

# The University of North Carolina at Pembroke



## Pandemic Influenza Plan

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## **I. Purpose**

The purpose of this plan is to prompt UNC Pembroke community professionals to action in either leading or assisting in the development of pandemic preparedness plans in their division in the event of a pandemic. The World Health Organization (WHO) and the Centers for Disease Control (CDC) have warned that the current risk from Avian Influenza (“bird flu”) becoming the next influenza pandemic is high. Whether bird flu evolves into the next pandemic virus or not, emergency preparedness planning is essential because it affords the University an opportunity to respond more effectively to a number of emergency situations including a future pandemic. Also, planning is the most effective response to any public health emergency, and should a pandemic from avian influenza arise, there will be little time to act once the event starts. This document is not intended to offer detailed information about the nature of viruses nor bird flu but rather to assist UNC Pembroke personnel in engaging in thoughtful discourse with partners on campus in the formulation of a flexible, adaptive response plan that is tailored to the needs and resources of UNC Pembroke.

The first part of this document will offer an overview of the pandemic threat, the importance of pandemic preparedness planning and how to get started. Once a pandemic virus emerges, it is too late to begin planning so we must plan ahead and develop a well thought out and effectively communicated plan. The second part of this document will outline the specific areas that should be included in planning, starting first with planning to meet the health care needs of students and then, addressing planning for the broader campus-wide response. This plan should not be considered as a stand-alone document but assumes a concurrent development of response plans by public health officials. Discussions with outside agencies are ongoing and local, state, and national decision-making processes will affect implementation of this plan.

This Pandemic Influenza Plan shall be located online on the University & Community Relations’ Web page at [www.uncp.edu/relations](http://www.uncp.edu/relations), where it will be maintained and updated. Individual representatives from each department are required to update this information quarterly. Individual departments and the overall University’s crisis plans are also be located and maintained on this site.

## **II. Background**

A pandemic is an epidemic (an outbreak of an infectious disease) that spreads worldwide, or at least across a large region. There have been 10 recorded pandemics over the past 300 years, three of which occurred in the last century in 1918, 1957, and 1968. The most deadly of the three was the pandemic of 1918 caused by H1N1, which killed over 20 million people worldwide. Public health authorities generally believe that pandemic will occur again although it is not known exactly when or which strain of a novel virus will rise to the occasion.

If a virus would gain sustainable, efficient transmissibility, the public health strategy would focus on slowing the spread because it would be virtually impossible to stop it. Slowing the spread of disease would allow for better allocation and more even use of limited resources by flattening the surge of cases. Pandemic influenza would have rapid, global spreading among humans, with no predictable pattern or seasonal preference as with seasonal influenza. It could come in waves with a total duration of a year or more and potentially cause millions of deaths.

A significant concern as well is that there is a short window for critical decision-making. Avian influenza will spread quickly in a community with an attack rate of 0.01% to 1% in one week's time.<sup>2</sup> In 1918, it crossed the United States in 3-4 weeks.

As with humans, some forms of influenza in birds are worse than others. All viruses are classified by a combination of two groups of proteins. The hemagglutinin or "H" proteins, of which there are 16 (H1-H16), and the neuraminidase or "N" proteins of which there are nine (N1-N9).<sup>3</sup> Avian influenza strains are also divided into two groups based upon the ability of the virus to produce disease: low pathogenic (LP) and highly pathogenic (HP).

There are two types of avian influenza that are identified as H5N1.<sup>3</sup> The difference lies within the virus classification with one being low pathogenic (LPAI) and the other highly pathogenic (HPAI). Pathogenicity refers to the ability of the virus to produce disease. The type causing the most worldwide concern is commonly referred to as the "Asian" H5N1 flu, HPAI H5N1. Significantly less of a concern is the "North American" H5N1 flu. Differences between the two types are described below:

- Low pathogenic avian influenza (LPAI)<sup>3</sup>: LPAI occurs naturally in wild birds and can spread to domestic birds. In most cases, no signs of infection or only minor symptoms in birds occur and it is rarely fatal. These particular strains are common in the United States and around the world and pose little threat to human health.

In the past, there was no requirement for reporting or tracking LPAI H5 or H7 detections in wild birds so states and universities tested wild bird samples independently of USDA. However, the World Organization for Animal Health (OIE) recently changed its requirement of reporting detections of avian influenza. Effective in 2006, all confirmed LPAI H5 and H7 AI subtypes must be reported to the OIE because of their potential to mutate into highly pathogenic strains. Therefore, USDA now tracks these detections in wild birds, backyard flocks, commercial flocks and live bird markets.

- Highly pathogenic avian influenza (HPAI)<sup>3</sup>: HPAI is often associated with chickens and turkeys. It is often fatal and spreads rapidly with a much higher mortality rate than LPAI. HPAI H5N1 is the subtype rapidly spreading in some parts of the world. Millions of birds have died in countries where HPAI H5N1 has been detected. This strain has infected people, most of whom had direct contact with the infected birds. Three times in the United States, HPAI has been detected and eradicated in domestic poultry. No

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<sup>2</sup> Personal communication from Anita Barkin, Carnegie Mellon University

<sup>3</sup> [http://www.usda.gov/wps/portal/!ut/p/\\_s.7\\_0\\_A/7\\_0\\_1OB/.cmd/ad/.ar/sa.retrievecontent/.c/6\\_2\\_1UH/.ce/7\\_2\\_5JM/.p/5\\_2\\_4TQ/\\_th/J\\_2\\_9D/\\_s.7\\_0\\_A/7\\_0\\_1OB?PC\\_7\\_2\\_5JM\\_contentid=2006%2F08%2F0296.xml&PC\\_7\\_2\\_5JM\\_parentnav=AI\\_NEWS&PC\\_7\\_2\\_5JM\\_navid=AI\\_NEWSRT](http://www.usda.gov/wps/portal/!ut/p/_s.7_0_A/7_0_1OB/.cmd/ad/.ar/sa.retrievecontent/.c/6_2_1UH/.ce/7_2_5JM/.p/5_2_4TQ/_th/J_2_9D/_s.7_0_A/7_0_1OB?PC_7_2_5JM_contentid=2006%2F08%2F0296.xml&PC_7_2_5JM_parentnav=AI_NEWS&PC_7_2_5JM_navid=AI_NEWSRT)

<sup>3</sup> [http://www.usda.gov/wps/portal/!ut/p/\\_s.7\\_0\\_A/7\\_0\\_1OB/.cmd/ad/.ar/sa.retrievecontent/.c/6\\_2\\_1UH/.ce/7\\_2\\_5JM/.p/5\\_2\\_4TQ/\\_th/J\\_2\\_9D/\\_s.7\\_0\\_A/7\\_0\\_1OB?PC\\_7\\_2\\_5JM\\_contentid=2006%2F08%2F0296.xml&PC\\_7\\_2\\_5JM\\_parentnav=AI\\_NEWS&PC\\_7\\_2\\_5JM\\_navid=AI\\_NEWSRT](http://www.usda.gov/wps/portal/!ut/p/_s.7_0_A/7_0_1OB/.cmd/ad/.ar/sa.retrievecontent/.c/6_2_1UH/.ce/7_2_5JM/.p/5_2_4TQ/_th/J_2_9D/_s.7_0_A/7_0_1OB?PC_7_2_5JM_contentid=2006%2F08%2F0296.xml&PC_7_2_5JM_parentnav=AI_NEWS&PC_7_2_5JM_navid=AI_NEWSRT)

significant human illnesses resulted from these outbreaks. These examples of reports of HPAI H5N1 received by the United States Department of Agriculture (USDA) include:

- 1924 – HPAI H7 was contained and eradicated in East Coast live bird markets
- 1983-1984 – HPAI H5N2 outbreak arose as a result of humanely euthanizing ~17 million chickens, turkeys, and guinea fowl in Pennsylvania and Virginia to contain and eradicate the disease.
- 2004 – USDA confirmed an HPAI H5N2 outbreak in chickens in Texas. This outbreak was eradicated due to close coordination between the USDA and state, local, and industry leaders.

