

## **ANNEX R - PANDEMIC INFLUENZA RESPONSE**

### **I. Purpose and Scope**

This annex is designed to address the complicated issues posed by an influenza pandemic including the anticipated extended length of time needed for coordination and response. Annex R information is based upon a series of exercises and planning activities from 2005 – 2008, as well as after action reviews following response to the H1N1 pandemic in 2009 and 2010. This annex is reviewed and updated, as needed, on an annual basis to reflect additional campus-level planning and additions or modifications to state and federal pandemic influenza response guidelines.

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

### **II. Direction and Control**

As outlined in Annex B - Direction and Control, the Officer of the Day has the responsibility and authority to implement emergency response plans and provide overall policy direction of University of Minnesota resources during an emergency. Emergency operations include coordination of University and community resources to save lives, protect property and provide for the continuity of University operations. The Public Health Officer is a senior administrator with responsibility and authority for overseeing public health emergency response on campus at the discretion of the Officer of the Day. During designated public health emergencies, the Public Health Officer will develop response recommendations for the Officer of the Day in consultation with the Academic Health Center Office of Emergency Response (AHC-OER) and other internal and external partners as needed.

### **III. Internal Coordination**

AHC-OER will have responsibility to ensure a coordinated and effective response to real or perceived health emergencies on campus. Resources and procedures for health emergency response are outlined in Annex D - Health and Medical.

During an influenza pandemic, AHC-OER will create a central corridor for operational communication flow and response coordination. Ten pandemic influenza response areas have been identified and principal personnel responsible for each area, with 3-deep redundancies, have been identified. Principal personnel are responsible for the maintenance of their response plans and the creation of standard operating procedures to ensure successful implementation of those plans. AHC-OER maintains 24/7 contact information for those personnel including a secondary non-University email address (where available).

Principal pandemic influenza response personnel will be notified by AHC-OER when sustained human-to-human transmission has been confirmed anywhere in the world and will receive periodic email updates throughout the course of the pandemic. AHC-OER will also contact University of Minnesota Medical Center (UMMC) and University of Minnesota Physicians (UMP) emergency managers to establish and maintain effective organizational coordination of planning and response efforts.

Internal coordination will be supported through use of scheduled situation reports by each response area (daily or weekly as needed and determined in consultation with the Officer of the Day), conference calls, briefing meetings, and/or activation of the Emergency Operations Center (EOC) as deemed necessary by the Officer of the Day. In addition, Department Operations Centers may be established to coordinate activities within individual response areas. AHC-OER will provide technical support, as needed, to all response areas on campus.

*System Campuses:* DEM will ensure coordination between all campuses and will serve as the central point of contact for System Campuses. System Campus response personnel will participate in briefing meetings via the EOC video conference system as needed, and will submit scheduled situation reports to AHC-OER as directed. System Campuses will maintain close partnerships with their respective local public health and emergency management departments to ensure effective response and integration at the community level. AHC-OER personnel will serve as technical advisors to the System Campuses as needed.

AHC-OER will complete the following additional actions as warranted by pandemic response:

- Convene meetings with specific primary response personnel to discuss state and federal guidelines and determine campus response plans.
- Provide relevant state and federal information and technical assistance to campus-based or affiliated clinic personnel.
- Provide relevant state and federal information and technical assistance to campus-based or affiliated childcare centers and early childhood education programs.
- Provide technical assistance to individual campus departments as needed (e.g. University of Minnesota Extension Service, UMPD, and Parent and Family Program).
- Work with Officer of the Day and Public Health Officer to provide informational presentations to key stakeholder groups on campus (e.g. Executive Committee, Board of Regents, and Faculty Consultative Committee).

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

Unlike most emergencies, which are localized, an influenza pandemic will likely occur simultaneously across the globe. Coordination between the University and external partners at the federal, state, and local level will be extremely important. AHC-OER will maintain communications with the Centers for Disease Control and Prevention (CDC), Minnesota Department of Health (MDH) and local public health departments, through 24/7 monitoring of briefings, conference calls, Health Alert Network, MNTrac (Minnesota system for Tracking Resources, Alerts, and Communications), and through direct communications (including sharing campus situation reports with state and local public health partners and reviewing their reports). AHC-OER will also receive all requests for health response assistance from state and local partners, such as requests for assistance from the U of M Medical Reserve Corps. All other requests for mutual aid will be managed by DEM.

DEM will maintain regular communications with the State Department of Public Safety, Homeland Security and Emergency Management Division, as well as other city and county emergency managers, throughout the duration of a pandemic. DEM will attend or monitor state agency briefings, participate in metro emergency manager calls and briefings, and participate in statewide emergency manager calls and briefings.

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

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

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

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

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

**Priority 1 Services:** Services that address an immediate threat to human and/or animal health and safety. These activities must remain uninterrupted.

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

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

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

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

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## VI. Operational Plans by Response Areas

### A. Campus Infrastructure

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

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

- Provision of Utilities (and tiered shutdown of utilities if warranted)
  - Steam
  - Electricity
  - Water
  - Natural Gas
- Protection of People
  - UMPD
- Protection of Assets/Infrastructure
  - UMPD
- Protection of Research
- Provisions for Hazardous Materials (as outlined in Annex M)
- Support for Increased Computing and Internet Design
- Custodial Support for Buildings
  - Classroom/Office buildings
  - Research buildings
  - Residential buildings
- Maintenance Support for Buildings

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

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## **B. Communications**

*Principal Response Personnel:* University Relations has primary responsibility for ensuring timely communications to the University community through multiple channels during an influenza pandemic and ensuring “one voice” messages that are clear and accurate. University Relations also has responsibility for all interactions with the media through a designated Public Information Officer.

Regularly scheduled conference calls will be utilized, as needed, between AHC-OER, University Relations, Boynton Health, Public Health Officer, and System Campus representatives (as needed) to determine need for messages and message content. Other principal response personnel will be consulted on message development as needed.

The University’s emergency communications distribution system includes the following components:

- Campus-wide email messages
- Targeted email messages
- SafeU website
- Text messages
- Tone alert radios
- Media briefings

Based upon experiences with H1N1 pandemic response in 2009 and 2010, it is anticipated that most communications will be distributed through campus-wide email messages and targeted email messages. Periodic updates and information will be provided through the Health Emergency section of the SafeU website which will be easily and visibly accessible from the University’s home page. University communicators will be asked to ensure that all campus websites have a noticeable link back to the central site.

