

PANDEMIC INFLUENZA RESPONSE PLAN



**UNIVERSITY OF CALIFORNIA
LOS ANGELES**

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1.0 Introduction

Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness against which most of the population lacks immunity. A pandemic is a public health emergency that rapidly takes on significant political, social, and economic dimensions. Such an event began in March/April 2009 when a new novel strain of A/H1N1 Influenza emerged in Mexico and quickly spread to the United States and other countries. By April 29, 2009, the World Health Organization (WHO) raised the Pandemic Alert Phase Level to Phase 5 and to Phase 6 on June 11, 2009. However, WHO stressed that Phase 6 only indicated the geographic spread of the virus and did not represent an increase in severity. The U.S. Centers for Disease Control and Prevention (CDC), while recognizing the difficulty in predicting the severity of flu outbreaks, has indicated that outbreaks of influenza during the fall and winter of 2009-10 may impact more communities than were affected in spring and summer 2009.

During a mild pandemic with less severe morbidity and mortality, it may not be necessary for the University to implement certain aspects of this plan until cases of illness appear in the surrounding community. However, for an outbreak with a higher severity of illness, the University may need to take action when cases first appear in Southern California. For a severe pandemic with high hospitalization rates and increased deaths, the University may need to implement extensive preventive measures when cases first appear in California, adjacent states, or Mexico.

Given that the University environment may be particularly conducive to amplifying influenza outbreaks, it is important that the campus implement effective surveillance systems to identify illness among students, faculty, staff, and dependent populations, and take appropriate measures to prevent or delay the spread of this virus. Delaying the spread is desirable, as it can flatten the epidemiological peak and distribute cases over a longer period of time. Therefore, there will be fewer individuals with influenza at any given time, reducing demands on the health care system. Students, faculty, and staff should be encouraged to get vaccinated for seasonal influenza and take common-sense measures to prevent contracting and spreading the influenza virus, such as proper hand washing and appropriate respiratory etiquette. Other key disease containment strategies may include:

- **Isolation:** Separation of persons with specific infectious illnesses in residence halls, hospitals, or in designated healthcare facilities.
- **Social Distancing:** Modifying the frequency and type of face-to-face employee encounters (*e.g.*, placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); establishing flexible work hours or worksite (*e.g.*, telecommuting); promoting social distancing to maintain separation between individuals; and, implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms.
- **Closing Places of Assembly:** Voluntary or mandatory closure of public places, including theaters, stadiums, etc.
- **Cancellation of Classes and Special Events:** Any decision will be made by the Emergency Management and Policy Group (EMPG), headed by the Chancellor, in close collaboration with local and state public health authorities.
- **Furloughing Non-Essential Workers:** Voluntary or mandatory closure of all non-essential businesses and/or furloughing all non-essential workers.
- **Quarantine:** In a severe outbreak, as directed by local, state, or federal public health authorities, the University may be required to separate and restrict the

movement of individuals/groups who have potentially been exposed to an infectious agent but have not yet developed symptoms.

2.0 Scope and Objectives

The UCLA Pandemic Influenza Response Plan provides a framework for the University to prepare for and respond to a pandemic influenza outbreak in order to limit its spread and lessen the adverse impacts on University operations. The Pandemic Influenza Response Plan is consistent with guidance provided by the CDC for Institutions of Higher Education (<http://www.cdc.gov/h1n1flu/institutions/guidance/technical.htm>) and other public health agencies.

The Plan sets forth a process to identify the personnel, functions, and activities that are critical to maintaining the University's mission during a pandemic, outlines the objectives that must be accomplished to prepare for a pandemic, and provides for flexibility in completing these objectives. The plan provides guidance to departments, faculty, students, and personnel in determining their priorities and roles in responding to pandemic influenza. Active participation among all departments within the University is vital to ensuring an effective response.

The specific circumstances involved with any influenza epidemic or pandemic are highly variable. Therefore, it is not feasible to make pre-determined decisions about actions to take. The guidance contained in this plan will be revised and/or enhanced as new information becomes available. Such updates will occur in consultation with local, state, and federal authorities, and with the University administration. In responding to the outbreak, the objectives of the university are as follows:

- Minimize the risk of pandemic influenza to the campus community.
- Continue functions essential to university and hospital operations during a pandemic.
- Maintain operation of University systems, infrastructure, or networks critical to the ability to meet essential patient, student, and employee needs.
- Safeguard critical university-sponsored research activities.
- Coordinate effective communication within the campus community, parents, and other stakeholders.
- Avoid significant loss of assets or revenue that might occur due to the lack of continuity in, or maintenance of, property, systems, services, or programs.
- Resume pre-pandemic levels of teaching, research, and service operations as soon as possible.

3.0 Preparing for a Pandemic Influenza Outbreak

Notwithstanding a serious outbreak or unexpected developments, it is assumed that the University will continue operating its core functions. The University will actively engage the university community in implementing effective preventive measures recommended by the CDC and other public health agencies, including encouraging proper respiratory etiquette, frequent hand washing, social distancing and otherwise minimizing public assemblies, when appropriate. However, the following factors must be considered when preparing for a possible outbreak of pandemic influenza:

- A pandemic influenza will result in the rapid worldwide spread of infection.
- The pandemic influenza may occur in multiple waves.

- Some persons will become infected but not develop clinically significant symptoms.
- The number of ill requiring medical care may overwhelm the local health care system.
- Vaccines may not be available for weeks to months after the start of an outbreak and may be rationed according to risk group.
- Immunity through vaccination may take up to two weeks following inoculation.
- CDC recommendations for the priority use of limited supplies of antiviral medications (e.g., oseltamivir [TamiFlu]) are primarily for treatment of illness.
- High absenteeism levels may be expected if a severe outbreak occurs.
- There may be significant disruption of critical infrastructure including transportation, businesses, utilities, public safety, and communications.
- External resources may be exhausted; therefore, the campus may have to become self-sufficient.
- In the case of a severe outbreak with high morbidity/mortality, mandatory isolation and quarantine actions may be ordered by the federal, state, or local health authorities.
- Travel restrictions may be imposed by the federal, state, or local government.

The UC Office of the President (UCOP) has developed guidance documents (see Appendix A) to help UC campuses and Medical Centers prepare policies and procedures and to identify necessary resources to adequately respond to a potential pandemic influenza outbreak.

4.0 Decision-Making Process

In the event of a severe outbreak with a high rate of transmission and high morbidity and/or mortality, the University could be advised by local, state, and/or federal authorities to limit or suspend operations and implement prescribed social distancing measures. Any final decision to limit or suspend academic programs will be made by the Emergency Management and Policy Group (EMPG), headed by the Chancellor, in close collaboration with local and state public health authorities. The EMPG will coordinate specific plans and procedures for campus closure with the campus Emergency Operations Center (EOC). This decision to close the campus will occur at a point after cases are confirmed in Southern California and be based upon a combination of the following decision criteria/factors:

- WHO declaration of Phase 6 (Pandemic period with increased and sustained transmission of an influenza virus) with CDC pandemic **severity category of 4 or 5** (See Table 1).
- Confirmation of a high rate of infectivity (rate of infection).
- High morbidity and/or mortality (death rate).
- Transmission in the general U.S. population.
- Rate/speed of disease spreading.
- Federal, state, and local public health recommendations to curtail/cancel public activities.
- Significant reductions in class attendance and student populations.
- High employee absenteeism.
- Closing of other regional schools/school systems.
- Transportation systems closing/curtailing of interstate travel.
- Other factors as appropriate.

In the event of a suspension, the University will reduce operation to essential services. Essential services are those functions that keep the UCLA campus operating. Priorities may differ from department to department, but utilities (e.g., electricity, cooling, potable water), safety and security, and communications are examples of essential services. Routine, normal daily housekeeping and non-critical maintenance activities will be curtailed until the re-opening of campus operations has been announced. Most campus academic, administrative, and support operations may be substantially reduced or discontinued. It must be noted that a serious pandemic outbreak could interrupt normal University operations from a few weeks to several months until the transmission rate diminishes significantly. At all times, the health and safety of the campus community is of paramount importance.

Should classes be postponed or canceled, efforts may be made to disperse all undergraduates and close University-owned residences for undergraduates. Temporary shelter will be provided for a limited number of students who have difficulty leaving the campus (e.g., international students from countries severely impacted by the pandemic and those in isolation or quarantine). Some graduate students may decide to leave the campus, but for many graduate students, their UCLA residence is their home. Since much of the graduate student population lives in single-unit housing, the need for social distancing in this population may be lessened.

Information on absenteeism of students, faculty, and staff due to influenza should be tracked in order to better plan, track, and evaluate strategies to prevent illness and manage the spread of disease. Surveillance, an important part of epidemiology, is the systematic collection, analysis, and interpretation of health data and will be used in the decision-making process. Many UCLA administrative departments have initiated assessment of impact based on a 25% and 50% absenteeism model. These models assess the capability to perform critical functions, essential services, and other duties on the campus. These assessments should be refined and updated. Other administrative and academic departments should develop contingency operating plans based on high levels of absenteeism. (See Section 6.0 Preparedness Measures for further information.)

The Acute Communicable Disease Control Program (ACDC) regularly monitors flu and flu-like illness activity through a wide array of surveillance methods. If there is a flu outbreak or pandemic flu in Los Angeles County, enhanced surveillance, notification, and response will be conducted. Any surveillance and health monitoring conducted on campus will be communicated to the Los Angeles County Public Health Department.

The CDC has identified various levels of pandemic influenza severity and developed the Pandemic Severity Index (PSI) shown in Table 1 to guide response operations. The PSI must be considered as the preparedness, mitigation, and response strategies are implemented. This index is organized along five categories and is designed to estimate the severity of a pandemic on a population in order to enable recommendations to be made on the use of mitigation interventions that are matched to the severity of the virus and the overall outbreak.

Table 1 - Pandemic Severity Index			
Category of Pandemic	Case-Fatality Ratio	Projected Number of CA Deaths (CA Estimated Pop. 2008: 36,756,666)	Projected Number of LA County (LAC) Deaths (LAC Estimated Pop. 2008: 9,862,049)
Category 5	>2.0%	>220,540	>59,172
Category 4	1.0 - <2.0%	110,270 - <220, 540	29,586 - <59,172
Category 3	0.5 - <1.0%	55,135 - <110,270	14,793 - <29,586
Category 2	0.1 - < 0.5%	11,027 - <55,135	2,959 - <14,793
Category 1	<0.1%	<11,027	<2,959
Per CDC Pandemic Severity Index, these figures assume a 30% illness rate and unmitigated pandemic without interventions.			

4.1 Response Levels:

There are many systems in place that can alert the campus community to significant developments of an influenza outbreak, including the WHO's alert system. Such systems can provide useful guidance about the spread and severity of the illness and its potential impact on the campus community. UCLA has established the following four (4) response levels to provide clearer guidance for campus personnel in responding to pandemic influenza. These response levels are loosely associated with the CDC's PSI noted above. However, it should be stated that there are many nuances in this process and the guidance provided below is neither complete nor absolute. In all cases, UCLA will take a deliberate approach to analyzing available data from the campus as well as from local, state, and federal sources before deciding on a plan of action. This will allow for greater flexibility and more effective response to the illness as it develops.

Level 1 (PSI Category 1)

1. Monitor the transmission of pandemic influenza.
2. Centralize the development and review of communications to ensure accurate and consistent messages and issue educational materials to the campus community (letters, email, text messages, flyers, pamphlets, newsletters, etc.) regarding influenza prevention.
3. Review and update the Influenza Response Plan with the Executive Committee and Pandemic Influenza Working Group.
4. Update UCLA website with current information for faculty, staff, and students.
5. Review cleaning and disinfection protocols and procedures.

