

**Annex R: Pandemic Influenza Response****Table of Contents**

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## **I. Purpose and Scope**

The University's response to an influenza pandemic will be guided by the Emergency Operations Plan. Due to the complicated issues posed by a pandemic and the anticipated extended length of time needed for response, additional planning is warranted to supplement the Emergency Operations Plan. This annex is designed to provide additional emergency response guidance developed specifically for a pandemic influenza event.

This annex is intended to supplement, not replace, other Annexes within the Emergency Operations Plan. It provides a basic framework for anticipated pandemic influenza response actions on campus and delineates department-level responsibilities for those responses. Detailed standard operating procedures and additional guidelines are maintained and updated at the department level and are referenced here.

## **II. Background**

In May, 2005, the University of Minnesota conducted a pandemic influenza tabletop exercise to explore the unique challenges faced in the university campus setting, and to further refine the respective response roles of the University, state health department, local health departments, and the University of Minnesota Medical Center. Based upon lessons learned from that exercise, as well as federal and state pandemic influenza response guidelines, a series of planning activities were initiated from 2005 – 2007. Extensive assessments were completed in key response areas across the University through a combination of individual assignments, informal workgroups, formal task forces, and subcommittees. Although an extensive amount of work has been completed and is reflected in this annex and in standard operating procedures and guidelines held at the department level, work continues on many fronts. This annex will be updated on an annual basis to reflect additional campus-level planning and additions or modifications to state and federal pandemic influenza response guidelines.

## **III. Direction and Control/Internal Coordination**

As outlined in Annex B – Direction and Control, the Officer of the Day has the responsibility and authority to implement this pandemic influenza response plan and provide overall policy direction of University of Minnesota resources during an emergency. Emergency operations include coordination of University and community resources to save lives, protect property and provide for the continuity of University operations. The Health Emergency Response Team (HERT), coordinated by the Academic Health Center Office of Emergency Response (AHC-OER), will convene as needed throughout the course of an influenza pandemic to maintain situational awareness and develop specific response recommendations for consideration by the Officer of the Day.

Nine pandemic influenza response areas have been identified and principal personnel responsible for each area have been identified (listed in Section VIII). Principal personnel are responsible for the maintenance of their response plans and the creation of standard operating procedures to ensure successful implementation of those plans.

Principal pandemic influenza response personnel will be notified by AHC-OER or Department of Emergency Management (DEM) when sustained human-to-human transmission has been confirmed anywhere in the world and will receive periodic situational reports throughout the course of the pandemic. AHC-OER will also contact UMMC and UMP emergency managers to establish and maintain coordination of planning and response efforts. DEM will ensure coordination with coordinate campuses.

Internal coordination will be supported through use of situational briefings, conference calls, meetings, and/or activation of the Emergency Operations Center as deemed necessary by the Officer of the Day. In addition, Department Operations Centers may be established to coordinate activities within individual response areas. Plans for Department Operations Centers are in development within the Academic Health Center and within Housing and Residential Life.

#### **IV. External Coordination**

Unlike most emergencies, which are localized, an influenza pandemic will likely occur simultaneously across the globe. Coordination between the University and external partners, particularly state public health and emergency management officials, will be extremely important. DEM will maintain regular communications with the State Department of Public Safety, Homeland Security and Emergency Management Division, as well as other city and county emergency managers, throughout the duration of a pandemic. AHC-OER will maintain communications with the Minnesota Department of Health and local public health departments, through 24/7 monitoring of the Health Alert Network, MN *Trac* (Minnesota system for Tracking Resources, Alerts, and Communications), and through direct communications. AHC-OER will also receive all requests for health response assistance from state and local partners, such as requests for assistance from the U of M Medical Reserve Corps. Those requests will be reviewed by the Health Emergency Response Team per existing standard operating procedures. All other requests for mutual aid will be managed by DEM.

#### **V. Prioritization of University Services and Functions**

Although many response actions will be taken based upon recommendations from outside sources such as the Minnesota Department of Health, Centers for Disease Control and Prevention, or Homeland Security and Emergency Management, there may be many instances during a pandemic when response actions will be based upon the unique issues or circumstances on campus. The following principles have been developed to guide decision-making in those instances:

##### **Principles for Prioritization**

1. Health, welfare, and safety of faculty, staff, students, and others present on campus.
2. Health, welfare, and safety of animals housed on campus.
3. Maintenance of essential mission functions of research, teaching, and outreach (as determined by each unit).
4. Maintenance of essential campus services to support essential mission functions.

Based upon these principles, campus services and programs will be categorized as follows during a large scale emergency, such as an influenza pandemic:

- Priority 1 Services:** Services that address an immediate threat to human and/or animal health and safety. These activities must remain uninterrupted.
- Priority 2 Services:** Disorder or an economic impact may develop if not delivered in a few days. Activities that can be disrupted temporarily or might be periodic in nature, but must be re-established within a few days.
- Priority 3 Services:** Services required by law or rule that can be suspended by law or rule during an emergency. Activities that can be disrupted temporarily (a few days or weeks) but must be re-established sometime before the emergency is over (<6 weeks).
- Priority 4 Services:** Services that could be suspended during an emergency and are not required by law or rule. Activities that can be deferred for an extended period of time, such as the duration of a pandemic influenza wave (6-12 weeks).

It is noted that total and complete “closure” of a university campus is a rare event. It is anticipated that although face-to-face coursework may be temporarily discontinued, or other social distancing methods instituted, it is unlikely that the University will close in its entirety. A targeted, or graduated approach, may be implemented in response to a large-scale emergency (Table 1).

**Table 1: Potential Tiers to a Scalable Campus “All Hazards” Closure Plan Based Upon Principles of Prioritization**

Tier	Description
NA	Business as Usual
1	Suspension or Dismissal of Select Classes Cancellation of Select Public Events
2	Suspension or Dismissal of All Classes Cancellation of All Public Events
3	Closure of Select Business Functions
4	Closure of Select Buildings
5	Closure of Select Campuses
6	Closure of all Units except those that support Priority Areas 1-3
7	Total Closure: Total closure would not be an option selected by the administration. If total closure were caused by external forces (such as a large scale natural disaster), it would be catastrophic.

## **VI. Operational Plans by Response Areas**

### **A. Campus Infrastructure**

Principal Response Personnel: The Office of the Vice President for University Services is responsible for monitoring and addressing campus infrastructure issues during an influenza pandemic.

