



The Evergreen State College

Pandemic Response Plan

Annex A: TESC Comprehensive Emergency Management Plan

September 2009

The Evergreen State College
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I. Introduction

Influenza is a highly contagious viral respiratory infection. In the United States seasonal outbreaks of influenza often occur in communities during the fall and winter. During a typical flu season 5% - 20% of people in the U.S. become ill; more than 200,000 are hospitalized; and about 36,000 die. Influenza spreads from person to person mainly in respiratory droplets from coughs and sneezes or from handling of contaminated objects. Yearly immunization with the influenza vaccine is the most effective way of preventing influenza.

At unpredictable intervals a novel (new) influenza virus appears in humans to which we have no immunity. If the novel influenza virus is transmitted easily from person to person and causes significant illness this creates the setting for an influenza pandemic; a global outbreak of influenza illness with rapid spread from person to person and country to country. The Centers for Disease Control (CDC) is responsible for announcing a global influenza pandemic.

A severe influenza pandemic may lead to a public health emergency with much higher rates of infection, many more hospitalizations and significantly more deaths. Such a pandemic has the potential to overwhelm normal healthcare systems and negatively affect local, regional, national and global economies.

II. Purpose

The TESC Pandemic Response Plan describes departmental and individual actions, roles and decisions which may be required to reduce, control, and respond to the effects of an influenza pandemic on the students, staff and operations of The Evergreen State College. Pandemic influenza serves as the model for responding to all severe infectious disease events affecting the College.

III. Goals

The goals of the Plan are to:

- Protect the health and safety of TESC students, faculty, staff, and visitors.
- Identify pandemic-related events which can serve as action prompts for progressively higher levels of College response.
- Identify and implement practices and actions to limit the spread of a pandemic at TESC.
- Promote effective communication and information sharing among and between campus and community responders, college administration, students, faculty, staff, families, and the general public.
- Identify the responsibilities of key units and departments which may be called upon to respond to a pandemic event.
- Ensure coordination with County and State health officials and with local emergency responders and health care providers.

IV. Scope

Natural disasters such as fires, storms, floods, and earthquakes primarily affect infrastructure, property, and equipment. Such emergency events are often of limited duration, although recovery and repair may be prolonged. Other disasters such as hazardous material spills tend to be localized in their effect.

Pandemic influenza, in contrast, is global in nature, of prolonged duration and primarily affects people – college students and staff as well as individuals in the surrounding community – with secondary effects on college activities, operations and services as increasing numbers of students and staff become ill.

Pandemic influenza may persist in the college community for weeks to months and may occur in repeated waves of illness as new groups and individuals are infected. The human, operational, and economic impact of a pandemic will depend on several variables: the severity of illness, the speed of spread within the community, the availability of a vaccine or other preventive medications, the effectiveness of social distancing practices and other non-pharmaceutical interventions, the timing of implementation of social distancing practices, and the number of students and staff who are ill at any given time during the pandemic.

The unique aspects of a pandemic influenza event will require the College to respond differently from other types of emergency events. The TESC Pandemic Response Plan is designed to address these unique aspects of response and to provide a flexible, operational framework for making decisions and implementing appropriate actions. It is important to recognize, however, that during a severe event defined by CDC (see Appendix G) as an attack rate of 30% and a death rate of > 1%, Evergreen's resources will be taxed to the limit and beyond and outside help may not be readily available.

V. Concept of Operations

A. Overview

The TESC Pandemic Response Plan provides guidance on readiness, response, and initial recovery actions that will be taken by personnel of The Evergreen State College. It provides the structure and mechanisms for a coordinated response effort for incident management, response, and recovery that is consistent and commensurate with an infectious disease pandemic.

The Plan is to be considered a dynamic document. It is based on the assumption that the operational components may need to be modified on-the-fly to effectively respond to specific needs and unanticipated circumstances. By the nature of a pandemic, extraordinary measures may be necessary and unanticipated issues may surface that would require flexibility in developing a response. Nothing in this plan should be considered a limitation in developing a necessary response to emerging threats. Communication to all response partners will be a key in the successful implementation of necessary plan modifications.

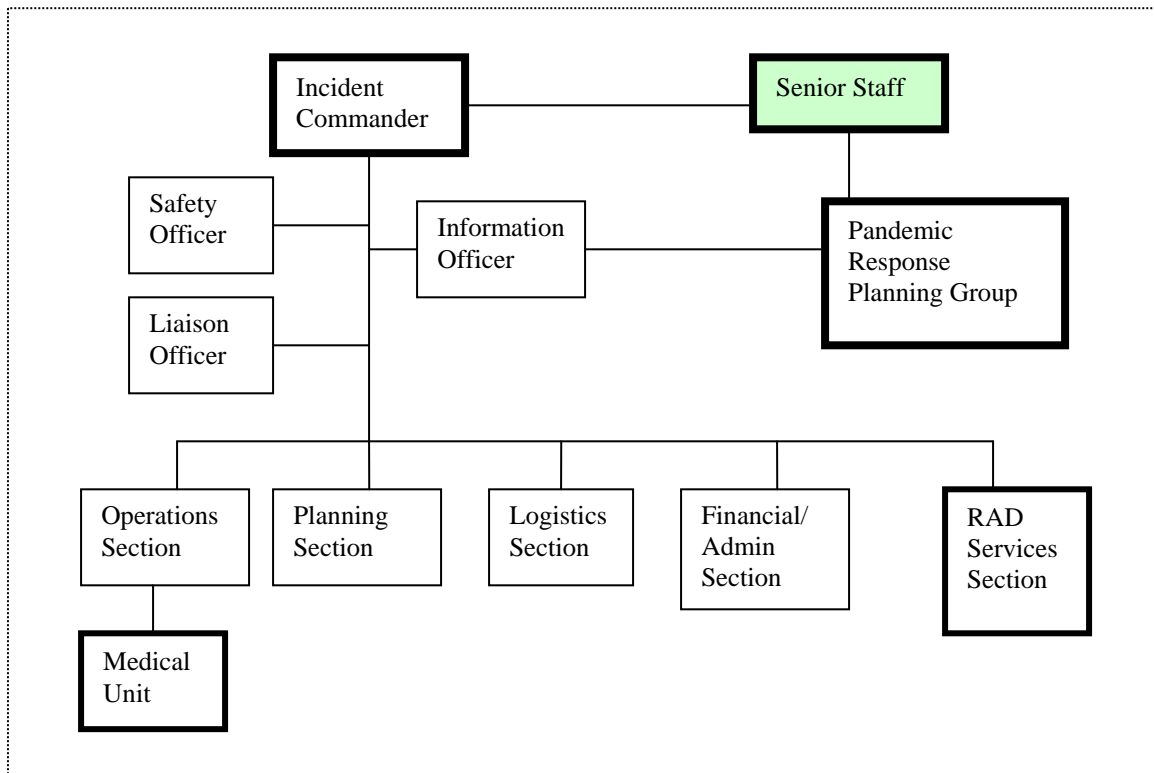
The Pandemic Response Plan incorporates NIMS - ICS protocols and standards to enable a College response which is flexible and scalable and which can be integrated with community and regional response efforts. The Plan outlines group, departmental

and individual responsibilities and actions in response to a pandemic affecting the College. (see Appendix A for a table of departmental responsibilities)

The plan is hazard specific annex of the CEMP. It functions in conjunction with the TESC Emergency Response Handbook which provides operational emergency response guidelines. It also functions in conjunction with the TESC Emergency Communications Plan which provides the guidelines for all emergency communications and establishes a Crisis Communications Team. The Plan does not provide guidance on other critical aspects of all-hazard emergency management such as continuity of operations and recovery. These are covered by specific annexes of the CEMP.

B. Plan Activation

The Pandemic Response Plan will be activated whenever the CDC declares a pandemic event. The level of response will be based on criteria set forth in Section VII. The basic elements of the TESC emergency response system that would be activated during a pandemic event are depicted below and described in the TESC Emergency Response Handbook.



C. Response Coordination

The key coordinating units for the College as depicted above are as follows:

Incident Commander: The designated Incident Commander (the Police Chief or his alternate) is the lead during all emergencies. The Incident Commander will manage operations out of Police Services until such a time as the events escalate beyond the scope of Police Services to manage. At that point, the Incident Commander can request the Senior Staff team to activate the TESC Emergency Operations Center. The Incident Commander will then direct operations from the EOC with the support of the EOC team.

Members of the EOC team as depicted in the above diagram will manage critical emergency functions for as long as the emergency lasts.

Senior Staff: The Evergreen Senior Staff Team is the College policy making body. It is activated during emergencies to provide strategic direction and policy decisions to the Incident Commander and the members of the Incident Command team. The Senior Staff will meet in a separate location from the Incident Command EOC team.

Pandemic Response Planning Group: The Pandemic Response Planning Group meets as needed during pandemic threats to monitor the situation, share information, drive communication, provide support and make recommendations to the Senior Staff and the ICS team. It includes the following departments: Student Affairs, Health and Counseling Center, Residential and Dining Services, Emergency Preparedness, Facilities, Health and Safety, Police Services, Human Resources Services, Academics, and College Relations. The Pandemic Response Group will meet in a separate location from the Incident Command EOC Team.

Residential and Dining Services: RAD Services has 24 hour staff trained to respond to emergencies. With as many as a 1000 students living on campus, RAD Services will be the focus of much of pandemic response effort. In a pandemic situation, they would likely activate a satellite emergency operations center that would operate in conjunction with the TESC EOC. The RAD Services Pandemic Plan is attached as Appendix B.

Health and Counseling Center: During a pandemic event, staff from the Health and Counseling Center will be the liaison between local and state health officials and the College. Staff will monitor the pandemic status and provide medical expertise and advice to Senior Staff, the Incident Commander, and the Pandemic Response Planning Group. The Center will provide triage for infected students and staff, case management, connection with treatment resources in the community and counseling as needed. If the Center is designated as a Sentinel Monitoring Site, it will be able to provide pandemic screening services. The Center will also provide seasonal flu vaccinations

VI. Decision Points

During a pandemic event, the Washington Department of Health, working through the Thurston County Health and Social Services Department and in collaboration with the U.S. Centers for Disease Control, will provide information and guidance to communities and institutions regarding the pandemic and appropriate steps and actions to be taken.

