

Whitman College Pandemic Response Plan

August, 2009

Table of Contents:

Part 1: OVERVIEW

I. General Information - 3

- A. Document Parts - 3
- B. The Importance of Pandemic Planning - 3
- C. Planning for an Emergency at Whitman - 4
- D. Whitman College's Emergency Management Plan - 5
 - a. Emergency Operations Group - 5
 - b. Emergency Policy Group - 6

II. Introduction to Pandemics - 7

- A. Characteristics of an Influenza Pandemic -7
- B. Vaccines and Antivirals - 8
- C. Nonpharmaceutical Interventions (NPIs) - 9
- D. Business Continuity - 11
- E. Planning in the Face of Uncertainty and Unknowns - 11

III. Getting Started - 12

- A. Emergency Management Plan -12
- B. Pandemic Planning Team -13
- C. Strategy - 13
- D. Triggers for Moving Plans to Action -13
- E. Roles and Responsibilities of Key Personnel -14
 - a. Office of the President and the Emergency Policy Group -14
 - b. Emergency Operations Group -14
 - c. Pandemic Planning Team -14
 - d. Office of the Dean of Faculty -14
 - e. Other College Departments -15
 - f. Public Health Entities - 15

Part 2: PLANNING GUIDELINES

IV. Planning Assumptions and Guidelines -15

- A. Health/ Medical Planning Assumptions -15
- B. Business Planning Assumptions -16
- C. Pandemic Phases and Severity Levels -17
 - a. WHO Phases and CDC Severity Index -17
 - b. USDHHS Response Stages - 19
 - c. Whitman College Severity Levels/charts - 21
- D. Guidelines for Identifying Alternate Methods for Delivery of Services and Classes - 28
- E. Off site and Outlying Locations - 29
- F. Guidelines for Infection Control Policies and Procedures - 29
- G. Health Alert Network (HAN) - 30
- H. Supplies and Inventory – 30

- I. Emergency Status Data Base - 30
- J. Training and Exercises - 31
- V. Department Planning - 31**
 - A. The Campus Community - 31
 - B. Communications Department - 32
 - C. Technology Services - 34
 - D. Office of the Dean of Faculty – 35
 - E. Dean of Students Office - 35
 - F. Welty Health Center - 35
 - G. Physical Plant Services - 37
 - H. Campus Security - 38
 - I. Residence Life - 39
 - J. Food Services - 40
 - K. Human Resources - 41
 - L. Business Office - 42
 - M. Admissions and Financial Aid - 42
 - N. Intercultural Office – 43
 - O. Study Abroad Office - 43
 - P. Academic Resource Center - 45
 - Q. Off-Campus Students – 45
 - R. Counseling Center - 45
 - S. Conferences and Events - 45
 - T. Research – 46
 - U. Faculty/Staff Preparation - 46

Part 3: RESPONSE AND RECOVERY

VI. Specific Response Information - 47

- A. Pandemic Phases and Suggested Actions - 47
- B. Preparing for a Partial or Total Closure of the Campus - 47
- C. Critical Decision Makers - 47
- D. Implementing Pandemic Response Plans - 47
 - 1. Pre-level - 48
 - 2. Level 1 response – All departments - 48
 - 3. Level 2 response – All departments - 51
 - 4. Level 3 response – All departments - 54

VII. Recovery Processes - 55

- A. Recovery - 55
- B. Establishing Criteria and Processes for Business Resumption - 55
- C. Analysis and After Action Reports – 56

Part 4: RESOURCES AND REFERENCES

- A. General Information on Pandemic Influenza - 56
- B. Information for Colleges and Universities - 57
- C. Information for Personal Planning - 57
- D. Information for Whitman College - 58
- E. Personal Protective Equipment - 58
- F. Department of Health and Human Services Checklist for Families and Individuals - 58
- G. Pandemic Planning Team Contact Information – 60
- H. Acronym Dictionary – 61

Part 1: Overview

I. GENERAL INFORMATION

Whitman College has formulated a **Pandemic Response Plan** to address the multiple levels of public safety and college operations should a flu pandemic occur. This document provides general and specific guidelines that will inform the college's response to a pandemic. This plan summarizes key considerations provided by numerous governmental, medical and emergency response agencies. Many resources were drawn upon to construct this plan and in the spirit of gratitude for the explicitly 'allowable' sharing of such extraordinary work, We would like to initially cite the following organizations and institutions that are woven into various sections throughout this document, including: The **World Health Organization** (www.who.int/en/), the **Centers for Disease Control and Prevention - Colleges and Universities Pandemic Influenza Planning Checklist** (www.cdc.org), the **American College Health Association** (www.acha.org), and the **US Department of Health and Human Services** (www.pandemicflu.gov). Templates, summaries and examples from other college's pandemic plans have been used (with permission) to direct the organization of this plan, particularly from **Colorado State University** (www.safety.colostate.edu) and the **University of California, Davis** (www.ucdavis.edu). The development and implementation of Whitman College's Pandemic Response Plan is tailored to the specific needs and functions of Whitman College but clearly follows the standard guidelines and protocol advised from the leading professionals in the field.

A. Document Parts

This document is divided into four parts:

Part 1: Overview - The first part of this document offers an overview of the pandemic threat, the importance of pandemic preparedness planning, and how to get started.

Part 2: Planning Guidelines - The second part will outline the specific areas that should be considered in planning. In addition to providing guidance to each component of the college in preparing their internal plans, these guidelines describe actions that should be taken to coordinate and synchronize those individual plans into a college-wide Pandemic Response Plan.

Part 3: Response and Recovery - The third part details the centralized response by the college and responses by several key college areas during a pandemic and during the recovery phase after a pandemic.

Part 4: Resources and References - Part 4 provides general information about pandemic planning and specific resources for individuals and organizations.

B. Importance of Pandemic Planning:

In 2005, the **World Health Organization (WHO)** and the **Centers for Disease Control and Prevention (CDC)** issued a worldwide warning for a possible flu pandemic from avian influenza ("bird flu") or the **H5N1** influenza virus. **WHO** and the **CDC** see the risk as "high" and due to the current knowledge about the mutations and dissemination of viral infections. Organizations and individuals have a unique opportunity to plan for the next pandemic, and thus to mitigate its impact. Although experts cannot predict when the next pandemic will occur, they agree that it will occur at sometime in

this century. A pandemic would have a worldwide impact with an unpredictable timeline and potential for broad dispersion. Major disruptions are likely for health care, transportation, infrastructure, education, suppliers, and other public services. Physical facilities will not be damaged but will need vigilant attention to maintain operations. High illness and death rates will lead to significant absenteeism which will greatly affect the operations of life on all levels locally, nationally and internationally.

However, in April of 2009, after more than 40 years without a pandemic outbreak, a new strain of flu was detected in Mexico City (H1N1) and showed the potential to create a pandemic due to it being a novel strain with mixed origins of avian, swine and human antigens. On April 25, 2009, the WHO deemed H1N1 a public health emergency due to its rapid spread and on June 11, 2009, the WHO raised their alert level to #6, which is the highest level of alert for the WHO. H1N1 proved to be spreading rapidly but it had very low virulancy with a CFR of less than 0.1%, therefore the CDC did not even declare an alert level on their severity index. As of August 4, 2009, the WHO reported that there were 162,380 laboratory confirmed cases of H1N1 and 1,154 deaths, however, the suspected cases of illness could be well over this number.

H1N1 gave Whitman an opportunity to test its preparedness for a pandemic and further the refinement of response plans. This document is not intended to offer extensive information about the nature of viruses, **H1N1** or **H5N1**. Rather, it is to assist the college community in engaging in thoughtful discourse in the formulation of a flexible, adaptive response plan that is tailored to the needs and resources of Whitman.

C. Planning for an Emergency at Whitman

The purpose of these guidelines is to inform Whitman College's emergency planners in the development of a college-wide pandemic preparedness plan and to assist the entire college community in learning about and preparing for a pandemic on a personal level. Emergency preparedness planning is essential because it affords large institutions, like Whitman College, an opportunity to respond more effectively to a number of emergency situations, including a future pandemic. Whitman College has an **Emergency Management Plan** that provides guidance to all elements and operations of the college to prepare for, respond to, and recover from both man-made and natural disasters, and major emergencies.

Emergency planning at Whitman follows four fundamental concepts:

1. preparedness,
2. mitigation,
3. response, and
4. recovery.

A sub-plan of the college's **Emergency Management Plan** is the **Pandemic Response Plan** which addresses the specific guidelines and actions unique to a pandemic.

The major goals of Whitman's pandemic plan are to:

1. reduce illness and death;
2. minimize social and educational disruption;

3. insure the college's ability to continue core and critical functions; and,
4. minimize economic losses.

Before and during a pandemic, Whitman College will work in close cooperation with the state and local departments of health, local law enforcement agencies, and key state agencies. These planning guidelines assume a concurrent development of response plans by government public health officials and local medical facilities to address treatment measures arising from an international pandemic. These guidelines also assumes that Whitman College will coordinate its plans and responses with appropriate agencies, such as federal, state and local agencies (**CDC, FEMA, USDHHS, WSDOH, WWCHD, WWFD, WWP**, the **Red Cross**, and other outside agencies – see **Part 4-H** for definitions). The Plan intends to be in compliance with all state laws and regulations and will be updated to include planning by state and other pertinent agencies, when this information becomes available.

Every effort has been made to ensure inclusion of all essential elements in an influenza pandemic plan; however, this is a dynamic document. In addition, no plan can anticipate or alleviate the scope of a pandemic and its impact on a community. Individual responsibility for safety and well-being should be emphasized. Modifications, improvements and enhancements to the Whitman College **Pandemic Response Plan** will be transmitted to the campus as they become available.

D. Whitman College's Emergency Management Plan

Whitman College currently has an **On-Campus Emergency Management Plan** set up to respond to a crisis or emergency incident. The **Emergency Management Plan (EMP)** consists of an **Emergency Management Team (EMT)** that is under the direction of the President and is divided into two management groups:

a. The Emergency Operations Group (EOG)

The Emergency Operations Group is responsible for immediate, short-term emergency management functions and will operate from the Physical Plant. The **EOG** is directed by an **Incident Commander (IC)** and the **IC** will have immediate direction over the functioning of the **EOG**. The members of the **EOG** and their responsibilities are:

1. **Incident Commander (IC):**
 - Oversees incident response. Direct line of command includes; Operations, Information, Medical, and Outside Resources Liaison.
 - Determines location for Incident Command Post (ICP) and staging areas.
2. **IC Assistant:**
 - Assumes record keeping duties for IC
3. **Medical Director**
 - Establish Casualty Collection Points (CCP) – appoint CCP managers.
 - Manage Triage, Treatment and Transport
4. **Operations Director (OD):**
 - Oversees emergency operations groups including, Security, Logistics/Resources and Facilities
5. **OD Assistant:**
 - Assumes recordkeeping duties for OD.
6. **Security Director**

- Life Safety
 - Act as first responders
 - Assist with rescue operations
- Facilities Safety
 - Secure scene
 - Secure facilities
 - Secure perimeter

7. Logistics/Resources

- Monitor equipment/resources/supplies
- Supply equipment and resources as needed
- Facilitate acquisition of resources from outside college
- Coordinate resources with Volunteer Coordinator and Staging Area Manager(s)

8. Volunteer Coordinator

- Surveys volunteers to determine skills provides information on volunteer resources to Logistics

9. Staging Area Manager

- Oversees coordination of Staging Area and distribution of resources as directed by IC through Logistics

10. Equipment Manager

- Supplies volunteers and staff with equipment as directed by Logistics and Staging Area Manager

11. Facilities

- Assist with rescue operations
 - Secure utilities; Gas, water, electric
 - Construct temporary shelters if needed
 - Provide sanitation (port-a-potty, garbage cans)
 - Repair/ restore utilities/facilities

12. Information

- Provides all official information to the public and campus
 - Technology Services - Maintains College server and Creates internet information site

13. Human Resources

- Accounts for staff and faculty

14. Residence Life

- Accounts for staff/students
- Provides records

b. The Emergency Policy Group (EPG)

The **Emergency Policy Group** is charged with the broad oversight of the **EOG** as well as with middle-range and long-term policy-making and planning. The Director of the **EPG** is the college president and he/she or his/her designee will decide if the **EPG** should convene, and which members are appropriate to form the **EPG** in any particular incident. The primary responsibilities of the **Emergency Policy Group** are to:

- facilitate acquisition of resources from outside college,
- establish communications with College Trustees and Overseers,
- create short and long-term plan for student housing and food service,
- create short-term building replacement program,

- coordinate records survey,
- resolve financial and legal problems,
- assess staffing resources,
- initiate survey of academic programs, and,
- establish dates for resumption of academic schedule.

The comprehensive **Whitman College Pandemic Response Plan** will operate within the parameters laid out by the **EMP** and will include the following key elements:

- identifying Whitman’s critical services and missions,
- identifying critical personnel and core skills,
- identifying a clear chain of command for decision making,
- understanding the effects on faculty, staff, students, parents, visitors and community,
- broad and inclusive communications – both internally and externally,
- targeted communications,
- implementing appropriate and adequate preparations,
- training and simulated exercises, and,
- appropriate response actions and recovery processes

II. INTRODUCTION TO PANDEMICS

A. Characteristics of an Influenza Pandemic

Pandemics have been occurring throughout human history. The impact of these pandemics have been costly in human life and productivity. Three major pandemics have occurred in the 20th century and one in the 21st century:

- 1. 1918-19:** The “Spanish Flu” (H1N1). This flu was the deadliest of the last three pandemics with 20% to 40% of the world’s population being infected and over 50 million people dying (including 750,000 in the U.S.).
- 2. 1957-58:** The “Asian Flu” (H2N2). One to two million people died worldwide from this flu with 70,000 dying in the U.S.
- 3. 1968-69:** The “Hong Kong Flu” (H3N2). This flu caused 34,000 deaths in the U.S. and 700,000 worldwide.
- 4. April 2009-present:** The “Swine Flu” (H1N1): This is a novel strain of avian, swine and human antigens that is still mutating and spreading in the human population worldwide.

WHO and the CDC are concerned about the current flu strain called **H5N1** (“Bird Flu”) and the H1N1 virus (that is currently circulating the globe). The **H5N1** virus has been spreading throughout Asia since 1997. “Most cases of avian influenza infection in humans have resulted from contact with infected poultry) e.g., domesticated chicken, ducks and turkeys) or surfaces contaminated with secretion/excretions from infected birds. The spread of avian influenza viruses from one ill person to another has been reported very rarely, and has been limited, inefficient and unsustainable.” (www.cdc.gov/flu/avian/gen-info/facts.htm, “Key Facts about Avian Influenza”).

A pandemic virus occurs when an antigenic shift takes place in the virus and three conditions are met (CDC):

1. a new influenza virus subtype emerges,
2. the virus infects humans, and,
3. the virus gains efficient and sustainable transmission from human to human.

The first two conditions have already been met for **H5N1** and the third condition could be met either through "mutation" or a "reassortment event", where the bird virus exchanges genetic material with a human virus during a co-infection of a human or pig. All three conditions have been met for **H1N1** (ACHA).