## **C. Teaching**

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

- Vice President for Health Sciences
- Vice President for University Services
- Provost’s designee under the delegation of authority policy

Authority to cancel classes does not reside at the collegiate or departmental level. Meetings will be convened, as needed, between the Provost’s Office and Office for

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Academic Administration, University of Minnesota System to ensure uniformity of educational policies between the Twin Cities Campus and System Campuses.

The University will base its academic and teaching decisions on the best public health interest of faculty, students, and staff by seeking out and following MDH and CDC recommendations regarding social distancing measures designed to prevent the transmission of influenza ranging from home isolation of ill students, staff, and faculty during a mild pandemic to the discontinuation of all face-to-face gatherings in a severe pandemic.

Even during a severe pandemic, the University will make all reasonable efforts to continue the teaching mission of the University with a goal of enabling students to continue to make progress in their studies and to complete their academic programs in a timely manner. To that end, each college will implement procedures to insure that as many classes as possible can be offered online or using other formats (e.g., conference calls for small seminars) in the event that face-to-face gatherings are restricted.

Specific guidelines and policies are maintained by the Office of the Provost which will be communicated and implemented based upon pandemic-specific information and in consultation with AHC-OER and the Public Health Officer. It is anticipated that the following guidelines will be utilized:

1. In the absence of official cancellation of classes by the University, faculty will be expected to teach their classes.
2. In consultation with and approval by their college or department, faculty may offer their classes in an alternative format. All changes to the customary way of teaching a particular class must be reported to the department head or college dean.
3. Faculty and instructional staff who miss classes or refuse to teach:
  - a. Faculty and instructional staff who are ill will be governed by the Sick and Disabilities Leave Policy.
  - b. Faculty and instructional staff who have a child, spouse, or other dependent or other immediate family members who is ill will be governed by the Family and Personal Leaves Without Pay Policy.
  - c. Faculty and instructional staff who fail or refuse to teach in the absence of illness will be subject to disciplinary action, including suspension of their pay, in accordance with the Tenure Code and any related or otherwise applicable policies.

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- d. For classes without an instructor, the college/department should attempt to assign another instructor.
4. Consistent with current practice, students will be expected to attend class unless classes are canceled.
    - a. Instructors may assign consequences for unexcused absences.
    - b. As currently is the case, students will not automatically be withdrawn from a class for not attending.
    - c. If a student becomes ill and cannot attend class, the student should inform the University. A note should be added to the student's record indicating that the student has become ill and unable to attend class. In some situations, the standard requirement of verification of illness as outlined in the legitimate student absence policy may be temporarily waived by the Provost. The University will establish a procedure for working with these students to ensure completion (e.g., assigning make-up work, assigning the grade based on work completed, assigning an "I" grade, etc.) or withdrawal. Withdrawal policies and procedures will apply, but the University may entertain a petition for a late withdrawal based on documented medical or other exigent circumstances.
  5. If classes, individually or campus-wide, are suspended for some period of time, every effort should be made to arrange for completion of the semester.
    - a. In the event classes are cancelled or suspended campus-wide for some period of time, the University will determine whether enough class time has been held in order to certify completion of a semester and assignment of a grade, consistent with financial aid regulations and accreditation and licensure requirements. The University may alter the normal calendar in order to achieve the objective of completing the semester.
    - b. In the event individual classes are cancelled or suspended for some period of time, the relevant collegiate unit should, in consultation with the University Registrar and consistent with financial aid regulations and accreditation and licensure requirements, determine whether credit can be granted and a grade assigned, whether an alternative means of completing the course can be offered, whether the calendar for the course can be extended, whether break time during the remainder of the semester can be used to compensate for missed class time, or whether the class will simply need to be cancelled.
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Information about the status of University classes and academic policies, procedures, and resources during an influenza pandemic will be communicated broadly and repeatedly through multiple communication channels as described in the Communications section.

#### **D. Education Abroad Programs & International Students and Scholars**

*Principal Response Personnel:* The Associate Vice President and Dean for International Programs is responsible for monitoring and addressing issues related to Education Abroad Programs and other international travel during an influenza pandemic. The Global Programs and Strategy Alliance (GPS Alliance) is the central international office for the University of Minnesota system and will provide staffing for this function. Technical assistance is provided by AHC-OER staff as needed.

GPS Alliance staff will monitor CDC, World Health Organization (WHO) and State Department communications for travel alerts and related advisories, review needed procedures and/or resources for students returning from affected areas, provide updates to international students and scholars as needed, and determine the need to review campus international travel policies and procedures for needed temporary changes.

*International Travel Risk Assessment and Advisory Committee (ITRAAC):* Among other responsibilities, ITRAAC determines whether to suspend an education abroad opportunity sponsored by the University when a significant health or safety concern is raised regarding the opportunity. This concern may arise from a number of sources, including but not limited to: U.S. State Department travel warnings/advisories, CDC or WHO travel warnings/advisories, natural disasters, wars or other political disturbances, pandemics or other illnesses.

#### **E. Research**

*Principal Response Personnel:* The Office of the Vice President for Research has responsibility for determining and communicating all research-related response actions during an influenza pandemic. University Health and Safety has responsibility for ensuring completion of needed research safety procedures at the operational level.

The Office of the Vice President for Research will communicate with Principal Investigators and other research personnel on general preparation expectations, research involving human subjects, research involving animals, and research involving plants and microbes.

It is anticipated that the major impact of a pandemic on research operations will be a reduction in the availability of research support personnel either as a result of illness, requirements for social distancing, or university-directed closure of specific buildings or functions. The Office of the Vice President for Research and DEHS maintain detailed operational plans for pandemic response that include the following areas:

### **Animal Care**

The maintenance of animal health and welfare is the most critical research services at risk from the anticipated consequences of an influenza pandemic as they represent priority 1 services. Existing Research Animal Resources (RAR) emergency response policies provide coverage and advice for dealing with the majority of animal care issues expected to arise as a result of staffing reductions. Those policies and procedures will be implemented, actively monitored, and reviewed throughout the course of an influenza pandemic. RAR will also monitor availability of critical supplies (e.g. feed, bedding, and personal protective equipment).

