

WORKSHOP ON PANDEMIC AND INFECTIOUS DISEASE PLANNING

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9:30 to 11:00 am
National Conference on Law and Higher Education
Stetson University College of Law

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Selected Infectious Diseases and Their Recent Campus Occurrences

College campuses are home to a wide variety of infectious diseases, starting with the common cold. This session will focus on a set of less frequently encountered illnesses, including bacterial meningitis, MRSA, Hepatitis A and the Norovirus, and tuberculosis. Most sexually transmitted infections, including HIV/AIDS and the widely-found human papilloma virus, are beyond the scope of this discussion. The session will also look ahead at the possibility of a pandemic of a disease such as Asian flu.

Disease accounts were drawn primarily from news reports and government web sites.

Bacterial Meningitis

The American College Health Association has estimated that 125 bacterial meningitis cases occur annually at colleges and universities. Of these, approximately 5 to 15 cases are fatal. Recent student deaths from bacterial meningitis have occurred at institutions including Texas Southern University and the University of South Florida.

At least 38 states have laws requiring meningitis education or, less commonly, vaccination. New York, for example, requires institutions with residence halls to provide information about the disease to students.

In some states, vaccination may be required for all incoming students or for those who will live on campus. Mandatory vaccination laws generally also include waiver provisions. Louisiana, Massachusetts, and Pennsylvania are among the states requiring vaccination. The key is to know your state's laws. See National Meningitis Foundation website for links to state laws. www.nmaus.org.

Steps Schools Have Taken.

Institutions must, obviously, meet their legal obligations. Even in the absence of a state law mandating distribution of information to students, institutions can do so voluntarily.

After a confirmed case of bacterial meningitis, institutions generally distribute antibiotics to others who may have had close contact with the student who is ill. Medical experts can help define the target population for this preventive treatment. After a student at Michigan State contracted the disease in 1999, the university spent over \$1 million to provide vaccinations to 16,000 people.

MRSA

Dozens of colleges and universities have experienced MRSA outbreaks. The infection occurs most commonly in contact sports such as football and wrestling. At least two college football players have died from the infection, one at Lycoming College and another at the University of Tulsa. In a typical non-fatal case, 19 members of the football team at Monmouth College (IL) were treated for MRSA. According to news reports, the infections were confined to members of the team and did not spread to roommates or girlfriends.

Central Virginia Community College closed its main campus on October 30, 2007, for a day of cleaning after a staff member was diagnosed with an MRSA infection. Although health authorities did not recommend closure, the college opted for a very cautious approach.

Other institutions experiencing MRSA cases have included: Albertus Magnus College (CT); Clarion University (PA); Community College of Allegheny County (PA); Iona College (NY); Monmouth College (IL); University of Georgia; University of Maryland at College Park; and the University of Southern California.

The U.S. Centers for Disease Control and Prevention have issued useful guidelines and attractive posters for athletics programs on preventing and managing MRSA infections. www.cdc.gov

Steps Schools Have Taken.

- Educate athletes to wash hands, avoid sharing towels and razors, and cover open wounds.
- Require athletes to shower immediately after practice or games, and provide antimicrobial soap.
- Encourage trainers and coaches to be vigilant about any open wound on an athlete.
- Have even minor lesions, such as suspected spider bites, tested for MRSA.
- Regularly clean locker rooms, weight training equipment, whirlpools, balls, pads, and any shared equipment.
- Wash uniforms in water at least 140°.
- If a student with an infected open wound has visited different campus areas
 - Disinfect all surfaces the student may have touched in residence halls, dining areas, library, and elsewhere.
 - Disinfect athletic facilities and equipment.
 - Give a head-to-toe skin examination to any other students who had been in contact with the individual.
 - Discard items that cannot be cleaned properly, such as pillows or footballs.
- Set aside a separate room, with a private shower, for any student who needs to be monitored for infection control.

Hepatitis A/Norovirus

The Florham Park campus of Fairleigh Dickinson University experienced an outbreak of Norovirus in March 2007. At least 125 students were sickened, of whom 20 were treated at the hospital. Others visited the campus health center. An undetermined number of staff and faculty were also affected.

Response Steps. At Fairleigh Dickinson, the dormitory bath rooms and dining halls received special cleaning. The university distributed hand sanitizer at the computer labs, library, and dining halls. Students were encouraged to wash their sheets in hot water. The university closed the recreation center and pool for 24 hours for special cleaning.

Tuberculosis

An unusual form of multi-drug-resistant tuberculosis made national headlines in 2007 when an American diagnosed with the disease flew from Europe to the U.S. Public health authorities wanted him for treatment and sought to notify the crew and those who sat near him on flights. The media have not reported on cases of multi-drug-resistant tuberculosis on campuses. Several college-related TB cases have, however, made the news.