The TESC response to a pandemic event will normally be based on the information and guidance provided by the organizations above. Members of the TESC Pandemic Response Planning Group will be in communication with local and state health officials to ensure that Senior Staff decision makers have the latest information and guidance.

In addition to the information provided by health officials, there are a number of variables the College may wish to consider specific to the situation on campus in making decisions about the appropriate response to the pandemic event. These include such things as:

- Risks to students in student housing
- Falling class attendance
- Rising employee absenteeism
- Actions by other colleges and universities
- Timing of the academic year
- Stakeholder's risk perception.

Actions to address the situation could range from going on alert to implementing such intervention techniques as social distancing, exclusion, quarantine, isolation and class suspension. Further discussion of these actions can be found in Section IX and in Appendices C and D.

Section VII below describes a response framework for Evergreen based the information provided by local, state and federal health officials, the variables described above and the severity of the pandemic event. Section VIII provides detailed descriptions of the many planning considerations that will also have to be addressed in order to make a rational, effective response to a pandemic event.

VII. TESC Response

A. Levels of Response

In order to clarify how the various departments within the College should prepare and respond to a pandemic event, Evergreen has adopted four levels of response. The response levels are associated with pandemic-related events or “action prompts” for progressively more extensive preparation and response. Appendix A page 17 lays out the responsibilities of each departmental area at Evergreen based on the identified level of response.

This approach to preparing for and responding to a pandemic event is based on similar response levels adopted by the University of Oregon. Each level corresponds to a World Health Organization Phase and a US Response State as described in Table 1 page 9.

Level 1: No pandemic event is occurring. Expanding, geographically localized clusters of influenza caused by a novel virus have been identified by the CDC indicating increasingly efficient human-to-human influenza transmission and substantially increase the risk of a pandemic. Level 1 correlates with WHO Phase 5 / U.S. Response Stage 2.

Level 2: The action prompt for a Level 2 response is the announcement of an influenza pandemic by the CDC with no reported cases of pandemic influenza in the United States. Level 2 correlates with WHO Phase 6 / U.S. Federal Response Stage 3

Level 3: The action prompt for a Level 3 response is the report of a confirmed case of pandemic influenza in the United States. Level 3 correlates with WHO Phase 6 / U.S. Federal Response Stage 4 – 5.

Level 4: The action prompt for a Level 4 response is identification of suspected cases of pandemic influenza in the Pacific Northwest. Level 4 correlates with WHO Phase 6 / U.S. Federal Response Stage 4 or 5 depending on the location of initial cases.

There is no certainty that the Levels of response will be activated in a progressive manner from Level 1 to Level 4. There is a very real possibility that cases of pandemic influenza will already be present in the United States or even in Washington when a pandemic is announced by the CDC. As a result, the Pandemic Response Plan may be activated at Level 3 or even Level 4. Implementation of any Level of response assumes that all actions in preceding levels have been completed or will be completed rapidly.

B. Scope and Intensity of the Response

The scope and intensity of the Evergreen response at each pandemic response level will be based on the severity of the pandemic. The CDC has developed the Pandemic Severity Index which categorizes a pandemic into one of five categories based on mortality rate (the percentage of those infected who die as a result of the infection). The CDC bases possible mitigation strategies on the Pandemic Severity Index. (See Appendix G)

For our purposes, we will use two severity categories, moderate and severe to simplify response actions based on the comparison in Table 2 page 9. Levels of response identify key decision points within the Pandemic Plan based on the geographic location and spread of the pandemic. As noted earlier, this plan is focused on an attack rate of 30% and a mortality rate of >1%. This corresponds to a Severe pandemic as defined by the CDC but preparations and basic response actions must occur before a Severe situation is reached.

Moderate: In a moderate pandemic the case fatality rate is less than one percent corresponding to categories 1 – 3 on the CDC Pandemic Severity Index. A moderate pandemic would not be anticipated to trigger disruptive state-wide mitigation strategies such as school class cancellations.

Severe: In a severe pandemic the case fatality rate is greater than one percent corresponding to categories 4 – 5 on the CDC Pandemic Severity Index. At this level of severity more disruptive mitigation strategies, including class cancellation, may be necessary. A severe event could entail the following scenarios on the Evergreen campus. Decision makers will have to be prepared to deal with any or all of these situations.

- A significant percentage (approaching 10%) of department staff are absent from work due to illness.
- A significant percentage (approaching 10%) of students are absent from classes due to illness. .
- There are many ill students on campus and in the Olympia community who may require assistance in caring for themselves.
- Departmental staff may be
 - required to work overtime
 - required to work outside their job description
 - reassigned to another job, work area or department
- The cancellation all sporting events and other public events.
- The suspension of classes for 4 – 12 weeks.
- The closure of residence halls.
- Closing or restricting access to all campus buildings.
- Limiting on-campus staffing to essential personnel only.

Section VII beginning on page 10 describes some of the special circumstances that will have to be considered. Appendices C, and D provide the protocols for making decisions to address these issues.

Table 1: World Health Organization (WHO) Pandemic Phases and the US Federal Government Stages compared to Evergreen’s Levels of Response¹

WHO Organization Phases		US Response Stages		TESC Response Levels
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	0	New domestic animal outbreak in at risk country	No action
2	No new influenza virus subtypes have been detected in humans but a circulating animal influenza virus subtype poses a substantial risk of human disease.	0	New domestic animal outbreak in at risk country	No action
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	No action
3	same	1	Suspected human outbreak overseas	No action
4	Small cluster(s) with limited human to human transmission but spread is highly localized suggesting that the virus is not well adopted to humans	2	Confirmed human outbreak overseas	No action
5	Large cluster(s) but human to human spread still localized suggesting that the virus is becoming increasingly better adopted to humans, (substantial pandemic risk)	2	Same	Level One- Review Pandemic Plan – Be on alert
Pandemic Period				
6	Pandemic Phase: increased and sustained transmission in general population	3	Widespread human outbreak in multiple locations overseas	Level Two – Activate Pandemic Plan – make preparations
	same	4	First human case in US	Level Three – Initiate actions
	same	5	Spread throughout the US	Level Four – full implementation
	same	6	Recovery and preparation for subsequent waves	Begin recovery, continue to track

¹ Federal Response Stages and WHO Phases from PandemicFlu.gov (<http://www.pandemicflu.gov/plan/federal/fedresponsestages.html>)

Table 2: Comparison of Seasonal Influenza to Moderate and Severe Pandemic Influenza²

Characteristic	Seasonal	Moderate	Severe
Illness (rate)	15 – 60 million (5-20%)	90 million (30%)	90 million (30%)
Hospitalizations	200,000	865,000	9.9 million
Deaths	36,000	209,000	> 1.8 million

VIII. Planning Considerations

A. Situation

TESC has a student enrollment of about 4,700 with a faculty of 243 and a staff of 536. Approximately 1000 students live on campus in dormitories and apartment units. The campus setting provides numerous opportunities for close contact involving large groups of individuals such as classrooms, residence halls, various College activity centers and gathering places, and large university events. Such contacts, while central to the College experience and mission, increase the risk of transmission of pandemic illness from person to person. In addition, the global nature of TESC programs, research, business, and travel increases the risk of faculty, staff and students being exposed to infectious diseases including pandemic influenza.

B. Assumptions

It is important to consider that preparing for a pandemic event requires a set of different assumptions from other types of emergency events. Because Evergreen is an isolated campus community, a number of factors both on campus and outside of campus will affect planning for and responding effectively to a pandemic event.

Inside the Campus Community

- **Immunity:** Absence of immunity to pandemic influenza will be universal.
- **Longevity:** A wave of pandemic illness will last for 6 – 8 weeks at the College. More than one wave of illness may occur.
- **Incubation Period:** The incubation period will average 2 days. Persons who are infected can transmit the infection to others up to a day prior to the onset of symptoms.
- **Infection Rate:**
 - Some individuals will be infected but not become ill. Infected individuals with minimal or no symptoms can still transmit the infection to others.
 - Rates of illness, hospitalizations and deaths due to influenza will be significantly higher than those occurring during seasonal influenza outbreaks.

² PandemicFlu.gov. *Community Strategy For Pandemic Influenza Mitigation*.
<http://www.pandemicflu.gov/plan/community/commitigation.html#V>

- The rate of illness will exceed 30% at the College during a pandemic.
- Illness rates may approach 40% among students living in residence halls.
- At least 50% of students with influenza will seek medical care on campus.
- **Medicine and Intervention:**
 - An effective vaccine will not be immediately available. It may take up to 6 months after onset of a pandemic to develop and produce a vaccine.
 - Vaccine supplies will initially be limited requiring prioritization of vaccine recipients.
 - Antiviral medications may not be effective or may be in limited supply requiring prioritization of who will receive medication.
 - Non-pharmaceutical intervention methods may be the only means of limiting pandemic spread prior to distribution of an effective vaccine. Their effectiveness in limiting the spread of a pandemic is unknown.
- **Timing:** Timing will be crucial in the decision to cancel classes or close the College. Premature implementation may lead to unnecessary disruption while late implementation may render such actions ineffective.
- **Absenteeism:** In a pandemic, rates of absenteeism at the College may reach 40% during the peak weeks of the outbreak.
- **Impact:** The impact of a pandemic on College teaching, research, and operations may be significant and prolonged.

Outside the Campus Community

- **CDC:** Prior to the start of an influenza pandemic the CDC and WHO will identify, closely monitor and report on expanding localized clusters of influenza caused by a novel virus (U.S. Response Stage 2 / WHO Phase 5)
- **Longevity:** A pandemic will last months to years in the U.S. with recurrent flares or waves of disease activity
- **Emergency Supplies:** During a major disaster, it is likely that local businesses and retailers will have a difficult time meeting the public demand for emergency supplies. Evergreen must assume that it will have to rely on emergency stockpiles of supplies and should plan accordingly.
- **Hospital Resources:** In 2003, the population base of Thurston County was reported at over 212,000. This equates to a ratio of 1739:1 of population compared to full time physicians. This is a decline from 1999 figures. Also declining are the number of hospital beds per 1,000 residents. This figured declined from 2.13 in 1995 to 1.96 per thousand in 2000. The area's two biggest hospitals, St. Peter and Capital Medical, have a capacity of only 390 and 119 beds respectively. Should a pandemic influenza strike the local area, hospitals will quickly fill up of critically sick patients with most people told to stay home. This will create an additional burden on the workforce with many family members staying at home to take care of loved ones³.