Pandemic Influenza is different from Seasonal Influenza. Seasonal Influenza generally peaks between December and March in North America whereas a pandemic flu can occur at any time of the year, resurge in waves and last over a year. The illness rate with Seasonal Influenza is 5% to 15% but the illness rate in a pandemic is 25% to 30%. There is a very high fatality rate for **H5N1** as more than half of those people reported infected with the virus have died but currently the mortality rate for **H1N1** is low at <0.1% (CDC). People in North America have also usually had some previous exposure to seasonal flu strains and therefore have some immunity but people will not have had previous exposure to a pandemic flu virus, which would leave everyone and risk and the possible cause of rapid and broad transmission (CDC). In both the 1918/1919 pandemic and in the current cases of **H5N1** and **H1N1** influenza, children, youth and healthy adults are the populations of victims with the highest mortality rates, rather than the typical "seasonal" influenza where the elderly and persons with major health problems have the highest mortality rates. Whitman College's students fall in the highest category, age-wise, for risk of morbidity.

Given the current threat of **H5N1** and **H1N1**, people have an opportunity to track the activity of a pandemic virus that has the potential to cause major disruptions in everyday life and to prepare for such an event. While many strategies to prevent a pandemic are underway, including the development of antivirals and vaccines, most experts agree that we are inadequately prepared to respond to a pandemic. If a virus would gain sustainable, efficient transmissibility, the public health strategy would focus on slowing the spread because it would be virtually impossible to stop it. Slowing the spread of disease would allow for better allocation and a more even use of limited resources by flattening the surge of cases.

B. Vaccines and Antivirals

Because a vaccine needs to closely match an influenza virus, it is unlikely that a vaccine would be available early in a pandemic and, due to current production techniques; quantities would be limited once the vaccine was developed. An effective vaccine may be available to more adequately address second wave but, even then, there may not be enough to vaccinate 6.6 million people worldwide (from pandemicflu.gov/general – "What Would Be the Impact of a Pandemic?"). Research is underway to develop improved vaccine technologies that would allow for more rapid production of vaccine, most of this occurring in the United Kingdom, France and Italy where the majority of flu vaccines are made. Vaccines are made from chicken eggs and 7 million eggs would be

necessary to make enough vaccine doses for everyone worldwide. Ben Schwartz from the US National Vaccine Program Office believe it would be 4 to 8 months after the pandemic virus is identified to produce the first doses of the vaccine and he estimates that production would be able to protect 2.5 million people each week, which is not enough to give everyone full and equal access to the vaccine. Only about 100 million doses can be made approximately every 6 months. (*"Pandemic Flu: Fighting an event that is yet to exist"* by Catherine Brahic, Science and Development Network, May 4, 2006. www.scidev.net). The CDC estimates that 45 million doses of an anti-viral for **H1N1** will be ready by late October, 2009 and another 300 to 525 million by the end of 2009 for use in the United States.

Flu antiviral drugs are drugs that decrease the ability of flu viruses to reproduce. While getting a flu vaccine is the best way to protect you from the flu, antiviral drugs can be used as a second line of defense to treat the flu or to prevent flu infection. For the best outcome, the series of 5 antiviral pills should be started right before or just at the time of exposure. When used this way, these drugs can reduce the severity of flu symptoms. They also may make you less contagious to other people. When used to prevent the flu, antiviral drugs are about 70% to 90% effective (<http://www.cdc.gov/flu/about/qa/antiviral.htm>).

C. Nonpharmaceutical Interventions (NPIs)(CSU)

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

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

b. Isolation refers to separating individuals with illness from the general population and restricting their movement within the general population until they are no longer contagious. Plans for isolating ill students and providing care for them by utilizing campus resources and/or partnering with community resources will be necessary since some students may not be able to go home. Hospital resources will be strained and decisions for

admission will be made based on assessment of those most in need. Provisions should be made to care for students who are not ill enough to require hospital care but are too ill to take care of themselves. The composition of the student body in terms of the number of international and out-of-state students and the number of students residing in residence halls, factored against the resources of the institution, will affect the plans for isolation and infirmary care. Hospitals will provide their own security (with local law enforcement agencies for back up) to protect their building from being over-run by potential patients seeking care from a health facility that will already be overwhelmed. Walla Walla has a catchment area of approximately 75,000 people and there are roughly 12 respiratory ventilators available (**WWDOH**). The most serious cases of avian influenza will involve catastrophic pulmonary complications which, under normal circumstances outside of a pandemic, would necessitate the use of a ventilator. The need for ventilators could be enormous and the law enforcement presence at the hospitals will afford protection for the patients that are being treated and those providing the care.

c. Quarantine is the separation and restriction of movement of those who are not ill but believed to have been exposed. The duration of quarantine will be dependent upon the length of the incubation period and period of contagion prior to onset of symptoms. Both the incubation period and period of viral shedding are difficult to know prior to the actual emergence of the pandemic virus. Currently, it appears that the incubation period for **H5N1** and **H1N1** is between 2-7 days. Persons are contagious for 1-2 days prior to onset of symptoms and can shed the virus for up to 16 days (**CDC**). However, quarantine requirements may change based on new information or if a different strain of flu is of concern. Planning for quarantine must take into account some of the same factors as isolation, such as composition of the student body and residential demographics. Enforcement of quarantine is an issue that must be discussed with local government authorities and campus security.

d. Protective sequestration involves efforts taken to protect a healthy population from infection by isolating the community from the outside world. Restricting entry of outsiders into the community and restricting reentry of those community members who choose to leave during the period of time when protective sequestration is in place are measures utilized in this intervention. It requires the community to stockpile resources and become self-sufficient for some period of time — in the case of a pandemic, a minimum of 8-12 weeks according to many experts. Protective sequestration has high costs associated with it. In a large work setting such as Whitman College, social distancing and protective sequestration will also include reduction of the workforce present on campus. In a severe pandemic, only the personnel needed for critical services will be physically present on the college campus. Reduction in numbers of personnel will reduce the potential of exposure to and spread of influenza in the college community.

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

f. Public health education that communicates accurate, clear information regarding reduction of personal risk, the role of quarantine, transmission, symptoms, treatment, when to seek care, and community efforts to assist those in need, is critical to empowering the public and decreasing panic and despair. The messages should be consistent with those being issued by other public health authorities and crafted in advance to meet the needs/concerns of various campus audiences, including students, staff, faculty, parents, and members of the surrounding community. Given the anticipated increase in communication needs, all available means of communicating with the campus public must be assessed and tested to determine the capacity for managing the surge. If vaccine and/or antivirals become available, it is unlikely there will be sufficient

quantities to cover the entire population. The Washington State Department of Health (**WSDOH**) has proposed a vaccine and antiviral distribution priority list, adopted from the U.S. Department of Health and Human Services Pandemic Influenza Plan and this will direct all local and college vaccination strategies. Discussions with local health authorities regarding the distribution of stockpiled antiviral medications and manufactured vaccine will be conducted in advance of a pandemic to establish campus protocols consistent with government guidelines. During a pandemic, Whitman College will work with the Walla Walla County Health Department to coordinate prioritization and distribution of vaccine and antiviral medications to our campus community.

D. Business Continuity

While the first thrust of planning should address health and safety issues, business continuity must follow closely on its heels. Identifying the college's key business functions and key players in charge of those functions is the first step in addressing this area. Prior to a pandemic, college officials will need to determine payroll and leave issues in advance of a pandemic. Purchase of stockpiling supplies will need to be addressed. Building maintenance will need to continue and computer infrastructure must be maintained. It is anticipated that a pandemic could result in interruption of services and a shortage of supplies and fuel, due to high absenteeism. Identifying contingency plans for sustaining basic functions in case of loss of telecommunications, utilities, and IT capability needs to be included. As a college, we are in the business of education. Our academic departments and faculty will also need to develop contingency plans for completion of courses if classes must be canceled for some period of time.

E. Planning in the Face of Uncertainty and Unknowns

Planning for a pandemic can be a daunting task given that there are a number of factors that are unknown. Officials will likely not be able to rapidly identify exact viral organism

at the root of the pandemic and are unlikely to have this information far in advance. Furthermore, planners are hampered by gaps in our scientific understanding of influenza viruses - what makes the virus more or less lethal and how to best protect people from an organism that can adapt to and change in ways that makes vaccination against them so difficult. There is also some scientific debate about which NPIs, if any, are most effective in slowing the spread. This deficit in knowledge makes it challenging to develop specific protocols and treatment plans. Any planning that is done at this time is based on what scientists currently understand about seasonal influenza and past pandemics as described in historical documents. Therefore, any planning, protocols, and policies developed to fashion a response must be flexible, resilient and adaptable in a way that allows the planning to evolve in step with the evolution of science and situation.

H1N1 has been a particularly interesting pandemic for people and organizations in the U.S., as for many years, people have been planning for pandemics based on the assumption that it would originate in Asia (due to the on-going evolution of **H5N1** as a serious pandemic threat). It was believed that the "Americas" would have some time to learn about the virus before it reached this region and therefore a small window of time to revamp response plans. However, given that it originated in Mexico, spread to the US very rapidly and had a low CFR, many people in the "Americas" were caught off-guard and had to make quick adjustments to their pandemic response plans. The **H1N1** pandemic was not as disruptive to daily life as was anticipated would occur with a virus that reached the WHO's level 6. The Whitman College plan has some "flexibility" built into its three tiered response plan and the **H1N1** virus has shown the importance of maintaining a plan that can adapt to the current level of threat in our unique local community.

III. GETTING STARTED

A. Emergency Management Plan

The college's **Emergency Management Plan** describes the responsibilities that the **Emergency Management Team** (consisting of the **EOG** and **EPG**) and different individuals and departments on campus have during emergencies. Most major campus emergencies will be coordinated from an **Incident Command Post (ICP)**, located in Memorial Building, Sherwood Center or other designated center, and will be staffed by the **EOG** who will oversee and support field operations. The **Incident Commander** will direct emergency operations following consultation with the **EPG**. The role of **Incident Commander** may be passed to others as the situation demands.

Whitman's College is routinely involved in disaster preparedness and response activities on our campus and with the city of Walla Walla, College Place and Walla Walla County Offices of Emergency Services. As part of these activities, the **Emergency Management Team** participates in U.S. Government's **Incident Command System (ICS)** - <http://www.osha.gov/SLTC/etools/ics/about.html>. ICS establishes standardized incident management processes, protocols and procedures that all responders – federal, state and local – will use to coordinate and conduct response activities. The **Incident Command System** further establishes a system of unified command, using a common language and set of procedures for management of all major incidents; this ensures

further coordination, particularly during incidents involving multiple jurisdictions or agencies.

Under the guidance of the **EPG** and the **EOG**, a specific group to address a potential pandemic has been formed, called the **Pandemic Planning Team (PPT)**. The **Pandemic Planning Team** will provide guidance for the Whitman College community in the development of pandemic influenza planning for all departments of the College.

B. Pandemic Planning Team (PPT)

The **Pandemic Planning Team** is responsible for the development of the **Whitman College Pandemic Response Plan**. The **PPT** includes 15 representatives from a variety of campus departments (see Part 4-G). There are many ethical and legal issues to consider in this planning. All efforts will be made to ensure the guidelines are being discussed and written, especially in the areas of human resource management, safety and security, and rationing of scarce resources, follow legal, ethical and the recommended health standards. The **PPT** will be instrumental in providing campus wide communication and education about preparedness and response planning for each department and will be prepared to advise the **Emergency Management Team** in the event of a pandemic. The **PPT** has also distributed the **Pandemic Response Plan** to each of the college's departments and has assisted them in developing their individual plans.

C. Strategy

The **Whitman College Emergency Management Team (EOG and EPG)**, along with the **Pandemic Planning Team**, will continue to monitor the emerging threat of a pandemic and will continually review and revise the response plans as necessary. As stated in Section I-C-2, the Whitman College strategy recognizes the following key elements:

- Identifying our critical services and mission
- Identifying core personnel and core skills
- Identifying a clear chain of command for decision making
- Understanding the effects of a pandemic on faculty, staff, students, parents, visitors and the community
- Maintaining broad and inclusive communications – both internally and externally
- Implementing appropriate and adequate preparations
- Track students and employees through the use of the **"Emergency Status Data Base"**
- Training drills
- Appropriate response actions and recovery processes

D. Triggers for Moving Plans to Action

As stated earlier, there will likely be a very short window for critical decision making especially in regard to social distancing measures. Using previous pandemics as a basis for determining timing, it appears that implementing social distancing measures early, before infection severely impacts the community, might be a first strategy for educational institutions. Therefore reducing the number of students remaining on campus early in the pandemic will likely be the best first step to take, which may lead to a decision to suspend academic operations before cases are even seen in Walla Walla.

For example, if the decision is delayed to the point that many students fall ill, the college would be expected to provide the resources to care for those students throughout the pandemic, which might be an unreasonable expectation given available resources. The goal is to ensure the safety and well-being of the entire community and this will best be addressed if people are in a safe and secure environment where their optimal care is insured. The **Pandemic Planning Team** will provide guidance about timing for these suspensions. A suspension of classes, and other functions could occur for a period of up to 6 - 12 weeks. The economic and social ramifications of canceling classes, social and athletic events and closing research operations are not insignificant; however, housing students without being able to insure adequate care could be a more risky situation. Therefore, it is important to identify - in advance of a pandemic – the triggers for the suspension of operations and keep the Pandemic Planning Team active and informed. The specific responses for Whitman College will be discussed in detail in **Part 3-VI-D**.

E. ROLES AND RESPONSIBILITIES OF KEY PERSONNEL

As defined in the Whitman College **Emergency Management Plan**, the college has outlined the plan for operations to potential emergencies and delineated the role and responsibilities of departments that are expected to help protect life and property on campus.

a. Office of the President (Emergency Policy Group)

The Office of the President is the director of the EOG and will provide executive level direction and authority for the activation of the pandemic response plan.

b. Emergency Operations Group

The Emergency Operations Group is a standing body composed of the campus **Incident Commander** and representatives of other campus groups and constituencies with the appropriate expertise and/or knowledge of the campus to provide input and assist in the coordination of the preparation, implementation, evaluation and revision of the Whitman College Emergency Management Plan. Their role in this plan is to coordinate the Pandemic Response Plan from each department and provide oversight for the implementation of the plan.

c. Pandemic Planning Team

The Whitman College Pandemic Planning Team is a sub-group of the EPG and EOG and has been chosen to advise the EPG and EOG in the event of a Pandemic based on information from Federal, State and local authorities.

d. Office of the Dean of Faculty

The Office of the Dean of Faculty, along with consultation from the PPT, will make recommendations to the **EPG** regarding the continuation, truncation, or suspension of academic operations. This office will also advise the PPT on academic recovery should the school close. Furthermore, the Dean of Faculty will insure that each academic department is informed of the pandemic threat, the pandemic response plan and their personal responsibilities in the event of a pandemic.

e. Other College Departments

Each college department will be guided by the recommendations in this document. Specific plans, as recommended in this document will be further developed by specific individual departments as needed.

f. Public Health Entities

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

Part 2: PLANNING GUIDELINES

IV. PLANNING ASSUMPTIONS AND GUIDELINES

A. Health/Medical Planning Assumptions (from the U.S. Health and Human Services Pandemic Plan). A pandemic is a public health emergency that takes on significant political, social and economic dimensions.

