

WIU PANDEMIC PREPAREDNESS AND RESPONSE PLAN

AN ANNEX TO THE WIU EMERGENCY OPERATIONS PLAN

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I. PURPOSE

An influenza pandemic would disrupt the normal day to day activities of Western Illinois University (WIU). Although a pandemic is not easy to predict, the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have cautioned the global community that it is not a matter of if a pandemic will occur, but rather, when. When a pandemic does occur, everyone around the world is at risk, including rural communities such as ours.

Planning is the first step in preparing to manage the consequences of a pandemic. Planning can help to reduce the spread of disease, decrease the numbers of deaths and hospitalizations, help maintain essential services, and reduce the disruptions due to a pandemic. Since early 2005 Western Illinois University and community leaders have jointly participated in federal, state and local meetings, exercises and planning workshops. The University has established a Pandemic Influenza Preparedness and Response (PIPR) Committee whose mission is to create a framework for a graduated response based on cooperation and partnership with local authorities.

The Goal of the WIU Pandemic Influenza Preparedness and Response plan is two-fold: 1) Reduce illness and death due to pandemic influenza among students, employees and the community and 2) Provide a plan for business continuity that minimizes the impact of social disruption and economic loss. To achieve this goal, the PIPR Committee has established a prioritized list of planning objectives as follows:

- 1) Reduce the number of pandemic influenza cases and deaths;
- 2) Provide essential care for ill students;
- 3) Maintain critical operations and support services;
- 4) Provide housing and support services for students who cannot leave campus;
- 5) Provide support for students and faculty studying or working abroad;
- 6) Provide for academic continuity; and
- 7) Provide continuity for critical research.

The PIPR has further recognized that certain University operations are critical to successful implementation of the planning objectives. These operations include:

- 1) Communications;
- 2) Water and utilities;
- 3) Support services for essential personnel needed to conduct critical operations;
- 4) Security/public safety;
- 5) Health care services;
- 6) Housing and dining for students;
- 7) Mass distribution of anti-virals and/or vaccine;
- 8) Data preservation; and
- 9) Support for research animals and livestock operations.

II. INTRODUCTION

A pandemic is a worldwide outbreak of influenza that occurs when three conditions occur: 1) a new or novel strain of influenza type A emerges to which humans do not have immunity; 2) the novel virus causes serious illness in humans; and 3) the novel virus is spread easily from person-to-person. The current strain of Avian Influenza Type A H5N1 has met the first two conditions, but has not yet evolved into a strain that can be transmitted easily from person to person.

A pandemic differs from seasonal influenza that is already circulating in the human population. Generally, seasonal influenza is most serious to the very young, the elderly or to infirm individuals, causing annual deaths in the United States in excess of 34,000. On the other hand, the entire human population is susceptible to a pandemic influenza because it is a new virus strain. The 1918 pandemic was a severe pandemic; it is believed that the death toll in the United States alone exceeded 675,000 - disproportionately affecting healthy young adults from 15-35 years of age. This is particularly troubling to University populations that fit this demographic.

During the 1918 pandemic, Western Illinois University (then Western Normal School) temporarily closed its doors for 4 weeks during October and November of 1918. Social distancing measures were imposed including quarantine, closing of public schools, and the canceling of public gatherings places such as theatres. In spite of these measures, the death toll in the community due to influenza and complications increased. Although there was no influenza vaccine available in 1918, an effective vaccine would not be expected to be available for at least 6-8 months into a pandemic.

Today, based on 10,700 students attending the Macomb campus (2005 WIU Fact Book), potential total cases, outpatients, hospitalizations and deaths from pandemic influenza (assuming a 15% - 35% attack rate*) are as follows:

	Total Cases (likely) min-max	Outpatient (likely) min-max	Hospitalized (likely) min-max	Total Deaths (likely) min-max
On-Campus	(1217) 748-1685	(515) 280-749	(9) 4-14	(2) 1-4
Off Campus	(1518) 935-2102	(642) 351-934	(12) 6-18	(3) 2-4
Total Students	(2735) 1683-3797	(1157) 631-1683	(21) 10-32	(5) 3-8
Faculty/Staff	(625) 375-875	(332) 270-393	(4) 2-7	(1) 1-2

**estimates are based on CDC national projections*

These estimates are for planning purposes only, and do not take into consideration the vulnerability of specific groups or risk factors associated with communal living.

The WIU Pandemic Preparedness and Response Plan provides guidance for a graduated level of response that corresponds to the WHO Pandemic Phases.

III. SITUATION

Western Illinois University is located in West Central Illinois. The residential campus is located in Macomb, Illinois (pop 20,000). The Quad Cities campus is located in the Quad Cities (pop 400,000). Both campuses are located in the Mississippi Flyway, one of the four major migratory waterfowl pathways.

In the fall of 2006, approximately 11,370 students were enrolled at the Macomb campus, of which 5,085 were housed in a university residential setting, and 6,283 resided in off-campus dwellings. Slightly over 1,300 commuter students were enrolled at the Quad Cities campus. An additional 900 students attend as extension students.

- The Pandemic Influenza Preparedness and Response Plan is an annex to the Western Illinois University Emergency Operations Plan, which describes the overall emergency response procedures for Western Illinois University.
- This plan is supported by all applicable local, state, and federal plans including the *Illinois Pandemic Preparedness and Response Plan*, the *State of Illinois Emergency Operations Plan*, the *McDonough County Emergency Response Plan*, and the *McDonough County Health Department Pandemic Influenza Plan*.
- The plan applies to the Macomb and Quad City campuses, and all property and resources of Western Illinois University.
- This plan is based on the premise that incidents will be managed locally, although WIU recognizes that it may be considered a state asset under the *Illinois Pandemic Preparedness and Response Plan*, and will respond accordingly.

IV. ASSUMPTIONS

- The impact of a pandemic will be affected by when during the academic year it may occur.
- A pandemic may come and go in waves lasting from 6 to 8 weeks over a 4 to 9 month period.
- Workplace absentee rates could be as high as 25% over a 4 to 9 month period.
- As in the 1918 pandemic, the most vulnerable population includes 15-35 year old otherwise healthy individuals.

- The local resources would likely be overwhelmed during a pandemic, and may require that the university render services and provide assets to support the community response.
- The traditional classroom academic environment cannot be maintained during a pandemic without putting students and staff at increased risk of influenza. To achieve maximum effectiveness, a temporary campus closure should be initiated prior to the onset of widespread pandemic illness.
- It is possible that WIU may be compelled to close campus by local, state, or federal health authorities regardless of its desire to remain open.
- In the case of a temporary suspension of academic programs, the campus would close all university housing facilities.
- Approximately 650 out of state or international students may require temporary housing until travel arrangements could be made. Likewise, it is possible that the University would need to maintain an infirmary for ill students if local hospital resources are overwhelmed.
- Some students may not be able to return home due to worse conditions prevailing in their home community or country.