Level 2 (PSI Categories 1 – 2)

1. Continue Level 1 activities.
2. Activate the Planning & Intelligence function of the EOC in conjunction with the Office of Emergency Management.
3. Initiate triage and isolation for students experiencing influenza-like illnesses; monitor and isolate cases of influenza.
4. Increase the frequency of influenza updates and communications regarding the University's response and actions.
5. Communicate with LA County Department of Public Health, UCLA Ronald Reagan Medical Center, Santa Monica Hospital, the Occupational Health Facility (OHF), the Arthur Ashe Health and Wellness Center, and other health care organizations.

6. Periodically update campus community about the conditions on campus and the University's response.
7. Review, with employees, the University's policies regarding working from home, travel, sick leave, etc., as applicable.
8. Work with UCOP to issue travel advisories for affected areas outside of California.
9. Implement highest level of cleaning and disinfection procedures for cleaning high touch surfaces and public areas. Focus custodial staff on cleaning and disinfection of high touch surfaces in public areas. Prop open internal doors, where feasible.
10. Review infection control procedures; ensure personnel have adequate supplies of personal protective equipment (PPE) and disinfectants; ensure the use of appropriate disinfectants, including alcohol-based hand sanitizers and disinfectant wipes.
11. Implement increased cleaning and disinfection protocols and frequency.
12. Consider temporary enactment of policies regarding leave for essential/non-essential personnel.

Level 3 (PSI Category 3)

1. Continue Level 2 activities.
2. Activate all departmental business continuity plans to ensure essential duties are performed.
3. Encourage temporary telecommuting, where appropriate.
4. Provide enhanced information technology (IT) support to accommodate increased telecommunications and increased use of distance learning and other methods to facilitate continuity of instruction and research.
5. Activate Emergency Operations Center (EOC) and consider meeting of EMPG.
6. Establish a Joint Communications Center to coordinate communication efforts.
7. Consider temporary suspension of public gatherings, special events, assemblies and sport activities.

Level 4 (PSI Categories 4 – 5)

1. Continue Level 3 activities.
2. Consider temporary suspension of classes.
3. Consider temporary reduction of non-essential research activities; initiate planning for closing of research facilities, excluding those that are deemed critical (e.g., animal care).
4. Distribute appropriate PPE (to essential personnel).
5. Consider campus closure; suspend non-essential administrative duties; close non-essential buildings and facilities.
6. Maintain constant communication with Los Angeles County (LAC) Department of Public Health and relevant local, state, and federal offices.
7. Provide necessary medical assistance, housing, and other assistance to reduce the possible spread of infection and support those who are ill, while maintaining essential university operational duties; enhance the medical support to accommodate increased isolation.
8. Employ every available resource to reduce the spread of influenza.
9. Maintain critical infrastructure and services.
10. Initiate planning for recovery.

5.0 Emergency Management

The University's response to a serious influenza pandemic will be managed by the Campus Emergency Operations Center (EOC) and the EMPG. UCLA will follow the Standardized Emergency Management System (SEMS), in accordance with California Government Code (§ 8607), Campus Emergency Operations Plan, and University Policy & Procedures (primarily University Of California Board Of Regent's Standing Order 100.6), and Higher Education Opportunity Act of 2008 (*Public Law 110-315*). The level of EOC activation will depend on a variety of factors; primarily the severity and extent of the outbreak and its direct impact on the campus. Activation of the campus emergency plans and the EOC is described in the UCLA Emergency Operations Plan. The principal functions of the EOC include:

- Serving as the centralized point to manage campus response.
- Coordinating interdepartmental activity campus-wide.
- Determining the mission and priorities campus-wide for essential services & functions.
- Receiving, prioritizing, routing and disseminating information.
- Acquiring and deploying resources needed by the campus.
- Coordinating and providing support to field activities and first responders.
- Addressing issues that are beyond the scope of the normal day-to-day operations.

The EOC has adopted the Incident Command System (ICS) for command, control and coordination of incident response. ICS is widely accepted and is the standard organizational structure and management system used to align both private sector and government response organizations.

The EOC will consult with key medical and public health experts as needed throughout the pandemic period. The EOC will closely monitor the information available from local, state, and federal public health agencies and will meet weekly, daily, or more frequently, as necessary. All segments of UCLA will work closely with the local county public health offices to comply with all guidance and recommendations.

6.0 Preparedness Measures

6.1 Campus-Wide

- Encourage all campus faculty, staff, and students to become familiar with details of the Pandemic Influenza Response Plan.
- Encourage all students, faculty, and staff to receive vaccinations for seasonal influenza. Departments may consider sponsoring flu vaccinations clinics for their staff.
- High risk individuals should be encouraged to consult with their health care provider to determine if specific precautions are necessary to protect themselves.
- Widely distribute and post educational materials on preventive efforts, such as proper hand hygiene and respiratory etiquette.
- Provide alcohol-based hand sanitizer and disinfecting wipes for use in locations where hand washing facilities are limited.
- Prohibit employees with flu-like symptoms from the workplace; review personnel procedures with staff.

- Report staff absences to Campus Human Resources and faculty absences to the Academic Personnel Office.
- Instructors should actively discourage any student with flu-like symptoms from attending class.
- Actively discourage attendance at campus events of individuals with flu-like symptoms.
- Encourage routine and frequent cleaning and disinfection of shared office equipment (keyboards, copiers, etc.) and office supplies (pens, pencils, binders, etc.); provide sanitizing wipes or disinfectant spray, where appropriate
- Provide and maintain communication with campus community members who may be traveling abroad.
- Consider Social Distancing Strategies, including:
 - minimize contact with others by using stairs instead of crowded elevators
 - cancel non-essential face-to-face meetings and use teleconferencing, e-mails, etc.
 - offer alternate work options, such as telecommuting and/or staggered work schedules, where feasible
 - offer distance learning opportunities via the web
 - stay (six feet) away from others, where possible
 - avoid shaking hands, hugging, or kissing
 - bring lunch and eat at your desk, or away from others
 - in more serious outbreaks, consider driving to work rather than using van pools or public transportation

6.2 Department-Specific

- Departments need to identify required functions/services, required staff to maintain necessary operations, and inform individual staff of their status in writing.
- Departments should confirm communication protocols for all staff levels (emails, meetings, conference calls, department hotline, etc.).
- Departments should develop contingency plans on how they will function/provide services with fewer staff and possible restrictions of hours and service levels.
- EH&S and Ashe Center should provide health promotion activities that stress infection control measures, (e.g., proper hand hygiene and respiratory etiquette).
- EH&S, Ashe Center, Housing, etc. should prepare drafts of emails, web postings, FAQs, and fliers to be used in (a) educational campaigns about hand hygiene, and cough and sneeze etiquette, and (b) a personal protection campaign (e.g., what items students should have/store in their rooms and personal safety precautions).
- EH&S should develop and distribute educational materials; consult on safety and regulatory issues regarding the use of Personal Protective Equipment (PPE), including the voluntary use of respirators and help develop protocol for cleaning and disinfecting of environmental surfaces.
- Campus Human Resources and Academic Personnel should disseminate information about applicable leave policies and information on communicable diseases.
- Vice-Chancellor for Student Affairs should send a letter to each student advising them that they should not attend classes if they have flu-like symptoms; faculty members should also be advised that students who are absent due to

illness should be excused without requiring a note from the Student Health Center or their physician.

- The Athletic Department should develop and follow a plan to prevent and mitigate illness among the student-athletes. The plan will include education regarding respiratory hygiene for students, coaches, and all staff; encouragement of self-isolation when ill (avoiding practice/competition); and a policy regarding restriction of travel for ill student-athletes.
- Centralized information technology departments (ATS, AIS, CTS, and OID) should develop plans for maintaining the required functions/services and systems to support campus communication, essential administrative services (such as Payroll processing), telecommuting, videoconferencing, and distant learning.
- Transportation should develop specific guidelines for van pools to ensure participants with flu-like symptoms do not utilize this service.
- The UCLA Lab School and Child Care Services should develop and distribute educational materials to parents advising them to keep their children home should they develop flu-like symptoms. All facilities with young children should encourage staff to frequently clean and disinfect public areas and high touch surfaces. EH&S can provide assistance in developing these materials.

7.0 Business Continuity

Business Continuity planning is critical before an influenza pandemic. Business Continuity is the process of developing strategies to recover from and to continue operations after a disruption by identifying the resources (staffing, space, and equipment) needed to continue the critical functions of an organization.

Pandemic influenza can affect the University's ability to fulfill its teaching, research, and public service mission. Access to goods, services, and transportation may be limited, social distancing may be in effect, and healthcare services may become overwhelmed. The full impact of a pandemic on the University cannot be predicted as there are countless variables. Continuity planning at UCLA will focus on continuing essential functions without the normal complement of resources.

In August, the University launched its continuity program, UC Ready. The program is designed to have continuity planning at the department level. UC Ready is an online tool that will assist each department in creating their own continuity plan and is being used by all UC campuses and medical centers. The tool also includes sections on faculty and IT to further assist departments in their planning efforts. It is designed to assist in a variety of disruptions, from widespread events such as a pandemic, to more localized events such as a fire in a building. As of this writing, several departments, ranging from Student Affairs to museum collections, have begun their continuity plans.

More information on the University's continuity program and the UC Ready tool can be found at www.oirm.ucla.edu under the continuity section.

Services critical to university operations are financial services, human resources, safety and security, medical services, food services, educational services, etc. Critical infrastructure, being the infrastructure essential to providing critical services, includes utilities, water, information technology, telecommunications, transportation, etc. A functional matrix has been developed (See Appendix B) to assist departments and functional units in identifying

partners to assist with critical activities. The following is a description of actions the University will take or has taken to protect these critical services.

7.1 Communications

Routine communications will be maintained via the use of the web, email, telephone, text messages, and other media, depending upon their continued availability. Coordination of this area of response will be managed by University Communications. Once the EOC has been activated, the campus communications function will evolve into the EOC's Public Information Unit (PIU), a sub-branch of the EMPG. The PIU serves as the primary point of contact and central distribution center for all campus-related public information releases, information resources, and press conferences. If the situation escalates into a federal or state emergency, and the need for coordination with local, state and federal agencies develops, the PIU may transition to form a Joint Information Center (JIC) as required under the National Incident Management System (NIMS) principles, and the Standardized Emergency Management System (SEMS).

Communications will be needed for various audiences at different stages of the pandemic. Until the PIU is activated, all communications related to H1N1 or influenza like illness (ILI) must be submitted to the UCLA Pandemic Communication sub-committee for approval before they are distributed. Please see Appendix E for guidelines about mass distribution of communications. Specific plans for communications are outlined in the four (4) pandemic influenza action levels in the following sections of this plan. For each of these phases, draft communications will be developed in advance for use, as needed.

- **Web:** The Emergency Preparedness website may include links to other related or useful information. Updating can be done either on or off campus.
- **Email:** Mechanisms are in place for authorizing and sending mass email to the campus community. As the situation develops, email services for the campus community will be supported by designated staff and will include all faculty, staff, and student accounts as well as listserv services.
- **Text Messages:** consider social networking sites, such as Twitter.
- **Bruin Alert:** Available as needed in the case of a severe outbreak, whereby local, state, or federal public health authorities require mandatory isolation and/or quarantine measures or other restrictions.
- **Telephone:** University land line telephones will be supported and will initially include all current telephone lines. These telephones can be used to disseminate critical information to the campus via recorded voice mail messages. Cell phones may also be used for direct communication with required employees as needed, depending upon availability of services and contact information.
- **Other Media:** Critical messages may be disseminated by News Services staff via newspaper, commercial and/or public radio broadcast messages. The University may also use its normal emergency broadcast outlets, including AM 1630, UCLA Channel 3 and the 1-800-900-UCLA Emergency Information Line.

7.2 Academic and Research Programs

Continuity of instruction and research will be coordinated by the Office of the Executive Vice Chancellor (EVC) and Provost. These efforts will be directed by the EVC and Provost, assisted by the Vice Chancellor for Research, the Vice Provost for Undergraduate Education, the Vice Chancellor for Graduate Education, and the University Registrar.

