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Introduction and Background

The King's University College Pandemic Influenza Emergency Plan has been adapted from the University of Western Ontario Plan. To avoid confusion the same terminology, layout and format has been followed. The complete UWO Plan is available on WebCT. To access WebCT go to <u>http://webct.uwo.ca</u> and choose "The University of Western Ontario Institution" where you can log in with your username and password. On the homepage, under course list, choose "Emergency Preparedness" and then "Pandemic Planning".

Influenza

Seasonal influenza is a viral illness that affects the respiratory system. Influenza symptoms include fever, cough, fatigue, headache and muscle pain. Typically, these symptoms appear suddenly. Seasonal influenza spreads quickly through communities, often affecting 10 to 20%. In some communities, seasonal influenza may affect up to 50% (e.g. nursing homes, long term care facilities).

The influenza virus is spread by infected individuals when they cough or sneeze. Also, because the virus can remain infectious on hard, non-porous surfaces for up to 48 hours, it can be spread by direct or indirect contact with these surfaces. Hands coming in contact with these surfaces then touching the mouth, nose or eyes provide an indirect means of infection. The virus gains access to the body through the mucous membranes of the eyes, mouth or nose. Typically, the infected person develops symptoms 1 to 3 days after exposure. Infected adults can spread the virus from 24 hours before to five days after they develop symptoms. Infected children can spread the virus from 24 hours before to 7 days after they develop symptoms.

Pandemic Influenza

An influenza pandemic refers to **the worldwide distribution of a new influenza virus strain**. There have been three influenza pandemics in the past century. Each of these influenza pandemics has been caused by an avian (bird or fowl) virus strain. Most recently, the avian strain H5N1 has accounted for human deaths through direct contact with domestic chickens, ducks and other waterfowl or their droppings. To date there is no evidence of **sustained** human to human transmission. Many scientists have warned that it is only a matter of time before the H5N1 virus acquires the ability to move easily between humans. Avian influenza produces a more serious illness than is normally seen with the seasonal flu virus. In contrast to typical strains of seasonal flu, it is believed that humans would have little or no natural resistance to the new avian strain. The current influenza vaccine will not protect against pandemic avian flu.

H5N1 is of great concern for the following reasons:

- it is highly pathogenic (disease producing)
- it accounts for mortality rates of up to 50%
- it is already widely distributed in bird populations in specific areas
- the spread of infected bird populations can take place very quickly
- in theory, the virus could combine with an existing human influenza strain and/orchange spontaneously to acquire the ability to spread easily from human to human

Influenza Pandemic Planning

Avian influenza has been identified by the World Health Organization (WHO) as a worldwide health concern. Worldwide initiatives to develop pandemic influenza plans have been undertaken. In preparation for a possible outbreak of avian influenza, the University of Western Ontario is developing a plan to mitigate the risks that such an outbreak would create.

The United States Center for Disease Control and Prevention (CDC) models predict that as much as 35% of the population could be affected by a pandemic. Undoubtedly, a pandemic flu would be disruptive and costly.

The goals of the Pandemic Influenza Emergency Plan for the University of Western Ontario and King's University College are consistent with the Provincial and Middlesex-London Health Units goals as follow:

- 1. To minimize serious illness and overall deaths.
- 2. To minimize societal disruption as a result of an influenza pandemic.

The Pandemic Influenza Emergency Plan is by necessity a dynamic and evolving planning process and document. As worldwide resources continue to update and expand our understanding of this evolving threat, we must be prepared to review and revise our response strategies.

Surveillance

Outbreak Characteristics

In contrast to the pattern of spread for some infectious diseases, the appearance of avian influenza may be abrupt and the spread rapid. Except for very early index cases, quarantine will not provide adequate isolation or prevent the spread of the virus. We do not know how much advance warning we will have or how long the pandemic will last. We do not know how many cycles of illness may occur. We do not know what age group(s) will be most affected.

It has been estimated that up to 35% of persons in the Middlesex-London region will become ill with avian influenza. Based on this estimate, the possible impact on the Middlesex-London Region would be 80,286 patient visits for influenza over an 8-week period, 1,811 persons hospitalized and 416 deaths.

UWO Health Services maintains a regular dialogue with the Middlesex-London Health Unit and follows regular postings and updates from Health Canada, WHO and CDC.

Pandemic Phases

The World Health Organization (WHO) has outlined the phases of pandemic activity (Table 1). The phases outlined by WHO provide the planning guidelines used by the Public Health Agency of Canada, the Ontario Ministry of Health and Long-Term Care and the Middlesex-London Health Unit.

Table 1

World Health Organization (WHO) Phases of Pandemic Influenza

Interpandemic period Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk [*] of human infection or disease is considered to be low.	Strengthen influenza pandemic preparedness at the global, regional, national and subnational levels.
Phase 2 . No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk [®] of human disease.	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.
Pandemic alert period <i>Phase 3</i> . Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. ^b	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.
<i>Phase 4</i> . Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. ^b	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
<i>Phase 5</i> . Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.
Pandemic period	

Pandemic period

Phase 6. Pandemic: increased and sustained transmission in general population.^b

Minimize the impact of the pandemic.

^a The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and/or other scientific parameters.

^b The distinction between *phase 3*, *phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.

Mitigation and Preparation

Education and Training

Education and training are vital to the successful mitigation of the avian influenza threat. Every effort must be made to avoid creating undue anxiety and panic by focusing on factual information and avoiding hyperbole and speculation.

