
UCR Public Health Action Plan

University of California, Riverside

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In cooperation with the
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www.ehs.ucr.edu



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A. Introduction

The Public Health Action Plan has been developed to address communicable disease issues which may affect the UC Riverside campus community. Influenza, SARS, Tuberculosis, and actual or potential epidemic and pandemic level infectious diseases are reminders that novel viruses do emerge, and the need for the UCR campus to be prepared for this inevitability is a vital necessity.

This plan, and the Campus Emergency Operations Plan (EOP), is intended to prepare UCR for routine and exceptional threats that have always existed and will continue for the foreseeable future.

B. Priorities and Purpose

The main priorities of the UCR Public Health Plan are to:

1. Minimize death and morbidity
2. Maintain essential campus services
3. Maximize the continuation of all teaching, research and campus operations
4. Facilitate the orderly resumption of any interrupted services

The purpose of this plan is to achieve the above, thereby reducing the impact of any public health issue on UCR and its community members through the:

1. Identification of personnel, equipment, facilities, supplies and other resources available on campus that may be needed during a public health emergency;
2. Provision of a protocol for a coordinated response;
3. Provision of a framework for key departments to develop their own detailed plans in accordance with this plan;
4. Integration of this plan with the campus Emergency Operations Plan, <http://www.ehs.ucr.edu/forms/eop.pdf>, and other campus preparedness activities.

C. Public Health Emergencies

The widespread nature of public health emergencies makes it difficult to transfer resources from unaffected areas as is done in other natural disasters. Self-reliance and readiness are essential.

Key decisions will be made with guidance from

University of California Office of the President

<http://ucop.edu/>

Riverside County Department of Public Health

<http://www.rivcoph.org/>

California Department of Public Health

<http://www.cdph.ca.gov/Pages/default.aspx>

US Centers for Disease Control (CDC)

<http://www.cdc.gov>

World Health Organization (WHO)

<http://www.who.int/en/>

The UCR Public Health Plan is to be considered a work in progress that shall be revised as new information and guidance is issued from County, State, Federal, and International public health agencies.

D. Command and Control

The World Health Organization and the Centers for Disease Control and Prevention have positional authority as the recognized authorities in the field of public health at the international and national level. The California Health and Human Services Agency, via the California Department of Public Health, has legal authority over public health issues within the state of California, some authority of which is delegated to the County Public Health Officer during emergency situations.

I. International

The World Health Organization (WHO) The directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. The WHO fulfils its objectives through its core functions:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalyzing change, and building sustainable institutional capacity;
- Monitoring the health situation and assessing health trends; and
- Setting Pandemic Phase Levels

II. Federal Government

The Department of Health and Human Services (HHS) The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

The Centers for Disease Control and Prevention (CDC) The CDC is one of the major operating components of the Department of Health and Human Services. The (CDC) serves as the national focus for:

- Developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States.
- Controlling the introduction and spread of infectious diseases, and provides consultation and assistance to other nations and international agencies to assist in improving their disease prevention and control, environmental health, and health promotion activities.
- Administering the Preventive Health and Health Services Block Grant and specific preventive health categorical grant programs while providing program expertise and assistance in responding to Federal, State, local, and private organizations on matters related to disease prevention and control activities.

Department of Homeland Security (DHS) DHS has one vital mission: to secure the nation from the many threats it faces. Within EHS, there are several groups with responsibilities to combat health threats. They are:

- **The Office of Health Affairs (OHA)** – OHA serves as the principal agent for all medical and health matters. Working throughout all levels of government and the private sector, the Office of Health Affairs leads the Department's role in developing and supporting a scientifically rigorous, intelligence-based biodefense and health preparedness architecture to ensure the security of our Nation in the face of all hazards. The OHA also oversees the Department's biodefense activities; leads a coordinated national architecture for biological and chemical Weapons of Mass Destruction (WMD) planning and catastrophic incident management; and ensures that Department employees have an effective occupational health and safety program. OHA comprises the following primary offices:
 - Weapons of Mass Destruction and Biodefense Office
 - Medical Readiness Office
 - Component Services Office
 - International Affairs and Global Health Security

III. State Government

California Department of Public Health (CDPH) – CDPH is dedicated to optimizing the health and well-being of the people in California. CDPH achieves its mission through the following core activities:

- Promoting healthy lifestyles for individuals and families in their communities and workplaces.
- Preventing disease, disability, and premature death and reducing or eliminating health disparities.
- Protecting the public from unhealthy and unsafe environments.
- Providing or ensuring access to quality, population-based health services.
- Preparing for and responding to public health emergencies.
- Producing and disseminating data to inform and evaluate public health status, strategies and programs.

In order to implement its Core Activities, CDPH will effectively deliver these **Ten Essential Public Health Services** directly and/or through strong and effective partnerships:

1. *Monitoring health status to identify community health problems including health disparities.*
2. *Detecting and investigating health problems and health hazards in the community.*
3. *Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status.*
4. *Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies.*
5. *Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.*
6. *Enforcing laws and regulations that protect health and ensure safety.*
7. *Linking people to needed personal health services and ensuring the provision of population-based health services.*
8. *Assuring a competent public health workforce and effective public health leadership.*
9. *Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs.*
10. *Researching for insights and innovative solutions to public health problems.*

CDPH performs the Core Activities and Essential Public Health Services through strategic public, private, and community-based partnerships at the local, state, national, and international levels.

The Riverside County Department of Public Health (DOPH) - DOPH promotes and protects the health of all County residents and visitors in service of the well-being of the community. The strategic goals of DOPH are:

- Deliver public health and medical services within a responsive and effective system.
- Be prepared to assume responsibility for the public health aspects of all emergencies.
- Assess the community to identify public health issues and problems, and develop and implement public policy and intervention strategies.

The County Health Officer is appointed by the County Board of Supervisors to enforce County ordinances and State and Federal statutes pertaining to public health and sanitary matters within the unincorporated areas of the county and within all of the cities in Riverside County.

IV. University Of California

University of California Office of the President (UCOP) – UCOP has an established policy, [“Policy on Safeguards, Security and Emergency Management.”](#) which was developed by a workgroup composed of campus and Office of the President administrators and Academic Senate representatives, co-chaired by Vice Provost for Research and Associate Vice President of Information Resources and Communications. This policy applies to all campus’ and Office of the President-managed operations. Each campus and the Office of the President will maintain a comprehensive and effective program encompassing risk assessment, risk mitigation, emergency preparedness and response, and business recovery to strengthen crisis and consequence management capabilities across the University system.

Each Chancellor will designate one or more responsible officials with full authority to implement campus-wide safeguards and security and emergency management programs. Campuses will coordinate with local public safety agencies and will establish interagency mutual aid agreements. The President has delegated authority to the Senior Vice President--Business and Finance to further define measures to implement University policy regarding safeguards, security and emergency responses. The Chancellors are responsible for implementation at their respective locations.

UCOP Notifications

Communication with the University of California Office of the President (UCOP) will follow existing policy guidelines. As such, In the event of an emergency, the campus should promptly notify UCOP in order to allow UCOP to quickly and effectively respond to urgent campus needs. UCOP notification may be triggered by declaration of a campus state of emergency, activation of the campus emergency operations center, or other unusual occurrence.