V. CONCEPT OF OPERATIONS

1. It is the responsibility of Western Illinois University to plan for the deployment of resources during an emergency affecting the students, employees and facilities of the University. The University will coordinate with local, state, and federal agencies to address the needs of the campus community.
2. WIU will have representation on or make personnel available to the McDonough County Emergency Operations Center (Macomb Campus), the Rock Island County Emergency Operations Center (Quad Cities Campus), and their respective Joint Information Centers (JIC), as well as any Unified Command or Area Command functions.
3. Employees and any group included in the plan will be briefed on the entire plan. Training will be provided to staff and others to assist them in their emergency response responsibilities.
4. The WIU response to pandemic influenza is a graduated response based on the intensity of events. It is an annex to the WIU Emergency Operations Plan.

5. The overall Direction and Control, and coordination of WIU's pandemic response will be accomplished through the staffing of the WIU Emergency Operations Center in accordance with the WIU Emergency Operations Plan.
6. WIU will utilize the National Incident Management System (NIMS) to manage the response to pandemic influenza.
7. The Pandemic Influenza Preparedness and Response Committee will function as an advisory body to the WIU Incident Command.

VI. COMMUNICATION

The University will utilize redundant communication systems depending upon the availability of each technology. Coordination of communication will be the responsibility of University Relations, Beu Health Center, and Risk Management and Emergency Preparedness.

- WIU Emergency Alert System (WEAS) - To enhance Western's emergency preparedness, the University implemented an emergency communications system. WEAS builds on current methods of information distribution and enhances Western's ability to quickly and reliably communicate with students and employees through voice, text, and e-mail messages in the event of an emergency.
- Web – The WIU Pandemic Preparedness and Response website (to be developed), linked to the University's home page, will be used for general public information. As needed, the webpage will include links to other useful information. This site will be updated as needed.
- E-mail – Existing mechanisms are in place for authorizing and sending mass e-mail (Tele-STARS@wiu.edu) to the campus community. As the situation develops, e-mail services for general use will be supported with essential staff and will include all faculty, staff, and student accounts as well as listserv services.
- Telephone – University land line telephones will be supported by essential staff and will include all current telephone lines. These telephones can be used to disseminate critical information to the campus via recorded voice mail messages. Cell phones may also be used for direct communication with critical employees as needed and as available.
- Media – critical messages may also be disseminated by University Relations staff via print, radio, television, electronic/website or by press briefings/conferences.
- Alternate communication methods – other methods of communication including two-way radios or ham radio operators may be utilized.

Level 0 Activities: Pre-Event Assessment and Planning

- The Pandemic Influenza Preparedness and Response Committee will meet regularly to discuss preparations for each level of response.
- Campus faculty, staff and students will be encouraged to become familiar with the details of the WIU Pandemic Preparedness and Response Plan.
- Once developed, the new WIU Pandemic Preparedness and Response website will be marketed to members of the University community and updates will be posted as needed.
- Educational campaigns on pertinent subjects such as hand hygiene, cough etiquette, flu shots, etc. will be initiated by Beu Health Center.

Level 1 Activities: Intense WIU Planning and Preparation

- Pandemic Preparedness and Response website will be updated as appropriate.
- E-mail alerts will be sent to the campus community via Tele-STARS.
- International Travel Advisories will be initiated for students and faculty abroad.
- All Departments will provide information to staff and students about departmental issues and care and safety of their families.
- Essential staff will be notified of alert status.

Level 2 Activities: WIU Preparing to Suspend Classes and Close the University.

- Information on the Pandemic Preparedness and Response website will be updated as appropriate.
- E-mail alerts will be sent to students, faculty, staff, parents/families, Trustees, State officials, and vendors apprising them of the status of activities on campus and steps being taken by the institution.
- Media will be alerted to the status of activities on campus and steps being taken by the institution.
- All departments will communicate procedures for closing with faculty, staff and students
- All departments will maintain staff phone trees.
- Study Abroad staff and students will be notified of emergency contact information.
- Essential employees will be briefed on communication methods to be used during temporary closure of University.

Level 3 Activities: WIU Suspends Classes and Temporarily Closes Campus

- Information on the Pandemic Preparedness and Response website will be updated as appropriate.
- E-mail alerts will be sent to students, faculty, staff, parents/families, Trustees, State officials, and vendors apprising them of the status of activities on campus and steps being taken by the institution.

- Media will be alerted to the status of activities on campus and steps being taken by the institution.
- Study Abroad will continue to keep students informed of the situation on campus and the institution's response.

VII. RESPONSE PLAN PHASES

WHO Phase	Definition	WIU Response Level	Criteria
1	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	Level 0: Pre-Event Assessment and Planning	<ul style="list-style-type: none"> • No increased risk to students, faculty and staff; normal activities • Seasonal influenza surveillance • Planning and Preparedness Activities
2	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low		
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.		
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	Level 1: Intense WIU Planning and Preparation	<ul style="list-style-type: none"> • Minimal immediate hazard to students, faculty and staff; campus open. • International travel advisories begin
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not get be fully transmissible (substantial pandemic risk).	Level 2: WIU Preparing to Suspend Classes and Close University	<ul style="list-style-type: none"> • Pandemic imminent • Imminent risk to students, faculty and staff • Coordinate social distancing measures with outside agencies • Preparations for temporary campus closing
6	Pandemic: increased and sustained transmission in general population	Level 3: WIU Suspends Classes	<ul style="list-style-type: none"> • Implement social distancing measures • Cancel classes and other scheduled activities • Evacuate housing facilities • Begin liberal leave for non-essential employees • Healthy essential employees report

