Pandemic Flu Response Plan

The University of Georgia

Version 2016

The University of Georgia Office of Emergency Preparedness
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I. Introduction and Purpose

This plan is designed to provide a response framework for the University of Georgia (UGA) departments or units that may have campus-wide oversight of critical functions in response to a pandemic event or any large-scale contagious disease outbreak on the UGA campus. This document is intended to serve only as a guide for departments involved in overall campus activities related to pandemic preparation, response, and recovery. This plan—like all emergency operations plans—is a fluid document. It will be revised frequently as new planning techniques emerge and as best practices evolve.

II. Scope and Applicability

The UGA Pandemic Flu Response Plan is a campus-level plan which includes responsibilities for critical departments on campus. It is the official Pandemic Flu Response Plan for UGA and supersedes previous plans and precludes departmental actions not in concert with the plan, or the emergency organization created by it.

Although this plan provides general guidelines on how each named department or unit with campus-wide responsibility will be involved in the overall campus influenza pandemic preparations, response, and recovery efforts, individual departments should develop a departmental pandemic influenza response plan. To assist departments in this effort, the Office of Emergency Preparedness (OEP) developed a Business Continuity Plan Generator (BCP Generator). Access to this online system requires a UGA MyID and the link to the online BCP Generator may be found at www.prepare.uga.edu. This document contains templates for guiding departmental response and business continuity planning.

Additionally, there is resource information and other useful documents included in this plan as appendices which may be helpful as departments work through the planning process. Appendices include:

- Appendix A: UGA Pandemic Influenza Response Flowchart
- Appendix B: UGA EOC Activation Organizational Chart: EOC Operations
- Appendix C: Pandemic Influenza Guidance by CDC and WHO
- Appendix D: Response Activity for 2009 H1N1 Influenza A
- Appendix E: Pandemic Flu Communications Plan
- Appendix F: Influenza Frequently Asked Questions for Faculty & Staff
- Appendix G: Acronyms and Definitions
- Appendix H: Contact Information

Nothing in this plan shall be construed in a manner that limits the use of good judgment and common sense in manners not foreseen or covered by elements of the plan or appendices hereto. Departments and individuals should develop comprehensive emergency action plans and continuity of operations plans, with appropriate coordination and training for employees, to ensure that employees are informed and prepared to deal with a contagious disease outbreak.
III. Plan Distribution
Dissemination of the UGA Pandemic Influenza Response Plan will be coordinated by the Office of Emergency Preparedness. OEP will provide the plan to UGA departments that will play a campus-wide emergency response role during a Pandemic event and will post a copy of the plan on the OEP website at www.prepare.uga.edu for access by all University departments and individuals. UGA’s Pandemic Influenza Response Plan, like any planning document, is a fluid document and will be frequently updated and revised as the Athens-Clarke County community planning for pandemic influenza evolves and new information becomes available.

IV. Plan Maintenance
OEP will conduct an annual review of the UGA Pandemic Flu Response Plan during the summer each year; however, minor changes may be made to the plan by the OEP staff throughout the year. An updated version of the UGA Pandemic Flu Response Plan will always be maintained on the OEP website at www.prepare.uga.edu. Revisions to the plan will be documented in the revisions chart that is included below. Updates, suggestions for improvement, and other comments should be directed to OEP and emailed to prepare@uga.edu.

University of Georgia
Pandemic Influenza Response Plan
Revisions

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<td>July 5, 2013</td>
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<td>September 30, 2016</td>
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<td>XVI</td>
<td>Added section to address UGA Extended Campuses</td>
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<td>October 14, 2016</td>
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<td>Updated inventory of PPE</td>
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<td>Updated UGA EOC Activation Organizational Chart: EOC Operations</td>
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V. Planning Overview

The University of Georgia Pandemic Response Plan, along with the appendices, includes examples of past responses to flu outbreaks including healthy hygiene information, publicity campaigns, treatment of students, housing resources, transportation response, and other UGA responses. Many specifics about the plan cannot be determined ahead of time because the seriousness of the outbreak will not be immediately known and because the availability of resources will change from year to year (housing, transportation, distance learning, etc.).

Many decisions such as dismissal of students from school, social distancing in instruction, housing, and workforce decisions will be made at higher administrative levels. The President of the University is in overall command for dealing with the crisis. In the event that the President is away, the standard line of succession will be followed.

Goals:
1. Delay the peak outbreak of the illness
2. Lower the impact of the peak illness on the response resources
3. Diminish the number of people who become ill
4. Lower the impact on the healthcare infrastructure

The virulence of the illness as well as the population most at risk may not be known at the start of the outbreak. A virulent infection will require a quick response.

Challenges:
1. Influenza has a short incubation period (approximately 2 days)
2. A person with the flu is contagious before symptoms appear
3. The flu can be hard to differentiate from other respiratory illnesses
4. In past cases, up to half of infected people had mild symptoms or were asymptomatic allowing them to unknowingly spread the disease
5. UGA students have a high social density both in classrooms and in living spaces which aids in the spread of the virus

The Centers for Disease Control and Prevention (CDC) suggests the following when creating a response to an influenza outbreak:
1. The target of planning cannot just be those who are ill
2. Plans must be put in place quickly
3. Social density will increase the likelihood of transmission
4. Transportation can be another means of transmission

At the outset of the virus outbreak, vaccination will likely not be available. Some non-pharmaceutical interventions the CDC suggests to lessen the spread of the virus include:
1. Isolation and treatment of sick persons
2. Voluntary home quarantine
3. Dismissal of students from school
4. Social distancing (both workforce and instruction)
5. Infection control through cough etiquette, hand hygiene
VI. Summary of Recommended Actions

Based on the 2009 H1N1 experience, several actions need to occur in an expeditious manner when dealing with a potential pandemic or other wide-spread, contagious disease other than influenza. A condensed version of these recommended actions in outline format are as follows:

1. Form a publicity committee to promote healthy habits. Past examples of items used in a healthy habits campaign can be found in Appendix D
   a. Wash hands frequently
   b. Cover your cough
   c. Stay home if you are sick
   d. Get flu shot
2. Command and Control
   a. Individual units should be briefed on the outlines of a pandemic plan and their responsibilities
   b. Alternative Emergency Operations Center (EOC) functions should be established that do not require face to face meetings
3. Business Continuity
   a. Departments and Units especially mission critical ones, need to make sure their line of succession is clear in case of illness
   b. Cross training of critical tasks
   c. Access to work resources remotely should be explored
4. Decrease social density
   a. Create plans for instruction by distance learning where applicable
   b. Departments need to examine how they can implement social distancing and identify critical staff
   c. Determine what non-critical events can be cancelled or postponed
   d. The degree to which these plans are implemented will vary based upon the seriousness of the outbreak, but plans need to be ready to be implemented quickly
   e. Staff must be encouraged by their superiors to stay home if they are sick
5. Treatment of students who are ill
   a. Encourage students who are ill to seek treatment
   b. Encourage sick individuals to self-isolate
      i. On campus students who self-isolate may need assistance with meals
      ii. Options for housing sick students or roommates of sick students will need to be investigated
6. Academic issues will need to be addressed
   a. Students who are sick will likely continue to attend classes
   b. Attendance requirements and distance learning options will need to be explored
7. Plans for closing events and/or the University will need to be discussed
   a. Options for closing the University and the length of the closure will need to be discussed
   b. Mission critical operations will need to be identified

VII. Pandemic Planning at UGA

The University of Georgia has dealt with infectious disease outbreak in the past and it is likely to face future infection disease issues. UGA has responded to previous influenza pandemics in 1918-19, 1957-58, 1968-69, and 2009-10. In addition to the influenza virus, a measles outbreak
in 1990 caused disruption on campus and required a coordinated response. Due to the history of pandemic influenza outbreaks and the ability of the influenza virus to mutate rapidly, it is pragmatic to plan for a possible future outbreak of a novel strain of the influenza virus. Additionally, preparation of a pandemic response plan has been mandated by the Chancellor of the University System of Georgia (USG).

Because of the emerging threat posed by a novel influenza virus, representatives from the UGA Office of Emergency Preparedness, University Health Center (UHC), and UGA Police Department (UGA PD) have been involved in pandemic influenza planning for several years in conjunction with local, state, and federal emergency planning and response agencies. Community-wide planning efforts are ongoing. However, the overall ability of the University to respond appropriately to an influenza pandemic will also depend on the readiness of individuals and departments within UGA to respond appropriately. Therefore, to aid departments in their planning efforts, OEP has developed an online Business Continuity Planning (BCP) Generator to guide departmental discussions and planning efforts to address this serious threat. The link to access the online BCP Generator using a UGA MyID may be found at www.prepare.uga.edu.

The Office of Emergency Preparedness has undertaken a number of steps to ensure UGA is adequately prepared to respond to and recover from a possible pandemic influenza outbreak. Specific activities include:

- Participation in the Athens-Clarke County Pandemic Influenza Core Planning Group and three community planning subcommittees
- Participation in a regional hospital tabletop exercise on pandemic influenza
- Development of, and distribution to Vice Presidents and Deans, a one-page campus checklist to guide UGA departments on pandemic preparedness considerations
- Briefings and updates to campus administration, faculty, and staff
- Participation in a community pandemic influenza tabletop exercises in September 2006 and July 2008 with Public Health and county first responders
- Participation in several training sessions on pandemic planning
- Assist in community After Action Reports for tabletop exercises
- Development of a Pandemic Influenza Response Plan for UGA
- Development of a Pandemic Influenza Departmental Level Planning Tool to assist departmental level personnel
- Development of an online BCP Generator to better assist departmental level planning efforts
- Purchased a small stockpile of surgical masks, n95 masks, biohazard bags, and hand sanitizer for essential personnel
- Coordinated the UGA campus response to the 2009 H1N1 influenza A outbreak
- Evaluated the response to the 2009 H1N1 influenza A outbreak with an after action meeting and improvement plan

**A. 2009 H1N1 Influenza A Outbreak**

The 2009 H1N1 Influenza A outbreak introduced a novel Influenza virus to the human immune system. A novel virus means that there is no immunity in the human population and it is one of the first warning signs of a pandemic influenza. In response to this new virus, Mexico closed all schools, universities, and public events between April 24 and May 6, 2009. In the United States,
more than 400 schools closed for a period of time including an entire school district in the state of Texas. These numbers demonstrate that a planned response to an influenza outbreak is necessary.