There are other concerns specific to the H5N1 strain of avian influenza. This is a highly pathogenic strain that has persisted in the bird population despite culling of millions of domestic and wild birds. Migratory birds had the role as a significant source of international infection during 2005.<sup>4</sup> This strain has crossed species infecting 42 animal species beyond birds including humans. There should also be concern that this strain has an aggressive clinical course with concentration in previously healthy children and young adults as opposed to very young, elderly, and/or immunocompromised individuals.

#### **A. Characteristics of a Pandemic Influenza**

Seasonal influenza generally peaks between December and March in North America. It causes approximately 36,000 deaths and 200,000 hospitalizations per year in the United States. A pandemic influenza can occur at any time of the year and resurges in waves that can last from 18 months to two years. Therefore, planning should include recovery and response to more than one wave.

The Center for Disease Control (CDC) in Atlanta and the World Health Organization (WHO) based in Switzerland support large surveillance programs to monitor and detect influenza activity around the globe, including the emergence of new strains or possible pandemic strains of influenza. There are currently 113 national centers in 84 countries tracking and analyzing over 200,000 samples per year.<sup>4</sup>

The WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment (January 26, 2006) addresses the two traditional strategies being used currently to address the threat of an international pandemic: (1) attempts to contain outbreaks of the virus in poultry; and (2) intensifying the world's preparedness to cope with a pandemic. This document also discussed the draft protocol for a third strategy – rapidly detecting and potentially containing an emerging pandemic virus near the start of the pandemic.<sup>5</sup>

Most experts agree that it is not a question of whether there will be a pandemic, but when it will occur. The severity of the next pandemic cannot be predicted, but modeling suggests that the impact on the United States of a severe epidemic in the absence of any control measures (vaccines or antiviral drug therapies) could include 30% of the population becoming ill, 10 million hospitalized and almost 2 million deaths.<sup>6</sup> The

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<sup>4</sup> [www.who.int/csr/outbreaknetwork/en/](http://www.who.int/csr/outbreaknetwork/en/)

<sup>5</sup> [www.who.int/csr/disease/avian\\_influenza/guidelines/rapidresponse\\_27%2001.pdf](http://www.who.int/csr/disease/avian_influenza/guidelines/rapidresponse_27%2001.pdf)

<sup>6</sup> [www.pandemicflu.gov/plan/panelplan.html](http://www.pandemicflu.gov/plan/panelplan.html)

estimated economic impact could be \$71.3 to \$166.5 billion, excluding disruptions to commerce and society.<sup>7</sup>

High absenteeism will affect the delivery of services and goods, nationally and internationally, as transportation staff and manufacturing staff call in due to illness. High absenteeism will also present challenges to campus leadership and delivery of services as human resources are strained in all aspects of the operation. Campus leaders will not be spared the possibility of succumbing to illness. Planning needs to consider issues of depth charting for leadership positions, cross training personnel and teleconnectivity that allows employees to work from home.

### **B. Vaccines and Antivirals**

Because a vaccine needs to closely match an influenza virus, it is unlikely that a vaccine would be available early in a pandemic and, due to current production techniques, quantities would be limited once the vaccine is developed. An effective vaccine may be available to more adequately address second or third waves but, even then, there may not be enough to vaccinate everyone. Research is underway to develop improved vaccine technologies that would allow for more rapid production of vaccine.

If vaccine and/or antivirals become available, it is unlikely there will be sufficient quantities to cover the entire population. Therefore, essential personnel including health care and police will receive priority consideration for vaccination. These are difficult ethical decisions that campus leadership will be required to make in a time of crisis with limited resources. Discussions with local and state health authorities regarding the distribution of stockpiled antivirals and manufactured vaccine will occur in advance to ensure that campus protocols are consistent with government guidelines.

Other treatment options would include the antivirals Oseltamivir or Zanamivir.<sup>8</sup> In order for either of these to be effective, early detection with treatment is stressed. Recommendations on optimum dosing and duration of treatment are still ongoing. Unfortunately, either of these treatment options can be expensive and production capacity is limited. Lastly, antibiotics have been shown to be ineffective in treatment.

### **C. Pandemic Intervention Strategies (PIS)**

Social distancing, isolation, quarantine, protective sequestration and public health education that include practices employed to reduce individual risk of contracting the disease (i.e. hand washing, cough etiquette) comprise the list of PIS that could be employed in a pandemic situation. While the effectiveness of any of these strategies for preventing the spread of illness is unknown, employment of a combination of PIS, may slow the spread of disease. The advantage to slowing the spread is important as it relates to the ability of health care resources to respond effectively. It is believed that during a pandemic the number of individuals seeking medical care will “surge” and overwhelm the health care infrastructure. Any strategy that can mitigate this surge will help medical providers.

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<sup>7</sup> [www.cdc.gov/ncidod/eid/vol15no5/meltzer.htm](http://www.cdc.gov/ncidod/eid/vol15no5/meltzer.htm)

<sup>8</sup> [www.carnegiemelon.edu](http://www.carnegiemelon.edu)

Social distancing refers to actions taken to discourage close social contact between individuals including cancellation of classes, sporting events, worship services, and other social events. This intervention would be most effective when instituted early in the pandemic and before infection takes hold in a community. Given that the 1918 pandemic swept across the country in 3-4 weeks at a time when fewer people traveled and modes of transportation were more limited and slower, the window for taking action may be limited to a few days in today's highly mobile society and with international air travel.

Isolation refers to separating individuals with illness from the general population and restricting their movement within the general population until they are no longer contagious. Plans for isolating ill students and providing care for them by either utilizing campus resources or assistance from community resources will be necessary, in that, some students may not be able to go home. Hospital resources will be strained and decisions for admission will be made based on assessment of those most in need. Provisions should be made to care for students who are not ill enough to require hospital care but are too ill to take care of themselves. The composition of the student body in terms of the number of international and out-of-state students, the number of commuters and the number of students residing in residence halls factored against the resources of the institution will affect the plans for isolation and other care.

Quarantine is the separation and restriction of movement of those who are not ill but believed to have been exposed. The duration of quarantine will be dependent upon the length of the incubation period and period of contagion prior to onset of symptoms. Both the incubation period and period of viral shedding are difficult to know prior to actual emergence of the pandemic virus. Currently, it appears that the incubation period for H5N1 is between 2-8 days. Persons are contagious for 1-3 days prior to onset of symptoms and can shed H5N1 for up to 16 days.