In the event of a serious outbreak, temporary forms of alternate instruction may be desirable for providing continuity to the instructional programs while encouraging physical isolation of the students. Distance learning technology can be adapted to enable some portions of classroom instruction to be readily delivered. The campus already employs "Bruincast" (video and audio web streaming) of approximately 50 high enrollment undergraduate courses. The system is at capacity and currently has a waiting list. Audio-only web streaming (e.g., Podcasting) can be done from 62 classrooms already equipped with recorder/encoders. These systems have the advantage of having their streams password protected and linked with the existing class websites.

Expansion of audio-only recording could be done with a minimum of training via the use of portable digital recorders. The newly released 5th generation iPod Nano (\$150) could be used to record lectures, and then be posted by instructors via iTunes U. While not an ideal method, and not protected by password access, it is a relatively low cost, low support, low training method to provide a temporary alternative to classroom meetings. It has the advantage of not impacting current storage and server capacities. It does not, however, address the needs for mid term exams, testing, and lab exercises, and there may be a day or more lag time for posting the lectures. Further, sufficient numbers of iPod Nanos would have to be obtained in advance of their actual deployment in order to be efficiently distributed on short notice.

A key issue is whether or not students would be able to access all of their classes via some distance learning method, or whether temporarily shifting a large percentage of classes to such systems would suffice. The first instance would address students who are actually ill and should not come to class; the second would assist in maintaining as much preventive social isolation as possible.

If faculty themselves are ill, departments will need to determine how to cover instruction, and how best to deliver it. The campus can use MyUCLA and the Common Collaboration and Learning Environment (CCLE) to deliver messages to students about individual cancelled classes, but students will need to check their e-mail and/or class websites.

There are numerous other distance learning methods (e.g., Elluminate web conferencing, Profcast, video conferencing) which deliver a more complete mode of instruction than audio-only, and for which the campus already has licenses. The drawbacks include steeper learning curves, need for more staff support, hardware (mostly camera) availability, and similar logistics issues. School and divisional IT units can provide significant amounts of such support, and in some instances offer purely on-line delivery of instruction and office hours, but the need to implement quickly and to scale up rapidly will necessarily prove to be limiting factors.

Not all forms of instruction can be easily offered via distance learning technologies, nor are all faculties able to use such systems. Despite these limitations, distance learning tools can offer support for maintaining a form of instruction for a temporary time frame.

If and when the University suspends the academic teaching program for an extended time period, every effort will be made to make up for the time lost. One option may be for classes to be held over the summer time period. Finalization of the plan for covering time lost will depend on a number of variables that will be evaluated as appropriate.

7.3 Research Laboratories

During the academic teaching program closure period, access to the campus may be limited for safety reasons and due to the absence of fully operational support systems. Laboratory research activities dependent on campus facilities and support services will need to be evaluated to ensure that operations can be continued safely. Each school dean, department chair, and principal investigator is responsible for assuring the safety of laboratory research operations within their purview.

In the event a laboratory cannot continue to operate safely, or the ability to continue laboratory research is impeded due to the lack of service support, supplies or materials, laboratory managers will need to be prepared to quickly suspend activities and place the laboratory in a state of “hibernation” needed for the laboratory to maintain research products and data for the duration of the suspension of operations. Appendix C provides guidance for preparing for the possibility of an extended laboratory shut down as well as a checklist to be followed in the event that such a plan needs to be implemented.

Certain critical research operations will need to be maintained. Examples include the Animal Research Facilities and labs where live animals are housed and where failure to tend to them would harm the research animals, and laboratories that are required to provide services to support the treatment of patients, such as clinical, analytical, and pathology laboratories. Continuation of clinical research will depend on the specific requirements of the research, and whether such requirements can continue to be met during a pandemic. Deans of the respective schools are responsible for coordinating and identifying critical research and laboratory activities and products, and for preparing appropriate mitigations to support maintenance of such activities.

Appendix C is intended to be used both as a guide for preparing for the possibility of an extended laboratory shut down as well as a checklist to be followed in the event that such a plan needs to be implemented.

7.4 Student Affairs

Student-related issues will be coordinated by the Vice Chancellor for Student Affairs. The Administrative Vice Chancellor and Assistant Vice Chancellor of Housing & Hospitality Services will coordinate and oversee undergraduate and graduate student housing, which will be maintained as long as classes are in session. Student Affairs has a far reaching role in a pandemic situation ranging from providing health and psychological counseling, monitoring classroom attendance and planning for alternative scheduling/distance learning, communicating with parents and assisting international students unable to return home, overseeing residential life, cultural recreation, and student programming concerns. Student Affairs may have to assist in resolving student issues resulting from long term absence that may affect grades, financial aid, and student employment.

7.5 General Services: Facilities Management, EH&S, Transportation, and UCPD

The Associate Vice Chancellor for General Services will oversee Facilities Management, EH&S, Transportation, Emergency Management, and UCLAPD to ensure the provision of essential services to the campus. The goal is to maintain a functional environment that supports teaching and research with an emphasis on campus safety.

Transportation will coordinate transportation services and work with UCLAPD on campus access. Fly-away bus service in Lot 36 should remain in service seven-days-a-week to provide transportation for the campus community to LAX.

The Office of Environment, Health and Safety (EH&S) will coordinate preventive efforts to limit the spread of influenza among the campus community. These efforts include development and distribution of educational and outreach materials and development and implementation of disinfection procedures for Facilities Management, Housing and Hospitality Services, Faculty Center, and ASUCLA. Additionally, EH&S will maintain an informational web page about the H1N1 flu (<http://map.ais.ucla.edu/go/1004241>).

Facilities Management's role is to ensure the continual supply of utilities and operation of building systems. In a pandemic, it is likely that the University's infrastructure will be intact and the focus will be on providing required staff to keep systems operative.

UCLAPD will monitor and manage security related issues and concerns and provide emergency response through Emergency Medical Services (EMS).

7.6 Housing and Dining Operations

Housing and Hospitality Services will educate and communicate frequently with housing residents and staff using multiple methodologies to discuss flu symptoms, preventative care, and facility protocols utilized to assist in preventing wide-spread contact with the flu virus.

Housing and Hospitality Services has enhanced cleaning and sanitizing procedures in the Residence Halls to include:

- Installation of sanitizing stations to first floor elevator landings and dining services entrances.
- Frequent (hourly) cleaning of community restrooms with hospital grade multi-purpose cleaner.
- Use of hospital grade sanitizer in restrooms including routine (hourly) spraying of high touch surfaces, especially sink fixtures, toilet handles, light fixtures, door handles, towel dispensers, and hand rails.
- Use of hospital grade sanitizer (hourly) on high touch surfaces in residence halls including door handles and elevator buttons.
- Cleaning and sanitizing dining operations with hospital grade products paying special attention to high touch surfaces, including table tops and backs of chairs.

Modified food service functions will be maintained as long as residence halls are open. Dining Services and/or UCLA Catering will provide food service for students and emergency workers on campus, and for ill students who may be relocated to a temporary infirmary sited in the residence halls or elsewhere on campus. The Assistant Vice-Chancellor for Housing and Hospitality Services and the Director of Residential Life will coordinate these support programs.

The Housing and Dining Flu Plan and questions and answers regarding flu prevention and steps to take if a resident is feeling flu like symptoms will be maintained on the Housing and Hospitality website (<http://map.ais.ucla.edu/go/1004423>).

7.7 Administrative Services: Faculty and Staff

Policies and procedures related to faculty and academic teaching staff will be coordinated by the Vice Chancellor for Academic Personnel. Policies and procedures related to staffing and staff functions will be coordinated by the Administrative Vice Chancellor. The Associate Vice Chancellor of Human Resources will coordinate development of staff policies and guidance documents. Corporate Financial Services is responsible for providing financial services, including processing and issuing employee paychecks, paying bills, and ensuring funds can be allocated for any necessary outside vendors. The Associate Vice Chancellor for Corporate Financial Services will coordinate this activity.

Employees designated as essential during an emergency are required to report to campus or they may need to function from either remote or alternative campus locations to maintain required support services and systems. Actions to limit exposure of required staff to the virus will be implemented. Staff may be requested to work multiple shifts and required staff may need to be on campus to provide required services/functions.

Loss of required staff to illness or care for a loved one will necessitate development of back-up options for essential functions. Absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40%, with lower but still significant absenteeism both before and after the peak (<http://www.pandemicflu.gov>). Absenteeism may also be increased by the closing of day care centers, public schools, quarantines, and other measures taken by public health officials during the pandemic.

If an outbreak endangers students, faculty, or staff studying or working outside of California, the Office of Insurance and Risk Management (OIRM) will work with UCOP to facilitate care and/or evacuation, if necessary. The Director of OIRM will coordinate contact with the affected students, faculty, or staff.

The University's travel partners include Ace Insurance Company, Euro Assist, and iJet. iJet provides real time intelligence and travel alerts designed to keep the traveler well informed through a system called Worldcue Traveler. Registered UC travelers will receive direct e-mail notices from Worldcue regarding health warnings and travel restrictions. If travel is booked using UC Travel, trip information and insurance registration are automatically transmitted to Worldcue. Travelers should update their profiles to include their personal and emergency contact information. If travel is not booked through UC Travel, travelers should register their trip on line using UC Trips (<http://www.uctrips-insurance.org>) prior to travel and create a personal profile on Worldcue Traveler.

8.0 Health and Clinical Services

Ongoing communication to patients, visitors, and staff about prevention and treatment of influenza will be a primary focus in the UCLA Health System and the UCLA Arthur Ashe Student Health and Wellness Center. Information and educational materials will be developed and broadly disseminated to educate all stakeholders about flu prevention and the appropriate use of antiviral treatment and prophylaxis, emphasizing adherence with current recommendations and guidelines. Strategies will be reassessed intermittently before, during and after the H1N1 pandemic as recommendations change as more information is known, to ensure consistency among healthcare providers.

The implementation of good infection control practices will be crucial to prevent the spread of influenza and to ensure our healthcare facilities are able to continue functioning safely.

These practices will include following strict hand hygiene and respiratory etiquette guidelines, appropriate use of personal protective equipment, and physical isolation of infectious patients. In addition, seasonal influenza vaccination will be highly encouraged for all faculty, staff and students. To facilitate this for students, mass vaccination clinics will be implemented by the Ashe Center, with support as needed from Occupational Health Facility and the Medical Center, School of Medicine and School of Nursing. These entities will also collaborate to administer the H1N1 vaccine when it is available. High risk groups such as healthcare workers and students with chronic illnesses will be pre-identified for priority distribution. Dispensing priorities will be determined based on predicted inventories. As the vaccine becomes more readily available, vaccination priorities will be adjusted. The procurement and distribution of the vaccine are contingent upon various levels of federal, state, and local funding and vaccine availability.

To guide the appropriate response, vigilant surveillance, frequent situational status monitoring and reporting will be required. Ongoing tracking of the volume and severity of influenza cases will occur in all healthcare settings, as well as tracking of staff absenteeism. These data will be analyzed weekly to identify trends and support decision-making.

Coordination of medical care between the Ashe Center and the UCLA Health System is accomplished through on-going communication. Issues of patient referral, transfer and follow-up between the Ashe Center and the Medical Center will be especially important during a pandemic to ensure continuity of care for the student population.

All medical care provided by both UCLA Health System and the Ashe Center will be consistent with Center for Disease Control guidelines with respect to testing and antiviral treatment.

