

June, 2007

**PANDEMIC INFLUENZA PLANNING GUIDELINES AND RESPONSE
PLAN for Colorado State University
Version for Safety Website**

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Pandemic Flu Planning Guidelines
Colorado State University
EXECUTIVE SUMMARY
(revised March 2007)

Colorado State University is coordinating with the Larimer County Department of Health and Environment and other state and federal agencies to develop comprehensive guidelines for University response to a pandemic flu outbreak. In addition to the formation of overarching Colorado State University Pandemic Flu Planning Guidelines, each vice president and dean at the University is charged to oversee the development of individual response plans for their divisions and colleges. The deadline for development of these plans was January 31, 2007. These plans will be reviewed and will then be incorporated into a comprehensive plan for institutional response.

Importance of Pandemic Planning:

An influenza pandemic occurs when three conditions are met: A new influenza virus subtype emerges; the virus infects humans across the globe; and the virus gains efficient and sustainable transmission from human to human.

Pandemic influenza is different from the seasonal influenza with which most Americans are familiar. Seasonal influenza generally peaks between December and March in North America. It causes approximately 36,000 deaths and 200,000 hospitalizations each year in the United States. A *pandemic* influenza, in contrast, can occur at any time of the year and resurges in waves; pandemics can last over a year. The normal, seasonal influenza illness rate is 5-10%. In a pandemic, an illness rate of 25-30% is appropriate for planning purposes. Illness rates will be highest among school-aged children and working adults.

Currently, the first two conditions for a pandemic have been met in regard to H5N1, avian or "bird" flu. **It is unknown if H5N1 will result in a pandemic.** However, influenza pandemics occur about three to four times per century. The last pandemic was in 1968, and the last severe pandemic in 1918-19. Although experts cannot predict when the next pandemic will occur or how severe it may be, they agree that there will be a next pandemic. For the first time in history, people have an opportunity to track the activity of a virus that has the potential to cause a pandemic and to prepare for such an event.

It is expected that a pandemic will have worldwide impact with an unpredictable timeline, spreading quickly from one area to another. Major disruptions are likely for health care, transportation, infrastructure, education, suppliers and other public services. Physical facilities will not be damaged but will need vigilant attention to maintain operation. High absenteeism will affect the delivery of services and goods, nationally and internationally.

Officials and individuals have a unique opportunity to plan for the next pandemic, and thus to mitigate its impact.

The major goals of pandemic planning are:

- to reduce illness and death;
- to minimize social disruption and economic losses; and
- to ensure the University's ability to continue core and critical functions in the event of a pandemic.

Pandemic Planning at Colorado State University

Emergency preparedness planning is essential because it affords organizations and institutions, including Colorado State University, an opportunity to respond more effectively to a number of emergency situations, including a future pandemic. The objectives of effective planning include reducing illness and death, maintaining critical services, minimizing social disruption and reducing economic loss.

Colorado State University has developed pandemic planning guidelines to assist the University community in development of targeted preparedness plans. The University's standing Emergency Management Team – chaired by CSU Police Chief Dexter Yarbrough – has been discussing and receiving training on pandemic influenza preparedness for almost a year. The Emergency Management Team has appointed a sub-group, the Pandemic Planning Team, to specifically develop a plan for pandemic response. That team includes the following institutional representatives:

- Ken Quintana, Pandemic Planning Team Co-Coordinator, Environmental Health Services and Housing and Dining Services
- Jane Higgins, Pandemic Planning Team Co-Coordinator, Hartshorn Health Service
- Guy Arnesen, Housing and Dining Services
- Steve Hultin, Facilities Management
- Dell Rae Moellenberg, Public Relations
- Dexter Yarbrough, Chief, and Jackie Swaro, assistant to the Chief, CSU Police Department
- Jose Valdes, Associate Director, Telecommunications

This team prepared the draft Pandemic Influenza Planning Guidelines and Response Plan. Working from these guidelines, each CSU division and college, with the oversight of their vice presidents or deans, is required to develop its own response plan, which will all be merged into a comprehensive response plan for the institution. The Pandemic Influenza Guidelines and Response Plan will be a dynamic document, evolving as appropriate when new information and guidelines become available.

The Pandemic Influenza Planning Guidelines summarize key considerations provided by numerous governmental, medical and emergency response agencies, including the U.S. Health and Human Services [Pandemic Influenza Plan](#) and the American College Health Association's [Guidelines for Pandemic Planning](#). These guidelines provide helpful background information on pandemic influenza; they also offer suggestions about the crucial questions that particular entities on a university campus considered as they

developed their individual plans. Development and implementation of CSU's pandemic response plan is tailored to the needs and functions at Colorado State University; the HHS and American College Health Association planning guidelines were helpful to divisions and colleges as they developed their response plans.

The Colorado State University plan has evolved to include the individual plans for divisions and colleges of the University and will continue to evolve as new information and guidelines are available. In the near future, it will also outline planning exercises and debriefing summaries for simulated pandemic scenarios and response. The University is also developing guidelines for communicating directly with students and their families about what they can anticipate in the event of a pandemic flu outbreak and how they can prepare.

The comprehensive Colorado State University plan includes the following key elements:

- Planning for a pandemic event using a traditional business continuity plan model
- Identifying CSU's critical services and missions
- Identifying critical personnel and core skills
- Identifying a clear chain of command for decision making
- Understanding the effects on faculty, staff, students, parents, visitors and community
- Broad and inclusive communications – both internally and externally
- Targeted communications (pending)
- Implementing appropriate and adequate preparations
- Training and exercising (pending)
- Appropriate response actions and recovery processes

Before and during a pandemic, Colorado State University will work in close cooperation with the state and local departments of health, local law enforcement agencies, the Fort Collins health care sector, key state agencies and the community. Both within the University and in the larger community, the Standardized Emergency Management System (SEMS) and National Incident Command System (ICS) will serve as the structure to plan for and manage a pandemic of significant magnitude.

Expectations of CSU Divisions and Colleges

The leadership of all divisions and colleges was instructed to oversee the development of pre-event planning and response plans for their departments and units; the Pandemic Planning Team and the Emergency Management Team has been available to assist with plan development. The deadline for submission of these plans to the Emergency Management Team was January 31, 2007; however, by this date (March 30, 2007), some plans have not yet been submitted.

These plans 1) define critical services, critical personnel and critical supplies, and alternative methods for delivery of services; 2) plan communication modes and messages

for use before and during a pandemic; and 3) include education of personnel and students about pandemic influenza and personal risk reduction.

For More Information

The Pandemic Influenza Planning Guidelines and Response Plan (though without the appendices containing the specific plans from divisions and colleges) is available on the Colorado State University Web site. An executive summary of the plan is also available on the University's Safety Web site at safety.colostate.edu. Watch for future updates and announcements via University e-mail channels, in local and campus media, on the Safety Web site and in Today@ColoradoState. People with specific questions may e-mail the Pandemic Flu Planning Committee at safety@colostate.edu

Through emergency preparedness guideline development and planning for a future pandemic, the university will strive to reduce the impact of a pandemic and enhance the University's preparedness for all future disasters.

OVERVIEW

I. PURPOSE

The purpose of these guidelines is to prompt Colorado State University emergency planners and health professionals to action in leading the development of pandemic preparedness plans on our campus and to assist the entire university community in development of targeted preparedness plans. Emergency preparedness planning is essential because it affords organizations and institutions, including Colorado State University, an opportunity to respond more effectively to a number of emergency situations including a future pandemic. The objectives of effective planning include:

- reducing illness and death,
- maintaining critical services,
- minimizing social disruption and
- reducing economic loss.

This document is not intended to offer detailed information about the nature of viruses or H5N1. Rather, it is to assist the university community in engaging in thoughtful discourse in the formulation of a flexible, adaptive response plan that is tailored to the needs and resources of Colorado State University.

The first part of this document will offer an overview of the pandemic threat, the importance of pandemic preparedness planning, and how to get started. The second part will outline the specific areas that should be considered in planning. In addition to providing guidance to each component of the university in preparing their internal plans, these Guidelines describe actions that should be taken to coordinate and synchronize those individual plans into a University-wide Pandemic Influenza Plan. A third part details the centralized response by the University and responses by several key university areas during a pandemic and during the recovery phase after a pandemic. The Appendices, which are under development, will provide the individual plans developed by Colorado State University divisions and colleges. (The Appendices are not included in the web version.)

The Guidelines assume a concurrent development of response plans by government public health officials and local medical facilities to address treatment measures arising from an international pandemic. The Guidelines and Response Plan also assumes that Colorado State University will coordinate its plans and responses with appropriate agencies, such as the Board of Governors, CCHE, and state agencies and authorities that oversee our functions. The Plan intends to be in compliance with all state laws and regulations. However, numerous state agencies, including the Colorado Department of Personnel and Administration System, are in the process of defining emergency plans that will specify if certain state regulations and protocols can be suspended in event of a severe pandemic. The Plan will be updated to include planning by state and other pertinent agencies, when it becomes available.

Every effort has been made to ensure inclusion of all essential elements in an influenza pandemic plan; however, this is a dynamic document. In addition, no plan can anticipate or alleviate the scope of a pandemic and its impact on a community. Individual responsibility for safety and wellbeing should be emphasized. Modifications, improvements and enhancements to the Colorado State University Response Plan will be transmitted to the campus as they become available; an abridged version will be posted at safety.colostate.edu.

II. INTRODUCTION

Pandemics are a part of human history. There were three pandemics in the last century, in 1918, 1957, and 1968. The most deadly of the three was the pandemic of 1918, which was caused by H1N1 and killed approximately 50 million people worldwide. A pandemic will occur again although it is not known exactly when, or which strain of a novel virus will rise to the occasion.

Three conditions must be met for a pandemic to occur: a new influenza virus subtype emerges; the virus infects humans; and the virus gains efficiency and sustainable transmission from human to human. The third condition can be met either through mutation or a reassortment event, in which the bird virus exchanges genetic material with a human virus during co-infection of a human or pig, thereby gaining the ability to be passed efficiently from human-to-human. It is now known that the 1918 virus was not a reassortment event.

For the first time in history, people have an opportunity to track the activity of a virus that has the potential to cause a pandemic and to prepare for such an event. While many strategies are underway, including the development of antivirals and vaccines, most experts agree that we are inadequately prepared to respond to a pandemic.

If a virus would gain sustainable, efficient transmissibility, the public health strategy would focus on slowing the spread because it would be virtually impossible to stop it.

Slowing the spread of disease would allow for better allocation and a more even use of limited resources by flattening the surge of cases.

A. Characteristics of an Influenza Pandemic

Seasonal influenza generally peaks between December and March in North America. It causes approximately 36,000 deaths per year and 200,000 hospitalizations per year in the United States. A pandemic influenza can occur at any time of the year and resurges in waves that can last from 18 months to two years. The 1918 pandemic had four such waves; the most lethal was the second wave that swept through the United States between August and December. Therefore, planning should include recovery and response to more than one wave.

The normal influenza attack rate is 5-10%. In a pandemic, an attack rate of 25-30% is appropriate for planning purposes; some organizations are using rates as high as 50%. Illness rates will be highest among school-aged children (about 40%) and about 20% among working adults. Absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.

