

**INDIANA UNIVERSITY**  
**PANDEMIC INFLUENZA PLAN**  
**FOR**  
**SOUTH BEND CAMPUS**

**October 2009**

## **ACRONYM DEFINITIONS**

**DCM** – Director of Communications and Marketing

**DSCP** – Division Strategic Crisis Planning Boards

**DIVOC** – Division Operations Center

**EH & S** – Environmental Health & Safety

**FM** – Facilities Management

**HC** – Health Center (Health & Wellness Center)

**HPER** – Health, Physical Education & Recreation

**IUSBH** – IUSB Housing

**OIS** – Office of International Student Services

**ORM** – Office of Risk Management

**OVST** – Overseas Studies

**PAGR** – Public Affairs and Government Relations

**PARK** – Parking Department

**RPS** – Residential Programs and Services

**RTV** – Local Radio and Television

**RUGS** – Research and University Graduate School

**SRSC** – Student Recreational Sports Center

**VPUR** – Vice President for University Relations

## GLOSSARY OF TERMS

- ACDES**      **Assistant Coordinator of Disaster and Emergency Services**  
Assistant to the Coordinator of Disaster and Emergency Services.
- CDES**      **Coordinator of Disaster and Emergency Services** *on page 14*  
Coordinates operations in the Emergency Operations Center (EOC)  
Concept of operations and/or in the EOC during emergency situations.
- CEMP**      **Comprehensive Emergency Management Plan**  
Planning document that provides guidance for mitigation, preparedness, response and recovery activities in preparation for emergency situations.
- CLOSURE DAYS** *See page 21*  
Closure days are days on which offices, schools, transportation systems are closed or cancelled
- CHIEF EXECUTIVE (CEO)**  
Provides strategic oversight for emergency planning and operations.
- COUNTY EMERGENCY MANAGER**  
Emergency manager appointed by the county to coordinate its EOC operations. This position's responsibilities are similar to those carried out by the CDES during emergency operations.
- DEPARTMENT CONTINUITY BACKUP PLANS**  
Plans developed by departments/units that outline critical and moderate priority functions to be conducted during crisis situations. Department continuity backup plans are developed to enable operations during the following terms:
- Short term backup of 1 day or less
  - Middle term backup of 2-5 days
  - Long term backup of more than 5 days
- DEPARTMENT EOC REPRESENTATIVE (During EOC concept of operations)**  
Department/unit representative who acts as the central coordinator/liaison between the department and the CDES. Submits department situation reports to the CDES and receives information from the CDES. Additionally he/she is the department's/unit's representative who is notified of emergency conditions.

**DEPARTMENT OPERATIONS CENTER**

A department operating center is a department's base of operations during an emergency. It may be the same as the department's established offices that are used during regular operations.

**DIVISION STRATEGIC CRISIS PLANNING BOARD (DSCP)**

A board or committee led by a Vice President, Dean and/or Director or their representative responsible for coordination of strategic planning for their functional area(s).

**DIVISION OPERATIONS CENTER (DIVOC)**

A Division's Operations Center (DIVOC) is a base of operations representing each Division Strategic Crisis Planning Board (DSCP) leader's area of responsibility. It is used to consolidate reporting and information dissemination to and from the EOC.

**EMERGENCY OPERATING PROCEDURES**

Emergency Operating Procedures are used during a Red Emergency and during the Orange Alert/Test Period <sup>See page 30</sup> when not operating in the EOC concept of operations.

**EMERGENCY CONTROL CENTER**

The Emergency Control Center, as referenced in this plan, is the coordinating center during infectious disease outbreaks when activation of the EOC is impractical due to the possibility of infecting persons with the infectious disease. The ECC is the office where the CDES is located. Administrative functions normally performed in an EOC are accomplished at the ECC by supporting personnel.

**EOC                   Emergency Operations Center**

Management center/location where university emergency response decisions and resources are coordinated and which serves as a central point for information collection and dissemination. Key personnel from departments assemble at the EOC to coordinate the emergency response.

**EOC (Emergency Operations Center) CONCEPT <sup>See Page 14</sup> of OPERATIONS**

The EOC Concept of operations uses basic EOC principles and practices found in the CEMP without department personnel being centrally located. The CDES is the coordinator and will coordinate the emergency response with department key personnel from the Emergency Control Center

(ECC). The communication/coordination mechanism is typically accomplished by email, telephone or web systems.

### **EMERGENCY SUPPORT FUNCTION** *See Page 12*

The emergency management model used by the university. It incorporates eighteen functional tasks/operations for providing emergency services. Departments use checklists developed in emergency management planning for each Emergency Support Function. Additional checklists are developed for this plan that relate specifically to infectious disease outbreaks (pandemic).