8.1 Arthur Ashe Student Health and Wellness Center

The Arthur Ashe Student Health and Wellness Center is responsible for providing health information and preventive and treatment services to the UCLA students. The fundamental prevention message that is communicated to students is to frequently wash their hands, practice good respiratory etiquette and stay home if they have flu-like symptoms. Anyone with fever and respiratory symptoms must stay away from class, work, and enclosed public spaces and will be strongly advised to do so. Calls to Telephone Triage will be responded to throughout our service hours at 310-825-4073. To supplement and expand access to health services for students on a 24 hour, 7 days per week basis including nights, weekends and holidays, information about on-going Nurseline consultation service at 866-704-9660 will be highlighted.

Ashe has assembled supplies, including seasonal flu vaccine and is awaiting the release of the H1N1 vaccine. Students will be encouraged to receive the seasonal flu vaccine and will be encouraged to receive the H1N1 vaccine when it becomes available in accordance with the patient priority structure of LA County and CDC. Ashe is in regular contact with experts at UCLA Medical Center, Los Angeles County Acute Communicable Disease Control, and Center for Disease Prevention and Control (CDC).

The Ashe electronic medical record system will facilitate contact with students individually or collectively to convey important health information and monitor illness. Ashe is collaborating with campus units that are also in direct contact with UCLA students and student health advisory committee members.

The Ashe website has an H1N1 site for current information. It is regularly reviewed and updated. It also has links to other partner sites such as the main UCLA website, Office for Residential Life, Student Affairs, EH&S, LA County and the CDC to name a few.

8.2 Ronald Reagan UCLA Medical Center (RRUCLAMC)

The RRUCLAMC will work collaboratively with Campus Emergency Management and EH&S to ensure consistent strategies for planning, mitigation and response to pandemics. The Medical Center will largely focus on preparing the hospital and its staff to receive a surge of influenza patients, specifically the severely ill who require hospitalization. These preparations will include:

- Enhanced surveillance to identify influenza patients.
- Maintaining sufficient stockpiles of personal protective equipment, medical supplies, equipment and pharmaceuticals.
- Allocating appropriate space for patient care activities, including the activation of alternate care site plans.
- Increasing communication with internal and external stakeholders, with an emphasis on public outreach and education.

The Medical Center will provide subject matter experts in the areas of infection control, epidemiology and medical assessment and treatment as needed to the campus. RRUCLAMC will consult closely with the Arthur Ashe Student Health and Wellness Center to coordinate health services for the student population and assist with mass vaccination by providing additional staff as needed. The Medical Center will follow the UCLA Health System Pandemic Influenza Response Plan (Policy # HS7400), with guidance from the Los Angeles County Department of Health Services and Department of Public Health, California Department of Public Health (CDPH) and CDC. The focus of the Medical Center will continue to be providing high quality medical care to patients from the campus, as well as the larger community.

9.0 Appendices

Appendix A – Office of the President Guidance Memos

A-1 President Yudof's Letter to the Chancellors dated August 31, 2009

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August 31, 2009

CHANCELLORS

Dear Colleagues:

The Office of the President is deeply concerned with ensuring that we provide appropriate support to the campuses and medical centers in preparation for the expected increase of H1N1 influenza cases in the fall.

The Office of Risk Services and the Office of Health Sciences and Services, under the direction of Chief Risk Officer Grace Crickette and Senior Vice President John Stobo, M.D., have formed a pandemic advisory group comprising some of the top infectious disease specialists throughout UC. With assistance and review from the Office of General Counsel, the group has developed guidance documents to help the campuses and medical centers develop local policies and identify needed resources. The situation remains very fluid, and, as the fall approaches, supplemental guidance documents will likely be needed. Also, we understand that you may be directed by local Public Health Departments to follow additional or varying guidance. We will continue to work with various groups at your campus to identify and assist with resources. The guidance documents are available on the UCOP Emergency Operations Web site, at: <http://www.ucop.edu/riskmgmt/emergprep/eonews/>

- Frequently Asked Questions (FAQs) Concerning Novel Influenza A (H1N1) – Guidance for Managers and Supervisors
- Influenza Seasonal Plan for Health Care Personnel Vaccination
- Influenza Guidance for Residence Halls
- Influenza Guidance for Child Care and Day and Residential Camps

I ask that you ensure that your local policies have been fully implemented and that you have deployed appropriate resources so that your policies and Pandemic Plans are effective. If you have questions regarding the guidance or have resource issues, please

Chancellors
August 31, 2009
Page 2

get in touch with Chief Risk Officer Crickette. She can be reached by e-mail at Grace.Crickette@ucop.edu or by telephone at (510) 987-9820.

With best wishes, I am,

Sincerely yours,



Mark G. Yudof
President

cc: Interim Provost Pitts
Executive Vice President Taylor
Senior Vice President Stobo
Vice President Broome
Chief Risk Officer Crickette

A-2 Frequently Asked Questions Concerning Novel Influenza A (H1N1) Guidance for Managers and Supervisors

This guidance has been prepared by the Office of the President to assist you in issuing your local policy. It applies to both medical centers and campuses – all UC locations.



Frequently Asked Questions (FAQs) Concerning Novel Influenza A (H1N1) Guidance for Managers and Supervisors Date Written: 08/09

This guidance provides recommendations to Managers and Supervisors in addressing concerns related to the Novel Influenza A H1N1 flu (H1N1 flu). The recommendations below will help slow the spread of H1N1 and seasonal influenza.

If an employee becomes sick with influenza-like illness, the employee should consult with their health care provider and follow their guidance. The response to a public health emergency such as an influenza pandemic will be directed by federal, state, and local health agencies. It is the responsibility of the University to act in accordance with all applicable public health directives. The University's guidance, policies, and regulations cannot conflict with public health orders for the control of the H1N1 flu pandemic.

If any employment actions are taken as a result of an influenza outbreak, such as requiring that employees not come to work, such actions must be consistent with federal and state laws prohibiting discrimination in the workplace.

QUESTIONS/ANSWERS RELATED TO EMPLOYEES

1. What should managers and supervisors communicate to their employees concerning H1N1 flu?

The Centers for Disease Control and Prevention (CDC) recommends that everyone be informed of the precautionary measures they can take to stay healthy:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Try to avoid close contact with sick people.
- Influenza is thought to spread mainly person-to-person through coughing or sneezing by infected people.
- If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

For additional information concerning the H1N1 flu, visit the CDC website at <http://www.cdc.gov/h1n1flu/qa.htm> or the Health & Human Services (HHS) website at <http://www.flu.gov/>

A-2 (cont) Frequently Asked Questions Concerning Novel Influenza A (H1N1) Guidance for Managers and Supervisors

2. What steps should be taken if an employee becomes ill with influenza-like symptoms?

This may depend on the resources available at the particular campus location. Where occupational health services or authorized medical offices are available, managers and supervisors should recommend that employees who appear to be ill seek medical assistance. If occupational health services are not available, managers and supervisors should encourage employees to take leave and seek medical assistance from their health care provider.

If an employee declines to take leave, managers and supervisors should consult the local Human Resources office for assistance in determining whether there is objective evidence of influenza-like illness. In addition, consider the use of on-site employee health services, if available, to assist in making this determination. If there is objective evidence of influenza-like illness and the employee still refuses to take leave, a manager or supervisor may, over the objection of the employee, require that the employee leave the workplace. In such circumstances, the absence should be recorded as "approved."

Managers and supervisors should seek assistance from their Human Resources office early, and before taking any action, to ensure that all appropriate options have been considered. Action should not be taken based solely on a manager's or supervisor's subjective assessment of an employee's medical condition.

3. Are there steps that managers and supervisors can take to prepare for an outbreak of H1N1 flu?

Each campus should have a pandemic plan in place. Managers and supervisors should familiarize themselves with their individual campus plan, systemwide policies and local implementing procedures, collective bargaining agreement provisions regarding leave, compensation, employee and labor relations, and alternative work arrangements. As part of any planning effort, managers and supervisors should make information available to employees concerning the common-sense steps employees can take to protect themselves and help prevent the spread of flu in the workplace. This information can be found on the CDC's website at <http://www.cdc.gov/h1n1flu/> and www.cdc.gov/germstopper/work.htm.

Managers and supervisors should also keep themselves informed of the latest public health information released by the CDC and plan in advance for the possibility of increased employee absences. It would also be prudent for managers and supervisors to determine in advance whether it would be feasible for employees to work at home when they are not sick themselves but need to stay away from the workplace because of an outbreak to, for example, care for a sick family member.

4. Must the University grant leave to an employee who is sick with H1N1 flu?

Employees who are ill with influenza-like illness should be advised to **remain at home until at least 24 hours after they are free of fever ($\geq 100^{\circ}$ F / 37.8° C) and signs of fever without the use of fever-reducing medications** in order to minimize the spread of the virus. Employees should be encouraged to avail themselves of the University's sick leave policy and other applicable leave policies and collective bargaining agreement provisions.

An employee who is sick may be entitled to leave under the Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) under certain circumstances. The FMLA and CFRA entitle eligible employees to take up to 12 workweeks of unpaid, job-protected leave in a calendar year if they have a serious health condition. The H1N1 flu or influenza-like illness may qualify as a "serious health condition" where complications arise. University employees may be permitted and/or required to substitute paid leave in certain circumstances, depending on the applicable policy or collective bargaining agreement. \

**A-2 (cont) Frequently Asked Questions Concerning Novel Influenza A (H1N1)
Guidance for Managers and Supervisors**

5. Must the University allow parents or caregivers time off from work to care for sick family members?

If certain members of an employee's family are sick, the employee may be entitled to leave under the FMLA and CFRA. The FMLA and CFRA entitle eligible employees to take up to 12 workweeks of unpaid, job-protected leave in a calendar year to care for certain family members with a serious health condition. At the University, this group includes the employee's spouse or domestic partner, parents, and children. Influenza-like illness may qualify as a "serious health condition" where complications arise. University employees may be permitted and/or required to substitute paid leave in certain circumstances, depending on the applicable policy or collective bargaining agreement.

If the family member who is sick is the employee's child, parent, spouse, or domestic partner, the employee may use up to 6 days of accrued sick leave in the calendar year to care for the family member even if the illness is not a "serious health condition."

Additionally, under University sick leave policies and certain collective bargaining agreements, employees with accrued sick leave may use it to care for a wider variety of ill family members. If an employee has no accrued time off, the employee may be granted unpaid time off to care for an ill family member. Applicable policies and collective bargaining agreement provisions should be consulted.

6. Must the University allow parents time off from work to care for healthy children whose schools may have closed due to the outbreak?

Under University policies and collective bargaining agreements, employees may be able to use vacation or other accrued time off or take unpaid personal leave to care for healthy children whose schools or day care centers have been closed under such circumstances. Applicable policies and collective bargaining agreement provisions should be consulted.

7. Does the FMLA or CFRA entitle an employee to take leave to avoid getting the H1N1 flu?

No. The FMLA and CFRA entitle employees to job-protected leave when they have a serious health condition or when they need leave to care for covered family members who have a serious health condition. Leave for the purpose of avoiding exposure to the flu would not be protected under the FMLA or CFRA.

8. May the University require an employee who is out sick with H1N1 flu to provide a certification from a health care provider before returning to work?

Yes. An employer may require a certification from a health care provider clearing an employee to return to work. However, managers and supervisors should be consistent in this practice and treat employees uniformly.

9. May the University prohibit an employee from coming to work if the employee is known to have H1N1 flu?

Yes. The University is obligated to provide a safe workplace and may take necessary and reasonable steps to minimize health risks for its employees, such as requiring that employees not come to work if they have the H1N1 flu.

A-2 (cont) Frequently Asked Questions Concerning Novel Influenza A (H1N1) Guidance for Managers and Supervisors

If an employee has had very close contact (for example lives in the same household) with a person with active influenza-like illness, the employee should be told to watch carefully for symptoms of fever, such as cough, sore throat, or runny nose, and to stay home if influenza-like illness symptoms develop or go home immediately if influenza-like illness symptoms occur at work. See Department of Public Health Interim Guidance for Employers and Employees on Novel Influenza 'A' (H1N1) Virus http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH_Interim_Guidance_H1N1Flu_Employers_Employees.pdf

10. Do the same leave policies apply to represented and non-represented employees?

Leaves for represented employees are generally governed by the applicable collective bargaining agreements whereas leaves for unrepresented employees are governed by University policy. Managers and supervisors should therefore consult and comply with the collective bargaining agreement provisions regarding leaves and/or University leave policies that may apply to their employees.