The messages should be repeated frequently and presented in a variety of formats. The following are deemed essential components of the education initiative:

- Provide a short, plain language explanation of the avian influenza problem and repeat this message frequently
- Update the message as more information becomes available
- Provide a short, practical list of steps that anyone can take to reduce exposure risk
- Emphasize the importance of hand washing, hand sanitizer, covering coughs and sneezes and avoiding face touching
- Explain how, why, where and when to put on and dispose of a surgical mask
- Tell people what they can do to help themselves if they become ill

First responders and health care providers require training in the use and disposal of protective materials (masks and gloves). These individuals must be trained in the various means by which infectious agents may be transmitted and how to prevent or avoid this transmission. Several training resources are available for this material.

Public Health Measures

Containment

With the first occurrences of human to human avian influenza transmission it may be possible to isolate infected individuals until they are no longer able to spread the virus. Similarly, all close contacts of these infected individuals (in close contact during the period of communicability) could be treated with antiviral drugs and monitored for symptoms. However, because the influenza virus can be spread before an infected individual develops symptoms and because the incubation period is short, there is little, if any, value in isolation and contact identification.

Except for initial index cases, containment of pandemic avian influenza through isolation and contact identification is not practical. **Quarantine will not be used**. Instead, infected individuals will be advised to go home and remain at home until they are no longer capable of infecting others. Non-infected individuals will be advised to avoid close contact (less than one metre) from individuals who are coughing or sneezing. **Simple Infection Control Measures**

The following simple infection control measures are applicable to a wide range of infectious diseases including the common cold, influenza and infectious diarrhea.

- a) Hand washing for fifteen seconds with soap (pump source) and warm water
- b) Use hand sanitizers containing 70% alcohol
- c) Cover coughs and sneezes
- d) Avoid touching the face, mouth, nose, eyes
- e) Keep back at least one metre from persons coughing or sneezing
- f) Stay home if ill during period of communicability
 - 5 days for adults
 - 7 days for children
- g) Maintain a clean environment
 - the virus remains infectious on hard, non-porous surfaces for up to 48 hours
 - use disinfectants for door handles, railings, buttons, keyboards, service counters, telephones, etc.
- h) Limit social interaction
 - avoid handshaking, hugging, kissing
 - maintain one metre distancing
 - sharing of straws, cups, etc.

For UWO and King's these strategies suggest areas for immediate action.

Several initiatives have been undertaken already and include: signage in washrooms encouraging hand washing, replacement with 'non-contact' or 'pull down' hand towel dispensers, provision of alcohol hand sanitizer in some areas, campaigns to raise awareness of the importance of hand washing and covering coughs and sneezes. Mass immunization for seasonal flu has been helpful in reducing the number of seasonal influenza cases. Immunization for seasonal flu is thought to be of no **direct** value in preventing pandemic avian flu. However, reducing the number of patients exhibiting seasonal flu symptoms will reduce the demands on medical services in the event of an influenza pandemic. All of these measures need to be stepped up.

The following actions should be implemented or expanded as soon as possible:

- promote better understanding of mechanisms of disease transmission
- use brief in class communications to encourage infection control and self-help measures
- promote hand washing and regular use of hand sanitizers
- provide 'non-contact' or 'pull down' hand towel dispensers
- obtain inventories of hand sanitizer
- make hand sanitizer available throughout the campus
- promote covering coughs and sneezes
- promote avoidance of face-touching
- promote environmental cleaning
- promote modification of social distancing
- encourage increased seating spacing in classrooms
- encourage symptomatic individuals to go home and remain home until no longer infectious
- promote mass immunization for seasonal influenza to reduce potential caseload

Advanced Infection Control Measures

- obtain inventory of surgical masks with integral eye shield
- provide N95 respirators for all first responders with integral eye shields for all front line personnel
- provide surgical mask for persons with symptoms of coughing, sneezing, fever
- obtain inventory of hand sanitizer
- obtain inventory of non-latex gloves

Infection Control Supplies and Disposal of Contaminated Materials

Estimating Requirements

For first responders and health care providers, an N95 respirator is recommended. Nonlatex gloves avoid the risk of latex allergy problems. A spreadsheet listing the currently recommended infection control supplies has been developed by UWO Health Services based upon ongoing discussions with the Middlesex-London Health Unit and LHSC infectious disease consultants.

Disposal of Contaminated Materials

All masks and gloves are considered contaminated after a single use; that is, after they have been removed. Gloves are considered contaminated if they have come in contact with a symptomatic individual. Departments should estimate their requirements for daily biological waste disposal and obtain suitable containers for this purpose. Occupational Health and Safety can advise on appropriate disposal of containers.

Vaccination and Antiviral Drugs

During a pandemic there will be no licensed vaccine for that virus. There is considerable research activity in this area. Immunization for seasonal influenza is thought to be of little direct benefit in preventing a pandemic influenza but could account for a reduction in the number of persons presenting to medical facilities with flu-like symptoms.

One category of antiviral drugs including the oral drug, oseltamivir (Tamiflu) and the inhaled drug, zanamivir (Relenza), may be helpful in combating the avian pandemic influenza. The allocation of these drugs will be determined by the Ontario Ministry of Health and based upon the then current treatment priorities and available supplies.

UWO and King's Students

There are approximately 36,143 students registered at UWO and over 3,000 at King's. It is assumed that in the event of pandemic influenza some students will return home to rejoin their families. We do not know how many students would return home and at what point in the pandemic they would choose to do so. Many factors will contribute to the decision to leave campus including: number of sick students on campus, perceived risk of infection, nature of living arrangement (residence, off campus, living alone or with roommates), loss of academic courses or year, lack of available campus services, family situation, distance from home, ability to travel, ability to cross borders, to name but a few. For the purposes of this document, 'UWO home' will refer to the students place of residence while at UWO and 'home' will refer to the student's family home. A University policy regarding student academic status and accommodation will be required for students missing classes, assignments, labs and exams due to illness or absence due to the risk of illness. Medical excuse slips should not be required during a pandemic.