### **ISOLATION** *See page 21*

Separating persons, restricting movement and/or activities of persons (patients) who have a contagious disease in an attempt to prevent transmission to others.

### **PANDEMIC EMERGENCY CONDITIONS** *See page 23*

Pandemic Yellow Emergency Lowest level emergency condition used for “Preparedness Phase/Pandemic Alert Period-Four Phase” based on IU Health Center, ISDH, LHD or WHO recommendations.

Pandemic Orange Emergency Medium level emergency condition used for “Preparedness Phase/Pandemic Alert Period – Five Phase” based on IU Health Center, LHD, ISDH, federal or WHO recommendations.

Pandemic Red Emergency Highest level emergency condition used for “Response Phase/Pandemic period – Six Phase” based on IU Health Center, LHD, ISDH, federal or WHO recommendations.

### **PANDEMIC INFLUENZA PLAN**

Hazard specific plan for infectious disease outbreaks commonly referred to as pandemics. University objectives and actions related to pandemic planning are detailed in this plan. This plan is supplemental to the Comprehensive Emergency Management Plan and uses many of the mechanisms and methods cited in the CEMP. Additionally, standard operating procedures and guides are developed to support this plan.

**PANDEMIC SPECIFIC OBJECTIVES AND CHECKLISTS** *See page 13*

University objectives that address pandemic planning considerations for each period/phase are assigned to and/or coordinated by departments whose mission is associated with the objective.

**PERSONAL PROTECTIVE MEASURES**

Measures individuals should use to minimize the potential of contracting an infectious disease. Avoid close contact with persons, use good sanitation methods such as frequent hand washing with soap and hot water, cover mouth and nose and use tissue when coughing, do not report to work when sick.

**QUARANTINE** *See page 21*

The separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. Individuals may be quarantined at home or in designated facilities; healthcare providers and other response workers may be subject to quarantine when they are off duty.

**REDUCTION IN OPERATIONS** *See page Error! Bookmark not defined.*

Departments operate using minimum staff of identified key personnel to complete its function in an effort to lessen the chance of spreading a contagious infectious disease.

**RESOURCE**

The personnel, materials, tools and equipment used to accomplish a task identified in an Emergency Support Function checklist *See page 16* or Department Continuity Plan checklist. *See page Error! Reference source not found. Error! Reference source not found. Error! Bookmark not defined.*

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**INDIANA UNIVERSITY**

**PANDEMIC INFLUENZA PLAN**

**FOR**

**SOUTH BEND CAMPUS**

**PART I. OVERVIEW OF THE PLAN**

A. Mission

This plan is developed to increase Indiana University's overall emergency management capabilities in response to threats and occurrences of pandemic influenza. This is accomplished by enhancing the Comprehensive Emergency Management Plan (CEMP) through use of hazard specific planning that address strategies for infectious disease outbreaks and the appropriate measures to take.

B. Purpose

The possibility for pandemic influenza is a growing concern. Determining what is involved and planning how to handle pandemic influenza is an effort that involves numerous university departments and coordination with other agencies such as local and state public health entities. This plan will define the objectives and actions the university will take to upgrade its preparedness relating to the Emergency Support Functions cited in the Comprehensive Emergency Management Plan (CEMP). Additional emphasis is given the following:

1. Planning and Coordination.
2. Situation Monitoring, Assessments and Containment.
3. Prevention, Education and Warnings.
4. International Travel.
5. Sheltering and Housing Needs.
6. General Business and Academic Considerations.

### C. References

1. The United States Department of Health and Human Services (HHS) Pandemic Influenza Plan, November 2005. See web page: <http://www.pandemicflu.gov/>
2. Indiana State Department of Health Pandemic Influenza Plan, August 23, 2005. See web page: <http://www.in.gov/isdh/>
3. World Health Organization Global Influenza Preparedness Plan, 2005. See web page: <http://www.who.int/csr/disease/influenza/pandemic/en/>
4. Occupational Safety and Health Administration (OSHA) Guidance on Protection Employees From Avian Flu (Avian Influenza) Viruses, OSHA 3323-10N 2006  
[http://www.osha.gov/OshDoc/data\\_AvianFlu/avian\\_flu\\_guidance\\_english.pdf](http://www.osha.gov/OshDoc/data_AvianFlu/avian_flu_guidance_english.pdf)