### **Research and Laboratory Safety**

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

### **Clinical Human Subjects Research**

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

### **Administrative Issues**

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

### **F. Housing and Dining**

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

Response actions in the areas of housing and dining will be heavily dependent upon MDH and CDC recommendations regarding social distancing measures designed to prevent the transmission of influenza. Recommended measures will be based upon the severity of the pandemic in terms of observed illness severity and death within the initial wave of cases. They may range from informal “home” isolation of ill students during a mild pandemic, to formal isolation and quarantine or closing of all residence halls and cancellation of all in-person classes in a severe pandemic. HRL and UDS maintain detailed operational plans for pandemic response that include the following areas:

### **Mild Pandemic Response**

Based upon experiences during the 2009 H1N1 pandemic, it is anticipated that the following response actions will be taken during a mild pandemic.

*Summer Camps:* Specific procedures and communications related to summer camps hosted on campus will be developed and implemented.

*Targeted Communications:* HRL will work with AHC-OER and Boynton Health to develop targeted communications to all residential students that provide information about preventative measures they should take to reduce the possibility of becoming ill, symptoms to watch for and monitor, and supplies they should bring with them to campus (hand sanitizer, fever reducing medication, thermometer, surgical masks, reusable water bottles, etc.). This information will also be sent to the parents of all residential students.

*Informal Isolation of Persons with Influenza-like Illnesses:* Residential students who become ill and have a roommate(s) will be encouraged to return to their off campus home, if possible, to recover and to reduce the potential for transmission. The roommate(s) of an ill student will also be encouraged to return home and commute to campus for classes if possible/feasible. Students who are unable to leave campus will be asked to self-isolate within the residence hall.

*Residence Hall Support Systems:* Residential students who become ill will be provided with surgical masks and will also have access to a thermometer if needed. HRL will work with AHC-OER and Boynton Health to ensure an adequate supply of surgical masks, thermometers, and hand sanitizer for ill students, and as recommended for roommate(s) of ill students. Community Advisors and Health Advocates will play an important role in providing support to residents in self-isolation. They will receive training, response protocols, and necessary supplies and oversight from Boynton Health.

*Dining Services:* HRL and UDS will develop options for ill students to obtain meals. These may include sick trays, grab and go, and meal delivery options. Students will receive information about options for accessing meals through a designated email message.

*Space Management:* HRL may designate 1-2 lounge areas for residential surge space as needed.

### **Severe Pandemic Response**

In a severe pandemic, it is anticipated that many students who live on campus will begin to leave the University prior to the cancellation of in-person classes by the University. Therefore, response plans address both an exodus of students from the

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University, as well as plans to address the needs of residential students if the University cancels in-person classes due to an influenza pandemic.

*Monitoring Daily Census Counts:* Based upon specific recommendations from AHC-OER and the Public Health Officer, HRL will monitor the daily census in each on-campus residential facility through the combination of online self-reporting, staff monitoring, and a review of daily meal count data provided by University Dining Services. When instructed, or when observed that students are exiting campus in numbers greater than typically experienced, HRL will immediately distribute a prepared communication to detail instructions for residents leaving the University for a short or extended time. All communications sent to residential students will also be posted on the HRL and Health Emergency websites, and will be sent to Parent and Family Program for posting on their website. The communication will also be sent via e-mail, through paper communication placed in all resident mailboxes, and posted in bathrooms, dining centers, and other common areas within each residential facility.

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

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

*Thresholds for Closing or Consolidating Residential Facilities:* All residential facilities will remain open and operational unless the occupancy of a facility approaches 30% of the designated standard occupancy. Should occupancy fall below 30%, students in the facility may be moved to another residential facility for safety/security reasons and for service/operational efficiencies. If employee absenteeism exceeds 25% in any dining facility on campus, service hours and menus

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may be reduced prior to consolidating or closing facilities. If employee absenteeism increases to 40%, dining facilities may be closed and/or consolidated. University Dining Services will attempt to keep one retail operation and one residential dining operation on the East Bank, West Bank and St. Paul campus open as long as possible.

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

*Housing Options for Isolation and Quarantine:* HRL has completed an assessment of housing options needed to effectively implement formal isolation and quarantine measures. HRL maintains detailed operational plans regarding facilities, and modifications to their use, that meet U.S. Department of Health and Human Services guidelines for isolation and quarantine. AHC-OER maintains an Infectious Disease Containment Strategies Plan.

*Broader Housing Needs On/Near Campus:* HRL will provide technical assistance and support to the Greek housing community and privately owned apartment complexes in the campus neighborhood through the sharing of plans and routine communication.

## **G. Health Services**

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

Campus-level response actions will be heavily dependent upon MDH and CDC recommendations regarding social distancing measures designed to prevent the transmission of influenza. Recommended measures will be based upon the severity of the pandemic in terms of observed illness severity and death within the initial wave of cases. They may range from informal “home” isolation of ill students during a mild pandemic, to formal isolation and quarantine or closing of all residence halls and cancellation of all in-person classes in a severe pandemic.

Regardless of the severity of the pandemic, Boynton Health will implement strategies to address the health care needs of students on campus, and to limit disease transmission among students, staff, and faculty. Plans assume the need to meet the increased demand for services early in a pandemic then a transition to provision of care for those remaining on campus. Boynton Health will continue to address the day-to-day healthcare needs of their patients during a pandemic. However, it is anticipated that Boynton Health may shift to an emergency triage and communication plan for

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patients seeking care. During a severe pandemic, routine health visits may be suspended in order to meet the demand for pandemic-related care. Boynton Health will work with HRL to care for ill students who remain in residence halls. Boynton Health maintains and will implement detailed operational plans for the following:

- Clinical Services
  - Suspect case monitoring including modified clinic entry instructions and triage protocols.
  - Infection control protocols including patient isolation and use of personal protective equipment.
  - Treatment of suspect cases following MDH and CDC guidelines.
  - Patient follow-up and communication.
  - Protocols for the provision of care to those in residence halls including review of online reports (when implemented), effective communication to those needing assistance, patient evaluation, and patient care.
  - Review of supplies as needed (PPE, pharmacy, lab).
- Patient Communication
  - Informational phone lines staffed by nurses.
  - Posted information on Boynton Health and SafeU websites (including self-care and stress management).
  - Email notices.
  - Collateral materials.
- Residence Hall Support Systems
  - Training, oversight, and support for Community Advisors, Health Advocates, and HRL personnel as needed.
- Surveillance
  - Serve as state sentinel site for influenza-like illness.
- Internal Boynton Health Communication
- Human Resources

The AHC will provide personnel surge support to Boynton Health through the U of M Medical Reserve Corps as requested and deemed appropriate by AHC administrators. Provision of influenza vaccine during a pandemic is described within the Public Health Response section.