It is expected that a pandemic will have world-wide impact with an unpredictable timeline, spreading quickly from one area to another. Major disruptions are likely for health care, transportation, infrastructure, suppliers, education, and other public

services. The university's physical facilities will not be damaged, but will need constant vigilant attention to maintain operation.

High absenteeism will affect the delivery of services and goods, nationally and internationally. High absenteeism will also present challenges to campus leadership and delivery of services as human resources are strained in all aspects of the operation. Division and college plans need to consider issues of depth charting for leadership positions, cross training personnel, and teleconnectivity that allows employees to work from home.

B. Vaccines and Antivirals

Because a vaccine needs to closely match an influenza virus, it is unlikely that a vaccine would be available early in a pandemic and, due to current production techniques, quantities would be limited once the vaccine was developed. An effective vaccine may be available to more adequately address second or third waves but, even then, there may not be enough to vaccinate everyone (from pandemicflu.gov/general – “What Would Be the Impact of a Pandemic?”). Research is underway to develop improved vaccine technologies that would allow for more rapid production of vaccine.

Oseltamivir (Tamiflu) and zanamivir (Relenza) are effective in reducing the severity and duration of illness in seasonal influenza and may be effective against strains that cause pandemic influenza. However, clinical data are limited and dosing for optimal benefit is uncertain. These drugs are expensive and production capacity is limited. Two older antiviral medications, Amantadine (Symmetrel) and rimantadine (Flumadine), could offer some benefit but because resistance to these drugs develops quickly, their use may be limited.

C. Nonpharmaceutical Interventions (NPIs)

Social distancing, isolation, quarantine, protective sequestration, and public health education about practices employed to reduce individual risk of contracting the disease (i.e., hand washing, cough etiquette) comprise the list of NPIs that could be employed in a pandemic situation. While the effectiveness of any of these strategies for preventing the spread of illness is unknown, employment of a combination of NPIs, as deemed appropriate for the university setting, may slow the spread of disease. As mentioned above, the advantage to slowing the spread is important as it relates to the surge capacity of health care resources.

Social distancing refers to taking action to discourage close social contact between individuals. This includes maintaining a distance of four to six feet between yourself and others, avoiding casual contact such as hand shakes, and cancellation of classes, sporting events, worship services, and other social events. This intervention would be most effective when instituted early in the pandemic and before infection takes hold in a community. Given that the 1918 pandemic swept across the country in 3-4 weeks at a time when fewer people traveled and modes of transportation were more limited and slower, the window for taking action may be limited to a few days in today's highly mobile society and with the prominence of international air travel.

Isolation refers to separating individuals with illness from the general population and restricting their movement within the general population until they are no longer contagious. Plans for isolating ill students and providing care for them by utilizing

campus resources and/or partnering with community resources will be necessary since some students may not be able to go home. Hospital resources will be strained and decisions for admission will be made based on assessment of those most in need. Provisions should be made to care for students who are not ill enough to require hospital care but are too ill to take care of themselves. The composition of the student body in terms of the number of international and out-of-state students and the number of students residing in residence halls, factored against the resources of the institution, will affect the plans for isolation and infirmary care.

Quarantine is the separation and restriction of movement of those who are not ill but believed to have been exposed. The duration of quarantine will be dependent upon the length of the incubation period and period of contagion prior to onset of symptoms. Both the incubation period and period of viral shedding are difficult to know prior to the actual emergence of the pandemic virus. Currently, it appears that the incubation period for H5N1 is between 2-8 days. Persons are contagious for 1-3 days prior to onset of symptoms and can shed H5N1 for up to 16 days. However, quarantine requirements may change based on new information or if a different strain of flu is of concern. Planning for quarantine must take into account some of the same factors as isolation, such as composition of the student body and residential demographics. Enforcement of quarantine is an issue that must be discussed with local government authorities and campus security.

Protective sequestration involves efforts taken to protect a healthy population from infection by isolating the community from the outside world. Restricting entry of outsiders into the community and restricting reentry of those community members who choose to leave during the period of time when protective sequestration is in place are measures utilized in this intervention. It requires the community to stockpile resources and become self-sufficient for some period of time — in the case of a pandemic, a minimum of 6-12 weeks according to many experts. Protective sequestration has high costs associated with it.

In a large work setting such as Colorado State University, social distancing and protective sequestration will also include reduction of the workforce present on campus. In a severe pandemic, only the personnel needed for critical services will be physically present on the university campus. Reduction in numbers of personnel will reduce the potential of exposure to and spread of influenza in the university community.

Personal protection equipment, such as gloves, masks and in some instances gowns and protective eyewear, are important for personnel who must interact with sick persons during a pandemic. Frequent cleaning of potentially contaminated surfaces and objects, such as doorknobs, telephones, keyboards, faucet handles, is an important measure to reduce exposure to infection.

Public health education that communicates accurate, clear information regarding reduction of personal risk, the role of quarantine, transmission, symptoms, treatment, when to seek care, and community efforts to assist those in need, is critical to empowering the public and decreasing panic and despair. The messages should be consistent with those being issued by other public health authorities and crafted in advance to meet the needs/concerns of various campus audiences, including students, staff, faculty, parents, and members of the surrounding community. Given the anticipated increase in communication needs, all available means of communicating

with the campus public must be assessed and tested to determine the capacity for managing the surge.

If vaccine and/or antivirals become available, it is unlikely there will be sufficient quantities to cover the entire population (from "Colorado Department of Public Health and Environment's Emergency Response Implementation Plan: Pandemic Influenza Annex"). The Colorado Department of Public Health and Environment (CDPHE) has proposed a vaccine and antiviral distribution priority list, adopted from the U.S. Department of Health and Human Services Pandemic Influenza Plan, Appendix D. Discussions with local and state health authorities regarding the distribution of stockpiled antiviral medications and manufactured vaccine will be conducted in advance of a pandemic to establish campus protocols consistent with government guidelines. During a pandemic, Colorado State University will work with CDPHE and the Larimer County Department of Health and Environment (LCDHE) to coordinate prioritization and distribution of vaccine and antiviral medications to our campus community.

D. Business Continuity

While the first thrust of planning should address health and safety issues, business continuity must follow closely on its heels. Identifying the university's key business functions and key players in charge of those functions is the first step in addressing this area.

Prior to a pandemic, state and university officials will need to determine payroll and leave issues in advance of a pandemic. Purchase of supplies will need to be expedited. Building maintenance will need to continue and computer infrastructure must be maintained.

It is anticipated that a pandemic will result in interruption of services and a shortage of supplies and fuel. Identifying contingency plans for sustaining basic functions in case of loss of telecommunications, utilities, and IT capability needs to be included.

As a university, we are in the business of education. Our academic departments and faculty will need to develop contingency plans for completion of courses if classes must be canceled for some period of time. Alternate delivery of classes might be accomplished through various modes of on-line learning.

E. Planning in the Face of Uncertainty and Unknowns

Planning for a pandemic can be a daunting task given that there are a number of factors that are unknown. Officials do not have a case definition or an identified viral organism and are unlikely to have this information far in advance. Furthermore, planners are hampered by gaps in our scientific understanding of influenza viruses: what makes them more or less lethal and how to best protect people from an organism that can adapt to and change in ways that makes vaccination against them so difficult. A gap also exists in the understanding of which NPIs, if any, are most effective in slowing the spread.

This deficit in knowledge makes it challenging to develop specific protocols and treatment plans. Any planning that is done at this time is based on what scientists currently understand about seasonal influenza and past pandemics as described in

historical documents. Therefore, any planning, protocols, and policies developed to fashion a response must be flexible, resilient and adaptable in a way that allows the planning to evolve in step with the evolution of science and situation.

Planning is not enough; the plan must be tested and rehearsed. Rehearsing various scenarios offers individuals an opportunity to act out their roles and identify the types of information and communication that is critical for them to function effectively in the situation. It also allows the participants to identify gaps or weaknesses in the plan that need to be worked on.

III. GETTING STARTED

A. Emergency Management Team

Colorado State University has experienced emergencies in the past, including the 1997 flood and the 2003 and 2006-07 blizzards. This section describes the plans and administrative structures already in place for general emergency planning and response, as well as the team recently established for pandemic response.

Colorado State University has an established Emergency Management Team and Emergency Operations Plan (<http://www.ehs.colostate.edu/epr/EMT/PDF/Emergency%20Ops%20Preface.pdf>). The basic emergency operations plan describes the responsibilities that different individuals and departments on campus have during emergencies. Most major campus emergencies will be coordinated from an Emergency Operations Center staffed by the Emergency Management Team (EMT). The EMT oversees and supports field operations staff that use the Incident Command System. The Chief of University Police is the Emergency Coordinator in most major incidents; he acts under the direction of the University President during emergency situations. The role of Emergency Coordinator may be passed to the Director of Environmental Health Services, Facilities Management, Hartshorn Health Services or others as the situation demands. In an emergency, one person (the emergency coordinator or Incident Commander) has overall responsibility for strategic decisions at any time during the emergency. This emergency coordinator, or Incident Commander, is primarily responsible for coordinating and directing a response and advising the university's executive team; he will receive support, direction and advice from the EMT and will act under the direction of the University President.

Colorado State University's emergency operations plan provides guidance to all elements and operations of the University to prepare for, respond to, and recover from man-made, natural, or other disasters and major emergencies. The plan follows four fundamental concepts: preparedness, mitigation, response, and recovery. The University Police Department and Environmental Health Services work together to update and disseminate the University's Emergency Response Plan. In addition, each department, college, or unit is expected to maintain its own response plans, exercise those plans, and maintain "fanouts" or phone trees so that all appropriate persons with responsibility for operation of such elements of the university can be notified on a timely basis.

Our Emergency Management Team is routinely involved in disaster preparedness and response activities on our campus and with the city of Fort Collins and Larimer County Offices of Emergency Services. As part of these activities, the EMT participates in Incident Command System (ICS) training. ICS establishes standardized incident management processes, protocols and procedures that all responders – federal, state and local – will use to coordinate and conduct response activities. The Incident Command System establishes a system of unified command, using a common language and set of procedures for management of all major incidents; this ensures further coordination, particularly during incidents involving multiple jurisdictions or agencies.

Several members of the Emergency Management Team have attended training sessions on pandemic planning and/or have been involved in the Larimer County Pandemic Influenza Planning Partnership. Under the guidance of the Emergency Management Team, a campus core group, or Pandemic Planning Team, has formed. The Pandemic Planning Team will provide guidance for the Colorado State University community in the development of pandemic influenza planning for all colleges, departments and units of the University.

B. Pandemic Planning Team.

One or two individuals on a campus cannot accomplish effective pandemic planning in a few weeks. It requires a broader effort that involves key individuals responsible for key functions and areas of responsibility. It is an interdepartmental project involving input from all of the various constituencies working on a plan over time with realistic deadlines.