UNC Pembroke pandemic flu planners have discussed the issue of campus isolation and quarantine with representatives of the Robeson County Health Department. Because of the logistics of trying to isolate or quarantine an on-campus resident population living in residence halls and sharing dining facilities, the UNC Pembroke plan does not envision campus quarantine or isolation of large populations. The UNC Pembroke plan envisions that campus would close and only individuals who could not go home would remain on campus. In cases where University affiliated personnel have traveled to countries with sustained human-to-human transmission and these University personnel cannot go home, some selective isolation or quarantine techniques may be utilized on campus.

Protective sequestration involves efforts taken to protect a healthy population from infection by isolating the community from the outside world. Restricting entry of outsiders into the community and restricting reentry of those community members who choose to leave during the period of time when protective sequestration is in place are measures utilized in this intervention. It requires the community to stockpile resources and become self-sufficient for some period of time, in the case of a pandemic, a minimum of 8-12 weeks. Protective sequestration has high costs associated with it and is

deemed impractical for UNC Pembroke. Therefore, this plan does not include provision for sequestration of individuals who cannot go home when campus closes.

Public health education that communicates accurate, clear information regarding reducing personal risk, the role of personal hygiene, transmission, symptoms, treatment, when to seek care and community efforts to assist those in need, is critical to empowering the UNC Pembroke community to control the spread of infection on campus. The messages should be consistent with those being issued by other public health authorities and crafted in advance to meet the needs/concerns of various campus audiences including students, staff, faculty, parents, and members of the surrounding community.

### III. UNC Pembroke Planning Criteria

In the event of a pandemic, there will be three University Emergency Event Levels. These levels coincide with the World Health Organization (WHO) Pandemic Influenza Phases. The World Health Organization (WHO) has defined phases of a pandemic to assist in planning and response as indicated in the chart below.

Event Level Phase Title	Phase #	Description	UNCP Levels
Inter-pandemic Phase	1	Low risk of human cases	
	2	New virus in animals, no human cases, Higher risk of human cases	
Pandemic Alert	3	No or very limited human-to-human transmission	0
	4	Evidence of increased human-to-human transmission	1
	5	Evidence of significant human-to-human transmission	2
Pandemic	6	Efficient and sustained human-to-human transmission	3

Planning for a pandemic will be continuous from the current WHO Phase Three/UNCP Event Level Zero, until an influenza pandemic occurs —if it does— but Event Level One will complete most of the planning. These plans will need testing and reevaluation as more characteristics of the pandemic become known, and as the reality of the consequences of a pandemic become clearer.

#### A. University Objectives

- Reduce risk of pandemic influenza to students, faculty, and staff.
- Reduce the rate of illness and loss of life.
- Provide information and family emergency planning assistance to students, faculty, and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.

- Minimize the impact of ill students at Campus Health Services.
- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

## **B. Essential Personnel Functions**

In an Event Level Three, the University may suspend classes or close the University. If such action(s) are taken, the departments/units listed below are considered essential.

- Student Health Services: Provide health care for students.
- Counseling/Testing: Provide counseling services to students.
- Dining Services: Provide food for remaining students on campus.
- Physical Plant: Provide housekeeping services for residence halls housing students and other facilities for essential personnel; provide maintenance and repair primarily for above facilities and also for other critical facilities.
- Housing and Residence Life: Provide monitoring and support for remaining students on campus.
- Human Resources: Provide staffing support for essential departments and maintain communications with all employees.
- University Computing and Information Services: Maintain the technology and communication services for essential departments and personnel.
- Business Services: Provide for the acquisition of goods and operate the storerooms.
- Office of the Controller: Provide accounting services, University receivables, and payment to vendors and payroll management.
- Police and Public Safety: Provide security and safety for the remaining students on campus and essential departments and units.
- Student Affairs: Support remaining students on campus and provide continuing contact and communications with students and parents.
- International Programs: Provide support and communications to overseas students.
- University and Community Relations: Provide communications to all internal and external publics, including media relations.
- Department of Nursing: Provide essential medical care to those eligible for service.

### **C. Class Suspension**

The decision whether to suspend classes —or when to suspend classes— will be the most difficult and critical decision that the University leadership may make during a pandemic event. These policy decisions will be made and implemented based on information received from various entities including University departments/units, county, state, and national authorities, and other advisories gathered during the pandemic.

The following decision points are only a guide to the decision-making process and may not be the only considerations. As the pandemic unfolds, new information may provide alternative choices.

#### **Decision Points**

- Transmissibility
- Morbidity
- Mortality
- Geographic spread
- Proximity of confirmed cases
- Robeson County Health Department recommendations
- Closing of K-12 public schools
- Closing of Robeson County Community College
- Rising employee absenteeism
- Assessment of stake holder's risk perception

### **D. University Closing**

The decision whether to close the University —or when to close— will also be a difficult and critical decision that the University leadership may make during a pandemic event. This policy decision will be made and implemented based on information received from various entities including University departments/units, county, state, and national authorities, and other advisories gathered during the pandemic.

The following decision points are only a guide to the decision-making process and may not be the only considerations. As the pandemic unfolds, new information may provide alternative choices.

#### **Decision Points**

- Transmissibility
- Morbidity
- Mortality
- Geographic spread

- Proximity of confirmed cases
- Robeson County Health Department recommendations
- Closing of K-12 public schools
- Closing of Robeson County Community College
- Rising employee absenteeism
- Assessment of stake holder's risk perception

#### **E. World Health Organization Criteria for Defining a Pandemic**

The World Health Organization has established six phases of a pandemic (see Defining a Pandemic: WHO Phases). Currently (August 2006) we are in Phase 3: human infections with a new subtype of influenza, but no sustained human-to-human spread.

#### **Defining a Pandemic: WHO Phases<sup>9</sup>**

**Phase 1.** No new influenza virus subtypes detected in humans. If animals are infected, risk to humans is low.

**Phase 2.** No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

**Phase 3.** Isolated human infections, no human-to-human spread except rare close contacts.

**Phase 4.** Small, highly localized cluster(s), limited human-to-human transmission. Anticipated international travel advisories begin.

**Phase 5.** Larger localized cluster(s) limited human-to-human spread. Substantial pandemic risk. International travel warnings and passenger screenings begin.

**Phase 6.** Pandemic phase: Sustained transmission among humans occurs.

#### **F. UNC Pembroke Closure Planning Matrix**

UNC Pembroke infectious disease decision points are based on WHO definitions of Pandemic Phases with travel restriction implementation at Phase 4, travel ban at Phase 5, and campus closure at Phase 6.

Discussing triggers for taking action(s) based on certain key events are important to identify in advance. The economic and social ramifications of canceling classes, social and athletic events, and closing research operations are significant.

As stated earlier, there will likely be a very short window for critical decision-making especially in regard to closing campus measures. Using the 1918 Pandemic as a basis for determining timing, it appears that implementing closing campus measures early, before

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<sup>9</sup> [http://avianflu.futurehs.com/?page\\_id=30](http://avianflu.futurehs.com/?page_id=30)

infection enters the community, might be a better strategy for educational institutions. Once closed, then the decision to reopen must be addressed. It appears that to avoid a resurgence of infection, UNC Pembroke would need to close for a minimum of 8 to 12 weeks.

Reducing the number of students remaining on campus early in the pandemic may be the best strategy given the limited resources UNC Pembroke will have available to support those who remain. For example, if the decision is delayed to the point that many students fall ill, UNC Pembroke would be expected to provide the resources to care for those students through the pandemic which might be an unreasonable expectation given available resources. Even if the administration does not make the decision to cancel major aspects of the academic operation, the perception of risk and/or the presence of disease will result in high absenteeism from work and classes such that the decision is forced.