- The course of the pandemic influenza will be governed by factors that cannot be known in advance.
- The first human cases will likely occur in other countries outside of the US and will be detected by the global surveillance network and guidelines for local responses to will be dictated by national and international scientific and emergency management organizations. However, the origin of the pandemic could be near to the US (as was true in the case of **H1N1**)
- Planning is an essential component of pandemic influenza preparedness. An onset of illness is too late to begin planning.
- Communication is a critical aspect of all emergency planning and response.
- There will be universal susceptibility to the pandemic influenza subtype and the virus might continue to mutate as the waves of the active disease travels across the globe.
- Experts anticipate that an influenza pandemic could last from 18 to 24 months with at least two peak waves of activity – each wave lasting 6 to 12 weeks. Following the pandemic, the new viral subtype is likely to continue circulating and will contribute to seasonal influenza.
- Vaccinations and antiviral treatments are anticipated to be the most effective medical treatment, but they may be non-existent or in limited supply, particularly in the early stages of a pandemic and furthermore, they may be ineffective as the virus mutates over time.
- Non-pharmaceutical interventions will be the principal means of disease control until vaccinations are available, but decisions about these interventions will be made in an atmosphere of considerable uncertainty.

Pandemic responses on all government levels in Washington State will follow the guidelines established by **NIMS** and the **ICS**.
www.fema.gov/emergency/nims/index.shtm,
www.training.fema.gov/EMIWeb/IS/is100.asp.

- **Clinical Attack Rates** (CDC, USDOH)
 - Ultimately, it is estimated that there will be 25-35% clinical disease attack rate in the overall population.
 - Risk groups for severe and fatal infections cannot be predicted with certainty.
 - The typical incubation period for respiratory influenza averages two days.
 - Persons who become ill may shed the virus and transmit infection for one or more days before the onset of the illness. Viral shedding and the risk for transmission will be greatest during the first two to three days of the illness and can shed for up to 16 days. Children will shed the greatest amount of virus and therefore, are likely to pose the greatest risk for transmission.
 - On average, two secondary infections will occur as a result of transmission from someone who is ill.
 - The seasonality of a pandemic cannot be predicted with certainty. The largest “waves” of in the U.S. during the 20th century, occurred in the fall and winter.
 -

B. Business Planning Assumptions (from the International Monetary Fund “*The Global Economic and Financial Impact of an Avian Flu Pandemic and the Role of the IMF*”, www.imf.org/external/pubs/ft/afp/2006/eng/tr022806.pdf): The process of developing an Pandemic Influenza Response Plan begins with posing and answering questions to determine the critical functions and critical personnel of each college department, as well as the critical operational systems. This analysis leads to an impact analysis of shortfalls in necessary resources and personnel for planning purposes. Business assumptions are:

- There is growing concern about the possibility of a flu pandemic and its implications for human and the global economic and financial system.
- If the pandemic is severe, the economic impact is likely to be significant, though predictions are subject to a high degree of uncertainty.
- Once the pandemic has run its course, economic activity should recover relatively quickly, although a severe pandemic will have a more disruptive effect.
- A pandemic will put substantial pressure on the fiscal balance, due to increased spending on health, public safety, social welfare and subsidies to businesses and lost revenues.
- Operational risks (high absenteeism rates) constitute the greatest challenge to the global financial system.

- A pandemic could result in significant absenteeism over a period lasting several weeks to months.
- Absenteeism could become so widespread that staffing for the most critical operations may become inadequate, and succession plans may no longer provide for continuity.
- It may also result in major disruptions to transportation, electricity production and telecommunications and may severely stretch basic services, including police, fire and emergency services.

C. Pandemic Phases and Severity Levels

a. WHO Phases, CDC Severity Index, and USDHHS:

The **World Health Organization (WHO)** developed an alert system to help inform the world about the seriousness of a pandemic http://www.who.int/csr/disease/avian_influenza/phase/en/index.html. The alert system has six phases, with **Phase 1** having the lowest risk of human cases and **Phase 6** posing the greatest risk of pandemic. The world is presently in **Phase 3** of the Pandemic Alert. This means that there is a new influenza virus subtype causing disease in humans, but is not yet spreading in an efficient (easily transmissible) and sustainable manner among humans. When human to human transmission increases, WHO **Phase 4** will begin. A pandemic that affects Whitman College will occur primarily in **Phases 4, 5** and **6**, at which time there will be worldwide (and local) efficient and sustained human to human spread.

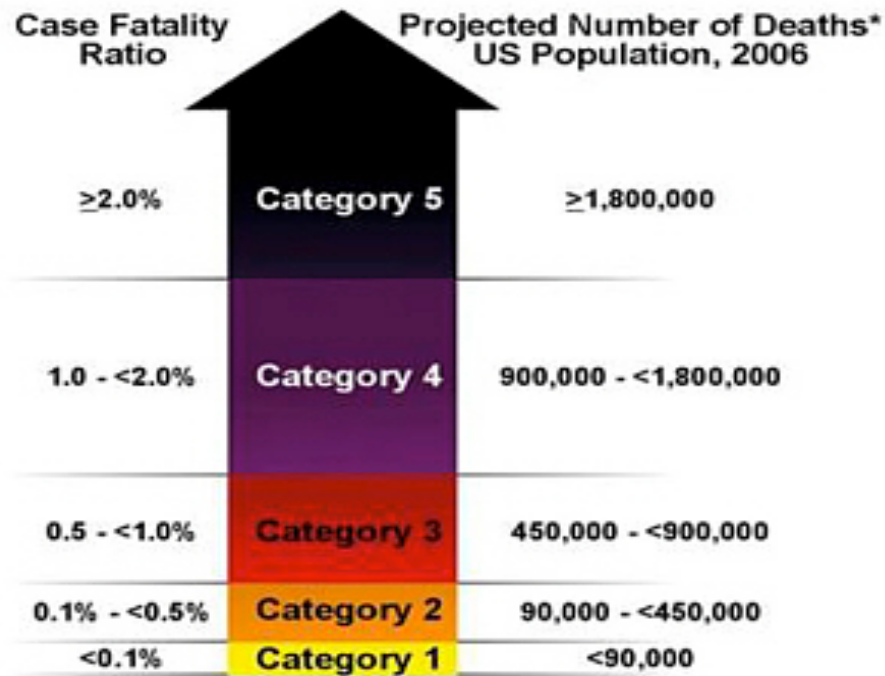
Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission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

The **Centers for Disease Control and Prevention (CDC)** outlines a Pandemic Severity Index (**PSI**) to characterize the severity of a pandemic, provides planning recommendations for specific interventions that communities may use for a given level of pandemic severity, and suggests when these measures should be started and how long they should be used (www.cdc.gov/flu/avian/). The guidelines apply a system that rates the severity of a flu pandemic, similar to the system for rating the severity of hurricanes: **Category 1** represents a very mild and **Category 5** a very severe pandemic. This is based on Case-Fatality Ratios (**CFR**), which is the percentage of deaths out of the total reported cases of the disease, and determined by **CDC** and other public health authorities. The guidelines suggest that the severity of the pandemic will help to guide the intensity of response and particularly of mitigation measures. The actual implementation of **PSI** alerts is expected to occur after the World Health

Organization (**WHO**) announces **Phase 6** influenza transmission (human to human) in the United States. The **CDC** Severity Index can be illustrated as seen below:

CDC Pandemic Severity Index Scheme

Category	Case-Fatality Ratio (CFR)	Example(s)
1	Less than 0.1%	Seasonal flu
2	0.1% to 0.5%	Asian flu and Hong Kong flu
3	0.5% to 1.0%	
4	1.0% to 2.0%	
5	2.0% or higher	Spanish flu



*Assumes 30% illness rate and unmitigated pandemic without interventions

Federal Response Stages (US Department of Health and Human Services) <http://pandemicflu.gov/plan/federal/fedresponsestages.html>

Below is a table that maps the **U.S. federal response stages** based on WHO's phases. Following the table is more detailed information for each of the federal response stages, including goals, actions, and policy decisions based on the outbreak situation and the risk posed to the U.S.

WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
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.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
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.	2	Confirmed human outbreak overseas
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 yet be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

Stage 0	Stage 1
New Domestic Animal Outbreak in At-Risk	Suspected Human Outbreak Overseas



b. Whitman College Severity Levels:

Triggers for action at Whitman College will be based on a combination of information collected the **WHO**, the **CDC** the **USDHHS** and the **Walla Walla County Health Department**. Whitman College has opted to use “severity levels” of a pandemic to assist with planning and scenarios. These levels are uniquely defined for Whitman College and are not to be confused with the **USDHHS** nomenclature for pandemic phases. College severity levels will reflect the first stages of a local pandemic (**Level 1**), the intermediate stages of local pandemic (**Level 2**), and the peak of a local pandemic (**Level 3**). In a severe pandemic, there would probably be rapid progression between levels, with duration of **Level 1 or 2** lasting only hours to several days. It is also possible that the next influenza pandemic might be mild, similar to the 1968 pandemic, rather than of the severity of the 1918 pandemic. If a mild pandemic that fails to progress in severity occurs, the college may remain in Whitman’s **Pre-level** or **Level 1** for the pandemic’s duration. In this situation, the college would still need to be prepared and to respond, but the actions taken during the peak of a mild pandemic might be limited and will be decided on by the **Pandemic Planning Team**. Whitman will also develop more detailed specific plans for each pandemic event as is warranted by its occurrence and character. For planning purposes, the **Pandemic Planning Team** has defined the **Whitman College Severity Levels** as follows (specific department recommendations will be outlined in **Part 3-VI-D**):

Whitman Level	Influenza Illness Rate	Absenteeism Due to Influenza	Suspensions, Closures and Actions
Pre-level (Chart 1)	Normal	Normal	Business and Class as usual, continued surveillance and possible communications to community.
1 (Chart 2)	10% - 25%	10% - 30% of work staff	Gatherings restricted; some public buildings may be closed, use of NPI’s, vigilant surveillance of possible need to move into level 2. Possible suspension of academic operations. Widespread communication to community.
2 (Chart 3)	>25%	>30% of work staff	Classes suspended; most buildings closed, very active response in all departments. Widespread communication to community.
3 (Chart 4)	>25%	>30% of work staff	Campus only open for critical services, only critical personnel on campus. Widespread communication to community. All actions at this level are dependent on available of non-ill personnel and current recommendations from health entities.

Chart #1

Whitman College Pandemic Response Plan

Decision-making: Pre-Level

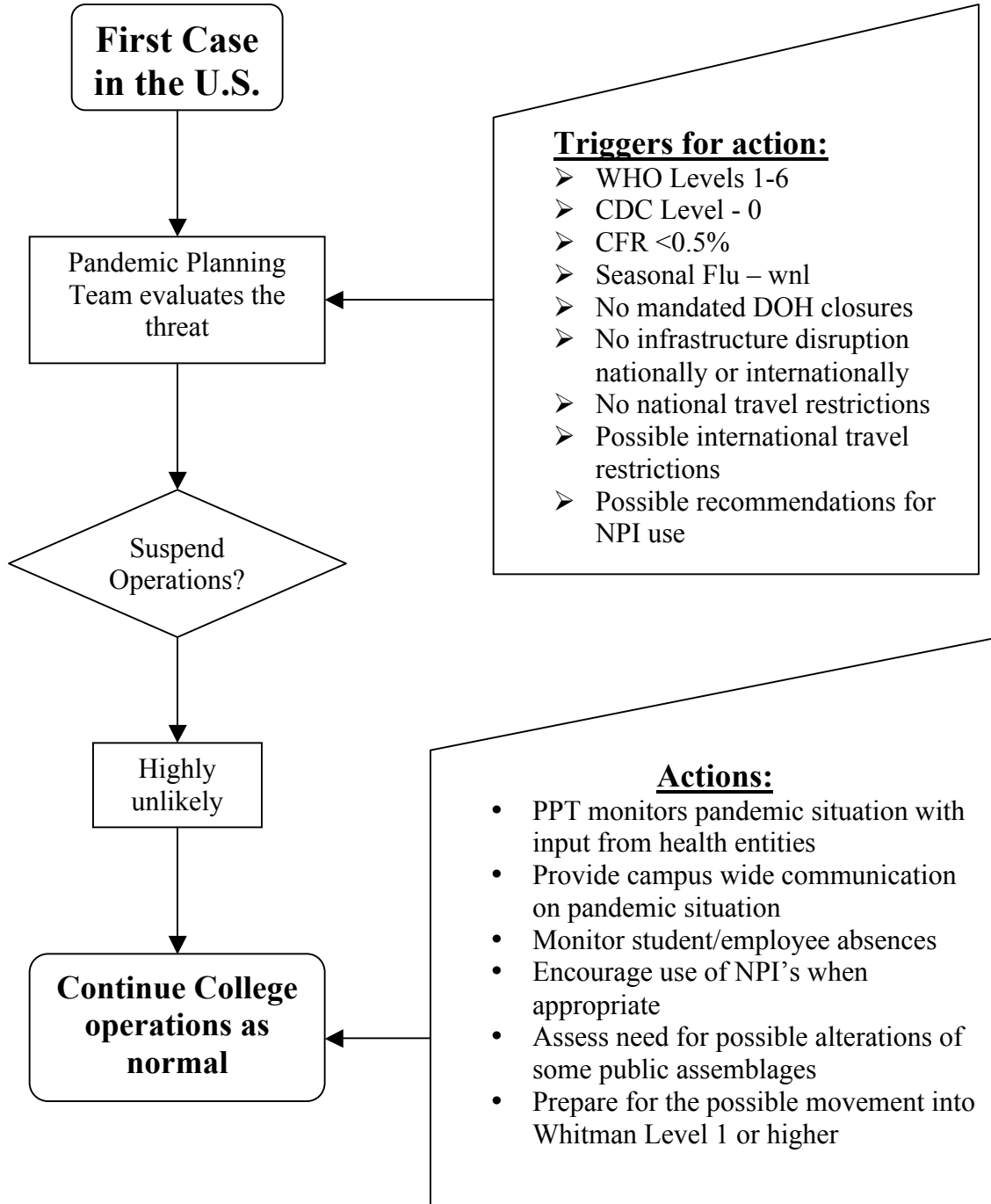
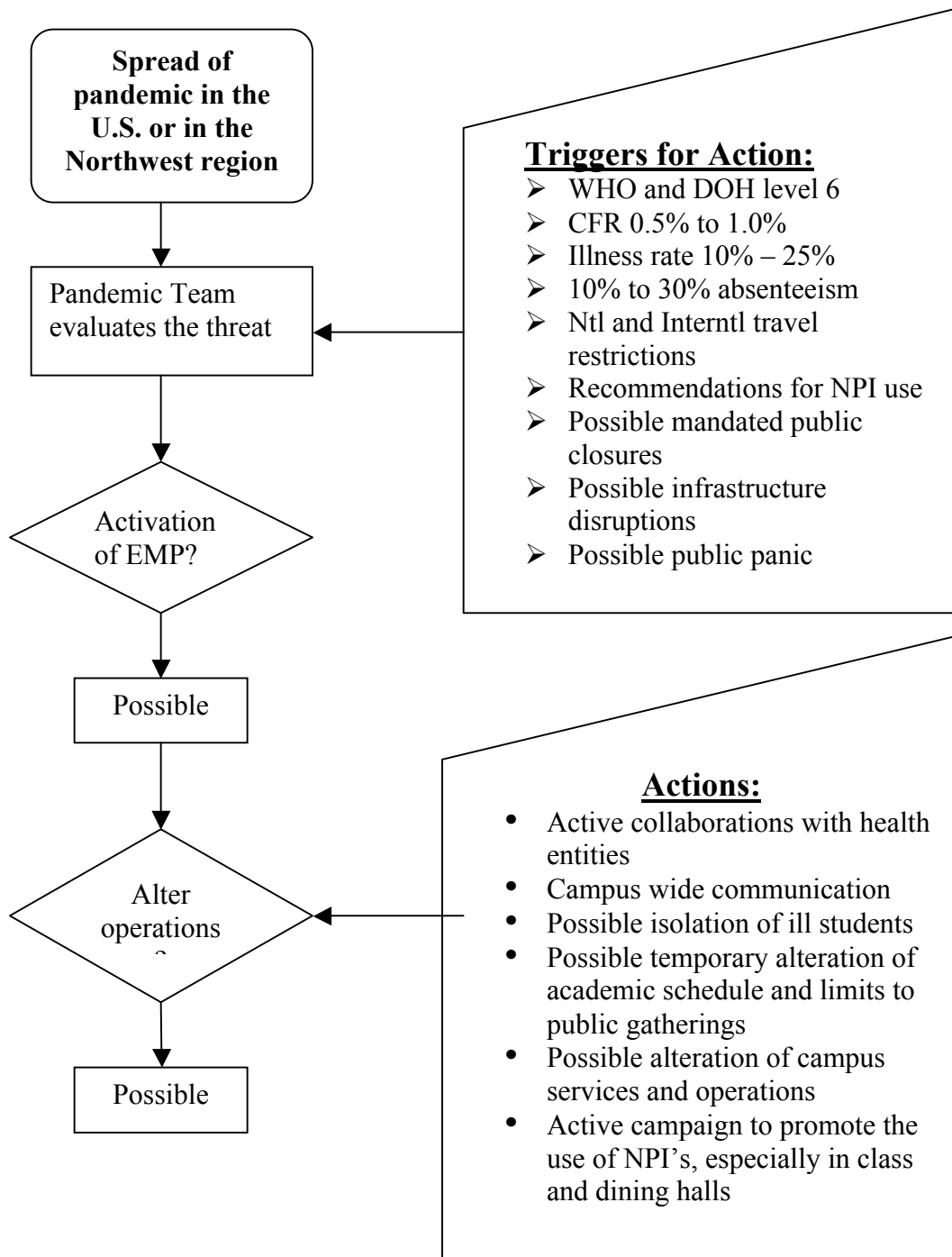