Students in Campus Residence

Students with flu symptoms will be advised to return home and to remain at home until the period of communicability has elapsed. For students with roommates, returning home will create problems both real and perceived. Because of the close contact with roommates it is reasonable to assume an increased risk of infection exposure despite all practical protective measures. However, because the period of communicability can predate the first appearance of symptoms, it is possible that roommates will have already been infected. In the atmosphere of anxiety surrounding an influenza pandemic it is unlikely that

the logic of the preceding statement will be recognized let alone acted on. It may be necessary to re-locate some, if not all, students with symptoms during the period of communicability. One possible approach would be setting aside residence blocks for students who are ill and unable to return home.

Students in Campus Residence (continued)

Numerous challenges will exist for residence staff in supporting ill students. Such challenges include infection control, housekeeping, food distribution, isolation and cleaning of eating utensils, periodic checks on sick students, medical assessment, controlling anxiety levels of other students and staff and coping with reduced staff numbers. The removal from residence and return home of sick students with the assistance of parents or other family members is a realistic alternative to maintaining these students on campus.

Off-Campus Students

Off-campus students, and particularly those students living alone, will require assistance. These students may be debilitated and unable to obtain medications or groceries. Monitoring the health status of these students will present a formidable challenge and the establishment of a campus-based helpline should be undertaken. Volunteers could be used to assist these students. Returning home with the assistance of parents or other family member may be advisable for some of these students. King's will establish a helpline to provide assistance to students and will work in conjunction with UWO.

Out of Country Students and Other Students Unable to Return Home

Students wanting to return home may be confronted with numerous obstacles including airport and airline policies and procedures, border crossing problems and re-entry problems. There are approximately 1938 students at UWO from outside Canada and 350 at King's. A subset of this group will be unable to return home and will require assistance as in the case for some off-campus students.

UWO Health Services

Student Health Services UWO Family Practice Clinic Workplace Health

Introduction

In the event of an avian influenza outbreak, UWO Health Services will be a designated Triage Centre for UWO and King's students, staff, faculty and patients registered with the UWO Family Practice Clinic. Other Triage Centres will be identified throughout the Middlesex-London region. These Triage Centres will assess, refer and treat individuals presenting flu-like symptoms. The UWO Health Services will continue to provide limited health care services for patients who do not have flu-like symptoms and have been cleared by Triage.

Booking and Triage Procedures

The following procedures will be implemented in the event of influenza outbreak:

- All patients must pre-book by phone there will be no drop-in appointments
- The Health Services Resource Centre will be the Reception and Triage Centre
- All patients will be assessed by a Triage Team member
- All patients will mask and will remain masked while within the clinics
- Patients presenting serious flu symptoms will be transferred to a hospital
- Patient with mild flu symptoms will be sent home with an information package, self-help instructions and contact phone numbers
- The availability of antiviral drugs and the guidelines for allocation of the drugs is not known at present

Awareness and Information

UWO Health Services will continue to assemble and distribute information to increase awareness of avian influenza and other infectious diseases. Materials will be shared freely with all members of the UWO campus community using a variety of media tools including: Internet Websites, emails, contests, posters and presentations.

UWO Health Services Education and Training

All UWO Health Services Staff (work-term students, receptionists, secretaries, administrative staff, nurses and physicians), Student Emergency Response Team (SERT) members and student volunteers will be trained in infection control procedures, the use of protective equipment, biological waste disposal procedures and the UWO Health Services plans for an influenza pandemic.

Disposition of Patients

Upon reaching Pandemic Influenza Phase 5 all students, staff and faculty will contact the UWO Health Services by phone to schedule or cancel appointments. A Triage Centre will become operational in the UWO Health Services Resource Centre and all persons entering the Health Services will be screened for signs and symptoms and required to wear a surgical mask while in the Health Services.

UWO Health Services

Pandemic Triage Flow Chart

Reception and Triage in Health Services Resource Centre

All students, staff and faculty will contact the Health Services by phone to schedule or cancel appointments

All students, staff and faculty enter through Reception / Triage in UWO Health Services Resource Centre

All patients put on surgical mask

Symptoms and Signs History of close contact Fever Temperature 38.5 or more Headache Cough Muscle pain No Symptoms and No Signs History of close contact No fever Temperature 37.5 or less No Headache No cough No muscle pain

Refer to Triage

Acutely Ill

Refer to hospital

treatment centre

or designated

Clinic Appointment

Clear to enter Clinic

Clinical Assessment

Early Symptoms Send Home

- Obtain home contact info
 - 1. Explain self-care
 - 2. Provide self-care instruction sheet
 - 3. Provide with procedure masks

Discharge

Influenza Patient Information

Your physician has diagnosed your symptoms and signs as those of influenza. Influenza can be a serious viral illness and requires that (i) you observe the advice of your physician to protect and care for yourself and (ii) you take special precautions to avoid spreading the virus to others.

The virus may cause symptoms of cough, chest pain, shortness of breath, fever, headache and muscle aches. You should contact your physician if it becomes hard to breathe; your headache is becoming more severe and unresponsive to simple treatments like acetaminophen (Tylenol).

You should remain home and rest in bed. Use acetaminophen (Tylenol) to control fever, headache and muscle pain.

Use tissue to cover your cough or sneeze and dispose of used Kleenex in a plastic bag that only you handle.