The Pandemic Planning Team includes representation from Environmental Health Services, Colorado State University Police Department, Hartshorn Health Service, Housing and Dining Services, Facilities Management, Information Systems and University Communications. Consultation will be obtained from the executive leadership, academic leadership, the College of Veterinary Medicine, the Emergency Management Team, and others, as needed. There are many ethical and legal issues to consider in university and department planning. Legal counsel and risk management will be consulted when policies and guidelines are being discussed and written, especially in the areas of human resource management, safety and security, and rationing of scarce resources.

The Pandemic Planning Team is responsible for revising and implementing the Colorado State University Pandemic Influenza Planning Guidelines and Response Plan. They will be instrumental in campus wide communication and education about preparedness and response planning for each college, department and unit. The Pandemic Planning Team has assisted campus entities in the identification of critical functions and critical personnel and has provided guidelines for depth charting of critical personnel in the event of a pandemic.

C. Strategy

Colorado State University has established an overall strategy in planning the university's response to an influenza pandemic with the goal of achieving effective preparations, response and recovery. The Pandemic Planning Team, under the

guidance of the Emergency Management Team and with the endorsement of the university administration, has devised and will implement Colorado State University's Pandemic Influenza Planning Guidelines and Response Plan. The Pandemic Planning Team has also distributed the Planning Guidelines and Response Plan to each of the Colorado State University colleges and divisions, and has assisted them in developing their individual plans. Those plans will be delivered to the campus Emergency Management Team for review, revision and future implementation.

The Colorado State University Emergency Management Team, along with the Pandemic Management Team, will continue to monitor this emerging threat and to continually review and revise these plans as necessary.

The Colorado State University strategy will recognize the following key elements:

- Planning for a pandemic event using a traditional business continuity plan model
- Identifying our critical services and missions
- Identifying core personnel and core skills
- Identifying a clear chain of command for decision making
- Understanding the effects on our faculty, staff, students, parents, visitors and community
- Broad and inclusive communications – both internally and externally
- Targeted communications
- Implementing appropriate and adequate preparations
- Training and exercising
- Appropriate response actions and recovery processes

Within Colorado State University, the Incident Command System (ICS) will serve as the structure to plan for and manage a contagious disease outbreak of significant magnitude.

D. Triggers for Moving Plans to Action

As stated earlier, there will likely be a very short window for critical decision making especially in regard to social distancing measures. Using the 1918 pandemic as a basis for determining timing, it appears that implementing social distancing measures early, before infection severely impacts the community, might be a better strategy for educational institutions. Reducing the number of students remaining on campus early in the pandemic will likely be the best strategy. For example, if the decision is delayed to the point that many students fall ill, the university would be expected to provide the resources to care for those students throughout the pandemic, which might be an unreasonable expectation given available resources.

In a pandemic, Colorado State University might suspend classes and institute at least a partial closure of the campus. CDPHE and LCDHE will provide guidance about timing for the suspension of public events and classes during a pandemic. It appears that to avoid a resurgence of infection, the university might need to suspend classes, and other functions, for a period of 8-12 weeks. The economic and social ramifications of canceling classes and social and athletic events and closing research operations are not insignificant. However, it is important to identify - in advance of a pandemic - the triggers for cancellations (such as percentage of absenteeism, prevalence of pandemic

influenza cases in Larimer County, mandates from the state health department). The specific triggers for Colorado State University will be discussed in detail in Part V.C.

IV. ROLES AND RESPONSIBILITIES

A. Office of the President

The Office of the President will provide executive level direction and authority for this plan. During the response phase of a pandemic, and in collaboration with the Emergency Management Team, the Office of the President makes policy decisions on campus closure and orders activation of the Emergency Operations Center.

B. Emergency Management Team

The Emergency Management Team is a standing body composed of the campus Emergency Management Coordinator and representatives of other campus groups and constituencies with the appropriate expertise and/or knowledge of the campus to provide input or assist in the coordination of the preparation, implementation, evaluation and revision of the Colorado State University Emergency Operations Plan. Their role in this plan is to coordinate the Pandemic Plans from each college, department and unit, and provide oversight for the coordination and implementation of a final plan.

C. Pandemic Planning Team

The Colorado State University Pandemic Planning Team is a sub-group of the Emergency Management Team and has been chosen to represent university communications, health/environmental health, facilities, information systems and student affairs.

D. Faculty Council

The Faculty Council and the Office of the Provost will recommend policies and procedures for waivers of regulations regarding examinations and required days of instructions as relevant to a partial closure of campus or a quarantine. The Provost's Office and the Faculty Council will also encourage faculty to consider developing alternate methods to deliver classroom instruction and materials in the event of suspension of classes.

E. Pandemic Planning Workgroups

These groups are appointed by each Vice President or Dean to develop a Pandemic Influenza Response Plan for their college or division, using the planning guidelines in Parts V, VI and VII, and using the questions and sample plans provided in the appendices (not included in the web version).

These plans will be presented to the Pandemic Planning Team with enough time for review and presentation to the entire Emergency Management Team in spring/summer 2007.

F. Emergency Operations Plan (EOP)

As defined in the Colorado State University Basic Emergency Operations Plan, the EOP describes the concept of operations for response to potential emergencies and delineates the role and responsibilities of departments, divisions, and agencies that are expected to help protect life and property on campus.

G. Public Health Entities

Should a pandemic occur, it is in the purview of the Public Health departments at the county and state levels to issue quarantine orders, direct closure of facilities, and provide critical information designating key healthcare facilities as well distribution of anti-viral medications. The public health authority encompasses all private citizens, businesses and campus operations. Colorado State University will work closely with the Larimer County Department of Health and Environment.

PLANNING GUIDELINES

V. PLANNING ASSUMPTIONS AND GUIDELINES

A. Health/Medical Planning Assumptions – from the US Health and Human Services (HHS) Pandemic Plan.

A pandemic is a public health emergency that takes on significant political, social and economic dimensions.

- The course of pandemic influenza will be governed by factors that cannot be known in advance.
- The first human cases will likely occur in other countries and will be detected by the global surveillance network.
- Planning is an essential component of pandemic influenza preparedness. An onset of illness is too late to begin planning.
- Communication is a critical aspect of all emergency planning and response.
- There will be universal susceptibility to the pandemic influenza subtype.
- Experts anticipate that an influenza pandemic could last from 18 months to several years with at least two peak waves of activity. In an affected community, a pandemic will last about 8 to 12 weeks. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
- Vaccinations and antiviral treatment are anticipated to be the most effective medical treatment, but they may be non-existent or in limited supply, particularly in the early stages of a pandemic.
- Nonpharmaceutical interventions will be the principal means of disease control until vaccinations are available, but decisions about these interventions will be made in an atmosphere of considerable uncertainty.
- Response on all government levels in Colorado will follow the guidelines established by NIMS (National Incident Management System) and ICS (Incident Command System).
- Clinical Attack Rates
 - Ultimately, it is estimated that there will be 25-30% clinical disease attack rate in the overall population.
 - Illness rates will likely be highest among school-aged children (about 40%) and decline with age.
 - Among working adults, an average of 20% will likely become ill during a community outbreak.
 - Of those who become ill, 50% will likely seek outpatient care.
 - The number of hospitalizations/deaths will depend on the virus' virulence.
 - Risk groups for severe and fatal infections cannot be predicted with certainty.
 - The typical incubation period for respiratory influenza averages two days.
 - Persons who become ill may shed virus and can transmit infection for one or more days before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two days of illness. Children will shed the greatest amount of virus and therefore, are likely to pose the greatest risk for transmission.
 - On average, two secondary infections will occur as a result of transmission from someone who is ill.

- In an affected community, a pandemic will last about 8 to 12 weeks. At least two disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
- The seasonality of pandemic cannot be predicted with certainty. The largest “waves” in the U.S. during 20th century pandemics occurred in the fall and winter.

Business Planning Assumptions

(from the International Monetary Fund “The Global Economic and Financial Impact of an Avian Flu Pandemic and the Role of the IMF”):

- There is growing concern about the possibility of a flu pandemic and its implications for human and the global economic and financial system.
- If the pandemic is severe, the economic impact is likely to be significant, though predictions are subject to a high degree of uncertainty.
- Once the pandemic has run its course, economic activity should recover relatively quickly, although a severe pandemic will have a more disruptive effect.
- A pandemic will put substantial pressure on the fiscal balance, due to increased spending on health, public safety, social welfare and subsidies to businesses and lost revenues.
- Operational risks (high absenteeism rates) constitute the greatest challenge to the global financial system.
 - A pandemic could result in significant absenteeism over a period lasting several weeks from a variety of sources.
 - Absenteeism could become so widespread that staffing for the most critical operations may become inadequate, and succession plans may no longer provide for continuity.
 - It may also result in major disruptions to transportation, electricity production and telecommunications and may severely stretch basic services, including police, fire and emergency services.

The process of developing an Pandemic Influenza Response Plan begins with posing and answering questions to determine the critical functions and critical personnel of each college, department and unit, as well as the critical operational systems. A guide to developing this analysis is included in Appendix C (not included in web version). This analysis leads to an impact analysis of shortfalls in necessary resources and personnel for planning purposes.

C. Pandemic Phases and Severity Levels

1. Phases:

The World Health Organization (WHO) developed an alert system (http://www.who.int/csr/disease/avian_influenza/phase/en/index.html) to help inform the world about the seriousness of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of pandemic.

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

The world is presently in **Phase 3** of the Pandemic Alert. This means that there is a new influenza virus subtype causing disease in humans, but is not yet spreading in an efficient (easily transmissible) and sustainable manner among humans. When human to human transmission increases, WHO Phase 4 will begin. A pandemic that affects Colorado State University will occur primarily in Phases 5 to 6, at which time there will be worldwide (and local) efficient and sustained human to human spread.

2. Severity Levels:

Colorado State University has opted to define “severity levels” of a pandemic to assist with planning and scenarios. These levels are uniquely defined for our university and are not to be confused with the WHO nomenclature for pandemic phases. All three of the Colorado State University severity levels will most likely take place during WHO Phases 5 and 6. University severity levels will reflect the first stages of a local pandemic (Level 1), the intermediate stages of a local pandemic (Level 2; in a severe pandemic, there would probably be rapid progression from Level 2 to 3, with duration of Level 2 only hours to several days), and the peak of a local pandemic (Level 3). It is also possible that the next influenza pandemic might be mild, similar to the 1968 pandemic, rather than of the severity of the 1918 pandemic. If a mild pandemic that fails to progress in severity occurs, the university may remain in Level 1 for the pandemic’s duration. In this situation, the university would still need to be prepared and to respond, but the actions taken during the peak of a mild pandemic might be limited to restriction of public gatherings. For planning purposes, the Pandemic Planning Team has defined the Colorado State University Severity Levels as follows:

Level	Influenza Illness Rate	Absenteeism Rate due to Influenza	Suspensions and Closures
Prelevel	Normal	Normal	Business and classes as usual
1	5-10%	10% of work staff	Gatherings restricted; some public buildings may be closed.
2	10-20%	25% of work staff	Classes suspended; most administrative and academic buildings closed.
3	20-30%	40% of work staff	Campus open only for critical services; only critical buildings open.