## **H. Human Resources**

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

Human resources policies will be developed at the time of the event based upon the specifics of the pandemic situation. Policies will be communicated broadly and repetitively through multiple channels as outlined the Communications section. The



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Office of Human Resources will provide detailed instructions to supervisors and managers throughout the course of a pandemic.

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

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

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

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

### **Implementing Social Distancing Measures**

To minimize the spread of disease, employees may be directed not to report to the workplace. If so directed, employees are not to report to the workplace. Employees shall follow procedures outlined by their department or unit for maintaining contact for assignments and call-in.

### **Compensation and Benefits**

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

Throughout a pandemic crisis, as the number of affected employees rises to the level that services such as local payroll are affected, all employees will continue to receive pay and benefits as if they remained working their regular schedule. As things return to normal, any necessary adjustments shall be made for usage of vacation, sick leave, and/or other leave as appropriate. Supervisors and managers will be expected to follow instructions for tracking the status of their employees throughout the crisis,

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e.g. actively working, working part time, ill and unable to work, able but without work, so that adjustments to leave balances, if necessary, may be made after the crisis.

### **Employee Questions and Concerns**

Guidelines related to the prevention of exposure in the workplace, as well as instructions related to reporting concerns about the workplace shall be communicated through OHR. This guidance shall be based on the advice of state and federal public health authorities and shall be updated as the situation evolves. OHR, through Human Resources professionals, will advise employees and supervisors about issues of attendance, sending employees home, and addressing concerns about ill employees in the workplace. Technical assistance will be provided, as needed, by University Health and Safety, Boynton Health, and AHC-OER.

### **I. Public Health Response**

Principal Response Personnel: AHC-OER and the Public Health Officer will determine the need for public health interventions on campus.

In order to ensure consistency with the broader community, public health response actions will be based upon recommendations from the Minnesota Department of Health and the Centers for Disease Control and Prevention. AHC-OER will maintain communications with the Minnesota Department of Health and local public health departments as described in the External Coordination section of this annex. Recommended disease containment strategies will be dependent on the severity of the pandemic and may include:

- Infection control measures such as respiratory etiquette, hand hygiene or the use of personal protective equipment (*all* pandemics)
- Informal self-isolation of persons with influenza-like illnesses (*mild* pandemics)
- Formal isolation and quarantine in campus housing for individuals or groups (*severe* pandemics)
- Reduction in routine University-related activities as part of a “snow days” strategy and social distancing strategies for employees who must work because their work is deemed essential (e.g. cancellation of face-to-face meetings, staggering of work shifts etc.) (*severe* pandemics)
- University-wide containment measures including cancellation of in-person classes or public gatherings (*severe* pandemics)

### **Vaccine Distribution**

Vaccine distribution during a pandemic differs from vaccine distribution conducted annually for seasonal influenza due to the limitations on pandemic vaccine supply. During a pandemic, vaccine distribution policies and procedures will be jointly managed by Boynton Health and AHC-OER. The Public Health Officer will also be engaged in vaccine-related decision-making as needed.



### **Behavioral Health**

An influenza pandemic may require specific response plans related to mental (behavioral) health particularly if campus infrastructures for routine mental health services are disrupted or there are deaths among members of the campus community. Response actions may range from provision of readily accessible information on coping with the psychological aspects of an incident, providing crisis services for a manageable number of individuals who are directly impacted by an incident, to providing extensive and large scale services such as a campus or family assistance center. Two structures are in place to address behavioral health in a scalable fashion:

#### **University Community Response Team:**

The University Community Response Team (UCRT) is an interdisciplinary group of Twin Cities Campus professionals who provide supportive services to groups of students affected by trauma. Examples of groups served include residence halls, classes, academic departments, student organizations, and athletic teams. Team members are drawn from mental health professionals, clergy, police, and student affairs professionals.

#### **Behavioral Health Collaborative for Disaster Response:**

Larger scale emergencies require response from a broader pool of mental health partners and for an extended period of time. A collaborative group was formed several years ago to plan for and respond to campus-wide emergencies comprised of leaders from Student Counseling Services, Boynton Health, U of M Medical Reserve Corps-Behavioral Health Strike Team (including applicable UCRT members), and the AHC Office of Emergency Response.

The Behavioral Health Collaborative will work in partnership to determine the specific resources needed on campus for a given incident and the best approach toward coordinating and utilizing available resources.

### **Personal Protective Equipment**

Guidelines for the use of personal protective equipment (PPE) on campus during a pandemic will be based upon recommendations by the CDC and MDH. In situations when CDC and/or MDH guidelines do not supply adequate information to make campus-level recommendations, an ad hoc task force will be convened with representation from the Office of Occupational Health and Safety, AHC Office of Emergency Response, Boynton Health, School of Public Health, and Department of Emergency Management. The task force will develop recommendations and also review the availability of PPE supplies on campus as needed.

### **Disease Containment Strategies during a Severe Pandemic**

AHC-OER maintains an Infectious Disease Containment Strategies Plan that outlines potential operational procedures during a severe pandemic. University departments have the following responsibilities related to disease containment strategies:

*AHC Office of Emergency Response:* AHC-OER staff will obtain guidance from MDH on community containment measures including use of isolation and quarantine in University housing, cancellation of in-person classes or other group gatherings, and use of “snow days”. The recommendations will be reviewed and University strategies regarding isolation, quarantine, class cancellation, and other containment measures will be determined and forwarded to the Officer of the Day. The AHC-OER will activate the U of M Medical Reserve Corps as needed to meet the health needs on campus or in the community. AHC-OER will also serve as the primary point of contact for the Quarantine Station at the Minneapolis/St. Paul International Airport and will work with UMMC representatives to develop plans for residence hall students who may visit the UMMC emergency department for care.