The 2009 H1N1 Influenza A outbreak exposed some challenges for planning for a disease pandemic. As the 2009 outbreak began, the severity of the virus was not known. Many similarities between the 2009 and the 1918 Spanish Influenza outbreak existed causing many to fear widespread problems might occur. While a large percentage of the UGA population contracted the virus, the mild symptoms in most allowed many people to combat the illness without medical assistance. Fortunately, the 2009 H1N1 Influenza A outbreak caused only minor disruptions and did not severely impact the day to day operations of the University of Georgia.

While the 2009 outbreak did not cause classes or events to be cancelled, it did have an effect on the UGA campus. Many students became ill causing a spike in class absenteeism and a large rise in visits to the University Health Center. In addition to students becoming ill, many staff members also contracted the virus causing a parallel spike in absenteeism among employees. Furthermore, the fear of the unknown created apprehension and caused a great deal of alarm among faculty, staff, students and parents.

The 2009 H1N1 Influenza A outbreak exposed some flaws in planning for a pandemic. Many of the triggers for response at UGA were based on phases established by the World Health Organization (WHO) and stages established by the United States federal government. The federal government stages assumed that a pandemic would begin in Asia and spread to the United States. The 2009 H1N1 Influenza A outbreak began in North America making the federal stages difficult to use. Not only were these stages difficult to use, they disappeared from the government websites without explanation. The phases created by the World Health Organization reflected the spread of the virus, but did not correspond with the impact of the virus. As the World Health Organization updated the phases of the pandemic, the University of Georgia did not implement the actions outlined in the 2008 version of the UGA Pandemic Response Plan because the impact on the UGA campus was not significant.

*See Appendix D for a detailed listing of UGA’s response activities to the 2009 H1N1 Influenza A outbreak.*

**VIII. UGA Pandemic Influenza Planning Challenges and Assumptions**

Planning for an influenza pandemic presents many challenges. Some challenges specific to influenza are:

1. Influenza has a short incubation period (approximately 2 days)
2. A person with the flu is contagious before symptoms appear
3. The flu can be hard to differentiate from other respiratory illnesses
4. In past cases up to half of infected people had mild symptoms or were asymptomatic allowing them to spread the disease

The virus can spread quickly because there is a short incubation period. People who are infected will spread the disease before they know they are sick, hindering the ability to keep infected
people away from healthy people. Symptoms of the flu are similar to other illnesses making it difficult to diagnose with complete accuracy. The flu does not affect everyone the same way so not everyone with the flu will present the same symptoms again making it hard to identify those with the virus.

The flu virus spreads mostly through droplets in the air that are expelled when an infected person coughs or sneezes. The flu is normally spread from person to person as they come into contact with each other.

From these challenges, the CDC suggests the following when creating a plan to combat an influenza illness:

1. The target of planning cannot just be those who are ill
2. Plans must be put in place quickly
3. Social density will increase the likelihood of transmission
4. Transportation can be another means of transmission

These present areas of concern for UGA because the nature of a college setting is that students interact closely with each other in classrooms and dorms. Additionally, UGA has one of the largest bus systems in the country providing a means for the virus to spread as students move around campus. UGA also has a large number of international students and students in study abroad programs that allow the virus to move from other areas of the world to UGA.

The CDC presents several assumptions that should be included in pandemic influenza planning:

1. A pandemic flu outbreak will happen
2. Strategies to combat the flu include
   a. Vaccination
   b. Treating infected persons and providing prophylaxis to those exposed
   c. Infection control and social distancing
3. A vaccine for the flu may not be available for 4-6 months
4. Prophylaxis may or may not be effective based on how the virus mutates
5. The amount of vaccine available will be limited at first
6. Anti-viral prophylaxis may be in short supply

Because a vaccine may not exist prior to a pandemic outbreak, the first responses to a pandemic will be based on non-pharmaceutical interventions (NPI). The NPI that the CDC suggests considering are:

1. Isolation and treatment of sick persons
2. Voluntary home quarantine
3. Dismissal of students from school
4. Social distancing
5. Infection control through cough etiquette, hand hygiene

The steps that will be taken to combat a pandemic influenza will depend on the seriousness of the outbreak both in the virulence of the virus and the number of people that are ill.
The goals of the plan should be to delay the peak outbreak of the illness, lower the impact of the peak illness on the response resources, diminish the number of people who become ill, and lower the impact on the healthcare infrastructure. The goal of delaying the peak of the outbreak allows time for a vaccine to be manufactured and shipped. If the peak number of people who are ill can be spread out more evenly this will have less of an impact on the campus and allow UGA to continue to operate normally. The fewer people that become ill decreases the spread and lowers the impact on health care allowing those professionals to help others who are sick for different reasons.

While the above assumptions were written by the CDC prior to the H1N1 influenza outbreak, they match the experience at UGA during the fall of 2009. The H1N1 influenza outbreak was a fast moving illness that had different effects on members of the community. The peak of the illness occurred prior to the appearance of a vaccine requiring a response based on non-pharmaceutical interventions.

**IX. Pandemic Alert Phases**

There are several systems utilized that categorize the status of pandemic influenza. As in the 2009 Influenza A Pandemic, the systems are likely to be informative, but specific decisions about responses on the UGA campus may be driven more by the actual impact of a pandemic in Georgia than by systems that reflect the spread of the virus worldwide. Two guidance documents are utilized by the Centers for Disease Control and Prevention and the World Health Organization. The CDC developed the *Preparedness and Response Framework for Influenza Pandemics* in 2014 which is used for pandemic planning, risk assessment, decision-making, and action. In 2013, the *Pandemic Influenza Risk Management WHO Interim Guidance* was released by the World Health Organization. Both guidance documents were developed after the 2009 H1N1 pandemic and integrate domestic and international lessons learned into the current documents. The CDC and WHO systems are presented in this plan, because they are likely to be referenced by the media and included in all government guidance.

*See Appendix C for additional information on each system and graphical representations.*

**X. Incident Management**

The UGA Office of Emergency Preparedness will lead and coordinate UGA’s response and organizational efforts involving a pandemic influenza event on the University of Georgia campus. OEP will closely coordinate with the UGA Executive Policy Group, the UGA Emergency Operations Center (EOC) representatives, the UGA President’s Office, the University Health Center, local Public Health, and Athens-Clarke County Office of Emergency Management. National Incident Management System (NIMS) principles will be utilized during a pandemic influenza event to provide an organized Incident Command Structure (*see Appendix A*). In addition, OEP has a primary Emergency Operations Center (EOC), and a secondary EOC location identified on campus, to serve as the overall command and coordination nerve center for UGA. Also, it is likely that OEP will be asked to designate a representative to serve in the Athens-Clarke County Emergency Operations Center, operated in the county but not on the UGA campus, to act as a liaison for UGA. Additionally or alternatively, OEP may be required to provide a representative for the Northeast Public Health EOC for Region 10, the Public Health region that includes the main UGA campus. OEP has online event management/EOC software, whereby campus decision makers and emergency responders will be able to meet via their computers to work the event while limiting disease exposure.
XI. Authorities During a Pandemic Event
Several different government officials have authority that may affect the University of Georgia campus. The Governor of the State of Georgia, the Board of Regents of the University System of Georgia, the state Division of Public Health, the District Health Director for the Northeast Health District and the Athens-Clarke County Government all have the ability to make decisions that can affect the UGA campus. Thus, the impact of outside authorities on the operation of the University requires close communication and coordination with those entities.

A. For quarantining students
If students are diagnosed at the University Health Center with a novel strain of the flu virus, the student will be encouraged to have an isolation plan in order to avoid spreading the flu.

B. For not allowing students to class
Students who are ill will be encouraged not to attend classes. Determining which students are ill will be difficult to impossible. One issue with the flu is that students will be contagious before they have symptoms.

C. For cancelling classes
The authority for cancelling classes at the University of Georgia resides with the President of the University and the senior administrative staff. Public K-12 schools and colleges and universities may also be cancelled by the Governor of the State of Georgia.

XII. UGA Essential Services and Departments
Several UGA departments have campus-wide responsibility for providing essential services, technical support or making critical decisions that will impact the entire University during a pandemic. These departments will play a vital overall campus-wide emergency response role should UGA be impacted by a pandemic influenza event. Roles and responsibilities for these critical departments have been identified at each pandemic phase level and are included in this plan. However, in addition to fulfilling their campus-wide planning and response role, these departments should also plan and prepare at the departmental level.

- Office of the President (President’s Office)
- University Health Center (UHC)
- Office of Emergency Preparedness (OEP)
- University of Georgia Police Department (UGA PD)
- Environmental Safety Division (ESD)
  - Fire Safety
  - Industrial Safety and Hygiene
  - Environmental Compliance
  - Environmental Health and Food Safety
  - Hazardous Materials
- Office for the Vice President for Research
  - Chemical and Laboratory Safety
  - Radiation Safety
  - Biosafety
Special Hazards Safety

- Marketing and Communications
- Student Affairs Division
- Vice President for Instruction
- Office of International Education (OIE)
- Legal Affairs
- Human Resources (HR)
- Controller’s Division
  - Payroll
  - Accounts Payable and Receivable
  - Bursar’s Office
  - Procurement
- University Housing
- Food Services Division
- Office of the Vice President for Research (OVPR) - Biosafety, critical research, animal care
- Facilities Management Division (FMD) - utilities, facilities, custodial services, transportation
- Enterprise Information Technology Services (EITS) - computer network and server support and telephone services
- Risk Management Office
- Athletic Association
- Transportation and Parking Services
- Georgia Center for Continuing Education and Hotel
- Disability Resource Center

# XIII. Roles and Responsibilities

The following summary provides a brief overview of specific roles campus units or individuals may be asked to perform during a pandemic influenza event. This summary is not intended to cover all functions or services a department may be asked to provide during the actual emergency.

