified.

- a. Emergency Operations Center (EOC) - In accordance with SEMS, any campus-wide emergency beyond the campus' ability to manage with day-to-day operations would result in activation of the EOC for centralized coordination of response, relief and recovery efforts. The EOC would be opened for a pandemic response based on an order from the President and/or Provost. Once open, all campus actions would be coordinated through the EOC.
- b. Partial or Total Closure of the Campus – The decision to close campus partially or totally would be a concerted decision between the Butte County Department of Public Health, the President, Provost, and Vice Presidents communicated through the EOC to the campus community.
- c. Implementing Individual Pandemic business Continuity Plans – Once the EOC is activated for a campus-wide emergency response, the Avian Influenza Pandemic Business Continuity Plan developed by each college, school and unity should be activated and all action coordinated and communicated to the EOC.

11. Recovery Process

The recovery process will begin immediately and continue through the response phase of an emergency and/or disaster. The actual time frame will be determined by the nature of the event and the number of individuals (faculty, staff and students) involved. Any planning for recovery prior to an event will better ensure a quick and seamless recovery process.

- a. Establish Criteria and Process for a Return to Business – Based on information by the EOC and ongoing reviews of the international/national/local situation and discussions with all stakeholders, the EOC will orchestrate a partial, incremental or total return to normal operations.
- b. Notice to all employees and students of an “all clear” or partial reopening must be disseminated.

Planning Timeline
See Attachment 1

Helpful Websites

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See Attachment 2

Overall Pandemic Management Stages and Associated Objectives
See Attachment 3

Suggested Actions During Each Alert Code
See Attachment 4

Appendix A

CSU, CHICO AVIAN FLU (PANDEMIC) PLANNING UNITS/CONTACT NUMBERS

College/School/Unit	Representative	E-mail	Extension
Academic Affairs/ VPAA/Provost	Scott McNall	smcnall@csuchico.edu	6101
Academic Technology	Kathy Fernandes	kfernandes@csuchico.edu	6294
Associated Students	David Buckley	dbuckley@csuchico.edu	6411
Business & Finance/VP	Dennis Graham	dcgraham@csuchico.edu	6231
Butte Co. Dept. of Public Health	Susan Patricio	spatricio@buttecounty.net	530-538- 7091
Campus Influenza Manager Group			
Counseling Center	Don Graham	dgraham@csuchico.edu	6345
Disability Resources	Sandy Parsons	skparsons@csuchico.edu	5959
Environmental Health & Safety	Ken Sator	ksator@csuchico.edu	5126
Facilities Management	Glenda Morse	gmorse@csuchico.edu	6222
Faculty and Staff Assistance	Beverly Ford	bford@csuchico.edu	4645
Finance	Bill Jones	bjones@csuchico.edu	5103
Human Resources	Leslie Nix-Baker	lnix-baker@csuchico.edu	5029
Information Technology	Bill Post	bpost@csuchico.edu	6212
Risk Management	Stephanie Yule	syule@csuchico.edu	6588
Others as Designated by the President			
President	Paul Zingg	pzingg@csuchico.edu	5201
Public Information Officer	Joe Wills	jwills@csuchico.edu	4143
Public Safety	Leslie Deniz	ldeniz1@csuchico.edu	5555
Student Affairs/VP	Drew Calandrella	dcalandrella@csuchico.edu	6131

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Student Health Center	Pedro Douglas	pwdouglas@csuchico.edu	6080
University Advancement/ VP	Rick Ellison	reellison@csuchico.edu	5297
University Housing & Food Services	David Stephen	dbstephen@csuchico.edu	6325
University Research Foundation	Richard Jackson	rtjackson@csuchico.edu	6811