<b>UNC PEMBROKE CLOSURE PLANNING MATRIX</b>	
<b>Not North America (Phase 4)</b>	<p>No University travel to affected continents (conferences, etc.).</p> <p>If returning faculty or employee has traveled to an affected continent, they cannot come to campus for two weeks after return to N.C.</p> <p>If a returning residential student is returning from foreign travel to an affected continent, UNC Pembroke will provide a social distancing facility.</p>
<b>North America Continent (Phase 5)</b>	<p>No University travel—U.S. or international.</p> <p>If returning faculty or employee is returning to campus from travel to an affected state, they cannot return to campus for two weeks.</p> <p>If a returning residential student is returning from travel to an affected state UNC Pembroke will provide a social distancing facility.</p>
<b>North America (Phase 6)</b>	<p>Close campus per agreement between University departments/units, county, state, and national authorities, and other advisories gathered during the pandemic. Send everyone home if possible.</p> <p>Consolidate in as few campus residential locations as practicable.</p>

**G. UNC Pembroke Planning Assumptions**

- UNC Pembroke will close (see above matrix).
- 100 students (approx.) will remain in residence halls.
- Travel would cease (including but not limited to buses, shuttles, campus police escorts).
- Essential services will be provided for students remaining on campus and for essential personnel.
  - Food – It is assumed that the dining hall will remain open.

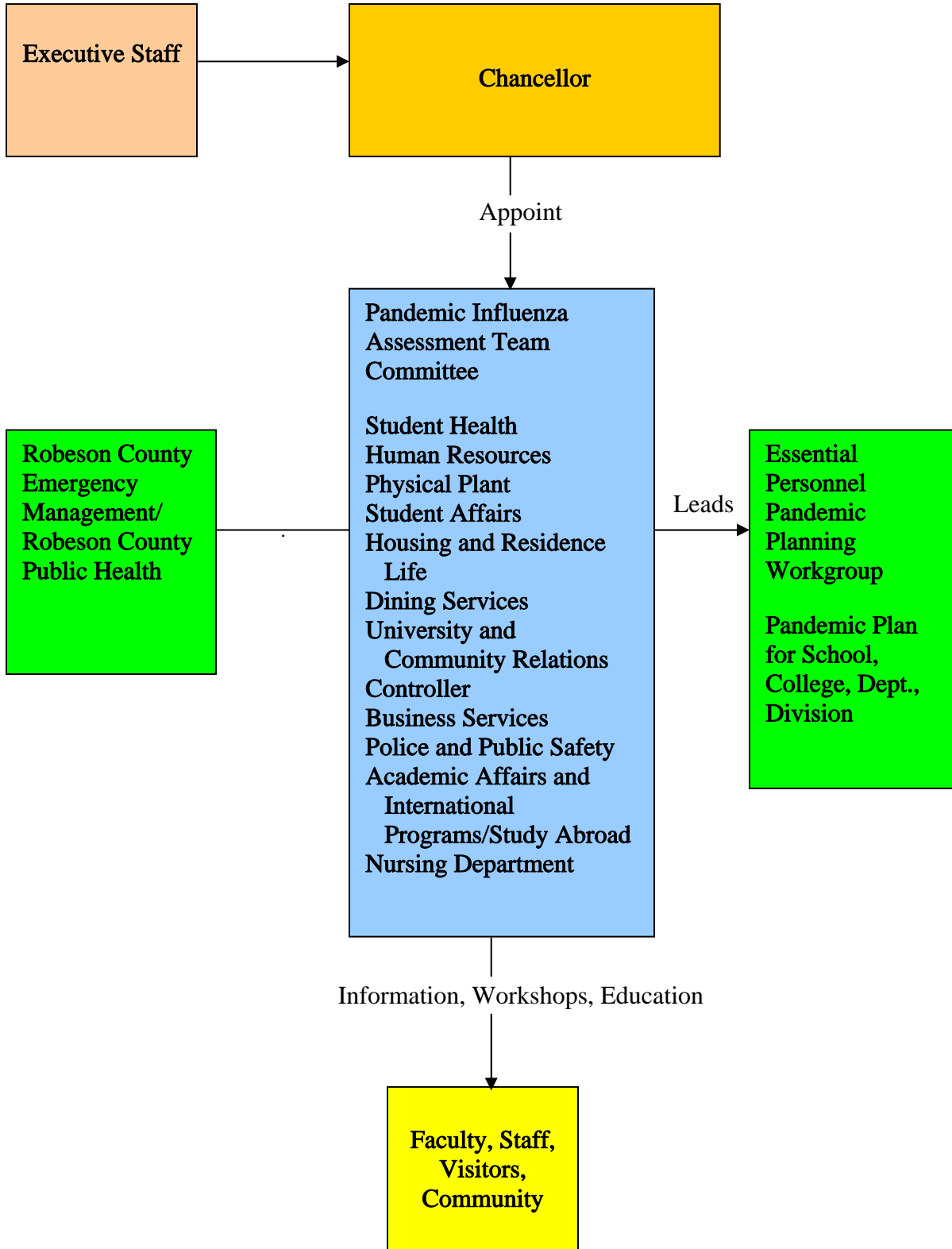
- Residence halls – It is assumed consolidation of residents will occur to enable closure of as many residence halls as practicable.
- Facility services – Services will be provided on a priority basis to residence halls, dining facilities, and other facilities as resources allow.
- Security – Campus Police will be responsible for securing facilities and protecting essential assets.
- Medical – Student Health will provide medical services.
- Financial Services – Payroll, Purchasing, and Accounts Payable will remain operational.
- Communications
  - Telephone services both landline and cell remain available.
  - Internet remains available and University Web site is accessible with news updates.
  - Because of limited resources, distance education will not be provided.
- Attack rate would be 25 - 50% (Based on clinical and sub clinical factors).<sup>10</sup>
- Sickness rate would be 4 - 12%.<sup>10</sup>
- Absenteeism would be 25 - 35% for 5-8 days over an approximately three-month period.<sup>10</sup>

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<sup>10</sup> Personal communication from Anita Barkin, Carnegie Mellon University