In February 2007, CDC and the U.S. Department of Health and Human Services proposed a set of guidelines titled "Community Strategy for Pandemic Influenza Mitigation in the United States" (http://www.pandemicflu.gov/plan/community/community_mitigation.pdf). This interim guidance introduces a Pandemic Severity Index to characterize the severity of a pandemic, provides planning recommendations for specific interventions that communities may use for a given level of pandemic severity, and suggests when these measures should be started and how long they should be used. The guidelines apply a system that rates the severity of a flu pandemic, similar to the system for rating the severity of hurricanes: Category 1 represents a very mild and Category 5 a very severe pandemic, based on case-fatality ratios and determined by CDC and other public health authorities. The guidelines suggest that the severity of the pandemic will help to guide the intensity of response and particularly of mitigation measures. For instance, in a Category 1 pandemic, a short period of voluntary isolation of ill persons may be the only community-wide recommendation, while in a Category 4 or 5 pandemic, numerous nonpharmaceutical interventions, including voluntary isolation and quarantine, closure of schools and public gatherings, social distancing for both adults and children, might be instituted for up to 12 weeks.

Triggers for action at Colorado State University will be based on the WHO Pandemic Phase Levels and CSU severity levels. Phases 1, 2, and 3 constitute the "inter-pandemic" and early pandemic alert phases: This is the university's preparation, or "pre-level", phase. Once there is efficient human-to-human transmission internationally, though no identified case in the United States, the university enters WHO Phase 4; university planning is enhanced, though business and classes proceed as usual.

When verified cases occur in the United States and one or more other triggering events (listed below) occur, the university enters CSU Level 1 and will implement social distancing measures, cancel large gatherings, and prepare for class suspension.

Triggering events for CSU Level 1 include:

- Confirmation of high rate of infectivity, morbidity (rate of infection) and/or mortality (death rate)
- Rate/speed of disease spreading
- Local public health recommendations to curtail or cancel public activities in county or state
- Transportation systems closing/curtailing interstate travel.

As local pandemic levels increase, Colorado State University will enter into Level 2. Level 2 will likely begin within hours to several days after declaration of Level 1, depending on national and local conditions. During Level 2, the university can anticipate that many students will already have departed from campus, employee absenteeism will rise, and other regional school systems will have closed. At this time, classes will be suspended, students in residence halls will return home if possible, and most administrative and academic buildings will close. Housing and Dining Services for on-campus students will be maintained for only as long as classes are in session. Once classes are suspended, steps will be taken to close residence halls and dining centers. Temporary emergency room and board can be

requested for a limited number of residence hall students who cannot return home (e.g. international students unable to return home if international travel is halted) and have no alternative options for shelter. Level 3 occurs when local pandemic severity and incidence continues to rise; this level corresponds to the peak of WHO Phase 6. During Level 3, an emergency condition is declared. All facilities are closed except skeletal services for infirmary, emergency housing for residential hall students unable to leave campus, critical services and critical research. Access to campus is limited only to critical personnel, who will be issued name badges and vehicle placards that identify them as "critical".

D. Planning Documents for the Colorado State University Campus

"Business Continuity Questions" in Appendix C (not included in web version) are intended as guides for each division, college, and unit to consider as they develop their pandemic flu response plans. **Responses to these questions do not replace individual plans, but will greatly facilitate the development of a response plan.** Several of the questions concern "critical" personnel, services or supplies. In this context, "critical services" are defined as those acts (1) necessary to preserve lives (human or animal), (2) maintain the physical plant/infrastructure, or (3) continue critical business services until an emergency has abated. "Critical personnel" refer to those positions (not individuals) needed to maintain critical services. "Critical supplies" are those supplies essential to maintain critical services. The EMT will review each department's designated critical services and personnel, and may suggest necessary modifications, after discussion with the department's Pandemic Planning Workgroup. The Pandemic Planning Team and EMT will also review the answers to the "Business Continuity Questions" and utilize them to plan for adequate personal protection equipment for all critical personnel.

A template for college, division or unit plans is included in Appendix D (not included in web version). Although the template is neither universal nor comprehensive, it, together with the specific planning guidelines provided in part VI, serves as a guide for development of specific college and division plans. The individual plans will be reviewed by the Pandemic Planning Team and the Emergency Management Team. After review and revision, all plans will be compiled into a campus-wide plan for responding to an influenza pandemic.

Appendix E (not included in web version) provides a form for the college or division organizational chain of command, pandemic planning workgroup and communications contact person(s). Every department or unit will complete this form as part of their pandemic planning.

E. Identify Alternative Methods to Deliver Services and Classes

Each college, division and unit must consider what methods can be employed to continue critical services and classes. Alternatives should be identified and planned for maintaining infrastructure, business services, animal care, continuation of research and continuation of course instruction. Planning for alternative methods might include:

- Cross-training: Identify key employees; create redundant or double teams for all critical staff or faculty functions.
- Stockpiling: Identify and maintain stockpiles of key supplies, and consider how to proceed if key service or supply providers are not available.

- Telecommuting: Develop staffing plans to identify work that must be done in the office and work that can be done at home.
- Remote learning: Establish remote or redundant facilities for services or classes, increase self-service options, consider videotaping or video conferencing/teleconferencing options. The Office of the Provost and the Faculty Council will assist in planning for alternate delivery of classes and academics.
- Telecommunications: Expand the use of telecommunications.
- Backup systems: Develop backup systems in case of failures.
- Alternative communication methods: Plan to establish and test means of communication alternatives, for both administrative and academic purposes.
- Communication trees: Develop a method of communicating about work-related roles and expectations with employees. University administration will not provide information to employees about whether or not they are asked to report to work; that information will be incumbent upon each department, based on critical services and personnel lists.

F. Off Site and Outlying Locations

Some programs and departments maintain facilities and staff, students or faculty at locations away from the primary Colorado State University campus. Preparation and planning should include consideration of services and staffing of those sites.

G. Infection Control Policies and Procedures

Colorado State University cares about the health and safety of its faculty, staff and students and strives to take reasonable steps for protection and mitigation of those risks. While medical issues surrounding any kind of disease outbreak are best addressed by campus medical personnel, common sense steps to risk reduction should be taken by everyone. These risk reduction steps include

1. Personal Hygiene

- Cover your nose and mouth with a tissue or your sleeve when you cough or sneeze; throw the tissue away immediately after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcohol-based (60-95%) hand cleaner.
- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too. Public health officials will provide guidelines about when one can safely return to work. Tentative guidelines presently suggest that employees stay home for at least 5 days after onset of illness; they should not return to work until cough has improved and fever has been absent for 24 hours.
- Try not to touch your eyes, nose, or mouth. Germs often spread this way.
- Frequently clean shared items such as keyboards, telephones, doorknobs.

2. Vaccination

Routine vaccination against seasonal influenza is recommended, particularly for high risk persons (50 years of age and older, people of any age with certain chronic

medical conditions, pregnant women, children aged 6-59 months), household contacts of persons at high risk, household contacts of children less than 6 months of age, and healthcare workers.

Because viruses change over time, a specific pandemic influenza vaccine cannot be produced until a pandemic influenza virus emerges and is identified. Once a pandemic influenza virus has been identified, it will likely take 6 to 9 months to develop, test, and begin producing a vaccine. In the initial stages of a flu pandemic, vaccine will be in short supply. Vaccine distribution will be prioritized, using guidelines established by the Colorado Department of Health and Environment.

3. Social Distancing

Social distancing is defined to include measures that increase the distance between individuals. These interventions can be applied to individuals, large groups or an entire community or region. They are designed to reduce personal interactions and thereby the risk of disease transmission. Some options include:

- Canceling events (concerts, games, theaters, etc.)
- Canceling school classes and events
- Shutting down or limiting mass transit
- Declaring "snow days": asking everyone to stay home and closing "non-essential businesses, schools, churches, etc.
- Avoid close contact with coworkers and customers (maintain a separation of 3 or more feet).
- Avoid shaking hands and always wash hands after contact with others.

4. Stay Informed

Know the facts; identify sources you can count on for reliable information, such as:

- www.pandemicflu.gov,
- Larimer County Department of Health and Environment's pandemic flu site (larimerflu.org),
- CSU's Safety website (safety.colostate.edu), and
- Your health care providers.

5. Personal Protective Equipment

- Persons with respiratory infection symptoms can use a disposable surgical mask to help prevent exposing others.
- Personal protective equipment, such as surgical masks, gloves and hand sanitizers, may be appropriate for those critical personnel at risk of contact with contagious persons.
- OSHA provides detailed information in "Guidance For Preparing Workplaces for an Influenza Pandemic" available at http://www.osha.gov/Publications/influenza_pandemic.html.

6. Other resources are provided in "Resources and References".

H. HAN Alerting System

The State of Colorado Health Alerting Network (HAN) is a web-based system to broadcast warnings of impending or current disasters affecting the ability of health officials to provide disaster response services to the public. Colorado State University Hartshorn Health Service and Environmental Health Services are part of this alert network. As a pandemic appears and evolves, the Colorado Department of Public Health and Environment and the Larimer County Department of Health and Environment will provide critical information, warnings and alerts to the campus.

I. Supplies and Inventory

As part of preparedness and planning, each college and division will complete an inventory of all supplies and equipment identified as essential to ongoing business functions and will ensure that a process is in place for maintenance of adequate inventory. Shortages of supplies may occur during a pandemic due to increased demand (e.g., cleaning supplies) or due to transportation system disruption or inability of suppliers to meet demand due their own staffing shortages. This process will include discussions with key suppliers to plan for regular shipments in the event of shortages or disruptions in transportation systems. Contracts with suppliers should be reviewed and revised to include contingency plans in event of a severe emergency, such as an influenza pandemic.

Supplies of personal protective equipment, such as gloves and masks, will be provided through the Emergency Management Team. Certain departments (including Hartshorn Health Service, Police Department, Environment Health Services and the Veterinary Teaching Hospital) may require additional protection such as respirators; these will be furnished by their individual departments.

J. Training and Exercises

Once plans are developed, training and exercising ensures that faculty, staff and students are aware of the plan, how it is activated and how it is managed. Training will be scheduled by the Emergency Management Team and the Pandemic Planning Team. Additional training needs can be identified and scheduled with identified critical and core personnel and their back ups. Seminars, meetings and similar sessions on personal preparedness will be made available to all faculty, staff and students.

VI. COLLEGE/DEPARTMENT/UNIT PANDEMIC INFLUENZA PLANNING

The goals of the Colorado State University Pandemic Influenza Plan are to reduce illness and death, to minimize social disruption and economic losses and to assist the university's ability to continue the core and critical functions of each college, department and unit in the event of a pandemic event. The following summarize the key considerations that specific university departments or functions need to address as part of pre-event planning. Although only some of the key departments are listed below, VPs and Deans will determine which departments and units need to develop individual plans. The planning considerations in Parts VI and VII serve as guidelines, proposed by U.S. Health and Human Services, in its document "Colleges and Universities Pandemic Influenza Planning Checklist" and the American College Health Association's "Guidelines for Pandemic Planning". Individual units and departments will review these responses for key areas; they may choose to adopt them or adapt them, as appropriate for their particular functions at Colorado State University. The specific plans

developed by each college and division will be included in the plan's Appendices (pending; will not be included in web version).