The principles for prioritizations and priority service designations outlined in Section V. will be utilized to plan for and manage campus infrastructure considerations. The following list of infrastructure services have been determined to be either priority 1 or priority 2 services and will remain in operation regardless of the situation:

- Provision of Utilities (and tiered shutdown of utilities if warranted)
  - Steam
  - Electricity
  - Water
  - Natural Gas
- Protection of People
  - Central Security
  - UMPD
- Protection of Assets/Infrastructure
  - Building Systems Automation Center (BSAC)
  - Central Security
  - UMPD
- Protection of Research
- Provisions for Hazardous Materials
- Support for Increased Computing and Internet Design
- Custodial Support for Buildings
  - Classroom/Office buildings
  - Research buildings
  - Residential buildings
- Maintenance Support for Buildings

Each organizational unit maintains an operational continuity plan outlining specific procedures for the maintenance or re-establishment of critical operations during an emergency. Operational continuity plans will be activated as deemed necessary by the Officer of the Day, in consultation with University administrators.

(Reference: Academic Task Force on Pandemic Influenza, Infrastructure Subcommittee Report, May 2007)

## **B. Communications**

Principal Response Personnel: University Relations has primary responsibility for assuring timely communications to the University community through multiple channels during an influenza pandemic. However, much of the message content will be developed by the principal response personnel in the other response areas.

The University's emergency communications system will be used to provide information to the campus community as outlined in Annex A: Warning and Notification and Annex C: Public Information and Communications. This system includes the following components:

- Campus-wide email messages
- Campus-wide phone messages
- Text messages
- Tone alert radios
- Emergency Preparedness website
- Media briefings

During an influenza pandemic, daily updates and information will be provided through the Health Emergency section of the Emergency Preparedness website which will be easily accessible from the University's home page.

## **C. Teaching**

Principal Response Personnel: To insure uniformity and fairness across all colleges and departments, and to minimize confusion, decisions regarding the status of classes during all phases of an influenza pandemic will be made by the Senior Vice President for Academic Affairs & Provost in consultation with appropriate senior administrators. If the Provost is ill or unavailable, decision-making authority is delegated to the following officers, in the order listed:

- Senior Vice President for Health Sciences
- Senior Vice President for Academic System Administration
- Vice President for University Services
- Provost's designee under the delegation of authority policy

Authority to cancel classes does not reside at the collegiate or departmental level.

The University will base its pandemic influenza academic and teaching decisions on the best public health interest of faculty, students, and staff by seeking out and following Minnesota Department of Health recommendations regarding social distancing measures designed to prevent the transmission of influenza including the discontinuation of face-to-face gatherings.

The University will make all reasonable efforts to continue the teaching mission of the University during a pandemic with a goal of enabling students to continue to make progress in their studies and to complete their academic programs in a timely manner.

To that end, each college will implement procedures to insure that as many classes as possible can be offered online or using other formats (e.g., conference calls for small seminars) in the event that face-to-face gatherings are restricted.

Information about the status of University classes will be communicated broadly and repeatedly through multiple communication channels throughout the course of the pandemic (see Section VI. B. Communications).

Specific guidelines and policies are maintained by the Office of the Provost which will be communicated and implemented based upon pandemic-specific information. It is anticipated that the following guidelines will be utilized:

1. In the absence of official cancellation of classes by the University, faculty will be expected to teach their classes.
2. In consultation with and approval by their college or department, faculty may offer their classes in an alternative format. All changes to the customary way of teaching a particular class must be reported to the department head or college dean.
3. Faculty and instructional staff who miss classes or refuse to teach:
  - a. Faculty and instructional staff who are ill will be governed by the Sick and Disabilities Leave Policy.
  - b. Faculty and instructional staff who have a child, spouse, or other dependent or other immediate family members who is ill will be governed by the Family and Personal Leaves Without Pay Policy.
  - c. Faculty and instructional staff who fail or refuse to teach in the absence of illness will be subject to disciplinary action, including suspension of their pay, in accordance with the Tenure Code and any related or otherwise applicable policies.
  - d. For classes without an instructor, the college/department should attempt to assign another instructor.
4. Consistent with current practice, students will be expected to attend class unless classes are canceled.
  - a. Instructors may assign consequences for unexcused absences.
  - b. As currently is the case, students will not automatically be withdrawn from a class for not attending.
  - c. If a student becomes ill and cannot attend class, the student should inform the University. A note should be added to the student's record

indicating that the student has become ill and unable to attend class. Verification of illness may be required. The University will establish a procedure for working with these students to ensure completion (e.g., assigning make-up work, assigning the grade based on work completed, assigning an "I" grade, etc.) or withdrawal. Withdrawal policies and procedures will apply, but the University may entertain a petition for a late withdrawal based on documented medical or other exigent circumstances.

5. If classes, individually or campus-wide, are cancelled or suspended for some period of time, every effort should be made to arrange for completion of the semester.
  - a. In the event classes are cancelled or suspended campus-wide for some period of time, the University will determine whether enough class time has been held in order to certify completion of a semester and assignment of a grade, consistent with financial aid regulations and accreditation and licensure requirements. The University may alter the normal calendar in order to achieve the objective of completing the semester.
  - b. In the event individual classes are cancelled or suspended for some period of time, the relevant collegiate unit should, in consultation with the University Registrar and consistent with financial aid regulations and accreditation and licensure requirements, determine whether credit can be granted and a grade assigned, whether an alternative means of completing the course can be offered, whether the calendar for the course can be extended, whether break time during the remainder of the semester can be used to compensate for missed class time, or whether the class will simply need to be cancelled.

(Reference: Academic Task Force on Pandemic Influenza, Teaching Subcommittee Report, May 2007)

#### **D. Research**

Principal Response Personnel: The Office of the Vice President for Research has responsibility for determining and communicating all research-related response actions during an influenza pandemic.

It is anticipated that the major impact of a pandemic on research operations will be a reduction in the availability of research support personnel either as a result of illness, requirement for social distancing, or university-directed closure of specific buildings or functions. The maintenance of animal health and welfare is the most critical research services at risk from the anticipated consequences of an influenza pandemic as they represent priority 1 services.

**Animal Care**

Existing Research Animal Resources (RAR) emergency response policies provide coverage and advice for dealing with the majority of animal care issues expected to arise as a result of staffing reductions. Those policies and procedures will be implemented, actively monitored, and reviewed throughout the course of an influenza pandemic.

**Research and Laboratory Safety**

The Office of the Vice President for Research will announce the need to implement research continuity plans as needed throughout the course of an influenza pandemic. Research laboratory plans will include strategies to manage lab-specific consequences, including plans to “hibernate” some or all of the laboratory’s activities depending on staffing levels and/or social distancing recommendations.