³ Thurston County Emergency Response Community, Pandemic Plan v1.1, dated August 24, 2006

- **Health Care Resources:** The health care system will have to respond to increased demands for service while the medical workforce experiences 25-35 % absenteeism due to illness or caring for ill family members.
- **Fatalities:** The number of fatalities will overwhelm the resources of the Medical Examiner's Office, morgues and funeral homes.
- **Public Infrastructure:** There will likely be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications.
- **Mutual Aid:** Mutual-aid resources (including Federal assets) will be scarce, significantly delayed and/or unavailable.

C. Issues

Pandemic influenza can appear suddenly with a rapid increase in the number of infected individuals over a short period of time. While many public health models predict that the next influenza pandemic will begin outside the U.S., the international nature of the College increases the risk of early appearance of pandemic illness locally. In responding to a pandemic, TESC has a number of unique issues and challenges related to its role as a residential college with strong commitments to learning, research and service locally, regionally and internationally. These issues and challenges are bulleted below. The protocols for addressing these concerns are contained in the Appendices:

Groups with Special Circumstances: A number of groups on campus may be more severely affected by a pandemic than the overall community. The special needs of these groups require additional planning by units/departments responsible for these groups. The groups include:

- **Residents on Campus:** Students in residence halls may have a higher potential attack rate
- **Families:** Students, staff and faculty with families may be affected by family health, higher attack rate among school-age children and K-12 school closures
- **International Students:** International students may be unable to return home if the University closes.
- **Individuals with Special Needs:** Students, faculty and staff with certain chronic medical conditions may be at higher risk of serious illness, complications, and hospitalization

International Travel: International travel is an integral part of the academic and research mission of the College. During a pandemic event, international travelers may be at increased risk of exposure related to travel in an area experiencing pandemic illness or to passage through international airports. The College will need an effective travel policy for students, faculty, and staff which addresses the following issues.

- **Identification:** The College should be able to quickly identify students, faculty and staff who are traveling internationally.

- **Communication:** International travelers may be unaware of pandemic-related recommendations, actions and events occurring at the College. Effective means of contacting and communicating with travelers should be established.
- **Travel restrictions:** The CDC may recommend restricting travel to or from certain destinations to limit the spread of pandemic illness. The College would be expected to comply with these restrictions. Protocols are needed to ensure that students and staff planning to travel or currently traveling are made aware of these restrictions.
- **Screening:** The CDC may recommend that travelers returning to the U.S. from affected international locations be screened for pandemic illness on arrival. Protocols are needed to identify and screen staff and students (both returning students as well as new students) arriving from CDC-specified locations.

IX. Intervention Strategies

During a public health emergency such as a pandemic, public health officials may recommend or require a number of non-pharmaceutical interventions. The College could also decide to implement intervention actions on its own. The following are some of the possible actions.

A. Social Distancing

Social distancing is a recommended strategy which refers to various community, workplace and classroom non-pharmaceutical interventions intended to limit the spread of an infectious disease by reducing opportunities for close contact between individuals and groups. Recommendations typically include keeping individuals at least 3 feet apart and limiting large gatherings. The Centers for Disease Control recommends timely implementation of social distancing options as the primary means for controlling the spread of pandemic illness prior to development and distribution of a vaccine. See Appendix C for more details and for Social Distancing Protocols

B. Exclusion

Exclusion is a recommended public health strategy to reduce the risk of exposure of susceptible persons to a specified communicable infectious illness by barring contact with others who may be infected. Exclusion is used to reduce the risk of illness in susceptible persons to specified infectious illnesses and to limit the spread of the illness within the community. See Appendix D for more details and for Exclusion Protocols

C. Quarantine and Isolation

Quarantine and isolation are public health strategies to limit the spread of a specified contagious illness among individuals and within a community or population by physically separating healthy but exposed individuals and ill individuals from the community. Both are intended to decrease the likelihood that healthy persons will become ill through exposure to those who are either already ill or at increased risk of becoming ill. While quarantine and isolation may be voluntary for some communicable illnesses, either one or both may be compelled for more severe or serious infectious illnesses. The Thurston County Public Health Officer has the authority to mandate quarantine and isolation procedures. See Appendix D for more details and for Quarantine and Isolation Protocols.

X. Suspension of Classes and/or Campus Operations

Public health officials may require suspension of classes in order to reduce the number of cases of pandemic illness, slow the spread of illness and reduce the likelihood of overwhelming campus student support systems. It is important to note that the Thurston County Health Officer has the legal authority to mandate class cancellations and other highly disruptive mitigation strategies. (cite)

A. Decision Factors

The College, possibly acting in concert with other regional schools, may also take such actions prior to a public health recommendation based on a number of decision points described below. It is important to note that the timing of class suspension and school closure is critical to the success of the action. Premature intervention may result in unnecessary hardship while late implementation may be ineffective.

The decision to suspend classes and/or suspend campus operations will be made by the Senior Staff in consultation with the Pandemic Planning Group. There are no hard and fast criteria but the decision should be made based on a number of factors including:

- **Recommendations from local and state health officials:** Are health officials recommending closure? In most situations, the decision to suspend classes will be based on the recommendations of the County Health Officer. The Pandemic Planning Group will be in daily consultation with County and State health officials and will make decisions based on their guidance.
- **Level of severity:** Is the pandemic considered severe? As described in Section VII, a severe pandemic in which the case fatality rate is greater than one percent corresponding to categories 4 – 5 on the CDC Pandemic Severity Index would likely lead to more disruptive mitigation strategies, including class cancellation. (cite)
- **Proximity of confirmed cases:** How close are the confirmed cases? The closer confirmed cases are to the campus, the higher the likelihood that class suspension would be an appropriate and/ or necessary action. There are no firm criteria here but confirmed cases in Thurston County should be a trigger for serious consideration of class suspension.
- **Infectivity/Virulence rate:** Is the infectivity rate higher than 30%?
- **Transmissibility:** Is the virus considered highly transmissible?
- **Falling class attendance:** Are a significant percentage (>10%) of students absent from classes due to illness?
- **Raising employee absenteeism:** Are a significant percentage (>10%) of department staff absent from work due to illness?
- **Actions of other schools, colleges, and universities:** Are other educational facilities in the area suspending classes?

- **Available resources and capabilities:** Is the situation such that college resources and outside resources are stretched to the point that students, staff and faculty cannot be safely sustained on campus?

B. Decision Process

The decision process will be as follows:

- **Pandemic Identified - Low Severity:** The Pandemic Planning Group will meet on as needed basis to review the information provided by county, state and federal health officials. Based on the information provided, the Pandemic Group will inform Senior Staff and issue public information announcements to the campus community.
- **Moderate Severity:** (death rate less than 0.3%) The Pandemic Planning Group will meet as often as needed to process new information, update Senior Staff, recommend the implementation of appropriate response actions, and issue public information and guidance.
- **Severe Event:** (death rate more than 1.0%) The Pandemic Group would meet or consult daily to assess the regional, local and campus situation, address on going and developing issues, consult daily with the Vice Presidents and coordinate with the ICS team to develop appropriate actions, and issue information and guidance. A severe event would likely trigger a suspension of classes and a possible suspension of campus operations. That decision would be made by the President in consultation with the Vice-Presidents and Provost.
- **Suspended Classes:** Should classes be suspended, the Pandemic Group will continue to monitor the situation on a daily basis and communicate in person or remotely with the President, Vice Presidents and Provost and the ICS Team to track the on campus and off campus situation, address ongoing and developing issues, and make determinations about when classes might be able to resume. The decision to resume classes will be made by the President in consultation with the Vice-Presidents and Provost.
- **Suspended Operations:** Should campus operations be suspended, Senior Staff in consultation with appropriate department heads will determine what essential staff will remain on campus. RAD Services will implement its plan for supporting any students that have no other living arrangements. The Pandemic Group will continue to monitor the situation on a daily basis and communicate in person or remotely with the President, Vice Presidents and Provost to track the on campus and off campus situation, address ongoing and developing issues, and make determinations about when operations might be able to resume. The decision to resume operations will be made by the President in consultation with the Vice-Presidents and Provost.
- **Recovery:** As the Pandemic begins to abate, the Pandemic Group will meet as needed to process information and help guide the process of resuming college business.

C. Maintaining Essential Operations

In the event that campus operations are suspended and all non-essential personnel are sent home, those individuals pre-designated as essential personnel will implement procedures to maintain critical campus operations. They will follow protocols for ensuring their individual safety and follow a work schedule that ensures they have adequate rest.(see Appendix I: Essential Personnel)

Senior Staff, EOC team members, supervisors and others who are critical to supporting basic operations but do not need to be physically present on campus will work, communicate and coordinate remotely from home or some other safe location.

In the event that groups such as Senior Staff or the Pandemic Planning Group need to meet to make decisions or track events on campus, remote conferencing capabilities exist as do remote event tracking capabilities. (see Appendix H : Remote Conferencing and Event Tracking.)

XI. Continuity & Recovery

The College is developing a plan for continuity of operations during and recovery after an emergency event. The Business Continuity Plan will be incorporated into the CEMP as Annex: A pandemic event has some special considerations that will need to be included in the continuity of operations plan such as:

- policies to address the possibilities of extended work hours and staff reassignments during a pandemic.
- work-from-home options / telecommuting.
- plans for addressing reduced staffing due to illness.
- modified sick leave policies to ensure that ill workers stay home.
- modified class absence policies to allow sick students to stay home.
- provision of medical care, housing, food, and academic/social support for residence hall students ill with influenza.
- plans for feeding and housing residence hall students who are unable to leave campus if the residence halls close.

XII. Departmental Responsibilities

The TESC Pandemic Plan focuses on the responsibilities of each department based on the levels of response defined in Section VII. Appendix A below lays out in detail the basic responsibilities of each department during a pandemic event.

XIII. Acknowledgements

Much of the material in this plan was extracted from the April 2009 Draft University of Oregon Pandemic Plan⁴ and modified to address the specific situation at The Evergreen State College. We are grateful for their hard work which eased the path for us.