- **UGA Executive Policy Group:** The UGA Executive Policy Group (EPG) is an executive level oversight and strategic decision-making group for the University of Georgia during a large-scale emergency situation. The Executive Policy Group is chaired by the President and has the authority to make strategic, financial, operational, and policy decisions in response to the significant issue or emergency event. If the implications of a crisis or public safety emergency require executive decision-making, have potential long-term implications on the viability and reputation of the campus, or require significant changes in existing policies, the Executive Policy Group is activated by the Incident Commander and becomes involved in the overall management of the crisis or emergency event. Specifically, the Executive Policy Group may review, modify, or develop policies and procedures related to course attendance, grading, course completion requirements, student activities, residence life, financial aid, fiscal expenditures, and other fiscal disbursements. In addition, the Executive Policy Group will initiate continuity and recovery efforts to resume normal operations on campus and approve all strategic communication’s activities and messages to the community.
• **Emergency Operations Center Group:** An EOC is the physical location at which the coordination of information and resources to support campus incident management activities normally takes place. Campus and local personnel, who are provided with the authority to make decisions, commit staff and resources, and manage financial resources, staff the EOC. Various departments on campus who may have an incident response coordination role have been identified by OEP to staff the EOC during emergency situations that warrant its activation. UGA Departments who participate in the EOC include: UGA Police, Environmental Safety Division, OVPR Research Safety, Student Affairs (Housing, Risk Management, and Recreational Sports), Parking and Transportation, Marketing and Communications, University Health Center, Academic Affairs, Facilities Management Division and the Office of Emergency Preparedness. Local fire, police and EMS agencies may be included in the EOC if needed.

• **Office of the President:** The President’s Office will make administrative decisions concerning the University and coordinate directly with the ERT to execute decisions regarding staffing levels, continuation or suspension of classes, event cancellations, closures, and other critical decisions impacting UGA faculty, staff, students, and facilities.

• **University Health Center:** The UHC will participate and collaborate with other UGA departments and Public Health agencies in planning for a pandemic influenza event; provide medical and health-related and prevention education to the UGA campus community before and during a pandemic; and monitor the World Health Organization and the Centers for Disease Control and Prevention advisories and recommendations.

• **Office of Emergency Preparedness:** OEP will lead pandemic influenza planning and response efforts at UGA. During an actual pandemic, OEP will activate the Pandemic Influenza Response Plan and the Emergency Operations Center and serve in the incident management role to bring together the Institutional resources identified during planning. The EOC may be a virtual EOC where decision-makers do not physically report to a location in order to reduce exposure to the flu virus. OEP will coordinate logistics and resource acquisition during the response and recovery phase. In addition, OEP will maintain a liaison role with other local, state, and federal agencies.

• **University of Georgia Police Department:** UGA PD will be responsible for maintaining safety and security on campus. In addition to normal activities, UGA PD will assist with security, traffic planning, and operations at the UHC and other campus locations that may serve as temporary medical triage areas, dispensing sites, and storage sites used for storing medical supplies, vaccines, or other critical commodities.

• **Environmental Safety Division:** ESD will continue to perform their normal functions including oversight and technical assistance in maintaining hazardous materials, fire safety, environmental health and safety, and outreach programs. In addition, ESD will be responsible for establishing a communication link and relaying environmental safety related information and resources to all off-campus UGA owned sites within the state of Georgia.

• **Office of the Vice President for Research – Research Safety Office:** OVPR Research Safety will continue to perform their normal functions including oversight and technical assistance in maintaining chemical and laboratory safety, radiation safety, animal care issues and biosafety. OVPR Research Safety will assist with maintaining a conduit to lab safety professionals and researchers on campus.

• **Marketing and Communications:** During the pre-pandemic phase, Marketing and Communications will assist the UHC in the development and dissemination of
educational and prevention materials. During a pandemic, Marketing and Communications will coordinate all media releases and communications to faculty, staff, and students regarding UGA’s response and recovery efforts. Marketing and Communications will keep the main UGA home page, www.uga.edu, updated with important information about the pandemic. Marketing and Communications may also create a specific page related to the outbreak similar to the www.uga.edu/flu page that was created in reference to the 2009 outbreak or utilize www.emergency.uga.edu.

- **Student Affairs:** The Student Affairs office will monitor student absences, make decisions related to events hosted by and for student groups, and will be represented in the EOC to assist with all decisions affecting students and student groups. The Student Affairs Office will oversee student volunteers and fund raising efforts as appropriate and with student volunteers needed to assist with sheltering, education, and medication dispensing.

- **Vice President for Instruction:** The Office of the Vice President for Instruction will serve in an advisory capacity regarding all academic decisions (i.e. the suspension of classes, class credit issues, tuition refunds, distance learning opportunities, etc.).

- **Office of International Education:** The Office of International Education will serve as UGA’s liaison to all international programs including Study Abroad programs, UGA sites in countries outside the United States, exchange students and visiting scholars, etc. The Office of International Education will provide frequent updates on the welfare and condition of UGA faculty, staff, and students who are currently residing in other countries while participating in UGA affiliated programs. In addition, this office will be able to provide information regarding the travel activities of its program participants which could initiate a quarantine of an individual or group.

- **Legal Affairs:** The UGA Legal Affairs office will provide legal consultation regarding quarantine policies, suspension of classes or closure issues, human resource issues, payroll activities, and interpretation of emergency declarations. Situation briefings should be provided to the ERT based on consultation and coordination with the University System of Georgia Legal Affairs office.

- **Human Resources:** Human Resources will be responsible for monitoring and reporting faculty and staff absences to the ERT daily, evaluating and adjusting HR policies and procedures as warranted to meet the staffing requirements of the Institution during the emergency, and to ensure consistency with University System policies regarding compensation during closings and other schedule adjustments. HR will coordinate with the Controller’s Division/Payroll Office to ensure timely payments are made as warranted and to ensure employee benefits payments are received in order to keep benefits in effect as determined by the UGA Senior Administration and University System Office.

- **Controller’s Division:** Several departments within the Controller’s Division will be responsible for ensuring University fiscal transactions can occur as needed whether the Institution is open or closed during the pandemic. Policies and procedures will be reviewed and adjusted as necessary to ensure critical supplies can be purchased and invoices paid, payroll checks can be deposited or distributed, and student fees suspended, refunded, or held as directed by the University System Office.

- **Housing Office:** The University Housing Office will continue to provide housing needs for current students as well as the coordination of possible emergency quarantine and isolation areas on campus to serve faculty, staff, and students.

- **Food Services:** Food Services will be responsible for maintaining, preparing, and evaluating existing food stocks per normal procedures and supplying food for
quarantined or isolated faculty, staff, or students on campus as needed. Food Services Sick Tray policy may be implemented, and publicized as warranted, to provide food to students while decreasing exposure to the flu virus.

- **Facilities Management Division:** FMD will provide transportation support, cleaning services, and labor to facilitate general support to various campus departments and agencies. FMD will also maintain critical building systems used to power and maintain research and other critical functions.

- **Enterprise Information Technology Services:** EITS will provide technical assistance and computer and phone support when establishing the EOC or other temporary facilities where technical support is required. EITS will assist with distance learning and other means of providing education while decreasing public gatherings and implementing social distancing.

- **Risk Management:** Risk Management is responsible for reviewing insurance coverage applicability and reporting procedures that may need to be adjusted during or following a pandemic.

- **Athletic Association:** The UGA Athletic Association will serve in a resource role in providing potential venues for use by medical personnel for triage or storage. Additional resources, such as water, food, and Athletic Association medical staff may be used to assist the UHC in their duties.

- **Parking and Transit:** Parking and Transit is responsible for ensuring adequate fuel supplies and drivers are available whenever possible as appropriate to continue regular or emergency transportation as needed. Campus Transit may also implement cleaning procedures for buses in an effort to decrease exposure to the flu virus.

- **Georgia Center:** The University of Georgia Center for Continuing Education Conference Center and Hotel will provide rooms to UGA employees who must remain on or near campus to respond as needed. Prices for rooms at the Georgia Center will vary depending upon the level of service requested.

- **Disability Resource Center:** The Disability Resource Center will assist in making sure the needs of all students are considered when response plans are discussed and implemented.

**XIV. Continuity of University Operations**

The University Facilities Management Division (FMD) maintains University buildings even when the University is closed for extended holidays, snow closings or other events when normal operations are interrupted. This includes building utilities, heating and cooling systems, access control systems, fire detection systems and other critical building systems. In addition, the University Police is a full service police department which operates 365 days a year, 24 hours a day and 7 days a week.

To aid departments in their planning efforts to manage the disruption and recovery of a pandemic, departments will be encouraged to use OEP’s online Business Continuity Planning Generator as a tool to plan for and address these concerns. The link to access the online BCP Generator, using a UGA MyID, may be found at [www.prepare.uga.edu](http://www.prepare.uga.edu).
XV. Continuity of Instruction
Instructors for classes will be encouraged to create contingency plans for providing instruction without meeting in a traditional classroom setting. Instructors will be encouraged to become familiar with eLearning Commons or any virtual learning environment supported by UGA.