A. Campus Community

The University won't be ready to face a flu pandemic until everyone in the campus community is ready.

Personal planning by every individual in the campus community is a crucial part of pandemic preparedness. Individuals need to ensure their own safety and that of their families before they can act as effective responders for the University. The University also has a responsibility to minimize risks to critical personnel who respond during a pandemic. **Being informed** and **being prepared** are the two most important steps that each person can take before a flu pandemic arrives. Being informed and being prepared will also help in any emergency or community crisis.

Pandemic flu planning for individuals and families is available from the Larimer County Department of Health and Environment at larimerflu.org and from the Department of Health and Human Services Pandemic Flu website at <http://www.pandemicflu.gov/planguide/checklist.html>. Other resources can be in the section "Resources and References".

B. University Relations/Communications

1. Campus Communication Responsibilities

Responsibility for communicating information and alerts before an Influenza Pandemic is illustrated in the following table:

Before the Emergency	FROM	TO
	Office of the President/ President's Cabinet	Board of Governors, EMT, Pandemic Planning Team, VPs and Deans
	Pandemic Planning Team	Pandemic Planning Workgroups, VPs and Deans, EMT
	Public Relations	Media, general campus and community
	Student Affairs	Students and parents
	Hartshorn Health Service	Pandemic Planning Team, EMT, Student Affairs
During the Emergency	Colorado Department of Public Health and Environment (CDPHE)/ Larimer County Department of Health and Environment (LCDHE)	Pandemic Planning Team, EMT, Hartshorn Health Service
	Pandemic Planning Team	Office of the President, VPs and Deans, EMT
	EMT	Divisions, Colleges, Departments, Units, CDPHE and LCDHE
	Public Relations	Media, general campus and community
	Divisions, Colleges, Departments, Units	EMT, faculty/staff/students/community

The University Public Relations Department is in charge of communication functions, including public, media, and government relations and is represented on the Pandemic Planning Team. Public Relations will plan to have primary responsibility for each of the areas listed below and the types of interdepartmental collaboration required to effectively carry out the required activities. It is important that the university community speaks with one voice and with consistent information in crisis communication situations. Therefore, all public messages should be provided by or approved by Public Relations.

It is also important to note that each university division or department will be responsible for appointing a supervisor or supervisors who will communicate with employees within that unit about specific expectations to fulfill critical services. For example, University Public Relations will not have the ability to communicate about whether or not critical staff are required to report to work. Those communications must come from a departmental and unit level.

2. Internal Communication.

Key considerations may include the following:

- a. Identify to the media and to the general campus community who will be in charge of communications. Ensure that there are one or two persons in backup positions within Public Relations in case the key person(s) falls ill. Communications relevant to the operations of specific departments and units of the university during a pandemic are the responsibility of the person(s) appointed by those departments and units, and are not the responsibility of Public Relations.
- b. In coordination with the Emergency Management team, provide messages about the alert status and general operations of the university during a pandemic for a phone tree to notify/alert critical personnel. Communication about the operations of each department or unit will be the responsibility of that department or unit, and will not be included in these messages.
- c. Plan to establish means of communicating general information about university functions with students, staff, faculty, parents, and media including Web sites, email, and posters.
 - i. Discuss communication and technology capabilities, limitations, and systems testing with technology departments on campus.
 - ii. Provide message content and collaborate on delivery timelines with communication and technology departments.
- d. In conjunction with Hartshorn Health Service professionals, provide information to the campus community on seasonal and pandemic influenza; the status of disease on campus; travel advice; self-care; personal preparedness planning; proper hand washing techniques and cough etiquette; federal, state, and local public health resources; and how/when to access services in case of illness.
 - i. Communicate early and often. Share pandemic planning status with the campus community.
 - ii. Craft messages in advance that can be easily revised if necessary.
 - iii. Ensure that materials are easy to understand and culturally appropriate.

- e. In coordination with Hartshorn Health Service professionals and Emergency Management leadership, maintain campus website on pandemic influenza preparedness and campus planning. Website will be available on the University Safety webpage (safety.colostate.edu); when a pandemic flu is imminent, a link to the safety webpage will be provided on the University website main page and on other sites, such as the Parent page and Faculty/Staff page, under the direction of Public Relations. Other departments with their own IT resources are responsible for linking to the Safety page.

3. External Communication

- a. Communicate with local/regional media about the university's efforts related to pandemic flu before, during and after an outbreak.
- b. Communicate with local/regional media about the status of an outbreak at the university.
- c. In coordination with the Emergency Management Team, establish and maintain communications with public information officers at the local public health authorities, emergency preparedness groups, and hospital system to collaborate on health-related messages regarding pandemic flu and surveillance and control measures.
 - i. Identify key contacts within each system and revise regularly.
 - ii. Participate in community drills/plans.

4. Communication within Divisions and Colleges

All divisions, colleges, departments and units are responsible for communication to their employees and customers about:

- a. which services are available and which are temporarily suspended,
- b. mechanisms for communication between supervisors and employees about work expectations and schedules,
- c. mechanisms for employees to report absences and illnesses to supervisors.
Each division and college is responsible for tracking and reporting employee illness to the Emergency Management Team,
- d. all other communication relevant to the operations of the specific departments and units.

B. Telecommunications

ACNS and Telecommunications are the central organizations responsible for the voice, data and video services at Colorado State University (CSU). In the event of an emergency, these organizations will collaborate with internal and external entities to ensure that CSU has the means to continue operating by sustaining communication services within and external to CSU.

1. Telecommunications

Telecommunication services are centrally deployed from the Glover Building via a Nortel SL-100 Private Branch Exchange. This central office class communications equipment delivers dial tone to the campus telephones and connects the university to the Public Switched Telephone Network (PSTN) by using redundant Synchronous Optical Network (SONET) links to nearest the Qwest central office. In addition, Telecommunications can deliver dial tone using Voice over IP (VoIP) through redundant Cisco Call Managers.

CSU has improved cellular service with the recent installation of a Sprint cellular site on the roof of Durward Hall and indoor antennae in the Lory Student Center. This cellular site provides improved voice coverage on campus and broadband cellular data service.

Lastly, an Octel Aria Voice Mail System provides voice mail service.

2. ACNS

ACNS has strategically provisioned "core" network routers on campus to ensure a high availability and performance of the data network. A core router at E-7 Engineering serves as the interface to the community and Internet 2 through high speed redundant, diverse connections to the Front Range GigaPoP in the Denver area. There is fiber optic capacity on campus and spare equipment to repair and recover from any single or multiple network failures. The campus has a redundant fiber ring that extends to the VTH and Foothills campuses.

Central email, file, and domain name servers located in Engineering E-7 can provide these services, even at a reduced operational level.

3. Telecommuting

ACNS has protocols for setting up remote access to CSU, for example through the VPN Client system.

D. Facilities Management/Physical Plant

1. Facilities Management has developed a detailed Response Plan found in Appendix D.3 (not available in web version).
2. A Facilities Management core response team of over fifteen managers and supervisors will implement plans and provide backup for operation during a pandemic influenza event.
3. A few highlights of this plan include:
 - a. Critical Building List – In the Critical Building List, the university buildings are separated into three levels responding to Closure Levels described earlier in this document. Level 1 buildings are public gathering types that would be closed first. Level 2 buildings are classroom and administrative buildings that would be closed if classes are suspended. Level 3 buildings are critical buildings that need to remain open with full services for utilities, maintenance and custodial. These buildings are typically research facilities, often with animals, or buildings for critical services such as law enforcement or health care delivery. The levels assigned to each building require approval from the Office of the President, the Vice President for Research, CSUPD, Environmental Health Services and Facilities Management.
 - b. Critical Services – Facilities Management has identified what type of critical services would be necessary to keep Level 3 buildings open and functional during a campus closure. These critical services include alternative work practices for staff.
 - c. Critical Supplies List – Facilities Management has identified certain supplies, quantities and associated costs necessary for the Facilities Management staff to operate the campus at a Level 3 for 8-12 weeks. The majority of the items are personal protection equipment, as well as food and water for the Facilities Management staff. In addition, Facilities Management has estimated a critical

supplies list of personal protective equipment for those campus employees that might be working during a Level 3 pandemic.

4. It is important to emphasize the critical nature of the university, city and state utility systems. Consistent delivery of water, sewer, electricity and natural gas cannot be assumed. Fortunately the main campus has some dual fuel options to heat the campus, provide electricity and even drinkable well water at reduced levels. Hence, the building closures may be vital to ensuring that the critical buildings receive utilities during Level 3.

E. Campus Security/CSUPD

Key considerations may include the following:

1. Develop procedures for securing building, protecting stored supplies, and restricting access to campus.
2. Establish ongoing communication with local police, fire, and emergency response personnel in order to coordinate efforts for managing safety issues.
3. Establish protocols for evaluation and dispatch of all incoming high priority (emergency) calls for service from the campus community during a pandemic. Calls for service that are of a non-emergency nature and do not require the immediate presence of a police officer shall be designated for call back response.
4. Develop triage protocols for responding to students in distress either due to illness or illness of others or requesting transport for medical care.
5. Establish a communication plan with student health and counseling services, housing and student affairs for reporting calls and transports.
6. Participate in training regarding influenza.
7. Encourage all staff to receive vaccination against seasonal influenza.
8. If campus police will be involved in student transport because other emergency transport is not available:
 - a. Train in use of personal protective equipment.
 - b. Equip cars with disinfectants, surgical masks for persons being transported, gloves, and hazard waste bags.

F. Hartshorn Health Service

Key considerations may include the following:

1. **Health Service Staff Education and Preparedness**
 - a. Engage staff in pandemic planning and provide exercises and drills to rehearse the plan and revise as necessary.
 - b. Provide regular updates for staff regarding avian and pandemic influenza recommendations for treatment protocols, appropriate infection control procedures, and status of antiviral and vaccine development.
 - c. Encourage all staff to receive vaccination against seasonal influenza.
 - d. Fit test staff with direct patient care responsibilities with N95 respiratory protection and provide an in-service on proper use of personal protective equipment.
 - e. Develop system for surveillance and reporting of potential pandemic influenza cases.
2. **Supplies/Equipment/Services**
 - a. Compile a list of supplies that would be needed, such as respiratory protection equipment, gloves, gowns, protective eyewear, medications (antibiotics), disinfectants, and IV fluids.

- b. Maintain a stock supply of necessary medications and equipment; inventory and rotate supplies as appropriate.
- c. Establish a plan for continuation of cleaning services and waste removal services including triggers to increase the frequency of the scheduling of these services.

3. Clinical Issues

Hartshorn Health Service of Colorado State University will utilize all available resources to meet the outpatient health care needs of students as appropriate during an influenza pandemic. However, with anticipated absenteeism of Health Service staff, as well as an expected increase in need for health care services from the student population, the focus of health care delivery will be on evaluation and treatment of those with influenza-like symptoms. Emphasis will also be on education of students about self-care measures and of Housing staff on evaluation of ill students in the residence halls. All non-urgent care will be deferred until the pandemic recovery stage.