*Boynton Health:* Boynton Health will support isolation and quarantine measures within University housing by providing monitoring equipment and healthcare personnel to assist with monitoring students in isolation or quarantine, and will have primary responsibility for providing outpatient healthcare services as needed. Boynton Health will work with the AHC-OER and state/local public health authorities to assure that the monitoring and housing standards are consistent with HHS and MDH guidelines. A protocol will be developed for entry of healthcare personnel into an isolation or quarantine site including use of personal protective equipment.

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

*University of Minnesota Police Department:* The UMPD will ensure the safety and security of all individuals living in and working in the residence halls.

*University of Health and Safety:* University Health and Safety (UHS) will collaborate with HRL, AHC-OER and Boynton Health to address issues related to facility ventilation, particularly as it applies to isolation and quarantine of persons housed in campus facilities. UHS will also ensure availability of PPE supplies and fit-testing for those who require that level of protection as determined by AHC-OER.

### **Stockpiled Supplies**

The AHC-OER will coordinate assessments of the need for stockpiled supplies such as personal protective equipment, pharmaceuticals, and other materials on a periodic basis, in collaboration with Boynton Health, Office of Occupational Health and Safety, UStores, and other departments as needed. Materials will be purchased and stored as funding and space constraints allow for use during an influenza pandemic.

### **Other Mass Assessment and Treatment Sites**

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

### **J. Athletics Program**

*Principal Response Personnel:* Director, Intercollegiate Athletics

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

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

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## VII. University Response Checklists

The University's response actions in each area outlined in this annex will likely happen simultaneously with their timing determined by the specific nature of the pandemic over time. Response actions will also vary depending upon the severity of the pandemic and CDC recommendation for specific community mitigation strategies.

The University Response Checklists (A-F), presented in Table 2, are designed to reflect the likely response actions in each of the response areas at each phase of the pandemic for various levels of severity. The checklists are not meant to be used as firm response plans, but rather as reference tools for Primary Response Personnel, the Officer of the Day, and other administrators, throughout the course of the pandemic. They should, and will, be reviewed and modified, as needed based upon the unique nature of each pandemic. This review will be coordinated by AHC-OER. Checklists A-F are organized as follows:

**Checklist A** Confirmed, sustained human-to-human transmission anywhere

**Checklist B** Suspected or confirmed human case in North America *or*  
Outbreak in the U.S.

**Checklist C** Suspected or confirmed human case in Minnesota *or*  
Limited outbreak in Minnesota *or*  
Widespread cases

Disease severity is *low*  
Voluntary home isolation of ill adults and children recommended  
by CDC and MDH  
No other social distancing recommended

**Checklist D** Suspected or confirmed human case in Minnesota *or*  
Limited outbreak in Minnesota *or*  
Widespread cases throughout Minnesota

Disease severity is *moderate*  
Voluntary home isolation of ill adults and children recommended.  
Voluntary quarantine of household members in homes with ill  
persons recommended.  
Child and adult social distancing recommended by the MDH and  
CDC for a period of 4 weeks.

**Checklist E** Suspected or confirmed human case in Minnesota *or*  
Limited outbreak in Minnesota *or*  
Widespread cases throughout Minnesota

Disease severity is *high*

Voluntary home isolation of ill adults and children recommended.

Voluntary quarantine of household members in homes with ill persons recommended.

Child and adult social distancing recommended by the MDH for a period of 12 weeks

**Checklist F** Recovery and preparation for subsequent waves

**Table 2: University Response Checklists by Response Area on Campus**

<b>Checklist A</b>	
<b><i>Confirmed, sustained human-to human transmission anywhere</i></b>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ AHC-OER notifies all pandemic influenza response plan principal personnel with an information update and request to review respective response plan. 24/7 contact information is verified.</li> <li>▪ AHC-OER reviews information from state, federal, and international sources.</li> <li>▪ AHC-OER consults with GPS Alliance as needed.</li> <li>▪ Situation briefing is provided to Public Health Officer and Officer of the Day as needed.</li> <li>▪ AHC-OER contacts MHealth emergency managers to establish coordination strategy.</li> <li>▪ DEM contacts representatives from system campuses.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ AHC-OER maintains communications with MDH through routine channels; confirms schedule of routine MDH conference calls with local public health.</li> <li>▪ AHC-OER monitors communications from CDC.</li> <li>▪ AHC-OER confirms functionality of MNTrac system.</li> <li>▪ DEM maintains communications with HSEM through routine channels.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Acknowledge pandemic concerns through normal communications channels; reference University pandemic influenza response plans; place Annex R online.</li> <li>▪ Create additional messaging for students, staff, parents and faculty as needed.</li> <li>▪ Send alert of international travel recommendations through campus-wide email as needed.</li> <li>▪ Confirm functionality of Health Emergency section of SafeU website and staffing plan for creating and posting new information as needed.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Review and confirm essential personnel rosters for essential services based on Operational Continuity Plans.</li> <li>▪ Discuss current IT resources for distance education and remote worksites.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Notice is sent to all faculty regarding pandemic influenza response plan policies.</li> <li>▪ In preparation for potential in-person class dismissal within weeks, all Schools and Colleges organize and prioritize distance education strategies.</li> </ul>
<b>Education Abroad Programs &amp; International Students and Scholars</b>	<ul style="list-style-type: none"> <li>▪ GPS Alliance staff monitors CDC, WHO and State Department communications for travel alerts and related advisories.</li> <li>▪ Review needed procedures and/or resources for students, faculty, and staff traveling to and returning from affected areas.</li> <li>▪ Provide updates to international students and scholars as needed.</li> <li>▪ Determine the need to review campus international travel policies and procedures for needed temporary changes.</li> </ul>

<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Notify Principal Investigators about the potential for social distancing recommendations and assess impact on current research initiatives.</li> </ul>
<b>Housing and Dining</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ HRL assures functionality of web-based census system and educates Resident Advisors on use as needed.</li> <li>▪ UDS considers need for expanded non- perishable food item orders.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Conduct just-in-time training for health care professionals.</li> <li>▪ Activate surveillance system for patients seeking medical attention at Boynton Health.</li> <li>▪ Assure use of masks for patients with a cough while visiting Boynton Health.</li> <li>▪ Notify University housing health advocates to identify any students returning from affected areas and begin heightened surveillance for flu-like illness.</li> <li>▪ Behavioral Health: Prepare for possible transfer to remote services.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Review need for PPE fit testing of essential health emergency response personnel with Office of Occupational Health and Safety.</li> <li>▪ Contact CDC quarantine officer at airport to reconfirm notification plan.</li> <li>▪ Behavioral Health: Review and update, as relevant, postings for Mental Health website to address the possibility of an influenza outbreak.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Response plan review by administrators and their back-ups.</li> <li>▪ Review and confirm 24/7 contact information.</li> <li>▪ Assure hygienic athletic training environment.</li> <li>▪ Consider just-in-time training for athletic staff in the recognition of signs/symptoms of influenza.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ To be determined.</li> </ul>