WIU PANDEMIC PREPAREDNESS AND RESPONSE COMMITTEE*

Executive Management	Jack Thomas Joe Rives Garry Johnson	J-Thomas2@wiu.edu J-Rives@wiu.edu G-Johnson@wiu.edu
Student Health Service	Mary Margaret Harris John Smith Rick Iverson	MM-Harris@wiu.edu JW-Smith@wiu.edu R-Iverson@wiu.edu
Counseling/Mental Health	Jim DiTulio	JE-DiTulio@wiu.edu
Public Safety	Bob Fitzgerald Sam Moran	RE-Fitzgerald@wiu.edu SK-Moran@wiu.edu
Environmental Health and Safety	Pat Dowdall Nancy Parsons William C. Bailey	PC-Dowdall@wiu.edu NP-Parsons@wiu.edu WC-Bailey@wiu.edu
Public Affairs	Darcie Shinberger	DR-Shinberger@wiu.edu
Government Relations	Bruce Biagini	bbiagini@macomblawoffice.com
Facilities Management	Charles Darnell	CG-Darnell@wiu.edu
Operations and Finance	Jackie Thompson	JK-Thompson1@wiu.edu
Information Technology	Dan Romano	DA-Romano@wiu.edu
Institutional Research	Rhonda Kline	R-Kline@wiu.edu
International Studies	Murali Venugopalan Kevin Timlin	M-Venugopalan1@wiu.edu KJ-Timlin@wiu.edu
Housing/Residence Life	John Biernbaum George Holman Matt Bierman	J-Biernbaum@wiu.edu GP-Holman@wiu.edu MJ-Bierman@wiu.edu
Dining	Dan Murphy	
Human Resources	Andrea Henderson Stuart Clauson	AD-Henderson@wiu.edu GS-Clauson@wiu.edu
Student Representation	IHC, SGA reps	
Risk Mgt and Emergency Prep	Dana Biernbaum	DM-Biernbaum@wiu.edu
Telecommunications	Cyndy Moore Hank Knowles	CD-Moore@wiu.edu HT-Knowles@wiu.edu
McDonough Cty Emergency Services	Dan Kreps	DL-Kreps@wiu.edu

*Adapted from ACHA Annual Meeting, May 2006

PARTNER AGENCY CONTACT INFORMATION

Illinois Emergency Management Agency

Emergency Hotline (24 hours) and to reach

Illinois Department of Public Health

800-782-7860 (Illinois only) or

217-782-7860

Illinois Medical Emergency Response Team

1 S. 280 Summit Avenue, Court B-2

OakBrook Terrace, IL 60181

1-866-99-IMERT toll free

630-495-6403 x218

Fax: 630-495-0227

timc@imert.org

McDonough County ESDA

Dan Kreps

309-837-2686

McDonough County Health Department

505 East Jackson Street

Macomb, IL 61455

309-837-9951

Fax 309-837-1100

McDonough District Hospital

525 E. Grant

Macomb, IL 61455

309-833-4101

Rock Island County Health Department

2112 25th Ave.

Rock Island, IL 61201

(309)793-1955

Fax:309-794-7091

U.S. Centers for Disease Control and Prevention (CDC)

Emergency Response Hotline

770-488-7100

SOCIAL DISTANCING AND TEMPORARY CAMPUS CLOSURE

Consistent with *the Guidance for College and Universities* provided by the Department of Health and Human Services and the Centers for Disease Control and Prevention, the WIU plan addresses different outbreak scenarios. The most severe scenario is modeled after the 1918 Pandemic which left WIU campus closed for approximately one month during October and November. Part of the planning process involves identifying criteria that would make it prudent to encourage social distancing, suspend academic programs and close the campus for up to 12 weeks until the rate of transmission would subside.

The decision to increase social distancing measures, including a temporary campus closure rests with the President or his/her designee. Refer to *Declaration of a Campus State of Emergency, WIU Emergency Operations Plan*. The Pandemic Influenza Preparedness and Response Committee will serve as an advising body to the President and the WIU Emergency Management Team. The University will work closely with local and state agencies when making the decision to increase social distancing including temporary campus closure. Due to the nature of pandemic influenza, quarantine will be of little or no value in stemming the spread of illness.

Social Distancing Measures

- Coordinate cancellation of all athletic events with NCAA or other athletic conferences.
- Cancel all public gatherings and WIU sponsored events (orientation, Discover Western, UUB, Recreation Center, club sports, guest speakers, movies, etc.)
- Cancel all WIU related travel.
- Cancel academic programs except alternative (distance, on-line, etc) in some cases.
- Suspend research except that permitted as essential.
- Close residence halls.
- Restrict access to campus except by essential staff performing essential duties.
- Implement Work from Home procedures where possible.
- Maintain 3 feet person-to-person spacing where possible.
- Ghost shift changes – separate shifts by 15 minutes.

The following criteria will be used to recommend a temporary campus closure:

- WHO Declaration of Pandemic Phase 6 – increased and sustained transmission in the general population.
- First case of pandemic influenza in North America, and specifically the United States.
- High rate of infectivity, morbidity and/or mortality.
- Rate of disease spreading.
- Local, State and/or Federal public health recommendations to increase social distancing.
- Falling class attendance.
- Rising employee absenteeism.
- Other universities or school systems closing

CAMPUS SECURITY AND CONTROLLED ACCESS

WIU's Office of Public Safety will coordinate all aspects of campus security during a pandemic and temporary campus closure including building security, protecting stored supplies and restricting access to campus during a temporary campus closure. Special operations may include campus evacuation, temporary infirmary, temporary housing, POD operations, quarantine, and mass feeding operations.

1. OPS will maintain a list of critical functions and tasks by locations, as approved by each Vice-President and the WIU Pandemic Influenza Preparedness and Response Committee.
2. OPS will maintain a roster of essential personnel to perform essential functions and tasks as approved by each Vice-President and Human Resources.
3. Only essential personnel will be allowed access to campus during a temporary campus closure, and will be required to remain in areas restricted by the campus closure. Essential personnel will be required to wear a visible WIU identification card with a photograph while on University property performing essential tasks. Essential Staff will enter and exit campus through designated access points.
4. Visitors to campus will be restricted to approved vendors, cooperating agency representatives, and family members of students leaving campus or those in the temporary infirmary. Visitors must abide by restrictions imposed by OPS.
5. Pre-approved Vendors delivering essential supplies and equipment will be required to enter campus through approved access points.
6. OPS will assist in transport of ill students if other emergency transport is not available. Personnel transporting will be trained in use of appropriate personal protective equipment (PPE). Vehicles used for transport will be equipped with disinfectants, surgical masks for persons being transported, gloves and hazard waste bags.
7. OPS will establish ongoing communication with local police, fire and emergency response personnel in order to coordinate efforts for managing safety issues.

Locations of Critical Operations

Limited access for critical functions/tasks:

- Heating Plant
- Mowbray Hall (OPS and Command Center)
- Morgan Hall (Data Center)
- Olson Hall (temporary housing center)
- Western Hall (temporary infirmary)
- Sherman Hall Basement (telecommunications)
- Sherman Hall Third Floor (University Relations)
- Thompson Hall – (West Dining facilities)
- Physical Plant (maintenance and motor pool)
- Beu (medical supply storage)
- Memorial Hall (Communications and ESDA)

Animal Care and Research:

- Waggoner Hall (animal colonies)
- University Farm (animal facilities)
- Currens Hall (research)

STAFFING PLAN DURING A PANDEMIC

During a temporary campus closure due to a pandemic, essential personnel will be needed to conduct critical operations identified in the planning process. Each Dean, Department Chair, Director is responsible to identify critical functions under their jurisdiction, and essential staff positions needed to carry out these functions. WIU's *Policy on Limiting University Operations Because of Emergency Conditions* provides general guidance for staffing under emergency conditions.