Drink plenty of fluids and try to maintain a healthy diet even though your appetite may be decreased.

Make sure a friend, roommate, RA or don knows you are ill.

Discourage friends from visiting while you are ill.

Do not return to class or work for at least 5 days from the appearance of your symptoms.

Self-Care Measures for Influenza

Go home and remain home

- if you have symptoms remain home for 5 days
- children with symptoms should remain home for 7 days

Get bed rest

Avoid close contact (less than one metre) with persons who are not ill

Cover your mouth and nose when you cough or sneeze

Dispose of Kleenex in a separate plastic bag

Wear a mask if you are coughing and around other non-infected people

Self-Care Measures for Influenza (continued)

Drink plenty of fluids Maintain a good diet Use Tylenol to control fever, muscle aches Contact the following if you are developing difficulty breathing

Contact Numbers

Telehealth Ontario	(866) 797-0000
Middlesex-London Health Unit	(519) 663-5317
UWO Health Services Help Line	(519) 661-3030

Community Health Services

Acute Care Facilities

Current plans include the provision of up to 50 % of London's Emergency Department space for acutely ill patients with pandemic avian influenza. Additional resources will be added as necessary and may include beds in other care facilities. This may result in the displacement of some non-acute patients.

Triage Centres

Several Triage Centres will be established in London. Patients will be assessed in the centres and referred as necessary. UWO Health Services will be one such centre and will provide for UWO students, staff, faculty and registered patients of the UWO Family Practice Clinic.

Patient Transport

Presently, there is no reliable provision for transferring acutely ill patients to acute care centres. Ambulance services will be operating beyond capacity. UWO planning should include the provision of a vehicle or service to transfer patients to acute care centres. Ideally, such a vehicle would be able to pass under the tunnel to pick up patients at the Health Services.

Business Continuity

It is probable that any recommendation for the closure of public institutions will come from the Ministry of Health. In the case of educational institutions, we have been advised that public schools would be the first to be notified of closure. Universities and Colleges would be expected to establish their own criteria for closure and may act prior to formal notification. These criteria should be based upon the institution's ability to continue to sustain operations, to perform its usual function(s) and to provide services.

Some of the many questions that need to be addressed include: Below what student attendance level is it reasonable to hold a class? What alternatives to classroom teaching could be utilized if faculty members are not available? Below what level of staff reduction can a residence or a food service operate? What, if any, criteria justify (i) closing a residence, (ii) closing a building, (iii) closing the University? Each department and administrative unit is best equipped to raise and address questions relevant to its role within the University.

King's will follow the lead of UWO on the timing of closings or cancellation of classes. The intent is that all administrative units will continue to operate during a pandemic although hours of operation and level of service will, almost certainly, be reduced. The specific continuity plans for King's are based on the following assumptions:

- All personnel will be expected to report for work unless they are sick, caring for a family member or are instructed not to come to work.
- Up to one third of all employees could be sick.
- Approximately 100 students could be left in residence even after classes are cancelled.
- Once classes are cancelled (or possibly before) all events, masses, gatherings, and meetings will also be cancelled. Visitors coming to the College will be asked to make enquiries by telephone or e-mail. Other restrictions may be introduced based on information and direction from the government or medical authorities.
- Currently employees are paid for up to 60 days of sick time and 10 days for family illness, King's will not change these provisions during a pandemic. In addition King's will provide every opportunity for employees to use up vacation, PPH days or to take unpaid leave. There will be no requirement to provide a doctor's note for any illness during a pandemic.
- King's may require vacation time to be rescheduled even if it has already been approved.
- All staff working during a pandemic will be required to follow strict hygiene guidelines and wear appropriate personal protective equipment (gloves, masks, eye-protection). This will be based on procedures and timing proved by medical authorities.
- Every opportunity will be taken to enable employees to work from home or, if at King's, to reduce the amount of contact with students, the public, suppliers etc.
- Employees may be directed to work in areas outside their unit. This will be done in consultation with the individual, their Association and taking safety issues into consideration.

Office of the Principal

The Principal has overall responsibility for the co-ordination and implementation of Business Continuity activities and processes across all units in conjunction with the Senior Administration team.

In the event that the Principal is ill and unable to exercise this responsibility the role of Principal will be assumed in the following order:

Academic Dean Chief Financial Officer Registrar Dean of Students Chief Librarian Director of Physical Plant Director of Human Resources

Essential governance continuity in the event that classes are cancelled and public assemblies disallowed will be by Joint Executive Committee of College Council/Board. Depending on restrictions in force at the time this committee may communicate by e-mail or telephone.

Academic Dean

Assuming that the University cancels all classes and students are urged to return to their homes, the Office of the Academic Dean will continue to respond to email enquiries regarding academic counseling, student petitions, etc. to the best of our ability through home access. To do so, it will be appropriate for our administrative officers, as well as the Associate Dean and Academic Dean to be able to access their College efiles via virtual desktop access. The Office of the Academic Dean will not have to remain open 'on location'. However, all members would be available to assist other units in sustaining essential services.

ITS Department

Maintaining IT services in the event of a pandemic is essential as electronic methods of communication will become a priority. College business will be increasingly conducted over the Internet, and ITS will provide support for telecommuters working at home. Plans are in place to enable full access to network resources from remote locations. Local network hardware and bandwidth needs will be monitored and connectivity maintained in the residence for remaining students. ITS staff will be prepared to immediately update web resources and provide additional methods of remote collaboration such as web-based forums for conducting meetings.