Chart #2

Whitman College Pandemic Response Plan Decision-making: Level 1



Whitman College Pandemic Response Plan

Decision-making: Level 2

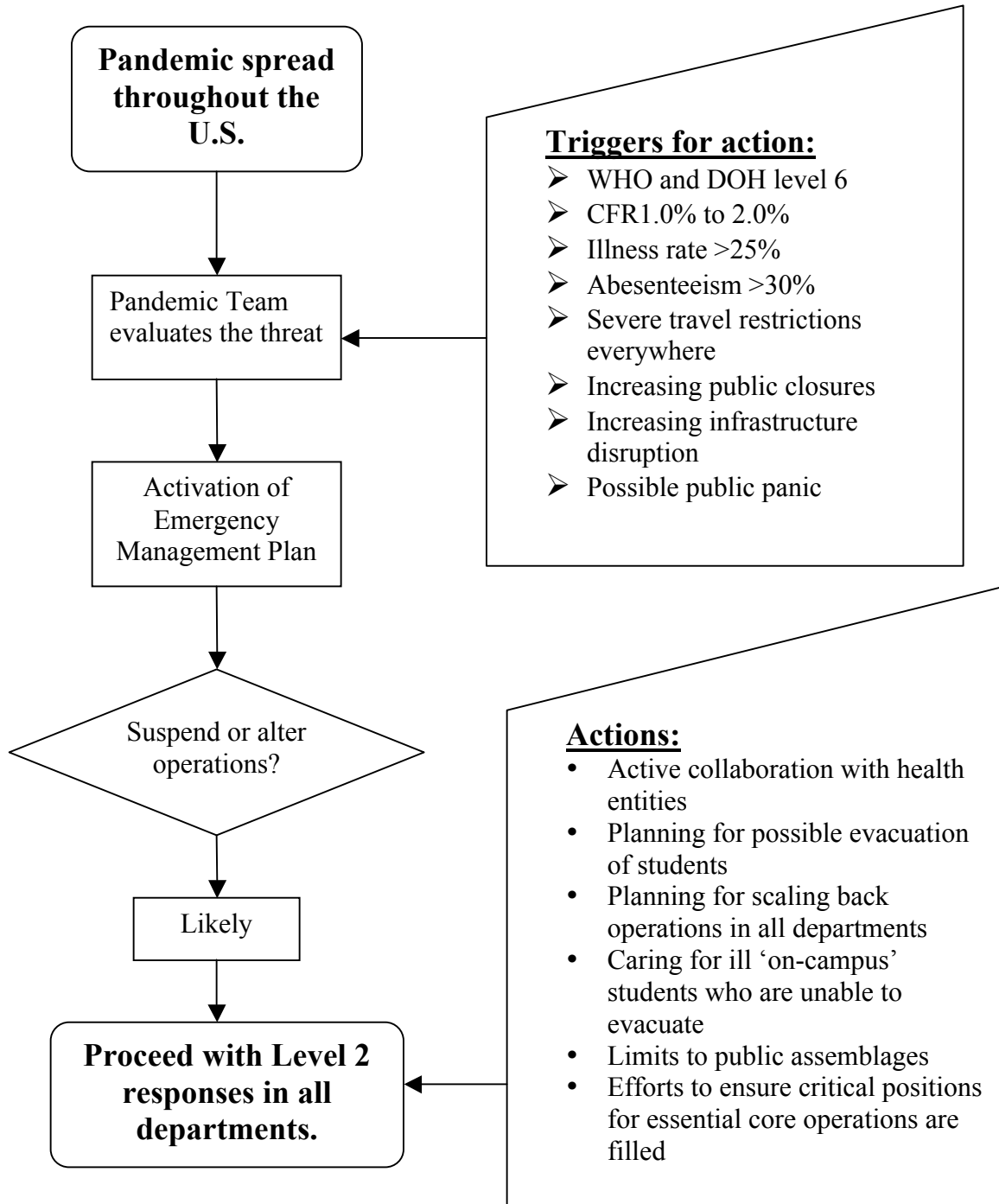
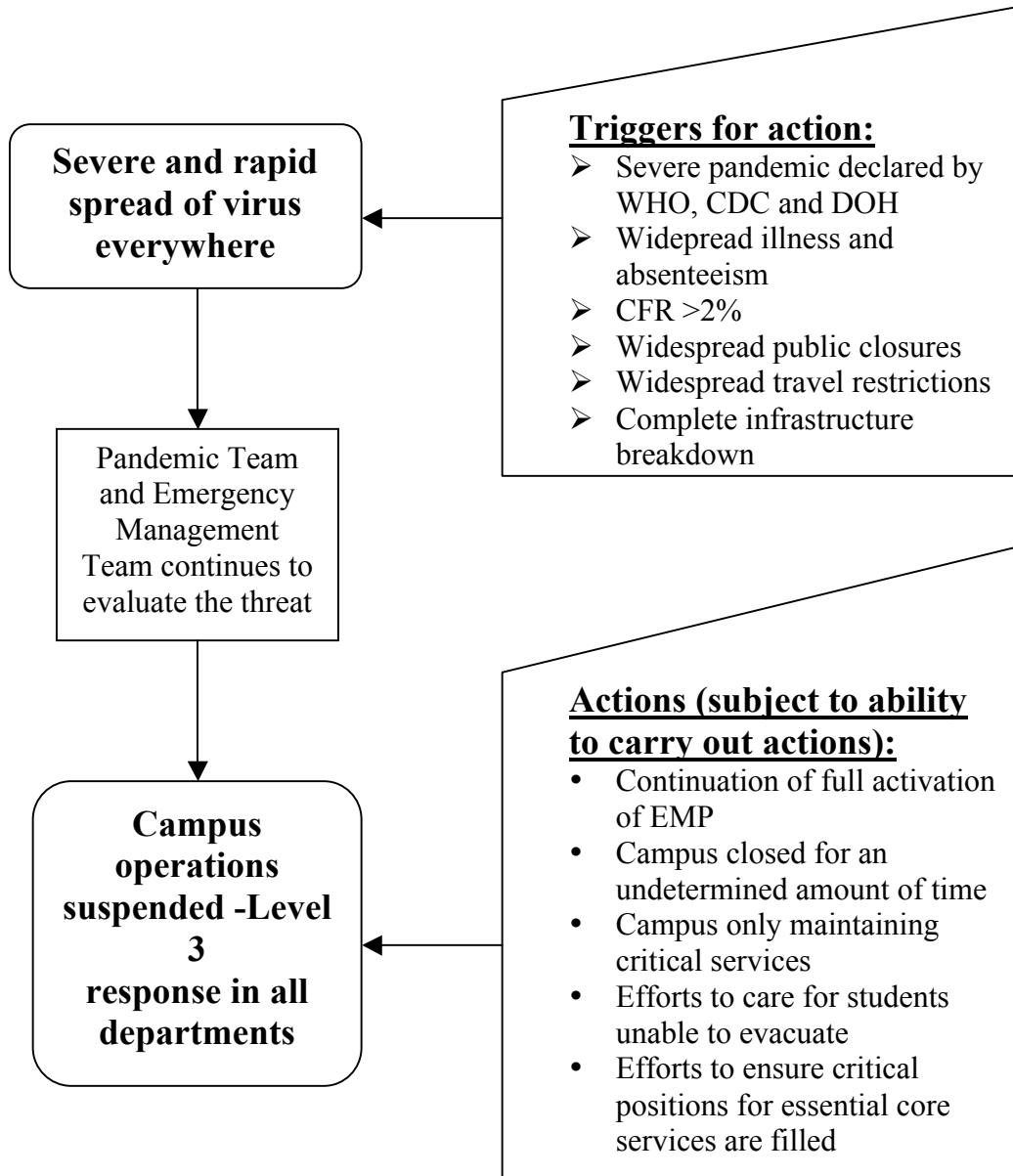


Chart #4

Whitman College Pandemic Response Plan

Decision-making: Level 3



WHO LEVEL	DOH LEVEL	CDC SEVERITY INDEX (NOT IMPLEMENTED UNTIL WHO LEVEL 6)	WHITMAN COLLEGE SEVERITY LEVELS (SUBJECT TO ALTERATION BASED ON EVALUATION OF THREAT)	WHITMAN COLLEGE RESPONSE (SUBJECT TO ALTERATIONS BASED ON EVALUATION OF THREAT AND ABILITY TO OPERATE)
<p>LEVEL 5 OR LESS - Large clusters of illness but human-to-human spread still localized, ongoing investigations & interventions have been adopted to humans but may not be fully transmissible (substantial pandemic risk)</p>	<p>0 - New domestic outbreak in at-risk country 1 - suspected outbreak overseas 2 - confirmed cases overseas</p>	<p>LEVEL 1 - CFR < 0.1% OR LEVEL 2 - CFR 0.1% TO 0.5%</p>	<p>PRE-LEVEL</p> <ul style="list-style-type: none"> - CFR < 0.5% - seasonal flu within normal range - no public closures mandated by DOH - no infrastructure disruption locally or in the U.S. - no national travel restrictions - recommendations from health entities to use NPI's when necessary - possibility of some international travel restrictions 	<ul style="list-style-type: none"> - Evaluation of risk by pandemic team - communication with county department of health and other relevant health entities - business as usual - community-wide communication about NPI's and current pandemic threat - preparation for possible movement into Whitman Level 1 or higher
<p>LEVEL 6 - FULL PANDEMIC increased and sustained transmission of virus worldwide</p>	<p>3 - widespread outbreak in multiple overseas location 4 - first human cases in North America 5 - Spread throughout United States 6 - full pandemic (response and recovery)</p>	<p>LEVEL 3 - CFR 1.0% TO 2.0%</p>	<p>LEVEL 1</p> <ul style="list-style-type: none"> - CFR - 0.5% to 1.0% - illness rate 10 - 25% - 10% to 30% absenteeism - increasing national and international travel restrictions - recommendations for use of NPI's - public closures possible - possible infrastructure disruption - possible public panic & elective absenteeism (without illness) 	<p>In active collaboration with the local, state and national DOH and recommendations from the CDC & WHO, Whitman may activate its EMP and modify operations in the form of:</p> <ul style="list-style-type: none"> - possible temporary class suspension and limits to public gatherings - possible modifications to normal operations - on-campus isolation of ill students - campus wide communication about NPI's & current threat
		<p>LEVEL 4 - CFR 1.0% TO 2.0%</p>	<p>LEVEL 2</p> <ul style="list-style-type: none"> - CFR - 1.0% to 2.0% - illness rate > 25% - absenteeism > 30% - severe travel restrictions - increase in public closures - increasing infrastructure disruption - possible public panic & elective absenteeism (without illness) 	<p>Continuation of evaluation of risk by pandemic team with ongoing consultation with the DOH, CDC & WHO</p> <ul style="list-style-type: none"> - activation of EMP - high likelihood of operational suspension/alteration - possible campus evacuation - likely suspension of classes - limited services - continuation of care of on-campus students who can't evacuate - efforts to ensure critical positions for essential core operations are filled
		<p>LEVEL 5 - CFR > 2.0%</p>	<p>LEVEL 3</p> <p>severe pandemic, CFR > 2%, widespread mandatory public closures, widespread travel restrictions, complete infrastructure break down</p>	<ul style="list-style-type: none"> - full activation of EMP - Whitman closed for an undetermined amount of time - campus only maintaining critical services - efforts to ensure critical positions for essential core operations are filled

Whitman's PRE-LEVEL

The college's "pre-level", phase occurs when a pandemic is non-existent or threatening but not causing any significant infrastructure disruptions on campus. No actions need to be taken at this level other than continued surveillance by the **PPT** and community-wide communication about the pandemic threat and use of NPI's (as is determined as appropriate by the **PPT**). The WHO could, in fact, state that there is a worldwide pandemic and even raise their alert level to 6, but this doesn't necessarily mean a crisis for Whitman or a need to make significant institutional changes. Whitman will remain in a **Pre-Level** based on some of the following criteria:

- CFR <0.05%
- Seasonal flu within the normal range
- No public closures mandated by DOH
- No infrastructure disruption locally or in the US
- No national travel restrictions
- Possibility of some international travel restrictions
- Recommendations from health entities to use NPI's when appropriate

Whitman's LEVEL 1

Once there is efficient human-to-human transmission internationally, when verified cases are occurring in the United States and when one or more other triggering events (listed below) occur, the college enters Whitman's **Level 1** and will begin to implement social distancing measures, cancel large gatherings, prepare for class suspension, and look at the possible immediate evacuation of students. Applications for emergency room and board are likely to begin. Triggering events for Whitman College **Level 1** could include:

- CFR 0.5% to 1.0%
- Illness rate of 10% to 25%
- 10% to 30% rate of absenteeism
- Increasing national and international travel restrictions
- Recommendations from CDC and DOH to use NPI's
- Possible public closures mandated by DOH
- Possible infrastructure disruption
- Possible public panic and elective absenteeism (without illness)

Whitman's LEVEL 2

As local pandemic levels increase, Whitman College will enter into **Level 2**. **Level 2** could likely begin within hours to several days after declaration of **Level 1**, depending on national and local conditions. During **Level 2**, the college will suspend academic and ancillary operations. It is anticipated that many students will already have departed from campus, employee absenteeism will rise, and other regional school systems will have closed. At this time, evacuation of students who have not already left will begin and temporary emergency room and board, in designated residence halls, will be utilized for a limited number of students who cannot return home and have no alternative options for shelter. Triggering events for **Level 2** could include:

- CFR 1.0% to 2.0%
- Illness rate >25%

- >30% rate of absenteeism
- Severe national and international travel restrictions
- Increases in public closures
- Increasing infrastructure disruptions
- Possible public panic and elective absenteeism (without illness)

Whitman's LEVEL 3

Level 3 occurs when local pandemic severity and incidence continues to rise. During **Level 3**, an emergency is declared. All facilities are closed except skeletal services for students unable to leave campus and critical building operations. Access to campus is limited only to critical personnel, who will be issued name badges and vehicle placards that identify them as "critical". All actions will be dependent on the availability on non-ill personnel and mandates declared by the local health authorities. The CFR at this time will likely be >2% and there will be widespread public closures and travel restrictions, serious infrastructure breakdown, and a severely overtaxed health care system.