Expect that hospital systems and 911 will be overwhelmed. Only persons in acute respiratory distress will be considered for admission, leaving the majority of ill students to be cared for by university staff, particularly those in health services and student affairs.

- a. Develop a plan for setting up an infirmary and expanding clinical space, including identification of alternate locations, equipment and supply and staffing needs.
- b. Develop a protocol for transport of students to the hospital if 911 is not available.
- c. Engage in discussions with community resources in advance so that they understand the needs of the student population and Hartshorn personnel understand their pandemic operating protocols.
- d. Develop a triage and treatment protocol that can be easily adapted once a case definition is established. Emphasize phone-based and web-based triage whenever possible.
- e. Develop clinic signage and voice messages that would give ill students directions on how to access services.
- f. Develop a protocol for monitoring those students in isolation or quarantine who reside in campus apartments or residence halls.
- g. Develop a protocol for care of the deceased that addresses storage until transfer and notification of the family.
- h. Develop a plan for conducting mass immunization clinics.

4. Mass Vaccination and Dispensing

Colorado State University will be prepared to participate in state- and county-level response activities related to vaccine and antiviral medication distribution to pre-determined priority groups.

Vaccine will likely be available through the CDC only in limited batches. Vaccine will be distributed through the local public health system and will be provided to individuals in pre-determined priority groups (based upon health history for patients and position type for employees, as defined in the CDPHE pandemic plan). Prior to a pandemic, the University should calculate priority group counts based upon the list of categories that will be provided by the state or county

health department or the CDC. These calculations should be reviewed and updated on a yearly basis.

Dispensing of antiviral medications may also require a system of allocation to predetermined high-priority individuals or groups, also based on the prioritization defined in the CDPHE plan.

G. International Students, Faculty/Staff/Student Travel

Key considerations may include the following:

1. Travel Recommendations and Restrictions

A disease outbreak requires thoughtful consideration about limiting or imposing travel restrictions, as well as consideration of faculty, staff and students already abroad or on travel. In the early stages of an influenza pandemic, highly impacted countries may close their borders; receiving countries may impose quarantine periods, medical scanning and screening of incoming passengers. Each college and division should develop ways to quickly contact and counsel faculty, staff or students on travel, and consider how to identify "essential travel" along with who can approve travel during a pandemic event. It is expected that as a pandemic progresses to high levels of severity, travel will be severely curtailed and may be suspended.

2. Incoming Travelers and Students

Incoming travelers from high-risk areas are advised to monitor their health for 10 days for fever and/or respiratory symptoms, and to report symptoms to health authorities. In a pandemic, self-monitoring may be advised to all incoming travelers, not only those arriving from defined high-risk areas; guidelines for self-monitoring are provided by the Centers of Disease Control and Prevention (www.cdc.gov/flu/avian).

Approximately 1300 international students are enrolled at Colorado State University, with about 250-300 new enrollees each year; typically 60% of these students are from Asia. Health screening of international students, including TB screening and immunizations as needed, is already required of incoming international students. In a pandemic, communication from the Hartshorn Health Service will also provide education about influenza and health monitoring information to incoming international students and their families.

The Office of International Services at Colorado State University will plan to assist with implementation of travel recommendations based on assessment of risks to travelers and/or CDC international travel guidelines. Key considerations include the following:

- a. Develop procedures for monitoring student travelers entering the campus from affected regions and providing information about health services.
- b. Develop a plan for communicating with international students and their families regarding travel restrictions and re-entry.
- c. Develop a plan for communicating with students, faculty and staff who are studying/working abroad or planning to study/work abroad.
- d. Develop guidelines for temporary closure of study abroad programs.

- e. Communicate with study abroad program leaders about planning procedures for shelter-in-place, closure decisions, and resources for assisting students who cannot get home.

H. Housing Services

Public fears related to pandemic influenza may result in students returning home to their families, independent of any determination by the University to cancel classes or close residence halls. However, if the University is closed, except for critical services, not all students may be able to return home rapidly. Based upon current available housing data, Housing administrators estimate that up to 1000 students, currently scattered across all residence halls, may need to continue living on campus for some period of time even if classes were canceled or the residence halls were "closed". These include international students and domestic students who are unable to return home during a pandemic and have no alternative shelters. Students who cannot leave campus and must remain in residence halls will be asked to apply for emergency room and board. Housing and Dining Services staff will review requests for emergency room and board. However, because space and resources will be extremely limited during a pandemic, efforts will be made to find family members or friends who can provide shelter to these students for the duration of the emergency. If no suitable alternatives for sheltering can be found, these students may apply for emergency room and board. Emergency room and board will be provided to qualified students; designated residence halls and dining centers will be opened to provide emergency room and board.

Other key considerations may include the following:

1. Develop a written plan for the pre-event procedures, such as the following:
 - a. Identify rooms and buildings that could be used for quarantine, isolation, and emergency housing for residence hall students who cannot go home.
 - b. Develop a procedure for closure and evacuation of campus residence halls and other university housing units not in use.
 - c. Develop a procedure for resident application for emergency room and board.
 - d. Develop procedures for notifying and evacuating or relocating students.
 - e. Develop plans for continuation of housekeeping services and stockpiling items such as cleaning and disinfecting supplies, facial tissues and toilet paper, disposable towels.
 - f. Ensure that housekeeping personnel receive training regarding personal protection and proper cleaning procedures.
 - g. Identify communication protocols between housing services and residence life staff.
 - h. Establish communication protocols with Hartshorn Health Service for surveillance and reporting illness in the residence halls.
 - i. Formulate and rehearse plans to address anticipated student needs ranging from delivery of food and medication to providing emotional support.
2. Develop a written plan for the following response procedures:
 - a. Monitor daily census in each emergency residence hall.
 - b. Monitor overall student health in each emergency residence hall.
 - c. Monitor staff absenteeism in dining services and other critical housing support positions.
 - d. Establish decision making thresholds for closing/consolidating residence halls (due to staff absenteeism and/or efficiency rather than disease transmission issues).

- e. Implement plans for closing/consolidating residence halls based upon the recommendation of public health officials.
 - f. Identify housing options of isolation and quarantine that meet DHHS guidelines.
 - g. Facilitate on-site clinics and "room" visitation by Hartshorn Health Service personnel.
 - h. Communicate risk communication messages for parents and others.
 - i. Provide personal protection equipment as appropriate to Housing personnel who have direct contact with ill students.
 - j. Include plans for housing campus critical personnel who are unable to, or choose not to, return to their homes between work shifts.
3. Encourage staff to receive vaccination against seasonal influenza.

I. Dining Services

Key considerations may include the following:

- 1. Compile a list of non-perishable foodstuffs and drinks, including water that can be stockpiled and stored.
 - a. Quantities can be estimated by determining the percentage of students who may not be able to go home and will be dependent on campus dining services for food for an 8-12 week period.
 - b. Include the need to provide food for health care staff, housing staff, facilities staff, or other key personnel who may need to be provided with shelter-in-place.
- 2. Develop a procedure for delivery of foodstuffs to residential areas, quarantined students, and the infirmary. Methods of delivery should maximize social distancing.

J. Off-Campus Student Services

Key considerations may include the following:

The majority of Colorado State University students live off-campus. The Office of Off-Campus Student Services will assist in communicating to off-campus students the critical steps in pandemic planning, guidelines on stockpiling food and supplies, and safe evacuation procedures during a pandemic.

K. University Counseling Center

Key considerations may include the following:

Develop a plan for providing 24/7 counseling services for students, staff, and faculty. Include protocols for providing services via telephone and Internet.

L. Conference Services

Key considerations may include the following:

Colorado State University hosts numerous conferences, particularly during the summer months. Conferees typically live in the residence halls and eat in Dining Services facilities. In a pandemic, Conference Services would need to consider similar issues and develop similar plans as those listed above for Housing. Conferences might be canceled or postponed. Conference Services will serve as the communication link between campus service providers and clients who contract for use of CSU facilities and services, to provide information about cancellations and postponements.

M. Human Resources

GUIDANCE FROM STATE IS PENDING

Key considerations may include the following:

1. Assist the Pandemic Planning Team with the identification of critical personnel and ensure that departments are depth charted.
2. Encourage staff and faculty to update emergency contact information.
3. Prepare call-off guidelines and review vacation/ sick leave guidelines for applicability in a pandemic event.
 - a. Employees who have been exposed or are suspected of having the illness should not come to work.
 - b. Therefore, liberal, non-punitive policies should be established in order to ensure compliance with public health recommendations.
4. Communicate to employees the state regulations concerning leave and payroll policies applicable to pandemic influenza.
5. Establish return-to-work guidelines consistent with the case definition.
6. Prepare communications for supervisors and the campus work force addressing guidelines related to reporting of ill, business travel procedures, information to persons returning from affected areas, and access to mental health resources (i.e., Employee Assistance Program).
7. Prepare work-at-home guidelines that address telecommuting issues.
8. Assist in the recruitment of a volunteer work force.

N. Academic Affairs

Key considerations may include the following:

1. Develop a policy or guidelines to address academic concerns of students absent from classes due to illness or quarantine.
2. Develop a procedure for students who are in isolation or quarantine to obtain class notes.
3. Develop and disseminate alternative procedures for completing course work (i.e., web-based instruction, lessons and assignments delivered via mail). The Office of the Provost and the Faculty Council will develop guidelines for alternate delivery of classes and for academic credentialing.

O. Research

Some researchers may be able to continue working during a pandemic, and especially if they are working alone or in small groups in spacious labs. The ability to continue research will to some extent be dependent upon safety issues and the availability of other support services such as Environmental Health Services, Lab Animal Resources and Facilities Management. Decisions about suspension vs. continuation of specific research projects will be made in conjunction with the Office of the Vice President for Research.

Key considerations may include the following:

1. Determine campus buildings that may remain open for research.
2. Establish a plan for maintaining security in laboratory spaces.
3. Establish a plan for care of laboratory animals if research ceases due to safety issues or high absenteeism among the animal handlers.
4. Establish a plan for specimen storage and managing experiments in process.

P. Veterinary Teaching Hospital and Biomedical Sciences

The Veterinary Teaching Hospital (VTH) may need to suspend all non-essential activities, such as classes, routine clinical care and elective surgeries. However, in a pandemic, some services of the Hospital will be deemed critical. The Veterinary

Teaching Hospital pandemic planning team will need to establish special operational protocols. Key considerations may include the following:

1. Determine VTH buildings that may remain open for research and clinical care.
2. Establish a plan for maintaining security in laboratory spaces.
3. Establish a plan for care of laboratory animals if research ceases due to safety issues or high absenteeism among the animal handlers.
4. Establish a plan for care of clinical animals that cannot be discharged to the care of their owners.
5. Establish a plan for specimen storage and managing experiments in process.

Q. Business and Finance

Key considerations may include the following:

1. Discuss the potential financial ramifications of a pandemic and estimate the impact and identify emergency funding to cover purchases and business continuation. Collect information from departments (i.e., Hartshorn Health, Housing and Dining Services, Facilities) related to costs for stockpiling supplies.
2. Develop procedures for rapid procurement and payment for supplies, equipment, and services.
3. Develop a plan for ensuring the continuation of payroll and accounting operations in the face of high employee absenteeism. Further guidance from the State of Colorado is pending.