**Clinical Human Subjects Research**

Individual Principal Investigators will be directed to review clinical protocols to assess potential impact from research staff absenteeism, critical supply delays or other issues. Specific response plans will be developed and implemented by individual Principal Investigators based upon specific clinical and healthcare objectives for subjects enrolled in clinical trials research.

**Administrative Issues**

All administrative issues related to obligations associated with sponsored research will be negotiated and/or managed by Sponsored Research Administration (SPA).

(Reference: Academic Task Force on Pandemic Influenza, Research and Outreach Subcommittee Report, May 2007)

**E. Housing**

Principal Response Personnel: The Director of Housing and Residential Life and Director of Contactor Administration, University Dining Services are responsible for implementing the response actions outlined in this section with administrative oversight from the Associate Vice President for Auxiliary Services. A Department Operations Center (DOC) will be established as needed to coordinate response efforts.

It is anticipated that many students who live on campus would begin to leave the University prior to the cancellation of in-person classes by the University. Therefore, response plans address both an exodus of students from the University prior to the cancellation of in-person classes, as well as plans to address the needs of residential students if the University cancels in-person classes due to an influenza pandemic.

**Monitoring Daily Census Counts**

At the earliest stages of a pandemic (based upon specific recommendations from the Health Emergency Response Team), Housing & Residential Life (HRL) will monitor the daily census in each on-campus residential facility through the combination of online self-reporting, staff monitoring, and a review of daily meal count data provided by University Dining Services. When instructed, or when observed that students are exiting

campus in numbers greater than typically experienced, HRL will immediately distribute a prepared communication to detailed instructions for residents leaving the University for a short or extended time. All communications sent to residential students will also be posted on the HRL and Health Preparedness websites, and will be sent to the Parent's Program Office for posting on the Parent Program website. The communication will also be sent via e-mail, through paper communication placed in all resident mailboxes, and posted in bathrooms, dining centers, and other common areas within each residential facility.

### **Monitoring Staff Absenteeism**

Both HRL and University Dining Services have established formal procedures to report daily employee absenteeism in the event of an influenza pandemic. All supervisory staff will be required to report daily absenteeism to the DOC by 9:00 a.m. on a daily basis. HRL will maintain basic custodial and maintenance services (trash removal, cleaning of bathrooms, critical repairs) in all residential facilities through the reassignment of staff to various facilities, if necessary, and through the closing of various public and private bathrooms. In the event that absenteeism among live-in residential life staff occurs and they are unable to perform their live-in staff responsibilities, other HRL staff from the Central Office will be assigned to perform daily work duties and other live-in staff and/or central housing staff will assume on-call duties between the hours of 4:30 p.m. – 8:00 a.m. daily.

### **Monitoring Resident Health**

Boynton Health Service will provide information and education to all residential students informing them of precautions they should take, and symptoms to monitor on a daily basis through a variety of methods. Students who develop symptoms/become ill will be instructed to report their daily health status via the daily census web-site, or by calling their Hall Business Office or the HRL DOC. BHS and AHC-OER staff will actively monitor this self-report information. BHS will implement a public health nursing model of one-on-one phone calls or visits to students reporting symptoms. Students who require isolation and quarantine will be actively monitored according to standards set by the MDH under the supervision of the AHC-OER. BHS will have responsibility to secure appropriate transport of ill students requiring inpatient care.

### **Thresholds for Closing or Consolidating Residential Facilities**

All residential facilities will remain open and operational unless the occupancy of a facility approaches 30% of the designated standard occupancy. Should occupancy fall below 30%, students in the facility will be moved to another residential facility for safety/security reasons and for service/operational efficiencies. If employee absenteeism exceeds 25% in any dining facility on campus, service hours and menus will be reduced prior to consolidating or closing facilities. If employee absenteeism increases to 40%, dining facilities will be closed and/or consolidated. University Dining Services will attempt to keep one retail operation and one residential dining operation on the East Bank, West Bank and St. Paul campus open as long as possible.

Should the University of Minnesota cancel in-person classes, HRL will inform residential students that they will be expected to return home and may need to remove their

personal belongings from their rooms/apartments. It is anticipated that 400-600 students may be unable to leave the University if classes are cancelled (international students and students that live more than an 8 hour drive from the Twin Cities). If this situation occurs, all but one pre-determined residential facility will be closed and remaining students will be moved/consolidated into one facility which will remain fully operational.

### **Housing Options for Isolation and Quarantine**

HRL has completed an assessment of housing options needed to effectively implement isolation and quarantine measures as outlined in Section VI. H. HRL maintains detailed operational plans regarding facilities, and modifications to their use, that meet U.S. Department of Health and Human Services guidelines for isolation and quarantine.

### **Broader Housing Needs On/Near Campus**

HRL will provide technical assistance and support to the Greek housing community and privately owned apartment complexes in the campus neighborhood through the sharing of plans and routine communication.

(Reference: Housing & Residential Life and University Dining Services Plan, Working Draft, July 5, 2006)

## **F. Health Services**

Principal Response Personnel: The Boynton Health Service Director and Chief Health Officer will have responsibility for the provision of health services on campus during an influenza pandemic.

Health services response plans assume that there may be an initial surge of students wishing to access information, advice, and medical care followed by an exodus of students as they return home. Plans assume the need to meet the increased demand for services early in a pandemic then a transition to provision of care for those remaining on campus. Boynton Health Service (BHS) will continue to address the day-to-day healthcare needs of their patients during a pandemic. However, it is anticipated that BHS will shift to an emergency triage and communication plan for patients seeking care, and that routine health visits will be suspended. BHS will work with HRL to care for ill students who remain in residence halls. BHS maintains and will implement detailed operational plans for the following:

- Clinical Services
  - Suspect case monitoring including modified clinic entry instructions and triage protocols.
  - Infection control protocols including patient isolation and use of personal protective equipment.
  - Treatment of suspect cases following MDH and CDC guidelines.
  - Patient follow-up and communication.
  - Protocols for the provision of care to those in residence halls including hourly review of online reports, effective communication to those needing assistance, patient evaluation, and patient care.

- Patient Communication
  - Informational phone lines
  - Posted information on BHS and Emergency Preparedness websites
  - Email notices
  - Collateral materials
- Internal BHS Communication
- Human Resources

The AHC will provide personnel surge support to Boynton Health Service through the U of M Medical Reserve Corps as requested and deemed appropriate by HERT.