11. Does the foregoing advice also apply to academic employees?

The basic principles set forth above regarding steps that the University may take to ensure a safe workplace apply to the University's academic employees. Managers and supervisors should refer to the Academic Personnel Manual to determine applicable leave policies for the various categories of academic employees.

QUESTIONS/ANSWERS RELATED TO STUDENTS

1. May the University quarantine or isolate students who have contracted the H1N1 flu or exhibit influenza-like illness?

Yes. The University enacted a Policy on Safeguards, Security and Emergency Management in January 2006 that contemplates the need for Chancellors to take extraordinary measures in the event of "a natural or man-made disaster, a civil disorder which poses a threat of serious injury to persons or damage to property," or other "seriously disruptive events."¹ Pursuant to this policy, the University may take appropriate steps to protect the health and safety of its students in the face of a known serious health crisis like an influenza pandemic. .

2. What steps should be taken before the University initiates quarantine or isolates students who have contracted the H1N1 flu, or exhibit influenza-like illness?

Campuses should consult and coordinate with their local health care official before instituting quarantine. The California Department of Public Health (DPH) is authorized to establish and maintain places of isolation and quarantine, and has the *final authority* to implement statutes and regulations pertaining to the control of communicable diseases.² Because DPH has ultimate authority in this area, the campuses should coordinate with local public health agencies to ensure that its actions are consistent with the most current DPH orders, rules and regulations pertaining to the control of the H1N1 flu.

3. May the University prohibit students who have contracted the H1N1 virus from attending classes on campus?

¹ University of California Policy on Safeguards, Security and Emergency Management, issued January 26, 2006

² Health & Saf. Code §§ 120135, 120145, 120200; 120215.

A-2 (cont) Frequently Asked Questions Concerning Novel Influenza A (H1N1) Guidance for Managers and Supervisors

Yes. If a student exhibits influenza-like illness or has the H1N1 flu, the University may prohibit the student from attending classes on campus. The University must take appropriate steps to protect the health and safety of its students in the face of a known serious health crisis. The University's Policy on Safeguards, Security and Emergency Management, enacted in January 2006, contemplates the need for Chancellors to take extraordinary measures in the event of "a natural or man-made disaster, a civil disorder which poses a threat of serious injury to persons or damage to property," or other "seriously disruptive events."³

The CDC recommends that persons who are sick should be instructed to limit their contact with other people (self-isolate) as much as possible and to stay home (or in their residence hall room) **until at least 24 hours after they are free of fever ($\geq 100^{\circ}$ F / 37.8° C) and signs of fever without the use of fever-reducing medications:** <http://www.cdc.gov/h1n1flu/sick.htm>

4. May the University cancel classes or close the campus?

Yes. Under the appropriate circumstances, the Chancellors may cancel classes or close the campus. If confirmed cases of H1N1 virus infection or a large number of cases of influenza-like illness (*i.e.*, fever with either cough or sore throat) occur among students, faculty, or staff or in the community, campus officials should consult with state and local health officials regarding an appropriate response.

The CDC is not currently recommending that institutions cancel or dismiss classes or other large gatherings. See "Interim CDC Guidance for Institutions of Higher Education in Response to Human Infections with Novel Influenza A (H1N1) Virus:" http://www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm

The DPH "Interim Guidance on K-12 School and Childcare Facility Dismissal in Response to Human Infections with the Novel Influenza A (H1N1) Virus" does not advise school closure unless there is a magnitude of faculty or student absenteeism that interferes with the school's ability to function: <http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHUpdatedGuidanceOnSchoolsDismissalSH1N1.pdf>.

5. If a child exhibits influenza-like symptoms, may a University-affiliated child care center refuse services to the child?

Yes. Some campuses operate centers for the care of the children of faculty and/or students. California Child Care Center General Licensing Requirements require that these centers inspect all arriving children for signs of sickness.⁴ The center must not accept into its care any child exhibiting obvious symptoms of illness including, but not limited to, fever or vomiting."⁵

The CDC and the DPH recommend that students, teachers, and staff who appear to have an influenza-like illness at arrival or who become ill during the school day be promptly isolated from other students and teachers until they can be picked up. Parents and guardians should be reminded to monitor their school-aged children for symptoms of influenza-like illness and advised that children who are sick should stay home. Likewise, teachers and staff should be reminded to stay home when sick. Ill students should not attend alternative childcare or congregate in settings other than school. Childcare facilities that close their operations should also cancel childcare-related gatherings and encourage parents to avoid congregating with their children at home or in other places: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaSchools.aspx#dismissal-schools>

³ Policy on Safeguards, Security and Emergency Management

⁴ 22 C.C.R. §§ 101226.1(a), 10156.1(b) ("Daily Inspection for Illness")

⁵ *Id.*

A-2 (cont) Frequently Asked Questions Concerning Novel Influenza A (H1N1) Guidance for Managers and Supervisors

6. Should campuses take special precautions concerning individuals returning from study abroad locations where they may have been exposed to the H1N1 virus?

Not presently. Campuses should not, for example, prohibit students or faculty from returning to campus after traveling to study abroad locations where high incidence of H1N1 flu has been reported. Instead, persons returning to the United States who develop influenza-like illness symptoms should be told to promptly consult their health care provider and follow their directions.

Faculty, staff and students, who have plans to travel abroad should be advised to check the CDC's travel advisory website for guidance. The CDC advises and issues notices on the status of travel to many foreign locations and the United States. <http://www.cdc.gov/travel/content/novel-h1n1-flu.aspx#notices>

Campuses should also advise students to exercise prudence and delay international travel – especially if they are ill. The World Health Organization has a pandemic page that posts guidance for individuals, communities and others regarding treatment, quarantine etc.: <http://www.who.int/csr/disease/swineflu/en/index.html>

The Office of Risk Services within UCOP's Financial Management Department has arranged for employees and students traveling on official University business to be covered for a wide variety of accidents and incidents, including illness, while away from the campus or primary workplace. This coverage is provided at no cost to the traveler. Coverage is accessed through automatic ticket/travel agency booking (UCLA Travel or Connexus) or registration through <http://www.uctrips-insurance.org/>

Once registered, the traveler receives a welcome email providing them with the following:

- A trip brief with useful information about their destination
- Current alerts for that particular destination (including H1N1 alerts)
- Email alerts before and during the trip and health alerts up to 30 days after a trip (including H1N1 status of travel destination)

Those traveling on official University business should be encouraged to access this information.

QUESTIONS/ANSWERS RELATED TO PRIVACY AND DUTY TO REPORT

1. Is there a duty to report cases of H1N1 flu to state or local health authorities?

Generally, health care providers (includes doctors, nurses, physician assistants, among others) at the University student health centers, health care clinics, and medical centers who know of or are in attendance on a case or suspected case of H1N1 flu are required to report it to the local health department immediately by telephone in accordance with internal administrative procedures. Where no health care provider is in attendance, any individual who knows of or suspects that someone has H1N1 flu is permitted to report it to the local health department.⁶ Local health departments in turn notify the DPH.

Contact information for the local health officers may be found at http://www.cdph.ca.gov/HealthInfo/Documents/LHD_CD_Contact_Info.pdf

2. What are the responsibilities of the local and/or state health departments once they have been notified of a case of H1N1 flu?

Health officers are legally required to take whatever steps are deemed necessary for the investigation and control of the disease reported. These steps include the power to isolate and quarantine persons, inspect and disinfect property, require the examination of a person to verify

⁶ 17 C.C.R. §§ 2500(b), 2500(c), 2500(a)(14), 2500(h)(i).

A-2 (cont) Frequently Asked Questions Concerning Novel Influenza A (H1N1) Guidance for Managers and Supervisors

the diagnosis, investigate to determine the source of the infection, determine the contacts subject to quarantine, issue appropriate instructions, and take appropriate steps to prevent or control the spread of the disease.⁷ Health officers may, for purposes of their investigation, disclose information contained in an individual case report, including personal information, as may be necessary to prevent the spread of the disease or occurrence of additional cases.⁸ If the disease requires isolation, the health officer must insure that instructions are given to the patient and members of the household that define the area within which the patient is to be isolated and state what measures should be taken to prevent the spread of the disease, including the isolation technique to be followed.⁹

Medical Centers and Campuses should plan to work closely with local health officers who may be authorized to take appropriate action on behalf of the University or able to provide the University with the approval and/or authority to take appropriate remedial action. Any such authority given or action taken by the local health officer should be documented.

3. May student health care providers disclose personal information related to a student suspected or known to have H1N1 flu, without consent, as necessary to control the disease?

Yes. Student Health Center personnel may alert the residence halls and instructors about students they have examined as patients and found to be symptomatic of H1N1 flu when the student is not compliant with instructions to leave campus, to not attend class and/or to go home or to an appropriate health facility for treatment.

The Family Educational Rights and Privacy Act¹⁰ (FERPA) permits disclosure of student treatment records for purposes other than treatment to “appropriate persons [to protect others] in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.” The Health Insurance Portability and Accountability Act¹¹ (HIPAA) provides that such disclosure of protected health information without patient consent is permitted if there is a good faith belief that the disclosure is “necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and . . . [the disclosure] is to a person or persons reasonably able to prevent or lessen the threat.”¹² California case law holds that health care providers have a duty to take reasonable steps, including breaching patient confidentiality, to warn and protect others at risk from a patient with a communicable disease.¹³ California regulations regarding communicable diseases obligate a health care provider in attendance on a case of suspected communicable disease to breach confidentiality to give detailed instructions to the members of the household of the sick person regarding precautionary measures to be taken for preventing the spread of the disease or condition.¹⁴

Even when circumstances warranting disclosure exist, disclosure should be as limited as possible, only necessary information should be shared, and disclosures should be made only to those people with a need to know.

The local health department may also provide a campus with advance written approval in order to disclose such information in such circumstances. Further, as previously indicated, a health official may release personal information as necessary to prevent the spread of disease or the occurrence of additional cases.

⁷ Health & Saf. Code §§ 120130(c), 120145, 120175, 17 C.C.R. §§ 2501, 2520.

⁸ 17 C.C.R. § 2502 (f) (2).

⁹ 17 C.C.R. §§ 2516, 2518.

¹⁰ <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

¹¹ <http://www.hhs.gov/ocr/privacy/>

¹² 45 C.F.R. 164.512(j)(i). This provision should be relied upon only in extraordinary circumstances.

¹³ *Reisner v. Regents of the University of California* (1995) 31 Cal.App.4th 1195.

¹⁴ 17 C.C.R. § 2514.

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A-3 University of California Guidance for Epidemiology & Infection Prevention Influenza: Seasonal Plan for Healthcare Personnel Vaccination

This guidance has been prepared by the Office of the President to assist you in issuing your local policy. It applies to both medical centers and campuses – all UC locations.



University of California Guidance for Epidemiology & Infection Prevention
Influenza: Seasonal Plan for Healthcare Personnel Vaccination
Date Written: 08/09

I. PURPOSE

This document has been developed to provide guidance to supervisors and managers in the prevention and management of influenza concerning all University of California Health Care Personnel who have any duties or presence in patient contact areas at UC Owned or UC Affiliated Health Care Facilities. These guidelines apply to all UC employees working at any UC Owned or UC Affiliated Health Care Facilities, as well as students, researchers, independent contractors, volunteers, and vendors at those facilities. This policy encompasses all influenza vaccines recommended by the Centers for Disease Control and Prevention. Be advised that your local Health Authority may dictate different guidelines to which you must respond.