### D. Scope

1. This plan is used to guide university efforts in preparing for infectious disease outbreaks otherwise known as pandemics.
2. This plan depends on university departments/units aggressively coordinating efforts with other departments resulting in a multi-departmental effort in all phases of development and response.
3. This plan supports the CEMP in addressing the responses that would be necessary in a pandemic emergency situation occurring on or impacting the campus. This type of incident would most likely affect large areas in the state, the city and/or county and the university necessitating a coordinated effort by all entities in all phases of emergency management.
4. This plan incorporates the Indiana State Department of Health (ISDH) and the World Health Organization (WHO) periods and phases and the four phases of Emergency Management detailed in the CEMP (***Mitigation, Preparedness, Response*** and ***Recovery***). The phases and periods are linked together so the CEMP and its checklists, this plan and/or the ISDH and WHO plans may be used together without a complete rewrite. This plan puts in checklist format the tasks and resources that address proper actions in each period/phase.
  - a. Mitigation Phase – IU Action Level I tasks are those accomplished to reduce the effects of or lessen the possibility of occurrence of infectious disease outbreaks. This phase includes as reference the following external agency levels: WHO 1-2, US 1 and CDC 0-1.

- b. Preparedness Phase – IU Action Level IIA, B, C tasks are related to a more heightened state of awareness and preparation for the possibility of a pandemic period. This phase is subcategorized to include 3 action levels based on assessment of the threat and includes as reference the external agency levels. Distant Threat (IU IIA, WHO 3-4-5, US2, CDC1-3), Emerging Threat (IU IIB, WHO6, US3, CDC1-3), or Escalating Threat (IU IIC, WHO6, US3, CDC1-3).
- c. Response Phase – IU Action Level III, IVA, IVB – this phase includes action levels based on assessment of an explicit threat level and includes as reference external agency levels. Explicit Threat (IU III, WHO6, US3 – CD4-5, or US4 – CDC1-5, or US5 – CDC1 with confirmed case). Tasks are related to consideration of executing plans to restrict or cancel some university operations. High Threat (IU IVA, WHO6, US4 – CDC4-5, or US5 – CDC1-3 with confirmed case in region). Tasks are related to consideration of executing plans for closure of university operations and for loss of substantial instruction time. Severe Threat (IU IVB, WHO6, US4 – CDC4-5, or US5 – CDC1-3 with confirmed case in region). Tasks are related to consideration of executing plans for closure of university operations and for loss of substantial instruction time.
- d. Recovery Phase – Post pandemic Period tasks are those tasks that assist in the resumption of education, research and business operations.

## **PART II. BASIC PLAN**

### **A. Organization and Responsibilities**

#### **1. Organization**

##### **a. Pandemic Influenza Plan**

The Pandemic Influenza Plan is identified as a Hazard Specific Plan in the Comprehensive Emergency Management Plan (CEMP). This plan supports the CEMP concept of operations whereby departments operate along normal lines of authority and are responsible for tasks associated with their areas of responsibility. Emergency operations are conducted as defined by the CEMP unless stated otherwise in this plan.

##### **b. Plan Organization**

This plan utilizes the Emergency Support Function (ESF) checklist format with additional checklists for objectives directly

related to pandemic influenza. The checklists are used to identify tasks for each period/phase.

Departments are assigned one or more ESF's or Pandemic Specific Objectives that are associated with their area(s) of responsibility. The tasks identified in the corresponding checklist are those to be completed by the assigned departments/units during the appropriate period/phase so the university will be able to complete its mission.

- c. Emergency Support Functions Checklists: Emergency Support Function (ESF) checklists detailed in the CEMP remain the same unless specifically modified in this plan. ESF Checklists with additions and or modifications in this plan are to be used within the EOC concept of operations <sup>See page 14</sup> together with the CEMP Checklists. Full descriptions of checklists are listed in the CEMP. The Emergency Support Functions are:
- (1) *ESF 1 Transportation:* Provides transportation support.
  - (2) *ESF 2 Communications:* Provides communications, notifications and warnings.
  - (3) *ESF 3 Public Works and Engineering:* Provides technical, engineering, contracting, inspection and repair of public works and facilities.
  - (4) *ESF 4 Fire Fighting:* Fire protection.
  - (5) *ESF 5 Emergency Management:* Tracks all information and plans for emergencies. **(Additions in this plan.)**
  - (6) *ESF 6 Mass Care, Emergency Assistance, Housing, and Human Services:* Coordinates assistance for shelter and provides mass care to relocated persons. **(Additions/Modified in this plan.)**
  - (7) *ESF 7 Logistics Management and Resource Support:* Manages resources.
  - (8) *ESF 8 Public Health and Medical Services:* Coordinates and mobilizes health, medical, and mortuary services. **(Additions/Modified in this plan.)**
  - (9) *ESF 9 Search and Rescue:* Locates and recovers victims i.e., lost, trapped, handicapped/disabled, deceased, etc.