1. During a temporary campus closure, only essential employees will be allowed access to assigned locations of critical operations. Non-essential employees will be restricted from access to campus. Essential employees will be cleared through the Office of Public Safety.
2. An essential employee is one who has been designated as vital to the operation of the facility, whose presence is required regardless of the existence of emergency conditions, and whose absence from duty could endanger the safety and well-being of the campus population and/or physical plant. Supervisors have the authority to designate an employee as essential.
3. Each phase of a pandemic should be considered when evaluating job descriptions. For example, staff may be essential at Level 2 but non-essential at Level 3. Employees are to be notified in writing of their designation as essential.
4. Essential positions should have 2 alternates competent to perform essential tasks.
5. WIU will provide PPE and training necessary to perform essential duties.
6. Essential healthy employees are subject to disciplinary action for not reporting to work, in accordance with WIU employee discipline policies.
7. Essential employees who are ill or are caring for ill family members are required to notify their supervisors. Employees too ill to notify supervisors should have a family member notify on their behalf.
8. Non-essential employees shall use accrued vacation time, compensatory time, or approved leave without pay consistent with WIU *Policy on Limiting University Operations Because of Emergency Conditions*.
9. "Safe" workers are personnel, whether essential or non-essential that have recovered from pandemic influenza. Non-essential safe workers may be deemed essential and provided just-in-time training to perform essential tasks.

EVACUATION AND CLOSING OF RESIDENCE HALLS

Residence Halls will proceed with an orderly closure and evacuation upon the decision of a temporary campus closure.

The circumstances and urgency surrounding the temporary campus closure will dictate the urgency of the residence hall closing and evacuation. A 24-48 hour closing will allow residents only enough time to pack essential items and make emergency transportation plans. A four to five day closing will allow for a more complete evacuation for students and families.

1. Upon the decision for a temporary campus closure, Housing staff will instruct students to a) pack belongings b) prepare room for departure and c) make travel arrangements.
2. Housing will expect all residence hall students to make arrangements to leave campus within the time allotted based on the temporary campus closure announcement.
3. Students unable to complete travel arrangements within the time specified will be assigned temporary housing by Housing staff. All students assigned temporary housing will be required to relocate within the time allotted by the temporary campus closure. Olson Hall is designated as the temporary housing location. It is anticipated that up to 650 students (international and others) may require temporary housing.
4. Students in temporary housing will be expected to continue working on travel arrangements and keep Housing staff informed of progress.
5. Only students assigned to temporary housing and essential staff will have access to temporary housing facilities.
6. Dining services will be available for students relocated in temporary housing. (see Appendix: Dining services).
7. Immediate Evacuation (24-48 hours): Before checking out of room, students are expected to:
 - Remove perishable items and unplug refrigerators
 - Remove trash
 - Move personal property off floor, and onto bed, dresser or closet
 - Pack essential belongings (valuables, medications, academic materials, necessary clothing, essential documents, pc/laptop)
 - Follow check out procedures. Students will not have access to rooms during a temporary campus closure.
8. Full Evacuation: (4-5 days) or within 2 weeks of semester end: Students should expect to remove all personal belongings and follow check-out procedures.

9. Go-West Transit may assist with evacuation to transport students to nearest transportation hub. Drivers will be trained in appropriate PPE and infection control procedures. Passengers with respiratory symptoms will be required to wear a surgical mask during transit. Buses will be equipped with disinfectants, surgical masks, biohazard bags and disposable gloves. After campus is closed, Go-West transportation will coordinate with McDonough County Transit System to temporarily suspend normal operations.

ACADEMIC PROGRAMS

General Information:

- A temporary closure of the University less than 2 weeks will allow for the semester to be completed.
- If the temporary closure requires more than 2 weeks, the semester may need to be extended.
- The semester may be extended by extending classes through break times, or summer sessions.
- Alternate forms of instruction (conference calls, online instructions, podcasts, self-study, etc.) will be used when available and appropriate.
- Closure within 4 weeks of the end of a semester may result in the University petitioning the IBHE to accept grades at the point of closure.
- The University has a refund policy on tuition, room, board, and fees. Any changes to this policy would be based on length of closure, cancellation of classes and/or granting of academic credit. The WIU Board of Trustees would approve any modifications to existing policies.
- During closures, research activities will be suspended, unless specifically deemed essential.
- Plans will be developed to care for research animals or livestock during closure periods consistent with the WIU Institutional Review Board.
- Provost will work with colleges and departments to develop emergency plans, including plans for research and facilities. A list of research activities/facilities that must remain open will be developed by the Office of the Provost.
- Emergency Coordinators in each academic building have been identified through University wide emergency planning and will serve as the primary contacts for information.
- Deans will ask each faculty member to discuss actions (5-10 minutes) to be implemented in case the campus is closed due to pandemic influenza. Faculty will also be requested to include a paragraph in their syllabi outlining how their courses will be completed in such an emergency. Faculty members will be asked to set up e-mail listserves for their classes and to consider how online teaching and other technologies could be utilized in their courses.

DEPARTMENT PRE-CLOSING CONSIDERATIONS

Pre-Closing tasks:

1. Identify any or all mandatory or essential operations, functions, or services to be staffed and maintained by members of your department, by off-campus service providers, and/or by affiliates that must remain partially or fully in operation during a temporary campus closure.
2. Identify essential staff members who are responsible for each task, as well as back-ups. Essential staff should be notified in writing of their status, and should be advised of the communications protocol during a closure. Essential staff should be told that they are not to report to work if they are sick and must call in until they are recovered. Essential staff should be offered influenza vaccinations and/or anti-viral medications if available to encourage compliance with this procedure.
3. Identify which, if any, work assignments can be completed from home by essential employees during a temporary closure.
4. Ensure departmental communication plan is in place and all employees have been notified of this protocol. Employees should update contact information as necessary.

Business and Administrative Operations

1. Ensure how current staff will continue to process timecards and approvals and assure sufficient back-up approvers are identified to process timecards and other payroll transactions in the event of a prolonged closure.
2. Identify which and how staff will continue to review/approve P-Card transactions during a closure, and which essential staff will be allowed to continue to process transactions.
3. Ensure all cash and check receipts are properly deposited prior to closure.
4. Identify any service contracts that include terms for services that must be curtailed once a temporary closure is announced.
5. Departments that maintain network servers containing essential business databases should determine the best means to continue these IT services.