Notification regarding "routine" emergencies should be made to the OP Emergency Manager. For serious situations or those that warrant immediate attention of senior OP executives, notification should be made simultaneously to both the Senior Vice President and Emergency Manager. If possible, UCR will supply a brief situation status report and any preliminary requests for UCOP assistance or support that can be anticipated. Primary and alternate OP contacts (as of [11/25/2008](#)) are:

UCOP Senior Executive Management Contacts:

Primary	Interim Senior Vice President - External Relations
#1 alternate	Executive Vice President - Business Operations
#2 alternate	Senior Vice President - Compliance & Audit

UCOP Emergency Management Contacts:

Primary UCOP Emergency Manager
#1 alternate EH&S Director
#2 alternate Chief Risk Officer (Primary contact for threats and security incidents)
#3 alternate EH&S Coordinator

V. University of California Riverside

Environmental Health & Safety

The EH&S department is responsible for administering the campus emergency management program including the campus Emergency Operations Plan. Additional responsibilities include:

- Developing emergency plans, procedures and training
- Conducting Emergency exercises, evaluations and restorative actions
- Hazard identification and risk assessment
- Hazard and resource management
- Administration and finance of emergency management program

The Public Health Steering Committee

The Public Health Steering Committee consists of campus leadership for areas which are key to the Public Health Action Plan and campus response. Membership is comprised of:

- Vice Chancellor, Finance and Business Operations
- Chair, Academic Senate
- Vice Chancellor, Student Affairs
- Vice Chancellor, Research
- Associate Vice Chancellor, Computing and Communications
- Dean, University Extension
- Director, Campus Health Center

The Public Health Planning Committee (PHPC)

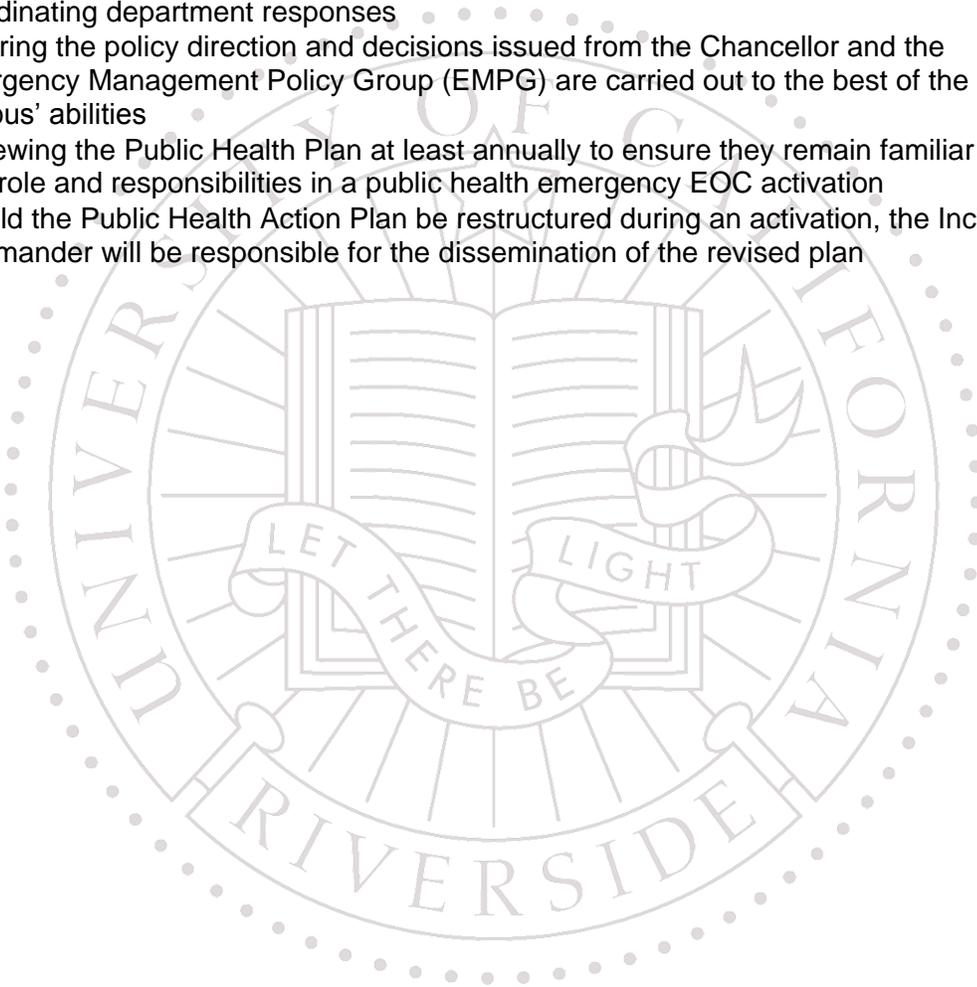
The UCR Public Health Planning Committee (PHPC) has been formed to serve as a consultative group during the plan development phase and to serve, in an advisory capacity, the Incident Commander during incident response. The PHPC is comprised of members from the Chancellor's and EVC's offices, Campus Health Center, EH&S, Office of Research, Academic Senate, Student Affairs, Housing, Dining Services, Strategic Communications, UCPD, Counseling Center, Computing and Communications, Human Resources, Physical Plant, Purchasing, Risk Management, Materiel Management, Physical Plant, Human Resources/Labor Relations, and Transportation and Parking Services (TAPS). Each of these units has contributed to this plan and their roles are defined on the matrix below.

Campus Emergency Management - Per the Campus Emergency Operations Plan (EOP), the campus may activate the campus Emergency Operations Center (EOC) in anticipation, or in the event of, a public health emergency. Once the EOC has been activated, the campus response to the incident will be coordinated through the EOC, and structured by implementation of the Incident Command System (ICS). Once ICS has been implemented, based upon personnel

availability and expertise the Incident Commander position will be filled and they will report to the Chancellor via the Executive Management Policy Group.

The selected Incident Commander, assisted by the Public Health Planning Committee, will direct the campus response during an infectious disease outbreak. Questions can be directed to Environmental Health and Safety. Additional campus resources (subject experts in specific fields relating to the incident, unit resources, etc.) will work with the PHPC as part of the Incident Command System. Some specific responsibilities of the Incident Commander shall include:

- Management of campus response and recovery activities, including management of the Emergency Operations Center
- Informing and advising the Chancellor via the Emergency Management Policy Group (EMPG)
- Coordinating department responses
- Ensuring the policy direction and decisions issued from the Chancellor and the Emergency Management Policy Group (EMPG) are carried out to the best of the campus' abilities
- Reviewing the Public Health Plan at least annually to ensure they remain familiar with their role and responsibilities in a public health emergency EOC activation
- Should the Public Health Action Plan be restructured during an activation, the Incident Commander will be responsible for the dissemination of the revised plan



E. Preparedness Phase

This plan is intended to address a variety of infectious disease outbreaks. In the majority of situations, there will not be advance time to prepare for the first case of human to human transmission. It is therefore imperative that campus departments initiate various “Pre-Response” actions to assure that they are prepared to respond in the event that an infectious disease, that may have the potential to spread to campus in a very short time frame, is identified and confirmed. The following actions are recommended as Step 1

1. All campus departments shall determine:
 - a. Who their Essential Personnel are for all emergency incidents, including the event of an infectious disease outbreak
 - b. Their essential functions and services
 - c. Their Essential Resources
2. All campus units shall ensure the completion and annual review/update of their Department Emergency Operations and Business Continuity Plans (DEOPs and BCPs).
3. All campus units shall, at a minimum, review the UCR Public Health Plan to assure they understand current protocols, paying particular attention to their individual unit’s responses to situations involving short staffing, class cancellations, 24 hour operations, event schedules and cancellation, emergency needs, etc.
4. Campus units with identified Essential Personnel should ensure their respiratory protection testing and training requirements are current
5. UCR shall determine the areas/buildings on campus which are suitable for use during quarantine and isolation. This list should be reviewed annually, or immediately upon the raising of the WHO Pandemic Phase to Phase 2 or 3 in order to confirm that the areas are available if needed.

F. Containment Measures

UCR may utilize certain measures and specific best current treatments designed to prevent further spread of a disease from infected persons to minimize the period of communicability and to reduce morbidity and mortality. These measures - the control of patients, contacts, and the immediate environment - may include:

- Suspension of or restrictions on group assembly
- Cancellation of classes and public events
- Closure of public mass transit
- Closing of public places
- Travel restrictions, limitation of nonessential travel
- “Snow days” or “Shelter-in-place” – Students asked to remain in local housing, rather than disperse to their permanent homes
- Quarantine area (Under the order of, and in cooperation with, Riverside County Department of Public Health)

All of these measures would be temporary and aimed at maintaining the health and safety of the campus community and ensuring our core mission success

G. Quarantine and Isolation

Introduction

None of the UCR response units have ready access to any supplemental staff which may be required, if a public health emergency/pandemic strikes. The potential for these units and the campus to be overwhelmed by the requirements of quarantine are great, despite the best planning efforts.