⁴ <http://em.uoregon.edu/plans/reports>

XIV. Plan Review & Testing

To ensure operational effectiveness the Pandemic Response Plan should be:

- tested at appropriate intervals to ensure that key personnel are familiar with the plan and to allow improvement based on the results of testing.
- reviewed yearly and modified as necessary to incorporate new information and best practices.

XV. Authorizations

States and localities have primary responsibility for public health matters within their borders, including isolation and quarantine, under the authority of Section 361 of the Public Health Service Act (42 USC 264). Other actions within the Pandemic Response Plan are based on and supported by the federal, state, and College policies and authorizations as identified in the CEMP.

XVI. Pandemic Information Resources

Thurston County Health and Social Services Department
www.co.thurston.wa.us/health/personalhealth/influenza.html

Washington State Department of Health
www.doh.wa.gov/swineflu/default.htm

US Centers for Disease Control
<http://www.pandemicflu.gov/>

US Dept of Health and Human Services
<http://www.flu.gov/>

World Health Organization
<http://www.who.int/csr/en/>

Appendix A: Departmental Responsibilities Based On Pandemic Response Level

1. Substantial Pandemic Risk (WHO Phase 5)
2. Pandemic with no cases in U.S. (WHO Phase 6)
3. Pandemic with confirmed case of pandemic influenza reported in US. (WHO Phase 6)
4. Pandemic with case of pandemic influenza reported in Washington or contiguous states. (WHO Phase 6)

Response Level 1	Response Level 2	Response Level 3	Response Level 4
<p>Senior Staff</p> <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively • Receives briefing on pandemic • International Affairs briefing on possible pandemic impact on Study Abroad program 	<p>Senior Staff</p> <ul style="list-style-type: none"> • Activate Pandemic Plan • Review options for social distancing • Make decisions regarding continuation of Study Abroad • Make travel recommendations to affected countries • Communicate with other academic institutions 	<p>Senior Staff</p> <ul style="list-style-type: none"> • Activate Pandemic Plan • Determine whether social distancing protocols should be activated • Consider and/or Authorize temporary suspension of classes or closure as necessary. 	<p>Senior Staff</p> <ul style="list-style-type: none"> • Provide oversight for student, staff, & faculty family notifications if appropriate. • Continue to receive information, review options, and make policy decisions as needed
<p>Pandemic Response Planning Group</p> <ul style="list-style-type: none"> • Notify all pertinent groups of increased pandemic risk • Monitor CDC/ WHO reports daily and update above on any status changes • Review Pandemic Plan and plan proactively 	<p>Pandemic Response Planning Group</p> <ul style="list-style-type: none"> • Implement pandemic plan including preparations for Levels 2 and 3 with Senior Staff and critical units. • Activate communications links with Washington State and Thurston County Health Depts, • Provide pandemic information including university plan and response on TESC website 	<p>Pandemic Response Planning Group</p> <ul style="list-style-type: none"> • Ensure all Level 1 actions implemented • Continue to develop educational materials for students and staff • Ongoing monitoring 	<p>Pandemic Response Planning Group</p> <ul style="list-style-type: none"> • Maintain contact and provide support to ICS staff and EOC if activated. • Ensure that each response function is covered
<p>Police Services</p> <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively 	<p>Police Services</p> <ul style="list-style-type: none"> • Personnel receive training from EH&S and Health Center on pandemic illness. 	<p>Police Services</p> <ul style="list-style-type: none"> • Essential personnel receive N95 respirators from EH&S. • Prepare EOC for use if needed 	<p>Police Services</p> <ul style="list-style-type: none"> • Secure buildings & post signage. • Assist Health Center. • Crowd Control.

	<ul style="list-style-type: none"> • Alert Health Center of individual(s) with symptoms. • Essential personnel: fit test and training on respiratory protection from EH&S. • Complete preparations for establishing Emergency Operations Center (EOC) 		<ul style="list-style-type: none"> • Transport essential personnel if needed.
Facilities Services <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively 	Facilities Services <ul style="list-style-type: none"> • Identify back up personnel for critical services. • Essential personnel: fit test and training on N-95 masks from EH&S. 	Facilities Services <ul style="list-style-type: none"> • Essential personnel receive N95 respirators from EH&S. - Implement plan to maintain infrastructure - Implement plan to modify ventilation 	Facilities Services <ul style="list-style-type: none"> • Stand by to shut off ventilation to designated buildings as directed by Incident Commander as necessary. • Stand by to lock buildings as necessary.
Environmental Health & Safety <ul style="list-style-type: none"> • Monitors CDC/WHO reports on pandemic status • Reports changes to Pandemic Planning Group • Review Pandemic Plan and plan proactively 	Environmental Health & Safety <ul style="list-style-type: none"> • Prepare contract for biological waste cleanup. • Increase pandemic education efforts. • Assess supplies for storage of biohazard material. 	Environmental Health & Safety <ul style="list-style-type: none"> • Arrange for additional medical waste pickups and long term storage. • Mobilize extra biohazard containers. • Distribute N95 to essential personnel. 	Environmental Health & Safety <ul style="list-style-type: none"> • Biohazard pickup and storage.
Business Services <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively 	Business Services <ul style="list-style-type: none"> • Review Business Continuity and Recovery plan with all applicable departments and prepare to implement. 	Business Services <ul style="list-style-type: none"> • Implement Business Continuity and Recovery Plan 	Business Services <ul style="list-style-type: none"> • Continue support of business continuity
Communications and College Relations <ul style="list-style-type: none"> • Develop preliminary information on pandemic for students and staff • Responds to media requests on TESC planning • Review Pandemic Plan and plan proactively 	Communications and College Relations <ul style="list-style-type: none"> • Prepare and distribute statement on the pandemic and college response • Make the TESC Pandemic Plan available • Draft and/or review content of internal and external public 	Communications and College Relations <ul style="list-style-type: none"> • Prepare and distribute statement on pandemic and college response • Write and record bulletins and updates on the College's Emergency Information Hotline and website 	Communications and College Relations <ul style="list-style-type: none"> • Organize phone banks, if necessary • Establish a Media Relations Center • Maintain mass communications channels • Maintain open channels of

	<ul style="list-style-type: none"> • Draft and/or review content of internal and external public information statements, bulletins and announcements. • Establish lines of communication with fellow public information officers in the community and regionally • Prepare sources of mass communications through the media, and campus Web 	<p>Emergency Information Hotline and website</p> <ul style="list-style-type: none"> • Activate mass communications through the media, and campus Web. • Communicate with PIOs elsewhere in the community to assure consistency. • Write scripts for phone tree. • Request that faculty and staff report all flu cases 	<p>channels</p> <ul style="list-style-type: none"> • Maintain open channels of communications between health officials and TESC administration. • Organize news office staffing to assure coverage.
<p>Residential and Dining Services</p> <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively 	<p>Residential and Dining Services</p> <ul style="list-style-type: none"> • Finalize plans for disposition of exposed or ill students. • Essential personnel receive training on risks and response. • Finalize and prepare to implement RAD pandemic annexes • Essential personnel fit tested and receive N95 masks from EH&S • If, at any point, the decision is made to suspend classes RAD will close the residence halls and send students home to the extent possible 	<p>Residential and Dining Services</p> <ul style="list-style-type: none"> • Set up RAD command center and recall essential personnel. • Enact emergency phone contact tree. • Ensure availability of additional food stuffs and water. • Ensure food delivery process is planned and delivery supplies are on hand. 	<p>Residential and Dining Services</p> <ul style="list-style-type: none"> • Activate plan for quarantine of students. • Identify meal delivery need and method for quarantined students.
<p>Health Center</p> <ul style="list-style-type: none"> • Monitors CDC/WHO reports on pandemic status • Reports changes to Pandemic Planning Group • Review Pandemic Plan and plan proactively • Offer seasonal flu vaccination 	<p>Health Center</p> <ul style="list-style-type: none"> • Monitor pandemic status, make recommendations, provide updates to pandemic response groups regularly • Implement pandemic protocols and procedures • Staff training/ education/talking 	<p>Health Center</p> <ul style="list-style-type: none"> • Finalize preparations to receive students with pandemic illness • Continue to monitor pandemic status making daily reports • Essential personnel receive N-95 masks • Confirm methods of transporting 	<p>Health Center</p> <ul style="list-style-type: none"> • Screening and care of students exposed to pandemic illness according to guidelines • Establish phone triage lines as needed • Arrange for counseling services.

clinic			
Academic Affairs <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively 	Academic Affairs <ul style="list-style-type: none"> • Review Start-up/Shut down, classroom reassignment, class cancellation, and continuity of instruction policies in preparation for implementation. • Ensure communication systems to participating students/faculty are in place. • Review plans for continuation of research 	Academic Affairs <ul style="list-style-type: none"> • Activate plans for classroom social distancing. • Activate travel policy related to international/ national travel. • Activate international programs communication system. 	Academic Affairs <ul style="list-style-type: none"> • Continue as at Level 2 • Implement plan for securing sensitive research materials.
Student Affairs <ul style="list-style-type: none"> • Answers questions from families • Review Pandemic Plan and plan proactively 	Student Affairs <ul style="list-style-type: none"> • Identify personnel available for telephone hotline • Prepare to activate hotline Implement student support plan 	Student Affairs <ul style="list-style-type: none"> • Assist monitoring of ill off-campus students. • Assist with relocation of students for quarantine. • Assist with telephone hotlines • Essential personnel receive N95 respirators. Prepare to cancel large events 	Student Affairs <ul style="list-style-type: none"> • Identify student events where confirmed patients have attended. - Implement plan to cancel large events, athletic programs,
Communications & Computing <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively 	Communications & Computing <ul style="list-style-type: none"> • Implement rapid information systems. • Confirm additional telecom support needs and prepare to make these available 	Communications & Computing <ul style="list-style-type: none"> • Supply needed IT and telecommunications equipment. • Quarantine areas and functional groups. • Assist with e-mail distribution. 	Communications & Computing <ul style="list-style-type: none"> • Ensure that IC functions are covered
Human Resources <ul style="list-style-type: none"> • Review Pandemic Plan and plan proactively 	Human Resources <ul style="list-style-type: none"> • Notify essential personnel at university of Level 1 Pandemic status • Facilitate employee training on disease transmission. • Identify and address labor 	Human Resources <ul style="list-style-type: none"> • Establish procedures for staff volunteers and essential work sites. • Develop re-staffing plan and cross training 	Human Resources <ul style="list-style-type: none"> • Activate call-off policy. • Track volunteer assignments and employee re-deployment.