The majority of these functions can be performed remotely by ITS staff and once classes are cancelled, only one ITS staff member will be required to remain at the College. The daily on-site staff member will be scheduled from available ITS employees and will be responsible for local maintenance of network hardware and servers.

Registrar

The work load in the Registrar's Office is cyclical and can be broken down into three periods. This plan is designed to cover each of these periods. Workload requirements for the department could increase during a pandemic if other institutions are continuing to actively recruit.

September to November

Including the contractual Liaison Officers the department staff is 12 during this period. Main activities are recruitment; government reporting; support for faculty and current students. During a pandemic recruitment activities would be severely curtailed due to travel restrictions and school closures, some support would have to be provided in this area by telephone and e-mail. It is assumed that government reporting would be suspended or at least greatly reduced. Support for faculty would virtually disappear once classes are cancelled and student communications would be minimal. To meet these reduced requirements a staff of 4 persons would be required thus, assuming one third reduction, 5 would be available for other assignments.

December to April

Staffing is 9 with the main activities being response to potential applicants; exam administration and beginning the admissions cycle. Once academic programmes are suspended there will be no support required from the Registrar's Office. To ensure business continuity in the next year some communication must be retained with potential applicants. Suspension of formal admissions would reduce the required workforce to 4, however, depending on the actions of other institutions some activities may be required. It is probable that under the worst case scenario the department would continue to function with the remaining 6 staff. Assistance from the Ontario Universities' Application Centre (OUAC) would be available (as outlined in their OUAC Support Available to Universities for Business Continuity Planning document) if required.

May to August

Staffing is 11 and the main activities are continuing admissions; registration and counselling of new and returning students; responding to other institutions (crossflow etc.). On the assumption that admissions are suspended and with only minimal communication required with current and potential students the departmental needs should be met with a staff of 4. As mentioned above the requirement to remain competitive with other institutions could result in all 7 remaining staff being required. As noted above, assistance from OUAC could be sought if required.

During a pandemic the activities that would continue as outlined above can all be conducted by telephone or e-mail. Anyone arriving at the college in person would be turned away. It is anticipated that in each of the three periods up to one half of staff members would be able to perform these ongoing activities from home; steps are in hand to provide the required technical support. Any staff from the Registrar's Office who are not required within the department would be ideally suited to assist in other areas such as answering questions or concerns from current or prospective students.

Dean of Students

Function	Employees	Reduced #	Min. Req.	Duties
Counsellors Full Time Sessional Contract	3.2 2 (f.t.) 2 p.t. = 1.2 f.t. equiv.	1-2	2	Emergency student support Telephone appointments Triage Communications (International support as needed)
International Student Advisor	as required 1 (f.t.)	0?	1 (substitute may be req.)	Student support Communications
Disabilities Support	2	1-0	1	Communications (internal) Assist counsellors, ISA and others as required (assuming classes cancelled and library closed)
Admin.	1	1-0	1 (substitute may be required)	Communications Assist as required (Residence Operations)
Total	7	3-4	4-5	

Counselling and Student Development

Counselors will be available basis to assist with a variety of expected emotional issues—fear, anxiety, isolation, loss, grief, family concerns, etc. and will assist with residence student needs as required.

The regular appointment schedule will be suspended to allow for enhanced emergency service contacts and reduced staff complement. Scheduled groups and programs will be cancelled. Telephone contact may be the preferred mode of counselling service delivery to minimize spread of infection.

Function	Employees	Reduced #	Min. Req.	Duties
Residence Manager Assistant Manager	1 2	2	2 (24 hour coverage required) will require assistance from Couselling & Student Development or another area.	Communications Triage Student support
Secretary	1	1-0	1 (substitute from another area if required)	Communications Assist as required
Total	4	3-2	2-3	

Residence Operations

This information assumes that all Residence Assistants, as students, will leave residence if academic operations are cancelled and students able to go home are sent home.

Assuming all students who are able to travel will go home if/when academic operations are suspended:

Students who must remain in residence will be required to follow emergency guidelines:

Residence buildings will be closed to casual visitors. (Signage on each residence building entrance door required.)

Visitors may enter with permission of the on-duty residence manager only. Additional security measures may be required to ensure the safety and well being of students remaining in residence.

Students who become ill will be required to remain within designated areas of each residence building. Washroom facilities for ill students will be designated for their use only. Assistance from Housekeeping staff will be required in checking on students, providing food, water and other supplies to ill students and to ensure sanitary removal of garbage, dishes, cutlery, etc.

Residence Operations management will be consolidated in the Residence Offices in Alumni court. The Residence Information Desk (RID) will cease normal operation for the duration of service limitations. Signage and a message recorded on that line (or call forwarding) will direct calls to a central Residence Operations number.

Counselling and Student Development employees, International Student Advisor, and Campus Ministry will assist Residence Operations with residence student support as needed.

Food Services (ARAMARK Campus Services)

A plan is in place and will be enacted according to Aramark pandemic and emergency operations plans.

Finance Department

The goal for the Finance Department during a pandemic outbreak will be to minimize the spread of illness within the College and Department and to maintain core functions during Phases 4, 5 and 6 of a WHO defined pandemic. The measures instituted will be highly dependent on the proximity of the virus outbreak to King's, the city, the province and country. Due to the uncertainty, the majority of our actions will be reactionary; however a few base level protocols need to be implemented at each stage.

The current assumption is that we are currently in Phase 3 – Alert period on a world wide basis. At this phase we have not altered operations but have begun planning and investigation of alternate means of maintaining all functions. We do not anticipate any function will be interrupted during this phase.