II. DEFINITIONS

1. Health Care Personnel. Health Care Personnel includes, but is not limited to:

- A. Staff – all employees, volunteers, or licensed health care professionals, regardless of employer. This includes campus Occupational Health and Student Health Center employees, School of Medicine employees, hospital medical staff members, residents, fellows and other health care profession trainees, observers and volunteers.
- B. Students – medical students, nursing students, nurse practitioner/physician assistant students, pharmacy students, respiratory therapy students, radiation technology students, and all other students receiving training at a UC health care facility.
- C. Vendors – Representatives or distributors of a manufacturer or company who visit for the purpose of soliciting, marketing, or distributing products or information regarding the use of medications, products, equipment and/or services.

2. UC Owned or UC Affiliated Health Care Facilities: Any location in which the University of California is responsible for the care of and provides services to patients, including , but not limited to hospitals, outpatient clinics, home health, student and employee health centers, dental clinics, and pharmacies.

III. BACKGROUND AND RATIONALE

Several vaccines (or documentation of prior immunity) are required of health care workers to protect both themselves and the patients they encounter. These include hepatitis B, mumps, measles,

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rubella, chicken pox, and others (see California Code of Regulations Title 8 § 5199, Appendix E for the list). The imminent threat of an influenza pandemic confirms the importance of ensuring the protection of all UC students, faculty, patients, employees and visitors against this medically important and potentially deadly virus.

There is an imminent threat of a more virulent influenza strain with pandemic potential. In nearly all prior pandemics, mild disease was followed by a dormant period of several months, which was then followed by the emergence of a more virulent virus that produced widespread disease and death.

The lack of influenza vaccination produces substantial issues within medical facilities:

- 1) Increased influenza transmission due to higher vulnerability compared to vaccinated groups;
- 2) Increased fear that co-workers are a source of infection;
- 3) Increased need to furlough for illness or influenza exposure; increased risk of inadequate staffing during high risk periods or pandemic events;
- 4) Increased work from Epidemiology and Infection Prevention and all affected areas when exposure work-ups occur.
- 5) Increased work for Occupational Health Services for contact tracing, chemoprophylaxis, treatment, and return to work assessments.

Influenza transmission and outbreaks in hospitals and nursing homes are well documented. Health care providers can acquire influenza from patients or transmit influenza to patients and other staff. Despite the documented benefits of health care provider influenza vaccination on patient outcomes and health care provider absenteeism and on reducing influenza infection among staff, vaccination coverage among health care providers remains low (less than 50%).

The Advisory Committee on Immunization Practices (ACIP) in its recommendations for Prevention and Control of Influenza (2007) reiterates that all healthcare personnel should be vaccinated in order to reduce the risk of becoming ill with influenza or of transmitting influenza to others.

California Health & Safety Code § 1288.7 (effective January 1, 2007) states the following requirements:

By July 1, 2007, the department shall require that each general acute care hospital, in accordance with the Centers for Disease Control guidelines, take all of the following actions:

- (a) Annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital shall require its employees to be vaccinated, or, if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.
- (b) Institute respiratory hygiene and cough etiquette protocols, develop and implement procedures for the isolation of patients with influenza, and adopt a seasonal influenza plan.
- (c) Revise an existing, or develop a new, disaster plan that includes a pandemic influenza component. The plan shall also document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.

Read the related press release from The Joint Commission on Accreditation of Healthcare Organizations: http://www.dhs.ca.gov/ps/dcdc/izgroup/shared/hospital_influenza_press_release.htm

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IV. GUIDELINES

All UC Owned or UC Affiliated Health Care Facilities should develop, implement, and evaluate a program that requires the following:

1. Mandatory annual influenza vaccination of all UC Health Care Personnel who have any duties or presence in patient contact areas at any UC Owned or UC Affiliated Health Care Facility.
2. Free annual influenza vaccines through Occupational Health Services (or Student Health Services on campuses without an occupational service) to all Health Care Personnel.
3. All Health Care Personnel to either: a) receive the vaccine offered by UC Occupational Health (or Student Health Services on campuses without an occupational service), b) provide current written documentation of the influenza vaccination, or c) if for documented medical or religious reasons, refuses to be vaccinated, execute a declination.

Declination forms may be executed by individuals who have one or more of the following conditions:

- a. Persons with moderate (generalized rash) or severe (life-threatening) allergies to eggs, vaccine components, or prior vaccines. Documentation from personal physician is required.
- b. Persons with a history of Guillain-Barre Syndrome. Documentation from personal physician is required.
- c. Written documentation of other medical contraindication from a medical provider. These conditions require annual documentation.
- d. Written documentation of declination based on religious grounds. Documentation should be received from a religious organization and will be required annually.

Pregnancy is a high-risk condition for influenza illness and does not in itself constitute an exception.

4. Annual notification to Health Care Personnel, prior to the start of the flu season, of the availability and requirement of all influenza vaccines – at no cost to them – and the need to be vaccinated. The exact timing of such notification and vaccination will be based upon CDC recommendations and the availability of the vaccine from suppliers.
5. Those that do not receive the vaccine must complete a written declination form, in accordance with state law, and also wear a surgical mask for the duration of the influenza season in all patient contact areas.

Each person with exceptions to vaccination shall be required to provide signed written documentation that he/she will wear a surgical mask at all times when in patient contact areas during the entire influenza season. Names of persons required to wear masks will be provided to the worker's managers and supervisors, including Division and Department leadership.

The EIP committee will set the relevant dates of the influenza season each year. In general, influenza season extends from October to March, but can extend longer in certain years.

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Prevention Influenza: Seasonal Plan for Healthcare Personnel Vaccination**

6. Require compliance with annual mandatory influenza vaccination no later than December 1 of each year, unless an alternative date is authorized by the Epidemiology and Infection Prevention Committee
7. Education of all Health Care Personnel on the following:
 - a. The benefits of influenza vaccination;
 - b. The potential health consequences of influenza illness for themselves and patients;
 - c. The epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions & respiratory hygiene /cough etiquette), in accordance with their level of responsibility in preventing health-care-associated influenza; and
 - d. The safety profile of the influenza vaccine.

This education may occur either at the time of the annual vaccination activity, or at the time of hire or as part of ongoing training and education, or any combination thereof.

8. On an annual basis, evaluate vaccination rates of personnel as well as the number and reason for exceptions.

If a health care provider has a contraindication but still desires to get the influenza vaccine, they should discuss it with their primary physician and have it administered by the primary physician.

All UC Owned or UC Affiliated Health Care Facilities should continue to use strategies for convenient vaccine access, including vaccination clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders.

Locations should be advised that these guidelines, after proper consultation and appropriate comment period, will be recommend for Presidential policy, subject to Higher Education Employer-Employee Relations Act (HEERA) obligations.

Related policies:

University of California Pandemic Influenza Plan
Epidemiology & Infection Prevention Policy: Respiratory Hygiene
Title 8 California Code of Regulations § 5199 Appendix E: Aerosol Transmissible Disease
Vaccination Recommendations for Susceptible Health Care Workers (Mandatory)

A-4 Guidance for University Residence Hall - H1N1 Influenza Prevention and Management Guidance

This guidance has been prepared by the Office of the President to assist you in issuing your local policy. It applies to both medical centers and campuses – all UC locations.



Guidance for Epidemiology & Infection Prevention
University Residence Hall H1N1 Influenza Prevention and Management Guidance
Date Written: 08/09

This document is intended to provide guidance to Program administrators in addressing concerns related to the novel influenza A H1N1 flu (H1N1 flu) in residence halls. The recommendations below will help slow the spread of H1N1 and seasonal influenza.

Novel H1N1 Influenza Virus

The symptoms of influenza usually include fever ($\geq 100^{\circ}$ F/ 37.8° C) plus at least either a cough or sore throat. These symptoms are referred to as an influenza-like illness. Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Like seasonal flu, H1N1 infection can vary in severity from mild to severe.

H1N1 influenza spreads in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose.

At this time, the Centers for Disease Control and Prevention (CDC) recommends that efforts to reduce the spread of influenza focus on the **early identification of ill students and staff, staying away from others when ill, and good cough and hand hygiene etiquette**. This interim guidance provides suggested means to reduce the spread of the H1N1 influenza virus in residential hall settings.

General Recommendations for Residence Halls

Residence hall check-in offers an excellent opportunity for campus staff to deliver key educational messages in a variety of formats about measures students can take to help protect themselves from influenza infection, including the active promotion of good hygiene practices. Student orientation programs should also include educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette. See Novel H1N1 Flu (Swine Flu) and You: <http://www.cdc.gov/H1N1flu/ga.htm>

- Develop a working relationship with Student Health Services and plan jointly for possible contingencies during the Fall session. Plans should include what to do if staff or students become ill, including how to separate them from others to limit spreading influenza to other students and staff; when to seek additional medical evaluation; and how to provide care for ill staff and students. Residence hall administrators should work with Student Health Services to develop mechanisms and protocols for monitoring and reporting influenza-like illness among students and residence hall staff.
- Develop a training program for residence hall staff regarding communicable disease prevention that includes specific information regarding how to recognize influenza-like illness and how to report possible cases of influenza-like illness to residence hall management and Student Health Services.
- Provide students with educational materials and information in a variety of formats that explains how to prevent and recognize influenza-like illness and what they should do if they become ill, including reporting influenza-like illness to Student Health Services.

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Recommendations for Reducing the Risk of Introduction of H1N1 Influenza Virus into Residence Halls

- **Screen all newly arriving students** by asking them if they have had any symptoms of influenza-like illness in the previous 7 days. Provide education to individual students about reporting influenza-like illness immediately to Student Health Services by telephone or other remote means before seeking care. Note any conditions that may place them at high risk for complications of influenza.

Recommendations for the Rapid Detection and Management of Influenza-Like Illness Cases in Residence Halls

- Residence hall staff should be diligent about early recognition of illness and appropriately managing students that are experiencing influenza-like illness.
- Students who develop influenza-like illness should self-isolate (*i.e.*, stay away from others) in their residence hall room for at least 24 hours after their fever is gone (except to get medical care or take care of other necessities). They should keep away from others as much as possible to reduce the spread of the virus.
- Protocols should be in place for when medical evaluation of students with influenza-like illness is done and how monitoring will be conducted. Students with severe illness and those at high risk for complications from influenza should contact Student Health Services.
- Further information on care for persons with influenza-like illness can be found at:
 - Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (August 5, 2009): http://www.cdc.gov/h1n1flu/guidance_homecare.htm
 - Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting (May 13, 2009): http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
 - Antiviral Drugs and H1N1 Flu (Swine Flu) (April 29, 2009): <http://www.cdc.gov/h1n1flu/antiviral.htm>
- If isolation is recommended and providing individual (single) rooms for students with influenza-like illness is not feasible, consider using a large room or suite specifically for ill students. The room should be equipped with beds that are at least 6 feet apart and, if possible, with temporary barriers between beds and with nearby bathroom facilities separate from bathrooms used by healthy students.
- Develop plans for assisting students with influenza-like illness, including the provision of meals, medications, and other care.
- Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for students with influenza-like illness.
- For proper technique in caring for an ill person, refer to the following guidance: Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (August 5, 2009): http://www.cdc.gov/h1n1flu/guidance_homecare.htm
- Close contacts (such as roommates) of persons with influenza-like illness should be encouraged to self-monitor for influenza-like illness and report illness to Student Health Services.

General Infection Control Recommendations

Encourage all students to effectively cover their cough or sneeze and to use good hand hygiene.

- Consider installing alcohol-based hand sanitizers in common areas and providing students with sample-sized bottles of hand sanitizer.