Adapted with Permission from University of Maryland

DEPARTMENTAL PRE-CLOSING CHECKLIST

(To be implemented upon declaration of a temporary campus closure)

Closing of Offices, Work Rooms, Shops and Lab Areas:

1. Change messages on all active voicemail – both departmental numbers, and individual employee numbers.
2. Secure departmental assets: P-cards, keys, office equipment, etc.
3. Deposit cash, and checks.
4. Submit and approve timesheets.
5. Inspect, close, and lock all ground floor accessible windows
6. Remove all food and other perishable items from office refrigerators. Unplug each unit and leave door open.
7. Remove live plants by allowing employees to care for them at home.
8. Shut down computers that are not needed.
9. If applicable, refer to Checklist for Temporary Closure of Laboratories.

Employee Health And Safety

1. Distribute PPE to essential personnel as appropriate
2. On the day campus closes, collect unused PPE and deliver to the Office of Public Safety

CHECKLIST FOR TEMPORARY CLOSURE OF LABORATORIES

1. Return all chemical reagents to appropriate storage locations. Ensure all chemicals are properly labeled.
2. Return all biological materials to appropriate storage locations. Cultures in incubation chambers should be removed and terminated or stored as appropriate.
3. Autoclave all biological waste and dispose of properly outside building.
4. Decontaminate biological safety cabinet work surfaces, close sash and turn off fan
5. Return radioisotopes, select agents and controlled substances to properly-secured storage locations
6. Place all chemicals, stock solutions or samples that will remain on benches, fume hoods, tables, etc. intact closed containers, with proper label.
7. Terminate all on-going chemical processes and reactions (distillations, reflux, etc) and transfer chemicals to intact, closed containers with proper label. Store appropriately
8. Shut off all heat-producing equipment (ovens, hotplates, incubators, etc.) and unplug from wall.
9. Shut off all faucets and water supply cutoff valves to minimize leaks/flooding.
10. Shut off all compressed gas systems at the cylinder and bleed pressure from the lines
11. Disconnect power from all experimental apparatus and discharge stored energy (compressed air, hydraulic, etc.)
12. Shut off utility services valves (natural gas jets, compressed air, vacuum, etc).
13. If temperature-sensitive chemicals, microorganisms or radioisotopes are stored in refrigerators, or freezers, adjust thermostat to appropriate temperature and close/secure doors. Label unit with 3 x 5 card: "Temperature-Sensitive (chemicals, microorganisms and/or radioisotopes) are stored in ..."
14. Check that emergency contact information is correct for the laboratory warning sign.
15. Close fume hood sashes and turn off hood blowers. Close and lock all windows
16. Remove any trash from the lab and dispose of properly
17. Turn off computers and equipment that will not be needed.
18. Walk through all portions of lab, and conduct final inspection. Turn off light secure rooms.
19. Follow Animal Facility Closure Procedures if you are responsible for animal colonies.(coming soon).

Adapted with Permission from University of Maryland

STUDY ABROAD AND FOREIGN TRAVEL

The WIU Center for International Studies is responsible for coordination of international programs on campus, including the Office of Study Abroad. Existing University policies and procedures are in place for study abroad including communication protocols, pre-travel counseling, emergency procedures, evacuation, and repatriation. This office will be critical during an influenza pandemic to communicate with students and faculty traveling abroad, and assist in arrangements needed to ensure their safe return.

1. Students and faculty traveling abroad are provided with an updated copy of *Outbreak Notice, Human Infection with Avian Influenza A (H5N1) Virus Advice for Travelers* from the Centers of Disease Control and Prevention as part of their pre-travel counseling.
http://www.cdc.gov/travel/other/avian_influenza_se_asia_2005.htm
2. Situation updates of the Avian Flu from the WHO are routinely monitored by Study Abroad staff. http://www.who.int/csr/disease/avian_influenza/updates/en/index.html
3. Currently, the WHO does not recommend travel restrictions to areas experiencing outbreaks of highly pathogenic H5N1 virus. The University may, however, exercise the right to suspend official travel to such areas.
4. Currently the WHO does not recommend a restriction on screening travelers returning from areas affected by H5N1 Avian influenza. Depending on circumstances, the University may require monitoring of the health of recent travelers, prior to returning to duty or class.
5. During a temporary campus closure, students returning from a study abroad will be required to return directly to their homes or alternate living locations, and not to campus.
6. Official campus travel abroad for faculty/staff or students will be suspended during an influenza pandemic and temporary campus closure.
7. Faculty/Staff and Students already in a Study Abroad program or other official travel program when an influenza pandemic occurs will be contacted by the Center for International Studies for further action.

International students unable to return home or to alternate living locations during a temporary campus closure will be allowed to remain on campus in temporary housing until travel arrangements are completed. See Appendix: Housing.

EMERGENCY PLAN FOR DINING FACILITIES

Sodexo and Housing/Dining will make every effort to provide adequate safe food and water during a temporary campus closure. Supply chain disruptions are anticipated, and plans are in place for alternative food vendors and bottled water sources. Despite planning efforts, staffing and food supply issues may cause interruptions in services.

1. Upon the announcement of a temporary campus closure, Dining services will begin the process of converting to emergency procedures. Once campus is closed, food service will be restricted to Thompson Hall – West Dining.
2. The availability of food items will determine the menu, with perishable foods to be utilized first. Food choices will be limited, and dependent upon available supplies. Efforts will be made to observe special diet requirements (i.e. non-meat entrée).
3. Food will be portioned into carry out containers with disposable utensils. Congregate dining will not be permitted in order to increase social distancing.
4. Each person will be limited to one meal and beverage during each meal; unlimited portions will not be available.
5. Each person will swipe their own meal card using a portable card reader; cash will not be accepted.
6. Sodexo will work with Health Center staff to provide meals for ill students in a temporary infirmary.
7. WIU and Sodexo will work together to provide food and water to assist community response efforts if needed.
8. Essential staff may obtain food from the dining facility during a temporary campus closure, but are encouraged to bring food and beverages from home to increase social distancing.

INFECTION CONTROL DURING A PANDEMIC

Infection Control includes the use of personal protective equipment, cough etiquette, hand hygiene, and environmental controls designed to reduce the risk of transmission of infection. These recommendations are adapted from the basic guidance found in the *HHS Pandemic Influenza Plan Supplement 4: Infection Control* and are subject to change as a pandemic evolves and more information becomes available. Refer to at <http://www.hhs.gov/pandemicflu/plan/sup4.html> for updated information.

Influenza is mainly transmitted person to person through close contact (large respiratory droplets, direct contact or close by exposure to aerosols). For planning purposes, the University will focus on standard and droplet precautions as the standard for personal protective equipment (PPE).

The addition of airborne precautions, including respiratory protection (N95 filtering face piece respirator or other appropriate particulate respirator), may be considered for strains of influenza exhibiting increased transmissibility, during initial stages of an outbreak of an emerging or novel strain of influenza, and as determined by other factors such as vaccination/immune status of personnel and availability of antivirals. As the epidemiologic characteristics of the pandemic virus are more clearly defined, CDC will provide updated infection control guidance, as needed.