These levels are designed to work in conjunction with the recommendations from international, national and local health entities. The levels and triggers for action could be adjusted at any time to adapt to the individual characteristics of the pandemic at hand. These levels are not fixed or rigid – they are a template to guide decision-making. The most important part of Whitman's response to a pandemic will be for the **PPT** to continue to meet regularly at the onset of a pandemic threat and make decisions for the community based on the thorough, thoughtful and critical analysis of all of the available information.

D. Guidelines for Identifying Alternative Methods to Deliver Services and Classes

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

- **Cross-training:** Identify key employees; create redundant or double teams for all critical staff or faculty functions.
- **Stockpiling:** Identify and maintain stockpiles of key supplies, and consider how to proceed if key service or supply providers are not available.
- **Telecommuting:** Develop staffing plans to identify work that must be done in the office and work that can be done at home.
- **Backup systems:** Develop backup systems in case of failures.
- **Communication trees:** Develop multiple methods of communicating about work-related roles and expectations with employees (email, website, telephone).

E. Off Site and Outlying Locations

Some programs and departments maintain facilities and staff, students or faculty at locations away from the primary Whitman College campus. Preparation and planning should include consideration of services and staffing of those sites, such as Johnson Wilderness Center.

F. Guidelines for Infection Control Policies and Procedures (ACHA, USDOH, OSHA)

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

a. Personal Hygiene

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

b. Vaccination

Routine vaccination against seasonal influenza is recommended, particularly for high risk persons (50 years of age and older, people of any age with certain chronic medical conditions, pregnant women, children aged 6-59 months), household contacts of persons at high risk, household contacts of children less than 6 months of age, and healthcare workers. Because viruses change over time, a specific pandemic influenza vaccine cannot be produced until a pandemic influenza virus emerges and is identified. Once a pandemic influenza virus has been identified, it will likely take 6 to 9 months to develop, test, and begin producing a vaccine. In the initial stages of a flu pandemic, vaccine will be in short supply. Vaccine distribution will be prioritized, using guidelines established by the Washington State Department of Health.

c. Social Distancing

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

- Canceling events (concerts, games, theaters, etc.)
- Canceling school classes and events
- Shutting down or limiting mass transit
- Avoiding close contact with coworkers and students (maintain a separation of 3 or more feet).
- Avoid shaking hands and always wash hands after contact with others.

d. Personal Protective Equipment

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

e. Other resources

Resources for individuals and families as well as general information about pandemics are provided in **Part 4: Resources and References**.

G. Health Alert Network (HAN)

The U.S. Government Health Alert Network (HAN) is a web-based system to broadcast warnings of impending or current disasters affecting the ability of health officials to provide disaster response services to the public. As a pandemic appears and evolves, HAN as well as the Washington State Department of Public Health and the Walla Walla County Health Department will provide critical information, warnings and alerts to the campus. <http://www2a.cdc.gov/han/Index.asp>.

H. Supplies and Inventory

As part of preparedness and planning, each department will complete an inventory of all supplies and equipment identified as essential to ongoing business functions and will ensure that a process is in place for maintenance of adequate inventory. Shortages of supplies may occur during a pandemic due to increased demand (e.g., cleaning supplies), a transportation system disruption or the inability of suppliers to meet demand due their own staffing shortages. This process will include discussions with key suppliers to plan for regular shipments in the event of shortages or disruptions in transportation systems. Contracts with suppliers should be reviewed and revised to include contingency plans in event of a severe emergency, such as an influenza pandemic. Supplies of personal protective equipment, such as gloves and masks, will be provided through the Emergency Operations Group. Certain departments (including Welty Health Center, Campus Security, specified Residence Life Staff and Physical Plant Services) may require additional protection such as respirators; these will be furnished by their individual departments.

I. Emergency Status Data Base

At the onset of a pandemic, it is vital that the college be able to track the whereabouts and health status of all students and employees. The **Emergency Status Data Base**

will be a web-based tool, accessible to all with a "whitman.edu" address, which allows individuals to make on-line reports about their personal status. This data base will only be reviewed and monitored by designated members of the Pandemic Planning Team and Emergency Management Team, including the Residence Life office, Welty Health Center, the Dean of Students office and designated members of the Emergency Management Team.

J. Training and Exercises

Once plans are developed, training exercises ensure that faculty, staff and students are aware of the plan, how it is activated and how it is managed. Training will be scheduled by the Emergency Management Team and the Pandemic Planning Team. Additional training needs can be identified and scheduled with identified critical and core personnel and their back ups.

V. DEPARTMENT PANDEMIC INFLUENZA PLANNING

The goals of the Whitman College Pandemic Response Plan are to reduce illness and death, to minimize social and educational disruption, to assist the college's ability to continue the core and critical functions of each department in the event of a pandemic event and minimize economic losses. The safety of the entire community is of paramount importance. The following information summarizes the key considerations that specific college departments need to address as part of **pre-event planning**. Although only some of the key departments are listed below, The **Emergency Policy Group** will determine which departments need to develop individual plans. The planning considerations in Parts V, VI and VII serve as guidelines, proposed by U.S. Health and Human Services, in its document "**Colleges and Universities Pandemic Influenza Planning Checklist**" and the American College Health Association's "**Guidelines for Pandemic Planning**".

A. The Campus Community

Whitman College won't be ready to face a flu pandemic until everyone in the campus community is ready. Personal planning by every individual in the campus community is a crucial part of pandemic preparedness. Individuals need to ensure their own safety and that of their families before they can act as effective responders for the College. The College also has a responsibility to minimize risks to critical personnel who respond during a pandemic. **Being informed** and **being prepared** are the two most important steps that each person can take before a flu pandemic arrives. Being informed and being prepared will also help in any emergency or community crisis.

The college will make annual efforts to inform the community on pandemic risks and personal protectiveness. Specific pandemic flu planning for individuals and families is available from the Washington State Department of Health and from the Department of Health and Human Services Pandemic Flu website at <http://www.pandemicflu.gov/planquide/checklist.html>. Other resources can be seen in the **Part 4: Resources and References**.

B. Communications Department

The college is responsible for communicating information and direction regarding the Pandemic Response Plan to students, employees, and other members of the college community. Whitman will also maintain communication with the public media, local health and emergency entities and relevant government agencies.

The **Pandemic Planning Team** and the **Emergency Management Team** will plan to have the primary responsibility for communicating to the college community and federal, state and local agencies. The Communications Department will plan to have the responsibility to provide press releases and other relevant information to the media and appropriate public entities. It is important that the college community speaks with one voice and with consistent information in crisis communication situations. Therefore, all public messages will be provided by or approved by the Communications office. It is also important to note that each college department will be responsible for appointing a supervisor or supervisors who will communicate with employees within that department about specific expectations to fulfill critical services. For example, the Communications office will disseminate as much information as possible to the community about college operations and the status of the college but each department supervisor will be responsible to communicate specific departmental information to their staff. Further information on communications planning can be found at: www.hhs.gov/pandemicflu/plan/sup10.html.

a. Internal Communication (within Whitman)

Key considerations may include the following:

- Identifying to the general campus community who will be in charge of communications. Ensuring that there are one or two persons in back-up positions within the Communications Department in case the key person(s) fall ill. Information relevant to the operations of specific departments of the college during a pandemic is the responsibility of the person(s) appointed by those departments, and is not the responsibility of the Communications office.
- In coordination with the **Emergency Management Team**, providing messages about the alert status and general operations of the college during a pandemic through the use of the web sites, email, VoIP, **BLACKBOARD CONNECT** (see page 24), **Burbee InfoCast** (see page 24), the Campus Broadcast System and posters.
- Discussing the technological capabilities and limitations with Technology Services to insure redundant communication methods.
- Informing the community about the use of the "**Emergency Status Data Base**" (see pg. 26).
- In conjunction with **Welty Health Center** professionals, providing information to the campus community on seasonal and pandemic influenza, the status of disease in the world, travel advice, self-care, personal preparedness

planning, proper hand washing techniques and cough etiquette, federal, state, and local public health resources, and how/when to access services in case of illness. Guidelines regarding this matter include:

- Communicating early and often.
- Crafting messages in advance that can be easily revised if necessary.
- Ensuring that materials are easy to understand and culturally appropriate.
- In coordination with **Welby Health Center** professionals and **Emergency Management** leadership, maintaining a campus website on "Pandemic Influenza Preparedness and Campus Planning" that is accessible through various links to the entire community (<http://www.whitman.edu/content/safety>). When a pandemic flu is imminent, the College's website main page will provide information and relevant links through audience specific portals.

b. External Communication (outside of Whitman)

- Identifying to the media and public that the Communications Department is in charge of all college communications
- Disseminating information to local/regional media about the college's efforts related to pandemic flu before, during and after an outbreak.
- In coordination with the **EMT** and the **PPT**, establishing and maintaining contact with public information officers at the local public health authorities, emergency preparedness groups, and the hospital system in order to collaborate on health-related messages regarding pandemic flu, flu surveillance and flu control measures.
 - Identifying key contacts within each system and revising regularly.
 - Participating in community drills/plans.

c. Departmental Communication

Each department will aid in the tracking and reporting employee health status to the **Emergency Management Team** and all departments will work to provide redundant information to their employees about:

- which services are available and which are temporarily suspended,
- work expectations and schedules,
- mechanisms for employees to report absences and illnesses to supervisors (Emergency Status Data Base), and,
- all other information relevant to the operations of the specific departments.

The communication of relevant information will occur between all department heads and the Emergency Management Team and Communications official.

C. Technology Services

Technology Services is the central organization responsible for the voice, computer network, data and video services at Whitman College. In the event of an emergency, Technology Services will collaborate with internal and external entities, as relevant and needed, to ensure that Whitman has the means to continue operating by sustaining communication services within and external to Whitman. In the event of a complete power outage on campus, information can still be delivered and viewed through an off-site server and the website at www.emergency.whitman.edu as well as through the off-site communication venue. Communications with the EMT and Communications official will occur continuously. Key considerations include:

a. Emergency Communication

Whitman has several different options available to contact students, faculty and staff in the event of an emergency:

- **BLACKBOARD CONNECT** is an emergency notification system that is hosted off campus. It will send similar messages to seven separate points of contact for each individual. The messages are sent as voice mail, telephone call, and text or email messages. All students, staff or faculty can be contacted or a subgroup can be targeted for receipt of a specific message.
- **BURBEE INFO-CAST** is a public address system deployed through the campus Voice over IP telephone system that will broadcast messages through the speakers located in campus telephones in every classroom, staff and faculty office and other designated room, as well as other speakers throughout the campus.

b. IT

Technology Services has provisioned two core routers to ensure a high availability and network performance. One router is located in Olin Hall and the other in the Memorial Building. The campus has a redundant fiber optic ring that extends around the campus and provides the capacity to recover from single or multipoint network failures. IT also stocks spare equipment to repair or replace failing network components.

c. Campus Speakers

As mentioned above, **BURBEE INFO-CAST** is a public address system that can broadcast to campus telephone speakers as well as large speakers located at various points across campus. These will be placed between Maxey and Olin Halls, on top of the Science building, on top of the Center for Visual Arts (facing the Reid Campus Center), inside the Reid Campus Center in the Coffee House, and two locations inside the Penrose Library. These public speakers will be used in the event of an emergency along with the speakers on campus telephones.

d. Telecommuting

At this time, Whitman College is choosing not to use "distance learning" for the continuation of classes. The truncation of classes or using alternative dates to deliver classes will be examined in the event that the college decides to suspend academic operations. However, the use of telecommuting for all staff and faculty will be encouraged as this will minimize face to face contact and enable

many people to function in their jobs while they remain at home. The college will not provide computers for everyone but Technology Services will continue to try and provide support to all users of the Marcus System.

D. Office of the Dean of Faculty

The Office of the Dean of Faculty will develop guidelines for academic continuation. Key considerations may include the following:

- a.** Developing a policy or guidelines to address academic concerns of students or professors who are absent from classes due to illness or quarantine, in the event that academic operations continue.
- b.** Making decisions about the completion of or truncation of classes should the college close down completely. These decisions will be variable depending on the point in the semester the college has closed and/or how much of a class has already been completed.
- c.** Looking at alternative dates for completing coursework.
- d.** Considering the implementation of a summer term if suspension of classes occurs early in a semester.
- e.** Communicating relevant information to the EMT and Communications official.

E. The Dean of Students Office

The Dean of Students Office governs all student affairs departments and students issues that are non-academic. In the event of a pandemic, it is of primary importance that the Dean of Students office works with the Emergency Management Team to optimize the safety and welfare of the entire student body. Specific considerations for the Dean of Students Office are:

- a.** Working with the Welty Health Center to manage and track the Emergency Status Data Base.
- b.** Facilitating contact with parents and/or emergency contacts as are necessary.
- c.** Communicate with students and/or parents of students about relevant general or personal information regarding the pandemic situation or the individual students as is relevant and appropriate (FERPA in place).