A-4 (cont) Guidance for University Residence Hall - H1N1 Influenza Prevention and Management Guidance

- Clean all common areas that are most likely to have frequent hand contact (*i.e.*, – door handles, handrails, bathrooms, lounges) daily. Use the cleaning agents that are usually used for these purposes – it is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning. See: Clean Hands Save Lives: <http://www.cdc.gov/cleanhands/>

For more information, please see:

Interim CDC Guidance for Institutions of Higher Education and Post-secondary Educational Institutions in Response to Human Infections with Novel Influenza A (H1N1) Virus (August 5, 2009): http://www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm

Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus (June 14, 2009): <http://www.cdc.gov/h1n1flu/camp.htm>

CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others (August 5, 2009): <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

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A-5 Guidance for University Child Care & Day and Residential Camp - H1N1 Influenza Prevention and Management Guidance

This guidance has been prepared by the Office of the President to assist you in issuing your local policy. It applies to both medical centers and campuses – all UC locations.



Guidance for Epidemiology & Infection Prevention
University Child Care & Day and Residential Camp
H1N1 Influenza Prevention and Management Guidance
Date Written: 08/09

This document is intended to provide guidance to Program administrators in addressing concerns related to the novel influenza A H1N1 flu (H1N1 flu) in University Child Care Centers and Day and Residential Camp programs. The recommendations below will help slow the spread of H1N1 and seasonal influenza.

Novel H1N1 Influenza Virus

The symptoms of influenza usually include fever ($\geq 100^{\circ}$ F/ 37.8° C) plus at least either a cough or sore throat. These symptoms are referred to as an influenza-like illness. Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Like seasonal flu, H1N1 infection can vary in severity from mild to severe.

H1N1 influenza spreads in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose.

I. CHILD CARE FACILITIES/PROGRAMS

At this time, the Centers for Disease Control and Prevention (CDC) recommends that efforts to reduce the spread of influenza in child care programs focus on the **early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette**. Decisions about child care program closure should be at the discretion of campus and local authorities based on local considerations, including public concern and the impact of child care program absenteeism and staffing shortages. Closure of child care programs is **not** currently recommended in response to H1N1 influenza in the greater community or in the child care facility.

- **Child care providers should conduct daily health checks on all children.** Daily health checks had been recommended for child care programs before the current H1N1 flu situation, and programs that do not conduct routine daily health checks should institute this practice. (See “Caring for Our Children – National Health & Safety Performance Standards” Chapter 3.001 and 3.002; and Appendix F – Symptom Screening Form: <http://nrckids.org/CFOC/index.html>.)
- **Ill children should stay home until at least 24 hours after they are free of fever ($\geq 100^{\circ}$ F/ 37.8° C), and signs of a fever without the use of fever-reducing medications.** Child care facilities for children *younger than 5 years old* should exclude ill children until complete resolution of *all* influenza symptoms. Ill children should not be taken out of one child care program and put into another child care program, even temporarily.
- **All staff, volunteers, and children should diligently follow established handwashing procedures at the following times:**
 - Upon arrival for the day or when moving from one child care group to another.

A-5 (cont) Guidance for University Child Care & Day and Residential Camp - H1N1 Influenza Prevention and Management Guidance

- Before and after:
 - Eating, handling food, or feeding a child;
 - Giving medication;
 - Playing in water that is used by more than one person.
- After:
 - Diapering;
 - Using the toilet or helping a child use a toilet;
 - Handling bodily fluid from sneezing, wiping, and blowing noses; from mouths; or from sores;
 - Handling pets and other animals;
 - Playing in sandboxes;
 - Cleaning or handling the garbage.
- **Child care facilities should clean and sanitize frequently-touched surfaces** (such as desks, doorknobs, computer keyboards, toys) daily and immediately if they become visibly soiled. Toys that cannot be washed and sanitized should not be used.

For more details on cleaning and sanitizing, see:

http://nrckids.org/CFOC/HTMLVersion/Chapter_3.html#1076310

<http://www.cdc.gov/h1n1flu/ga.htm>

<http://www.epa.gov/oppad001/influenza-disinfectants.html>

- Visits between classrooms should be postponed.
- Communal sensory curriculum activities (e.g., Play-Doh, water play) should be postponed if children and/or staff become ill.
- Child care programs should include educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.
- Child care programs should work closely and directly with their campus and local public health officials to make appropriate decisions and implement strategies in a coordinated manner.

For more information, please see:

H1N1 Flu (Swine Flu): Resources for Child Care Programs, Schools, Colleges, and Universities (August 5, 2009): <http://www.cdc.gov/h1n1flu/schools/>

CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others (August 5, 2009): <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition (2002): <http://nrckids.org/CFOC/index.html>

II. DAY AND RESIDENTIAL CAMPS

At this time, CDC recommends that efforts to reduce the spread of influenza in camps focus on the **early identification of ill campers and staff, staying home (or away from others) when ill, good cough and hand hygiene etiquette, and environmental controls** that encourage use of these hygiene practices.

This interim guidance provides suggested means to reduce the spread of the H1N1 influenza virus in day, residential, or overnight camp settings. Camps for children, young adults, and families range from programs conducted for several hours in a day (not overnight) to programs that are residential and involve many weeks in group settings. This guidance will address general recommendations that apply to all programs and some specific guidance that applies to residential programs.

A-5 (cont) Guidance for University Child Care & Day and Residential Camp - H1N1 Influenza Prevention and Management Guidance

General Recommendations and Preparedness for Camps

- It is recommended that Student Health Services and program administrators work together to plan for possible contingencies. Plans should include what to do if staff or camp participants become ill, including how to separate them from others to limit spreading influenza to other staff and campers, when to seek additional medical evaluation, and how to provide care for them. Camp administrators should work with campus health officials to develop mechanisms and protocols for monitoring influenza-like illness and any requirements for reporting influenza-like illness among campers or camp staff.
- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending the camp will be handled. Arrangements should also be made with the parents/guardians of staff, volunteers, and other campers who are legally minors. Include logistics for transportation of ill persons for medical care or return home that limits exposures to other persons, multiple ways to contact parents/guardians, authorization for care and isolation at the camp (if applicable), and planning for additional medical evaluation or emergency care.
- Develop a training program for camp staff regarding communicable disease prevention including specific information on how to recognize influenza-like illness and how to report possible cases of influenza-like illness to camp leadership.
- Educational materials and information should be provided to campers in a way that is age-appropriate and can be understood by both English and non-English speakers. Spanish-language materials are available at: Influenza H1N1 (gripe porcina) (07 de agosto del 2009) <http://www.cdc.gov/h1n1flu/espanol/>. Materials and information in other languages are available at <http://www.cdc.gov/other/languages/>

General Infection Control Recommendations

Encourage all persons to effectively cover their cough or sneeze and to use good hand hygiene.

- Hand washing facilities including running water and liquid hand soap should be readily accessible; alcohol-based hand sanitizers may be used if hands are not visibly soiled.
- Plan ahead to ensure that enough alcohol-based hand sanitizers are available for situations when hand washing facilities may not be available, for example during hikes.
- Clean all areas and items that are likely to have frequent hand contact (e.g., doorknobs, faucets, handrails) daily; before/after meals as needed; and also immediately when visibly soiled. Use the cleaning agents that are usually used for these purposes; it is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning. See: Clean Hands Save Lives! (<http://www.cdc.gov/cleanhands/>)

Reduction of Risk of Introduction of H1N1 Influenza Virus into the Camp Setting

- Prior to arrival at the camp, provide camp attendees, staff, and volunteers with clear notice that they are not allowed to attend camp if they have had influenza-like illness with a high fever ($\geq 100^{\circ}$ F/ 37.8° C) less than 24 hours before the start of the camp. In addition, they should be reminded that, if they have been exposed to a person with influenza or influenza-like illness in the 7 days prior to the start of camp, they may attend camp but should closely self-monitor and immediately report development of influenza-like illness symptoms.
- Consider instituting the active screening of ALL newly arriving camp attendees, staff, and volunteers by asking if they have had any symptoms of influenza-like illness in the previous 7 days. Provide education to individual campers about reporting influenza-like illness. A careful health history of each arriving camper should be taken. Note any conditions that may place them at high risk for complications of influenza.

A-5 (cont) Guidance for University Child Care & Day and Residential Camp - H1N1 Influenza Prevention and Management Guidance

- Camp attendees, staff and volunteers should be instructed to immediately inform camp management if they currently have or have had influenza-like illness in the 7 days prior to arrival.
- Persons who currently have or have had influenza-like illness in the previous 7 days should not attend camp until at least 24 hours after they are free of fever without the use of fever-reducing medications.

Rapid Detection and Management of Influenza-Like Illness Cases in the Camp Setting

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those who are experiencing influenza-like illness symptoms.
- Campers who develop influenza-like illness should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least 24 hours after they are free of fever without the use of fever-reducing medications (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with influenza-like illness should be done and how monitoring will be conducted. Not all persons with suspected influenza infection need to be seen by a health care provider. A medical provider should be consulted for persons with severe illness and those at high risk for complications from influenza.
- Aspirin or aspirin-containing products should not be administered to any person aged 18 years old or younger with a confirmed or suspected case of influenza virus infection, due to the risk of Reye's Syndrome.
- Further information on care for persons with influenza-like illness can be found at:
 - Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (August 5, 2009) http://www.cdc.gov/h1n1flu/guidance_homecare.htm
 - Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting (May 13, 2009) http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
 - Antiviral Drugs and H1N1 Flu (Swine Flu) (April 29, 2009) <http://www.cdc.gov/h1n1flu/antiviral.htm>
- If providing individual rooms for persons with influenza-like illness is not feasible, consider using a large room, cabin, or tent specifically for ill persons with beds at least 6 feet apart and, if possible, with temporary barriers between beds and with nearby bathroom facilities separate from bathrooms used by healthy campers.
- Linens, eating utensils, and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.
- Designate staff to care for ill persons and limit their interaction with other campers during their shift to decrease the risk of spreading influenza to other parts of the camp.
- Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for ill persons.
- For proper technique in caring for an ill person, refer to the following guidance: Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (August 5, 2009) http://www.cdc.gov/h1n1flu/guidance_homecare.htm

**A-5 (cont) Guidance for University Child Care & Day and Residential Camp -
H1N1 Influenza Prevention and Management Guidance**

- Close contacts (such as roommates) of persons with influenza-like illness should be encouraged to self-monitor for influenza-like illness symptoms and report illness to camp officials.

For more information, please see:

Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus (June 14, 2009): <http://www.cdc.gov/h1n1flu/camp.htm>

CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others (August 5, 2009): <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

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Appendix B – Pandemic Flu Functional Matrix

Critical Action	Campus Unit											
	Academic & Research Policies	Communications	Emergency Management	Housing & Dining	Information Technology	Law Enforcement & Emergency Response	Legal Issues & Risk Management	Medical & Health Services	Personnel & Administrative Policies	Transportation	Utilities & Building System	
Academic & Research	P			S				S				
Administrative Information Systems (AIS)		S		P								
Ashe Center					S		P					
ASUCLA												
Athletics		S										
Budget & Finance												
Campus Counsel						P						
Campus Human Resources				S		S		P				
Center for Student Programming Counseling & Psychological Services			S					S				
Cultural & Recreational Affairs												
Early Care & Education (Child Care Services)												
Emergency Management (EMPG & EOC)			P	S		S			S			
UCLAPD/Emergency Medical Services (EMS)					P		P					
Environment, Health & Safety			S		P	P					S	
Executive Committee	S	S						S				
Facilities Management									S	P		
Housing & Hospitality Services				P							S	
International Programs (Study & Employment)												
Occupational Health Facility (OHF)					S		S					
Office of Insurance & Risk Management						P						
Office of Media Relations		P										
Office of Residential Life		S										
Santa Monica UCLA Medical Center					S		S					
Transportation									P			
UCLA Extension	P							S				
UCLA Ronald Reagan Medical Center					P		P					

Note: In addition to the critical action items listed above, all campus units must:

- 1) Develop, review, & revise continuity plans for each unit;
- 2) Send general message to students, staff, & faculty regarding planning issues; and
- 3) Educate students, staff, & faculty about influenza prevention

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Appendix C – Guidance Procedure for the Temporary Shutdown of Research Laboratories

As part of the Pandemic Influenza Planning process, UCLA faculty and staff are asked to analyze research operations to determine what actions should be taken in the event of an extended absence from the laboratory, or “temporary suspension of operations”. The purpose of this document is to highlight major areas for consideration when creating a plan to place a laboratory into hibernation.