Two unrelated incidents occurred at California institutions in 2006. A student who had attended an orientation at Mesa College, a two-year institution, was diagnosed with TB.

Local health authorities notified seventy-two people with whom she had contact about their possible exposure. The student was under treatment. A few days earlier, health authorities made an announcement about a TB infection in a 26-year old international student from Korea who attended a summer program at San Diego State University. Officials thought he had contracted the disease overseas. He was also receiving treatment and authorities sought to notify people, including a host family, with whom he had close contact.

The symptoms of active TB include persistent cough, fever, night sweats and weight loss. Most people exposed to TB do not contract the disease. Campus responses include cooperating with local authorities about identifying those with whom the individual had close contact and providing education and reassurance to students, parents, and employees.

Pertussis (Whooping Cough)

In December, 2007, Bob Jones University had an outbreak of whooping cough. Nearly 100 people had symptoms of the disease. Twelve cases were medically confirmed, about 50 cases were suspected, and an additional 50 people had at least one symptom.

Known as pertussis, the illness is a highly contagious bacterial infection. It starts with a mild cough and low fever, then develops into an uncontrollable cough. The disease can be life-threatening in children who have not been immunized. Immunizations may fade over time, leading to outbreaks among adolescents and adults, for whom it is not typically life threatening. Public health data suggest a recent rise in the disease, with 25,000 cases in the U.S. in 2004.

To manage the outbreak, the university took steps including:

- Maintaining close contact with health authorities
- Emailing information to students to combat rumors
- Providing vaccinations, including 800 in a single day
- Testing and isolating 158 students, who also received antibiotics
- Providing antibiotics to 1,200 students without symptoms who may have been exposed
- Ending the fall semester about a week early
- Cancelling planned events, including plays, concerts, and a business luncheon
- Rescheduling assignments and exams for students who were ill
- Requiring all students to receive an immunization before returning for the spring semester

Mumps

In 2006, the U.S. experienced an unusual increase in mumps, with campuses accounting for about 38% of the cases. In Illinois alone, 97 out of 598 cases in 9 months of 2006 were at colleges or universities. Wheaton College (IL) reported 32 cases and Benedictine College had one. The disease spreads through respiratory droplets. Immunization is nearly universal, and the outbreak may have been due to an unusually strong version of the virus. Exceptions to immunization requirements may be made for medical, religious, or other special reasons. Rare side effects of mumps include deafness, meningitis, spontaneous abortion, and swelling of breasts, ovaries, or testicles.

Here are some institutional response steps:

- Wheaton College sent home infected students who lived nearby and isolated others in college-owned apartments. The suggested isolation period is at least 9 days.
- Benedictine College contacted every student, shared news online, and posted fliers.
- Due to a possible mumps case at the University of Virginia, the university reviewed all students' health forms. The student health center contacted 1,149 students who had submitted incomplete forms, lacked a second dose of the mumps vaccine, or had furnished waivers. The university alerted these students about the possible mumps case and the availability of vaccinations at the health center.

Suggestions for Dealing with MRSA and Meningitis

MRSA

The County Health Department calls to inform you that a local physician has reported treating 5 students attending your college in the past week for **MRSA skin infections**. What are the steps you would take?

- 1) Microbiology refresher:
 - a. Source: colonized persons
 - b. Transmission: close physical contact or contact with contaminated objects
 - c. Incubation Period: weeks to months
- 2) Determine if the students have any places or activities in common that involve physical contact.
- 3) Inquire about other students with skin infections.
- 4) Inspect sports or work out facilities.
- 5) Review the infection control practices for sports equipment and facilities.
- 6) Consider additional stations to dispense hand washing gel
- 7) Reinforce personal hygiene practices for all.
- 8) Provide information on signs and symptoms of the illness.

MENINGITIS

The County Health Department calls to inform you that an 18 year old student attending your college has been admitted to a local hospital with **meningitis**. What are the steps you would take?

- 1) Microbiology refresher:
 - a. Source: colonized person
 - b. Transmission: droplet spread within 3 feet, close personal contact
 - c. Incubation period : about 4 days

- 2) Identify any person exposed in the last 7 days
 - a. Roommates
 - b. Significant others
 - c. Greek organizations or other social groups
 - d. Classmates: Not routinely. Only if they had prolonged contact (4-6 hours in a closed space)

- 3) Provide antibiotics to unvaccinated persons who were exposed

- 4) Vaccinate any unvaccinated students who request

- 5) Provide information on signs and symptoms of the illness

Pandemic Influenza Planning Checklist

Pandemic Influenza Planning Checklist For Colleges and Universities

U.S. Department of Health and Human Services
And
Centers for Disease Control
From www.pandemicflu.gov

In the event of an influenza pandemic, colleges and universities will play an integral role in protecting the health and safety of students, employees and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic. Further information on pandemic influenza can be found at www.pandemicflu.gov.