R. Admissions/Financial Aid

Key considerations may include the following:

1. Develop a plan for reviewing applications and recruiting in the absence of face-to-face interviewing or campus visits.
2. Discuss contingency plans for issues dealing with financial aid, withdrawal from school due to illness, and other factors related to tuition and registration.

RESPONSE AND RECOVERY

VII. RESPONSE

A. Pandemic Phases and Suggested Actions

Section V.C defines the expected WHO/CDC phases for a pandemic and the CSU levels. This section also describes anticipated triggers and actions for each level.

B. Activation

Alerts equivalent to Phase 4 and above will be transmitted from the Health Alert Network (HAN) to the Emergency Management Team and the Pandemic Planning Team for notification of the Office of the President, Vice Presidents and Deans, and University Communications. The Colorado State University Emergency Operations Plan can be activated – partially or fully– by the Emergency Management Team (EMT) after consultation with the Office of the President; input may also be provided by the Pandemic Planning Team and Colorado Department of Public Health and Environment/ Larimer County Department of Health and Environment.

C. Colorado State University Emergency Operations Plan and EOC

In accordance with NIMS and ICS, any campus-wide emergency beyond the campus' ability to manage with day-to-day operations would result in activation of the Emergency Operations Plan for centralized coordination of response, relief and recovery efforts. All campus actions would be coordinated through the EMT's Emergency Operations Plan.

The Incident Commander for Colorado State University, or a designee of the Incident Commander, would be responsible for ongoing communication to and from the Larimer County Emergency Operations Center.

D. Preparing for a Partial or Total Closure of the Campus

The decision to close the campus or substantially curtail most major activities of the campus would be a difficult decision and the decision to do so would require careful thought and consideration, and coordination at the highest levels of the organization. The decision for a partial or total closure of the University will be made by the Office of the President, with input from the EMT.

E. Critical Decision Makers

- **Federal/State/County/Local Public Health Departments** have the authority to order quarantines, isolation, cancellation of public gatherings and other public health related actions.
- **The Office of the President** may order the cancellation of classes and cessation of all but critical functions.
- **Vice Presidents and Deans** may direct specific closures and shutdown of all but critical functions within their college, department and unit. They are also responsible for ensuring that all colleges and divisions under their supervision develop and submit a Pandemic Response Plan.

F. Implementing Pandemic Response Plans

Once the Emergency Operations Plan is activated for a campus-wide emergency response, the Pandemic Influenza Response Plan developed by each college and division should be activated and all actions coordinated and communicated to the EMT. The following details the responses anticipated at each of the Colorado State University's Severity Levels by some of the key departments and functions. Department and unit plans may specify additional or alternative responses.

1. **Pre-level** is the planning phase, as detailed in Sections V and VI.
2. **Level 1 response** occurs when verified cases occur in the United States and one or more triggering events (confirmation of high rate of infectivity, morbidity or mortality; rate/speed of disease spreading; local public health recommendations to curtail or cancel public activities; transportation systems closing/curtailing interstate travel) occur. At this time, social distancing measures are implemented, large gatherings are canceled and the university begins preparations for partial closure. Key considerations for response by key areas include the following:
 - a. Communications – Campus communication

- Update information on Pandemic Flu website (safety.colostate.edu) as needed to educate campus community about flu signs/symptoms and when/where to seek help.
 - Send e-mail alerts to students, faculty, staff, parents/families, State Board of Governors and state officials apprising them of the status of activities on campus and action being taken.
 - Alert internal and external media to the status of activities on campus and action being taken by the university.
- b. Communications – All units:
- Keep their staff informed of the current status of the pandemic and university response.
 - Inform staff and customers about which services are available and which are suspended.
 - Inform vendors about the status of the university.
 - Maintain staff phone trees.
 - Update websites about any plans for cancellations or closures.
 - Communicate emergency leave policies to staff.
 - Communicate to employees any expectations about work duties: e.g., which employees should report to work, where to report, self-monitoring for influenza-like symptoms.
 - Monitor staff absence rates (both for influenza-like illness and any other reasons) and communicate rates to supervisors. Information about absences, and in particular about absences due to influenza-like illnesses, will be communicated to and compiled by the offices of each dean and vice-president and will be conveyed to the Emergency Management Team.
 - Communicate protocols for hand hygiene, cough etiquette and other personal infection control (information is available on website (safety.colorado.edu) and in the Resources and References section of this document.
- c. Communication - specific areas:
- Housing, Residence Life and Greek Life staff will plan to communicate with Hartshorn Health Service about protocols for infection control, particularly in areas where social isolation is difficult.
 - Housing, Residence Life and Greek Life staff will plan to communicate campus plans, potential evacuation plans and mechanisms for safe evacuation, event cancellations, travel restrictions, and on-line resources to on-campus students.
 - Signs may be posted at Dining Services' facilities warning of potential closures and providing information about anticipated plans.
 - Off-campus Student Services will plan to communicate campus plans, potential evacuation plans and mechanisms for safe evacuation, event cancellations, travel restrictions, and on-line resources to off-campus students.
 - Hartshorn Health Service staff will plan to educate staff about signs/symptoms of flu and when/where to seek medical help.
 - Signs may be posted at Hartshorn Health Service entrances notifying patients with coughs to put on masks and use designated entries and waiting areas.
 - Hartshorn Health Service staff and the university EMT will plan to conduct frequent consultation with the County and State health departments and

will also plan to provide appropriate about monitoring of the prevalence of illness on campus, including employee absences, number of students in isolation and quarantine, number of lab confirmed cases, and number of student transports to the hospital.

- Housing and Dining Services, Residence Life and Greek Life plan to announce that residences will prepare for possible closing; students need to prepare for potential evacuation.
- Office for International Programs will plan to contact all international students with information on how they can prepare for an imminent pandemic.
- Office for International Programs will plan to communicate travel advisory procedures for international students who may wish to return home and hold advising sessions for students who may wish to stay in the U.S. during Levels 2 and 3.
- Efforts will be made to notify Study Abroad students of campus actions.

d. Academics

- Alternative instruction methods may be employed where possible.
- Preparations may begin for potential suspension of classes.

e. Hartshorn Health Service will plan to:

- Monitor supplies.
- Follow droplet precautions.
- Post signs at Hartshorn Health Service entrances notifying patients with coughs to put on masks and use designated entries and waiting areas.
- Conduct influenza testing of patients.
- Begin active planning for off-site clinics and infirmaries; plan for mass vaccination clinics if vaccine supplies adequate.

f. University Counseling Center staff will plan to:

- Enhance 24 hour on-call crisis management procedures.
- Limit routine operations.
- Assess need and provide stress management counseling for campus community, including first responders.

g. Housing and Dining Services staff will plan to:

- Begin to prepare for closure of selected facilities.
- Communicate property storage plans.
- Close dine-in services and transition to carry-out meals only.
- Begin active planning for off-site clinics and infirmaries in selected residence halls.

h. Facilities Management may:

- Provide personal protective equipment to all its critical personnel.
- Reduce routine maintenance.
- Follow protocols recommended by CDC and Hartshorn Health Service for cleaning of patient care areas and emergency vehicles.
- Give special attention to frequently touched surfaces.

i. Administrative Services will plan to:

- Coordinate with departments to follow emergency payroll procedures and to suspend protocols and paperwork requirements as designated by state officials.
- Facilitate and expedite emergency supply orders.
- Prepare to implement manual processes for disbursements and billing in the event that mainframe systems become unavailable.

- j. Human Resources will plan to:
 - Communicate to employees pertinent information about sick leave and vacation policies
 - Other changes in state personnel policies applicable during influenza pandemic.
 - k. Emergency Management Team will plan to:
 - Activate the university's Emergency Operations Center (EOC).
 - Coordinate the pandemic response.
 - Maintain close and frequent communication with Larimer County's EOC.
 - Maintain close and frequent communication with university administration.
 - Communication among EMT members might be done in person or remotely. Preset Conference Service allows simultaneous notification of deans, department heads and directors about emergencies. A "bridgeline", which enables conference calling for up to 50 participants, is available for EMT use.
 - The EMT will use the Safety website (safety.colostate.edu) and the university Snowline to communicate emergency information to the campus community; callers to the Snowline will be referred to the Safety website for detailed information.
3. **Level 2 Response** occurs when conditions reach WHO Phase 5, with evidence of significant human-to-human transmission locally. Level 2 will likely begin within hours to several days after declaration of Level 1, depending on national and local conditions. During Level 2, we anticipate that many students will already have departed from campus, employee absenteeism will rise, and other regional school systems will have closed. At this time, classes will be suspended, students in residence halls will return home if possible, and most administrative and academic buildings will close. Considerations for response by key areas are as following:
- a. Communications – Campus communication
 - Update information on the Safety website on a frequent basis, as needed.
 - Establish a Helpline for phone inquiries and an online site for electronic inquiries.
 - Send e-mail alerts to students, faculty, staff, parents/families, Board of Governors and state officials, apprising them of the status of activities on campus, closures, evacuation plans, services available, and steps being taken by the University.
 - Send campus-wide voice mail to students, faculty and staff, apprising them of the status of activities on campus.
 - Notify campus and local media of the status of activities on campus and steps being taken by the University.
 - b. Communications

All units will consider the following responses:

 - Follow directives from the EMT about closures and suspension of non-critical activities.
 - Keep their staff informed of the current status of the pandemic and university response.
 - Inform staff and customers about which services are available and which are suspended.
 - Inform vendors of the status of the university.

- Follow campus protocols for updating websites and other communications, including relay of information between departments and the EMT.
- Maintain staff phone trees.
- Communicate emergency leave policies to staff.
- Communicate to employees any expectations about work duties: e.g., which employees should report to work, where to report, self-monitoring for influenza-like symptoms.
- Monitor staff absence rates (both for influenza-like illness and any other reasons) and communicate rates to supervisors. Information about absences, and in particular about absences due to influenza-like illnesses, will be communicated to and compiled by the offices of each dean and vice-president and will be conveyed to the Emergency Management Team.
- Communicate protocols for hand hygiene, cough etiquette and other personal infection control (resources are available on website safety.colorado.edu and in the Resources and References section of this document).
- Monitor well-being, health and morale of critical staff that may be required to remain on campus.

Specific units will consider the following responses:

- Hartshorn Health Service - Maintain contact with county and state health departments, and relay appropriate information to the EMT.
 - Office for International Programs -Send an email alert to all international students and to all students in Study Abroad programs, apprising them of the status of activities on campus.
 - The EMT and Environmental Services - Manage distribution of and education about use of Personal Protective Equipment for all critical personnel.
- c. Academic programs
- Continue alternative methods of instruction when possible. Faculty may conduct coursework from off-site, if feasible.
 - Temporarily suspend many research activities that depend on campus facilities. Facilities Management has designated specific research facilities that may remain open during Level 2.
- d. Hartshorn Health Service will consider the following responses:
- Discontinue routine care. Patients will be seen for evaluation and treatment of influenza-like illness and for non-influenza emergencies. Separate entrances will be used for the two groups.
 - Activate emergency triage to determine level and location of care for patients.
 - Clearly communicate limits of care/services and appropriate access to Health Service through the website, signage, phone messages and phone triage.
 - Identify alternate care sites and mass vaccination clinic sites when available.
 - Conduct medication refills by phone, with options for delivery to an area outside the Health Service.
 - Regularly conduct adequate disinfection of medical equipment and potentially contaminated surfaces.
 - Use personal protective equipment for healthcare workers.