Plans for instruction will vary depending upon the type of class. Some classes with labs and other types of hands on learning will present challenges. The responsibility for instruction and requirements related to instruction fall under the University Provost. Decisions related to instructional needs and requirements will be made by the President, the Provost or their designee.

XVI. UGA Extended Campuses
For UGA’s extended campuses (Tifton, Griffin, Gwinnett, and Buckhead) and research sites (Skidaway Island and 4-H centers), UGA OEP will work closely with these campus and site coordinators to provide updated information received from state, local and campus partners as well as receive situation reports from each site in relation to the pandemic event. Extended UGA campuses and research sites are encouraged to purchase and stockpile personal protective equipment and other critical supplies in the event OEP is not able to provide assistance during the pandemic event. Also, extended campuses and research sites should coordinate with their local emergency management and public health agencies in order to be better informed of specific local updates and protective measures.

XVII. Personal Protective Equipment (PPE)
Once a pandemic starts, it will be difficult, if not impossible, to secure certain items that will be needed due to increased demand coupled with delays in shipments caused by fuel shortages and illness and absenteeism in the transportation industry. Given the just-in-time purchasing practices of most organizations and the fact that most PPE is manufactured overseas, it is anticipated that current supplies in the United States will be exhausted quickly under pandemic circumstances. In addition, there will likely be a rush to purchase general cleaning products and disinfectants by the general public making these items difficult to purchase with the onset of a pandemic. Therefore, departments should determine whether stockpiling of critical supplies would be prudent and, if so, the amount of funding necessary to establish and store supplies. Below is a general list of supplies that departments might consider purchasing and stockpiling for their essential staff members who would likely be called upon to continue operations in their respective areas despite a closure of the University.

A. Personal Protective Equipment:
- Basic surgical mask (general use by campus staff who want some level of protection)
- Face shield, visor, or goggles
- Gloves (latex and vinyl)
- US NIOSH-certified N95 or equivalent respirator (campus first responders)

B. Cleaning Supplies:
- Disinfectant cleaning agents
- Gloves (latex and vinyl)
- Alcohol based hand washing solutions
- Soap
- Paper products

C. UGA PPE Stockpile for Essential Responders

A small amount of PPE has been purchased and is stored at the OEP office in the Hodgson Oil Building. Some designated PPE items are to be rotated out and into the stock of the University Health Center as needed to avoid becoming expired. The PPE will be used as needed by UGA emergency personnel during a Pandemic or disease outbreak. A list of the PPE stored at Central Receiving is listed below, as of this update, as well as contact information for accessing the PPE.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Inventory</th>
<th>Location</th>
<th>Date Inventoried</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95 Masks</td>
<td>28 Cases – 180 per case</td>
<td>28 cases at Hodgson Oil</td>
<td>Oct. 2016</td>
</tr>
<tr>
<td>Cleanroom Masks</td>
<td>13 Cases – 300 per case</td>
<td>13 cases at Hodgson Oil</td>
<td>Oct. 2016</td>
</tr>
<tr>
<td>Biohazard Bags</td>
<td>3 boxes – 500 per box</td>
<td>3 boxes at Hodgson Oil</td>
<td>Oct. 2016</td>
</tr>
</tbody>
</table>
UGA Pandemic Influenza Response Flowchart

Scenario
1. Human to Human transmission of H5N1 virus
2. Reported by media
3. Confirmed by local Public Health Department

CDC Notified
Northeast Georgia
Public Health Notified

UGA Core
Communication
Contacts:
UHC
OEP
UGA PD

UGA Office of the
President

UGA Executive
Policy Group

UGA Pandemic
Influenza Response
Plan activation

Notification

UGA Faculty, Staff,
and Students
Various frameworks have been used by the WHO and CDC since 2005 to describe the progression of influenza pandemics. In 2014, an Updated Preparedness and Response Framework for Influenza Pandemics was released which replaced the U.S. federal government stages from the 2006 National Strategy for Pandemic Influenza Plan. This updated framework can be used for pandemic planning, risk assessment, decision-making, and action. The six intervals of the updated framework are as follows:

1) Investigation of cases of novel influenza
2) Recognition of increased potential for ongoing transmission
3) Initiation of a pandemic wave
4) Acceleration of a pandemic wave (an increasing number of cases in the United States)
5) Deceleration of a pandemic wave (declining cases in the United States)
6) Preparation for future pandemic waves

Within each interval, there are eight domains. These domains are used to organize the response efforts within each interval above. The eight domains are:

1) Incident management
2) Surveillance and epidemiology
3) Laboratory
4) Community mitigation
5) Medical care and countermeasures
6) Vaccine
7) Risk communications
8) State/local coordination

The CDC previously used a Pandemic Severity Index (PSI). This index, based solely on mortality rates, tended to overestimate severity because more severe cases are more likely to be reported in the early phases of an outbreak. Therefore, two new tools were developed: the Influenza Risk Assessment Tool (IRAT) and the Pandemic Severity Assessment Framework (PSAF).

The IRAT’s intended use is during the early phases of an event when information is limited. IRAT will assess the risk that a novel virus will develop sustained human-to-human transmission and impact public health. Ten risk elements are used to determine risk. A team of experts assigned to each element provide a numerical risk score. The results of this process can be used to determine how to act and how to communicate concerns regarding disease emergence and public health impact. Once a novel influenza virus has achieved sustained transmission, the PSAF tool can be used to assess the potential impact compared to previous flu events.

The CDC developed a series of tables based on the six pandemic intervals. These tables provide some key decisions and potential actions to consider in response to the spread of a novel influenza virus. The following tables are not intended to be prescriptive or comprehensive, but instead, provide examples of priority issues that may need to be addressed during each interval.
These tables and suggested actions are from the Centers for Disease Control and Prevention’s *Morbidity and Mortality Weekly Report, Volume 63, Number 6, September 26, 2014.*

### Recommendations and Reports

#### Investigation Interval (Table 1)

**State/Local indicator:** Identification of novel influenza A infection in humans or animals in the United States with potential implications for human health.

**Federal indicator:** Identification of novel influenza A infection in humans or animals anywhere in the world with potential implications for human health.

<table>
<thead>
<tr>
<th>Domain</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident management</td>
<td>- Review state/local response plans.</td>
<td>- CDC and the World Health Organization (WHO) convene international experts to implement the influenza Risk Assessment Tool* to assess the risk for emergence of the novel virus, as well as the potential impact of the virus.</td>
</tr>
<tr>
<td></td>
<td>- Coordinate activities and response plans with state animal health officials, as appropriate.</td>
<td>- If the United States is affected, report human cases to the CDC.</td>
</tr>
<tr>
<td></td>
<td>- Review and exercise all aspects of influenza response.</td>
<td>- If the United States is affected, report human cases to the WHO (per the 2005 International Health Regulations).</td>
</tr>
<tr>
<td></td>
<td>- Identify whether state or federal assistance is required to support surveillance systems, field investigations, and animal control resources.</td>
<td>- Support international investigation efforts.</td>
</tr>
<tr>
<td>Surveillance and epidemology</td>
<td>- Maintain and enhance influenza and respiratory virus surveillance systems as needed.</td>
<td>- Support international efforts to characterize the virus, including antiviral resistance profiles.</td>
</tr>
<tr>
<td></td>
<td>- Implement case-based Investigation of novel influenza infections in humans and animals.</td>
<td>- If the United States is affected, conduct laboratory confirmation of cases and monitor virus for transmission characteristics and resistance.</td>
</tr>
<tr>
<td></td>
<td>- Assess contacts of ill persons to determine human-to-human transmission and risk factors for infection.</td>
<td>- Develop and distribute test kits to states and other countries if indicated.</td>
</tr>
<tr>
<td></td>
<td>- Report cases according to the Notifiable Diseases Surveillance System.</td>
<td>- Identify genetic and antigenic relationship of virus to available vaccine candidates and to seasonally circulating virus.</td>
</tr>
<tr>
<td></td>
<td>- If newly animal cases are identified, assess human exposures and risks for infection.</td>
<td>- Initiate actions to isolate virus, prepare candidate vaccine viruses for preclinical development.</td>
</tr>
<tr>
<td></td>
<td>- Coordinate activities with state animal health representatives, as appropriate.</td>
<td>- Update select agent regulations and biosecurity guidelines as appropriate for the situation.</td>
</tr>
<tr>
<td></td>
<td>- Identify whether state or federal assistance is required to support surveillance systems, field investigations, and animal control resources.</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>- Assess and optimize laboratory capacity to detect and characterize influenza cases.</td>
<td>- Update guidance for surveillance measures as relevant to the situation.</td>
</tr>
<tr>
<td></td>
<td>- Coordinate activities with state/local veterinary diagnostic laboratories.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Submit viruses with CDC and the U.S. Department of Agriculture (USDA).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Identify whether state or federal assistance is required to support laboratory activities.</td>
<td></td>
</tr>
<tr>
<td>Community Mitigation</td>
<td>- Emphasize the importance of personal protective measures (e.g., voluntary isolation by staying home when ill, respiratory etiquette, and hand hygiene) to limit spread of influenza.</td>
<td>- Promote community mitigation preparedness activities, especially voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and infection control.</td>
</tr>
<tr>
<td></td>
<td>- If human-to-human transmission is suspected, consider recommending isolation of ill persons and voluntary quarantine of close contacts (e.g., household members).</td>
<td>- Review all guidance documents and update as needed for the situation (e.g., recommendations on community mitigation measures and other nonpharmaceutical interventions designed to slow the spread of the virus in the community or within certain populations and settings at high risk for infections).</td>
</tr>
<tr>
<td></td>
<td>- Enhance all usual influenza pandemic preparedness activities with schools and businesses.</td>
<td>- Provide guidance for border health and traveler health activities as appropriate for the situation.</td>
</tr>
</tbody>
</table>