	<p>contract issues.</p> <ul style="list-style-type: none"> • Prepare policies/communications regarding university response to pandemic. • Evaluates requirements for housing and/or feeding of essential personnel 		
<p>Child Care Center</p> <ul style="list-style-type: none"> - Review Pandemic Plan and plan proactively 	<p>Child Care Center</p> <ul style="list-style-type: none"> - Identify back up personnel - Fit test and training with N95 masks - Finalize plan to deal with exposed and ill children 	<p>Child Care Center</p> <ul style="list-style-type: none"> - Be prepared to close center - Implement phone contact plan - Ensure availability of essential food stuff 	<p>Child Care Center</p> <ul style="list-style-type: none"> - Implement plan to quarantine children - Identify means to support them
<p>International Programs</p> <ul style="list-style-type: none"> - Review Pandemic Plan and plan proactively 	<p>International Programs</p> <ul style="list-style-type: none"> • Implement student travel monitoring plan • Finalize plans for meeting needs of international students • Notify study abroad participants and traveling faculty in areas with confirmed pandemic illness 	<p>International Programs</p> <ul style="list-style-type: none"> • Notify students and campus community of IA plan • Confirm host family reservations • Finalize transportation plans • Notify study abroad participants and families - Notify foreign offices 	<p>International Programs</p> <ul style="list-style-type: none"> - Implement transportation plan - Continue to track students and keep them apprised of situation

Residential Pandemic Response Plan

(Draft outline May 18th, 2009)

Background

The Residential Pandemic Response Plan is designed to work in support of the Campus Pandemic Plan. Given the nature of the residential environment the following steps need to be further explored in order to properly respond in a manner befitting of the residential community.

Explorative Measures

- 1.) Identify and prepare lists of essential functions. Designate essential personnel accordingly.
- 2.) Via Residential Management System, develop a query that will identify each bed space as being occupied by in-state vs. out-of-state resident. Create an Out-of-State roster to be used in an on-campus quarantine and/or isolation scenario. Work with ResLife team to closely monitor this roster throughout the academic year as well as during scheduled break periods.
- 3.) Identify residential units that may be used for quarantine and/or isolation of residents who are unable to be moved off campus (see Out-of-State roster). Consider using FEMA trailers when already at max occupancy.
- 4.) Establish remote work strategies for non-essential personnel as well as essential personnel in quarantine/isolation.
- 5.) Stockpile soap, alcohol-based/waterless hand hygiene products, tissues, N95 respirators, and disinfectant. Schedule N95 fit testing for all employees (in process).
- 6.) Work with Food Services to determine the meal delivery need/method for quarantined and/or isolated residents.
- 7.) Establish in-house food handling protocols (handling permits, ration stockpile, packaged utensils, etc.)
- 8.) Work with the Health Center to develop plan for monitoring/delivery of medications and other goods and services.
- 9.) Work with the Health Center to develop plans for determining an “All Clear” group that may go home.
- 10.) Develop a plan for continued education and training specific to pandemic response.
- 11.) Develop a financial impact analysis plan.
- 12.) Develop a post-pandemic startup plan.

Appendix C: Social Distancing

Social distancing refers to various community, workplace and classroom non-pharmaceutical interventions intended to limit the spread of an infectious disease by reducing opportunities for close contact between individuals and groups. The Centers for Disease Control recommends timely implementation of social distancing options as the primary means for controlling the spread of pandemic illness prior to development and distribution of a vaccine.

Mathematical models developed by CDC indicate that the number of ill individuals in a community will double every 3 days, without timely implementation of non-pharmaceutical interventions. They also indicate that any benefits of such interventions will decrease rapidly if the illness rate in the community exceeds 1% prior to implementation.

Social Distancing Options: A number of social distancing options exist including:

- Voluntary isolation of ill individuals at home
- Voluntary quarantine of individuals living with ill persons
- Increasing the distance between people by reducing density in classrooms, workplaces, public events and public transportation
- Modifying workplace schedules and practices through actions such as telecommuting, staggered shifts, teleconferences and other alternatives to close or face-to-face interactions
- Postponing or cancelling public, group and sporting events and gatherings
- Suspending classroom instruction for a period of 4 - 12 weeks
- Closing residence halls and instructing all students to return home
- Suspending all academic, research, and business activities other than those functions essential for support of University priorities
- Limiting on-campus staff to those needed to perform essential functions

Implementation: In most cases social distancing actions will be implemented by the College on the instructions of County or State public health officials. Upon receiving recommendations from public health and/or in consultation with peer institutions and the Pandemic Response Planning Group, the Senior Staff Team will review options and develop policy recommendations for selected social distancing actions. Actions may include some or all social distancing option described above.

Social distancing policy decisions will be communicated to the Incident Commander for operational implementation. The decisions will also be communicated to all students, parents, faculty, staff, and the general public.

If the decision is made to suspend classes, send students home, and limit staffing to essential personnel most campus academic, administrative, and support operations will be closed. Minimal utilities will be supplied to buildings. All routine, normal daily housekeeping and maintenance activities will cease until the reopening of campus buildings has been announced. Buildings will be secured to prevent entry by all but approved essential employees. Most research activities that depend upon campus facilities will be suspended as well. Police Services personnel, facilities staff, and a small number of other essential personnel will be available to maintain safe and secured buildings. In all cases, essential employees must strive to maintain social distance and minimize exposure to others to the fullest degree possible.

Appendix D: Exclusion, Quarantine, & Isolation Protocols

Exclusion is a public health strategy to reduce the risk of exposure of susceptible persons to a specified communicable infectious illness through contact with others who may be infected. Exclusion is used to reduce the risk of illness in susceptible persons to specified infectious illnesses and to limit the spread of the illness within the community.

Quarantine and isolation are public health strategies to limit the spread of a specified contagious illness among individuals and within a community or population. Both are intended to decrease the likelihood that healthy persons will become ill through exposure to those who are either already ill or at increased risk of becoming ill. While quarantine and isolation may be voluntary for some communicable illnesses, either one or both may be compelled for more severe or serious infectious illnesses.

Exclusion: The process by which a healthy person who is not immune to a specified communicable infectious illness circulating in the community is barred from attending classes and/or work to reduce the susceptible person's risk of exposure to the infectious illness in the workplace or classroom. Exclusion is used to reduce the risk of the illness in susceptible persons and to limit the spread of the illness within the community.

Quarantine: The separation and restriction of movement of healthy persons who have been exposed to a specific communicable infectious agent and are at increased risk of becoming ill. The duration of quarantine is typically the incubation period of the organism causing the specific infectious illness.

- Quarantine may involve specific individuals, a larger group, or an entire community.
- Individuals may be quarantined at home or in specified community-based facilities that meet standards for quarantine.
- Individuals in quarantine must be monitored. Monitoring occurs by direct contact (person to person, telephone) between the quarantined person and the health department or designee.
- Quarantine may involve passive or active monitoring of individuals for signs or symptoms of illness.
 - Passive monitoring relies on the quarantined person to contact the health dept./designee if symptoms develop.
 - Active monitoring involves direct assessment of each contact at least once daily by the health department/designee.
- Community quarantine may consist of containment measures such as use of masks, social distancing, "snow days", cancellation of public events, cancellation of classes, or closing of the university. In a severe outbreak an entire community may be quarantined.
- Quarantine may be voluntary or compulsory. If compulsory, there must be means of insuring quarantine.

Isolation: The separation of ill persons who have a specific communicable infectious illness from those who are healthy. Persons who are in isolation are physically separated from healthy persons and their movement is restricted to stop the spread of the communicable infectious illness.

- Isolation may occur at home or in a community-based facility for those who are less seriously ill. Isolation occurs in the hospital for those with serious illness. Home and community-based facilities must meet approved standards for isolation.
- Isolation may be voluntary or compulsory as determined by public health officials. In most cases exclusion, quarantine and/or isolation will be implemented for

students and staff at the TESC based on the recommendations of local, state, and national public health agencies and officials. Public health officials will also provide direction on whether exclusion, quarantine, or isolation will be voluntary or required.

Implementation: Implementation of Exclusion/Quarantine/Isolation for students and staff will occur when:

- Confirmed cases of a specific communicable infectious illness are identified internationally, nationally, and/or locally.
- The Health Center or others on campus are notified by public health agencies of the recommendation or requirement for exclusion of susceptible persons, quarantine of exposed persons and/or isolation of ill persons with a specific communicable illness.
- The Health Center clarifies the recommendations or requirements as they affect university students and staff through review of relevant written guidelines and consultation with public health officials.
- The Health Center Director meets with the Senior Staff to provide information on public health recommendations or requirements with regard to exclusion, quarantine, and/or isolation as they apply to university students and staff. The Director provides information on how affected individuals will be identified and, if possible, an estimate of the numbers of students and/or staff who may be affected.
- The Senior Staff makes the final decision regarding implementation of exclusion, quarantine, and isolation protocols.

The college will implement the exclusion, quarantine, or isolation protocols based on the decision of the Senior Staff and the recommendations of public health agencies.

Exclusion Protocol

- All directors and supervisors will be notified of the decision to exclude susceptible students and/or staff from work and classes.
- The determinants of immunity to the specific communicable infectious illness as defined by public health agencies/officials will be clearly defined and distributed to all university students and employees and specifically to those students and/or employees affected by exclusion.
 - Determinants of immunity may include physician-documented disease, blood test demonstrating immunity, or documentation of appropriate immunization.
- Students and staff will be notified of the decision to exclude susceptible individuals from work or class. Students and staff will be informed of the determinants of immunity.
- Exclusion may apply only to students or staff with known exposure to persons ill with the specific infectious illness or may apply to all susceptible students and staff regardless of history of exposure.
- Depending on the communicable infectious illness and based on the recommendations of public health officials, susceptible individuals may be excluded from classes or work for a specified length of time (e.g., for the duration of the incubation period of the infectious illness) or for the duration of the outbreak of illness if they remain susceptible.
- Students and/or staff may be required to provide documentation of immunity if their immune status is unclear and public health officials recommend that susceptible students or staff be excluded from classes and/or work.

- College staff excluded from work based on public health recommendations will use administrative leave
- Student Affairs will work with students excluded from classes to arrange class absence and continuation of academic work.