For many reasons (See Appendix II) **quarantine must be an action of last resort.** Under some circumstances, isolation may be a legitimate and appropriate response.

Purpose and Authority

The purpose of quarantine is to facilitate early identification of symptoms, should they develop, and reduce the risk of transmission.

The basis for current quarantine powers is derived from the federal Public Health Service Act of 1944. The CDC manages federal quarantine. Local or state public health officials have authority for quarantine when an infectious disease outbreak is confined within the state borders. Any action must be based on statute, regulation or other legal precedent. Quarantine actions will be initiated by public health authorities beyond the campus. The campus will follow the guidance and act under the authority of the local, state and/or federal public health departments in any quarantine or isolation action. The UCR Public Health Plan is intended to address such a directive, should it be received. **Thus, the plan's focus is on resources, planning and communication, rather than on trigger mechanisms.** Other factors to be considered include:

- Timing
- Prerequisites
- Potential Locations
- Equipping Quarantine and Isolation Sites
- Food
- Medical Supplies
- Staffing
- Security
- Education
- International Students

Conclusion

Quarantine is only appropriate during the early stages of a pandemic, can only be initiated by public health authorities, and requires adequate resources to provide essential goods and services to those it affects. The campus may not have the staffing to adequately supply, monitor and secure a quarantine action despite its best planning efforts. **Quarantine must be regarded as a containment measure of last resort.**

H. Roles and Responsibilities Matrix

The following matrix lists actions to be taken by each listed campus unit before, in anticipation of, or in response to, any public health emergency up to and including a pandemic.

Activities of each Step of the plan are cumulative, i.e., those activities of the first Step that were not completed or are ongoing are included in the second Step. Likewise, ongoing activities of the second Step will continue into the third Step



Definition of Activity Levels:

- Step 1** **PREPAREDNESS:** A basic level of campus preparedness. Individual Department Emergency Operations Plans (DEOPs), Building Emergency Plans (BEPs), and Business Continuity Plans (BCPs) are completed. All campus units/departments have identified their essential personnel, services, functions, and resources. Previously completed plans are kept current by annual review to ensure their accuracy.
- Step 2** **READINESS:** Monitoring and liaisons established. Threat assessments begin. Focused and detailed training of unit personnel in incident management and response, safety and other issues related to the current threat is conducted.
- Step 3** **MOBILIZATION AND RESPONSE:** Initial responses would include ensuring necessary supplies are in stock on campus, developing alternate staffing plans that accommodate the potential effects of the identified threat, and development of a campus communications strategy to alert, educate, and guide the campus community. Initial communications to the campus may begin during this step. The campus Emergency Operations Center (EOC) may be activated at a low level in order to facilitate coordination of initial responses. Public health officials may recommend or enact quarantine and isolation actions to slow disease spread.
- Step 4** **FULL SCALE RESPONSE:** All available resources are utilized. Escalation to this step will indicate that the current threat poses a direct risk to campus business continuity. The Campus may be in a position to consider extreme measures (the cancellation of public events and/or classes, the closure of campus, the requirement for only essential personnel to report to campus) to protect the campus community and disrupt disease spread. Large scale isolation actions may be needed to care for students unable to leave campus. The requirements to enact and sustain large and long term care solutions such as quarantine and/or isolation actions should be considered, along with regular housing and dining requirements. Campus closure procedures, evacuation plans, and the requirements for maintaining the basic campus infrastructure should be identified, documented, and distributed to appropriate units/departments.

This matrix forms the basis for an initial campus strategy to be utilized by operational departments and campus management. It shall **not be considered to function under any particular trigger** mechanism or pre-determined disease.

Each threat will be considered and evaluated individually. Individual response steps will be determined based on circumstances including, but not limited to:

- occurrence
- mode of transmission
- periods of incubation and communicability
- susceptibility
- case fatality rates

as per the “Control of Communicable Diseases Manual”, latest edition, American Public Health Association.

The specific determination of the Step level that the campus is at will be made as a joint decision by

- EH&S—Director, Emergency Manager, Biosafety Officer
- Steering Committee
- Campus Health Center—Director and Chief Physician

The Step determination will be initiated, and evolve, based upon information, consultation, and guidance provided by County, State, and Federal public health officials.

Chart System Method: Threat

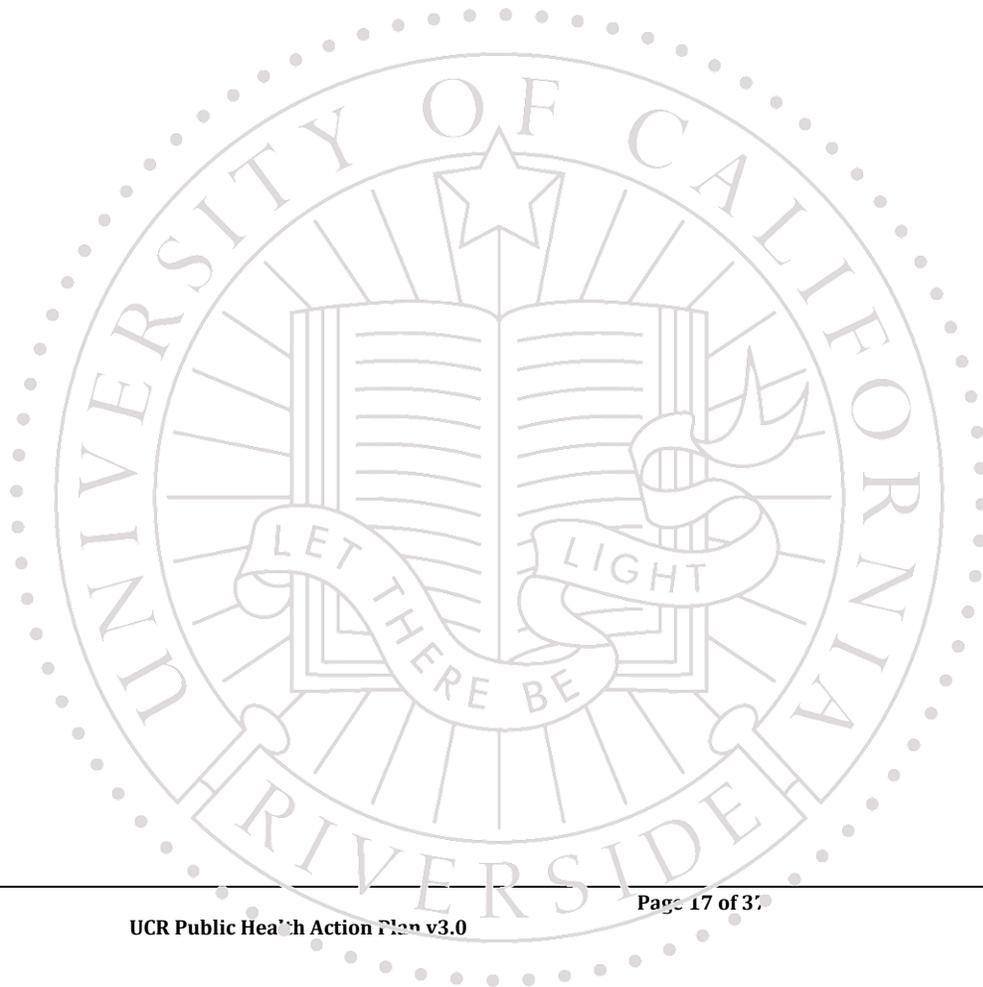
- Step 1** Preparation
- Step 2** Stand alone actions
- Step 3** Includes Step 2 actions
- Step 4** Includes Steps 2, 3, and 4 actions