Our response to a shift to Phase 4 – Alert will depend on the proximity of the cluster of virus outbreak to King's. At this phase active testing of Phase 6 protocols will be instituted or implemented if the outbreak is local. No interruption of any service is expected at this time. Masks and gloves should be made available to counter staff if requested.

At Phase 5 – Alert: the assumption is that classes may be cancelled or postponed at this phase. At this point Student Financial Services will provide service by appointment only and staff may be reassigned within Finance if needed to fulfill core duties. Staff may be distributed or work from home on a rotating basis to maintain "social distancing" and prevent intra-departmental spread of virus.

At Phase 6 – Active Pandemic period: core functions will be defined as Payroll and Accounts Payable. All other functions will be suspended or become secondary to ensuring base level Payroll for Full-Time employees is met. Part-Time payroll will be next level of priority. Student payroll may be suspended due to lack of time sheet information. Primary core utility payments will be maintained in Accounts Payable, followed by other payables on a priority basis – food, medical, supplies, etc. On hand cash supply will need to be increased significantly. Our current cash outflow is between \$2M and \$2.5M for normal operations. It is uncertain how a reduction in activity would reduce cash flow requirements or inflow of grants. The estimation would be that if all inflows stopped and only core outflows continued we would be able to operate between 4-7 months depending on the time of year.

Currently 5 out of 10 employees have the ability to use Windows Remote Access. This ability will be central to our ability to maintain core functions during the worst of the outbreak as our systems can be operated remotely for payroll and to some degree for Accounts Payable. We will require an individual to read the banking passkey and a central location for access. The intention would be continue to have it located in the Payroll area and rely on the availability of at least one person in the group to access the key. Failing that we would need to request assistance from someone onsite. We will require someone to open mail to prioritize invoices for payment. We are currently investigating the ability to pay utilities on-line to maintain current standing during the outbreak.

The command and backup structure for the Finance Department will be dependent on who is infected and to what degree. However, the following chain of command and backup structure is recommended during a Phase 6 outbreak:

Departmental Decisions

Operations:

- Chief Financial Officer
- Assistant to the Chief Financial Officer

Payroll:

- Payroll/Benefits Officer/Payroll and Accounting Assistant
- Assistant to the Chief Financial Officer
- Chief Financial Officer

Accounts Payable:

- Accounts Payable Officer
- Student Financial Services Secretary
- Assistant to the Chief Financial Officer
- Chief Financial Officer

Purchasing of Supplies:

- Secretary to Chief Financial Officer
- Student Financial Services Secretary
- Chief Financial Officer

Departmental Communications:

- Secretary to Chief Financial Officer
- Student Financial Services Secretary

Student Services:

- Student Financial Services Officer
- Student Financial Services Officer's Assistant

Post Pandemic Phase: during the post pandemic phase all staff will be assigned to duties of greatest need to get the Department back to full operating capacity. As students are returned to classes, Student Financial Services will implement accounting for impacts of class delay/postponement based on the decision of the College as to refund policy or deferment. Depending on the severity or impact of the problem additional staffing from other departments may be needed to handle inflow of 3300 students.

Once the pandemic has passed, a College-wide budget process will need to be performed to determine rehiring, spending, capital and maintenance priorities in light of what will likely be a weakened financial state. It should not be assumed the full operational status could be restored for the next academic year and all departmental planning should include contingencies for reduced services for an extended period beyond the pandemic event itself.

Campus Ministry

The Office of Campus Ministry includes the Chaplain/Director, two Campus Ministers and an Administrative Assistant. Once classes are cancelled Campus Ministry will cancel their ongoing programmes and all daily liturgies.

During a pandemic Campus Ministry staff will work with the Office of the Dean of Students to provide counseling and support to all members of the King's community.

Alumni/Foundation

In the event of a pandemic, the Office of Alumni Affairs and King's College Foundation will do an assessment of its business cycle. It will determine a communications plan depending on what activities or events are scheduled, including: Homecoming activities, the gala and golf tournament, chapter activities and calling program. An inventory of activities will establish 1) priority activity for the departments including communications concerning postponement of events and calling programs and 2) any ongoing needs for the duration of the pandemic, including answering alumni and donor queries. Staff will be deployed for these purposes, and in all likelihood any of the ongoing tasks related to the department can be performed from home using remote access to the King's system.

Once departmental concerns have been addressed, the staff can act as general resource people for the College for the duration of the pandemic. Given pandemic statistical guidelines, about 2 or 3 staff in the departments will be available for College pandemic response.

The professional staff will be assigned to perform communications roles. All three professionals would be able to serve in capacities such as preparing media releases, web information pieces and training and messaging for a call centre. In addition to a role assigned as a College senior administrator, the Executive Director, Foundation/Director of Alumni Affairs will act as a resource to the Communications Team. If necessary, staff may be required to work on site.

Human Resources

The Human Resources Department will work closely with the Office of the Principal throughout a pandemic. They will provide support to other departments particularly where it is necessary to contact employees or where employees are temporarily assigned to other duties.

Library

The Cardinal Carter Library has both 'library as place' and 'library as service' roles. With an increasing number of web-based electronic resources available from off campus, the 'library as place' is not viewed as an essential service. In the event that the University cancels all classes, the physical library will close. The decision to close the library will also be made in conjunction with Western Libraries.

Ten full-time staff work in the library. Assuming that one third could be sick, and one staff member will be caring for a child and another caring for a senior, there is potentially 5 healthy staff that could be reallocated to other units to provide the necessary support. If necessary, library staff working from home can provide research assistance electronically.