IV. UNC Pembroke Planning and Response Flow Charts

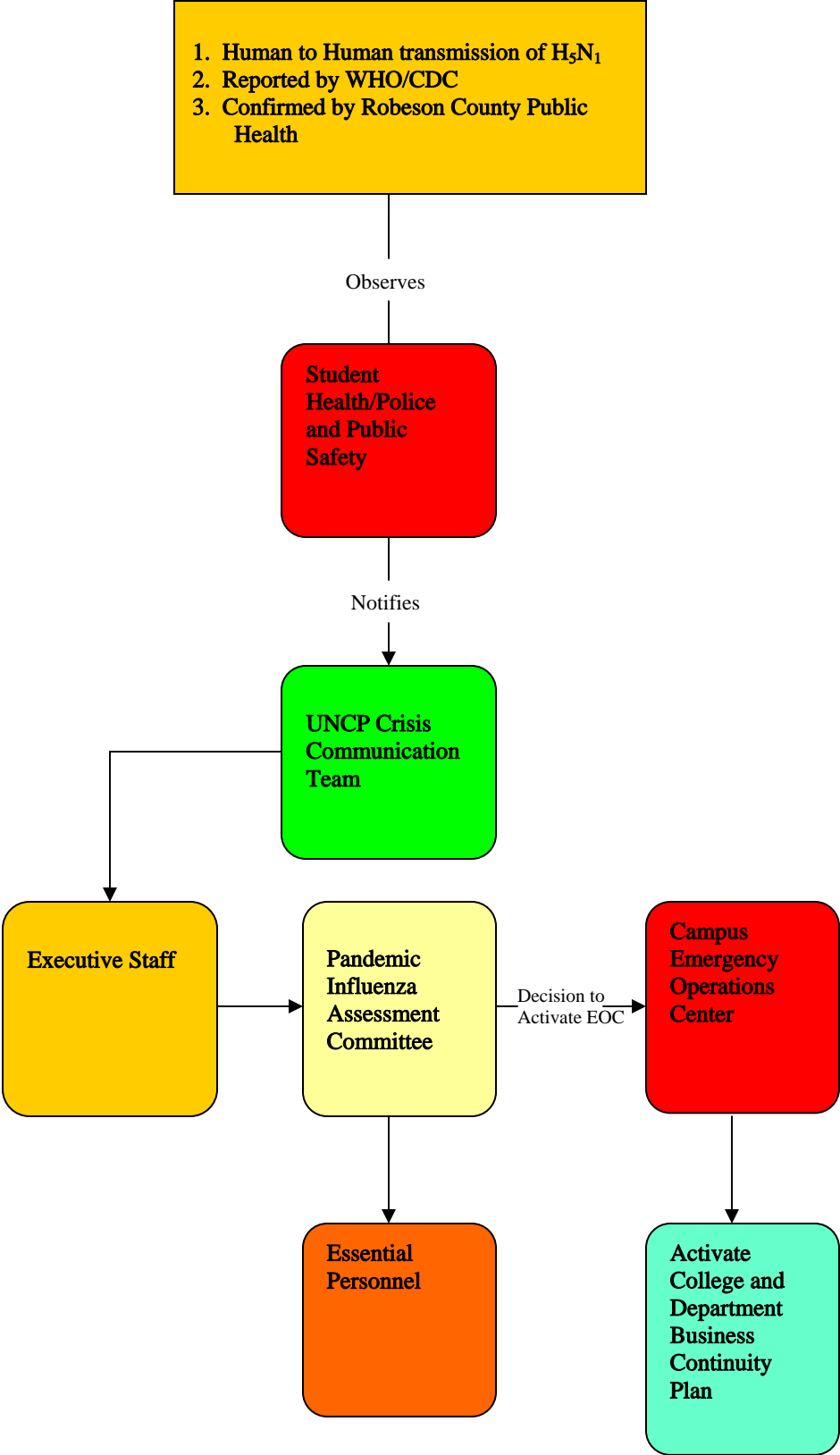
UNC Pembroke Planning Flow Chart



## UNC Pembroke Avian Influenza Decision Matrix

Events/Triggers	Decision Makers	Action	Impacts	Financial Impacts
Sustained human-to-human transmission of H <sub>5</sub> N <sub>1</sub> on a continent other than North America	<ul style="list-style-type: none"> <li>• WHO/CDC</li> <li>• Student Health Services</li> <li>• Chancellor/Provost</li> </ul>	Restrict international travel to affected continents	<ul style="list-style-type: none"> <li>• No international travel</li> <li>• Recall study abroad programs</li> </ul>	<ul style="list-style-type: none"> <li>• Refund tuition to all affected students?</li> <li>• Course credit?</li> </ul>
Sustained human-to-human transmission of H <sub>5</sub> N <sub>1</sub> within the continental United States	<ul style="list-style-type: none"> <li>• WHO/CDC</li> <li>• UNC Pembroke Student Health Services</li> <li>• Chancellor/Provost</li> <li>• Crisis Communication Team</li> </ul>	Restrict travel within continental United States	Travel restrictions	<ul style="list-style-type: none"> <li>• Implement work-at-home where practicable</li> <li>• Internet access?</li> <li>• Equipment for telecommuting?</li> </ul>
Sustained human to human transmission of H <sub>5</sub> N <sub>1</sub>  (Decision for closure will be based on information received from various internal and external entities of UNCP)	<ul style="list-style-type: none"> <li>• WHO/CDC</li> <li>• UNC Pembroke Student Health Services</li> <li>• Chancellor/Provost</li> <li>• Crisis Communication Team</li> <li>• Executive Staff</li> <li>• Robeson County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>• Cease all nonessential campus services</li> <li>• Close the University</li> </ul>	<ul style="list-style-type: none"> <li>• Students return home</li> <li>• Only pre-designated, essential employees work on campus</li> </ul>	<ul style="list-style-type: none"> <li>• Tuition refund/credit?</li> <li>• Housing refund/credit?</li> <li>• Dining services refund/credit?</li> <li>• Fees refund/credit?</li> <li>• Course completion criteria?</li> <li>• Compensation for essential personnel?</li> <li>• Compensation for nonessentials?</li> </ul>
Recovery Period	<ul style="list-style-type: none"> <li>• Chancellor/Provost</li> <li>• UNC Pembroke Student Health Services</li> <li>• Robeson County Health Department</li> </ul>	Crisis communication team		<ul style="list-style-type: none"> <li>• Begin class where we left off?</li> <li>• 8-12 weeks after closure to avoid illness resurgence?</li> <li>• Adjust semester time frame to start upon new calendar?</li> </ul>

# UNC Pembroke Avian Influenza Pandemic Response Flowchart



**Continuity of Operations Plan: Student Health Services**  
**Plan Developer: Ms. Cora Bullard**  
**Vice Chancellor of Division: Dr. Diane O. Jones**

**A. Student Health Services Continuity of Operations Objective**

The mission of UNCP's Student Health Services during times of pandemic flu activity will be to provide essential medical care to those eligible for service and to those not usually eligible as required by the extraordinary circumstances of a pandemic. Those requiring care that is beyond the scope of Student Health will be directed to an appropriate community facility.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Maintain daily log of suspected cases.
- Provide health services to remaining students on campus.
- Consider residential visits for ill students.
- Arrange for transfer of remaining students on campus.
- Maintain stock of supplies.
- Plan for continuation of cleaning services.
- Arrange for counseling services.
- Continue distribution of PPE.
- Continue to monitor CDC/WHO Web sites.

**B. Essential Functions & Essential Personnel**

Department Leader: Cora Bullard, Director of Student Health Services

\*First Alternate: Lori Wiggins, RN, Staff Nurse/Nurse Educator

\*Second Alternate: Tammy Harris, LPN, Staff Nurse

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 7

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

No one can predict the extent or severity of a pandemic, but in past epidemics the influenza hit in waves of infection with a wave lasting from four to eight weeks. In order to blunt the extent and severity of a pandemic, public health officials may request that the University take social distancing measures such as canceling public events, suspending classes and/or closing the University.

In the event that the University suspends classes or closes, there are 11 UNCP objectives:

- Reduce risk of pandemic influenza to students, faculty, and staff.
- Reduce the rate of illness and loss of life.
- Provide information and family emergency planning assistance to students, faculty, and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Student Health Services.
- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the University, except for essential personnel.