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
<p>Office of the Chancellor</p> <p>Emergency Management Policy Group (EMPG)</p>	<ol style="list-style-type: none"> 1. Receive briefings and information regarding threat from the Public Health Steering Committee (PHSC) 2. Review existing policies and procedures related to the potential threat. 3. Identify and prioritize the campus' essential personnel, functions, services and 	<ol style="list-style-type: none"> 1. Update Executive Management on response and planning options. 2. Evaluate information on institutional effects of the incident and set response priorities as appropriate. 3. Review content of internal and external public information bulletins and announcements. 4. With guidance from public health officials and the PHSC, determine criteria under which suspension of classes or closure of campus would take place 	<ol style="list-style-type: none"> 1. Authorize Emergency Operations Center activation (EOC) 2. Authorize notification of essential service personnel 3. If public health guidance or conditions dictate, advise the suspension of classes and evacuation of residential occupants to executive management. 4. Review content of internal / external communications, bulletins, and announcements. 5. Select appropriate university spokesperson(s) for media reporting. 6. If public health guidance or conditions dictate, initiate restricting movement on and off campus for planned activities/athletic events. Contact Athletic Director. 7. Evaluate research continuity 8. If public health guidance dictates recommend campus community members not travel to affected countries. 9. Authorize temporary suspension of classes and closure. 10. Authorize temporary suspension of classes or closure of campus 	<ol style="list-style-type: none"> 1. Ensure the establishment, staffing, and facilitation of Emergency Management Policy Group (EMPG) responsibilities 2. Review reports of threat morbidity and mortality. 3. Assess campus building security status. 4. Authorize controls on public access to campus via deployment of campus police and Transportation and Parking Services (TAPS) 5. Suspend experimental research if necessary. 6. Determine length of campus closure 7. Determine when the university will enter the recovery phase. 8. Ensure the timely and orderly restoration of research, business, and academic functions.

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Emergency Operation Center (EOC)	<ol style="list-style-type: none"> 1. Campus Emergency Manger (EM) reviews and maintains the campus EOP to ensure it is current/accurate 2. EM works with campus departments to ensure department plans are completed/current 3. EM works with PHPC to ensure UCR Communicable Disease Action Plan is current/accurate 4. EM conducts training with departments who have a response role in a public health emergency 5. EM inspects EOC to ensure systems remain functional 6. EM inspects EOC to ensure essential supplies are stocked in sufficient quantity 7. EM conducts training with EOC personnel to ensure proficient level of knowledge 	<ol style="list-style-type: none"> 1. EM monitors media sources to gather current information relating to potential threat 2. EM Reviews EOC staffing Chart to ensure key EOC positions are assigned with sufficient redundant coverage 3. EM reviews Public Health Plan with PHPC to ensure all response roles and responsibilities are understood 4. EM contacts Riverside Co. DPH officials to establish contact, verify communication protocols 5. EM/CHC to discuss with Riv. Co. DPH interpretations of, and local guidance based on, WHO/CDC released national guidance 6. EM works with PHSC and PHPC to implement local public health guidance into the UCR Public Health Plan 	<ol style="list-style-type: none"> 1. Upon authorization, EM activates the EOC to appropriate/necessary level 2. EM makes notification to UCOP that EOC has been activated 3. EM initiates contact with EOC management team and establishes necessary shift coverage 4. EM facilitates and supports the activation process for the EOC Management Team 5. EM facilitates and supports the interaction between the IC/EOC Manager and the EMPG 6. EM makes activation notifications to Riverside city and county EOCs 7. EM acts as discussion facilitator for EMPG 8. EM supports IC's management of EOC 9. EM supports use of EOC's electronic communication tool (WebEOC) 10. Working with Strategic Communications, EM utilizes UCR ENS to supply info./direction to campus community 	<ol style="list-style-type: none"> 1. EM continues to facilitates and supports the operation of the EOC, EMPG 2. EM continues to facilitate interaction between the IC/EOC Manager and the EMPG 3. EM continues to act as discussion facilitator for EMPG 4. EM continues to support use of EOC's electronic communication tool (WebEOC) 5. Working with Strategic Communications, EM utilizes UCR ENS to supply information, direction to campus community 6. EM continues to review existing campus emergency plans (EOP, PHP, EMPG Guide) and current actions to ensure proper internal policies, procedures are being followed, or need to be altered

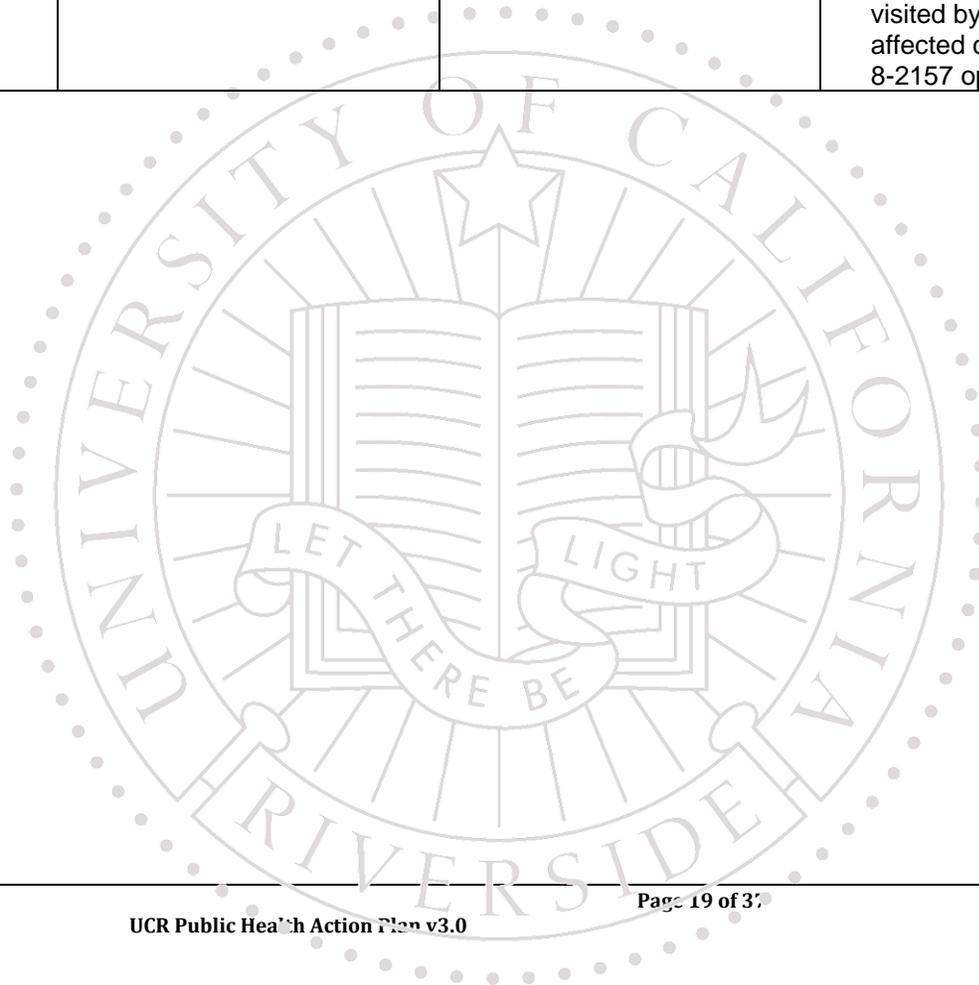
UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Incident Commander	<ol style="list-style-type: none"> 1. Receives appropriate level training on NIMS, SEMS, ICS 2. Receive ongoing training for incident management. 3. Participates in EOC team training exercises 	<ol style="list-style-type: none"> 1. Maintain ongoing communication with Riverside County Department of Public Health. 2. Update threat disease website and maintain as current 3. Work with PHPC to update the PHP as the current situation warrants 4. Communicate with and benchmark other campus preparedness and response actions 5. Communicate status of campus preparedness for incident to PHSC. 6. In conjunction with Riverside County Department of Public Health, initiate/finalize quarantine and isolation planning with the Office of Vice Chancellor Student Affairs 7. Working with Strategic Communications, begin drafting communication(s) to campus community regarding status of disease spread, self protection and university response 	<ol style="list-style-type: none"> 1. BSO recommend to PHSC/PHPC that the campus activate the Emergency Operations Center (EOC). 2. Once activated, assumed the role of Incident Commander (IC)/EOC Manager 3. Provide status reporting to Riverside County Health Dept. utilizing County reporting templates. 4. If necessary, recommend temporary closure of building(s) and suspension of student and academic activities to PHSC/EMPG 5. If necessary, direct the office of Vice Chancellor Student Affairs to mobilize plans for student evacuation. 6. With Strategic Communications, begin issuing communication(s) to campus community regarding status of disease spread, self protection, university response, signs/symptoms and protocol for referral of suspected cases. (Email, website, recorded phone message, public service announcements, posters, Scotmail, KUCR) 	<ol style="list-style-type: none"> 1. Manage and direct the campus emergency response via the EOC 2. Ensure that each EOC General Staff and, if necessary, Command Staff position staffing is maintained 3. Recommend and/or oversee implementation of non-pharmaceutical interventions; social distancing, quarantine and isolation 4. Keep Housing & Dining informed of the potential number of ill students that may require isolation and care 5. If necessary, recommend to EMPG the suspension of classes 6. If necessary, recommend to EMPG the closure of campus 7. Manage the evacuation and closure of campus