APPENDIX B

KEY ELEMENTS OF AN INDIVIDUAL CAMPUS SPECIFIC BUSINESS CONTINUITY PLAN

- Introduction and Purpose
- Background
 - Pandemic Overview
 - Your Community Perspective
 - Anticipated demands for the services you provide
 - Employees
 - Students
 - Similarities to and differences from other emergencies
 - Focus
 - The focus of this Plan is to reduce the impact of a pandemic on _____ by:
 - Reducing the spread / transmission
 - Delivering an effective Response
 - The Plan needs to consider the following the appropriate audiences:
 - Internally
 - Externally
 - Define the structure and key roles
 - Leadership and direction within the campus in the event of a pandemic
(i.e. who makes the strategic decisions in relation to pandemic?)
 - Communications (who communicates to whom internally and externally?)
 - Expectations (of staff with key roles)
 - Allocation of other specific responsibilities (who is responsible for the ownership and maintenance of this plan)
 - Human Resource Issues
 - Designation of an “Influenza Manager”
 - Risks to Employees
 - Absenteeism Policies
 - Collective Bargaining Issues
 - Keeping Communications Open and Frequent
 - Training and Testing Campus BCP
 - Supplies
 - Current Inventory of Essential Supplies
 - Communicate with Vendors for Replenishing Essential Supplies
 - Personal Protective Equipment
 - Communications
 - Public Education and Awareness
 - Faculty, Staff and Student Alerts
 - Psychological Counseling

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- Preparations in Business Continuity Planning
 - Planning Assumptions
 - Susceptibility (These have been provided, but will require updating as conditions change)
 - Clinical Attack Rates (These have been provided but will require updating as conditions change)
 - Business Impact Analysis
 - Conduct a Risk Identification/Impact Analysis
 - Identify Essential and Core Personnel and Skills
 - Identify Essential Mechanical Systems
 - Training and Plan Exercises - Identify training needs and schedule exercises
 - Suggested Actions During Each Alert Phase (Appendix D)
 - Preparing for a Workplace Closure
- Knowledge Management
- Communications
 - Identify Alternative Methods to Deliver Services and Classes
 - Staff travel
 - Legal Preparedness
- Response Actions
 - Active (Short, medium and long term)
 - Alert Staff to change in pandemic status
 - Activate staff overseas travel restrictions
 - Review/test essential business continuity measures
 - Process familiarization
 - Training for essential or core personnel
 - Management of the Event
 -
- Recovery Processes
 - Establish Criteria and Process to “Return to Business as Usual”
 - Review and Update Risk Identification and Analysis
 - Communications
 - Managing the “Return to Business as Usual Activities”

APPENDIX C

INFLUENZA NOTIFICATION

Influenza is a contagious disease. There is currently an increase in the number of people in _____ with influenza. In order to reduce the spread of influenza in this workplace, the following is requested of everyone:

DO NOT COME TO WORK if you have:

- Chills, shivering and a fever (temperature >100.4)
- Onset of muscle aches and pains
- Sore throat
- Dry cough
- Trouble breathing
- Sneezing
- Stuffy or runny nose
- Fatigue (tiredness)

If some of the above apply to you, please go home and wait until you have recovered before returning to work.

If you have recently arrived from overseas or returned from overseas, please call the number below and ask to speak to the Influenza Manager (see below).

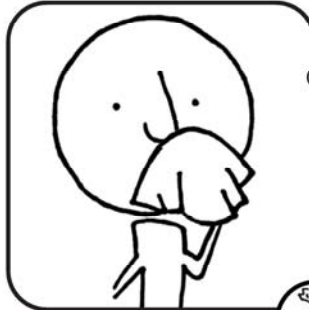
If you start to feel ill at work, **DO NOT** leave your work area

Call the campus Influenza Manager _____
Phone _____

APPENDIX D1

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



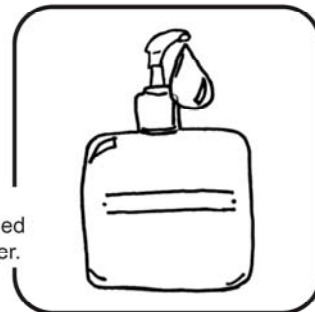
Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water

or
clean with alcohol-based hand cleaner.