<b>Checklist B</b>	
<b><i>Suspected or confirmed human case in North America or Outbreak in the U.S.</i></b>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ AHC-OER: Develop briefing and recommendations to Officer of the Day as needed.</li> <li>▪ Hold briefing at EOC for all pandemic response personnel as needed. Include System Campuses via videoconference.</li> <li>▪ Consider use of routine Situation Reports from all response areas and System Campuses.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Communicate with MDH regarding appropriate PPE and I/Q protocols based on available surveillance information.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Create Pandemic Influenza Section for SafeU website; ensure easy access for U of M homepage (widget).</li> <li>▪ Send campus-wide emails as needed.</li> <li>▪ Consider convening Communications Group on a weekly basis.</li> <li>▪ Send notice to University communicators to ensure all campus websites have a noticeable link to the central site.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Assure 3 deep essential personnel for utilities, security, IT, facilities management.</li> <li>▪ FM: Review status of hand sanitizer stations on campus.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Prepare for potential in-person class dismissal in days to weeks.</li> <li>▪ Assess progress on continuity of education plans.</li> <li>▪ Discuss potential class dismissals with Registrar.</li> <li>▪ Convene meeting between Provost's Office and Office for Academic Administration, University of Minnesota System to ensure uniformity of educational policies between the Twin Cities Campus and System Campuses.</li> </ul>
<b>Education Abroad Programs &amp; International Students and Scholars</b>	<ul style="list-style-type: none"> <li>▪ GPS Alliance staff monitors CDC, WHO and State Department communications for travel alerts and related advisories.</li> <li>▪ Review needed procedures and/or resources for students, faculty, and staff traveling to and returning from affected areas.</li> <li>▪ Provide updates to international students and scholars as needed.</li> <li>▪ Determine the need to review campus international travel policies and procedures for needed temporary changes.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Review laboratory-specific hibernation plans.</li> <li>▪ Assure emergency power availability for essential research equipment and storage.</li> <li>▪ RAR: Assess stockpile of animal feed, bedding, and euthanasia materials.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ AHC-OER, Boynton Health, and Housing personnel meet to review existing plans and determine any education needed for residents returning from affected areas.</li> <li>▪ Consider initiation of web-based census system.</li> <li>▪ Assess food stockpile with University Dining Services.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Review Boynton Health Emergency Operations Plan.</li> <li>▪ Review antiviral and other relevant supplies.</li> <li>▪ Institute heightened surveillance for flu-like symptoms.</li> <li>▪ Assure and enforce use of face masks for all ill patients visiting</li> </ul>



	<p>Boynnton Health.</p> <ul style="list-style-type: none"> <li>▪ Consider utilization of N95s for healthcare personnel.</li> <li>▪ Behavioral Health: Respective units review with staff operating plans for remote services if illness spreads to campus community.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Determine need for messaging to employees regarding continued employment responsibilities.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Review need for PPE fit testing of essential health emergency response personnel with Office of Occupational Health and Safety.</li> <li>▪ Review campus disease containment plan (including isolation and quarantine) with HRL.</li> <li>▪ Behavioral Health: Post materials on Mental Health website.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Assure hygienic athletic training environment.</li> <li>▪ Institute heightened surveillance for flu-like symptoms among athletes and staff.</li> <li>▪ Prepare for potential cancellation of athletic events.</li> <li>▪ Avoid travel to affected areas as warranted.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ Finance: Assess the potential benefits of tracking response expenditures at the system level. Provide recommendation to the Officer of the Day.</li> </ul>

<b>Checklist C</b>	
<p><b><i>Suspected or confirmed human case in Minnesota or Limited outbreak in Minnesota or Widespread cases</i></b></p> <p><b><i>Disease severity is <u>low</u></i></b>  <b><i>Voluntary home isolation of ill adults and children recommended by CDC and MDH</i></b>  <b><i>No other social distancing recommended</i></b></p>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ AHC-OER: Provide briefing to Officer of the Day as needed.</li> <li>▪ Brief other administrators and groups as deemed necessary by the Officer of the Day.</li> <li>▪ Hold briefing at EOC for all pandemic response personnel as needed. Include System Campuses via videoconference.</li> <li>▪ Collect routine Situation Reports from all response areas and System Campuses.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Request guidance from MDH on appropriate social distancing and healthcare guidelines.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Convene Communications Group on a weekly or as needed basis.</li> <li>▪ Provide campus-level information on influenza symptoms and recommendations for voluntary home isolation.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Plan on business as usual, but prepare for potential worsening of pandemic strain.</li> <li>▪ FM: Consider use of double shifts for restroom checks.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Review possible need for temporary student absentee policies adjustments with AHC-OER, Boynton Health, and Public Health Officer.</li> <li>▪ Hold conference call with System Campuses to ensure consistency across the system.</li> <li>▪ Send email to faculty with updates, resources, and expectations.</li> </ul>
<b>Education Abroad Programs &amp; International Students and Scholars</b>	<ul style="list-style-type: none"> <li>▪ GPS Alliance staff monitors CDC, WHO and State Department communications for travel alerts and related advisories.</li> <li>▪ Reviews needed procedures and/or resources for students, staff, and faculty traveling to and returning from affected areas.</li> <li>▪ Provide updates to international students and scholars as needed.</li> <li>▪ Determine the need to review campus international travel policies and procedures for needed temporary changes.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Advise ill researchers to stay home.</li> <li>▪ Assure redundancy in essential animal care and research personnel.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Initiate web-based census monitoring if indicated.</li> <li>▪ Ensure resident understanding of influenza symptoms and recommendations for home isolation.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Coordinate with AHC-OER and HRL on the need for isolation and influenza self-care within University housing facilities.</li> <li>▪ Continue heightened influenza surveillance and appropriate PPE for staff.</li> <li>▪ Make face masks available for students who are ill.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Work with Health Advocates in University housing on influenza care and disease prevention.</li> <li>▪ Behavioral Health: Unit directors monitor and confer regularly regarding patterns of service demands and staff availability. Staffs are informed of outbreak service trends and recommendations to maximize availability of healthy staff. Boynton monitors and advocates for the availability of necessary psychotropic medications.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Reinforce recommendations for ill employees to stay home.</li> <li>▪ Review sick leave policies.</li> <li>▪ Communicate detailed instructions to supervisors and managers.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Identify isolation sites for ill students who remain on campus as needed.</li> <li>▪ Coordinate with health services distribution of antivirals to ill students and contacts if available.</li> <li>▪ Behavioral Health: AHC-OER and Behavioral Health Coalition receives report from mental health providers and determines need for additional campus-wide strategies as needed.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Reinforce recommendations for ill athletes to stay home.</li> <li>▪ Assure hygienic athletic training environment.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ To be determined.</li> </ul>