6. Quarantine Protocol

- All directors, supervisors, staff, and students will be notified of the decision to implement quarantine for healthy students and/or staff who are exposed to the specific communicable infectious illness.
 - The notice will also indicate whether quarantine is voluntary or required of individuals at risk based on public health guidelines.
- Requirements for implementation of quarantine:
 - Explanation to the community and involved individuals of the reason for quarantine including its effectiveness and duration as well as support available to persons in quarantine.
 - Location(s): home and/or community-based facility locations for quarantine identified, evaluated and prepared for use
 - Food: provision of food to quarantined individuals insured.
 - Monitoring (active or passive) & final assessment prior to release
 - Educational and/or work needs addressed
 - Continuation of work/school – telecommuting?
 - Communications needs addressed
 - Medical/psychological care needs addressed
 - Financial issues addressed
 - Absence from work or school addressed
 - Hotline for questions and to report symptoms in place and, if necessary, staffed 24/7
 - Enforcement requirements defined and addressed including legal basis
- Criteria for determining who will be quarantined will be based on public health guidelines. The Health Center will clarify any questions in consultation with local, state, and national public health officials.

7. Isolation Protocol

- All directors, supervisors, staff, and students will be notified of the decision to implement isolation procedures for students and/or staff with suspected or confirmed illness caused by the specific communicable infectious illness. The notice will also indicate whether isolation is voluntary or required based on public health instructions.
- Requirements
 - Explanation to the community and involved individuals of the reason for isolation including its effectiveness and duration as well as support available to persons in isolation
 - Location(s): home and/or community-based facility locations for isolation must be identified, evaluated and prepared for use
 - Food: provision of food to isolated individuals must be insured.
 - Monitoring (active or passive) of individuals in home or community facility based isolation must be in place.
 - Educational and/or work needs addressed
 - Continuation of work/school – telecommuting?
 - Communications needs addressed
 - Medical/psychological care needs addressed
 - Financial issues addressed

- Absence from work or school addressed
- Hotline for questions and to report status in place and, if necessary, staffed 24/7
- Enforcement requirements defined and addressed including legal basis of Pandemic Response Plan

8. Containment Measures Based on Situation

Situation	Containment Measure
No infectious illness transmission globally	Preparedness Planning
Illness transmission in world but all local cases imported or clearly epi-link to other cases	Passive/Active surveillance/monitoring of contacts
Illness transmission in area w/ either small # of cases in persons w/out epi-link or increased numbers among known contacts	Quarantine of close contacts
Illness in area w/ large # of cases w/out epi-link; control measures effective	Focused measures to increase social distance – consider community measures to increase social distance
Illness in area w/ large # of cases w/out epi-link; control measures ineffective	Community measures to increase social distance such as “snow days”, use of masks, temperature monitoring; consider community-wide quarantine
Decrease in number of new cases, unlinked cases, and generations of transmission	Quarantine of contacts
Transmission controlled/eliminated w/ no new cases	Active monitoring of high risk populations for 2-3 incubation periods after control or elimination

Appendix E: Human Resource Issues Regarding Pandemic Flu

Pre-Declaration of Emergency

Below are twenty frequently asked questions regarding employer authority when dealing with personnel issues at the beginning of a pandemic. Information for this document was compiled by the Attorney General's Office, in collaboration with Department of Personnel and the Office of Financial Management Labor Relations Office. This document is provided to employers as an *initial* research and planning tool. There is no way to know exactly what issues may arise if a pandemic occurs, but this document is intended to be used as a starting point. The answers are provided as if there has been *no* declaration of emergency by the Governor. Prior to a declaration of emergency, state rules, regulations, and the collective bargaining agreements (CBA) all remain in effect. If there is a declaration of emergency, some answers below may no longer be relevant.

For guidance, employers are referred to the applicable CBA for represented employees, or the Washington Administrative Code (WAC) for non-represented classified employees. Prior to a declaration of emergency, employers should consult and follow the applicable CBA or WAC when addressing personnel issues. The answers provided for represented employees are based on the current CBAs. After July 1, 2009, the '09-'11 agreements must be reviewed prior to taking action. For questions regarding exempt employees, employers should consult with the assigned Labor and Personnel assistant attorney general.

As stated previously, these questions and answers are only a sample of the types of questions that employers may need to address during a pandemic. Public safety is important, and employers may face difficult decisions during a developing health crisis. Each case will be fact-specific and each employer may have different needs; therefore, employers are encouraged to contact the assigned Labor and Personnel assistant attorney general prior to taking action.

1. If an employer requires an employee to leave the work site due to a developing health crisis, such as a pandemic flu, must the employer pay the employee for work not performed? Does it make a difference if the building is ordered to be closed?

If an employer determines an employee should not be at the work site, the employer must review the applicable collective bargaining agreement (CBA) or WAC to determine the specific management rights regarding that employee.

Under the collective bargaining agreements if the employer determines a work location is non-operational, the employer **may** have several options, including: releasing employees with pay, assigning employees to another work location, or implementing a temporary layoff. An employer must comply with the applicable CBA regarding assigning to another work location or implementing a temporary layoff.

For non-represented employees, WAC 357-31-260 through 357-31-280 provides several options. Employers should also consult their suspended operations procedure, as required in WAC 357-31-275.

2. Can an employer require an employee to leave the work site because the employer has determined the employee is sick or has been potentially exposed

to those who are sick? Must the employer pay the employee? What are the options if the employee has no accrued leave?

There is no clear authority to require employees to leave the work site under these circumstances. An employer should only consider such steps if there is clear, objective evidence of the employee's illness or exposure. An employer should consider contacting the local health department to determine symptoms of the alleged illness prior to taking action. An employer could assign the employee to work from home, to limit exposure to other employees, without violating the CBAs or WAC.

Another alternative intended for groups of represented employees may be to implement a temporary layoff based on unexpected or unusual reasons. An employer should consult the applicable CBA for the specific requirements, and discuss the facts with their assigned Labor and Personnel assistant attorney general. Since notice requirements for temporary layoffs under the CBAs are only suggested, this alternative could be implemented quickly. (Also see Answer 3.)

For non-represented employees, WAC 357-46-063 and WAC 357-46-010 provide the basis for temporary layoff. Since the WACs do not provide an option to lay off an employee due to "unexpected or unusual reasons," an employer should consult with the assigned Labor and Personnel assistant attorney general prior to taking such action.

3. Can an employer require an employee to work from home? Do public disclosure issues arise if an employee uses a home computer for state work?

Pursuant to the management rights article in most of the CBAs, an employer has broad discretion to assign a represented employee to work from home. The employee would have to be paid for the work. An employer should review the applicable CBA language, prior to making the assignment. Employers should review agency needs and determine which positions could work from home and how to provide appropriate technical support.

For non-represented employees, WAC 357-19-175 authorizes an employer to reassign an employee to different geographic locations, which could include reassignment to the employee's home.

Prior to assigning an employee to work from home, an employer should review possible public disclosure issues with the employee. Employees should be required to use RAS (Remote Access System) accounts, flash drives, or RAS-enabled employer computers. Employees should be informed to not save or retain any employer files on their personal computers.

All employers should make appropriate preparations now to provide computer access to essential employees during a developing health crisis, such as a pandemic flu. Employers should consult with agency IT employees to determine the limitations of RAS during widespread statewide use.

4. Can an employer order employees to stay home, in order to stay healthy, so that they can report back to work in X number of days or weeks?

An employer has no authority to restrict where the employee goes outside of work hours. As stated above in Answer 3, an employer may reassign an

employee to work from home in accordance with the applicable CBA and/or WAC.

An employer may also implement an alternate work schedule according to the CBAs. An employer should review the applicable CBA to abide by the specific requirements and limitations.

For non-represented employees, WAC 357-28-252, allows an employer to change an employee's assigned hours, temporarily or permanently. A temporary change in schedule of thirty days or less can be implemented without prior notice. An employer should review the WAC to abide by the specific requirements and limitations.

5. Can an employer order an employee not to return to work if the employee has been ill or exposed to disease, and could potentially expose coworkers or clients?

Under the CBAs, if an employee is returning to work after a sick leave absence, an employer may require written certification from a health care provider regarding the employee's ability to return to work and ability to perform the essential functions of the job. If an employee is unable to return to work, but is not personally ill, an employer may want to review other options, such as reassigning the employee to work from home. In either case, an employer should carefully review the applicable CBA.

Pursuant to WAC 357-31-130, an employer may require medical certification in accordance with the employer's leave policy. An employer should review the leave policy for specific criteria prior to requesting certification from an employee.

6. Can an employer temporarily lay off non-essential employees during a developing health crisis, such as a pandemic flu? Are employees paid during a temporary layoff? Do notice requirements still apply in a developing health crisis?

A temporary layoff may be beneficial, if a developing health crisis, such as a pandemic flu, is expected to be resolved within 30 days. An employer should consider business needs as well as the impact on employees prior to implementing a temporary layoff.

Under the CBAs, if a temporary layoff is implemented, the employees are not paid, but in some circumstances employees may be entitled to use accrued leave balances. The notice requirements for a temporary layoff, if any, are provided in the CBAs. An employer should review the applicable CBA prior to implementing a temporary layoff.

For non-represented employees, WACs 357-46-063 through 357-46-068 describe the limitations of a temporary layoff. An employer must also follow the agency layoff procedure. Non-represented employees are not paid for hours not worked during a temporary layoff. WAC 357-46-067(2) (c) provides that the employee is not entitled to use vacation leave if the layoff is due to lack of funds. If for any other reason, the employer may allow the employee to use their vacation leave. Sick leave cannot be used. Pursuant to WAC 357-46-066, employers must provide seven calendar days notice to an employee. If an

employer determines a non-essential employee should not come to the work site during the seven days notice, the employee must be paid.

7. Can an employer require essential staff to come to work? What action can be taken if employees refuse to report for duty?

All employees are expected to report to work unless properly excused. Although the employer designates which employees are essential, employees should be consulted about the effects of that determination and the employer should reasonably consider the impacts. For example, if spouses/domestic partners work for the same employer and are both potentially essential employees, an employer should ordinarily identify which is more critical to the employer and designate accordingly. In order to encourage all employees to come to work, employers should educate employees about the precautions the employer has taken to help protect the employee's health. Employers should seek information from local health departments regarding appropriate precautions.