*See table footnotes on page 12.*

UGA Pandemic Flu Response Plan

2016 21
<table>
<thead>
<tr>
<th>Domain</th>
<th>Stated local</th>
<th>Federal</th>
</tr>
</thead>
</table>
| Medical care and countermeasures | - Advise health-care providers statewide to promptly diagnose influenza and promptly treat ill persons.  
- Based on current recommendations, implement infection-control practices to minimize health-care associated infections.  
- Implement infection-control measures at hospitals and outpatient care centers.  
- If human-to-human transmission is suspected, monitor and assess with daily access to post-exposure chemoprophylaxis for close contacts per current recommendations.  
- Review all guidance documents and update as needed for the situation and communicate with key stakeholders.  
- Conduct all usual influenza pandemic preparedness activities with health-care facilities. | - Review all guidance documents and update as needed for the situation and communicate with key stakeholders.  
- Consider which additional steps are needed to establish medical countermeasure stockpiles (e.g., antivirals, respiratory protective devices, ventilators, and Emergency Use Authorizations). |
| Vaccine                      | - Evaluate all usual influenza pandemic preparedness activities, including a review and update of vaccine distribution and administration plans; process for rapid contract negotiation and inventory; and mechanisms to identify and provide vaccine and procurement for critical infrastructure personnel and other priority groups for vaccination, and plans and procedures for mass vaccination clinics and points of dispensing.  
- Review all guidance documents and update as needed for the situation and communicate with key stakeholders. | - Evaluate whether findings from the Influenza Risk Assessment Tool and other information support initiation of development of vaccine candidates, manufacturing, vaccine stockpiling, or all of these.  
- Evaluate capability to make pandemic vaccine available with federal agencies and industry partners (e.g., activation of plans to develop, manufacture, and clinically evaluate pandemic vaccine).  
- Review all guidance documents and update as needed using available data (e.g., efficacy, allocation, distribution, prioritization, and administration, including monitoring vaccine adverse events).  
- Evaluate local and state preparedness level for a large-vaccination campaign. |
| Risk communication           | - Proactively update clinicians and vaccinations through the state health alert network.  
- Share information with key federal and local partners, such as animal and human health public affairs officers and other agencies or organizations.  
- Disseminate timely and relevant messages to the public as appropriate.  
- Work with CDC, HHS, and the Food and Drug Administration (FDA) to disseminate messages regarding food safety concerns as appropriate. | - Disseminate relevant and timely messages in coordination with other key partner audiences, including local and federal agencies, the National Public Health Information Coalition, and USDA.  
- Work with FDA and USDA to disseminate messages regarding food safety concerns as appropriate. |
| State/local coordination      | - Determine whether state or federal assistance is required to support review and update of response plans.  
- Provide technical assistance as appropriate to regional and local partners for reviewing regional and local plans and guidance, and communication channels. | - Provide technical assistance as appropriate for state, local, tribal, and territorial (SLTT) partners for reviewing and updating plans.  
- Facilitate effective and timely movement of information, providing expert communication between federal and SLTT agencies and partners.  
- Evaluate the state and local preparedness level to respond to a potential pandemic, including methods to receive funds and use funds rapidly. |


UGA Pandemic Flu Response Plan

2016
### Recommendations and Reports

#### Recognition Interval (Table 2)

**State/Local Indicator**: Increasing number of human cases or clusters of novel influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to-human transmission.

**Federal Indicator**: Increasing number of human cases or clusters of novel influenza A infection anywhere in the world with virus characteristics indicating increased potential for ongoing human-to-human transmission.

Unaffected states should continue preparation efforts.

<table>
<thead>
<tr>
<th>Domain</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
</table>
| Incident Management         | - Continue or initiate actions described for the investigation interval for all domains.  
                              | - Consider activation of the state/local emergency operations center.  
                              | - Forecast future resource needs for a potential response.  |
|                             | - Continue or initiate actions described for the investigation interval for all domains.  
                              | - Brief all decisions previously made during the investigation interval to ensure they continue to be relevant to the emerging situation.  
                              | - Replicate the Influenza Risk Assessment Tool, as indicated by new findings, to assess risk for emergence of the novel virus, as well as the potential impact.  
                              | - Normalize and prioritize research needs (e.g., scientific preparations).  
                              | - Forecast future resource needs for a potential response.  
                              | - Consider using the Pandemic Severity Assessment Framework* if sufficient data are available.  
                              | - Convene group of U.S. Department of Health and Human Services leaders regularly to address policy issues and make national-level policy decisions requiring emergency and intergovernmental coordination.  
                              | - Consider determination of a potential public health emergency.  
                              | - Consider activation of emergency operations centers.  |
| Surveillance and Epidemiology| - Conduct enhanced novel influenza A surveillance.  
                              | - Continue novel influenza A surveillance for cases nationwide.  
                              | - Refine criteria for reporting and investigating cases.  
                              | - Provide technical assistance as needed.  
                              | - Evaluate the need for biocontainment for animals or products if appropriate.  
                              | - Consider whether use of a vaccine for animals is an acceptable option.  |
| Laboratory                  | - Confirm all suspected cases at a public health laboratory.  
                              | - Prepare specimen intake plans and implement surge plans if needed.  |
| Community Mitigation        | - Prepare for implementation of community mitigation measures, in addition to voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and infection control. These might include voluntary home quarantine of contacts, use of face masks, temporary closure of child care facilities and schools, and social distancing measures.  
                              | - Review all guidance documents and update as needed by the situation (e.g., recommendations on community mitigation measures and other nonpharmaceutical interventions developed to slow the spread of the virus, in the community or within certain populations and settings at high risk for infection).  
                              | - Provide updated guidance for border health and travelers’ health activities, including travel health notices, as appropriate for the situation.  
                              | - Evaluate and implement required biocontainment measures (entry, exit, or both) as appropriate for the situation.  
                              | - Continue to conduct travel volume and pattern analysis.  |

See Table footnotes on page 14.


## TABLE 2. (Continued) Novel influenza A virus pandemic (recognition interval): recognition of increased potential for ongoing transmission

<table>
<thead>
<tr>
<th>Domain</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical care and countermeasures</strong></td>
<td>- Consider implementation of voluntary contact tracing programs based on current recommendations; - Educate clinicians about recommended treatment, prophylaxis, and infection control guidelines; - Initiate contact with counterparts of the local or regional or both) Strategic National Stockpile (SNS) regarding the potential receipt and distribution of SNS countermeasures, as appropriate; - Assess impact on medical care facilities; identify whether medical resources are sufficient to manage ill persons and conduct case-based control efforts; determine if federal assistance is required.</td>
<td>- Update and release guidance documents as needed for the situation (e.g., comprehensive medical care, infection control, and countermeasures for health care providers, patients, and infected individuals). - Review options for mobilization of health care personnel in excess of local resources; - Consider development of prioritization procedures for materials that could be in short supply. - Continue with regulatory readiness steps (e.g., Emergency Use Authorization (EUA) or other procedures) to support the EUA. - Evaluate whether transmission and severity assessment merit deployment of SNS countermeasures or other therapeutics under EUA. - Evaluate whether SNS in stockpile require replenishment.</td>
</tr>
<tr>
<td><strong>Vaccine</strong></td>
<td>- Prepare for vaccine availability and vaccine campaign phase; - Distribute and administer plans if a campaign will be initiated, including mass vaccination initiatives and coordination with pharmacies and other groups as appropriate; - Contact adult, obstetric, and pediatric health care providers, including pharmacies, to promote vaccine access to persons in all age groups and ability to identify and vaccinate a critical infrastructure workforce. - Ensure that all targeted populations are identified, and that an adequate supply of vaccines is available. - Confirm vaccine providers have access to the immunization information system (IS) or alternative systems. - Review capacity and capabilities of IS for use by vaccine providers and in mass vaccination clinics for the required closing schedule (2 to 4 doses with or without adjuvant).</td>
<td>- Establish the decision framework for initiating a national vaccine campaign. - Evaluate implementation of vaccine manufacturing for distribution as appropriate. - Develop and provide technical support and guidance to states, local, tribal, and territorial and private-sector partners in preparation for and during a potential pandemic vaccination response in the United States. - Engage the Advisory Committee on Immunization Practices regarding vaccination recommendations. - Implement systems to monitor vaccine distribution to cold storage providers of CDC’s vaccine distribution system. - Establish or update systems to monitor and assess pandemic vaccine adverse events, coverage, and effectiveness. - Consider which vaccine policies need to be developed or updated to support a vaccination response.</td>
</tr>
<tr>
<td><strong>Risk communication</strong></td>
<td>- Develop or update a media relations and outreach plan; - Disseminate risk communication messages, including what is known, what is not known, and what is being done by public health officials. - Disseminate messages for travelers, as well as community mitigation messages, when to seek care, and how to care for ill persons at home as appropriate. - Conduct briefings with local, regional, and state response partners, businesses, tribes, and health care facilities on the potential for escalation, response actions, and changes to preparedness steps that partners should consider. - Work with CDC, the U.S. Department of Agriculture, and the Federal Drug Administration to disseminate messages to address food safety concerns as appropriate.</td>
<td>- Develop or update a media relations and outreach plan; disseminate risk communication messages. - Disseminate messages for travelers, as well as community mitigation messages, when to seek care, and how to care for ill persons at home as appropriate. - Collaborate, coordinate, and engage with partners and stakeholders.</td>
</tr>
<tr>
<td><strong>State/Local coordination</strong></td>
<td>- Continue to coordinate with all partners.</td>
<td>- Continue to coordinate U.S. government interactions with state/local public health agencies and other partners. - Continue administrative preparations activities. - Identify a source of financial support for states and localities to carry out a response.</td>
</tr>
</tbody>
</table>

Initiation Interval (Table 3)

**State/Local indicator:** Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission.

**Federal indicator:** Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission.

State and federal indicators can be asynchronous.