### **G. Human Resources**

Principal Response Personnel: The Office of the Vice President for Human Resources has responsibility for monitoring human resource issues during a pandemic and developing policies and procedures as needed.

Human resources policies will be developed at the time of the event based upon the specifics of the pandemic situation. Policies will be communicated broadly and repetitively through multiple channels as outlined in Section VI. B. Communications. The Office of Human Resources will provide detailed instructions to supervisors and managers throughout the course of a pandemic.

The following guiding principles have been developed related to human resource issues during an influenza pandemic:

#### **Ensuring Continuity of Priority Services on Campus**

University departments will be instructed to be as flexible as possible to enable all faculty, staff, graduate assistants, and student-employees to work. These efforts shall include the opportunity to work from home and other remote locations where possible; allowing full-time employees to work part-time; using flexible work schedules; and other appropriate solutions.

Unless directed otherwise, individuals who are able to work should report for work, given their capabilities, and support the department or university in whatever capacity is needed. Faculty, staff, graduate assistants, and student-employees may be required to work outside their usual classifications.

Faculty, staff, graduate assistants and student employees will be asked to be as flexible as possible with regard to type of assignment and length or schedule of shifts, or other changes to their work that may arise during a pandemic crisis. Depending on availability of personnel, training may or may not be available. No employee will be asked to perform work that would endanger their health or safety.

#### **Implementing Social Distancing Measures**

To minimize the spread of disease, employees may be directed not to report to the workplace. If so directed, employees are not to report to the workplace. Employees shall

follow procedures outlined by their department or unit for maintaining contact for assignments and call-in.

### **Compensation and Benefits**

The University shall work within budgetary parameters to ensure the continuation of compensation and health care benefits for all employees, whether able to work or not, through the duration of a pandemic crisis. Health care benefits will continue to be available to employees throughout a pandemic influenza crisis. Benefits will not be cut off due to lack of paid status or an employee's inability to provide the employee portion of the cost. The University hopes to provide a minimum of two weeks of paid leave to all employees who are required to stay home during a partial closure of the campus during a pandemic flu. The length of this leave period will be determined based on an analysis of conditions after the crisis has passed.

Throughout a pandemic crisis, as the number of affected employees rises to the level that services such as local payroll are affected, all employees will continue to receive pay and benefits as if they remained working their regular schedule. As things return to normal, any necessary adjustments shall be made for usage of vacation, sick leave, and/or other leave as appropriate. Supervisors and managers will be expected to follow instructions for tracking the status of their employees throughout the crisis, e.g. actively working, working part time, ill and unable to work, able but without work, so that adjustments to leave balances, if necessary, may be made after the crisis.

(Reference: Academic Task Force on Pandemic Influenza, Human Resources Subcommittee Report, May 2007)

## **H. Public Health Response**

Principal Response Personnel: The Assistant Vice President for Public Health Response and the Health Emergency Response Team (HERT), with staff support from AHC-OER, is responsible for public health response actions on campus during a large scale public health emergency. An AHC Department Operations Center (DOC) will be established as needed to coordinate these efforts as well as other response activities and needs within the Academic Health Center.

In order to ensure consistency with the broader community, public health response actions will be based upon recommendations from the Minnesota Department of Health and the Centers for Disease Control and Prevention. AHC-OER will maintain communications with the Minnesota Department of Health and local public health departments, through 24/7 monitoring of the Health Alert Network, *MNTrac* (Minnesota system for Tracking Resources, Alerts, and Communications), and through direct and proactive consultation with MDH as needed.

### **Disease Containment Strategies**

Pandemic influenza disease containment strategies may include:

- Isolation and quarantine in campus housing for individuals or groups.
- Infection control measures such as respiratory etiquette, hand hygiene or the use of personal protective equipment.

- Reduction in routine University-related activities as part of a “snow days” strategy and social distancing strategies for employees who must work because their work is deemed essential (e.g. cancellation of face-to-face meetings, staggering of work shifts etc.).
- University-wide containment measures including cancellation of in-person classes or public gatherings.

University departments have the following responsibilities related to disease containment strategies:

AHC Office of Emergency Response/Health Emergency Response Team:

AHC-OER staff will obtain guidance from MDH on community containment measures including use of isolation and quarantine in University housing, cancellation of in-person classes or other group gatherings, and use of “snow days”. The recommendations will be reviewed by the Health Emergency Response Team (HERT) and University strategies regarding isolation, quarantine, class cancellation, and other containment measures will be determined by the HERT and forwarded to the Officer of the Day. Specific isolation and quarantine plans are maintained and updated as needed by the AHC-OER. The AHC-OER will activate the U of M Medical Reserve Corps as needed to meet the health needs on campus or in the community. AHC-OER will also serve as the primary point of contact for the Quarantine Station at the Minneapolis/St. Paul International Airport.

Boynton Health Service:

BHS will support isolation and quarantine measures within University housing by providing monitoring equipment and healthcare personnel to assist with monitoring students in isolation or quarantine, and will have primary responsibility for providing outpatient healthcare services as needed. BHS will work with the AHC-OER and LPH (or MDH) to assure that the monitoring and housing standards are consistent with HHS and MDH guidelines. A protocol will developed for entry of healthcare personnel into an isolation or quarantine site including use of personal protective equipment.

Housing and Residential Life:

HRL staff will work with AHC-OER to choose appropriate housing for students in isolation and quarantine based on HHS and MDH guidelines. They will assure that these facilities meet the HHS and MDH guidelines and that people in isolation or quarantine receive required essential services. HRL will implement a web-based system for students to check in while housed on campus during days in which community disease containment measures have been employed to assure the health and safety of those students.

Department of Emergency Management:

DEM will assist with isolation and quarantine implementation as needed, particularly related to non-clinical care issues.

University of Minnesota Police Department:

The UMPD will ensure the safety and security of all individuals living in and working in the residence halls.

Department of Environmental Health and Safety:

The Department of Environmental Health and Safety (DEHS) will collaborate with AHC-OER in providing emergency fit testing for essential personnel who require the use of personal protective equipment to perform duties during a pandemic. DEHS will also collaborate with AHC-OER and BHS to address issues related to facility ventilation, particularly as it applies to isolation and quarantine of persons housed in campus facilities.

(Reference: University of Minnesota-Twin Cities Campus Infectious Disease Containment Strategies, Working Draft, January 25, 2008)

### **Mass Dispensing/Mass Assessment**

It is unlikely that a system of mass dispensing or mass assessment (large scale non-acute patient triage) will be utilized in Minnesota during an influenza pandemic. However, the University of Minnesota-Minneapolis Campus has been designated as a primary mass dispensing site in the region for other emergencies such as an act of bioterrorism. The AHC-OER maintains plans for implementation of a mass dispensing site on campus including site specifications, supplies, and staffing plans. Those plans could be implemented during an influenza pandemic at the direction of the MDH.