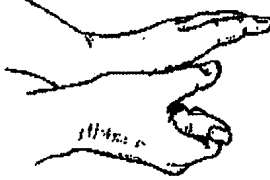

Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



Minnesota
Antibiotic
Resistance
Collaborative



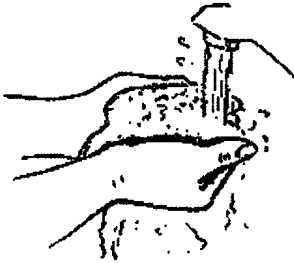






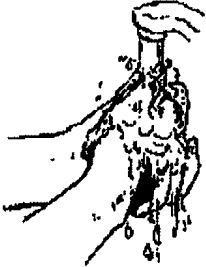

APPENDIX D2

Hand Hygiene with Alcohol-based Hand Sanitizer		
<p>1. Remove jewelry. Apply enough product to open palms.**</p> 	<p>2. Rub hands together palms to palms</p> 	<p>3. Rub in between and around fingers</p> 
<p>4. Cover all surfaces of the hands and fingers</p> 	<p>5. Rub backs of hands and fingers. Rub each thumb.</p> 	<p>6. Rub fingertips of each hand in opposite palm</p> 
<p>7. Keep rubbing until hands are dry. **The volume required to be effective varies from product to product. Enough product to keep hands moist for <u>15 seconds</u> should be applied. Do not use these products with water. Do not use paper towels to dry hands.</p>		
<p>Note: Wash hands with soap and water if hands are visibly dirty or contaminated with blood or other body fluids. Certain manufacturers recommend washing hands with soap and water after 5-10 applications of gel.</p>		

Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan

APPENDIX D3

HAND HYGIENE NOTICES

Hand Hygiene with Soap and Water		
<p>1. Remove jewelry. Wet hands with warm water</p> 	<p>2. Add soap to palms</p> 	<p>3. Rub hands together to create a lather</p> 
<p>4. Cover all surfaces of the hands and fingers</p> 	<p>5. Clean knuckles, back of hands and fingers</p> 	<p>6. Clean the space between the thumb and index finger</p> 
<p>7. Work the finger tips into the palms to clean under the nails</p> 	<p>8. Rinse well under warm running water</p> 	<p>9. Dry with a single-use towel and then use towel to turn off the tap</p> 
<p>Minimum wash time 10-20 seconds.</p>		

Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan

APPENDIX E1

COMPARISON OF COMMON COLD AND INFLUENZA SYMPTOMS

Symptoms	Cold	Flu
Fever	Rare	Characteristic; high (102-104 °F); lasts 3-4 days
Headache	Rare	Prominent
General Aches, Pains	Slight	Usual; often severe
Fatigue, Weakness	Quite mild	Can last up to 2-3 weeks
Extreme Exhaustion	Never	Early and prominent
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate; hacking cough	Common; can become severe
Complications	Sinus congestion or earache	Bronchitis; pneumonia; can be life-threatening
Prevention	None	Annual vaccination; antiviral medicines – see your doctor
Treatment	Only temporary relief of symptoms	Antiviral medicines – see your doctor

Source: National Institute of Allergy and Infectious Diseases, National Institutes of Health, April 2001

APPENDIX E2

SAMPLE NOTIFICATION INTAKE FORM: SUSPECTED INFLUENZA CASE AT WORK

Details of Ill Employee Campus: _____

Name: _____ Department: _____

Job Title: _____ Year of Birth: _____

City of Residence: _____

Tel. Numbers: w: _____ h: _____ cell: _____

Symptoms Reported:

Fever	Y	N	Body Aches	Y	N
Headache	Y	N	Fatigue	Y	N
Dry Cough	Y	N	Other	_____	
Cold	Y	N	_____	_____	
Sore Throat	Y	N	_____	_____	

Time of Fever Onset: _____

Any member of family ill with influenza Y N

Relationship(s) _____

Countries Visited: _____

Flights Taken: Departure City _____ Arrival Cities _____

Contact List (See reverse)

Details of Reporting Party

Name: _____

Job Title: _____

Telephone Numbers: w: _____ h: _____ cell: _____

Information Taken By: _____

Name

Phone

Date

APPENDIX E3

CONTACT LIST

The World Health Organization defines pandemic influenza contacts as people who have had close physical contact (less than 3 feet) or confined airspace contact with an infected person within four days of that person developing symptoms. These contacts are likely to include family members and/or living companions, workplace colleagues (if in close contact situations) and some recreational companions.