Planning and Coordination:

Tasks	Not Started	In Progress	Completed
Identify a pandemic coordinator and response team (including campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director, academic staff and student representatives) with defined roles and responsibilities for preparedness, response, and recovery planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporate into the pandemic plan scenarios that address college/university functioning based upon having various levels of illness in students and employees and different types of community containment interventions. Plan for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

different outbreak scenarios including variations in severity of illness, mode of transmission, and rates of infection in the community. Issues to consider include:

- cancellation of classes, sporting events and/or other public events;
- closure of campus, student housing, and/or public transportation;
- assessment of the suitability of student housing for quarantine of exposed and/or ill students (See www.hhs.gov/pandemicflu/plan/sup8.html);
- contingency plans for students who depend on student housing and food services (e.g., international students or students who live too far away to travel home);
- contingency plans for maintaining research laboratories, particularly those using animals; and
- stockpiling non-perishable food and equipment that may be needed in the case of an influenza pandemic.

<p>Work with state and local public health and other local authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university. Identify and review the college/university's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus.</p>			
<p>Ensure that pandemic influenza planning is consistent with any existing college/university emergency operations plan, and is coordinated with the pandemic plan of the community and of the state</p>			

higher education agency.

Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services to meet the needs of the college/university and community during and after a pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish an emergency communication plan and revise regularly. This plan should identify key contacts with local and state public health officials as well as the state's higher education officials (including back-ups) and the chain of communications, including alternate mechanisms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test the linkages between the college/university's Incident Command System and the Incident Command Systems of the local and/or state health department and the state's higher education agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement an exercise/drill to test your plan, and revise it regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in exercises of the community's pandemic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share what you have learned from developing your preparedness and response plan with other colleges/universities to improve community response efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Continuity of Student Learning and Operations:

Tasks	Not Started	In Progress	Completed
Develop and disseminate alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a continuity of operations plan for maintaining the essential operations of the college/university including payroll; ongoing communication with employees, students and families; security; maintenance; as well as housekeeping and food service for student housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Infection Control Policies and Procedures:

Tasks	Not Started	In Progress	Completed
Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette). (See Infection Control www.cdc.gov/flu/pandemic/healthprofessional.htm). Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza. Encourage students and staff to get annual influenza vaccine (www.cdc.gov/flu/protect/preventing.htm).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish policies for employee and student sick leave absences unique to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

pandemic influenza (e.g., non-punitive leave).

<p>Establish sick leave policies for employees and students suspected to be ill or who become ill on campus. Employees and students with known or suspected pandemic influenza should not remain on campus and should return only after their symptoms resolve and they are physically ready to return to campus.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Establish a pandemic plan for campus-based healthcare facilities that addresses issues unique to healthcare settings (See www.cdc.gov/flu/pandemic/healthprofessional.htm). Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Adopt CDC travel recommendations (www.cdc.gov/travel/) during an influenza pandemic and be able to support voluntary and mandatory movement restrictions. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Communications Planning:

Tasks	Not Started	In Progress	Completed
Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans that link with public health authorities and other key stakeholders (See www.hhs.gov/pandemicflu/plan/sup10.html).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a dissemination plan for communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, local radio or television) for communicating college/university response and actions to employees, students, and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise employees and students where to find up-to-date and reliable pandemic information from federal, state and local public health sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disseminate information about the college/university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on student housing closure, and the contingency plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>for students who depend on student housing and campus food service, including how student safety will be maintained for those who remain in student housing.</p>			
<p>Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (including the HHS Pandemic Influenza Planning Guide for Individuals and Families at www.pandemicflu.gov/plan/tab3.html), and the at-home care of ill students or employees and their family members.</p>			
<p>Anticipate and plan communications to address the potential fear and anxiety of employees, students and families that may result from rumors or misinformation.</p>			

Draft Pandemic Planning Framework

A higher education institution developed this framework for its pandemic planning. The framework incorporates assumptions unique to that institution, which is referred to below as “The College.”

Other institutions can incorporate their own assumptions and circumstances in adapting this model. Use this draft framework in conjunction with other tools, such as the Pandemic Planning Checklist, above, and the American College Health Association Guidelines for Pandemic Planning, cited in the Resources section at the end.

Objective

The College seeks a level of preparation for, and response to, contagious diseases that will allow it to continue its mission to educate students. The College proposes to continue on-site operations unless essential utilities or resources become unavailable, or public health authorities order the school to close. The College proposes to operate thereafter through distance education and employee telecommuting, until it can resume on-site operations.