			<p>7. Keep Housing & Dining informed of the potential number of contacts that may require quarantine.</p> <p>8. Coordinate with Strategic Communications to develop formal media/press releases.</p>	
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UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Campus Health Center (CHC)	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 6. Ascertain that respiratory protection equipment is in place. 	<ol style="list-style-type: none"> 1. Prepare available resources to meet the outpatient health care needs of students, staff and faculty as appropriate. 2. Communicate with Riverside County Health Department regarding planning and surveillance 3. Test negative pressure unit. 4. Review standard precautions with staff and provide training on the disease. 5. Work with other campus units, including EH&S, Housing, and SRC to identify and equip alternate care sites (ACS). 6. CAPS plans for pre-event counseling for essential personnel. 7. Initiate poster, e-mail campaign on self-protection and annual seasonal influenza vaccination. 8. Develop and update advisory information for campus community distribution, in coordination with EH&S and Strategic Communications. 9. Prepare list and purchase 	<ol style="list-style-type: none"> 1. Curtail normal operations of the clinic. 2. Isolate and monitor suspected cases per instructions from IC, EMPG and County Public Health. 3. Screen for suspected cases. Refer to local hospitals, following guidance of County Public Health. 4. Communicate with parents of suspected cases, if possible. 5. Identify contacts of suspected cases and arrange for screening. 6. If possible, initiate prophylaxis/vaccination per recommendations of Riverside County Dept. of Public Health. 7. Update Incident Commander. 8. Establish phone triage lines. 9. Monitor health care workers. 10. Assign care teams to cover screening at CHC, regular assessment of those in quarantine, and care of the sick. 11. Student EMS-Notify Health Center if suspected cases are encountered. 12. Assume responsibility of 	<ol style="list-style-type: none"> 1. Establish a mass screening area. 2. House multiple cases in a surge space such as the Student Recreation Center. 3. Activate care teams established at Level 2. 4. Work with Transportation & Parking Services and Physical Plant on issues of traffic control. 5. Arrange for screening of people who have been exposed. 6. Make referrals to Counseling Center.

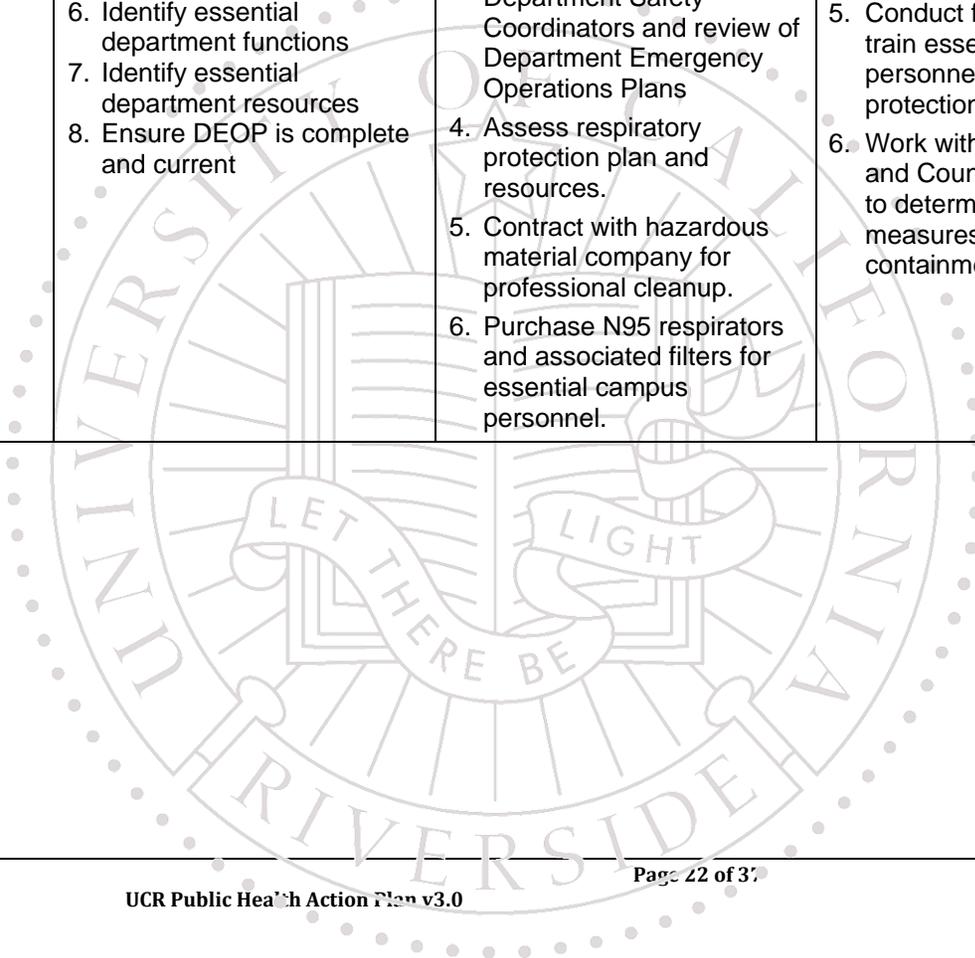
		<p>medical supplies.</p>	<p>medical authorizations for PPE. 13. Prepare isolated exam room by removing all but the essential equipment. 14. Follow State and County protocol for patient testing. 15. Monitor Health Care workers. 16. Post sign on entry door notifying patients with influenza profile and have traveled to (or have been visited by persons from) affected countries to call 8-2157 option 2.</p>	
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UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Computing & Communications	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Identify essential personnel who will be issued respiratory protection 2. Confirm emergency telephone lines can be established at EOC. 	<ol style="list-style-type: none"> 1. Activate additional phone lines in Career Center 2. Set up 8-8000 numbers. 3. Plan for dedicated triage lines to be established at Campus Health Center. 4. Essential personnel receive fit test and training on respiratory protection from EH&S. 5. Plan for an emergency phone bank for Strategic Communications, to provide information, referrals and rumor control. 	<ol style="list-style-type: none"> 1. Activate an emergency phone line to be established at the alternate treatment facility. 2. Activate an emergency phone bank for Strategic Communications, if necessary, to provide information, referrals and rumor control.
Counseling Center	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Identify essential personnel who will be issued respiratory protection 2. Prepare to provide Critical Incident Stress Management intervention. 3. Identify essential personnel who will be issued N95 respirators. 4. Notify Human Resources to advise contract EAP provider. 5. CAPS plans for pre-event counseling for essential personnel. 	<ol style="list-style-type: none"> 1. Conduct outreach regarding services available to students and campus community. 2. Update Incident Commander. 3. Essential personnel receive fit test and training on respiratory protection from EH&S. 	<ol style="list-style-type: none"> 1. Essential personnel receive N95 masks from EH&S. 2. Provide CISM intervention. 3. Continue outreach to promote services. 4. Continue to update Incident Commander.