Basic Infection Control Measures

- The University will coordinate with local hospital and health care agencies for isolation of ill persons.
- If needed, the University will establish an infirmary to care for ill persons that cannot be accommodated at the local hospital or health care facility and are too ill to be at home (see Appendix: Infirmary).
- The University will promote respiratory hygiene/cough etiquette.
- The University will promote hand hygiene.

Infection Control for Patient Care

- Wear a surgical or procedure mask for close contact with infectious patients.
- Use contact and airborne precautions, including the use of N95 respirators, when appropriate.
- Wear gloves (gown if necessary) for contact with respiratory secretions.
- Perform hand hygiene after contact with infectious patients.
- Instruct persons who have “flu-like” symptoms to use respiratory hygiene/cough etiquette
- Promote use of masks by symptomatic persons in common areas (e.g., waiting rooms in physician offices) or when being transported (e.g., in emergency vehicles).

Hand hygiene

- Hand hygiene has frequently been cited as the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of standard precautions. The term “hand hygiene” includes both handwashing with either plain or antimicrobial soap and water and use of alcohol-based products (gels, rinses, foams) containing an emollient that do not require the use of water.
- If hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either non-antimicrobial or antimicrobial) and water.
- In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and convenience.
- Always perform hand hygiene between patient contacts and after removing PPE.
- Ensure that resources to facilitate handwashing (i.e., sinks with warm and cold running water, plain or antimicrobial soap, disposable paper towels) and hand disinfection (i.e., alcohol-based products) are readily accessible in areas in which patient care is provided.

Postmortem care

Follow standard facility practices for care of the deceased. Practices should include standard precautions for contact with blood and body fluids.

Laboratory specimens and practices

Follow standard facility and laboratory practices for the collection, handling, and processing of laboratory specimens.

Isolation

Isolation is the separation of a person or group of persons infected or believed to be infected with a contagious disease to prevent the spread of infection. Ill persons are usually isolated in a hospital, but they may be isolated at home or in a designated community-based facility, depending on their medical needs. Persons too ill to be cared for at home and not ill enough to be hospitalized will be isolated in the temporary infirmary. See Appendix: Infirmary.

Quarantine

Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of diseases. Because influenza can be readily spread up to two days before symptoms occur, quarantine is of little value in slowing the spread of a pandemic once the disease is present in a population. WIU will follow guidelines established by public health authorities in regards to quarantine on campus.

PERSONNEL PROTECTIVE EQUIPMENT (PPE) FOR STANDARD AND DROPLET PRECAUTIONS

PPE is used to prevent direct contact with the pandemic influenza virus. PPE that may be used to provide care includes surgical or procedure masks, as recommended for droplet precautions, and gloves and gowns, as recommended for standard precautions. Additional precautions may be indicated during the performance of aerosol-generating procedures or if the particular strain of influenza shows increased virulence warranting additional precautions.

Masks (surgical or procedure): Wear a mask when entering a patient's room. A mask should be worn once and then discarded. If pandemic influenza patients are cohorted in a common area or in several rooms on a nursing unit, and multiple patients must be visited over a short time, it may be practical to wear one mask for the duration of the activity; however, other PPE (e.g., gloves, gown) must be removed between patients and hand hygiene performed.

- Change masks when they become moist.
- Do not leave masks dangling around the neck.
- Upon touching or discarding a used mask, perform hand hygiene.

Gloves: A single pair of patient care gloves should be worn for contact with blood and body fluids, including during hand contact with respiratory secretions (e.g., providing oral care, handling soiled tissues). Gloves made of latex, vinyl, nitrile, or other synthetic materials are appropriate for this purpose; if possible, latex-free gloves should be available for workers who have latex allergy.

- Gloves should fit comfortably on the wearer's hands.
- Remove and dispose of gloves after use on a patient; do not wash gloves for subsequent reuse.
- Perform hand hygiene after glove removal.
- If gloves are in short supply (i.e., the demand during a pandemic could exceed the supply), priorities for glove use might need to be established. In this circumstance, reserve gloves for situations where there is a likelihood of extensive patient or environmental contact with blood or body fluids, including during suctioning.
- Use other barriers (e.g., disposable paper towels, paper napkins) when there is only limited contact with a patient's respiratory secretions (e.g., to handle used tissues). Hand hygiene should be strongly reinforced in this situation.

Gowns: Wear an isolation gown, if soiling of personal clothes or uniform with a patient's blood or body fluids, including respiratory secretions, is anticipated. Most patient interactions do not necessitate the use of gowns. However, procedures such as intubation and activities that involve holding the patient close (e.g., in pediatric settings) are examples of when a gown may be needed when caring for pandemic influenza patients.

If gowns are in short supply (i.e., the demand during a pandemic could exceed the supply) priorities for their use may need to be established. In this circumstance, reinforcing the situations in which they are needed can reduce the volume used. Alternatively, other coverings (e.g., patient gowns) could be used. It is doubtful that disposable aprons would provide the desired protection in the circumstances where gowns are needed to prevent contact with influenza virus, and therefore should be avoided. There are

no data upon which to base a recommendation for reusing an isolation gown on the same patient. To avoid possible contamination, it is prudent to limit this practice.

Goggles or face shield: In general, wearing goggles or a face shield for routine contact with patients with pandemic influenza is not necessary. If sprays or splatter of infectious material is likely, goggles or a face shield should be worn as recommended for standard precautions.

PPE for aerosol-generating procedures: During procedures that may generate increased small-particle aerosols of respiratory secretions (e.g., endotracheal intubation, nebulizer treatment, bronchoscopy, suctioning), healthcare personnel should wear gloves, gown, face/eye protection, and a N95 respirator or other appropriate particulate respirator. Respirators will be used within the context of the WIU Respiratory Protection Program that includes fit-testing, medical clearance, and training. Essential personnel will be rostered for just-in-time fit testing as the situation unfolds.

CLEANING AND DISINFECTION OF ENVIRONMENTAL SURFACES

Disposal of solid waste

Standard precautions are recommended for disposal of solid waste (medical and non-medical) that might be contaminated with a pandemic influenza virus:

- Contain and dispose of contaminated medical waste in accordance with facility-specific procedures and/or local or state regulations for handling and disposal of medical waste, including used needles and other sharps, and non-medical waste.
- Discard as routine waste used patient-care supplies that are not likely to be contaminated (e.g., paper wrappers).
- Wear disposable gloves when handling waste. Perform hand hygiene after removal of gloves.