Pursuant to the CBAs, if an employee fails to report for work, an employer may start the disciplinary process under the "just cause" standard, when appropriate. If an employee has been absent without authorization and has not contacted the employer, an employee may be presumed to have resigned. Review applicable CBA for specific requirements and limitations.

WAC 357-46-210 through WAC 357-46-220 authorizes an employer to separate a non-represented employee who has been absent without authorized leave for three consecutive work days.

When an employee does not report for duty, an employer's goal of maintaining adequate staff should be considered prior to implementing disciplinary action. It may be in an employer's best interest to consult with employees to determine if alternate work arrangements can be agreed upon.

8. What action can be taken if an employee refuses to perform a specific assignment within the position's essential functions due to the potential health risk of coming into contact with sick people? (E.g., transporting a sick person; working at a customer service window; providing direct care in a state facility; working in a quarantine area, etc.)

Prior to taking any action, an employer should address the identified health hazard by providing masks and gloves, screens, etc. If the employee is unwilling to perform the assignment even with the precautions, the employer should determine if there are other alternatives. An employer should consider their goal of maintaining adequate staff, and may choose to reassign the task to another employee.

As a final option, for represented employees, the employer could pursue the disciplinary process under the "just cause" standard, in accordance with the applicable CBA.

For non-represented employees, disciplinary action could be pursued in accordance with WAC 357-40.

9. Does the employer have the authority to order employees to remain at work in order to minimize exposure?

Neither the CBAs nor the WAC provide an employer with authority to keep an employee at the work site beyond normal work hours for the purpose of quarantine. An employer may consult with local health departments regarding the need for quarantine.

10. Does an employer have the authority to require an employee to work overtime in order to perform critical functions of the employer in a developing health crisis, such as a pandemic?

An employer's authority to require overtime of an employee is limited in accordance with the applicable CBA or WAC.

Overtime for represented, overtime-eligible employees should be implemented in accordance with the applicable CBA. An employer should review the CBA for limitations prior to requiring an employee to work overtime.

For non-represented employees, WAC 357-28-220 allows an employer to assign work hours outside of the regularly scheduled shift. WAC 357-28-252 defines the employer's authority to change an overtime-eligible employee's assigned shift. WAC 357-28-255 defines overtime.

11. Can an employer require an employee to work out of a different office *within* a reasonable commuting distance? For how long?

An employer may require an employee to work out of another office for as long as necessary if the location is within reasonable commuting distance, as defined by employer policy.

Most CBAs, under the management rights article, authorize an employer to determine the location of offices and work sites, temporarily or permanently. An employer should review the applicable CBA prior to requiring an employee to work out of a different office. An employer should review the Office of Financial Management regulations regarding mileage and/or per diem prior to requiring an employee to temporarily work out of another office.

For non-represented employees, WACs 357-19-165 through WAC 357-19-177 define an employer's authority to reassign an employee. WAC 357-19-175 provides that an employer may reassign an employee without the employee's agreement if the reassignment is within a reasonable commute (as defined by the employer). An employer should review the Office of Financial Management regulations regarding mileage and/or per diem prior to requiring an employee to temporarily work out of another office.

12. Can an employer reassign an employee to a location *not within* a reasonable commuting distance (E.g., work in Eastern Washington)?

If the employer wants the employee to temporarily work at a location beyond a reasonable commuting distance, the employer must pay mileage, per diem, and overtime if applicable, pursuant to Office of Financial Management regulations. An employer should consider the employee's personal obligations when making the decision to reassign outside of a reasonable commute.

If the reassignment is permanent, the employee may have notice and layoff rights. Review the applicable CBA for requirements for represented employees.

For non-represented employees, WAC 357-19-175 addresses reassignment to a different geographic location. If the reassignment is not within a reasonable commute, and the employee does not agree to the reassignment, the employer is authorized to implement a layoff.

13. Does an employer have to provide food and a place to rest for employees who are required to remain at work for extra long shifts?

An employer that requires employees to remain on site for extended hours should provide food and a place to rest. The Fair Labor Standards Act (FLSA) requires that the employee be given the opportunity to have additional breaks, lunch, etc., depending on how long the employee works. If an employer anticipates the functions of the employer may require employees to remain at work for an extended period of time, the employer should review the applicable CBA (for represented employees) and, if necessary, implement an appropriate policy. Even in a developing health crisis, an employer must comply with FLSA, the rules of the Washington State Department of Labor and Industries (LNI), and the applicable CBA for represented employees.

In addition, an employee may have a defense to disciplinary action, implemented for the employee leaving the work site if an employer does not provide adequate food or rest provisions.

14. What is an employer's authority to require employees to be vaccinated?

Absent specific statutory or regulatory authority, an employer has no authority to require an employee be vaccinated. If an employer is concerned regarding the spread of a specific disease, the employer should consult with the local health department.

15. In a developing health crisis, such as a pandemic flu, can an employer rescind previously approved leave?

Some of the CBAs authorize an employer to cancel approved vacation leave in case of an emergency. No specific authority is provided to rescind sick leave or personal holiday leave. An employer should carefully review the applicable CBA prior to rescinding vacation leave.

For non-represented employees, in accordance with WAC 357-31-100 an employer must develop a leave policy. An employer should review the leave policy prior to taking any action to rescind leave. In addition to the leave policy, an employer should also review the applicable WAC. WAC 357-31-205 states that an employer must consider the needs of the employee but may require that vacation leave be taken when it will least interfere with the operational needs of the employer. If operational needs change after leave has been approved due to a developing health crisis, an employer may be able to rescind vacation leave. However, leave should not be rescinded by an employer if it was required to be approved pursuant to WAC 357-31-130 (sick leave), WAC 357-31-200 (vacation leave), or WAC 357-31-070 (personal holiday).

16. Can sick leave pools be created at the employer or state level to assist employees who have exhausted their leave?

The CBAs do not authorize sick leave pools for represented employees.

WACs 357-31-570 through 357-31-635 grant employers the ability to create sick leave pools for non-represented employees.

17. Can an employer share employees with other employers? How would rate of pay be determined if the position at the other employer is different?

There is statutory authority for public agencies to share resources. Pursuant to RCW 39.34.020, any public agency may appropriate funds and may sell, lease, give, or otherwise supply personnel to the administrative joint board or other legal or administrative entity created to operate a joint or cooperative undertaking authorized by law. An employer should carefully review RCW 39.34 and sources of agency authority prior to implementing a shared employee agreement.

For represented employees, an employer should consider bargaining unit relationships, contracting, and possible skimming charges prior to sharing employees. An employer should review the applicable CBA and consult with the assigned OFM-LRO representative prior to entering a shared employee agreement. For non-represented employees under a shared employee agreement the rate of pay would be in accordance with the current class and the relationship to the new class, as well as, the employer's compensation policy. See WAC 357-19-177, and WAC 357-28-110.

Employers may consider using WAC 357-19-360 for developmental assignments.

18. Can an employer enact new rules to deal with emergent situations, such as a pandemic?

Each employer with rulemaking authority has the ability to enact an emergency rule if the employer finds for good cause that the rule is necessary to preserve the public health, safety, or general welfare, and that observing the time requirements of adopting a permanent rule would be contrary to the public interest. See RCW 34.05.350. However, unless the Governor declares an emergency and suspends the CBAs, the new rules cannot supersede the CBAs unless negotiated with the appropriate union.

19. Under what circumstances will all or part of the CBA be suspended?

For general government employers, the CBAs will only be suspended through a declaration of emergency by the Governor. A general government employer does not have independent authority to suspend any part of the CBAs. Prior to a declaration of emergency, employers will likely be consulted as to what agency issues need to be addressed if their operations are suspended.

Pursuant to RCW 41.80, Governing Boards of Higher Education Institutions are the "employer" for purposes of the higher education CBAs and have independent authority to suspend parts of the CBAs during emergencies, pursuant to RCW 41.80.04 (4).

20. Under what circumstances will all or part of the Civil Service Rules be suspended?

The Governor may suspend all or part of the rules through a declaration of emergency. A general government employer does not have independent authority to suspend any part of the rules. Prior to a declaration of emergency, employers will likely be consulted as to what agency issues need to be addressed if their operations are suspended.

Appendix F: Human Resource Issues Regarding Pandemic

Post-Declaration of Emergency

Governor's Directive 07-06, published on June 22, 2007, directs the Department of Personnel (DOP) and the Office of Financial Management Labor Relations Office (OFM/LRO) to provide guidance to state agencies on human resource management during a declared pandemic emergency. Specifically, we have been asked to address leave policies, telecommuting, alternate work arrangements, protecting employee health and safety, and hiring policies.

The Attorney General's Office previously issued a Q&A regarding human resource issues that might arise during a pandemic, but before a declared pandemic emergency. That document was compiled in collaboration with DOP and OFM/LRO in order to serve as an initial research and planning tool. The premise of the Q&A is that, while you cannot identify the exact issues that will arise if there is a pandemic emergency, the state rules, regulations, collective bargaining agreements, and agency policies will govern human resource management issues.

A Gubernatorial Declaration of Emergency may suspend the applicability of personnel rules, regulations, provisions of the collective bargaining agreements, and agency policies. In that case, agencies will have questions as to how to address human resource management issues.

As the Attorney General's Office's Q&A demonstrates, the rules and collective bargaining agreements allow agencies flexibility to address staffing issues, including in times of emergency. These rules and collective bargaining agreement provisions are designed to provide agencies the flexibility to address a variety of issues. Any suspension of rules, regulations, or collective bargaining agreement provisions will be to ameliorate provisions that are hindering or precluding agencies' ability to provide services. So to the extent possible, agencies should continue to follow applicable collective bargaining agreements for represented employees or Washington Administrative Code (WAC) 357 for non-represented employees.

In conducting planning for a pandemic emergency, each agency can take several steps to identify and mitigate issues that may arise during an emergency. First, each agency should identify any first responder, essential, and non-essential functions. Next, the agency should identify how they will continue to have staff available to perform these functions. Finally, agencies should identify whether any agency policies, rules, or collective bargaining agreement provisions will be an obstacle to fulfilling first responder or essential functions. Agencies should pay careful attention to their own policies to ensure that the policies do not inadvertently handcuff an agency in an emergency situation.