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Human Resources / Labor Relations	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Identify personnel to staff essential functions. 2. Consider changes in the leave policies, in consultation with OP as needed, which would encourage those with symptoms to stay home. 3. Make plans, in consultation with OP, for the staffing implications of a campus closure. 4. Communicate working expectations and leave policies to campus community. 	<ol style="list-style-type: none"> 1. Assist with staffing pool for essential functions 	<ol style="list-style-type: none"> 1. Notify campus of amended leave policies as directed by EMPG.
County Department of Public Health & County Health Officer	<ol style="list-style-type: none"> 1. Provides guidance, direction, technical expertise, liaison with state and federal public health agencies 	<ol style="list-style-type: none"> 1. Provides guidance, direction, technical expertise, liaison with state and federal public health agencies 	<ol style="list-style-type: none"> 1. Issues local public health notifications 2. Provides guidance, direction, technical expertise, liaison with state and federal public health agencies 	<ol style="list-style-type: none"> 1. Issues local public health notifications 2. Provides guidance, direction, technical expertise, liaison with state and federal public health agencies

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Environmental Health & Safety	<ol style="list-style-type: none"> 1. Develop and maintain the Public Health Action Plan 2. Staff and manage: <ol style="list-style-type: none"> a. Steering Committee b. Planning Committee 3. Conduct training for key stakeholders 4. Identify essential department personnel 5. Identify essential department services 6. Identify essential department functions 7. Identify essential department resources 8. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Activate campus Emergency Management Program, and Emergency Operations Plan 2. Coordinate with Strategic Communications re. campus information management and awareness campaign 3. Activate training for Department Safety Coordinators and review of Department Emergency Operations Plans 4. Assess respiratory protection plan and resources. 5. Contract with hazardous material company for professional cleanup. 6. Purchase N95 respirators and associated filters for essential campus personnel. 	<ol style="list-style-type: none"> 1. Support Incident Commander in preparation of EOC, other related activities 2. On-going evaluations of N95 use and other personal protection. 3. Activate DSC's 4. Increase medical waste pickups. 5. Conduct fit testing and train essential campus personnel on respiratory protection. 6. Work with EMPG, IC, CHC and County Public Health to determine and enact measures of disease containment. 	<ol style="list-style-type: none"> 1. Activate and manage the EOC. 2. Distribute N95 masks to essential personnel. 3. Arrange for additional medical waste pickups. 4. Coordinate decontamination details, and support containment efforts.



UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Housing, Dining & Residential Services (HDRS)	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 6. Develop plan for evacuation, isolation and quarantine of students 	<ol style="list-style-type: none"> 1. Essential personnel receive fit test and training on respiratory protection from EH&S. 2. Essential personnel receive training from CHC/EH&S on risks and response. 3. Ensure emergency response menu is planned for various degrees of need. 4. Stockpile additional food stuffs and water. 5. Ensure food delivery process is planned and delivery supplies are on hand. 6. Identify roles of essential staff: leadership, communications, food production, food delivery, maintenance, housekeeping, and child care. 	<ol style="list-style-type: none"> 1. Initiate “move off” of student residents who can return home. 2. Enact emergency phone contact tree. 3. Notify current housing residents in spaces that will be needed of the potential or need for them to move. 4. Essential personnel receive fit test and respiratory protection training from EH&S. 5. Staff HDRS Satellite EOC and recall essential personnel. 6. Identify roles of essential staff: leadership, communications, maintenance, housekeeping, and child care. 	<ol style="list-style-type: none"> 1. Essential personnel receive N95 masks from EH&S. 2. Set up HDRS command center and recall essential personnel. 3. Identify meal delivery need and method for isolation/quarantined students. 4. Activate plan from Level 2 to provide meals for students who are quarantined and those under CHC care. 5. Implement delivery plans 6. Maintain contact with EOC.

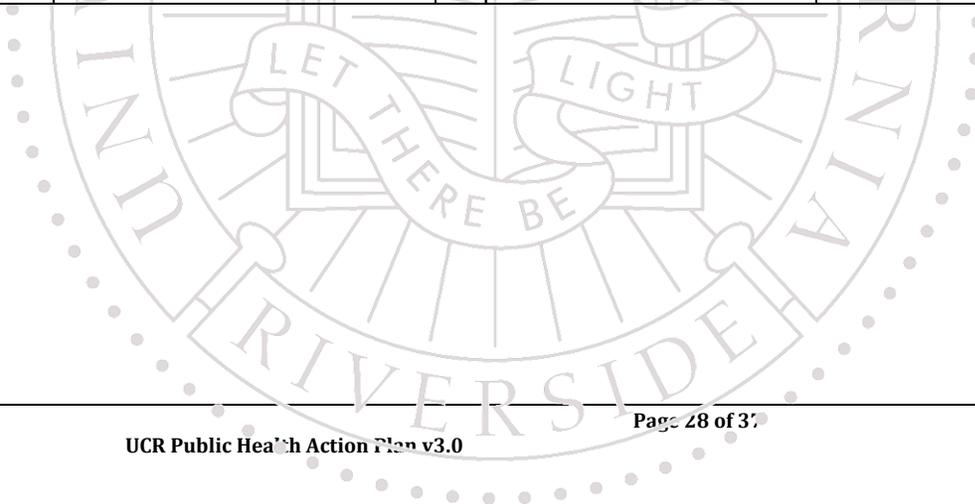
UNIT	STEP 1	STEP 2	STEP 3	STEP 4
KUCR	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Re-broadcast news bulletins and updates from credible sources on the spread of the disease 2. Coordinate consistent general media precautionary public service announcements with Strategic Communications 	<ol style="list-style-type: none"> 1. Broadcast bulletins, updates, announcements and educational programming on the disease 	<ol style="list-style-type: none"> 1. Work with Strategic Communications to broadcast bulletins and announcements, providing expanded coverage and programming to educate and update the community. 2. Maintain contact with the EOC and Strategic Communications for periodic updates
Strategic Communications	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Consult with Incident Commander to assess emerging communications issues. 2. Coordinate consistent general media precautionary public service announcements through KUCR. 3. Set up UCR Pandemic Influenza Preparations web page, linked to www.ucr.edu. 	<ol style="list-style-type: none"> 1. Write and record bulletins and updates on the campus's emergency information website. 2. Write scripts for phone tree, with approval from IC and CHC personnel, referring to County Health authorities and CDC resources. 3. Make faculty, staff and their families aware of need to report all flu cases 4. Activate the emergency Web site plan. 	<ol style="list-style-type: none"> 1. Organize and staff phone banks, if necessary, referring callers to emergency services, taking messages, and supporting rumor control. 2. Coordinate press releases and manage news teams and interviews, etc. 3. Issue special edition of Inside UCR newsletter focusing on what staff and faculty should do. 4. Support EOC as Public Information Branch.