**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Student Health Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: Department of Nursing**  
**Plan Developer: Ms. Cynthia Herndon RN, MSN/ Dr. Barbara Synowiez**  
**Vice Chancellor of Division: Dr. Charles Harrington**

**A. Department of Nursing Continuity of Operations Objective**

Department of Nursing staff and select students will assist in operating the Treatment Center, working in tandem with the Robeson County Health Department (RCHD). Staff and select students will provide essential medical care to those eligible for service and to those not usually eligible as required by the extraordinary circumstances of a pandemic. Those requiring care that is beyond the scope of Department of Nursing staff and students will be directed to an appropriate community facility.

**Specific Level 3 Responsibilities:**

- Essential faculty and students report to treatment site.
- Receive supplies from RCHD.
- Provide treatment per policy/procedure developed by Dept. of Nursing.
- Essential personnel must report to work.
- Maintain daily log of suspected cases.
- Provide health services to remaining students on campus.
- Consider residential visits for ill students.
- Arrange for transfer of remaining students on campus.
- Maintain stock of supplies.
- Plan for continuation of cleaning services.
- Arrange for counseling services.
- Continue distribution of PPE.
- Continue to monitor CDC/WHO Web sites.

**B. Essential Functions & Essential Personnel**

Department Leader: Dr. Barbara Synowiez, Chair, Department of Nursing

\*First Alternate: Cynthia H. Herndon, RN, MSN

\*Second Alternate: Cherry Beasley, RN, MSN

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 130 (This is the number of staff and students combined.)

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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University take social distancing measures such as canceling public events, suspending classes and/or closing the University.

In the event that the University suspends classes or closes, there are 11 UNCP objectives:

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- Reduce the rate of illness and loss of life.
- Provide information and family emergency planning assistance to students, faculty, and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Campus Health Services.
- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce
- Greater risk of loss of key suppliers/providers
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the University, except for essential personnel.

**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel are required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will be fit-tested. This test requires Student Health Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: Counseling/Testing**  
**Plan Developer: Dr. Monica Osburn**  
**Vice Chancellor of Division: Dr. Diane O. Jones**

**A. Counseling/Testing Continuity of Operations Objective**

The Counseling/Testing office will provide the usual services as long as they are relevant and it is practical to provide them. The focus, however, would gradually shift to providing personal counseling services to students addressing pandemic-related topics such as stress, emotional distress, loss, etc. during the emergency period.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Address the emotional needs of remaining students on campus.
- Be available for crisis response or referral.
- Have adequate services available daily from 8 a.m. to 5 p.m. through our center and adequate crisis coverage after 5 p.m.
- To have protocols available for service delivery using the telephone and Internet, if necessary for safety reasons.

**B. Essential Functions & Essential Personnel**

Department Leader: Dr. Monica Osburn, Director

\*First Alternate: Dr. George Gressman, Assistant Director

\*Second Alternate: Mr. Mark Schwarze, Coordinator

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 7

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
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**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Counseling/Testing personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: Human Resources**  
**Plan Developer: Ms. Pamela L.A. Barkett**  
**Vice Chancellor of Division: Mr. Neil Hawk**

**A. Human Resources Continuity of Operations Objective**

Human Resources (HR) will ensure the continuation of critical functions, including payroll, HR System maintenance, benefits continuation, employee/management consultations, recruitment and selection for critical positions, policy interpretation, and communication to employees of available internal and external resources. HR will also collaborate with external resources (Office of State Personnel, General Administration, etc.) to gain consensus on necessary changes and/or supplements to current policies and procedures.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Implement HR aspects of “Pandemic Influenza Social Distancing Policy.”
- Consider asking faculty and staff to stay home.
- To allow work from home for HR staff, consider allowing off-campus access to HR information systems.
- Gather employee absenteeism data.
- Direct employees to counseling services.
- Communicate the availability of Human Resources support throughout campus during a closure.
- In conjunction with outside agencies (OSP, GA, etc.), determine how to modify or/supplement current policies to remain relevant and appropriate during a campus closure.
- Continue payroll processing for employees in coordination with appropriate policies related to campus closure.
- Provide support to employees through consulting on Human Resources policies and procedures.
- Advise employees on their access to and the availability of benefits through the State Health Plan.
- Process all disability, workers’ compensation, retirement and life insurance claims for employees who have claims related to the closure.
- Provide Benefits enrollment information and orientation in the event new employees are hired.
- Continue to recruit employees for essential positions throughout campus

## **B. Essential Functions & Essential Personnel**

Department Leader: Pamela L.A. Barkett

\*First Alternate: Donna Strickland, Human Resources Generalist

\*Second Alternate: Brenda Gregory, Human Resources Generalist

\*Name of individual who can assume the function as a back-up.

- Payroll: Cindy Revels, Personnel Assistant V
  - Back-up: Lori Carter, Personnel Technician II
- Benefits: Donna Strickland, Human Resources Generalist
  - Back-up: Paula Cummings , Personnel Technician I
- Employment: Lori Carter, Personnel Technician II
  - Back-up: Joanne McMillan, Personnel Assistant V
- HR Systems: Tammy Locklear, Technology Support Analyst
  - Back-up: Pamela L.A. Barkett, Director of Human Resources
- HR Communications & Training: John Johnson, Staff Development & Training Specialist
  - Back-up: Brenda Gregory, Human Resources Generalist

\*\*PPEs Needed: 10

\*\*Personal Protective Equipment (number of staff who will need a PPE)

## **C. Background**

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- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.

- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

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**F. Special Considerations**

**Fit Testing of N-95 Masks**

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**Continuity of Operations Plan: Physical Plant**  
**Plan Developer: Mr. Larry Freeman**  
**Vice Chancellor of Division: Mr. Neil Hawk**

**A. Physical Plant Continuity of Operations Objective**

Provide housekeeping services for residence halls housing students and other facilities for essential personnel; provide maintenance and repair primarily for above facilities and also for other critical facilities.

In case of a pandemic flu event, Physical Plant will provide essential staffing to maintain services (water, power, heat, cooling) to select housing, dining and health care facilities. To maintain this level of support, Physical Plant will work in concert with other University planning groups and outside contract support groups.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Provide appropriate resources in setting up the Treatment Center in the Auxiliary Gym.
- Change housekeeping procedures to prioritize essential personnel areas, remaining students/families, and cleaning of personal contact surfaces.
- Set-up podium and microphones for media center at the University Center.
- Create flexible operating structure that can adapt to changing conditions.
- Minimize damage to and maximize the protection of facility assets.
- Establish a priority hierarchy for critical facilities.
- Work with Housing and Student Health/Technical Safety to identify needed ventilation systems and to provide negative pressure areas.
- Essential personnel will receive N95 respirators.
- Stand by to shut off utilities as directed by Incident Commander.

**B. Essential Functions & Essential Personnel**

Department Leader: Mr. Larry Freeman, Director, Physical Plant

\*First Alternate: Mr. Mark Vesely, Plant Maintenance Supervisor II

\*Second Alternate: Mr. Donnie Locklear, Carpenter Supervisor I

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 50

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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to blunt the extent and severity of a pandemic, public health officials may request that the University take social distancing measures such as canceling public events, suspending classes and/or closing the University.

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- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Campus Health Services.
- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the University, except for essential personnel.

**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Physical Plant personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: Student Affairs/  
Housing & Residence Life  
Plan Developer: Mr. Preston Swiney  
Vice Chancellor of Division: Dr. Diane O. Jones**

**A. Student Affairs/Housing & Residence Life Continuity of Operations Objective**

Student Affairs/Housing and Residence Life will provide housing for residents remaining on campus. University Housing will staff a designated office as the command center for housing operations, maintaining housing records and disseminating information to residents, staffs, campus partners, and parents. In addition, each residential area used during a campus emergency will operate a 24-hour service desk.