Planning Assumptions for Pandemic

- Pandemic disease develops and spreads quickly.
- It has a significant mortality rate.
- It may hit young adults particularly hard, given the vigor of their immune systems.
- Vaccine will be unavailable for 6 to 8 months.
- Tamiflu or other drugs will be in short supply.
- Government will restrict travel and mass gatherings.
- The College may wish to, or be ordered to, establish a quarantine facility.
- Local or state agencies will not take over College buildings or resources for other purposes.
- Absenteeism among staff and students will be high. Individuals will be sick, caring for family members, or unwilling to be exposed to potential infection at school.
- Some staff may abandon their jobs.
- Local pandemic may peak in 6 to 12 weeks, with up to 3 “waves” possible.
- Fear will be widespread.

Using This Framework

While developed primarily for avian flu, this framework may apply to other types of contagious diseases. The stages and steps are flexible. Additional preparation and response steps will vary as the course of the disease and the College’s situation unfold.

STAGE	WHO IS RESPONSIBLE
<p>Pre-Pandemic Stage Monitor worldwide status of serious human contagions through resources such as the media, World Health Organization, and Centers for Disease Control. This function will continue through all stages of the plan.</p>	<p>Primary: Communications Secondary: Legal Affairs</p>
<p>Encourage preventive health practices for staff and students, including staying home when ill, obtaining annual flu shot, and washing hands thoroughly.</p>	<p>Student Affairs and Legal Affairs/Human Resources</p>
<p>Identify and maintain occasional contact with medical experts available for consultation on infectious diseases. Get acquainted with local public health officials; use contacts at nearby institutions.</p>	<p>Student Life</p>
<p>Continue developing telecommuting policy; consider implementing as a normal business practice apart from any crisis response.</p>	<p>Legal Affairs/Human Resources</p>
<p>Hold faculty colloquium regarding using various distance education teaching methods.</p>	<p>Associate Dean of Faculty Development and Distance Education</p>
<p>Order additional digital recorders.</p>	<p>Information Technology</p>
<p>Locate volunteers to record required courses. Record and stockpile recordings over course of the next academic year.</p>	<p>Associate Dean of Faculty Development, in cooperation with Associate Dean of Academics and Information Technology</p>

Pre-Pandemic Stage	Who Is Responsible
Review College policies to determine which ones would be impacted by a pandemic; begin considering policy revisions.	For academic policies: Associate Dean of Academics (who will work with the Academic Standards Committee) For other policies: Legal Affairs/Human Resources
Begin identifying staff who are the sole persons with knowledge about particular jobs and functions; develop and initiate cross-training plans and plans to develop written operating procedures.	Legal Affairs/Human Resources, in cooperation with all department heads
Ensure department heads have identified core and noncore functions.	All department heads, as part of hurricane recovery planning
Review pertinent insurance policies and understand implications in a pandemic situation.	Legal Affairs/Human Resources, in cooperation with Business Services
Review contracts to determine inclusion and nature of force majeure clauses.	Legal Affairs and Business Services
Share College pandemic framework with University and seek University's plan. Coordinate with University through all stages of the plan.	Dean
Create pandemic/infectious disease section for intranet.	Communications, in cooperation with Webmaster

Stage 1 Human-to-human transmission of severe contagious disease anywhere in world	Who Is Responsible
Contact medical experts to learn about disease's symptoms, effects, transmission methods, possible outcomes, and prevention.	Dean to coordinate with nearby medical school, and Communications to contact local health officials
Identify regions or countries with human infections.	Primary: Communications Secondary: Legal Affairs
Advise staff and students about infected areas and steps to reduce chance of exposure. Follow State Department travel warnings about travel to regions with infections.	Communications, Legal Affairs, Student Life, and International Programs to coordinate and advise Dean
Develop procedures for: (a) screening people who may have been exposed; (b) discouraging or barring potentially infected people from visiting campus; and (c) housing, feeding, and caring for those who may require quarantine.	Legal Affairs/Human Resources
Begin working with offices that host students for internships to discuss their pandemic plans and to begin developing alternatives for students to complete the semester. Contact to continue through all stages.	Associate Dean of Academics
Contact counterparts in joint-degree and cooperative programs to understand their pandemic plans and to being developing alternatives for students to complete the semester. Contact to continue through all stages.	Associate Dean for International and Cooperative Programs, in cooperation with Associate Dean of Academics
Seek information from the commercial tenant about its pandemic plan, and share College's plan.	Associate Dean

Stage 1	Who Is Responsible
Research federal, state, and local laws on communicable diseases and voluntary & involuntary quarantine. Include laws of other countries in which College students study.	Legal Affairs [good project for a law clerk?]
Begin considering how to handle international students, including shifting to an online model, at least temporarily.	International Programs, in cooperation with Admissions, Dean, and Associate Dean for Faculty Development and Distance Education.
Develop detailed plans for Stage 2.	