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Physical Plant	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Identify building ventilations systems. 2. Identify essential personnel who will require respiratory protection. 3. Develop campus signage plan. 	<ol style="list-style-type: none"> 1. Essential personnel receive fit test and training on respiratory protection from EH&S. 2. Provide support of housing for evacuation and set up or critical staging areas including the Conan Room and isolations areas. 3. Produce campus signage plan. 	<ol style="list-style-type: none"> 1. Maintain essential building functions including CPS' cleaning. 2. Secure buildings and post signage 3. Essential personnel receive N95 respirators from EH&S.
Risk Management	<ol style="list-style-type: none"> 1. Monitor current information and remain available to consult with Incident Commander and EMPG 	<ol style="list-style-type: none"> 1. Monitor current information and remain available to consult with Incident Commander and EMPG. 	<ol style="list-style-type: none"> 1. Monitor current information and remain available to consult with Incident Commander and EMPG 2. Develop procedures to identify faculty, staff & student travelers entering into, and returning to the campus community from, affected regions. 3. Monitor faculty, staff & student travelers entering into, and returning to the campus community from, affected regions. 	<ol style="list-style-type: none"> 1. Monitor current information and remain available to consult with Incident Commander and EMPG
Transportation and Parking Services (TAPS)	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Identify essential personnel who will be issued N95 respirators. 2. Identify potential route/service curtailments 3. Develop campus access/egress plan. 	<ol style="list-style-type: none"> 1. Essential personnel receive fit test and training on respiratory protection from EH&S. 2. Provide assistance at Veitch in the case of mass screenings. 	<ol style="list-style-type: none"> 1. Essential personnel receive N95 respirators from EH&S. 2. Provide assistance to CHC at Veitch and alternate treatment facility. 3. Implement service curtailment and access/egress plans.

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Office of the Vice Chancellor Student Affairs (VCSA)	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Coordinate training on the disease to key offices and personnel within the Division using presenters from CHC/EH&S. 2. Identify division personnel available for telephone support work with Strategic Communications and other assignments. 3. Student Recreation Center: Plan to use main gymnasium or a multipurpose room as an alternate medical facility. 4. Student Life: Assist in addressing needs of/supporting Greek organizations & other student groups. 5. Student Special Services: Develop list of students with immune deficiencies or whose disabilities may involve compromised respiratory function; formulate targeted communications. 6. Commons: Plan to provide space for the training and coordination of volunteers. 7. Identify essential personnel requiring respiratory protection training from EH&S. 	<ol style="list-style-type: none"> 1. Essential personnel receive fit test and training on respiratory protection from EH&S. 2. Arrange for monitoring/delivery of medications, other goods and services to isolated cases. 3. Assist with telephone consultation and support. 4. Assist with evacuation of students from campus and relocation of those unable to leave. 5. International Services: Facilitate communication between the Campus Health Center, the Education Abroad Program Office, and UCR study abroad students from affected areas. Assist CHC in distributing health monitoring kits to returning students. Assist in communication with international students/scholars known to be on non-immigrant visas. 	<ol style="list-style-type: none"> 1. Essential personnel receive N95 respirators from EH&S. 2. Identify contacts of confirmed patients. 3. Provided oversight for student family notification if appropriate. 4. Provide Student Affairs staff to assist the Health Center.

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
University Police	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 1. Dispatchers, security and police are trained on the disease by Campus Health Center personnel. 2. Identify essential personnel who will be issued N95 respirators. 3. Develop law enforcement mutual aid plan. 	<ol style="list-style-type: none"> 1. Essential personnel receive fit test and training on respiratory protection from EH&S. 2. Alert Student Health Center if encountering individual(s) with flu-like symptoms. 3. Alert participating mutual aid agencies 	<ol style="list-style-type: none"> 1. Implement policy on transporting individuals to hospitals. 2. Secure buildings & post signage. 3. Provide security at CHC as required. 4. Essential personnel receive N95 respirators from EH&S. 5. Implement mutual aid plan as necessary.
Academic Senate	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Begin planning for distance learning, continuity of instruction and research interruption 	<ol style="list-style-type: none"> 5. Plan for care of research animals and plants 6. Anticipate impacts of closure 7. Monitor pandemic developments as they relate to the campus through email and the campus web site. 	<ol style="list-style-type: none"> 1. Develop specific plan to cover these issues. 2. Assist in communicating messages regarding the pandemic to students by making announcements in classes. 3. Comply with CDC travel recommendations. 	<ol style="list-style-type: none"> 1. Implement instructional/research continuity plans 2. Coordinate with campus administration in class cancellations
Office of Research	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	<ol style="list-style-type: none"> 6. Assess impact on contracts and grants of potential curtailment/closure 7. Develop general approach to interrupted services 	<ol style="list-style-type: none"> 1. Develop specific contingency plan 	<ol style="list-style-type: none"> 1. Implement plan

UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Campus Community	<ol style="list-style-type: none"> 1. Staff familiarized with campus policies, procedures regarding emergency 	<ol style="list-style-type: none"> 1. Self-preparedness: food, water, medications 2. Develop family plan 3. Stay aware of developing news 	<ol style="list-style-type: none"> 1. Utilize campus website and KUCR for routine campus updates 2. Assure self-preparedness levels for 10-14 days 3. Limit activities as advised by official sources 	<ol style="list-style-type: none"> 1. Utilize campus website and KUCR for routine campus updates 2. Assure self-preparedness levels for 10-14 days 3. Limit activities as advised by official sources
Vice-Chancellors	<ol style="list-style-type: none"> 1. Ensure each unit department has identified essential department personnel 2. Ensure each unit department has identified essential department services 3. Ensure each unit department has identified essential department functions 4. Ensure each unit department has identified essential department resources 5. Ensure each unit department DEOP is complete and current 	<ol style="list-style-type: none"> 1. Review level one response and identify and correct any level one deficiencies 2. Ensure Unit SEOC location is available and prepared for possible activation 3. Ensure departments within control unit implementing level one responsibilities 4. Ensure communication channels are clearly defined and exercised 5. Assist in disseminating communications from campus to faculty, staff, students regarding possible threat 	<ol style="list-style-type: none"> 1. Upon need, or at the direction of the campus EOC, activate Unit SEOC 2. Ensure individual department plans have been implemented 	<ol style="list-style-type: none"> 1. Establish campus policy, guidance and provide leadership within the Executive Management Policy Group (EMPG)



UNIT	STEP 1	STEP 2	STEP 3	STEP 4
Materiel Management	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 4. Ensure DEOP is complete and current 	1.	1.	1.
Accounting Services / Payroll	<ol style="list-style-type: none"> 1. Identify essential department personnel 2. Identify essential department services 3. Identify essential department functions 4. Identify essential department resources 5. Ensure DEOP is complete and current 	1.	1.	1.

Adapted from a template developed by Carnegie Mellon University

I. Approval and Distribution

The Public Health Action Plan establishes policies and procedures for the entire UCR main campus. The following is the sequence of events the Public Health Action Plan will undergo before it is officially adopted by UCR:

1. Environmental Health & Safety (EH&S) (drafting and approval)
2. Public Health Planning Committee (PHPC) (review)
3. Public Health Steering Committee (PHSC) (review and approval)
4. UCR Operations Council (review and approval)
5. Chancellor (review and approval)

J. Approval Signatures

Director, Environmental Health and Safety (EH&S)

Print Name	Signature	Date
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Chair, Public Health Steering Committee (PHSC)

Print Name	Signature	Date
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Chair, UCR Operations Council

Print Name	Signature	Date
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Chancellor, University of California Riverside

Print Name	Signature	Date
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APPENDICES

I. Definitions

Essential Personnel – Essential personnel are defined as housing, facilities, research, academic and administrative staff personnel necessary to provide basic services and maintain campus functionality.

Essential Functions/Services – Essential functions and services are those critical areas of business that must continue even in the event of an emergency, including the event of an infectious disease outbreak, and that must be performed to achieve the organization’s mission. Alternative means to deliver essential services shall be identified, and the necessary plans to accomplish these methods developed.

Essential Resources – Essential resources are those resources necessary to support the department in conducting their essential business functions, delivering the essential services and the department’s role in a campus response to the incident.

Isolation – Isolation is the separation and restricted movement of ill persons with a contagious disease. Isolation practices are designed to minimize the transmission of infection using current understanding of the way infections can transmit. Isolation should be done in a user friendly, well-accepted, inexpensive way that interferes as little as possible with patient care, minimizes patient discomfort, and avoids unnecessary use.