### **Stockpiled Supplies**

The AHC-OER will coordinate assessments of the need for stockpiled supplies such as personal protective equipment, pharmaceuticals, and other materials on a periodic basis. Materials will be purchased and stored as funding and space constraints allow for use during an influenza pandemic.

### **Behavioral Health**

AHC-OER is coordinating the development of a campus disaster behavioral health response plan which draws upon the collective behavioral response resources on campus including:

- Boynton Health Service Mental Health Clinic
- University Counseling & Consulting Services
- University Employee Assistance Program
- International Student and Scholar Services
- U of M Medical Reserve Corps Mental Health Response Team
- Others

The HERT will monitor the need for behavioral health interventions and support systems on campus and will direct efforts to meet those needs throughout the course of a pandemic.

(Reference: Pandemic Influenza Planning, Mental Health, February 11, 2008.)

**I. Athletics Program**

Principal Response Personnel: Director, Intercollegiate Athletics

There are approximately 750 student-athletes competing in 25 sports at the University of Minnesota-Twin Cities Campus. Each year, hundreds of competitive events are scheduled from August through June.

In the event of a campus-wide suspension of in-person classes due to public health recommendations for social distancing, athletics events will also be cancelled. Decisions regarding cancellation of events will be made by the Athletics Director in consultation with the President/Officer of the Day, including cancellations necessitated by illness reported at a school to which a University team is scheduled to travel.

(Reference: Academic Task Force on Pandemic Influenza, Athletics Program Subcommittee Report, May 2007)

## VII. University Response Action Grids

The University’s response actions in each of the nine areas outlined in Section VI. will likely happen simultaneously with their timing determined by the specific nature of the pandemic over time. Pre-determined phases for pandemic planning and response have been developed at the international, national, and state level (Table 2). Response actions will also vary depending upon the severity of the pandemic. The CDC will determine the severity of a given pandemic based upon the proportion of deaths reported among clinically ill persons early in the pandemic and designate a Pandemic Severity Index of 1-5. The CDC will recommend specific community mitigation strategies based upon the designated Pandemic Severity Index (Table 3).

**Table 2: International, Federal, and State Planning and Response Phases**

<b>Highly Pathogenic Avian Influenza (HPAI) Outbreak</b>	<b>WHO Phase</b>	<b>U.S. Stage</b>	<b>Minnesota Response Phase</b>
	<b>Phase 1:</b> Low risk of human cases	<b>Stage 0:</b> New domestic animal outbreak in at-risk country	<b>Phase A0:</b> HPAI outbreak nonexistent or overseas
	<b>Phase 2:</b> Higher risk of human cases		<b>Phase A1:</b> HPAI outbreak in wild animal in North America
	<b>Phase 3:</b> No or very limited human-to-human transmission		<b>Phase A3:</b> HPAI outbreak in domestic animal in North America
			<b>Phase A4:</b> HPAI outbreak in domestic animal in Minnesota
			<b>Phase A5:</b> Recovery
<b>Pandemic Influenza Outbreak</b>	<b>Phase 3:</b> No or very limited human-to-human transmission	<b>Stage 1:</b> Suspected human outbreak overseas	<b>Phase P0:</b> Suspected human outbreak overseas
	<b>Phase 4:</b> Evidence of increased human-to-human transmission	<b>Stage 2:</b> Confirmed human outbreak overseas	<b>Phase P1:</b> Confirmed, sustained human-to-human transmission overseas
	<b>Phase 5:</b> Evidence of significant human-to-human transmission		
	<b>Phase 6:</b> Efficient and sustained human-to-human transmission	<b>Stage 3:</b> Widespread human outbreaks in multiple locations overseas	<b>Phase P2:</b> Suspected or confirmed human case in North America
		<b>Stage 4:</b> First human case in North America	
		<b>Stage 5:</b> Spread throughout the U.S.	
			<b>Phase P4:</b> Suspected or confirmed human case in Minnesota
		<b>Phase P5:</b> Limited outbreak in Minnesota	
		<b>Phase P6:</b> Widespread throughout Minnesota	
	<b>Stage 6:</b> Recovery and preparation for subsequent waves	<b>Phase P7:</b> Recovery and preparation for subsequent waves	

**Table 3: Summary of Community Mitigation Strategies by Pandemic Severity Index (CDC)**

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b> <b>Voluntary isolation</b> of ill at home (adults and children): combine with use of antiviral treatment as available and indicated	<b>Recommend</b>	<b>Recommend</b>	<b>Recommend</b>
<b>Voluntary quarantine</b> of household members in homes with ill persons (adults and children): consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	<b>Generally not recommended</b>	<b>Consider</b>	<b>Recommend</b>
<b>School</b> <b>Child social distancing</b> -dismissal of students from schools and school based activities, and closure of child care programs  -reduce out-of-school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks	Recommend: ≤12 weeks
<b>Workplace/Community</b> <b>Adult social distancing</b>  -decrease number of social contacts (e.g. encourage teleconferences, alternatives to face-to-face meetings)  -decrease distance between persons (e.g. reduce density in public transit, workplace)  -modify, postpone, or cancel selected public gatherings to promote social distance (e.g. stadium events, theater performances)  -modify work place schedules and practices (e.g. telework, staggered shifts)	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend

The University Response Action Grids (Grids A-F), presented in Table 4, are designed to reflect the likely response actions in each of the nine response areas at each phase of the pandemic (utilizing state-level response phases as a reference) and for various Pandemic Severity Indexes. The Response Action Grids will serve as a reference point for the Officer of the Day, and other administrators, throughout the course of the pandemic. Grids A-F are organized as follows:

- Grid A**            **Minnesota Response Phase P1**  
Confirmed, sustained human-to-human transmission overseas
- Grid B**            **Minnesota Response Phase P2-P3**  
P2: Suspected or confirmed human case in North America  
P3: Outbreak in the U.S.  
**Pandemic Severity Index > 1**
- Grid C**            **Minnesota Response Phase P4-P6**  
P4: Suspected or confirmed human case in Minnesota  
P5: Limited outbreak in Minnesota  
P6: Widespread cases  
**Pandemic Severity Index 1**  
Voluntary home isolation of ill adults and children recommended.  
No other social distancing recommended.
- Grid D**            **Minnesota Response Phase P4-6**  
P4: Suspected or confirmed human case in Minnesota  
P5: Limited outbreak in Minnesota  
P6: Widespread cases throughout Minnesota  
**Pandemic Severity Index 2 and 3**  
Voluntary home isolation of ill adults and children recommended.  
Voluntary quarantine of household members in homes with ill persons recommended.  
Child and adult social distancing recommended by the MDH for a period of 4 weeks.
- Grid E**            **Minnesota Response Phase P4-6**  
P4: Suspected or confirmed human case in Minnesota  
P5: Limited outbreak in Minnesota  
P6: Widespread cases throughout Minnesota  
**Pandemic Severity Index 4 and 5**  
Voluntary home isolation of ill adults and children recommended.  
Voluntary quarantine of household members in homes with ill persons recommended.  
Child and adult social distancing recommended by the MDH for a period of 12 weeks
- Grid F**            **Minnesota Response Phase P7**  
Recovery and preparation for subsequent waves

**Table 4: University Response Action Grids by Minnesota Response Phase, CDC Pandemic Severity Index and Response Area on Campus**

<b>GRID A</b>	
<b>Minnesota Response Phase P1</b>	
<i>Confirmed, sustained human-to-human transmission overseas</i>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ AHC-OER/DEM notifies all pandemic influenza response plan principal personnel with request to review respective response plan.</li> <li>▪ HERT meets to review information from state, federal, and international sources.</li> <li>▪ HERT develops recommendations for U of M travelers in affected areas.</li> <li>▪ HERT briefing is provided to the Officer of the Day.</li> <li>▪ AHC-OER contacts UMMC/UMP emergency managers.</li> <li>▪ DEM contacts representatives from coordinate campuses.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ AHC-OER and DEM maintain communications with HSEM and MDH through routine channels.</li> <li>▪ AHC OER: Confirm functionality of MNTrac system.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Acknowledge change in pandemic phase through normal communications channels; reference University pandemic influenza response plans.</li> <li>▪ Create additional messaging for students, staff, parents and faculty as needed.</li> <li>▪ Send alert of international travel recommendations through campus-wide email as needed.</li> <li>▪ Assure functionality of Health Emergency section of Emergency Preparedness website.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Review and confirm essential personnel rosters for essential services based on Operational Continuity Plans.</li> <li>▪ Discuss current IT resources for distance education and remote worksites.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Notice is sent to all faculty regarding pandemic influenza response plan policies.</li> <li>▪ In preparation for potential in-person class dismissal within weeks, all School and Colleges organize and prioritize distance education strategies.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Notify Principal Investigators about the potential for social distancing recommendations and assess impact on current research initiatives.</li> </ul>

<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Assure functionality of web based census system and educate residents and resident advisors on use.</li> <li>▪ University Dining Services: Consider need for expanded non-perishable food item orders.</li> <li>▪ AHC-OER, BHS, and Housing staff meets to review isolation and quarantine protocol and any education needed for residents returning from affected areas.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Conduct just-in-time training for health care professionals.</li> <li>▪ Activate surveillance system for patients seeking medical attention at BHS.</li> <li>▪ Assure use of masks for patients with a cough while visiting BHS.</li> <li>▪ Notify University housing health advocates to identify any students returning from affected areas and begin heightened surveillance for flu-like illness.</li> <li>▪ Behavioral Health: Prepare for possible transfer to remote services.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Review and confirm health emergency essential personnel roster.</li> <li>▪ Begin PPE fit testing of essential health emergency response personnel.</li> <li>▪ Contact CDC quarantine officer at airport to reconfirm notification plan.</li> <li>▪ Behavioral Health: Review and update, as relevant, postings for Mental Health website to address the possibility of an influenza outbreak.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Assure hygienic athletic training environment.</li> <li>▪ Consider just-in-time training for athletic staff in the recognition of signs/symptoms of flu.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ To be determined.</li> </ul>

<b>GRID B</b>	
<b>Minnesota Response Phase P2-P3</b>	
<i>P2: Suspected or confirmed human case in North America</i>	
<i>P3: Outbreak in the U.S.</i>	
<b>Pandemic Severity Index &gt;1</b>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Convene HERT: Develop briefing and recommendations to Officer of the Day.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Communicate with MDH regarding appropriate PPE and I/Q protocols based on available surveillance information.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Send messaging to students, staff, faculty and parents via website, email, and text-messaging as appropriate.</li> <li>▪ Create Pandemic Influenza Section for Emergency Preparedness website; ensure easy access for U of M homepage.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Assure 3 deep essential personnel for utilities, security, IT, facilities management.</li> <li>▪ Determine anticipated needs for campus housing of essential personnel.</li> <li>▪ FM to assist HRL in preparation for possible lodging of essential personnel.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Prepare for potential in-person class dismissal in days to weeks.</li> <li>▪ Assess progress on continuity of education plans.</li> <li>▪ Discuss potential class dismissals with Registrar.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Review laboratory-specific hibernation plans.</li> <li>▪ Assure emergency power availability for essential research equipment and storage.</li> <li>▪ Assess stockpile of animal feed, bedding, euthanasia materials, human food and water for essential personnel.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Consider initiation of web based census system.</li> <li>▪ Assess food stockpile with University Dining Services.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Review BHS Emergency Operations Plan.</li> <li>▪ Review antiviral and other relevant supplies.</li> <li>▪ Institute heightened surveillance for flu-like symptoms.</li> <li>▪ Assure and enforce use of face masks for all ill patients visiting BHS.</li> <li>▪ Consider utilization of N95s for healthcare personnel.</li> <li>▪ Behavioral Health: Respective units review with staff operating plans for remote services if illness spreads to campus community.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Determine need for messaging to employees regarding continued employment responsibilities.</li> </ul>

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<b>Public Health Response</b>	<ul style="list-style-type: none"><li>▪ Continue fit-testing of essential personnel.</li><li>▪ Review campus disease containment plan (including isolation and quarantine) with HRL.</li><li>▪ Behavioral Health: Post materials on Mental Health website.</li></ul>
<b>Athletics</b>	<ul style="list-style-type: none"><li>▪ Assure hygienic athletic training environment.</li><li>▪ Institute heightened surveillance for flu-like symptoms among athletes and staff.</li><li>▪ Prepare for potential cancellation of athletic events.</li><li>▪ Avoid travel to affected areas.</li></ul>
<b>Other</b>	<ul style="list-style-type: none"><li>▪ To be determined.</li></ul>