Stage 2 Human-to-human transmission in U.S. or country in which College has study abroad program	Who Is Responsible
Enhance communications with local health authorities and medical facilities.	Communications
Educate staff and students about the disease. Work to reduce misinformation and rumor and establish College as authoritative, reliable source of information.	Student Life and Human Resources
Identify campus facilities with self-contained air circulation, including residential facilities such as guest suites.	Facilities
Order supplies for medical needs: N95 masks, gloves, food, soap, hand sanitizers, tissues, trash bags. Research availability of Tamiflu either for purchase or stockpiled by government.	Public Safety
Gear up for possible academic course delivery via distance education. Identify faculty, provide training, and test the systems. Establish tripwires for switching to distance education. In addition to on-line delivery, consider low-tech options such as mailed lessons and assignments or lectures delivered via 800-phone calls.	Associate Dean of Faculty Development and Distance Education, in cooperation with Dean, Associate Dean of Academics, Associate Dean of College Center, Associate Dean of International and Cooperative Programs, Library Director, and Information Technology
Survey what other colleges and other institutions are doing.	Associate Dean of Faculty Development and Distance Education and Associate Dean of Academics
Seek guidance from the accrediting agencies.	Dean
Make detailed plans for telecommuting and train staff and supervisors.	Legal Affairs/Human Resources

Stage 2	Who Is Responsible
Work with commercial tenant on access protocols	Associate Dean
Identify all means for communicating widely with faculty, staff, students, and parents, e.g., phones, email, mail, web site. Plan texts for messages “we’re open, here’s how we’re operating, we’re handling the medical issues, here’s how to get more information.” Anticipate fear, anxiety, misinformation, and rumors.	Communications, in cooperation with Information Technology and Dean
Review conference planning schedules, publicity, and refund procedures. Consider ways to deliver programs remotely. Assess feasibility of postponement.	Operations
Evaluate College’s food service for ways to reduce possible transmission, e.g. eliminate salad bar, shared condiment containers, and other items that multiple people touch or breathe on.	Operations
Consider whether to cancel study abroad programs. If students and faculty are already abroad, determine when and how to return students; explore how and where to allow students to complete credit hours.	International Programs, in cooperation with Dean, Associate Dean of Academics, and Legal Affairs
Begin exploring issues of grant compliance and reporting.	Grant directors, in cooperation with Legal Affairs and College Relations
Develop detailed plans for Stages 3 and 4.	

Stage 3 Human-to-human transmission in nearby states or several clusters around the country	Who Is Responsible
Educate students and staff about disease including transmission, symptoms, treatment, and prevention.	Student Life and Human Resources
Suggest that students in dorms with cars and families nearby move into family homes. This will reduce demand for on-campus services and create space for possible quarantine. Reinforce that classes will continue. Consider parking logistics. Develop plan to check on students who remain in residences and determine and announce the level of service likely to be provided.	Student Life and Residence Life, in cooperation with Associate Dean of Academics and Public Safety
Distribute gloves, masks; educate users about proper fit.	Public Safety
Stock extra quantities of regular supplies (food, water, soap, checks, cash, computer supplies, cleaning products, etc.) assuming supply chain may become unreliable. Review existing emergency supplies.	Facilities and other departments as needed
Investigate biohazard waste disposal for trash including tissues, gloves, masks, and potential cleanup. Consider signing priority contracts or establishing internal capabilities. Install special waste cans and disinfectant stations around campus.	Facilities, Public Safety, and Legal Affairs
Identify options for laboratory to test for disease.	Legal Affairs/Human Resources
Review all critical functions and back up staffing plans. E.g., recruiting, admissions, facilities, food service, safety, registrar, finance, IT, communications, payroll.	Dean and Legal Affairs/Human Resources

Stage 3	Who Is Responsible
Consider plan to reduce number of incoming points for visitors, phone calls, mail, packages, emails, and deliveries. This will control flow of people and create efficiencies to meet staff shortages. Plan telephone greetings and standardized “bounceback” replies to email.	Public Safety, in cooperation with Information Technology and Operations
Assess relationship of the sister campuses. Redeploy staff, relocate students, redistribute supplies as appropriate to situation, e.g. staff shortages, relative infection rates, availability of gasoline.	Dean
Familiarize faculty, key staff, and students with plans for distance education. Provide passwords, create help resources, conduct tests, and ready system for operation.	Associate Dean of Academics and Associate Dean of Faculty Development and Distance Education
Evaluate travel by student competition teams.	Dean, Associate Dean of Academics, Directors of teams
Evaluate and potentially limit faculty and staff travel, especially to affected areas.	Dean, Associate Dean of Academics, and Legal Affairs
Test and refine procedures for: (a) screening people who may have been exposed; (b) removing infected persons from campus; and (c) housing, feeding, and caring for those who are quarantined.	Legal Affairs/Human Resources
Revise student and employee absentee policies to reduce punitive elements. Advise students and staff on when revised policies would take effect.	Dean, Associate Dean of Academics, and Legal Affairs/Human Resources
Review departmental chain of command; update and distribute contact information for and to all persons in the chain.	All department heads, with coordination by Dean
Encourage appropriate staff to begin telecommuting on some days.	Legal Affairs/Human Resources, in cooperation with department heads