**Specific Level 3 Responsibilities:**

- Communicate with parents and families.
- Communicate with students/families remaining in Pembroke (international students).
- Activate plan from Level 2 to quarantine students in conjunction with guidance from the Robeson County Health Department.
- Implement housing aspects of “UNCP Pandemic Influenza Social Distancing Policy”—ask students to leave campus.
- Essential personnel must report to work.
- Support international students, families, and others who remain in UNCP residences (100).
- Identify student events that confirmed patients have attended.
- Residential staff assists Student Health Services.
- Implement plan for continuation of cleaning and maintenance services.

**B. Essential Functions & Essential Personnel**

Department Leader: Preston Swiney, Director of Housing and Residence Life

\*First Alternate: Cynthia Redfearn, Associate Director for Residence Life

\*Second Alternate: Ed Wittenberg, Residence Administrator

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 16

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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to blunt the extent and severity of a pandemic, public health officials may request that the University take social distancing measures such as canceling public events, suspending classes and/or closing the University.

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- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Campus Health Services.
- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the University, except for essential personnel.

**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Student Affairs/Housing & Residence Life personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: Dining Services**  
**Plan Developer: Mr. John Campbell**  
**Vice Chancellor of Division: Mr. Neil Hawk**

**A. University Dining Continuity of Operations Objective**

University Dining will operate its dining hall to provide meals to essential employees and students remaining on campus during a campus emergency. University Dining will develop plans to help maintain continuity of food, water, and other edible consumable supplies as required. University Dining will provide IDs for essential personnel and maintain the building's security.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Provide Level 3 meals to students and employees who remain on campus.
- Activate plan from Level 2 to quarantine students in conjunction with guidance from the Robeson County Health Department.

**B. Essential Functions & Essential Personnel**

Department Leader: John Campbell, Director of Operations

\*First Alternate: Cassandra Oxendine, Service Manager

\*Second Alternate: Janet Williams, Catering Manager

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 15

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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- Minimize the impact of ill students at Campus Health Services.

- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the University, except for essential personnel.

**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Dining Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: University and Community Relations**  
**Plan Developer: Ms. Amber Rach**  
**Vice Chancellor of Division: Dr. Glen G. Burnette, Jr.**

**A. University and Community Relations Continuity of Operations Objective**

University and Community Relations (UCR) will provide regular updates before, during, and after a pandemic flu event to the University community, media outlets, and University stakeholders. UCR will coordinate with administrative units such as Student Health and Human Resources to create a climate of prevention within the University prior to a pandemic. UCR will test, maintain, and update the Crisis Communication Plan.

**Specific Level 3 Responsibilities:**

- Issue Level 3 communications (self-protection, social distancing, etc.).
- Coordinate internal messages and external news releases.
- Manage media relations issues.

**B. Essential Functions & Essential Personnel**

Department Leader: Glen Burnette, Vice Chancellor

\*First Alternate: Amber Rach, Director of University Communications

\*Second Alternate: Lawrence Locklear, Web Publisher

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 7

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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- Minimize the impact of ill staff in the Nursing school.
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**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

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**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires University and Community Relations personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: Controller  
Plan Developer: Ms. Penny Locklear  
Vice Chancellor of Division: Mr. Neil Hawk**

**A. Controller Office Continuity of Operations Objective**

Controller Office staff will primarily work through telecommuting with staff only onsite as needed for emergencies. Support will be provided for purchasing, billing/collections, cash management, and reporting as necessary. Emergency purchasing procedures will be communicated to all appropriate personnel. A communications strategy will be developed to communicate information to vendors, suppliers, and customers.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- To allow Division staff to work from home, consider allowing off-campus access to financial planning, budgets, and payroll information systems.
- Prepare payroll in a timely manner.
- Submit financial reports to GA by deadline dates.
- Prepare checks as needed.

**B. Essential Functions & Essential Personnel**

Department Leader: Ila Killian, Asst. Vice Chancellor

\*First Alternate: Paulette Dial, Accounting Manager

\*Second Alternate: Karen Staab, Accountant

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 9

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

No one can predict the extent or severity of a pandemic, but in past epidemics the influenza hit in waves of infection with a wave lasting from four to eight weeks. In order to blunt the extent and severity of a pandemic, public health officials may request that the University take social distancing measures such as canceling public events, suspending classes and/or closing the University.

In the event that the University suspends classes or closes, there are eleven UNCP objectives:

- Reduce risk of pandemic influenza to students, faculty, and staff.
- Reduce the rate of illness and loss of life.

- Provide information and family emergency planning assistance to students, faculty, and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Campus Health Services.
- Minimize the impact of ill staff in the Nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the University closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the University.
- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the University, except for essential personnel.

**F. Special Considerations**

**Fit Testing of N-95 Masks**

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Controller/Business Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the SARS event fit-testing program will be initiated.

**Continuity of Operations Plan: Business Services**  
**Plan Developer: Ms. Denise A. Carroll**  
**Vice Chancellor of Division: Mr. Neil Hawk**

**A. Business Services Continuity of Operations Objective**

Business Services staff will primarily work through telecommuting with staff only on-site as needed for emergencies. Support will be provided for purchasing. Emergency purchasing procedures will be communicated to all appropriate personnel. A communications strategy will be developed to communicate information to vendors, suppliers, and customers.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- To allow Division staff to work from home, consider allowing off-campus access to Banner requisitioning and purchasing.
- Temporarily increase P-card dollar thresholds for university employee cardholders who have been identified as essential.

**B. Essential Functions & Essential Personnel**

Department Leader: Denise A. Carroll, Director of Business Services

\*First Alternate: Tommy McKenzie, Purchasing Agent

\*Second Alternate: Kimberly Locklear, Purchasing Agent

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 6

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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- Minimize instructional and academic credit loss.
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- Reduce the risk of damage to critical infrastructure.
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- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
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**F. Special Considerations**

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**Continuity of Operations Plan: Academic Affairs and  
International Programs/Study Abroad  
Plan Developer: Dr. Robert Schneider  
Vice Chancellor of Division: Dr. Charles Harrington**

**A. Academic Affairs and International Program/Study Abroad Continuity of Operations Objective**

Academic Affairs and International Affairs/Study Abroad will provide direction and assistance to international students and faculty, domestic students, and staff traveling abroad.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Continue to advise and communicate with overseas students, faculty, and staff.
- When possible, support overseas students, faculty, and staff who are unable to return.
- Implement “UNCP Pandemic Influenza Social Distancing Policy.”
- Work with University to serve needs of international students remaining on campus.
- Communicate with and advise international students who leave campus during level three.

**B. Essential Functions & Essential Personnel**

Department Leader: Robert Schneider, Ph.D., Associate Vice Chancellor

\*First Alternate: Beth Carmical, Assistant Director, International Programs

\*Second Alternate: Tina Murray, Study Abroad Coordinator

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 4

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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- Minimize the economic impact on the community and state.