<b>GRID C</b>	
<b>Minnesota Response Phase P4-P6</b>	
<i>P4: Suspected or confirmed human case in Minnesota</i>	
<i>P5: Limited outbreak in MN</i>	
<i>P6: Widespread cases</i>	
<b>Pandemic Severity Index 1</b>	
<i>Voluntary home isolation of ill adults and children recommended.</i>	
<i>No other social distancing recommended.</i>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Convene HERT to discuss implications and strategy.</li> <li>▪ Provide briefing to Officer of the Day.</li> <li>▪ Brief other administrators as deemed necessary by the Officer of the Day.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Request guidance from MDH on appropriate social distancing and healthcare guidelines.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Provide campus-level information on influenza symptoms and recommendations for voluntary home isolation.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Plan on business as usual, but prepare for potential worsening of pandemic strain.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Clarify and communicate student absentee policies and procedures.</li> <li>▪ In-person class dismissal instituted only if recommended by the MDH (unlikely).</li> <li>▪ No other class dismissal unless absenteeism rates dictate and in consultation with the Provost.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Advise ill researchers to stay home.</li> <li>▪ Assure redundancy in essential animal care and research personnel.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Initiate web-based census monitoring if indicated.</li> <li>▪ Ensure resident understanding of influenza symptoms and recommendations for home isolation.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Coordinate with OER and HRL on the need for isolation and influenza self-care within University housing facilities.</li> <li>▪ Continue heightened influenza surveillance and appropriate PPE for staff.</li> <li>▪ Work with health advocates in University housing on influenza care and disease prevention.</li> <li>▪ Behavioral Health: Unit directors monitor and confer regularly regarding patterns of service demands and staff availability. Staffs are informed of outbreak service trends and recommendations to maximize availability of healthy staff. Boynton monitors and advocates for the availability of necessary psychotropic medications.</li> </ul>

<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Reinforce recommendations for ill employees to stay home.</li> <li>▪ Review sick leave policies.</li> <li>▪ Communicate detailed instructions to supervisors and managers.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Identify isolation sites for ill students who remain on campus as needed.</li> <li>▪ Coordinate with health services distribution of antivirals to ill students and contacts if available.</li> <li>▪ Assure ample available tissues, alcohol-based sanitizer in public domains.</li> <li>▪ Make face masks available for students who are ill.</li> <li>▪ Coordinate with MDH on appropriate surveillance procedures.</li> <li>▪ Behavioral Health: HERT receives report from mental health providers and determines need for additional campus-wide strategies as needed.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Reinforce recommendations for ill athletes to stay home.</li> <li>▪ Assure hygienic athletic training environment.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ To be determined.</li> </ul>

<b>GRID D</b>	
<b>Minnesota Response Phase P4-6</b>	
<i>P4: Suspected or confirmed human case in Minnesota</i>	
<i>P5: Limited outbreak in Minnesota</i>	
<i>P6: Widespread cases throughout Minnesota</i>	
<b>Pandemic Severity Index 2 and 3</b>	
<i>Voluntary home isolation of ill adults and children recommended.</i>	
<i>Voluntary quarantine of household members in homes with ill persons recommended.</i>	
<i>Child and adult social distancing recommended by the MDH for a period of 4 weeks.</i>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Open EOC as indicated and useful for the situation.</li> <li>▪ Open DOCs as needed (Housing, AHC, Other).</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Confer with MDH on likelihood and timing of Governor's declaration of state of emergency.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Conduct daily messaging via Emergency Preparedness website accessed through U of M homepage.</li> <li>▪ Consider mass email and/or text-messaging to alert students, staff, faculty, and parents to website availability.</li> <li>▪ Consider use of emergency voicemail system to communicate in-person class dismissal information as needed.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Assure 3 deep essential personnel for utilities, security, IT, facilities management.</li> <li>▪ FM to assist HRL in preparation for possible lodging of essential personnel.</li> <li>▪ Communicate IT barriers and options for distance education and remote worksites.</li> <li>▪ Consider potential for tiered building shutdown based on lack of essential personnel.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Prepare for a possible in-person or full scale class dismissal which could last for several weeks.</li> <li>▪ Discuss timing implications with Registrar.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Contact researchers regarding continuity of research plans.</li> <li>▪ Consider implementation of laboratory hibernation plans.</li> <li>▪ Assure adequate stockpile of animal feed, bedding, and euthanasia supplies.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Initiate or continue web-based census and health monitoring.</li> <li>▪ Ensure resident understanding of influenza symptoms and recommendations for home isolation.</li> <li>▪ Assure stockpile of food for residents in residence halls.</li> <li>▪ Consolidate housing resources as indicated in housing plan.</li> <li>▪ Provide housing for essential personnel, if needed.</li> </ul>

<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Implement planned reductions in routine services.</li> <li>▪ Activate emergency triage and communication plan at BHS as indicated by number of students needing care and staff available.</li> <li>▪ Administer antivirals as indicated.</li> <li>▪ Continue appropriate PPE for all BHS staff. Consider implementation of visiting nurse system within residence halls.</li> <li>▪ Coordinate with OER and HRL to assess need for isolation of the ill in residence halls.</li> <li>▪ Behavioral Health: Unit directors implement transition to remote services based on need for services and availability of staff. Decide extent to which regular services can be maintained or only crisis assistance provided. Boynton adjusts duration of prescriptions to cover periods of anticipated social distancing.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Reinforce recommendations for ill employees to stay home.</li> <li>▪ Implement social distancing protocols for employees as recommended by MDH.</li> <li>▪ Communicate detailed instructions to supervisors and managers.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Consider role of quarantine for persons potentially exposed in housing facilities as advised by MDH.</li> <li>▪ Identify isolation sites for ill students who remain on campus.</li> <li>▪ Coordinate with health services distribution of antivirals to ill students and contacts if available.</li> <li>▪ Assure ample available tissues, alcohol-based sanitizer in public domains.</li> <li>▪ Distribute face masks for students who are ill.</li> <li>▪ Distribute and confirm proper fit of N95 masks for personnel who have direct contact with an ill student.</li> <li>▪ Behavioral Health: HERT receives report from mental health providers and determines need for additional campus-wide strategies as needed.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Advise ill athletes to stay home.</li> <li>▪ Plan for potential cancellation of athletic events for up to 4 weeks.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ Assess current and projected campus-level financial implications.</li> </ul>