Physical Plant

The table shows current staffing levels, expected numbers available during a pandemic (one third reduction) and the numbers required to maintain minimum service once classes have been cancelled:

	King's	Contract	Reduced #	Minimum
				Required
Central Services/ Switchboard	3.5	2	3.5	2
Maintenance	3		2	2
Security & Parking		9	6	6
Housekeeping/Custodial/Grounds	26.5		17.5	14
Administration	3		2	2
Total	36	11	31	26

In theory there should be sufficient personnel available to maintain reduced Physical Plant services during a pandemic. In practice excessive sickness in one area may result in people being assigned to cover from other areas. The effect of healthy individuals having to stay home to assist sick family members is also not known.

Central Services and Switchboard

The Switchboard must remain open during a pandemic and it may be necessary to add personnel or extend hours to ensure that both external and internal communications are maintained. A telephone committee will be established to coordinate contact with students needing assistance and employees who are sick.

Central Services will have to continue to send and receive mail, couriers etc. It may be possible to operate on a reduced schedule and thus provide extra coverage for the switchboard.

Maintenance

The main challenge for maintenance will be to ensure that heating, cooling and utilities are maintained in all occupied buildings, also, to attend to any emergency repairs. Priority will also be given to the kitchen and residences as some students are expected to remain resident on campus during a pandemic.

Security and Parking

Once classes have been cancelled, two of the Parking Attendants can be used to supplement the Security Guards. One Parking Attendant may still be required to turn away drop-in visitors during business hours.

24 hour coverage will be maintained, if possible, during a pandemic.

Stinson Security now covers 6 sites on the U.W.O. campus and is building up a team of spare officers who will be trained to cover all eventualities.

Housekeeping/Custodial/Groundskeeping

The workload for housekeeping and custodial services will depend on the number of students in residence and the number of King's employees at work. As many as 9 housekeepers and custodians should be available to clean the residences and to assist residence staff looking after students. In addition, depending on building usage, one will be assigned to Wemple, one to Labatt Hall and the Library and one to DLH and the Annex. At least one person will be required to tend the grounds and clear snow etc.

All ongoing Physical Plant activities during a pandemic will require that the individuals concerned are present on campus. It will not be possible to perform any of the ongoing duties from home. Sanitizer stations will be maintained at all building entrances. They will be stocked by Physical Plant personnel who will also distribute Personal Protective Equipment to employees who are at work.

Communication

Frequent and effective communication is vital before, during and after an influenza pandemic. All University stakeholders must be included "in the loop". Establishing and maintaining open channels of communication will require a strong commitment from all stakeholders. University stakeholders include all members of the campus community. Early involvement of both academic and administrative stakeholders is essential and will allow all stakeholders to follow and understand the evolution of the pandemic planning process. This will help to avoid unnecessary delays and conflicts during implementation of the pandemic plan.

Pre-pandemic Communication

Immediate action is required to:

- provide current and reliable information about the **possibility** of an avian influenza pandemic
- promote a better understanding of mechanisms of disease transmission
- promote hand washing and the regular use of hand sanitizers as valuable prevention tools
- promote covering coughs and sneezes
- promote avoidance of face-touching
- promote environmental cleaning
- promote modification of social interaction behaviours
- *encourage individuals who are ill to go home and remain home until they are well*
- promote mass immunization for seasonal influenza to help reduce potential caseload
- provide information in several languages (enlist student volunteers in preparing translations)

Departments and Units should report regularly through representatives on the Pandemic Planning Committee on pandemic planning issues, action plans, concerns of students, staff and faculty and problem areas.

Members of senior administration should meet regularly with representations from Middlesex-London Health Unit and/or Ministry of Health to receive updates on the worldwide distribution of the avian influenza virus and current planning issues.

Ongoing pre-pandemic communication initiatives should:

- provide information to students, staff and faculty through campus publications, Internet and mass emails
- provide community information sessions involving recognized experts
- provide brief, in-class communications to encourage infection control and selfhelp measures

Communication During the Pandemic

- provide regular update information
- provide brief, in-class communications to encourage infection control and selfhelp measures
- provide a support hotline for students, staff and faculty who are home ill
- avoid large gatherings
- provide information to students, staff and faculty through Internet and mass emails

To ensure a consistent message King's will provide similar information to that provided by UWO. Specific communications strategies for King's will include:

- All statements to the media on behalf of King's will be issued through the Office of the Principal.
- A telephone mailbox with a recorded message will be set up to provide information to callers.
- A section of the King's home page will provide information on the pandemic.
- Establish an Emergency Communications Steering Committee. (Director of Physical Plant, Dean of Students, IT Director). This committee will review all communication needs and make recommendations for improvements.
- A telephone committee will be established to respond to students and employees needing assistance or information.
- Regular e-mails will be sent out to students and employees giving updates on the status of services at King's and projected resumption of normal activities.

Command and Control

In order to be able to make clear and timely decisions and to have a uniform procedure it is essential to determine who will be the leader of the different activities outlined within this plan. In addition, it is essential to know who is in charge of key elements in the response to this type of emergency (e.g. patient triage, care for ill students in residence, establishing minimum operational standards, reducing or removing services, security, building access).

A Pandemic Influenza Emergency is defined by the University of Western Ontario as the time at which the Middlesex-London Health Unit advises that the Middlesex-London area has reached Phase 5 as outlined in the WHO Phases of Pandemic Influenza chart. Achieving this level of alert indicates a pandemic is imminent.