Stage 3	Who Is Responsible
Develop policy on job abandonment – what notice do you expect employees to provide about their absences? How long is an absence excused? What are the consequences if employees fail to give notice or exceed time limits? Who makes decisions on flexibility? Educate supervisors and staff.	Legal Affairs/Human Resources
Inform all stakeholders about plans for continuing operations. Pay special attention to the “pipeline” of applicants to sustain the College after the pandemic is over.	Dean, in coordination with Legal Affairs/Human Resources, Student Life, and Admissions
Review status of planned conferences. Postpone, cancel, or deliver remotely.	Operations
Consider identifying Colleges in other parts of the country who have the personnel and technological ability to provide certain courses, via distance education, to College students.	Associate Dean of Faculty Development and Distance Education
Evaluate extracurricular and co-curricular student meetings and begin process of determining which events may have to be cancelled; explore ways for student groups to communicate through electronic sources, as opposed to live.	Student Life
Open discussions with employers regarding how they plan to handle hiring processes; explore electronic interview methods.	Career Development
Develop plan to continue advancement activities without human-to-human contact.	College Relations
Develop detailed plans for Stage 4.	

Stage 4 Human-to-human transmission suspected or confirmed among College students, faculty, staff	Who Is Responsible
Notify public health authorities.	Communications, in cooperation with Legal Affairs/Human Resources
If needed, consider cancelling classes for a limited period of 10 days. Rearrange academic calendar (also, if near Spring Break, consider cancelling Spring Break to limit the number of people traveling).	Dean and Associate Dean of Academics
Channel incoming visitors, mail, deliveries, and electronic communications.	Public Safety, in cooperation with Information Technology, Library, Operations, and Communications
Work with vendors on campus to develop a plan for their work and workers (e.g., construction crews).	Operations, in cooperation with Legal Affairs/Human Resources
Make individualized determinations about potentially infected persons. Based on symptoms or lab tests, bar them from campus or isolate and monitor.	Legal Affairs/Human Resources
As needed, secure buildings and post signs.	Public Safety in cooperation with Facilities and Operations
Hold classes in largest classrooms available, to spread students farther apart and reduce infection risk.	Associate Dean of Academics
Develop and announce rules regarding Library usage, and consider eliminating 24/7 access.	Library Director, in cooperation with Dean and Legal Affairs
Begin cancelling travel by student teams.	Dean, Associate Dean of Academics, Directors of competition teams (trial, ADR, moot court)
Continue evaluating and limiting faculty and staff travel; consider criteria to allow travelers to return to campus.	Dean, Associate Dean of Academics, and Legal Affairs

Stage 4	Who Is Responsible
Monitor conditions at local hospitals, to see whether it's worthwhile to refer (or transport) students or staff there. Develop plans for transporting infected individuals.	Public Safety, in cooperation with Communications
Identify local funeral homes and assess their available capacity, if needed.	Public Safety, in cooperation with Communications
Keep stakeholders, including applicants and admits, well informed through redundant messages over varied routes.	Dean, in coordination with Legal Affairs/Human Resources, Student Life, and Admissions
Provide counseling and support for emergency team, staff, and students.	Legal Affairs/Human Resources and Student Life
Find substitutes for mass gatherings, e.g. "virtual" campus tours, web-cast alumni events, electronic graduation ceremony.	Operations and Information Technology

Contact Information for Framework

STATE HEALTH DEPARTMENT

Address, phone, website

COUNTY HEALTH DEPARTMENT

Address, phone, website

HEALTH INSURANCE CARRIERS AND INSURANCE BROKERS

Address, phone, website, policies

FEDERAL

General

www.pandemicflu.gov

Centers for Disease Control

www.cdc.gov/flu/avian

Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings
During an Influenza Pandemic

www.pandemicflu.gov/plan/community/maskguidancecommunity.html

Add other useful contact information and resource links.

Quarantine & Isolation FAQ

Analysis of Florida Law and Practices

Q: What is the health department authority to quarantine?

A: The Department of Health (DOH) has police power authority under a general statutory duty to "[d]eclare, enforce, modify, and abolish quarantine of persons, animals, and premises as the circumstances indicate." Sec. 381.0011(6), F.S. DOH is also required to adopt rules about situations and procedures where quarantine is necessary to stop the spread of communicable disease or to protect the public health from unsafe conditions. DOH routinely quarantines dogs, raccoons and other animals to prevent spread of rabies to humans. DOH has not quarantined a human in Florida under its general quarantine authority since 1947.