<b>GRID E</b>	
<p><b>Minnesota Response Phase P4-6</b></p> <p><i>P4: Suspected or confirmed human case in Minnesota</i></p> <p><i>P5: Limited outbreak in Minnesota</i></p> <p><i>P6: Widespread cases throughout Minnesota</i></p>	
<p><b>Pandemic Severity Index 4 and 5</b></p> <p><i>Voluntary home isolation of ill adults and children recommended.</i></p> <p><i>Voluntary quarantine of household members in homes with ill persons recommended.</i></p> <p><i>Child and adult social distancing recommended by the MDH for a period of 12 weeks.</i></p>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Open EOC.</li> <li>▪ Open DOCs as needed (Housing, AHC, Other).</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Confer with MDH and Governor’s office on state of emergency.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Conduct daily messaging via Emergency Preparedness website accessed through U of M homepage.</li> <li>▪ Consider mass email and/or text-messaging to alert students, staff, faculty, and parents to website availability.</li> <li>▪ Consider use of emergency voicemail system to communicate in-person class dismissal information as needed.</li> <li>▪ Provide campus-level information on influenza symptoms and recommendations for voluntary home isolation.</li> <li>▪ Ensure adequate behavioral health components within community messages.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Assure 3 deep essential personnel for utilities, security, IT, facilities management.</li> <li>▪ FM to assist HRL in preparation for possible lodging of essential personnel.</li> <li>▪ Communicate IT barriers and options for distance education and remote worksites.</li> <li>▪ Consider potential for tiered building shutdown based on lack of essential personnel.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Activate in-person class dismissal plans as recommended by the MDH.</li> <li>▪ Prepare for up to 12 week in-person class dismissal.</li> <li>▪ Determine those classes that require full dismissal due to inability to continue online or via some other mechanism.</li> <li>▪ Discuss timing implications with Registrar.</li> </ul>

<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Contact researchers regarding continuity of research plans.</li> <li>▪ Laboratory hibernation plans activated or ready to activate.</li> <li>▪ Assure adequate stockpile of animal feed, bedding, and euthanasia supplies.</li> <li>▪ Prepare for potential building shutdown and implementation of surveillance plan.</li> <li>▪ Consider activation of RAR disaster plan.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Continue web-based census and health monitoring.</li> <li>▪ Ensure residents and resident advisors understanding of influenza symptoms and recommendations for home isolation.</li> <li>▪ Consolidate housing resources as indicated in housing plan.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Participate in isolation care on campus as indicated.</li> <li>▪ Dispense antivirals if available.</li> <li>▪ Continue appropriate PPE for BHS staff.</li> <li>▪ Assist with care of students in residence hall isolation.</li> <li>▪ Activate Boynton emergency triage and communication plan as indicated by number of students requiring care and staff available.</li> <li>▪ AHC-OER: Provide staffing support to BHS as needed through deployment of U of M Medical Reserve Corps.</li> <li>▪ Behavioral Health: Continued monitoring of demand for services and availability of staff for primarily, and possibly entirely, remote services. Provide means for communication among staff when units are closed. Boynton adjusts duration of prescriptions to cover periods of anticipated social distancing.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Reinforce recommendations for ill employees to stay home.</li> <li>▪ Recommend cancellation of non-essential in-persons meeting as recommended by the MDH.</li> <li>▪ Modify worksite to maximize distance between workers.</li> <li>▪ Modify work schedules and practices as needed.</li> <li>▪ Communicate detailed instructions to supervisors and managers.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Consider role of quarantine for persons potentially exposed in housing facilities as advised by MDH.</li> <li>▪ Identify isolation sites for ill students who remain on campus.</li> <li>▪ Coordinate with health services distribution of antivirals to ill students and contacts if available.</li> <li>▪ Assure ample available tissues, alcohol-based sanitizer in public domains.</li> <li>▪ Distribute face masks for students who are ill.</li> <li>▪ Distribute and confirm proper fit of N95 masks for personnel who have direct contact with an ill student.</li> <li>▪ AHC-OER: Review requests from external sources for assistance from U of M Medical Reserve Corps.</li> <li>▪ Implement campus disaster behavioral health response plan including establishment of Campus Assistance Centers as needed.</li> </ul>

<b>Athletics</b>	<ul style="list-style-type: none"><li>▪ Advise ill athletes to stay home.</li><li>▪ Prepare for potential cancellation of athletic events for up to 12 weeks.</li></ul>
<b>Other</b>	<ul style="list-style-type: none"><li>▪ Assess current and projected campus-level financial implications.</li></ul>

<b>GRID F</b>	
<b>Minnesota Response Phase P7</b>	
<i>Recovery and preparation for subsequent waves</i>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Review timing to reconvene in-person classes as needed.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Request recommendation on suspension of social distancing measures from MDH as needed.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Communicate plans for re-institution of in-person classes as needed.</li> <li>▪ Ensure adequate behavioral health components within community messages.</li> <li>▪ Review information needed on Emergency Preparedness website.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Re-open shuttered buildings if staff available.</li> <li>▪ Assess IT capabilities and re-configure for next wave.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Re-institute in-person classes.</li> <li>▪ Assess successes/failures of distance learning.</li> <li>▪ Evaluate need for replacement instructors.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Re-open hibernated laboratories if staff available.</li> <li>▪ Assess stockpiled animal food, bedding and medication.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Prepare to re-open closed residence halls.</li> <li>▪ Sanitation procedures per MDH.</li> <li>▪ Suspend daily census website.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Suspend phone triage.</li> <li>▪ Assess pharmaceutical cache.</li> <li>▪ Assess PPE cache.</li> <li>▪ Behavioral Health: As health concerns subside and staff are available, transition services back to campus. Assess toll of the pandemic on unit staff and support staff personal recovery efforts.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Assess workforce by department.</li> <li>▪ Review leave/pay policies with existing situation.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Prepare for vaccination clinics as vaccine becomes available.</li> <li>▪ Behavioral Health: Review web materials for addressing current mental health issues such as grief and loss, continuing preoccupation with future health issues, and adjusting to “new normal” life circumstances.</li> <li>▪ Behavioral Health: HERT receives report from mental health providers and determines need for additional campus-wide strategies as needed.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Re-institution of athletic schedule as staff and athlete availability dictate.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ Assess current and projected campus-level financial implications.</li> </ul>

## VIII. Principal Personnel by Response Area

This information is on file with the Department of Emergency Management and the Academic Health Center Office of Emergency Response.

## IX. Relevant External Plans and Guidelines

Minnesota Department of Health. Pandemic Influenza Plan All Hazards Response and Recovery Supplement. Draft – Version 2.5. April 2006.

<http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/plan/mdhpanfluplan.pdf>

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