

Pandemic Influenza Response Policy for WWU

Approved by President's Council July 19, 2006

This policy applies to all University personnel, including faculty, staff, volunteers, students, prospective students and visitors.

This policy addresses strategies for screening and preventing the transmission of pandemic influenza, should personnel become ill with influenza. It is intended to be consistent with the guidance issued by Centers for Disease Control and Prevention (CDC) and will be updated as CDC guidance changes. Therefore, personnel are expected to comply with current and future guidelines.

The rationale for the use of additional precautions for avian influenza as compared with human influenza include the following:

- The risk of serious disease and increased mortality from highly pathogenic avian influenza may be significantly higher than from infection by human influenza viruses.
- Each human infection represents an important opportunity for avian influenza to further adapt to humans and gain the ability to transmit more easily among people.
- Although rare, human-to-human transmission of avian influenza may be associated with the possible emergence of a pandemic strain.

CDC Website: <http://www.cdc.gov/flu/avian.index.htm>

U.S. Dept Health & Human Services Website: <http://www.pandemicflu.gov>

1. Definitions applicable to policy

"Travel Advisory" means notification by CDC that a disease is occurring in a particular area and a recommendation against non-essential travel to the area. The risk for the traveler is considered to be much higher because of community transmission or inadequate containment.

"Travel Alert" means notification by CDC that an outbreak of a disease is occurring in a particular area. The risk for the individual traveler is felt to be definable and limited because transmission has occurred in defined settings or is associated with specific risk factors. There is no recommendation against non-essential travel to the area. The alert provides advice on precautions to safeguard travelers' health.

"Pandemic influenza affected areas" means areas identified by either the CDC or WHO as having a high risk of transmission of pandemic influenza

"Quarantine" means restriction of freedom of movement of apparently well individuals who have been exposed to infectious disease.

"Isolation" means separation of infected individuals (those who are sick) from those uninfected for the period of communicability of a particular disease.

"Probable or Suspect Pandemic Influenza Case" means a case that meets the clinical and epidemiologic criteria; laboratory criteria confirmed, negative, or undetermined.

"Medical Director" means the Medical Director of Western Washington University's Student Health Center

2. Personnel with Suspected or Probable Pandemic Influenza Cases will be restricted from work or classes

Suspected or probable Pandemic Influenza cases involving WWU students, faculty, or staff will be restricted from work or classes on campus as soon as identified and will be asked to follow guidelines supplied by the Whatcom County Health Department and CDC.

3. Personnel with Suspected or Probable Pandemic Influenza Cases must be medically cleared upon resolution of symptoms

Suspected or probable Pandemic Influenza cases involving WWU students, faculty, or staff must be medically cleared upon resolution of symptoms to return to work or classes by WWU's Student Health Center in cooperation with and according to guidelines from the Whatcom County Health Department.

4. Personnel arriving from a Travel Advisory area must contact Medical Director

Any WWU student, faculty member, staff member, prospective WWU student or visitor arriving from a Travel Advisory area must contact the Medical Director for medical clearance *before* arrival on campus to reside in University Residences, attend classes, work or other activities. Appropriate screening for symptoms must take place prior to arrival on campus for any purpose.

5. Medical Director has authority to ensure the health and safety of the campus community related to pandemic influenza

The Medical Director has authority to take appropriate action per Whatcom County Health Department and Centers for Disease Control guidelines for screening, diagnosis, and monitoring of WWU students, faculty, staff or visitors to ensure the health and safety of the campus community.

6. Preparing the University

a. Convene workgroup. Workgroup should include members of the University's Emergency Management Team and may include:

- 1) Medical Director
- 2) Local or state health department consultants
- 3) Hospital consultants
- 4) Local emergency room consultants
- 5) International Studies Office (incoming international students from pandemic influenza regions)
- 6) Study abroad programs (students going to pandemic influenza regions)
- 7) Environmental Health and Safety
- 8) Housing, housekeeping, facilities management
- 9) Information Technology
- 10) Campus police
- 11) Counseling and Psychological Services
- 12) Dining Services
- 13) Academic deans and/or advisors
- 14) President's office
- 15) Vice president of student affairs
- 16) Dean of students
- 17) Office of University Communications
- 18) Legal counsel
- 19) Human resources

b. Educate workgroup about the University's Emergency Management Plan , the SHC internal alert mechanisms

c. Workgroup should consider preparation of isolation units in on-campus housing for students requiring isolation who cannot be isolated off-campus or at home:

(www.cdc.gov/ncidod/sars/isolationquarantine.htm)