- Monitor healthcare workers at least daily for signs of infection.
 - Coordinate with Housing the implementation of off-site clinics and infirmaries.
- e. University Counseling Center will consider the following responses:
- Provide crisis and trauma counseling to students and staff, by phone or email when possible.
 - Use personal protective equipment for all face-to-face counseling.
- f. CSUPD will consider the following responses:
- Use of personal protective equipment by emergency transportation personnel for all contact with ill patients.
 - Encourage use of gloves and surgical masks for vehicle cleaning personnel.
- g. Housing and Dining Services staff will consider the following responses:
- Consolidate “emergency room and board” residence halls and dining services kitchens in predesignated locations.
 - Suspend dine-in services; limit services limited to carry-out meals and food for infirmity patients.
 - Assist departing students with storage of belongings and assist students who cannot evacuate with application for and relocation to designated residence halls for emergency sheltering.
 - Document evacuation destinations for departing students.
 - Issue instructions to students about safe evacuation and timeline of evacuation.
 - Use personal protective equipment for all contact with ill patients and implement social distancing practices for contact with all persons.
 - Monitor ill and healthy students who remain in residence halls.
 - Assure that extra supplies are in place in buildings scheduled to accommodate students during closing.
 - Communicate to staff, students and vendors by webcasts, email, phone or other remote methods.
 - Execute isolation orders if ordered (by Hartshorn or public health officials).
- h. Office for International Programs may assist international students with decisions to stay or return home (if possible).
- i. Facilities Management staff will consider the following responses:
- Continue critical services and custodial care in open buildings.
 - Close and secure non-critical buildings.
 - Provide personal protective equipment to critical personnel.
 - Implement appropriate infection control measures, particularly in cleaning patient care areas, emergency transport vehicles and residence halls.
- j. Administrative services will consider the following responses:
- Implement emergency payroll processing in accordance with state guidelines.
 - Notify vendors about suspended services and deliveries.
 - Coordinate funding and procurements for emergency supplies and services.
 - Maintain communication with other organizations and departments to share best practices in managing the pandemic.
- k. Emergency Management Team will consider the following responses:

- Maintain the university's Emergency Operations Center (EOC). The EOC will transition from a physical center to a remotely operated center (via phone Bridgeline, email or other communication modes).
 - Continue coordination of the pandemic response.
 - Maintain close and frequent communication with Larimer County's EOC.
 - Maintain close and frequent communication with university administration.
4. **Level 3 response** occurs when pandemic severity and incidence continues to rise; this level corresponds to WHO Phase 6. During Level 3, an emergency condition is declared. All facilities are closed except skeletal services for infirmary, emergency housing for residential hall students unable to leave campus, critical services and critical research. Access to campus is limited only to critical personnel. Response for key areas is as outlined above for Level 2 response, but with further building closure and reduction to only critical personnel. Other considerations for responses include:
- a. Communications – university-wide
 - Continue to apprise campus community about status of university, through various available information sources (including webpage, email, Snow Line, radio, signs).
 - Continue to provide information about hand and cough hygiene and about personal infection control.
 - b. Housing and Dining Services staff:
 - Manage access/entry to residence halls and dining facilities that remain open for emergency room and board.
 - Provide services to students who remain in residence halls (safety and security, sanitation, access to medical care and counseling, communication, meals).
 - c. Critical personnel:
 - Personal protective equipment will be supplied to all critical personnel.
 - Personnel will also be given protocols for self-monitoring for fever and respiratory symptoms. Persons with fever and/or onset of respiratory illness will not return to work until symptoms have resolved.
 - d. Emergency Management Team:
 - Maintain the university's Emergency Operations Center (EOC). The EOC will function as a remotely operated center (via phone Bridgeline, email or other communication modes).
 - Continue coordination of the pandemic response.
 - Maintain close and frequent communication with Larimer County's EOC.
 - Maintain close and frequent communication with university administration.

VIII. RECOVERY PROCESSES

Recovery begins immediately and continues throughout the response phase of an emergency/disaster. With a pandemic, recovery efforts may be thwarted by an unknown duration of the actual event and the unknown number of faculty, staff and students effected. Planning for recovery before an event occurs will assist available faculty, staff and students to make the transition as seamless as possible.

A. Recovery

1. Establish the criteria for calling an end to the pandemic event and resuming campus business and activities.

2. Develop a communication plan for advising employees, students, and other partners and constituencies of the resumption of university functions.
3. Develop the sequence and timeline for restoration of operations and critical services/activities.
4. Develop a plan to debrief faculty, staff, and students post-event, and provide resources for assisting those in need of psychological, financial, and social support.
5. Establish a structure for recording and reporting key activities, events, and decisions made during the crisis and a method for evaluating the effectiveness of the execution of the emergency response once in recovery.
6. Implement cleaning protocols and inspections required before residence halls residents can return.
7. Conduct "by room verifications" or similar process to determine which residents have not returned by certain key dates; conduct similar process to determine which employees have not returned to work.
8. Determine emergency funding sources to assist with resumption of university functions.

B. Establish Criteria and Processes for Business Resumption

Based on information as developed by the EMT and ongoing reviews of the international/national/local situation and discussions with each Colorado State University college, division and unit, the EMT will designate a partial, incremental or total return to normal operations. Any such decisions would be communicated to and coordinated with each division, college, department and unit.

C. Analysis and After Action Reports

Once a complete return to operations is accomplished, the Pandemic Planning Team and Emergency Management Team will convene a debriefing, to discuss the response, recovery and any changes necessary to this plan.

RESOURCES AND REFERENCES

A. General information on pandemic influenza

www.pandemicflu.gov – U.S. Department of Health and Human Resources site; one-stop access to U.S. Government avian and pandemic flu information. Includes planning tools and checklists, Q&A, links, current updates, etc.

www.pandemicflu.gov/plan/community/community_mitigation.pdf - Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions - This interim guidance from CDC and the Department of Health and Human Services introduces a Pandemic Severity Index to characterize the severity of a pandemic. It provides planning recommendations for specific interventions that communities may use for a given level of pandemic severity and suggests when these measures should be started and how long they should be used.

www.who.int/csr/disease/avian_influenza/en/ - World Health Organization's comprehensive site.

B. Information for colleges and universities

www.pandemicflu.gov/plan/pdf/colleges_universities.pdf - The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic.

www.acha.org/info_resources/pandemic_flu.cfm - The ACHA Task Force for Pandemic Planning has provided guidelines for pandemic flu preparedness for colleges and universities.

safetyservices.ucdavis.edu/emergencymgmt/AvianInfluenza.cfm - Detailed plan and templates from Safety Services at the University of California–Davis.

www.umd.edu/emergencypreparedness/pandemic_flu/avfplan.cfm - Preparedness and response plan from the University of Maryland; includes separate sections about response from communications, Academic Programs, Health and Safety, Student Life and Administrative Services.

C. Information for Personal Planning

www.pandemicflu.gov/planuide/checklist.html - Checklist to help individuals gather the information and resources that may need in event of a pandemic. Included below.

www.readycolorado.com/index.php - READYColorado.com is designed to help every Coloradan become prepared to respond to and recover from a wide array of disasters, both natural and human-caused. The website includes checklists for building well-stocked emergency kits for your home, car and workplace, strategies for managing specific types of disasters, and information about how to get involved in community preparedness activities.

D. Information for Colorado State University

safety.colostate.edu – This website will be used during all emergencies to communicate information about university status, response and resources. Prior to a pandemic, it will serve as an informational resource about pandemic influenza and preparedness.

E. Colorado Department of Public Health and Environment’s Plan

www.cdphe.state.co.us/bt/panflu.html - The purpose of the Pandemic Influenza Annex to the Colorado Department of Public Health and Environment’s Internal Emergency Response Plan is to provide a guide for the state’s response to an influenza pandemic. The Pandemic Influenza Annex describes the Colorado Department of Public Health and Environment’s basic strategies of: disease surveillance, or monitoring (including laboratory capacity); vaccine and medication delivery; communications; and emergency management activities. The plan also describes how the state might approach non-medical measures in the community to control the disease, and public health’s legal authority to take action, based on the governor’s orders.

F. Larimer County Department of Health and Environment

larimerflu.org – The county health department’s comprehensive website includes information about pandemic flu, bird flu and seasonal flu; information on how to plan for pandemic flu; links to other helpful resources and information about what Larimer County is doing to be prepared for an outbreak.

G. Personal Protective Equipment

<http://www.pandemicflu.gov/vaccine/mask.html> - The Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) have issued guidance on the use of masks and respirators in an influenza pandemic.

http://www.osha.gov/Publications/influenza_pandemic.html#classifying_exposure –OSHA’s guidance on personal protective equipment use in the workplace during a pandemic.

HEALTH AND HUMAN SERVICES CHECKLIST FOR FAMILIES AND INDIVIDUALS

Pandemic Flu Planning Checklist for Individuals and Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- Store a two week supply of water and food. During a pandemic, if you can’t get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.

- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

Items to have on hand for an extended stay at home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
<ul style="list-style-type: none"> ○ Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups 	<ul style="list-style-type: none"> ○ Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
<ul style="list-style-type: none"> ○ Protein or fruit bars 	<ul style="list-style-type: none"> ○ Soap and water, or alcohol-based (60-95%) hand wash
<ul style="list-style-type: none"> ○ Dry cereal or granola 	<ul style="list-style-type: none"> ○ Medicines for fever, such as acetaminophen or ibuprofen
<ul style="list-style-type: none"> ○ Peanut butter or nuts 	<ul style="list-style-type: none"> ○ Thermometer
<ul style="list-style-type: none"> ○ Dried fruit 	<ul style="list-style-type: none"> ○ Anti-diarrheal medication
<ul style="list-style-type: none"> ○ Crackers 	<ul style="list-style-type: none"> ○ Vitamins
<ul style="list-style-type: none"> ○ Canned juices 	<ul style="list-style-type: none"> ○ Fluids with electrolytes
<ul style="list-style-type: none"> ○ Bottled water 	<ul style="list-style-type: none"> ○ Cleansing agent/soap
<ul style="list-style-type: none"> ○ Canned or jarred baby food and formula 	<ul style="list-style-type: none"> ○ Flashlight
<ul style="list-style-type: none"> ○ Pet food 	<ul style="list-style-type: none"> ○ Batteries
<ul style="list-style-type: none"> ○ Other non-perishable items 	<ul style="list-style-type: none"> ○ Portable radio
	<ul style="list-style-type: none"> ○ Manual can opener

- Garbage bags

- Tissues, toilet paper, disposable diapers

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