Overall control of the King's response to a pandemic emergency rests with the Principal and the Senior Administration Team. The Senior Administration Team will remain in close contact by telephone, cell phone, e-mail, and, subject to the precautions mentioned previously, will meet regularly. The Director of Physical Plant or the Dean of Students will attend meetings of the UWO Emergency Operations Control Group and together with the Manager of Human Resources will oversee the implementation of this plan during a pandemic. This will include limiting access to the King's campus or to individual buildings; sending staff home; implementing emergency measures or precautions, as necessary.

Table 2

The University of Western Ontario - Pandemic Command and Control

Phase 1, 2, 3 & 4	Normal Business Operations			
	Western Health Services will receive updates from the MLHU and shall notifify			
	the Emergency Response Team of any pertinent information or warnings			
	received. The ERT or Western Health Services may establish an Incident			
	Commander as required.			
Phase 5	Incident Command – Emergency Response Team			
	Incident Commander may at any time assemble the Emergency Operations			
	Control Group and pass command and control to the Director of the Emergency			
	Operations Control Group.			
Phase 6	Director, Emergency Operations Control Group assumes Incident Command			

Table 3

Western Pandemic Plan; Command and Control Organizational Chart







Western Health Services

> MIDDLESEX LONDON HEALTH UNIT

MINISTRY OF HEALTH

MEDICAL PROFESSIONALS

INFECTIOUS DISEASE CONTROL EXPERTS

FACULTIES Medicine and Dentistry Health Sciences

CCPS

FIRE PREVENTION

PHYSICAL PLANT

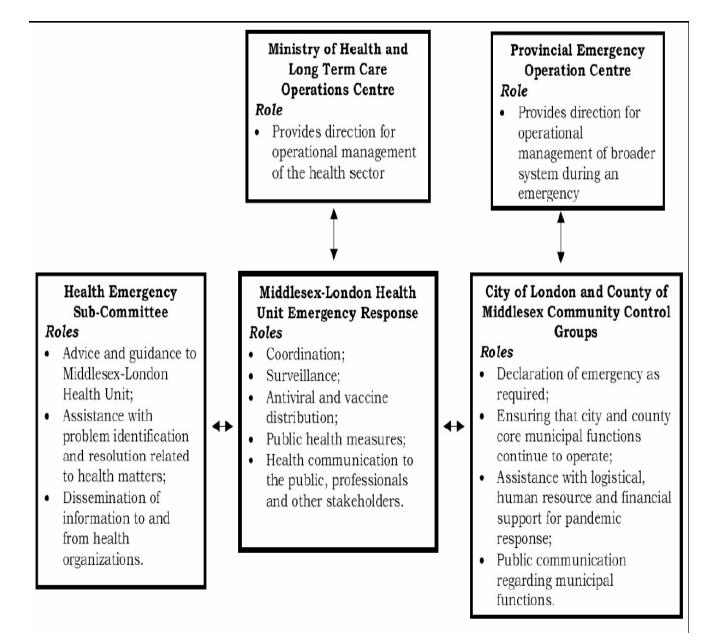
OCCUPATIONAL HEALTH & SAFETY

HAZARDOUS MATERIAL RESPONSE TEAM

Response

Table 4

Middlesex-London Health Unit Response Infrastructure



Pandemic Emergency Phase 5

Once the Director of UWO Health Services or the Emergency Response and Preparedness Coordinator is advised that Pandemic Influenza Alert Phase 5 has been reached or is advised by the Middlesex-London Health Unit and/or the City of London Community Control Group that an emergency situation exists they are to notify the Emergency Response Team (ERT).

Emergency Response Team Responsibilities:

- Assemble in Emergency Operations Centre
- Appoint an Incident Commander

Incident Commander Responsibilities:

- Determine if or when the Emergency Operations Control Group should be assembled
- Determine operations cycle to manage the emergency
- Ensure make-up of team is capable of gathering and acting on information (UWO Health Services, Information Technology Services, Housing)
- Determine health monitoring points
- Determine hand washing station locations
- Determine building access restrictions

Communications & Public Affairs Responsibilities:

coordinate communications plan with Incident Command / ERT

UWO Health Services Responsibilities:

- provide triage for students, staff, faculty and registered patients of the UWO Family Practice Clinic
- maintain communication with the Middlesex-London Health Unit and obtain information on actions recommended or needed

Pandemic Disaster Phase 6

Once the Incident Commander is advised that Pandemic Influenza alert phase 6 has been reached or is advised by the Middlesex-London Health Unit and/or the City of London that an emergency situation exists or they determine the emergency to be beyond the capability of the Emergency Response Team he/she will assemble the Emergency Operations Control Group (EOGC).

Emergency Operations Control Group (EOCG) Responsibilities:

- Assemble at the Emergency Operation Centre
- Determine an operating cycle
- Determine if a representative should be sent to the City of London Community Control Group (if available)
- Determine the size and make-up of the EOCG membership for the incident
- Determine if building access should be modified (need predetermined plan to reduce and or eliminate entrance to buildings)
- Determine if any building should be closed (due to staffing) (need a list of essential buildings for services to be provided)
- Determine if any services should be stopped or modified
- Determine if persons entering and/or leaving the campus/buildings should be controlled.
- Determine if assembly of persons should be restricted in any way (class cancellations, school closure)
- Determine if Business Continuity Team should be activated
- Establish communications with Middlesex-London Health Unit and/or the City of London's Emergency Community Control Group.
- Determine whether or not to continue clinical experience opportunities

Incident Commander / Emergency Response Team Responsibilities:

- Transfer Incident Command to the Director of the Emergency Operations Control Group
- Support and advise the Incident Commander / EOCG

Communications & Public Affairs Responsibilities:

- Coordinate communications plan with Incident Command / EOCG and ERT
- Initiate communications with President, Vice-Presidents and Board of Governors

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