- 1) Isolation units should be identified in consultation with the local or state health department consultants.
 - a) Contaminated air in unit cannot recirculate to other units
 - b) Private bathroom
- 2) The student should be transported to the isolation unit with a surgical mask in place to contain respiratory secretions.
- 3) Identify who will be responsible for monitoring isolation compliance.
 - a) University police should work with the local/state health department to enforce isolation compliance.
 - b) Treating clinician and local/state health department should coordinate responsibility for monitoring of the isolated student's signs and symptoms.
 - c) Treating clinician and local/state health department and/or CDC should work together to determine when the 10-day isolation period is no longer indicated.
- 4) Prepare academic advisors, faculty and financial aid staff for dealing with student's academic and financial concerns resulting from prolonged class absence (i.e., may need to take leave of absence or hardship withdrawal).
- 5) Workgroup should develop a support program for students who are quarantined or isolated.
 - a) Establish a system to provide mental health support for students and parents (i.e., mental health counselor to telephone students on a regular basis to see how they are coping).
 - b) Develop a system to help provide students with supplies as needed (i.e., food, toiletries, etc.).
 - c) Implement a note taking program for students while they are in quarantine or isolation.
 - d) Provide tutoring to those students after quarantine or isolation
 - e) On line course offerings
- 6) Workgroup should prepare a pandemic event communications plan.
 - 1) Electronic communications:
 - a) Develop mass email capability to all students, staff, and faculty (assure 24/7 access to IT individual who has access to these lists).
 - b) Develop website announcement capability including timed updates and FAQs.
 - c) Develop designated email address for questions from university community (as well as parents).
 - 2) Phone communications:
 - a) Plan hotline with appropriate staffing.
 - b) Plan answering machine messages to include timed updates.
 - 3) Written communications. Identify individual to write and plan the printing of:
 - a) Patient education handouts
 - b) Flyers and posters
 - c) Student newspaper announcement

- 4) Spokesperson communications. Identify individual(s) to do presentations and answer questions in the following settings:
 - a) Residence halls
 - b) Classrooms
 - c) "Town meeting"
 - d) Employee work site
- 5) Plan media relations communication based on existing communication plans for emergency situations.
 - a) Identify university spokesperson
 - b) Funnel all media requests through designated spokesperson

7. Prevention/Precautions: Information regarding the potential spread of pandemic influenza on a college campus

Information disseminated on campus will be consistent with materials provided by the CDC, the WA State Dept. of Health and the Whatcom County Health Dept. {information for brochure/handout/website in italics}

The primary way that pandemic influenza virus appears to be spread is by large-droplet transmission, which usually requires close person-to-person contact. However, the unusually rapid transmission of this disease in previous pandemic situations suggests that airborne transmission through droplet nuclei of < 10 microns in diameter can occur. The virus may also be transmitted through direct contact with infectious droplets. Infection control precautions for this disease therefore involve the use of standard, airborne and contact precautions. For more information about infection control guidelines in general, go to www.cdc.gov/ncidod/hip/isolat/isolat.htm. Hand hygiene, in particular, is extremely important in preventing the spread of influenza. For more information about hand hygiene, go to www.cdc.gov/handhygiene/.

Human influenza is thought to transmit primarily via large respiratory droplets. Standard Precautions plus Droplet Precautions are recommended for the care of patients infected with human influenza. However, given the uncertainty about the exact modes by which avian influenza may first transmit between humans additional precautions for health-care workers involved in the care of patients with documented or suspected avian influenza may be prudent.

8. Recommendations for Avian Influenza Screening and Care pertinent to the WWU Student Health Center

All patients who present to the WWU Student Health Center with fever and respiratory symptoms should be managed according to recommendations for Respiratory Hygiene and Cough Etiquette and questioned regarding their recent travel and exposure history.

Patients with a history of travel within 10 days to a country with avian influenza activity and are hospitalized with a severe febrile respiratory illness, or are otherwise under evaluation for avian influenza, should be managed using isolation precautions identical to those recommended for patients with known Severe Acute Respiratory Syndrome (SARS). These include:

- Standard Precautions
 - Pay careful attention to hand hygiene before and after all patient contact or contact with items potentially contaminated with respiratory secretions.
- Contact Precautions
 - Use gloves and gown for all patient contact.
 - Use dedicated equipment such as stethoscopes, disposable blood pressure cuffs, disposable thermometers, etc.