Quarantine – Quarantine is the separation and restriction of movement of well persons presumed to have been exposed to a contagious disease. A quarantine action may be mandatory or voluntary. Quarantine is a collective action for the common good intended to aid individuals infected or exposed to infectious agents while protecting others from the danger of exposure. It requires the balancing public welfare with civil rights.

Pandemic – A pandemic is a global outbreak of disease that occurs when a new virus appears or “emerges” in the human population, causes serious illness, and then spreads easily from person to person worldwide. Pandemics are different from seasonal outbreaks or “epidemics” of disease. Seasonal outbreaks are caused by subtypes of viruses that already circulate among people, whereas pandemic outbreaks are caused by new subtypes, by subtypes that have never circulated among people, or by subtypes that have not circulated among people for a long time.

II. Standard Operating Procedures – Quarantine and Isolation

Introduction and Disclaimer

The following units assisted in the development of this plan and will play a role in the implementation of a Riverside County Department of Public Health ordered quarantine: Chancellor's and EVC's offices, Campus Health Center, EH&S, Office of Research, Academic Senate, Student Affairs, Housing, Dining Services, Strategic Communications, UCPD, Counseling Center, Computing and Communications, Human Resources, Physical Plant, Purchasing, Risk Management, Materiel Management, Physical Plant, Human Resources/Labor Relations, and Transportation and Parking Services (TAPS). None of these units have ready access to any supplemental staff which may be required, if a public health emergency/pandemic strikes. The potential for these units and the campus to be overwhelmed by the requirements of quarantine are great, despite the best planning efforts.

For the many reasons discussed below, **quarantine must be an action of last resort**. Early dispersal of students, despite the economic consequences, would be a preferable scenario to quarantine without the appropriate resources – resources which may be unavailable.

Purpose and Authority

The purpose of quarantine is to facilitate early identification of symptoms, should they develop, and reduce the risk of transmission.

The basis for current quarantine powers is derived from the federal Public Health Service Act of 1944. The CDC manages federal quarantine. Local or state public health officials have authority for quarantine when an infectious disease outbreak is confined within the state borders. Any action must be based on statute, regulation or other legal precedent. Quarantine actions will be initiated by public health authorities beyond the campus. The campus will follow the guidance and act under the authority of the local, state and/or federal public health departments in any quarantine or isolation action. The UCR Public Health Plan is intended to address such a directive, should it be received. **Thus, the plan's focus is on resources, planning and communication, rather than on trigger mechanisms.**

Timing

Isolating patients and quarantining the contacts may slow the rate of disease transmission during the WHO's Pandemic Alert Period (localized human-to-human transmission). During Pandemic Phase 6 period (when the disease is widespread) forced isolation and quarantine are impractical and ineffective. (WHO: Emerging Infectious Diseases 2006; 12: 81-87.)

Prerequisites

Quarantine is only appropriate when exposed people can be separated from ill people and resources are available to implement and support interventions. The campus, if it is to quarantine anyone,

- Must be able to provide essential goods and services,
- Must be able to monitor the health status of those quarantined, and
- Must be able to provide rapid diagnosis, immediate care and isolation to those suspected of having contracted the illness.

A basic principle of quarantine is that those whom it affects must be among the first to receive all available disease-preventing interventions including vaccines, medications, rapid testing and early treatment. Further, the quarantine must last no longer than the incubation period of the disease.

Such containment measures are more likely to be applied to small numbers of exposed persons such as passengers on a vehicle containing an ill passenger, exposed students of a class, or those people in close contact with a case. ***The quarantine of large segments of the campus population is not feasible.***

Potential Locations

Quarantine: Housing officials will identify a residence hall, or wing of a residence hall, based on the occupancy at the time. It is expected that many students will go home voluntarily as the threat of the spread of the disease grows. Alternatively, the University may cancel classes and ask students to leave, thus providing vacancies in the residence halls. One of the older residence halls would be a better choice than the new facilities, because the older halls have more limited ingress and egress. Quarantined students shall be housed one to a room, if possible.

Isolation: The preferred location for isolating patients would be a multipurpose room (1800 sq. ft. or a bed capacity of ~30) or the main gymnasium (22,000 sq. ft. or a bed capacity of ~300) in the Student Recreation Center. These sites are most desirable because of the independent supply and return ventilation systems in that facility. A secondary location, which is not equipped with an independent ventilation system, is the Physical Education Building gymnasium.

Equipping Quarantine and Isolation Sites

Quarantine: Residence hall rooms are furnished. Conference bedding is available through Housing Services.

Isolation: Residence hall furniture and conference bedding would be made available to the isolation site by Housing Services.

Food

Dining Services has a limited supply of food on hand and limited storage capacity. In that any quarantine is expected to take place in the WHO Phase 4/Phase 5 stage, food distribution systems may be functioning at normal or near normal levels. Emergency nutrition bars should be stocked in the event that this is not the case.

Medical Supplies

A list of medical supplies is appended to this plan. They include self-care and self-diagnostic tools needed by those in quarantine, including thermometers, face masks and hand purifier. The supplies will be stored in the Campus Health Center emergency supplies storage container in Lot 15.

Staffing

Quarantine: Housing will supply maintenance and custodial staff. Dining services will supply food service staff. The Campus Health Center will supply medical staff to monitor the condition of residents on a daily basis.

Isolation: The Campus Health Center will cease its normal operations to supply staff to care for the sick. Volunteers from the staff, faculty, student body and local community will be needed to assist in this care. A call for volunteers will go out in advance. Physical Plant will supply sufficient staffing to maintain essential utilities. The Student Recreation Center will supply custodial staff to clean restrooms and remove trash.

Security

The UCPD is responsible for supplying security to the quarantine and/or isolation site, but with normal shifts of three to five officers, its resources are limited. Mutual aid from other law enforcement agencies may or may not be available. In any case, closing the campus to prevent exit or entrance is unrealistic. **Any quarantine must be limited in scope.** Ongoing education of those in quarantine and an appeal to civic responsibility must be relied upon, above the threat of force.

Education

Keeping the lines of communication open between those in quarantine, campus administration, parents and friends will be of utmost importance in maintaining quarantine and quelling any fears or frustrations. Frequent candid bulletins and updates shall be provided through such channels as email, web sites, web casts, and radio broadcasts. Strategic Communications will be responsible for, with input from the Campus Health Center, the IC and local public health authorities, keeping those in quarantine informed. A hotline shall be established to connect quarantined residents to the Health Center nursing staff.

International Students

There may be a number of international students left on campus if classes are canceled. It is not expected that these students would be quarantined, unless there were special circumstances. Housing Services will continue to provide shelter for those who live in the residence halls. International Services will continue to provide some support to them, serving as their liaison to University authorities, assisting them in identifying community resources as needed, and keeping them informed of developments, among other forms of support.

Conclusion

Quarantine is only appropriate during the early stages of a pandemic, can only be initiated by public health authorities, and requires adequate resources to provide essential goods and services to those it affects. The campus may not have the staffing to adequately supply, monitor and secure a quarantine action despite its best planning efforts. **Quarantine must be regarded as a containment measure of last resort.**

III. Pandemic Phases

A new pandemic virus may first be detected from significant and rapidly spreading outbreaks, nevertheless, it is important for effective planning to have a process which defines responses to alternative possibilities, such as the recognition of a new virus which does *not* spread and cause a pandemic, and the early detection of low-level spread of a true pandemic virus.

In the 2009 revision of its pandemic phase descriptions, the WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena.

Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. The pandemic phases developed by the World Health Organization, and adopted by the Centers for Disease Controls, are used in this plan. They are as follows:

WHO Pandemic Alert Phases

Interpandemic Period

Phase 1: No viruses circulating among animals have been reported to cause infections in humans.

Phase 2: An animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

Pandemic Alert Period

Phase 3: An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4: Is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

Phase 5: Is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Pandemic Period

Phase 6: Is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts.