F. Welty Health Center (ACHA, USDOH)

Key considerations may include the following:

a. Health Service Staff Education and Preparedness

- Engaging staff in pandemic planning and provide exercises and drills to rehearse the plan and revise as necessary.
- Providing regular updates for staff regarding avian and pandemic influenza recommendations for treatment protocols, appropriate infection control procedures, and the status of antiviral and vaccine development.
- Encouraging all staff to receive vaccination against seasonal influenza.

- Fit test staff with N95 respiratory protection and provide an in-service on proper use of personal protective equipment.
- Training key staff in the surveillance of the “**Emergency Status Data Base**”.
- Working with Human Resources in the possible utilization and training of a volunteer workforce.

b. Supplies/Equipment/Services

- Compiling a list of supplies that would be needed, such as respiratory protection equipment, gloves, gowns, protective eyewear, medications (antibiotics), disinfectants, and IV fluids.
- Maintaining a stock supply of necessary medications and equipment; inventory and rotate supplies as appropriate.
- Establishing a plan for continuation of cleaning services and waste removal services including triggers to increase the frequency of the scheduling of these services.

c. Clinical Issues

The Welty Health Center will utilize all available resources to meet the outpatient health care needs of students as appropriate during an influenza pandemic. However, with the anticipated possible closure of campus prior to the onset of the pandemic in the Walla Walla community, the need for student health care will change dramatically. Emphasis will initially be on the education of students, staff and faculty about self-care measures.

In the event of a mild pandemic and the college does not close, students who are experiencing flu-like symptoms may be triaged to the community evaluation center as designated by the Walla Walla County Health Department in order to better mitigate the spread of the virus on campus. Instructions for isolation and quarantined will be given by the Department of Health and Whitman will follow instructions as they are distributed. The responsibility of the Welty Health Center to care for ill students is entirely dependent on the severity of the virus, guidelines set forth by the Department of Health and the college’s decision about the continuation or suspension of operations. In any event, the Welty Health Center will consider the following:

- Along with other designated offices, using the “**Emergency Status Data Base**” to track students.
- Maintaining a data base of students with disabilities or special needs that could use additional assistance.
- Developing a plan for setting up an infirmary and/or expanded clinical space.
- Developing a protocol for transport of students to outside health care facilities or the hospital if 911 is not available.
- Maintaining active contact with community resources in advance so that they understand the needs of the student population and Welty Center personnel understand the local pandemic operating protocols.

- Developing triage and treatment protocol that can be easily adapted once a case definition is established. Emphasizing phone-based and possible web-based triage whenever possible.
- Developing clinic signage and voice messages that would give ill students directions on how to access services.
- Developing a protocol for monitoring those students in isolation or quarantine who reside in campus apartments or residence halls.
- Developing a protocol for care of the deceased that addresses storage until transfer and notification of the family.
- Developing a plan for conducting mass immunization clinics when the vaccine becomes available, as is recommended by the Department of Health.
- Communicating relevant information to the EMT and Communications official.

d. Mass Vaccination and Dispensing

Whitman College will be prepared to participate in state and county level response activities related to vaccine and antiviral medication distribution. Vaccines will likely be available through the **CDC** and the **Washington State Department of Health** in only limited batches. Vaccines will be distributed through the local public health system and will be provided to individuals in pre-determined priority groups (based upon health history for patients and position type for employees, as defined in the Washington State Department of Health pandemic plan). Prior to a pandemic, the college should calculate priority group counts based upon the list of categories that will be provided by the state or county health department or the **CDC**. These calculations should be reviewed and updated on a yearly basis. Dispensing of antiviral medications may also require a system of allocation to predetermined high-priority individuals or groups, also based on the prioritization defined in the **WSDOH** plan. Whitman will likely be provided a vaccine supply if students are in the CDC's "high risk" group (as is true for **H1N1**) by the local department of health and Whitman will be responsible for developing procedures to administer the vaccine.

Further information on Infection Control Policies and Procedures and be found at: www.cdc.gov/flu/pandemic/healthprofessional.htm.

G. Physical Plant Services

a. Physical Plant Services has a detailed Response Plan for facilities management that can be found in the College's Emergency Management Plan.

b. A Physical Plant Services 'core' response team of managers and supervisors will implement plans and provide backup for multiple operations during a pandemic influenza event, depending of the needs of the campus. The **Emergency Operations Group** will be located in the Physical Plant building.

A few highlights of the Physical Plant plans include:

- **The Critical Building List** – In the **Critical Building List**, the college buildings are separated into three levels responding to closure levels described earlier in this document. **Level 1** buildings are public gathering types that would be closed first.

Level 2 buildings are classroom and administrative buildings that would be closed if classes are suspended. **Level 3** buildings are critical buildings that need to remain open with services for utilities, maintenance and custodial. These buildings are typically buildings used for critical services such as security, health care delivery, and technology. The levels assigned to each building require approval from the Office of the President and the **EMT**. It could also be the case that the local community may need to use some of the campus facilities to address their mission to service the greater community of Walla Walla. Furthermore, designated residence life buildings or dining facilities may become **Level 3** buildings in the event that Whitman is providing emergency room and board for some students.

- **Critical Services** – Physical Plant Services has identified what type of critical services would be necessary to keep **Level 3** buildings open and functional during a campus closure. These critical services can be maintained around the clock with the reassignment of staff.
- **Critical Supplies List** – Physical Plant Services has identified certain supplies, quantities and associated costs necessary for the Physical Plant staff to operate the campus at a **Level 3** for 6-12 weeks. The majority of the items are personal protection equipment and custodial supplies as well as food and water for the Physical Plant staff.
- **Critical Staff** – Critical staff has been identified by the Director of the Physical Plant. These include staff members that are trained in the maintenance of critical equipment and operations

c. It is important to emphasize the critical nature of the college, city and state utility systems. Consistent delivery of water, sewer, electricity and natural gas cannot be assumed. Some services may be disrupted due to the absenteeism of utility employees. Fortunately the campus has several portable generators that can be transferred to essential buildings and an adequate supply of chlorine that can be used to decontaminate water.

d. Communicating relevant information to the EMT and Communications official.

H. Campus Security

Key considerations may include the following:

- a.** Developing procedures for securing building, protecting stored supplies, and restricting access to campus.
- b.** Establishing ongoing communication with local police, fire, and emergency response personnel in order to coordinate efforts for managing safety issues.
- c.** Establishing protocols for evaluation and dispatch of all incoming high priority (emergency) calls for service from the campus community during a pandemic.
Calls for service that are of a non-emergency nature and do not require the

immediate presence of a police officer shall be designated for call back response.

d. Developing triage protocols, in conjunction with the Welty Health Center, for responding to students in distress either due to illness or illness of others or requesting transport for medical care, including a system of tracking these transports.

e. Participating in training regarding influenza.

f. Encouraging all staff to receive vaccination against seasonal influenza.

g. If campus security will be involved in student transport because other emergency transportation is not available:

- Acquiring protective equipment for staff.
- Training staff in use of personal protective equipment.
- Equipping cars with disinfectants, surgical masks for persons being transported, gloves, and hazard waste bags.

h. Communicating relevant information to the EMT and the Communications official.

I. Residence Life

Public fears related to pandemic influenza may result in students returning home to their families, independent of any determination by the College to cancel classes or close residence halls. Once the college decides to suspend academic operations, actions to evacuate students will be prompt. Part of evacuating students efficiently and safely requires pre-event preparation. However, if the College is closed, except for critical services, not all students may be able to return home rapidly. Approximately 60% of 1450 students live on campus but Residence Life administrators estimate that up to 40% of all students may need to live on campus for some period of time even if classes were cancelled or the residence halls were "closed". These include international students and domestic students (some of who live in off-campus housing) who are unable to return home during a pandemic and have no alternative shelters (that live over 300 miles from campus). Students who cannot leave campus and must remain in residence halls can apply for emergency room and board. The Residence Life office staff will review requests for emergency room and board and while coordinating with Dining Services about these needs. However, because space and resources will be extremely limited during a pandemic, efforts will be made to find family members or friends who can provide shelter to these students for the duration of the emergency. If no suitable alternatives for sheltering can be found, Whitman will make every effort to provide adequate care due to the greatest extent possible. An assessment for the suitability of student housing for quarantine of exposed and/or ill students can be found at: www.hhs.gov/pandemicflu/plan/sup8.html.

The "**Emergency Status Data Base**" will be used to track students who are remaining in campus facilities. This data base can be updated by all users who have access to the data base from various departments, including the Residence Life office, Welty Health Center, the Dean of Students Office, and designated members of the Emergency Management Team.

Other key considerations may include the following:

a. Develop a written plan for the **pre-event** procedures, such as the following:

- Identifying rooms and buildings that could be used for quarantine, isolation and emergency housing for residence hall students who cannot go home. These include: the Health Center, Interest Houses, various locations in the dormitories, Sherwood gym or Bratton Tennis Center. Use of these facilities will depend on the illness rate, lethality of the virus and the CDC and Department of Health recommendations.
- Developing a procedure for closure and evacuation of campus residence halls and other campus housing.
- Developing a procedure for the application for emergency room and board.
- Developing procedures for relocating students to emergency housing.
- Developing plans for continuation of housekeeping services and stockpiling items such as cleaning and disinfecting supplies, facial tissues and toilet paper, disposable towels.
- Ensuring that custodial staff receive training regarding personal protection and proper cleaning procedures. Work with Physical Plant Services to address the potential reallocation of Physical Plant staff to needed services in Residence Life.
- Establishing a system for communication amongst all staff that are providing services under the Residence Life umbrella.
- Establishing communication protocols with Welty Health Center for residence hall surveillance and documentation. Training staff in the use of the "**Emergency Status Data Base**".
- Formulating and rehearsing plans to address anticipated student needs ranging from delivery of food and medication to providing emotional support.
- It could also be the case that the local community may need to use some of the campus facilities to address their mission to service the greater community of Walla Walla. This could include the use of residence halls for inoculation, quarantine, and/or isolation sites. Work with the Emergency Management Team, the Physical Plant Staff, Security and Food Service to coordinate this with the County officials.

b. Develop a written plan for the following **response** procedures:

- In conjunction with the Health Center, monitoring daily census and health status in each emergency residence hall.
- Monitoring staff absenteeism.
- Implementing plans for closing residence halls based upon the recommendation of public health officials and the college's recommendations.
- Facilitating on-site clinics and "room" visitation by Welty Health Center personnel, if appropriate and necessary.

- Communicating relevant information to the EMT and Communications official.
 - Providing personal protection equipment as appropriate to Residence Life personnel who have direct contact with ill students.
- c. Encourage staff to receive vaccination against seasonal influenza.

J. Food Service

Food Services must work closely with the Residence Life Office to determine the level of and method of food service for individuals who must remain on campus. Key considerations may include the following:

- a. Compiling a list of non-perishable foodstuffs and drinks, including water that can be stockpiled and stored and personal protective equipment.
- Quantities can be estimated by determining the percentage of students who may not be able to go home and will be dependent on campus food services for food for a 6-12 week period.
 - Include the possible need to provide food for health care staff, housing staff, facilities staff, or other key personnel who may need to be provided with shelter-in-place.
- b. Developing a procedure for delivery of foodstuffs to residential areas and quarantined or ill students. Methods of delivery should maximize social distancing.
- c. Training staff in the protocol for hygienic food preparation, clean up and the use of personal protective equipment.
- d. Communicating relevant information with the EMT and the Communications official.
- e. Providing hand sanitizing stations at the entrances to all dining halls.

K. Human Resources

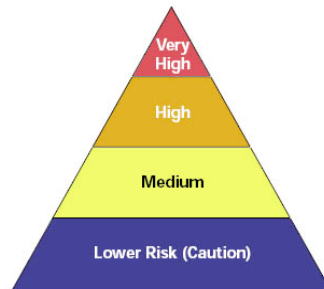
Key considerations may include the following:

- a. Assisting the **Pandemic Planning Team** with the identification of critical personnel and ensure that departments are depth charted.
- b. Encouraging staff and faculty to update emergency contact information and to use the on-line "Emergency Status Data Base".
- c. Use the on-line "**Illness Status Data Base**" to track employees.
- d. Preparing plans for when to advise employees to stay home from work and review vacation/ sick leave guidelines for applicability in a pandemic event.
- Employees who have been exposed, are suspected of having the illness or who are caring for an ill family member should not come to work. Therefore, liberal, non-punitive policies should be established in order to ensure compliance with public health recommendations.
- e. Establishing guidelines for the continuation of payroll and benefits in conjunction with the Business Office.
- f. Working with the Pandemic Planning Team to develop a hierarchy of critical positions that are essential to maintain core college operations. A 'back up' of 2 additional employees for each critical position should be developed. Cross-training is a viable method for achieving this depth.
- g. Establishing return-to-work guidelines consistent with the case definition.

h. Assist in the recruitment of a volunteer work force by annually updating the Emergency Volunteer Force form.

Occupational Risk Pyramid for Pandemic Influenza

www.osha.gov/publications/influenza_pandemic.html#affect_workplaces



Very High Exposure Risk:

- Healthcare employees
- Employees that will need to have on-going contact with students and the general populations (designated critical personnel who will remain on campus)

High Exposure Risk:

- Healthcare delivery and support staff exposed to known or suspected pandemic patients
- Employees that have had close contact with students (Residence Life Staff, Faculty, Admissions Staff, Dining Services Staff, etc...)

Medium Exposure Risk:

- Employees with high-frequency contact with the general population

Lower Exposure Risk (Caution):

- Employees who have minimal occupational contact with the general public and other coworkers (for example, some office employees).

L. Business Office

Key considerations may include the following:

- a.** Discussing the potential financial ramifications of a pandemic and estimate the impact and identify emergency funding to cover purchases and business continuation. Collecting information from departments (i.e., Welty Health Center, Housing and Dining Services, Physical Plant Services) related to costs for stockpiling supplies.
- b.** Developing procedures for the rapid procurement and payment of supplies, equipment, and services.
- c.** Developing a plan for ensuring the continuation of payroll and accounting operations in the face of high employee absenteeism or school closure.
- d.** Analyzing the financial costs to the institution should it shut down and the costs and plans for the re-emergence of the college as a financially healthy and secure operation.

M. Admissions/Financial Aid

Key considerations may include the following:

- a.** Developing a plan for reviewing applications and recruiting in the absence of face-to-face interviewing or campus visits.
- b.** Discussing contingency plans for issues dealing with tuition and financial aid in the event of a student's elective or forced withdrawal from school.

- c. Coordinating operations with other relevant departments for the re-enrollment and recruitment of students in the event the school closes.

N. The Intercultural Office

There are approximately 50 to 60 students studying at Whitman from countries outside of the U.S., with nearly half of those from Asia. There may be significant barriers to these students returning to their home countries due to International travel restrictions and financial and personal considerations. Key considerations may include the following:

a. Finding housing for international students/faculty on campus

In addition to using campus housing to secure living space for international students and faculty, the "host" families already in place or friends of international students can possibly be utilized for back up housing.

b. Travel Recommendations and Restrictions

Preparing international students for the reality that they may not be able to return home during a pandemic is essential. In the early stages of an influenza pandemic, highly impacted countries may close their borders; countries may impose quarantine periods, and medical scanning and screening of incoming passengers is likely to occur (www.cdc.gov/travel). It is expected that as a pandemic progresses to high levels of severity, travel will be severely curtailed and may be suspended.

c. Developing a system for helping students maintain contact with their support system in their home country and assisting students in the acquisition of information about the status of the pandemic and travel in their home country.

d. Maintaining communication with the EMT about the status and needs of foreign students.