<b>Checklist D</b>	
<p><b><i>Suspected or confirmed human case in Minnesota or Limited outbreak in Minnesota or Widespread cases throughout Minnesota</i></b></p> <p><b><i>Disease severity is <u>moderate</u></i></b>  <b><i>Voluntary home isolation of ill adults and children recommended.</i></b>  <b><i>Voluntary quarantine of household members in homes with ill persons recommended.</i></b>  <b><i>Child and adult social distancing recommended by the MDH and CDC for a period of 4 weeks.</i></b></p>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Open EOC as indicated and useful for the situation.</li> <li>▪ Open DOCs as needed (Housing, AHC, Other).</li> <li>▪ Collect routine Situation Reports from all response areas and System Campuses.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Confer with MDH on likelihood and timing of Governor’s declaration of state of emergency.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Conduct daily messaging via SafeU website accessed through U of M homepage.</li> <li>▪ Consider mass email and/or text-messaging to alert students, staff, faculty, and parents to website availability.</li> <li>▪ Consider use of emergency voicemail system to communicate in-person class dismissal information as needed.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Assure 3 deep essential personnel for utilities, security, IT, facilities management.</li> <li>▪ FM: Consider use of double shifts for restroom checks.</li> <li>▪ Determine anticipated needs for campus housing of essential personnel. FM to assist HRL in preparation for possible lodging of essential personnel.</li> <li>▪ Communicate IT barriers and options for distance education and remote worksites.</li> <li>▪ Consider potential for tiered building shutdown based on lack of essential personnel.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Prepare for a possible in-person or full scale class dismissal which could last for several weeks.</li> <li>▪ Discuss timing implications with Registrar.</li> </ul>
<b>Education Abroad Programs &amp; International Students and Scholars</b>	<ul style="list-style-type: none"> <li>▪ Global Alliance staff monitors CDC, WHO and State Department communications for travel alerts and related advisories.</li> <li>▪ Reviews needed procedures and/or resources for students, faculty, and staff traveling to returning from affected areas.</li> <li>▪ Provide updates to international students and scholars as needed.</li> <li>▪ Determine the need to review campus international travel policies and procedures for needed temporary changes.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Contact researchers regarding continuity of research plans.</li> <li>▪ Consider implementation of laboratory hibernation plans.</li> <li>▪ Assure adequate stockpile of animal feed, bedding, and euthanasia supplies.</li> </ul>

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

<b>Checklist E</b>	
<p><b><i>Suspected or confirmed human case in Minnesota or Limited outbreak in Minnesota or Widespread cases throughout Minnesota</i></b></p> <p><b><i>Disease severity is <u>high</u></i></b>  <b><i>Voluntary home isolation of ill adults and children recommended.</i></b>  <b><i>Voluntary quarantine of household members in homes with ill persons recommended.</i></b>  <b><i>Child and adult social distancing recommended by the MDH for a period of 12 weeks</i></b></p>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Open EOC.</li> <li>▪ Open DOCs as needed (Housing, AHC, Other).</li> <li>▪ Collect routine Situation Reports from all response areas and System Campuses.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Confer with MDH and Governor's office on state of emergency.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Conduct daily messaging via SafeU website accessed through U of M homepage.</li> <li>▪ Consider mass email and/or text-messaging to alert students, staff, faculty, and parents to website availability.</li> <li>▪ Consider use of emergency voicemail system to communicate in-person class dismissal information as needed.</li> <li>▪ Provide campus-level information on influenza symptoms and recommendations for voluntary home isolation.</li> <li>▪ Ensure adequate behavioral health components within community messages.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Assure 3 deep essential personnel for utilities, security, IT, facilities management.</li> <li>▪ FM: Consider use of double shifts for restroom checks.</li> <li>▪ FM to assist HRL in preparation for possible lodging of essential personnel.</li> <li>▪ Communicate IT barriers and options for distance education and remote worksites.</li> <li>▪ Consider potential for tiered building shutdown based on lack of essential personnel.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Activate in-person class dismissal plans as recommended by the MDH.</li> <li>▪ Prepare for up to 12 week in-person class dismissal.</li> <li>▪ Determine those classes that require full dismissal due to inability to continue online or via some other mechanism.</li> <li>▪ Discuss timing implications with Registrar.</li> </ul>
<b>Education Abroad Programs &amp; International Students and Scholars</b>	<ul style="list-style-type: none"> <li>▪ GPS Alliance staff monitors CDC, WHO and State Department communications for travel alerts and related advisories.</li> <li>▪ Reviews needed procedures and/or resources for students, faculty, and staff traveling to and returning from affected areas.</li> <li>▪ Provide updates to international students and scholars as needed.</li> <li>▪ Determine the need to review campus international travel policies and procedures for needed temporary changes.</li> </ul>