The document below can be used both as a basis for preparing a plan for an extended laboratory shut down as well as a guide to ensure that all elements of the plan are met in the event that it needs to be implemented. Please take a moment to review and consider the points listed below; it is recommended that notes be made on or filed with this document in preparation for an emergency.

The outline below provides basic instructions that should be considered in order to quickly and safely suspend operations of a laboratory facility for up to several weeks. Be sure to include any shared laboratory facilities (e.g., cold rooms, tissue culture rooms) when developing your plan.

Emergency Contact Information

- Ensure that all laboratory staff exchange contact information for emergencies. Set up a phone tree for communication of critical information among lab members.
- Check that emergency contact information listed on the posted NFPA diamond is correct. Hand write corrections and additional contact information as needed. These documents will be corrected and regenerated as the laboratories re-open.
- Post a notice below the NFPA diamond sign that declares “This laboratory has temporarily suspended operations. For questions contact the staff at the phone numbers listed above.”
- If there are any local alarms (e.g., for -80° Freezers, O2 sensors, CO2 sensors) within the lab, list the type on the “temporarily suspended operations” sign. Include a brief description of the alarm type and follow-up actions.
- If there are any remote monitored alarms such as toxic materials or security alarms within the lab, list the type and location on the “temporarily suspended operations” sign.
- If any critical equipment is left in use (e.g., incubators), list the type and location on the “temporarily suspended operations” sign.

Storage of Chemical, Biological, and Radiological Materials

- Return all chemical reagents to appropriate storage locations (e.g., flammable liquid storage cabinets). If the containers are not intact, transfer the reagent(s) to a compatible container, write the chemical(s) identification on the container, including appropriate warnings from the original label, and properly dispose of the empty, compromised container.
- Place all chemical materials, stock solutions, or samples that will remain on benches, fume hoods, and tables in intact, closed containers with the contents clearly labeled. Ensure that the material is stored in secondary containment as needed.
- Return all biological materials to appropriate storage locations. Cultures in incubation chambers must be removed and terminated/stored as appropriate for the organism and its properties. In some special cases, the shut down of incubators may not be possible (to preserve key research elements), in these cases, the incubators must be locked and an appropriate maintenance schedule must be put in place.
- Create an inventory of hazardous agents that can be made accessible in the event of an emergency.
- Return all radioisotopes, select agents, and controlled substances to properly secured storage locations.
- If temperature sensitive chemicals, microorganisms, or radioisotopes are stored in refrigerators or freezers, adjust the thermostat to the appropriate temperature and close/secure the doors. Note these temperature sensitive materials and the refrigerator/freezer location on the “temporarily suspended operations” sign.
- Identify and store reactive chemicals requiring an inert atmosphere appropriately for the hibernation period.

Appendix C (cont) – Guidance Procedure for the Temporary Shutdown of Research Laboratories

Animals

- Determine which animals are vital to research and which can be readily replaced. Those animals maintained in Division of Laboratory Animal Medicine (DLAM) managed facilities and non-DLAM facilities may be subject to streamlined husbandry and veterinary care schedules. Consult with the DLAM or designated area manager to determine the minimum level of husbandry and veterinary care needed for your animals during a suspension of operations.
- Determine which animals may be euthanized without jeopardizing on going research and make arrangements with the veterinary staff for these procedures.
- All animals must be returned to the appropriate vivarium. For additional specific animal care requirements, contact the Division of Laboratory Animal Medicine at (310) 825-4080.
- Animal waste (bedding, cages, carcasses, etc.) must be disposed of according to EH&S standard procedures. These materials should not be stored during the shutdown.

Experiments/Utilities/Equipment

- Terminate all on-going chemical processes and reactions (e.g., distillation, reflux) and transfer chemicals to intact, closed containers. Ensure that all reactions are complete. Label the containers with the contents and store in appropriate storage locations.
- Replenish MRIs with cryogen (e.g., liquid nitrogen, helium), as applicable, to prevent the magnet from quenching and determine a schedule and plan to replenish these systems as needed during the suspension of operations.
- Shut off all compressed gas systems at the cylinder and bleed pressure from the lines.
- Shut off all utility service valves (e.g., natural gas jets, compressed air, vacuum, nitrogen).
- Shut off, and unplug, if possible, all heat-producing equipment (e.g., ovens, hotplates, water baths, heat blocks, incubators, Mel-temps). If it is necessary to leave the equipment on, indicate this on "temporarily suspended operations" sign.
- Disconnect the power from all experimental apparatus and discharge any accumulated stored energy (compressed air, mechanical, hydraulic, electric, etc.)
- Close the fume hood sashes and turn off the motors, if controlled in the lab.
- Decontaminate any biological safety cabinet work surfaces, close the sash, and turn off the fan. Decontaminate all other equipment that may have come into contact with biohazardous materials.
- Complete an appropriate survey of radioactive work areas, storage areas, and equipment.
- Clean up any spills, even water, prior to closure.
- Turn off all computers and equipment that will not be needed during the period that the lab is closed.

Hazardous Waste

- Dispose of all chemical, biological, and radioactive waste by the regular procedures. Contact the EH&S office to find out about additional special waste pickups that have been scheduled to assist in the temporary suspension of laboratory operations.

General

- Close and lock all windows.
- Remove any personal foodstuffs, including water, and house plants from office areas within lab and lunch areas to avoid pest problems.
- Remove any trash from the lab that will generate odors upon decomposition and place in dumpsters.
- Take critical information with you (e.g., lab write-up books).
- Take critical personal items with you (e.g., keys, medicines, glasses).
- Walk-through all portions of the laboratory and conduct a final inspection.

Appendix C (cont) – Guidance Procedure for the Temporary Shutdown of Research Laboratories

- Notify your department and the Office of Environment, Health and Safety that you are temporarily suspended operations in the laboratory and that you have completed your shut down procedures.
- Change the voice mail message on the laboratory phone to reflect the absence and to include alternate contact phone numbers.
- Contact any regular vendor service providers to suspend unneeded shipments/service calls, for example: compressed gas suppliers.

Recovery

- Notify your department and the Office of Environment, Health and Safety when restarting the laboratory after a temporary suspension of operations.
- Inspect the lab for problems/damage before restarting equipment and procedures.

If you have any questions, please contact the Office of Environment, Health and Safety at (310) 825-9797

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Appendix D – Additional Resources

University of California

- UCLA Office of Environment, Health and Safety: <http://ehs.ucla.edu>
- UCLA EH&S Facts on H1N1 Flu: <http://www.ehs.ucla.edu/H1N1>
- UCLA Arthur Ashe Student Health and Wellness Center: <http://www.studenthealth.ucla.edu>
- UCLA Insurance and Risk Management: Continuity Program www.oirm.ucla.edu
- University of California Office of Risk Services <http://www.uctrips-insurance.org/>

Local Organizations

- Los Angeles County Department of Health Services Biological Incident Plan – Executive Summary (Pandemic Influenza Guidelines): <http://lapublichealth.org/acd/docs/Flu/pandemicfluexec011106.pdf>
- Los Angeles County Hospital Pandemic Influenza Guidelines: <http://lapublichealth.org/acd/docs/Flu/acute%20care%20hospital%20pan%20flu%20plan%203.1.06.pdf>
- Los Angeles County “DVC” Guidelines: http://lapublichealth.org/acd/docs/Flu/Hosp%20DVC%20Version%202014_7-25-05.pdf

State Organization

- California Department of Health Services “Pandemic Influenza Preparedness and Response Plan” <http://www.dhs.ca.gov/dcdc/pdf/Draft%20Pandemic%20Influenza%20Plan%201-18-06.pdf>;

Federal Organizations

- Center for Disease Control: www.cdc.gov/h1n1flu/
- Center for Disease Control H1N1 Flu Clinical and Public Health Guidance: www.cdc.gov/h1n1flu/guidance
- Center for Disease Control Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year: www.cdc.gov/h1n1flu/institutions/guidance/
- Department of Health and Human Services (HHS) Colleges and Universities Pandemic Influenza Checklist: http://www.pandemicflu.gov/plan/pdf/colleges_universities.pdf
- Department of Health and Human Services (HHS) Business Pandemic Influenza Checklist: <http://www.pandemicflu.gov/plan/pdf/businesschecklist.pdf>
- Department of Health and Human Services (HHS) Pandemic Influenza Plan (Healthcare Planning) <http://www.hhs.gov/pandemicflu/plan/sup3.html>;
- Occupational Safety and Health Administration: www.osha.gov
- OSHA Guidance on Preparing Workplaces for an Influenza Pandemic: http://www.osha.gov/Publications/influenza_pandemic.html#affect_workplaces
- U.S. Government Flu Information: www.flu.gov

International Organization

- World Health Organization: www.who.int
- World Health Organization Pandemic (H1N1) 2009: www.who.int/csr/disease/swineflu

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Appendix E- Policy for distributing “H1N1” or “Influenza-like Illness (ILI)” Communications to Campus Constituents

Effective immediately, in conjunction with the campus Pandemic Plan, all campus departments should submit to the UCLA Pandemic Communication subcommittee (prior to distribution), any communication related to H1N1 or influenza-like-illness (“ILI”) and is intended for mass distribution to students, faculty, and staff.

Purpose

The purpose of the policy is to ensure that the campus community receives information that is consistent, accurate, and appropriately reviewed. All mass communications related to H1N1 or influenza-like-illness are to be reviewed for application to existing public health guidelines, revised or interim CDC guidelines; are consistent; accurate; and follow established standards under the Standardized Emergency Management System (SEMS), campus emergency management program & Pandemic Plan, and NFPA-1600; the Standard for Disaster/Emergency Management and Business Continuity Programs (hereinafter NFPA-1600).¹⁵

Policy

1. Prior to distribution, all letters, Memorandums, and other means of mass communication related to H1N1 or “ILI” will be submitted to the chairs of the H1N1 Task Force (Dr. James Gibson & Dr. Jo Ann Dawson) as a draft document. The draft will be submitted to the H1N1 Task Force Communication’s subcommittee.
2. The H1N1 Task Force Communications subcommittee (comprised of subject matter experts from EH&S, Student Health, Ronald Reagan UCLA Medical Center, Campus Communications, and others), will review the draft document.
3. The subcommittee will limit their review to the content of the message as it relates to ensuring consistency with protective action recommendations, and ensuring messages are consistent with past/current recommendations regarding dissemination of emergency instructions (follow established or revised/interim public health practices), and other appropriate measures to coordinate and clear information prior to release.
4. The UCLA Emergency Management Office will record and track all communications as they are issued and file as an H1N1-related or “ILI” communication archive. Archives may be provided to the Chancellor’s Emergency Management Policy Group (EMPG) in any future EOC activation to assist with Executive Policy decisions, public (crisis) communication, and past practice.

The H1N1 Task Force will submit its comments and clear the draft communication for distribution in a timely manner. This policy ensures all H1N1-related communications are reviewed and issued under established policy and procedure, and recorded as a crisis communication archive.

¹⁵ NFPA-1600 was adopted by UCLA in 2005. UCLA is required to establish and maintain a public information capability that includes, but is not limited to the following:

- A system for gathering, monitoring, and disseminating emergency information.
- Pre-scripted information bulletins.
- A method to coordinate and clear information for release.
- Protective action guidelines/recommendations (e.g., call 9-1-, seek emergency medical care, self treat, etc.).