**TABLE 3. Novel Influenza A virus pandemic (initiation interval): Initiation of pandemic wave**

<table>
<thead>
<tr>
<th>Domain</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident management</td>
<td>- Continue or initiate actions described for the recognition interval.</td>
<td>- Continue or initiate actions described for the recognition interval.</td>
</tr>
<tr>
<td></td>
<td>- Consider activation of state/local emergency operations center.</td>
<td>- Consider declaring a public health emergency.</td>
</tr>
<tr>
<td></td>
<td>- Consider declaring a public health emergency.</td>
<td></td>
</tr>
<tr>
<td>Surveillance and epidemiology</td>
<td>- (Updated, continue enhanced surveillance; conduct case investigation and response.)</td>
<td>- Deploy federal responders to states that were initially affected as appropriate.</td>
</tr>
<tr>
<td></td>
<td>- If unsuccessful, prepare for investigation and response.</td>
<td>- Conduct analyses and field studies; disseminate data regarding transmission, treatment, and prophylaxis.</td>
</tr>
<tr>
<td></td>
<td>- Consider surveillance for influenza hospitalizations and deaths if not already a component of state-based influenza surveillance.</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>- Continue to confirm initial suspected cases at a public health laboratory, resources permitting; prepare a plan for limiting testing using surveillance criteria.</td>
<td>- Remove select agent status and US. Department of Agriculture regulations for the novel influenza virus strains.</td>
</tr>
<tr>
<td></td>
<td>- Continue monitoring virus characteristics to identify changes in transmissibility, transmission or antiviral resistance markers.</td>
<td>- Maintain situation-appropriate border and travel No-travel measures.</td>
</tr>
<tr>
<td>Community mitigation</td>
<td>- Consider implementing appropriate community mitigation measures* in selected affected locations or institutions as indicated by the results of the Pandemic Severity Assessment Framework.</td>
<td>- Evaluate recommendations for appropriate community mitigation measures.</td>
</tr>
<tr>
<td></td>
<td>- Monitor the surge in healthcare needs and assess whether assistance is needed to mitigate the surge.</td>
<td>- Initiate targeted studies of the clinical course of the illness, treatment response, and disease transmission.</td>
</tr>
<tr>
<td></td>
<td>- Review and prepare to deploy a contingency surge (mass mortality) plans.</td>
<td>- Monitor healthcare surge and stress on the health care system, including provision of key medical resources and tools as needed.</td>
</tr>
<tr>
<td></td>
<td>- Consider deployment of state/local caches.</td>
<td>- Consider deployment of Strategic National Stockpile antiviral drugs and other medical resources.</td>
</tr>
<tr>
<td></td>
<td>- Consider implementation of voluntary quarantine of contacts and chemoprophylaxis of exposed persons based on current recommendations.</td>
<td></td>
</tr>
<tr>
<td>Vaccine</td>
<td>- Implement stockpiled pandemic vaccination campaigns if a stockpiled pandemic influenza vaccine is available, appropriate for the emerging virus, and the US government has made the decision to do so.</td>
<td>- Provide technical support and guidance to state, local, tribal, and territorial (SLTT) and private sector partners in preparation for and during a potential pandemic influenza vaccination response in the United States.</td>
</tr>
<tr>
<td></td>
<td>- Update the state distribution plan based on CDC prioritization guidance and estimated state allocation of vaccine, and epidemiology of pandemic influenza in the state.</td>
<td>- Monitor and assess pandemic vaccine adverse events, coverage, and effectiveness.</td>
</tr>
<tr>
<td>Risk communication</td>
<td>- Disseminate updated risk messages, including providing anticipatory guidance or information on what might be expected.</td>
<td>- Work with the Advisory Committee on Immunization Practices and others to refine policies for vaccine use and prioritization.</td>
</tr>
<tr>
<td></td>
<td>- Share information regarding antiviral and the possibility of implementation of community mitigation measures as appropriate.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Continue to provide regular updates to key partners, stakeholders, elected officials, and the media.</td>
<td></td>
</tr>
<tr>
<td>State/local coordination</td>
<td>- Continue to coordinate with all partners.</td>
<td>- Continue to coordinate with SLTT public health and other partner organizations.</td>
</tr>
<tr>
<td></td>
<td>- Prepare to receive funds to support response, if available.</td>
<td>- If funds are available to support an SLTT response, initiate action to award funds.</td>
</tr>
</tbody>
</table>

### Acceleration Interval (Table 4)

**State/Local indicator:** Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission.

**Federal indicator:** Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission.

State and federal indicators can be asynchronous.

#### TABLE 4. Novel influenza A virus pandemic (acceleration interval): acceleration of pandemic wave

<table>
<thead>
<tr>
<th>Domain</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident management</td>
<td>- Continue or initiate actions described for the initiation interval.</td>
<td>- Continue or initiate actions described for the initiation interval.</td>
</tr>
<tr>
<td></td>
<td>- Maintain processes to monitor effectiveness of response.</td>
<td>- Maintain processes to monitor effectiveness of response.</td>
</tr>
<tr>
<td>Surveillance and epidemiology</td>
<td>- If affected, transition surveillance from individual case confirmation to severe disease and syndromic surveillance as appropriate.</td>
<td>- Maintain enhanced surveillance.</td>
</tr>
<tr>
<td></td>
<td>- If affected, continue individual case confirmation.</td>
<td>- When appropriate, transition surveillance to severe disease and syndromic surveillance.</td>
</tr>
<tr>
<td></td>
<td>- Monitor for changes in epidemiology.</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>- Provide laboratory confirmation of only a sample of cases as needed for virologic surveillance.</td>
<td>- Continue monitoring virus characteristics to identify changes in virulence, transmission, or antiviral resistance markers.</td>
</tr>
<tr>
<td></td>
<td>- Implement revised specimen submission protocol per CDC guidance as appropriate.</td>
<td>- Transition to virologic testing of a sample of viruses submitted from states.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Distribute to state public health laboratories recommendations that outline revised specimen submission protocol as needed.</td>
</tr>
<tr>
<td>Community mitigation</td>
<td>- Consider activating (if not already implemented) or expanding (if already implemented) appropriate community mitigation measures for affected communities (such as hospital closure of non-essential facilities and schools, shelter-in-place, social distancing measures, and postponement or cancellation of mass gatherings).</td>
<td>- Maintain situation-appropriate border and traveler health measures.</td>
</tr>
<tr>
<td></td>
<td>- Monitor effectiveness of ongoing community mitigation measures.</td>
<td>- Continue or initiate exit planning if appropriate.</td>
</tr>
<tr>
<td></td>
<td>- Monitor adverse impact of community mitigation measures on society.</td>
<td>- Provide, evaluate, and revise recommendations for use of community mitigation measures.</td>
</tr>
<tr>
<td></td>
<td>- Coordinate with local response agencies to address the impact if feasible.</td>
<td>- Deploy federal responders or assist states in other ways to evaluate the effectiveness and potential adverse effects of community mitigation measures.</td>
</tr>
<tr>
<td>Medical care and countermeasures</td>
<td>- Monitor and respond to surge in health care needs, including setting up alternative care sites.</td>
<td>- Monitor antimicrobial resistance and adverse events.</td>
</tr>
<tr>
<td></td>
<td>- Educate clinicians and the public about the need for prompt treatment of ill persons.</td>
<td>- Advise on implementation of mitigation strategies for the surge in health care needs (e.g., activation of alternative care sites and modalities and implementation of situational appropriate standards of care).</td>
</tr>
<tr>
<td></td>
<td>- Review and prepare to deploy surge medical surge (or mass mortality) plan.</td>
<td>- Monitor the health care surge and stress on the health care system, including provision of key medical resources and tools, as needed.</td>
</tr>
<tr>
<td></td>
<td>- Monitor and initial use to identify potential shortages.</td>
<td>- Monitor guidance documents based on situation as appropriate.</td>
</tr>
<tr>
<td></td>
<td>- Consider deployment of state/locally caches.</td>
<td>- Consider additional deployments of the Strategic National Stockpile antimicrobial drug reserve and other material.</td>
</tr>
<tr>
<td>Vaccines</td>
<td>- Implement vaccination campaign if stockpiled pandemic or newly developed antigen-specific pandemic vaccine is available.</td>
<td>- Implement vaccination campaign if stockpiled pandemic or newly developed antigen-specific pandemic vaccine is available.</td>
</tr>
<tr>
<td></td>
<td>- Monitor vaccination coverage levels and adverse events.</td>
<td>- Monitor vaccination coverage levels, adverse events, and vaccine effectiveness.</td>
</tr>
<tr>
<td>Risk communication</td>
<td>- Disseminate updated risk messages.</td>
<td>- Disseminate updated risk messages.</td>
</tr>
<tr>
<td></td>
<td>- Share updated information regarding vaccine.</td>
<td>- Share updated information regarding vaccine.</td>
</tr>
<tr>
<td></td>
<td>- Continue to provide regular updates to partners, stakeholders, elected officials, and the media.</td>
<td>- Continue to provide regular updates to partners, stakeholders, elected officials, and the media.</td>
</tr>
<tr>
<td>State/Local coordination</td>
<td>- Continue to coordinate with all partners.</td>
<td>- Provide guidance on maintaining critical infrastructure and key resources.</td>
</tr>
<tr>
<td></td>
<td>- Support maintenance of critical infrastructure and key resources as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>
**Deceleration Interval (Table 5)**

**State/Local indicator:** Consistently decreasing rate of pandemic influenza cases in the state.

**Federal indicator:** Consistently decreasing rate of pandemic influenza cases in the United States.

State and federal indicators can be asynchronous.