Q: What is 'quarantine?' What is 'isolation?'

A: General answer: We quarantine people who are or may have been exposed; we isolate people who are ill.

Specific answer: Under Florida law, DOH has power to quarantine, which includes restricting movement of people and animals, closure of premises, testing, treatment, vaccination, destruction, and disinfection - it also includes isolation. Sec. 381.0011(6), F.S.; Rule 64D-3.038(2), F.A.C.

Q: Who signs quarantine orders? Who signs isolation orders?

A: There is no express legal requirement for signature, which is a matter of tradition and custom. The County Health Department Director (M.D.) or Administrator (other professional) may sign, or their delegates. Rule 64D-3.037(1), F.A.C. Under the rule, they 'give public notice of quarantine.' Isolation orders are a subset of quarantine orders. Rule 64D-3.038(2), F.A.C.

Q: Are there forms for quarantine orders? Why aren't they adopted as rule?

A: DOH has proposed model orders for quarantine, but those model orders are merely an administrative convenience for the County Health Departments if quarantine of humans ever becomes necessary. If pandemic influenza facts emerge, DOH already has an unwaivable statutory duty to use quarantine to control spread of communicable disease. Until such facts arise, the entire topic is purely hypothetical. Florida APA is not applicable to quarantine orders, as discussed in "White Paper on the Law of Florida Human Quarantine" (January 2007).

Q: How will the health department quarantine large areas? Thousands of people?

A: There are no DOH plans to impose mass quarantine or to close large areas as part of pandemic response. The DOH Pandemic Influenza Annex, page 1, specifically rejects mandatory travel restrictions and *cordon sanitaire* around entire communities, <http://www.doh.state.fl.us/rw/Bulletins/flpanfluv104final.pdf>. History teaches that such quarantine efforts are ineffective at best. Florida DOH will rely on public cooperation and voluntary compliance, which we will ask for through communications messaging, and through local public health alerts and state-wide public health advisories. Our efforts will be focused on defeat of the disease threat, with the citizens as our allies in that effort, not on liberty restrictions.

Q: How are quarantine orders served?

A: DOH Panflu Annex, Appx 9 Rapid Response & Containment, posits that during the period where panflu appears in small cases and clusters, the ill may be isolated and their contacts quarantined. See <http://www.doh.state.fl.us/rw/Bulletins/flpanfluv104final.pdf>. Other

quarantine orders directed at individuals likely will be caused by non-compliance conduct that endangers the public. But the rapid progress of influenza as a disease generally renders such actions moot. Non-compliance orders will be personally served on the offending individuals, and likely will require quarantine to residence, possibly other locations, depending on circumstances.

Q: How are quarantine orders enforced? Is there a penalty for violation?

A: Violation of a quarantine order is a second degree misdemeanor. Sec. 381.0025(1), F.S. Florida Statutes say that state attorneys, county attorneys, police officers, sheriffs, and "other appropriate city and county officials" have the duty to help the health department upon request to enforce the state's health laws and rules. Sec. 381.0012(5), F.S.

Q: Will the health department close schools? Shut down transportation systems?

A: The health department has no statutory jurisdiction over schools, though it possesses general authority over "premises." Sec. 381.0011 (6)(a)1, F.S. As to transportation systems, same answer.

Q: What procedures are there for legal review of quarantine orders? Aren't these administrative law proceedings?

A: Quarantine authority is a police power by nature. Procedures for legal review already exist based on common law extraordinary writ practice, namely, Petition For Writ Of Habeas Corpus. *Varholy v. Sweat*. 153 Fla. 571; 15 So.2d 267; 1943 Fla. LEXIS 700 (1943); see also sec. 79, F.S. and Rule 1.630, Florida Rules of Civil Procedure (extraordinary remedies). But before such events, the health department proposes at this time to follow the CDC lead and provide internal fact review of the basis for quarantine orders. See generally, 42 C.F.R. Parts 70, 71 (proposed). Many Florida jurisdictions agree that Fla. Const. Art. V judges, who are familiar with the issues that surround depriving persons of their liberty, are best suited to hear these cases. The workload of state agencies is distributed so that the Office of Attorney General handles litigation involving constitutional questions and rights challenges, though it turns out that habeas proceedings are a fairly complex area of law - probably because habeas litigation usually is initiated by persons in the custody of the Florida Department of Corrections.

State agency final decisions usually are subject to administrative procedures act review, though those proceedings are not swift. Sec. 120.569, F.S. Present intention of the health department is to advise quarantined persons that they may have both Constitutional and administrative remedies available to them, and allow them to choose.

Q: Who provides legal counsel to quarantined persons? To quarantined property? Who represents the government during legal review?