<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Contact researchers regarding continuity of research plans.</li> <li>▪ Laboratory hibernation plans activated or ready to activate.</li> <li>▪ Assure adequate stockpile of animal feed, bedding, and euthanasia supplies.</li> <li>▪ Prepare for potential building shutdown and implementation of surveillance plan.</li> <li>▪ Consider activation of RAR disaster plan.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Continue web-based census and health monitoring.</li> <li>▪ Ensure residents and resident advisors understanding of influenza symptoms and recommendations for home isolation.</li> <li>▪ Consolidate housing resources as indicated in housing plan.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Participate in isolation care on campus as indicated.</li> <li>▪ Dispense antivirals if available.</li> <li>▪ Continue appropriate PPE for Boynton Health staff.</li> <li>▪ Assist with care of students in residence hall isolation.</li> <li>▪ Activate Boynton emergency triage and communication plan as indicated by number of students requiring care and staff available.</li> <li>▪ AHC-OER: Provide staffing support to Boynton Health as needed through deployment of U of M Medical Reserve Corps.</li> <li>▪ Behavioral Health: Continued monitoring of demand for services and availability of staff for primarily, and possibly entirely, remote services. Provide means for communication among staff when units are closed. Boynton Health adjusts duration of prescriptions to cover periods of anticipated social distancing.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Reinforce recommendations for ill employees to stay home.</li> <li>▪ Recommend cancellation of non-essential in-persons meeting as recommended by the MDH.</li> <li>▪ Modify worksite to maximize distance between workers.</li> <li>▪ Modify work schedules and practices as needed.</li> <li>▪ Communicate detailed instructions to supervisors and managers.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Consider role of quarantine for persons potentially exposed in housing facilities as advised by MDH.</li> <li>▪ Identify isolation sites for ill students who remain on campus.</li> <li>▪ Coordinate with health services distribution of antivirals to ill students and contacts if available.</li> <li>▪ Assure ample available tissues, alcohol-based sanitizer in public domains.</li> <li>▪ Distribute face masks for students who are ill.</li> <li>▪ Distribute and confirm proper fit of N95 masks for personnel who have direct contact with an ill student.</li> <li>▪ AHC-OER: Review requests from external sources for assistance from U of M Medical Reserve Corps.</li> <li>▪ Implement campus disaster behavioral health response plan including establishment of Campus Assistance Centers as needed.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Advise ill athletes to stay home.</li> <li>▪ Prepare for potential cancellation of athletic events for up to 12 weeks.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ Assess current and projected campus-level financial implications.</li> </ul>

<b>Checklist F</b>	
<b><i>Recovery and preparation for subsequent waves</i></b>	
<b>Internal Coordination</b>	<ul style="list-style-type: none"> <li>▪ Assess need to collect routine Situation Reports from all response areas and System Campuses – suspend Situation Reports as needed.</li> <li>▪ Collect after action feedback from all response areas.</li> <li>▪ Review timing to reconvene in-person classes as needed.</li> </ul>
<b>External Coordination</b>	<ul style="list-style-type: none"> <li>▪ Request recommendation on suspension of social distancing measures from MDH as needed.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>▪ Communicate plans for reinstatement of in-person classes as needed.</li> <li>▪ Ensure adequate behavioral health components within community messages.</li> <li>▪ Review information needed on SafeU website.</li> </ul>
<b>Campus Infrastructure</b>	<ul style="list-style-type: none"> <li>▪ Re-open shuttered buildings if staff available.</li> <li>▪ Assess IT capabilities and reconfigure for next wave.</li> </ul>
<b>Teaching</b>	<ul style="list-style-type: none"> <li>▪ Re-institute in-person classes.</li> <li>▪ Assess successes/failures of distance learning.</li> <li>▪ Evaluate need for replacement instructors.</li> </ul>
<b>Education Abroad Programs &amp; International Students and Scholars</b>	<ul style="list-style-type: none"> <li>▪ GPS Alliance staff monitors CDC, WHO and State Department communications for travel alerts and related advisories.</li> <li>▪ Reviews needed procedures and/or resources for students, faculty, and staff traveling to and returning from affected areas.</li> <li>▪ Provide updates to international students and scholars as needed.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>▪ Reopen hibernated laboratories if staff available.</li> <li>▪ Assess stockpiled animal food, bedding and medication.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Prepare to reopen closed residence halls.</li> <li>▪ Sanitation procedures per MDH.</li> <li>▪ Suspend daily census website.</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>▪ Suspend phone triage.</li> <li>▪ Assess pharmaceutical cache.</li> <li>▪ Assess PPE cache.</li> <li>▪ Behavioral Health: As health concerns subside and staff are available, transition services back to campus. Assess toll of the pandemic on unit staff and support staff personal recovery efforts.</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>▪ Assess workforce by department.</li> <li>▪ Review leave/pay policies with existing situation.</li> </ul>
<b>Public Health Response</b>	<ul style="list-style-type: none"> <li>▪ Prepare for vaccination clinics as vaccine becomes available.</li> <li>▪ Behavioral Health: Review web materials for addressing current mental health issues such as grief and loss, continuing preoccupation with future health issues, and adjusting to “new normal” life circumstances.</li> <li>▪ Behavioral Health: AHC-OER and Behavioral Health Coalition receives report from mental health providers and determines need for additional campus-wide strategies as needed.</li> </ul>
<b>Athletics</b>	<ul style="list-style-type: none"> <li>▪ Reinstatement of athletic schedule as staff and athlete availability dictate.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>▪ Assess current and projected campus-level financial implications.</li> </ul>



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## VIII. Principal Pandemic Response Personnel: 24/7 Contact Information

As outlined in this plan, pandemic influenza response will likely be implemented in the following ten key areas:

- Campus Infrastructure
- Communications
- Teaching
- Study Abroad Programs/Other International Travel
- Research
- Housing and Dining
- Health Services
- Human Resources
- Public Health Response
- Athletics Program

Principal personnel responsible for each area, with 3 deep redundancies, have been identified; AHC-OER maintains 24/7 contact information for those personnel including a secondary non-University email address (where available). AHC-OER also maintains contact information for additional response personnel as follows:

- Officer of the Day
- Internal/External Coordination
- Office of the President
- Office of General Counsel
- University Services Administrators and Staff
- Finance
- University Health and Safety
- Office of Information Technology

## ANNEX R – PANDEMIC INFLUENZA RESPONSE

### Authentication

Annex R – Pandemic Influenza Response has been reviewed and approved by the following:

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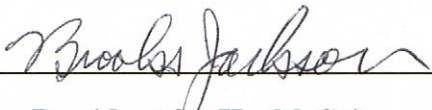
**Director of the Department of Emergency Management**


**Date**

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**Vice President for University Services**

**Date**





**Vice President for Health Sciences**

**Date**