**TABLE 5. Novel influenza A virus pandemic (deceleration interval): deceleration of pandemic wave**

<table>
<thead>
<tr>
<th>Domain</th>
<th>State/Local</th>
<th>Federal</th>
</tr>
</thead>
</table>
| Incident management           | - Continue actions described for the acceleration interval as appropriate.  
- Review plans, and evaluate whether response activities are proportionate to the situation. |
- Continue actions described for the acceleration interval as appropriate.  
- Review plans, and evaluate whether response activities are proportionate to the situation. |
| Surveillance and epidemiology | - Continue severe disease and syndromic surveillance.  
- Monitor for changes in epidemiology.                                      |
- Continue severe disease and syndromic surveillance.  
- Continue enhanced surveillance.                                           |
| Laboratory                    | - Provide laboratory confirmation of only a sample of cases as required for virologic surveillance.  
- Submit a sample of viruses or specimen to CDC per CDC guidance on revised specimen submission. |
- Continue virologic testing of a sample of viruses or specimen submitted from states. |
| Community mitigation          | - Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate. |
- Assist with evaluating the effectiveness and adverse impact of community mitigation measures.  
- Provide planning assistance with cessation of community mitigation and border health measures. |
| Medical care and countermeasures| - Initiate targeted cessation of surge capacity strategies as appropriate.  
- Maintain aggressive infection-control measures in the community.            |
- Provide planning assistance with cessation of surge capacity strategies.    |
| Vaccine                       | - Continue vaccination response as appropriate.  
- Continue vaccination response as appropriate.  
- Begin vaccine recovery planning if the U.S. government declares such planning necessary. |
| Risk communication            | - Disseminate updated risk messages.  
- Provide information on measures to prepare for and respond to possible additional pandemic waves. |
- Disseminate updated risk messages.  
- Provide information on measures to prepare for and respond to possible additional pandemic waves. |
| State/Local coordination      | - Continue to coordinate with all partners.                                 |
- Continue to coordinate with state, local, tribal, and territorial public health and other partner organizations. |
In 2013, the World Health Organization (WHO) revised their pandemic influenza guidance in order to align more closely with other national influenza preparedness and response plans. The *Pandemic Influenza Risk Management: WHO Interim Guidance 2013*, decreased the recognized phases of pandemic from six to a continuum of four pandemic phases.

The WHO phases describe the spread of influenza globally. These four phases are:

1) **Interpandemic**: The period between influenza pandemics  
2) **Alert**: A new subtype of influenza has been identified in humans.  
3) **Pandemic**: Period of global spread of human influenza caused by the new subtype. During this period, the WHO Director-General may make a declaration of a pandemic.  
4) **Transition**: As the global risk of influenza reduces, de-escalation of response activities may occur

Exhibit 1 shows the World Health Organization pandemic phases continuum as well as the WHO actions associated with each phase.
It is important to note that the WHO pandemic phases do not exactly match the six intervals identified by the CDC framework. However, since the WHO phases may be reported in the media, understanding the differences between the two frameworks may be useful when implementing this plan. Exhibit 2 provides a comparison of the WHO phases and CDC intervals as well as federal and state/local indicators.
### Preparedness and response framework for novel influenza A virus pandemics: World Health Organization phases and CDC intervals, with federal and state/local indicators

<table>
<thead>
<tr>
<th>World Health Organization phases</th>
<th>CDC intervals</th>
<th>Federal indicators for CDC intervals</th>
<th>State/Local indicators for CDC intervals</th>
</tr>
</thead>
</table>
| **Interpandemic phase:**  
Period between influenza pandemics | **Investigation:**  
Investigation of novel influenza A infection in humans or animals | Identification of novel influenza A infection in humans or animals anywhere in the world with potential implications for human health | Identification of novel influenza A infection in humans or animals in the United States with potential implications for human health |
| **Alert phase:**  
Influenza caused by a new subtype has been identified in humans | **Recognition:**  
Recognition of increased potential for ongoing transmission of a novel influenza A virus | Increasing number of human cases or clusters of novel influenza A infection anywhere in the world with virus characteristics, indicating increased potential for ongoing human-to-human transmission | Increasing number of human cases or clusters of novel influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to-human transmission |
| **Pandemic phase:**  
Global spread of human influenza caused by a new subtype | **Initiation:**  
Initiation of a pandemic wave | Confirmation of human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission | Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission |
| | **Acceleration:**  
Acceleration of a pandemic wave | Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission | Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission |
| | **Deceleration:**  
Deceleration of a pandemic wave | Consistently decreasing rate of pandemic influenza cases in the United States | Consistently decreasing rate of pandemic influenza cases in the state |
| **Transition phase:**  
Reduction in global risk, reduction in response activities, or progression toward recovery actions | **Preparation:**  
Preparation for future pandemic waves | Low pandemic influenza activity but continued outbreaks possible in some jurisdictions | Low pandemic influenza activity but continued outbreaks possible in the state |

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**Exhibit 2: WHO phases and CDC intervals, with federal and state/local indicators**
Response Activity for 2009 H1N1 Influenza A

The 2009 H1N1 Influenza A virus was milder and less virulent than previous flu pandemics. The H5N1 avian influenza that has been the impetus for much of current pandemic planning is thought to be more virulent than the 2009 H1N1 Influenza A outbreak. Because the impact of the 2009 H1N1 Influenza A outbreak was milder than the planning assumptions behind the H5N1 Influenza A, the response plan for H1N1 had to be altered from the written influenza plan.

Even though the outbreak in the state of Georgia was considered widespread, there were few if any closures of business or schools in Georgia. The impact on the University of Georgia centered more on absenteeism both in employees and students. Absenteeism never reached a point that required the closing of the school or parts of the school. The increase in illnesses on campus did cause a great deal of stress on the University Health Center due to an increase of patients with a decrease in staff.

The core planning team includes the following that participated in the influenza planning meetings:

- The Office of Emergency Preparedness
- The University Health Center
- The President’s Office
- Student Affairs
- University Housing
- Food Services
- Campus Transit
- Public Affairs (now Marketing and Communications)
- Legal Affairs
- Human Resources
- Physical Plant (now Facilities Management Division)

Two meetings were held with the planning group. Due to the changing nature of the virus, the limited availability of resources to handle a more serious outbreak, and the possibility of the emergence of other illnesses, a decision was made to handle issues on a case by case basis. Each unit was made aware of services and resources available to other members of campus to enable students and staff to take advantage of those resources.

A separate group was created to promote an awareness campaign to encourage healthy habits at the University of Georgia. This group included the Office of Emergency Preparedness, the University Health Center, University Housing, Public Affairs, and Student Affairs. Public Affairs created a brand for the awareness campaign of “Spread the Word, Not the Flu.” The campaign emphasized the following four points: stay home if you are ill, wash your hands frequently, cover your cough, and get a flu shot. The campaign was distributed through the creation of websites, posters, fliers, and other items that promoted the healthy habits. In addition, an email was sent to the entire UGA community explaining what to do if a person became ill that stressed healthy habits, and where to go to get more information.
Pandemic Flu Communications Plan

Communicating with the University Community when a pandemic occurs is vitally important. The media and other outlets will report on problems and potential problems. There will be messages and announcements from other sources on the pandemic which makes it important for the University to explain how it is responding and what is expected of the community.

After the H1N1 Influenza outbreak, Dr. Trina Von Waldner and students from the College of Pharmacy surveyed members of the UGA community on where they obtained information about the pandemic. More members of the community received information from media sources than any other source. This is important because media sources messaging will be different than messaging from University or other government sources. It will be important to pay attention to media reports to appropriately respond to the UGA community.

Communications to the community should also be consistent with announcements from UGA as well as information from other government sources. Partners outside of UGA, including Public Health, local hospitals, and the local emergency management office, should be consulted to assist in forming a consistent message to the community.

In past events, a committee was formed to determine the best ways to communicate with the University community. The means by which people, especially young people, receive information changes frequently. The best methods to reach the community will likely change over time.

In the past the communications committee for a flu event has included:

- The Office of Emergency Preparedness
- UGA Marketing and Communications
- The University Health Center
- University Housing
- The College of Public Health
- UGA Human Resources
- Student Government Association
- Other student groups willing to assist

Information to the University Community may include:

- Where to go to receive updated information
- Healthy habits to avoid catching the flu such as
  - Hand Washing
  - Cover your cough and sneeze with your sleeve
  - Stay home if you are sick
  - Get a flu shot(s)
- What the University is doing to prepare and manage the problem to instill confidence
- Any changes or adjustments to class attendance
• Relevant human resources information for employees such as sick leave policy, working from home, social distances techniques, and many others
• Information for departments on organizing their response

Communicating to Students
Determining the best way to target information to students can be difficult. Students receive information in many different formats and via various methods. Several methods of communicating with the public should be used. Using students to communicate with other students may also be effective.

Previous methods to communicate with students and the University Community include:

• Creating a central web page for information: www.uga.edu/flu
• Archnews messages
• Bus cards
• Creating a slogan for the campaign. Previously it was “Spread the Word, Not the Flu”
• Creating magnets with flu tips on them
• Tabling at the Tate Center and handing out magnets
• Articles in the Red and Black newspaper
• Public Service Announcements on local radio
• Pandemic Flu training classes at the Training and Development Center

Communicating to Parents
In addition to communicating with faculty, staff, and students who are on campus daily, it is important to let the parents of students know what UGA is doing to respond to the outbreak. Communicating with parents can be challenging since there is no accurate list of parental information.

Communicating to Faculty and Staff
There will be many issues that affect the faculty and staff of the University differently from students. Human Resources will be vital in providing answers to many questions related to sick leave, proof of illness, abuse of sick leave, and many other related issues. Employee response to the outbreak will vary from abuse of leave to coming to work sick. Supervisors and leaders will need to know of any changes to normal human resources policies and will need to communicate the information to employees.
Influenza
Frequently Asked Questions
For Faculty & Staff
Revised 9/4/09 by Human Resources,
The University of Georgia

During a declared pandemic, the university must maintain a balance between serving the needs of students, getting work done, protecting the health of individuals and their dependents, and managing the potential spread of the illness in the community.