Epidemiological evidence from a developing pandemic may change the definition of a “contact”. Campuses should check with the WHO web site (www.who.org) for updated definitions and advice should a pandemic occur.

Retain this list and provide to Public Health Department upon request.

Persons whom the ill staff has interacted with since developing symptoms.

Name	Email	Telephone #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

APPENDIX E4

SUMMARY OF INFLUENZA PROTECTION MEASURES

Protection Measure	Where applicable
Hand Hygiene, cough etiquette, ventilation	Everyone, all the time
Campus Organizational Policies	Every campus, all the time
Social Distancing	Everyone, whenever practical
Protective barriers	In situations where regular work practice requires unavoidable, relatively close contact with the public
Disposable surgical masks	Workers in any community or health care setting who are caring for the sick (this includes first responders) Also as a possible adjunct to protective barriers
Disposable particulate respirator masks, eye protection, gloves and gowns	Health care workers participating directly in close contact with respiratory secretions, particularly via aerosols (mostly inpatient settings)

APPENDIX E5

SCREENING CHECKLIST FOR DETECTION AND MANAGEMENT OF SUSPECTED PANDEMIC INFLUENZA CASES

PROCESS

1. The Influenza Manager receives a call from a person suspecting they may have influenza.
2. DO NOT VISIT the person if this can be avoided – manage the process over the phone.
3. Follow the flowchart below:

Ask the person if they have any of the following symptoms:

- High Fever (or feel feverish and hot)
- Headache
- Fatigue and weakness
- Sore throat, cough chest discomfort, difficulty in breathing
- Muscle aches and pains

SUMMARY OF INFLUENZA PROTECTION MEASURES

Protection Measure	Where applicable
Hand Hygiene, cough etiquette, ventilation	Everyone, all the time
Campus Organizational Policies	Every campus, all the time
Social Distancing	Everyone, whenever practical
Protective barriers	In situations where regular work practice requires unavoidable, relatively close contact with the public
Disposable surgical masks	Workers in any community or health care setting who are caring for the sick (this includes first responders) Also as a possible adjunct to protective barriers

APPENDIX F

PHASES OF A PANDEMIC

Interpandemic or Pre-Pandemic Period

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

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

Pandemic Alert Phase

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

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

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

Pandemic Period

Phase 6: Pandemic: Increased and sustained transmission in general population.

NOTE: THE DISTINCTION BETWEEN PHASES 1 AND 2 IS BASED ON THE RISK OF HUMAN INFECTION OR DISEASE RESULTING FROM CIRCULATING STRAINS IN ANIMALS. THE DISTINCTION AMONG PHASES 3, 4 AND 5 IS BASED ON AN ASSESSMENT OF THE RISK OF A PANDEMIC. FACTORS USED FOR THE DISTINCTIONS MAY INCLUDE THE RATE OF TRANSMISSION, GEOGRAPHICAL LOCATIONS AND SPREAD, SEVERITY OF ILLNESS, PRESENCE OF GENES FROM HUMAN STRAINS (IF DERIVED FROM AN ANIMAL STRAIN), AND OTHER SCIENTIFIC PARAMETERS

ATTACHMENT 1

Planning Timeline

June-July: Each college, unit or department will have a BCP addressing the six phases of a pandemic as outlined in section 10.1.

August 31: The deadline for submitting the individual college, school and unit Avian Influenza Pandemic Plan to the Crises Management Team.

September-October:

Plans will be reviewed and compiled into a final document for approval.