Linen and laundry

Standard precautions are recommended for linen and laundry that might be contaminated with respiratory secretions from patients with pandemic influenza:

- Place soiled linen directly into a laundry bag in the patient's room. Contain linen in a manner that prevents the linen bag from opening or bursting during transport and while in the soiled linen holding area.
- Wear gloves and gown when directly handling soiled linen and laundry (e.g., bedding, towels, personal clothing) as per standard precautions. Do not shake or otherwise handle soiled linen and laundry in a manner that might create an opportunity for disease transmission or contamination of the environment.
- Wear gloves for transporting bagged linen and laundry.
- Perform hand hygiene after removing gloves that have been in contact with soiled linen and laundry.
- Wash and dry linen according to routine standards and procedures.

Dishes and eating utensils

Standard precautions are recommended for handling dishes and eating utensils used by a patient with known or possible pandemic influenza:

- Wash reusable dishes and utensils in a dishwasher with recommended water temperature
- Disposable dishes and utensils (e.g., used in an alternative care site set-up for large numbers of patients) should be discarded with other general waste.
- Wear gloves when handling patient trays, dishes, and utensils.

Patient-care equipment

Follow standard practices for handling and reprocessing used patient-care equipment, including medical devices:

- Wear gloves when handling and transporting used patient-care equipment.
- Wipe heavily soiled equipment with an EPA-approved hospital disinfectant before removing it from the patient's room. Follow current recommendations for cleaning and disinfection or sterilization of reusable patient-care equipment.
- Wipe external surfaces of portable equipment in the patient's room with an EPA-approved hospital disinfectant upon removal from the patient's room.

Environmental cleaning and disinfection

Cleaning and disinfection of environmental surfaces are important components of routine infection control in healthcare facilities. Environmental cleaning and disinfection for pandemic influenza follow the same general principles used in healthcare settings.

Cleaning and disinfection of patient-occupied rooms

- Wear gloves in accordance with facility policies for environmental cleaning and wear a surgical or procedure mask in accordance with droplet precautions. Gowns are not necessary for routine cleaning of an influenza patient's room.
- Keep areas around the patient free of unnecessary supplies and equipment to facilitate daily cleaning.
- Use any EPA-registered hospital detergent-disinfectant. Follow manufacturer's recommendations for use-dilution (i.e., concentration), contact time, and care in handling.
- Follow facility procedures for regular cleaning of patient-occupied rooms. Give special attention to frequently touched surfaces (e.g., bedrails, bedside and over-bed tables, TV controls, call buttons, telephones, lavatory surfaces including safety/pull-up bars, doorknobs, commodes, ventilator surfaces) in addition to floors and other horizontal surfaces.
- Clean and disinfect spills of blood and body fluids in accordance with procedures for blood borne pathogens.

Cleaning and disinfection after patient discharge or transfer

- **Clean and disinfect all surfaces that were in contact with the patient or might have become contaminated during patient care. No special treatment is necessary for window curtains, ceilings, and walls unless there is evidence of visible soiling.**
- Do not spray (i.e., fog) occupied or unoccupied rooms with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.

INFIRMARY

Depending on the severity and circumstances of a pandemic, it may be necessary to establish an on-site infirmary at Western Illinois University to care for ill students, staff and even members of the general public who are too ill to care for themselves.

1. Beu Chief of Staff will be the primary contact for the decision to establish a temporary infirmary on campus. This decision will be based on several factors including: the severity of the pandemic, the numbers of ill persons, the number of medical and support staff available to provide 24 hour care, the availability of beds at McDonough District Hospital, and whether or not a temporary community based facility has been established. The Beu Chief of Staff will consult with McDonough District Hospital Chief of Staff to determine if and when a temporary infirmary is needed.
2. A temporary infirmary would be established during a temporary campus closure to provide support services for those too ill to care for themselves. Persons with complications such as severe respiratory distress, will be transported to the nearest facility capable of providing advanced care, including ventilation.
3. The location of the temporary infirmary will be dependent on the level of need, and the number of staff available to provide care. Possible sites include Western Hall, Brophy Hall, or the Student Rec Center. These locations meet the minimum requirements of accessibility, restroom and shower facilities, large open areas to provide separation between patients, and ambulance access.
4. Beu Health Center will coordinate with Physical Plant and Housing/Dining Staff to establish a temporary infirmary, including the number and configuration of beds, mattresses, linens, tables, chairs, partitions, refrigerators, heating/cooling, etc., needed at a particular site. Beu staff will also coordinate the movement of medical supplies, PPE, and housekeeping supplies to the infirmary site.
5. The Office of Public Safety will provide a security plan for the temporary infirmary. Only authorized personnel will have access to the infirmary, including medical and support staff, housekeeping, maintenance, immediate family visitors and food service.
6. Strict observance of infection control measures and use of appropriate PPE will be required for personnel or immediate family visitors in the infirmary.

7. Signs will be posted on the entrances to the infirmary as to restricted access, visiting hours, and requirements for PPE.
8. Beu Health Center will disseminate information to students in temporary housing, as well as on-site housing staff regarding the signs and symptoms of pandemic influenza. Students who become ill while residing in temporary housing will be relocated to the temporary infirmary.
9. Beu Health Center staff will operate the temporary infirmary. Other University personnel, especially those who have recovered from the pandemic influenza, may be recruited to assist in various support roles at the infirmary, under the direction of Beu Health Center staff.
10. Each day, the number of ill patients, new patients, deaths, and discharged patients will be reported to the McDonough District Hospital, and the McDonough County Health Department.
11. Deaths will be reported in accordance with University policy. The University will provide temporary holding for bodies until transfer to the mortuary or temporary mortuary facility.
12. Students that are discharged from the infirmary may return to temporary housing, or continue with previous travel plans.

MONITORING AND CARE FOR ILL PERSONS

Keep a care log. Record the following information about the ill person at least once each day or more often as symptoms change, along with the date and time.

- Check the patient's temperature
 - Check the patient's skin for color (pink, pale or bluish) and rash
 - Record the approximate quantity of fluids consumed each day and through that night
 - Record how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown, or red)
 - Record all medications, dosages and times given
- **Keep the ill person as comfortable as possible.** Rest is important.
 - **Keep tissues and a trash bag** for their disposal within reach of the patient.
 - **Keep in mind that fever is a sign that the body is fighting the infection.** It will go away as the patient is getting better. Sponging with lukewarm (wrist-temperature) water may lower the patient's temperature, but only during the period of sponging. Do not sponge with alcohol.
 - **Watch for complications of influenza.** Complications are more common in individuals with health conditions such as diabetes, heart and lung problems, but may occur with anyone who has the flu:
 - Has difficulty breathing, fast breathing, or bluish color to the skin or lips
 - Begins coughing up blood
 - Shows signs of dehydration and cannot take enough fluids
 - Does not respond or communicate appropriately or appears confused
 - Complains of pain or pressure in the chest
 - Has convulsions (seizures)
 - Is getting worse again after appearing to improve
 - Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

Medications

- Use ibuprofen or acetaminophen or other measures, as recommended by the healthcare provider, for fever, sore throat and general discomfort.
- Do not use aspirin in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness.
- Anti-virals used for treatment will follow the priority group guidelines established by the McDonough County Health Department Pandemic Influenza Plan. Illinois is working to stockpile two anti-viral drugs, oseltamiver and zanamiver.