O. Study Abroad and Faculty/Staff International Travel

Each year Whitman has approximately 70 to 120 students studying abroad and faculty working abroad. Most students are studying under another university's or college's program and it is through these programs that students receive their information about the status of events affecting students in their program. Most students and faculty studying or working abroad have access to information and family in the U.S. through phone or computer contact. Some students have limited or sporadic contact due to the rural or undeveloped infrastructure of their host country. In the event of a pandemic, students and staff studying abroad would all be contacted by using the data base that is already in place for emergency contact. In addition, students would be contacted by their host program. Key considerations include the following:

a. Travel Recommendations and Restrictions

A disease outbreak requires thoughtful consideration about imposing travel restrictions, as well as consideration of faculty, staff and students already abroad. In the early stages of an influenza pandemic, highly impacted countries may close their borders and receiving countries may impose quarantine, medical scanning or screening of incoming passengers (www.cdc.gov/travel). The Study Abroad Office should develop ways to quickly contact students already studying abroad and

their parents, and counsel those students who are considering study abroad. The Dean of Faculty/Provost's office should develop ways to communicate with faculty traveling abroad on non-study abroad Whitman business. It is expected that as a pandemic progresses to high levels of severity, travel will be severely curtailed and might be suspended.

b. Students Abroad

The vast majority of Whitman students studying abroad studies on programs administered by third-party providers, such as the Institute for the International Education of Students (IES), School for International Training (SIT) and Council on International Educational Exchange (CIEE). There are a few programs that are administered directly by Whitman, such as the AKP and ISLE consortial programs and direct enrollment at University of St Andrews (Scotland), University of Otago (New Zealand) and University of East Anglia (England).

- Prior to going abroad study abroad students should be advised about the possibility of a pandemic and what precautions that they can take. For example, they should be informed about measures such as "social distancing" and maintaining adequate supplies of food and water that could be employed if an outbreak occurred in their host country. (See <http://travel.state.gov> on "Remain in Country during a Pandemic" for US Department of State advice on this.) The Study Abroad Office should also recommend that they take items such as N-95 masks and hand sanitizing lotion with them abroad. This information should also be included in what is sent to parents of students going abroad.
- Develop a plan for communicating with students abroad, their parents, and Whitman faculty leading study abroad trips, if any.
- Determine Whitman's guidelines for suspension of programs administered directly by us.
- Work with study abroad program providers to learn about their guidelines for temporary closure of study abroad programs, procedures for shelter-in-place, and resources for assisting students who cannot depart the host country to return home.

c. Students Returning from Abroad

- The Study Abroad Office will work with the Welty Health Center to ensure a medical screening students returning to Whitman from study abroad who may have been exposed. Incoming travelers from foreign countries will be advised to monitor their health for 10 days for fever and/or respiratory symptoms, and to report symptoms to health authorities. In a pandemic, self-monitoring may be advised to all incoming travelers, not only those arriving from defined high-risk areas. Guidelines for self-monitoring are

provided by the Centers of Disease Control and Prevention at www.cdc.gov/travel.

- For staff and faculty returning from outside the U.S. the relevant department sponsoring the trip (Dean of Faculty/Provost's Office, Admission Office) will need to notify them of policies affecting their return. The policy could include quarantine or a delay in returning to work.
- Designate a residential location on campus for students to be housed immediately upon return from a destination that might have exposed them to the virus.
- In the cases in which the students have returned to the U.S. prior the completing the semester abroad, the Study Abroad Office will work with the program providers to determine whether or not students will still receive credit and/or refund of the program fees.

P. Academic Resource Center

The Academic Resource Center serves students with disabilities. It is imperative that students with disabilities receive equal access to communication regarding a pandemic and access to evacuation and relocation. The Academic Resource Center and the Welty Health Center has a partial list of students with disabilities and they will ensure that Communications and the EMT have the necessary information to provide any special accommodations or actions that need to occur to address the issue of access and student safety.

Q. Off-Campus Students

Forty percent of Whitman College students live off-campus or in Greek Fraternities. These students will be contacted in the same manner as all on-campus students regarding the critical steps in pandemic planning, guidelines on stockpiling food and supplies, and safe evacuation procedures during a pandemic.

R. Counseling Center

The counseling center is often called in during a crisis to help manage the varied emotional responses and ease the path to recovery. In a pandemic, it is most essential for individuals to be educated about and act on proper self-care and evacuation procedures. The counseling center will not be offering regular services during the suspension of operations but has members on the emergency management team who can advise the team about any necessary psychological or emotional variables to consider. Key considerations may include the following:

- a. Developing a plan for providing crisis services during the initial phases of the pandemic.
- b. Advising the **PPT** and **EMT** on relevant psychological variables to consider during the pre-planning, active and recovery phases of a pandemic.
- c. Advising the **PPT** and **EMT** on psychological issues that could impact the reception of communication and education about the pandemic.

S. Conference and Events

Whitman College hosts numerous conferences, particularly during the summer months. Conferees typically live in the residence halls and eat in Dining Services facilities. In a pandemic, the Conference and Events Office would need to consider similar issues and develop

similar plans as those listed above for Housing (**Section V-b**). Conferences might be canceled or postponed. The Conference and Events Office will serve as the communication link between campus service providers and clients who contract for use of Whitman facilities and services, to provide information about cancellations and postponements.

T. Research

Some researchers may be able to continue working during a pandemic, and especially if they are working alone or in small groups in spacious labs. The ability to continue research will to some extent be dependent upon safety issues and the availability of other lab support services. Decisions about suspension vs. continuation of specific research projects will be made in conjunction with the Office of the Dean of Faculty and the **Emergency Policy Group**. Key considerations may include the following:

- a.** Determining campus buildings that may remain open for research.
- b.** Establishing a plan for maintaining security in laboratory spaces.
- c.** Establishing a plan for care of laboratory specimens and equipment if research ceases due to safety issues or high absenteeism among lab maintenance crews.
- d.** Establishing a plan for specimen storage and managing experiments in process.

U. Faculty/Staff preparation

Individuals and families employed by or in association with Whitman College should consider the following:

- a.** Home preparation for a pandemic that could last from 8 to 12 weeks that would include:
 - Perishable and non-perishable supplies (see **Part 4 – C and F**)
 - Childcare plans
 - Communication plans with loved ones
 - Transportation plans for children or other significant others that would want to return to your home.

Part 3: RESPONSE AND RECOVERY

VI. SPECIFIC RESPONSE INFORMATION

A. Pandemic Phases and Suggested Actions

Section **IV-C** defines the expected **WHO/CDC** phases for a pandemic and the **Whitman College Severity Levels**. This section further describes anticipated triggers and actions for each college department specific to each level. The **Whitman College Pandemic Response Plan** can be activated – partially or fully– by the **EPG** after consultation has occurred amongst the various campus emergency planning constituents (along with direction from federal, state and local government and emergency response agencies).

In accordance with **NIMS** and **ICS**, any campus-wide emergency beyond the campus' ability to manage its day-to-day operations would result in activation of the **Emergency Management Plan and the Pandemic Response Plan** for centralized coordination of response, relief and recovery efforts. All campus actions would be coordinated through the **Emergency Management Plan's** team. The **Incident Commander** for Whitman College, or a designee of the **Incident Commander**, would be responsible for on-going communication to and from the **Walla Walla County Emergency Operations Center** (WWCEOC).

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

The decision to close the campus or substantially curtail most major activities of the campus would be a difficult decision. This decision would require careful thought, consideration, and coordination at the highest levels of the organization. The decision for a partial or total closure of the College will be made by the Office of the President and the **Emergency Planning Team** with input from multiple federal, state, local and college advisory bodies.

C. Critical Decision Makers

- **Federal/State/County/Local Public Health Departments** have the authority to order quarantines, isolation, cancellation of public gatherings and other public health related actions.
- **The Office of the President** (via the **EPG**) may order the cancellation of classes and cessation of all but critical functions.
- **The Deans and Designated Department Heads** may direct specific closures and shutdown of all but critical functions within their department. They are also responsible for ensuring that all departments under their supervision are aware of and educated about their departmental plans.

D. Implementing the Pandemic Response Plan (Reminder: Table on page 22)

Once the Emergency Management Plan is activated for a campus-wide emergency, the Pandemic Response Plan developed by each department should be activated and all actions coordinated and communicated to the **EPG** and **EOG**. The following information details the responses anticipated at each of the Whitman College's Severity Levels by

some of the key departments. Department plans may change according to the needs of the department or college.

1. PRE-LEVEL (See Chart 1-pg.22)

The **Pre-level** is the planning phase, as detailed in **Sections IV** and **V**. Necessary actions include continued surveillance of any pandemic threats and communication to the community if appropriate.

2. LEVEL 1 RESPONSE (See Chart 2-pg 23)

A **Level 1 response** occurs when verified cases occur in the United States and one or more triggering events (confirmation of high rate of infectivity, morbidity or mortality; rate/speed of disease spreading; local public health recommendations to curtail or cancel public activities; transportation systems closing/curtailing interstate travel) occur. At this time, social distancing measures are implemented, large gatherings are canceled and the college will begin preparations for partial or full closure. Key considerations for response by key areas include the following:

a. Pandemic Planning Team will plan to:

- Possibly activate the college's Emergency Management Plan and website.
- Assess the variables of the pandemic known to date and make a swift decision about the continuation or suspension of college operations.
- Maintain close and frequent communication with Walla Walla County's Emergency Planners and amongst all parties pertaining to the Pandemic Response Plan.
- Support the college's mission to provide accurate, accessible, expedient and educational information to the entire Whitman community.

b. Communications Department will plan to:

- Update information on College website (www.emergency.whitman.edu) as needed to educate and alert the campus community about flu signs/symptoms, the state of the pandemic in the world, when/where to seek help, and the college's current plans.
- Send alerts to students, faculty, staff, parents/families, Board of Trustees and Overseers as needed, apprising them of the status of activities on campus and action being taken.
- Alert external media to the status of activities on campus and action being taken by the college.

c. Technology Services will plan to:

- Maintain the Whitman technology infrastructure and emergency status data base.
- Support the Communications Office.
- Alert all technology staff about the current pandemic situation.

d. The Office of the Dean of Faculty will plan to:

- Alert all faculty about the current pandemic situation.

- Call a meeting of Division Heads to discuss the possible suspension of academic operations.
- Analyze the continuation of research projects and the maintenance of research equipment or live research animals.

e. The Dean of Students Office will plan to:

- Alert all staff about the current pandemic situation and work expectations.
- Respond to and delegate appropriately to student, parent, and or staff emergencies.
- Work with the Welty Health Center staff and EMT to monitor the Emergency Status Data Base.

f. The Welty Health Center will plan to:

- Alert all staff about the current pandemic situation.
- Work with the EMT to promptly make decisions about the level and type of care that the Welty Center will provide to students and staff.
- Post signs at entrances notifying patients with coughs to put on masks and use designated entries and waiting areas.
- Follow droplet precautions and monitor medical supplies.
- Along with the **EOG**, conduct frequent consultation with the County and State health departments and will also plan to provide appropriate about monitoring of the prevalence of illness on campus.
- Help monitor student illness rates

g. The Physical Plant will plan to:

- Alert all staff about the current pandemic situation.
- Work with the EMT to decide which services are critical to continue and if there should be a shift in staff assignments.
- Increase custodial services to all areas.

h. Campus Security will plan to:

- Alert all staff about the current pandemic situation.
- Augment security in vulnerable locations as designated by the EMT.
- Shift staff assignments as needed.

i. The Residence Life Office will plan to:

- Alert all staff about the current pandemic situation and what the role of Residence Life will be in assisting students.
- Begin to prepare for emergency evacuation of students.
- Begin to prepare for the implementation of Applications for Emergency Student Housing.
- Begin to prepare for the possible use of designated Residence Halls for infirmaries or emergency students housing.
- Work with Conferences and Events to secure access to stored bedding and linens.
- Work with Food Service to maintain plans for the safe delivery of food.
- Augment custodial services and draw staff from other departments (especially Plant Services) if necessary. Begin to prepare for closure of selected facilities.

- Help monitor student illness rates

j. Food Service will plan to:

- Alert all staff about the current pandemic situation.
- Post signs at the dining facilities warning of potential closures and providing information about anticipated plans.
- Augment procedures for safe food handling, preparation and clean up.
- Inform vendors about the status of the college and try to secure extra non-perishable food, if possible.
- Begin preparing for the possible closure of some dining facilities/kitchens and movement towards meal delivery.

k. Human Resources will plan to:

- Alert all staff about the current pandemic situation.
- Communicate emergency and sick leave policies to staff.
- Communicate to employees any expectations about work duties: e.g., which employees should report to work, where to report, self-monitoring for influenza-like symptoms, and the use of the Emergency Status Data Base.
- Monitor the Emergency Status Data Base for Employees.
- Begin contact with individuals who have listed themselves as available on the Emergency Volunteer Force form.

l. The Business Office will plan to:

- Alert all staff about the current pandemic situation.
- Contact all financial institutions that Whitman is affiliated with to share mutual updates.
- Prepare for the possible closure of school and thus the possible cessation of building or other non-essential projects.
- Maintain close communication with the President and Board of Trustees about the financial status of the college and the "projections" for the immediate future.
- Maintain close communication with the Financial Aid office about matters of student tuition, fees, and room and board for cases where students may withdraw before Whitman is officially closed.
- Facilitate and expedite emergency supply orders.
- Prepare to implement manual processes for all financial operations in the event that mainframe systems become unavailable.

m. Admissions and Financial Aid will plan to:

- Alert all staff about the current pandemic situation.
- Consider cancelling all college visits and moving to remote recruiting for a temporary period.
- Prepare for the possible closure of school which will drastically affect Admissions operations and the infrastructure of Financial Aid.
- Work closely with the Business Office to address matters of student tuition, fees and room and board for cases where students may withdraw before Whitman is officially closed.

n. The Intercultural Office will plan to:

- Alert all staff, students and friendship families about the current pandemic situation.
- Assist students in making contact with their families or significant others in their home countries.
- Begin preliminary discussions about housing needs or possibly returning to their home country if Whitman should suspend operations.

o. The Study Abroad Office will plan to:

- Alert all students and parents of students who are abroad about the current pandemic situation.
- Contact all study abroad programs that are hosting Whitman students to find out their status and plans.
- Assist the Office of the Dean of Faculty with issues concerning faculty who are currently working or traveling abroad.
- Staff and other employees who are abroad with college activities will be notified by the department sponsoring the trip.

p. The Academic Resource Center will plan to:

- Assist the Welty Health Center with the identification of students with special needs that may require additional information or assistance outside of the usual channels.

q. The Counseling Center will plan to:

- Alert all staff about the current pandemic situation.
- Consider streamlining or modifying services to fit the needs of the community.
- In preparation for the possible closure of school, work with the Welty Health Center and contracted Psychiatrist to insure that all students on psychiatric medications have updated and accessible prescriptions.

r. Conferences and Events will plan to:

- Immediate begin communication with the EMT.
- Alert all staff and event participants about the current pandemic situation.
- Begin preparations for the possible cessation of the current event and the cancelling of events in the immediate future.
- Work with the Residence Life Office regarding the transfer of emergency linens and towels in the event of school closure and the provision of emergency shelter in designated residence halls.