In order to promote a safe and healthy working environment, employees with any contagious disease shall take all appropriate precautions to prevent infection of other members of the University community.

Employees are encouraged to consult with their health care providers regarding their need to receive flu immunizations.

Immunization Information for faculty & staff

1. Will H1N1 shots be available to faculty and staff at a university designation?
   At this time, there are no plans for distribution of the H1N1 vaccine to faculty and staff at any university locations.

2. Where should I go to get my H1N1 and seasonal flu shots?
   Shots will be available at medical clinics, hospitals, physician offices, pharmacies, and public health facilities. You should visit the facility in your home area where you typically seek medical care. Please be aware that certain high-risk groups may have first priority in receiving flu shots.

3. What is available at the University Health Center?
   The health center’s primary concern is for the health and well-being of students. As in past years, the Health Center is planning to provide seasonal flu shots for faculty and staff on the Athens campus. The Health Center will not be a distribution point for the H1N1 vaccine for faculty and staff.

Leave issues

4. Can my supervisor require me to stay away from the workplace?
   Supervisors have the authority to require an employee to be absent from the workplace in the event the employee appears to pose a health or an infection risk to the workforce. In order to be paid for such absence, employees will use accrued leave, in accordance with University policy.

5. Do I have to use my leave if I’m unable to come to work?
   If the University remains open, available sick and/or annual leave must be used to cover time away from work. The existing rules governing the use of sick and annual leave will apply. View the sick leave and annual leave policies.

6. What happens if I don’t have enough leave to cover my absences?
   If the employee does not have sufficient accrued leave to cover all absences, he/she should be placed on sick leave without pay. Review the sick leave without pay policy. This will allow the employee to continue participation in his/her health insurance program.
7. **Can I request a shared leave donation if I run out of leave?**
   Shared leave will not be applicable to flu-related absences because such illness does not reach the level of medical severity required by the shared leave program.

8. **Will I be eligible for the provisions of the Family Medical and Leave Act (FMLA)?**
   Generally, FMLA will not be applicable to flu-related absences because such illness does not generally reach the level of "serious health condition" required for eligibility.

### General workplace issues

9. **If I’m absent due to the flu, when can I return to the workplace?**
   Per Centers for Disease Control guidelines, individuals should not return to work until at least 24 hours after the fever has passed without the aid of fever reducers (such as Tylenol or ibuprofen). At the University's discretion, employees may be required to provide medical documentation or certification verifying they are non-infectious prior to performing work activities that could reasonably result in disease transmission to others.

10. **Do I need a doctor’s excuse if I’m absent from work due to flu or flu-related reasons?**
    If you are absent from work for 10 working days, you will be required to provide medical certification of your condition. However, you should report to your supervisor a minimum of every three days to report the status of your illness and recovery.

11. **What should I do if I suspect that a coworker is sick?**
    At any time, employees who believe that another employee is creating a risk of spreading a contagious disease should report their concerns to the appropriate supervisor or to Human Resources. Employees who in good faith report what they believe to be matters of concern under this procedure or who cooperate in any investigation, will not be subject to retaliation.

12. **Can I be disciplined for being absent from work for flu or flu-related reasons?**
    Employees’ absences in accordance with this policy are not subject to disciplinary actions; however, falsification of absence reason will be subject to disciplinary action, to include suspension or termination of employment.

### Alternative work schedules/locations

13. **Can my work schedule be changed in response to heightened health risks?**
    During an announced pandemic, health concerns may present a legitimate business reason to implement flexible scheduling to limit the number of people on campus. Flexible schedules should not compromise the delivery of service to students, faculty, staff, and the general public. View the flex time policy.

14. **Can I work from home?**
    Telecommuting is a work arrangement for regular full-time or part-time employees, in which some employee duties are performed at an off-campus work site, such as the employee’s home. Telecommuting is an alternative management tool and should be implemented only when serving the best interests of the University.
    Departments should contact the Human Resources Office of Faculty and Staff Relations (706-542-9756) prior to implementing any telecommuting arrangement.

### International travel issues

15. **What if I get sick while working outside the United States?**
    Faculty and staff traveling internationally for work-related reasons are strongly encouraged by the Office of International Education to obtain immunizations for seasonal and H1N1 influenza and take proof of vaccinations while traveling abroad. You will prevent many problems by not flying if you are sick. Please familiarize yourself with the current public health directives of your host location, as well as the availability of health care resources at your location. Keep your insurance cards accessible and be familiar with your policy and with the worldwide assistance number for your carrier. In addition, faculty and staff should register their trips abroad with the U.S. Consular Service - this enables the U.S. government to better get you information and assistance in an emergency. General health issues related to travel can be found on the CDC Travelers' Health page.

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UGA Pandemic Flu Response Plan
Commonly Used Acronyms

ACC – Athens-Clarke County
BCP – Business Continuity Plan
CDC – Centers for Disease Control and Prevention
COOP – Continuity of Operations Planning
EITS – Enterprise Information Technology Services
EOC – Emergency Operations Center
EPG – Executive Policy Group
ESD – Environmental Safety Division
FMD – Facilities Management Division
HR – UGA Human Resources Department
IRAT – Influenza Risk Assessment Tool
NIMS – National Incident Management System
NPI – Non-pharmaceutical interventions
OEP – Office of Emergency Preparedness
OIE – Office of International Education
OVPR – Office of the Vice President for Research
PPE – Personal Protective Equipment
PSI – Pandemic Severity Index
PSRF-Pandemic Severity Response Framework
UGA – University of Georgia
UGA PD – UGA Police Department
UHC – University Health Center
USG – University System of Georgia
WHO – World Health Organization

Definitions

Athens-Clarke County (ACC)
Athens-Clarke County, comprised of 125 square miles, is the smallest in land area of Georgia's 159 counties. It was the twenty-fifth county created in the State and is located approximately 65 miles NE of Atlanta. According to the 2010 census, Athens-Clarke County had a population of 116,714.

Continuity of Operations Planning (COOP)
A continuity of operations plan, also known as a business continuity plan, allows organizations to preserve, maintain, and/or reconstitute its capability to perform essential functions in the event of threat or occurrence of any disaster or emergency that could potentially disrupt operations and services.

Emergency Operations Center (EOC)
An EOC is the physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major
functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g.,
federal, state, regional, county, city, tribal), or some combination thereof.

**Executive Policy Group (EPG)**
The Executive Policy Group is the executive level oversight and strategic decision-making group
for the University of Georgia during a large-scale emergency situation. The Executive Policy
Group is chaired by the President and has the authority to make strategic, financial, operational,
and policy decisions in response to the significant issue or emergency event. If the implications
of a crisis or public safety emergency require executive decision-making, have potential long-
term implications on the viability and reputation of the campus, or require significant changes in
existing policies, the Executive Policy Group is activated by the Incident Commander and
becomes involved in the overall management of the crisis or emergency event. Specifically, the
Executive Policy Group may review, modify, or develop policies and procedures related to
course attendance, grading, course completion requirements, student activities, residence life,
financial aid, fiscal expenditures, and other fiscal disbursements. In addition, the Executive
Policy Group will initiate continuity and recovery efforts to resume normal operations on
campus and approve all strategic communication’s activities and messages to the community.

Executive Policy Group members include the President, the Senior Vice President for Academic
Affairs and Provost, the Vice President for Finance and Administration, the Executive Director
of Legal Affairs, the Vice President for Student Affairs, the Vice President for Marketing and
Communications and the President’s Chief of Staff.

**UGA Environmental Safety Division (ESD)**
A division on campus responsible for chemical safety and security, fire safety, chemical spill
response, hazardous chemical removal and storage, radiation safety and other campus
environmental issues.

**National Incident Management System (NIMS)**
NIMS is a system mandated by HSPD-5 that provides a consistent nationwide approach for
federal, state, local, and tribal governments; the private-sector, and nongovernmental
organizations to work effectively and efficiently together to prepare for, respond to, and recover
from, domestic incidents, regardless of cause, size, or complexity. To provide for interoperability
and compatibility among federal, state, local, and tribal capabilities, the NIMS includes a core set
of concepts, principles and terminology. HSPD-5 identifies these as the ICS; multiagency
coordination systems; training; identification and management of resources (including systems
for classifying types of resources); qualification and certification; and the collection, tracking
and reporting of incident information and incident resources.

**Office of Emergency Preparedness (OEP)**
The Office of Emergency Preparedness is responsible for homeland security initiatives and
coordination of emergency management activities at UGA.

**UGA Police Department (UGA PD)**
The UGA PD serves the UGA campus with a full complement of law enforcement services.
UGA PD Communications (911 or (706) 542-2200) should be the first call initiated during any
campus or building emergency.
University System of Georgia (USG)
The governing body that oversees the State of Georgia’s 35 public colleges and universities.
Important Contact Information

**UGA Police Department**
- **Emergency:** Call 911 (on and off campus)
  (706) 542-2200
- **Hearing Impaired:**
  (TTY) (706)542-1188
- **Non-emergencies:**
  (706) 542-5813

**Athens-Clarke County Police**
- **Emergency:** Call 911
- **Non-emergencies:**
  (706) 546-5900

**Hospitals**

**Piedmont Athens Regional**
- Phil Carpenter
  Work (706) 475-7000

**St. Mary's Hospital**
- Joe Lockman
  Work (706) 548-7581

**University Health Center**
- UGA Medical Services
  (866) 751-2723

**Northeast Health District (Public Health)**
- Sarah Peck, Emergency Preparedness Coordinator
  706-425-3310
- After-Hours Number: 706-583-2870