Fluids & Nutrition

- If the patient is not vomiting, offer small amounts of fluids frequently to prevent dehydration, even if he or she does not feel thirsty. If the ill person is not eating solid foods, include fluids that contain sugars and salts, such as broth or soups, sports drinks, like Gatorade® (diluted half and half with water), Pedialyte® or Lytren® (undiluted), ginger ale and other sodas, but not diet drinks. Regular urination is a sign of good hydration.

Recommended minimum daily fluid intake, if not eating solid food:

- Young children – 1-1/2 oz. per pound of body weight per day
 - (Example: A 20 lb. child needs approximately 30 oz. fluid per day)
 - Older children and adults – 1-1/2 to 2-1/2 quarts per day
- If the patient is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the patient vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saline crackers, soup, mashed potatoes or rice. Gradually return to a regular diet.
 - Babies who are breast-fed and vomiting can continue to nurse. Feed smaller amounts more often by breast-feeding on only one breast for 4-5 minutes every 30-60 minutes or by offering teaspoonfuls of Pedialyte® or Lytren® every 10 minutes.
 - Make sure the patient avoids drinking alcohol and using tobacco.
 - Watch for signs of dehydration: Weakness or unresponsiveness
 - Decreased saliva/dry mouth and tongue
 - Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out into its usual shape right away. If patient is dehydrated, the skin will “tent” or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
 - Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8-12 hours.
 - If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the patient’s overall condition. These are signs that the increased

fluids are working.

- Children under 5 years: Give 1 ounce fluid per pound body weight over 4 hours (Example: A 20 lb. child needs 20 oz. or 2-3 cups over 4 hours)
- Older children & adults will need 1-2 quarts of fluids over the first 4 hours

COUNSELING

Although little data is available on the mental health impacts of outbreaks of disease, it is anticipated that an influenza pandemic would generate increased stress in family and work environments, including traumatic stress, especially in response personnel. Behavioral risk factors of alcohol and drug use may increase under increased stress. Potential loss of life may trigger the need for grief counseling. For additional information, see *Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak*, <http://www.usuhs.mil/psy/CSTSPandemicAvianInfluenza.pdf> Center for the Study of Traumatic Stress and American Public Health Association included as an attachment to this appendix.

1. The University Counseling Center (UCC) will coordinate counseling services provided for students and staff during an influenza pandemic.
2. UCC will work closely with community mental health providers to coordinate provision of services.
3. Beu Alcohol and Other Drugs (AOD) staff will be reassigned to the UCC to provide additional counseling staff as needed.
4. UCC will work closely with University Relations and Beu Health Center on risk communication strategies to decrease health risk behaviors and normalize reactions to stress.
5. Alternative means of delivering counseling will be utilized to encourage social distancing, including telephone, teleconferencing, and on-line services.

POINT OF DISPENSING CENTER (POD)

Western Illinois University in collaboration with the McDonough County Health Department has established and evaluated a Point of Dispensing Center (POD) on campus to distribute medications/vaccines through the Strategic National Stockpile.

1. The county health department is the incident command agency in POD deployment, in accordance with *the McDonough County Health Department Strategic National Stockpile Plan*.
2. The decision to become a POD will be made in consultation with University and public health personnel, and will be based on the need in the community, and availability of campus resources. Residents from the surrounding community would be served at the POD.
3. The Office of Public Safety is the lead agency for POD security on campus, and has developed plans to work with multi-jurisdiction law enforcement agencies.
4. The Beu Health Center will provide medical and support staff to augment county health department personnel in staffing a POD.
5. Medications and vaccines will be provided according to priority risk groups identified in the *McDonough County Pandemic Influenza Response Plan*.

KEY TERMS AND ACRONYMS

CDC. Centers for Disease Control and Prevention

Critical Infrastructure. Systems and assets, whether physical or virtual, so vital to the University that the incapacity or destruction of such systems or assets would have a debilitating impact on security, economic security, public health or safety, or any combination of those matters.

ESDA. Emergency Services and Disaster Agency

Essential Function. Functions that are absolutely necessary to keep WIU operating during an influenza pandemic, and critical to survival and recovery

Essential Personnel. One who has been designated as vital to the operation of the University, whose presence is required regardless of the existence of emergency conditions, and whose absence from duty could endanger the safety and well-being of the campus population and/or physical plant.

Ghost-Shift Changes. Allowing a time lag between shift changes to minimize person-to-person contact

HHS Health and Human Services

ICS Incident Command System

IDPH Illinois Department of Public Health

IEMA. Illinois Emergency Management Agency

Isolation. The separation of a person or group of persons infected or believed to be infected with a contagious disease to prevent the spread of infection. Ill persons are usually isolated in a hospital, but they may be isolated at home or in a designated community-based facility, depending on their medical needs.

JIC. Joint Information Center

NIMS. National Incident Management System

POD. Point of Dispensing site used for mass vaccination or dispensing of medications.

PPE Personal Protective Equipment – clothing, uniforms, helmets, respirators, or other equipment that may be necessary to protect response personnel from being exposed to the danger to which they are responding. The appropriate PPE to use in the event of an emergency depends upon the response agency's responsibilities and the nature of the emergency.

Quarantine. The separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of diseases.

Safe Workers. Personnel, whether essential or non-essential that have recovered from pandemic influenza.

REFERENCED MATERIAL

Blueprint for Pandemic Flu Preparedness planning for Colleges and Universities, Gallagher Higher Education Practice Group, Jan 2006

Campus Housing Guidelines for Pandemic Planning, ACUHO-I, Sept 29, 2006

Colleges and Universities Pandemic Influenza Planning Checklist, Dept of Health and Human Services and the Centers for Disease Control and Prevention, Version 2.2, March 20, 2006

Guidelines for Pandemic Planning, American College Health Association Guidelines, July 7, 2006

HHS Pandemic Influenza Plan, November 2005

http://www.umd.edu/emergencypreparedness/pandemic_flu/

McDonough County Health Department's Pandemic Influenza Plan, August 1, 2006

Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak, Center for the Study of Traumatic Stress and American Public Health Association

Pandemic Influenza Preparedness and Response Plan, State of Illinois, Version 2.04 (final draft), March 17, 2006

Report on the Estimated Impact of the Next Influenza Pandemic on Illinois, Illinois Department of Public Health, April 10, 2006

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