- Eye protection (i.e., goggles or face shields)
 - Wear when within 3 feet of the patient.
- Airborne Precautions
 - Place the patient in an airborne isolation room (AIR). Such rooms should have monitored negative air pressure in relation to corridor, with 6 to 12 air changes per hour (ACH), and exhaust air directly outside or have re-circulated air filtered by a high efficiency particulate air (HEPA) filter. If an AIR is unavailable, contact the health-care facility engineer to assist or use portable HEPA filters (see Environmental Infection Control Guidelines) to augment the number of ACH.
 - Use a fit-tested respirator, at least as protective as a National Institute of Occupational Safety and Health (NIOSH)-approved N-95 filtering facepiece (i.e., disposable) respirator, when entering the room.

For additional information regarding these and other health-care isolation precautions, see the Guidelines for Isolation Precautions in Hospitals. These precautions should be continued for 14 days after onset of symptoms or until either an alternative diagnosis is established or diagnostic test results indicate that the patient is not infected with influenza A virus. Patients managed as outpatients or hospitalized patients discharged before 14 days with suspected avian influenza should be isolated in the home setting on the basis of principles outlined for the home isolation of SARS patients (see <http://www.cdc.gov/ncidod/sars/guidance/i/pdf/i.pdf>).

SCREENING PROCEDURES

1. If the patient phones in:

- a) If the patient complains of fever, flu-like illness, or respiratory symptoms, ask about recent travel to a pandemic influenza area and/or exposure to a pandemic influenza patient.
 - 1) If yes, the patient should be diverted to a medical facility where evaluation can take place in a setting which minimizes the potential for transmission of pandemic influenza.
 - 2) If no, triage the patient as usual.

2. If the patient walks in:

- a) Receptionist: If a student self-identifies as having possible pandemic influenza exposure:
 - 1) Hand the student a surgical mask to put on.
 - 2) Place the student in the negative air pressure evaluation room.
 - 3) Patient should use hand hygiene products or wash hands with soap and water.
 - 4) Close the door and post an "Isolation" sign on the door.
 - 5) Call the medical provider who will do the evaluation.
- b) Complete an exposure log for anyone (staff, students in the lobby) who may have had contact with the patient in the SHS. Exposure log should include name, ID number, and all contact information (phone, cell, email address).
- c) Medical provider assigned to do pan flu evaluation:
 - 1) Activate the internal alert mechanism.
 - 2) Don PPE (N-95 respirator, gown, gloves, face shield or disposable goggles).
 - 3) Clinical evaluation as appropriate.

9. Pandemic Planning for Medical Response.

1. Prepare the Student Health Service

a. Establish an Emergency Response Team

Identify individuals and alternates to whom specific responsibilities are assigned.

Suggested team members:

- 1) Team Leader = Medical (Clinical) Director
- 2) Administration
- 3) Nursing
- 4) Information Technology (IT)
- 5) Health promotion
- 6) Reception staff
- 7) Mental health professionals
- 8) Local and/or state health department officials

b. Prepare internal alert mechanism

- 1) Develop notification roster and checklist
 - a) Home, cell, and pager numbers of key Student Health Center personnel
 - b) Personal and work email addresses of key SHS personnel
- 2) Review communication plan with staff

c. Prepare external alert mechanism

- 1) Develop notification roster and checklist. Identify website addresses, phone numbers, home, cell, and pager numbers, as well as email addresses of key personnel:
 - a) University emergency management team
 - b) Local and/or state health dept
- 2) Emergency room
- 3) Infectious diseases consultant

d. Prepare 2 private negative air pressure evaluation rooms within the Student Health Center

e. Stock Personal Protective Equipment (PPE).

See currently recommended infection control measures for patients with SARS:

www.cdc.gov/ncidod/sars/ic.htm

- 1) N-95 respirators (or higher, e.g., N-99, N-100, P-100, etc.) with appropriate fit-testing
- 2) Long sleeved isolation gowns
- 3) Gloves
- 4) Face shields or disposable goggles

f. Post signs at the entrance to the clinic asking patients with fever and/or respiratory symptoms and recent travel to pandemic influenza affected areas or exposure to an influenza patient to self-identify to registration staff immediately.

g. Prepare clinic protocols for evaluating pandemic influenza suspects. The intent of the protocols is to determine the likelihood of influenza exposure in the patient while simultaneously minimizing contact of this individual with others until the risk has been fully

assessed. The protocols should address actions to be taken if:

- 1) A pandemic influenza suspect patient phones in
 - 2) A pandemic influenza suspect walks in
- h. Train staff. Clinical and administrative staff should be educated about pandemic influenza and exposure management, including meticulous hand hygiene (soap and water and alcohol-based hand rubs), personal protective equipment, triage procedures, etc. Clinical staff should be fit-tested for N-95 respirator masks and trained in their use.