Aside from these general guidelines, agencies may want to consider the following:

Leave

As indicated in the Q&A, agencies can rescind previously approved leave, compensatory time, and personal holiday in order to provide necessary coverage.

As of July 1, 2007 the rules allow employers to develop a sick leave pool or pools within their agency. The purpose of a sick leave pool is to allow general government state employees, within an agency, to pool sick leave to be used by participating employees who have a personal illness, accident, or injury. If an agency had a sick leave pool in place before a pandemic emergency hit it could prove to be very useful. Unless the Sick

Leave Articles in the collective bargaining agreements were suspended, they do not provide for use of sick leave pools for represented employees.

Telecommuting

Agencies already possess the authority to allow work to be done at alternate work sites, including at the employee's home. During a declared emergency, agencies may need to consider a broader use of telecommuting. In preparing emergency plans, agencies should identify essential functions that may be accomplished remotely and how that can be accomplished.

Alternate Work Arrangements:

Agencies should identify which functions, particularly first responder and essential functions that may be staffed by personnel on alternate schedules. The current collective bargaining agreements and rules allow for the assignment of alternate work schedules. Agencies should adhere to the schedule change notice requirements when possible.

Reassignment of an employee to a different geographic location (other than the employee's home) may be necessary. Supervisors may reassign employees to a different work station that is within a reasonable commute. Employers should avoid reassignment of an employee to a work location that is beyond a reasonable commute if possible. If the employee agrees, a reassignment to a position beyond a reasonable commute can occur.

In order to accurately keep track of all hours worked, time sheets should be kept on hand for use during a declared emergency.

Protecting Employee Health And Safety

For the purpose of protecting employee health and safety the employer can require an employee to leave the work site if the employer has determined the employee is sick or has been potentially exposed to those who are sick.

If it becomes necessary to reassign employees to new duties employers need to provide employees with proper training and any personal protection equipment necessary to perform the new duties.

Hiring Policies

During a declared emergency, employers may need to fill positions as quickly as possible. It may be necessary to hire employees on a nonpermanent basis. Hiring employees on a nonpermanent basis will enable employers to bypass permanent hiring procedures. Employers should follow the pertinent collective bargaining agreements or rules to the extent possible when making nonpermanent appointments.

We expect that agencies will encounter specific questions as they undergo planning. Agencies with questions can forward them to DOP, OFM/LRO and/or their assigned Labor & Personnel Assistant Attorney General.

Appendix G: Pandemic Severity Index

Appropriate matching of the intensity of intervention to the severity of a pandemic is important to maximize the available public health benefit that may result from using an early, targeted, and layered strategy while minimizing untoward secondary effects. To assist pre-pandemic planning, this interim guidance introduces the concept of a Pandemic Severity Index based primarily on case fatality ratio, a measurement that is useful in estimating the severity of a pandemic on a population level and which may be available early in a pandemic for small clusters and outbreaks. Excess mortality rate may also be available early and may supplement and inform the determination of the Pandemic Severity Index. Pandemic severity is described within five discrete categories of increasing severity (Category 1 to Category 5).

Other epidemiologic features that are relevant in overall analysis of mitigation plans include total illness rate, age-specific illness and mortality rates, the reproductive number, intergeneration time, and incubation period. However, it is unlikely that estimates will be available for most of these parameters during the early stages of a pandemic; thus, they are not as useful from a planning perspective.

The Pandemic Severity Index⁵ provides U.S. communities a tool for scenario-based contingency planning to guide pre-pandemic planning efforts. Upon declaration by WHO of having entered the Pandemic Period (Phase 6) and further determination of U.S. Government Stage 3, 4, or 5, the CDC's Director shall designate the category of the emerging pandemic based on the Pandemic Severity Index and consideration of other available information. Pending this announcement, communities facing the imminent arrival of pandemic disease will be able to define which pandemic mitigation interventions are most indicated for implementation based on the level of pandemic severity.

Multiple parameters may ultimately provide a more complete characterization of a pandemic. The age-specific and total illness and mortality rates, reproductive number, intergeneration time, and incubation period as well as population structure and healthcare infrastructure are important factors in determining pandemic impact. Although many factors may influence the outcome of an event, it is reasonable to maintain a single criterion for classification of severity for the purposes of guiding contingency planning. If additional epidemiologic characteristics become well established during the course of the next pandemic through collection and analysis of surveillance data, then local jurisdictions may develop a subset of scenarios, depending upon, for example, age-specific mortality rates.

Table 1 provides a categorization of pandemic severity by case fatality ratio—the key measurement in determining the Pandemic Severity Index—and excess mortality rate. In addition, Table 1 displays ranges of illness rates with potential numbers of U.S. deaths per category, with recent U.S. pandemic experience and U.S. seasonal influenza to provide historical context.

Table 2 provides a summary of possible community mitigation strategies based on the Pandemic Severity Index.

⁵ <http://www.cdc.gov/media/pdf/MitigationSlides.pps>

Table 1. Pandemic Severity Index by Epidemiological Characteristics

Characteristics	Pandemic Severity Index				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1-<0.5	0.5-<1.0	1.0-<2.0	≥2.0
Excess Death Rate (per 100,000)	<30	30-<150	150-<300	300-<600	≥600
Illness Rate (percentage of the population)	20-40	20-40	20-40	20-40	20-40
Potential Number of Deaths (based on 2006 U.S. population)	<90,000	90,000-<450,000	450,000-<900,000	900,000-<1.8 million	≥1.8 million
20 th Century U.S.Experience	Seasonal Influenza (illness rate 5-20%)	1957,1968 Pandemic	None	None	1918 Pandemic

Table 2. Summary of the Community Mitigation Strategy by Pandemic Severity

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

Appendix H: Remote Conferencing and Event Tracking

Conferencing From Home

Evergreen has a reservationless conference bridging service that provides the college a toll free number, host pin numbers and guest pin numbers. Evergreen already has a number of these host and guest pin numbers but more can be easily added. The system works as follows:

1. The host contacts those who will participate (probably by email) giving them the toll free number and a guest pin number and a time for calling in.
2. The host then calls the toll free number a few minutes before the designated time, enters the host pin number and waits for the invited participants to dial in to the toll free number and enter their guest pin numbers. As each guest calls in a tone is heard indicating a new person has entered the conversation. As long as the phone call is ongoing, people can call in and participate.
3. Belonging to the service is free but Evergreen is charged \$0.10/minute per participant including taxes and fees.
4. It is possible to obtain more pin numbers and so we might want to consider setting up a special group for emergencies.
5. It is also possible to do Web conferencing for additional cost through the same service. Thus one could have a voice conference and at the same time share and modify materials on line through the bridging service website.

The conferencing service currently being use is ATConference. A complete list of the services offered and instructions for using the services can be found at their web site. www.atconference.com .

Event Tracking

WebEOC software: WebEOC® is software designed to bring real-time crisis information management to the Washington State Emergency Operations Center (EOC) as well as to other local, state and federal EOCs. It helps facilitate decision-making in emergency situations by providing the State of Washington cost-effective, real-time information sharing through linkages with local, state, national sources. The information can be viewed on individual PC's and displayed on screens and in a variety of formats including: text-based lists, reports and checkpoints, graphics, maps, video, live TV camera, contact lists and other data formats.

WebEOC also allows TESC personnel to communicate real-time with authorized computer users on current emergency status. This will allow personnel the ability to access information from on or off campus without being physically present in the EOC. A chat feature is also included. A user name and password are required for access.

WebEOC The Incident Commander or designee shall contact the State of Washington for the **incident name** (e.g. Earthquake 2007, Wildfire 2007, so forth). **Phone: 253-912-4901**
Business line 253-512-7000

- Step 1. log on: <http://www.emd.wa.gov/> and then click on WebEOC (right panel)
Step 2: Select 'TESC' Jurisdiction

Step 3: Enter user ID and Password (i.e. User: TESC01 and Password:)
Step 4: Select Incident name (i.e. 'Nisqually Earthquake')
Step 5: Click on name 'TESC Significant Events' (not box) to review current status. A listing of the user Ids and Passwords can be found in the Emergency Operations Center closet in a binder marked "WebEOC Guidelines".

Diagram 4: WebEOC Login Format

WebEOC 7.0 Login

Jurisdiction: TESC

User: TESC01

Password: *****

OK

WebEOC® is a registered trademark of [ESi Acquisition, Inc.](#)

For WebEOC Assistance: WEB EOC Project Manager
Washington State Department of Emergency Management:
Desk: 253-512-7437 Toll free: 800-562-6108 Fax: 253-512-7214

Appendix I: Essential Personnel

Essential Personnel: Those individuals identified by their supervisors who because of their specific expertise and skills will be expected to be physically present on campus during emergency closures to ensure that basic campus operations are maintained. Essential personnel will have advance written instructions on a standing basis issued by the appropriate department head requiring that they report to work on their regular schedule in spite of closing.

The following paragraphs describe the essential personnel plan for the Facilities Division.

Facilities Essential Personnel Emergency Operations

Essential personnel for Facilities Services will be designated depending on the emergency event and the expected duration. For the events listed below the Essential Personnel for the start of the event and the declaration of suspended operations are indicated:

Pandemic Flu: Ed Rivera/Rick Smith

Tom Markstrom/Patty Van De Walker

Michelle Holmes/ Richard Johnson

(The above staff will work a 8-5 shift with the first person being on the first week and the second person being on the second week and being prepared to be at work in the event of illness to the first person and vice-versa)

Other staff may be called in if needed

Weather: Grounds and Motor Pool staff
On-call CUP staff member
Maintenance Services staff
Don Hovland

Earthquake: Maintenance Services staff (those trained in Rapid Visual Screening)
On-call CUP staff
Construction Operations staff (those trained in Rapid Visual Screening)
Project Management staff

Fire: Maintenance Services staff
Construction Operations staff

The following managers/supervisors/specialized staff will report to their appropriate office or the Facilities Services offices in Lab II.

Pandemic Flu: Mike Drennon and other managers/supervisors and specialized staff as required.

Weather: Mark Kormondy
Mike Drennon
Rich Davis

Earthquake: Mark Kormondy
Richard Miles
Rich Davis
Mike Drennon
Azeem Hoosein
Robyn Herring

Fire: Mike Drennon
Richard Miles
Azeem Hoosein
Robyn Herring