**D. Assumptions**

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

**E. Scenario**

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**F. Special Considerations**

**Fit Testing of N-95 Masks**

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**Continuity of Operations Plan: Police and Public Safety**  
**Plan Developer: Mr. McDuffie Cummings**  
**Vice Chancellor of Division: Mr. Neil Hawk**

**A. Police and Public Safety Continuity of Operations Objective**

The objective of the Department of Police and Public Safety in the event of a pandemic is to set out actions to be undertaken to maintain operational capability. Essential personnel, who will be required to report for duty are identified, a predetermined work schedule is established, and arrangements for housing and providing meals for essential personnel are established. In addition, all essential personnel are required to report to work prepared with uniforms, equipment, and personal necessities to last for up to 96 hours. Each essential employee is also required to develop a family plan that will at a minimum establish an understanding that the employee will be away from home during a pandemic event, where family members will stay during a pandemic event and a person for checking on their welfare, and a communication plan.

**Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Consider special parking rules for essential personnel.
- Prepare for crowd control: fit testing, social distancing measures, residential housing.
- Secure Treatment Center site.

**B. Essential Functions & Essential Personnel**

Department Leader: David L. Helton, Director

\*First Alternate: Larry McNeill, Captain

\*Second Alternate: McDuffie Cummings, Jr., Lieutenant

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 20

\*\*Personal Protective Equipment (number of staff who will need a PPE)

**C. Background**

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**D. Assumptions**

- Up to 40% reduction in workforce.
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**E. Scenario**

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**F. Special Considerations**

**Fit Testing of N-95 Masks**

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## **Continuity of Operations Plan: University Computing and Information Services**

**Plan Developer: Dr. Maurice Mitchell**

**Vice Chancellor of Division: Dr. Charles Harrington**

### **A. University Computing and Information Services Continuity of Operations Objective**

University Computing and Information Services will maintain telephonic and computing services that are deemed essential in the event of a pandemic.

#### **Specific Level 3 Responsibilities:**

- Essential personnel must report to work.
- Maintain an operational network communications infrastructure (voice, data, video) and server farm. Critical services to include directory services (NDS or AD as appropriate), telephone system, email, and University Website.
- Add additional phone lines, quarantine areas, and functional groups.
- Publish messages from UCR on a periodic basis on UNCP Web's front page.
- Assist with email message distribution.
- Provide guidance for forwarding phones and setting-up "bounce messages."
- Support general information (non-health) call center, if implemented.
- If Treatment Center is activated, provide appropriate resources.
- Support online distance learning, if indicated.
- Support remote facilities in the event that they are established

### **B. Essential Functions & Essential Personnel**

Department Leader: Tom Jackson, Exec Director

\*First Alternate: Kevin Pait

\*Second Alternate: Barry Graves

\*Name of individual who can assume the function as a back-up.

\*\*PPEs Needed: 4

\*\*Personal Protective Equipment (number of staff who will need a PPE)

### **C. Background**

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**E. Scenario**

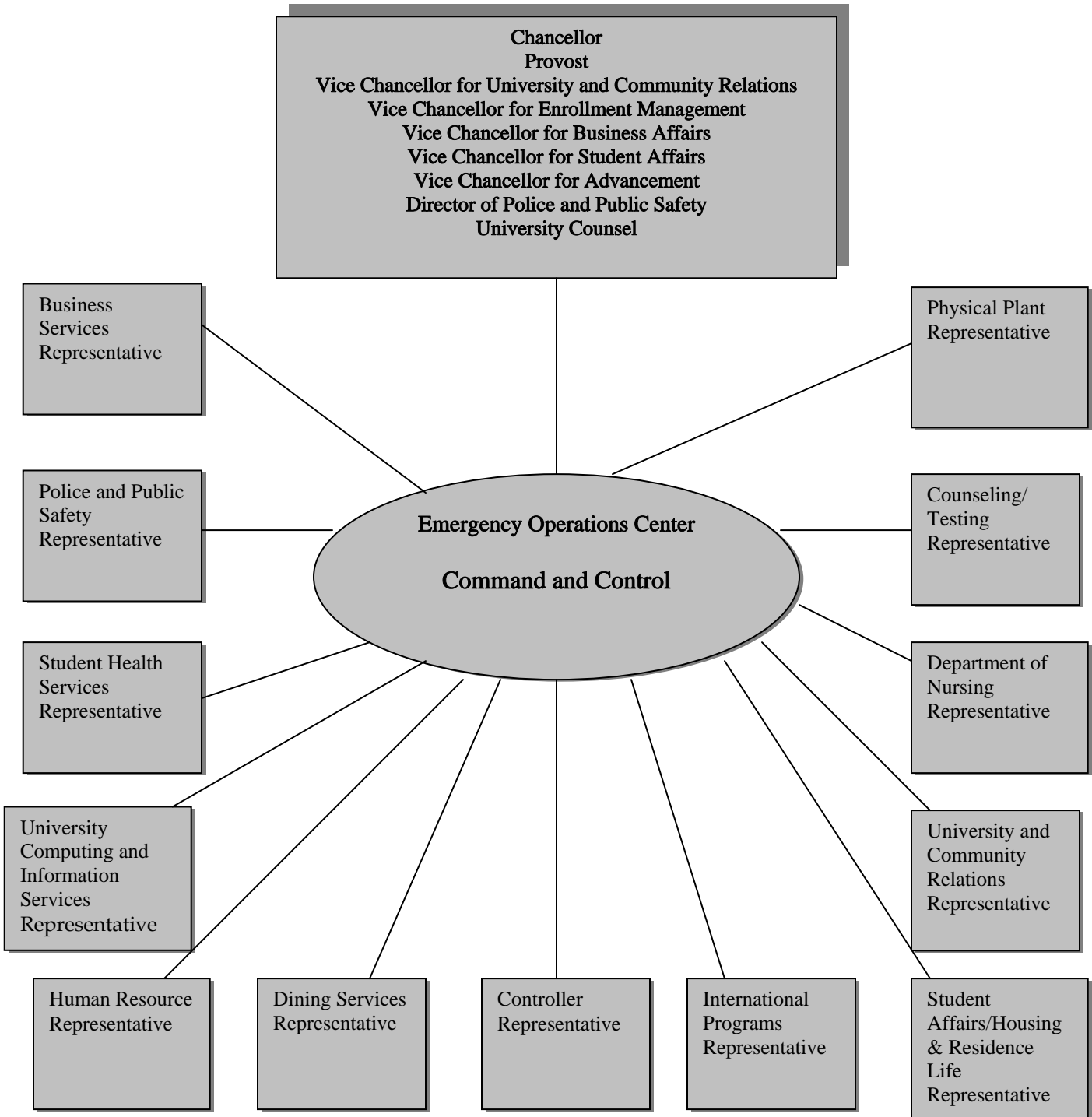
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- Closing of the University, except for essential personnel.

**F. Special Considerations**

**Fit Testing of N-95 Masks**

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# The University of North Carolina at Pembroke Emergency Management



## **Appendix – Credentialing and Identification**

The Human Resources Department will maintain the names of essential personnel. It is the responsibility for planning groups to provide names of essential personnel with employee identification numbers. This list shall be updated as frequently as necessary. In the event of a foreseeable and impending situation, the list of essential employee names and identification numbers will be provided to the Brave Card Office for preparation of essential employee identification badges. In case of a declaration of campus closure, employees will be required to wear these identification badges, and only those wearing them will be permitted to access campus. Campus Police will enforce this requirement. These essential employee identification badges will be programmable for electronic card access.

These identification cards shall include the following: employee's photograph, name, department, and an expiration date (12 weeks?).