A: The US Supreme Court has said there is no right to counsel at public expense outside the criminal justice system. The Florida Supreme Court has said that quarantine is not a criminal detention, *Varholy*, though violation of quarantine is criminal. The health department has no budget or spending authority to provide legal counsel to the public in quarantine cases. Quarantined property is a closure, not a taking, and therefore is generally not compensable. Staff counsel of the health department will represent and advise health department clients until cases are transferred to specialists, e.g. through Risk Management re-assignment or transfer to other-agency counsel. Staff counsel, as members of The Florida Bar, are prohibited from representing adverse parties in a case, and cannot ordinarily represent members of the public against their agency employer.

Q: Won't the health department claim failure to exhaust administrative remedies?

A: The health department will not invoke the defense of failure to exhaust administrative remedies when a citizen seeks habeas review. It is in the mutual interest of the health department and the public health to have speedy review of quarantine challenges.

Q: How will quarantined people get food/medicines? What happens if they become ill while quarantined?

A: A panflu event by all definitions will be an emergency event. Florida, like the other states and the federal government itself, is required by law to employ Incident Command in its response to emergency. Health and Medical is Emergency State Function 8 (ESF-8). Food and delivery is in the charge of Mass Care, ESF-6. There is not yet an answer about how people will get medicines, although there are operationalized plans for Points Of Distribution (PODs) for dispensing prophylactic medicines to asymptomatic people, e.g. Cipro to persons potentially exposed to Anthrax. No answer exists yet regarding medications or medical treatment for quarantined individuals whose health declines for reasons other than pandemic. Planners are working on this issue.

Q: What about people who need to travel? Who need to meet with their lawyers or financial advisers, or go to the bank?

A: CDC regulations allow the Director to grant travel passes to quarantined persons upon a showing of good cause. See, 42 C.F.R. Parts 70, 71 (proposed). The health department probably will follow CDC practice in that area.

Q: What is 'social distancing'?

A: Social distancing is not a legal term, nor is it a term of art. It is an expression that attempts to capture the notion of avoiding close contact with other potentially-infected persons. Paraphrased, it means 'keep your distance,' such as paying for gasoline at the station with a credit card rather than at the counter inside; or shopping for groceries once a week rather than nightly on the way home from work. It may ultimately reduce to a physical distance to be maintained between people, e.g. 6 or more feet, in all social activities.

Q: Can people get exemptions from quarantine for work? Who pays when people are quarantined at home and can't work?

A: See above re travel passes while quarantined. Payment when home on quarantine is an unresolved issue, though there are circulating discussions about using unemployment compensation benefits in this way. That requires either legislative action or emergency order of the executive.

(last edited 02/27/07)

Crisis Communications

The U.S. Department of Health and Human Services has published an excellent 80-page pamphlet titled “Communicating in a Crisis: Risk Communication Guidelines for Public Officials.” Its useful advice applies to both public and private higher education leaders.

The free pamphlet may be ordered through 1-800-789-2647. It is document # SMA 02-3641. Multiple copies are available. The full text can also be downloaded at www.riskcommunication.samhsa.gov/index.htm. Here is a brief excerpt.

Avoiding Communications Mistakes: Top Ten Tips for the Savvy Communicator

1. First do no harm. Your words have consequences – be sure they are the right ones.
2. Don't babble. Know what you want to say. Say it...then say it again.
3. If you don't know what you're talking about, stop talking.
4. Focus more on informing people than impressing them. Use everyday language.
5. Never say anything you are not willing to see printed on tomorrow's front page.
6. Never lie. You won't get away with it.
7. Don't make promises you can't keep.
8. Don't use “No Comment.” You'll look like you have something to hide.
9. Don't get angry. When you argue with the media, you always lose...and lose publicly.
10. Don't speculate, guess, or assume. When you don't know something, say so.

Selected Resources

American College Health Association

See “Meningitis on Campus” web page and the “Guidelines for Pandemic Planning.”

www.acha.org

Centers for Disease Control and Prevention

Information on many diseases and prevention steps. See especially posters for MRSA control in athletics programs.

www.cdc.gov

Avian flu facts

www.cdc.gov/flu/avian

National Meningitis Foundation

www.nmaus.org

Pandemic Flu Federal Government Website

www.pandemicflu.gov

U.S. Department of Health and Human Services

www.dhs.gov

See especially “Communicating in a Crisis: Risk Communication Guidelines for Public Officials”

www.riskcommunication.samhsa.gov/index.htm

U.S. Department of State

www.state.gov

National preparedness

www.state.gov/r/pa/ei/wh/65790.htm

U.S. National Library of Medicine, MedLinePlus

www.nlm.nih.gov/medlineplus

World Health Organization

www.who.int/csr/disease/avian_influenza/en/index.html