ATTACHMENT 2

USEFUL WEB SITES

World Health Organization	www.who.org
Centers for Disease Control	www.cdc.gov
U.S. Dept. Health & Human Services	www.HHS.gov
Centers for Public Health Preparedness	www.asph.org
National Institute of Allergy and Infectious Disease	www.niaid.nih.gov
State of CA Office of Emergency Services	www.oes.ca.gov
State of CA Department of Health Services	www.dhs.ca.gov

ATTACHMENT 3

OVERALL PANDEMIC MANAGEMENT STAGES AND ASSOCIATED OBJECTIVES

STAGE	CSU STRATEGY	ALERT CODE	OBJECTIVE AND ACTION
1	PLANNING PREPAREDNESS	WHITE	Designate an “Influenza Manager”
			Develop a plan to reduce the health and economic effect of a pandemic in the CSU. Develop short, medium and long term BCP
			Engage in discussion and consultation with: Chancellor Office of Business and Finance Office of Risk Management Office of General Counsel Office of Human Resources Student Health Center Other Campuses
			Pre-arrange psychological counseling for “as needed” basis
2	STANDBY	ORANGE	Consider Implementation of Short Term Pandemic BCP
3	CLUSTER CONTROL	YELLOW	Increase internal surveillance and preventative measures
			Student Health Center and “Influenza Manager” monitor situation
			and report to President and CO.
			Investigate and follow up suspected cases, unexpected absences.
			Control Clusters in departments, residence halls
			Restrict movements into/out of affected areas
4	MANAGING THE EVENT	RED	Social distancing measures should be implemented (i.e. allow greater numbers of employees to telecommute, begin canceling large size classes, consider closing student unions or other places of large gatherings and events). Provide psychological counseling for essential and core personnel.
			5

ATTACHMENT 4

SUGGESTED ACTIONS DURING EACH ALERT CODE

STAGE	STRATEGY	ALERT CODE	SUGGESTED ACTIONS
1	PLANNING PREPAREDNESS	WHITE	<p>Develop Planning Assumptions</p> <p>Conduct Business Impact Analysis</p> <p>Conduct Risk Identification/Impact Analysis</p> <p>Identify Essential and Core Personnel, Assess Skill Requirements</p> <p>Identify Essential Services (including contracted services)</p> <p>Identify Essential Mechanical Systems and those Requiring physical intervention on a periodic basis</p> <p>Identify and Schedule Training and Plan Exercises</p> <p>Plan for absences up to 50% at height of pandemic</p> <p>Identify means of “social distancing” in the workplace</p> <p>Consider organizational policies to encourage ill employees to remain at home or enable telecommuting when possible</p> <p>Communicate: Personal hygiene, public health flyers</p> <p>Identify needs for PPE and cleaning equipment</p> <p>Check HVAC systems and change filters when influenza appears in clusters</p> <p>Purchase contingency supplies</p>
2	STANDBY	ORANGE	<p>Alert staff and students to change in pandemic status</p> <p>Consider Implementation of Short Term Pandemic BCP</p> <p>Increase internal surveillance and preventative measures. Student Health Center and “Influenza Manager” monitor situation and report to President and CO</p>
3	CLUSTER CONTROL	YELLOW	<p>Alert staff and students to change in pandemic status</p> <p>Investigate and follow up suspected cases, unexpected absences.</p> <p>Implement Cluster Control in departments, residence halls. Consider partial closure.</p> <p>Restrict movements into/out of affected areas</p> <p>Consider Implementation of Medium-Long Term Response BCP</p>
4	MANAGING THE EVENT	RED	<p>Alert staff and students of change in pandemic status.</p> <p>Activate Essential business continuity measures. Consider total campus closure</p> <p>Communicate measures to minimize introduction and/or spread of influenza in work place</p> <p>Activate process for recovered/well employees to return to work</p>
5	RECOVERY	GREEN	<p>Expedite recovery of campus by phasing in “Return to Business as Usual”</p>