3. LEVEL 2 RESPONSE (See Chart 3-pg 24)

Level 2 can begin with the onset of a high illness rate on campus, significant human-to-human transmission locally, a high CFR internationally and/or infrastructure disruption and could likely begin within hours to several days after declaration of **Level 1**, depending on national and local conditions. During **Level 2**, we anticipate that many students will already have departed from campus, employee absenteeism will rise, and other regional school systems will have closed. At this time, classes will be suspended, students in residence halls will return home if possible, and most administrative and academic buildings will close. The **Emergency Management Plan** will likely be activated at this point and considerations for response by key areas are as following:

a. Emergency Management Team will consider the following responses:

- Maintain the college's **Incident Command Post (ICP)**. The **ICP** will transition from a physical center to a remotely operated center (via phone contacts, email or other communication modes).
- Continue coordination of the pandemic response.
- Maintain close and frequent communication with Walla Walla County's EOC.
- Maintain close and frequent communication with all emergency response entities.
- Work in conjunction with the **Pandemic Planning Team**.

b. Communications Office

- Update information on the Emergency website and other designated forms of communication on a frequent basis, as needed.
- Maintain contact with local media about the status of activities on campus and steps being taken by the College.

c. Technology Services

- Maintain the Whitman technology infrastructure and emergency status data base.
- Support the Communications Office.

d. Departmental Communications in all offices

All department heads will consider the following responses, in addition to the information being disseminated by the Communications Office:

- Follow directives from the **EMT** about closures and suspension of non-critical activities.
- Keep their staff and faculty informed of the current status of the pandemic and college response.
- Inform vendors of the status of the college.
- Communicate emergency and sick leave policies to staff and faculty.
- Communicate to employees any expectations about work duties: e.g., which employees should report to work, where to report, self-monitoring for influenza-like symptoms.
- Monitor staff absence rates (both for influenza-like illness and any other reasons) and communicate this to the EMP. Encourage staff and faculty to use the Emergency Status Data Base.
- Communicate protocols for hand hygiene, cough etiquette and other personal infection control and refer people to the **Pandemic Resources and References** section on the Emergency website).

d. Specific Departments

• **Dean of Students office will consider the following responses:**

- Helping to track ill students
- Working with the PPT, Residence Life, the Health Center and Food Services to provide services to ill students housed on campus
- Address student and family issues pertaining to all aspects of student life.

• **Welty Health Center will consider the following responses:**

- Maintaining contact with county and state health departments and relay appropriate information to the EMT.
- Discontinuing routine care. Patients will be triaged for evaluation and treatment of influenza-like illness to other health care facilities.
- Clearly communicating limits of care/services and appropriate access to Health Service through the website, signage, and other designated methods of communication.
- Using personal protective equipment for healthcare workers.
- Monitoring healthcare staff at least daily for signs of infection.
- Coordinating student care with the Residence Life Office for those students who are in residence halls.
- Continuing to track and monitor ill students
- Work with Residence Life and **PPT** to address health care and living needs of ill students on campus.
- **Housing staff will consider the following responses:**
 - Issuing instructions to students about safe evacuation and timeline of evacuation.
 - Clearly designating “emergency room and board” residence halls.
 - Assisting departing students with storage of belongings and assist students who cannot evacuate with application for and relocation to designated residence halls for emergency sheltering.
 - Helping document evacuation destinations for departing students.
 - Using personal protective equipment for all contact with ill patients and implement social distancing practices for contact with all persons.
 - Monitoring ill and healthy students who remain in residence halls.
 - Working with Health Center staff and the **PPT** regarding issues of student care for those students housed in residence halls.
 - Working with Security and Plant Services to secure and protect Residence Halls.
- **Food Services will consider the following responses:**
 - Suspending dine-in services; limit services to carry-out or delivery meals.
 - Working with Security to secure all dining and kitchen facilities.
 - Providing staff with Personal Protective Equipment.
 - Continuing to try and secure food supplies from vendors.
 - Maintaining strict food handling protocol.
 - Working with the Health Center, Residence Life and the **PPT** to provide meals to ill students who are being housed on campus.

- **Physical Plant Services staff will consider the following responses:**
 - Continuing critical services and custodial care in open buildings.
 - Working with Security to close/protect and secure all buildings.
 - Providing personal protective equipment to critical personnel.
 - Implementing appropriate infection control measures, particularly in student care areas, vehicles and residence halls.
- **Inter-Cultural Office**
 - Continuing to assist International Students and their families, with an emphasis on maintaining a student's communication with their contacts in their home country.
- **Study Abroad Office**
 - Continuing to assist study abroad students, staff, faculty and their families.
- **The EOG**
 - Managing distribution of and education about use of Personal Protective Equipment for all critical personnel.
- **Office of the Dean of Faculty**
 - Assisting in the provision of care for vital research equipment or specimens.
- **Campus Security**
 - Using personal protective equipment for all staff.
- **Physical Plant Services**
 - Using of personal protective equipment for all staff.
- **The Business Office will consider the following responses:**
 - Implementing emergency payroll processing.
 - Continuing notification to vendors about suspended services and payments of outstanding bills.
 - Continuing the funding and procurements for emergency supplies and services.

4. LEVEL 3 RESPONSE (See Chart 4-pg 25)

A **Level 3 response** occurs when pandemic severity and incidence continues to rise. At this time, a serious emergency condition will be declared. All facilities are closed except skeletal services for emergency housing for residential hall students unable to leave campus and critical services. Access to campus is limited only to personnel who are essential to maintain the colleges core functions. Responses for key departmental areas are as outlined above for **Level 2** response, but with further building closure and reduction to only critical personnel. Other considerations for responses include:

a. Emergency Management Team:

- Maintaining the college's **Incident Command Post (ICP)** for continued coordination of pandemic response. The **ICP** will function as a remotely operated center.
- Maintaining close and frequent communication with Walla Walla County's **EOC** and all other emergency response or appropriate government entities.
- Work in conjunction with the **Pandemic Planning Team.**

b. Communications – college-wide

- Continue to apprise campus community about status of college through various available information sources.

c. Technology Services

- Maintain the Whitman technology infrastructure and emergency status data base.

d. All other Departments

- Maintain functioning and services at the highest level possible, being mindful of eventual recovery.

VII. RECOVERY PROCESSES

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

A. Recovery

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

B. Establishing

Criteria and Processes for Business Resumption

Based on information as developed by the Emergency Planning Team and ongoing reviews of the international/national/local situation and discussions with each Whitman College department, the Emergency Management Team will designate a partial, incremental or total return to normal operations. Any such decisions would be communicated to and coordinated with each department.

C. Analysis and After Action Reports

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

Part 4: RESOURCES AND REFERENCES

A. General information on a pandemic influenza

- www.pandemicflu.gov/ - The U.S. Department of Health and Human Resources site; one-stop access to U.S. Government avian and pandemic flu information. Includes planning tools and checklists, Q&A, links, current updates, etc.
- www.pandemicflu.gov/plan/community/community_mitigation.pdf - Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions - This interim guidance from CDC and the Department of Health and Human Services introduces a Pandemic Severity Index to characterize the severity of a pandemic. It provides planning recommendations for specific interventions that communities may use for a given level of pandemic severity and suggests when these measures should be started and how long they should be used.
- www.hhs.gov/pandemicflu/plan/ - U.S. Department of Health and Human Services website.
- www.who.int/csr/disease/influenza/pandemic/en/ - The World Health Organization's Epidemic and Pandemic Alert Response Information website.
- www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html – The U.S. Department of Education's website for pandemic planning.
- www.doh.wa.gov/panflu/ - The Washington State Department of Health site with FAQ's and preparation information.
- www.mrsc.org/subjects/HumanServices/pandemicplanning.aspx - The Municipal Research and Service Center of Washington's Emergency Preparedness Planning for a Pandemic Website.
- www.sboh.wa.gov – Washington State Board of Health Website.
- www.co.walla-walla.wa.us/departments/phd/index.shtml - Walla Walla County Health Department Website.
- www.co.walla-walla.wa.us/Departments/EMD/iCEMP/shtml - Walla Walla County Emergency Management Department.
- www.osha.gov/Publications/influenza-pandemic.html - U.S. Department of Labor's guidelines for preparing workplaces for an influenza pandemic.
- www.fema.gov/emergency/nims/index.shtm - U.S. Government information on the National Incident Management System (NIMS).

- www.2a.cdc.gov/han/Index.asp - U.S. Government information of the Health Alert Network (HAN).
- www.training.fema.gov/EMIWeb/IS/is100.asp - U.S. Government information of the Incident Command System (ICS).
- <http://pandemicpractices.org/practices/list.do?state-id=57> – Links for the State of Washington on pandemic preparedness put out by the Center for Infectious Disease Research and Policy Group.

B. Information for colleges and universities

- www.pandemicflu.gov/plan/school/collegechecklist.html - The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic.
- www.acha.org/info_resources/pandemic_flu.cfm - The American College Health Association Task Force for Pandemic Planning has provided guidelines for pandemic flu preparedness for colleges and universities.
- www.academiccontinuity.org - The Resource for Academic Continuity web site is dedicated to helping higher education institutions plan and implement academic continuity in the wake of a crisis situation.
- <http://www.ajg.com/highereducation> - Blueprint for Pandemic Flu Preparedness for Colleges and Universities.
- <http://www.cshema.org/resource/pandemic0306.htm> - Campus Safety, Health and Environmental Management Association with Pandemic Flu Resources.
- http://safety.colostate.edu/index.asp?url=flu_univ_plan_summ – Links to the Colorado State University comprehensive safety website and sample pandemic plan.
- <http://safetyservices.ucdavis.edu/about-us> - A comprehensive safety service site from the University of California, Davis.
- www.umd.edu/emergencypreparedness/pandemic_flu/avfplan.cfm - An example of a college pandemic preparedness plan put out by the University of Maryland.

C. Information for Personal Planning

- www.pandemicflu.gov/planguide/checklist.html - Checklist to help individuals gather the information and resources that may need in event of a pandemic.
- www.doh.wa.gov/panflu/family_brochure.htm - Information from the Washington State Department of Health on family preparedness for a pandemic.
- www.washington.gov/emergency/pandemic-flu.aspx - Government information to help families and individuals prepare for a pandemic.

D. Information for Whitman College

- www.whitman.edu/flu – This website will be used during all emergencies to communicate information about college status, response and resources. Prior to a pandemic, it will serve as an informational resource about pandemic influenza and preparedness.
- www.whitman.edu – This is Whitman College’s website that will have posted information on emergency information and links to other relevant sites.

E. Personal Protective Equipment

- <http://www.pandemicflu.gov/vaccine/mask.html> - The Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) have issued guidance on the use of masks and respirators in an influenza pandemic.
- http://www.osha.gov/Publications/influenza_pandemic.html#classifying_exposure – OSHA’s guidance on personal protective equipment use in the workplace during a pandemic.

F. DEPARTMENT OF HEALTH AND HUMAN SERVICES CHECKLIST FOR FAMILIES AND INDIVIDUALS

Pandemic Flu Planning Checklist for Individuals and Families

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

Information website: <http://www.pandemicflu.gov/plan/tab3.html>.

a. To plan for a pandemic:

- Store a two week supply of water and food. During a pandemic, if you can’t get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

b. To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.

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

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

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
Ready-to-eat canned meats, fish, fruits, vegetables, beans and soups	Prescribed medical supplies such as insulin or blood pressure medication
Protein or fruit bars	Soap and water, or alcohol-based (60-95% hand wash
Dry cereal, granola	Medicines for fever, such as ibuprofen or acetaminophen
Peanut butter and nuts	Thermometer
Dried fruit	Anti-diarrheal medication
Crackers	Vitamins
Canned juices	Fluids with electrolytes
Bottled Water	Flashlight and extra batteries
Food for infants/babies, if necessary	Infant supplies-diapers, wipes
Pet food	Manual can opener
Hard candies	Tissues, toilet paper, garbage bags
	Radio with clock
	Camp stove with fuel

G. PANDEMIC PLANNING TEAM

Tracee Anderson, Chair - Counseling Center
anderstl@whitman.edu

Susan Holme Brick --- Director of International Programs
bricksh@whitman.edu

Tony Cabasco --- Dean of Admission and Financial Aid
cabascja@whitman.edu

Tom Callister --- Associate Dean of the Faculty
callista@whitman.edu

Charles Cleveland – Dean of Students
clevelan@whitman.edu

Roger Edens --- General Manager of Bon Appetit – Dining Services
edensr@whitman.edu

Peter Harvey --- Treasurer, Secretary to the Board of Trustees
harvey@whitman.edu

Cindy Matern --- Director of Human Resources
materncl@whitman.edu

Mukulu Mweu --- Associate Dean of Students: Intercultural Programs and Services
mweuma@whitman.edu

Claudia Ness --- Interim Director of Welty Health Center
nesscl@whitman.edu

Dan Park --- Director of Physical Plant
park@whitman.edu

Keiko Pitter --- Chief Technology Officer
pitterk@whitman.edu

Kathy Rogers --- Safety Coordinator
rogerska@whitman.edu

Nancy Tavelli --- Associate Dean of Students: Campus Life and Director of Residence Life
tavelln@whitman.edu

Terry Thompson --- Director of Security
thompste@whitman.edu

Ruth Wardwell --- Director of Communications
wardwers@whitman.edu

H. ACRONYM DICTIONARY

CDC – Centers for Disease Control and Prevention

EMP – Whitman College’s Emergency Management Plan

EMT – Whitman College’s Emergency Management Team

EOC – Walla Walla County’s Emergency Operations Center

EOG – Whitman College’s Emergency Operations Group

EPG – Whitman College’s Emergency Policy Group

FEMA – Federal Emergency Management Agency. This is an agency of the U.S. Government tasked with disaster mitigation, preparedness, response and recovery planning.

HAN – Health Alert Network. A national program, providing vital health information and the infrastructure to support the dissemination of that information at the State and Local levels, and beyond.

IC – Whitman College’s Incident Commander

ICP – Whitman College’s Incident Command Post

ICS – Incident Command System. A national system that unifies commands in an emergency by using a common language and set of procedures for the management of all major incidents.

IT – Internet Technology

NIMS – National Incident Management System. A system used in the United States to coordinate emergency preparedness and incident management among various federal, state, and local agencies.

NPIs – Non-Pharmaceutical Interventions

OD – Whitman College’s Operations Director

PPT – Whitman College’s Pandemic Planning Team

USDHHS – United States Department of Health and Human Services

WHO – World Health Organization. A specialized agency of the United Nations (UN) that acts as a coordinating authority on international public health.

WSDOH – Washington State Department of Health

WWCEOC – Walla Walla County Emergency Operations Center

WWCHD – Walla Walla County Health Department

WWFD – Walla Walla Fire Department

WWPD – Walla Walla Police Department