- (10) *ESF 10 Oil and Hazardous Materials Response:* Hazardous Material Response coordination.
- (11) *ESF 11 Agriculture and Natural Resources:* Safety and well-being of Laboratory animals. Provide assistance for food safety.
- (12) *ESF 12 Energy:* Provides assistance during an interruption of energy.
- (13) *ESF 13 Public Safety & Security:* Responsible for Facility and resource security and public safety.
- (14) *ESF 14 Long-Term Community Recovery:* Responsible for long-term recovery assistance and analysis and review of mitigation program implementation.
- (15) *ESF 15 External Affairs:* Responsible for emergency public information and media and community relations.

d. Pandemic Specific Objectives and Checklists: Pandemic Specific Objectives listed below specifically address pandemic planning considerations for each period/phase. Pandemic Specific Objectives and associated checklists are:

- (1) *Planning and Coordination:* Coordinates plan development and implementation and provide appropriate command and control. **CEMP Information and Planning Checklist** has additions for pandemic associated tasks. The **Chief Executive & Policy Checklist** and **CDES Checklist** are modified for associated pandemic influenza tasks. Additionally, **Department Continuity Checklist** and worksheets have been modified and included in this plan.
- (2) *Situation Monitoring, Assessments and Containment:* Uses surveillance activities for rapid detection of possible disease infections and assist in making proper recommendations to prevent disease transmission. **CEMP Health and Medical Checklist** modified to manage associated tasks including healthcare, mass prophylaxis, triage and mental health considerations.
- (3) *Prevention, Education and Warnings:* Provides accurate and timely information regarding steps individuals may take to

prevent or reduce infection and information regarding university efforts in responding to pandemic. CEMP **Public Information Checklist** modified to allow for pandemic influenza specific tasks.

(4) *International Travel*: Provides foreign travel recommendations for staff or students visiting foreign countries and for personnel coming to campus from foreign countries. The **OIS International Travel and Coordination Checklist** developed for issues when considering international travel and foreign students on campus. The **OVST International Travel and Coordination Checklist** developed for consideration related to U.S. students abroad or those planning to study abroad.

(5) *Sheltering and Housing Needs*: Provides sheltering needs during a pandemic. Sheltering needs include the possibility for quarantines for those who have come into contact (or believed to have come into contact) with the infectious disease and/or possibility of separate housing for infected/sick persons (isolation). Sheltering needs will also include food and water considerations. CEMP **Shelter and Mass Care Checklist** and **Food and Water Checklist** modified for pandemic influenza considerations.

(6) *General Considerations*: Provides additional guidance not specifically covered in other checklists. **General Considerations Checklist** developed to be used as a pandemic catchall checklist for university business functions, e.g., legal, academic, human resources and financial considerations, etc.

e. Emergency Operations Center (EOC) Concept of Operations

The Emergency Operations Center will not be physically staffed during pandemic emergencies. The possibility for disease transmission precludes gathering key personnel in one area. However, it will operate in concept. Personnel who normally report to the EOC continue to represent their department/unit during the response phase/pandemic period but would do so from their appropriate department operating centers (DOCs) or home instead of the EOC. Coordination would be accomplished via means of telephone conference calls, email or other means developed that would allow for department participation with the Coordinator of Disaster and Emergency Services (CDES). The

CDES base of operations is called the Emergency Control Center. The ECC is the office where the CDES is located. Administrative functions normally performed in an EOC are accomplished at the ECC by supporting personnel. Coordination with departments who typically would not report to the EOC will be coordinated through their normal chain of command.

Large-scale policy decisions will be made and implemented based on information received from various entities including university departments/units, county and state authorities and other advisories and recommendations gathered during the pandemic. The Chief Executive and the Coordinator of Disaster and Emergency Services (CDES) will work closely during the various pandemic phases/periods due to the propensity for far reaching consequences of an evolving situation requiring immediate decisions.

University departments/units should submit situation reports to the CDES and/or the DIVOC, as appropriate, advising ongoing operational efforts during declared pandemic emergencies. Additionally, requests for needs that cannot be satisfied through normal channels should be submitted to the CDES.

External coordination with the county agencies and the university response efforts is necessary and should be accomplished on a continuing basis during any pandemic response effort.

f. Plan Development and Oversight

Assessment Team: Plan development for objectives specific to pandemic planning and response is a coordinated effort. The Office of Risk Management (ORM) in concert with the following departments/units is responsible for developing the plan and monitoring the possibility of a pandemic. Additionally, these departments/units, identified as the Assessment Team, will work with the various Division Strategic Crisis Planning Boards to provide plan oversight in order to allow for proper implementation and updating. The Assessment Team and their area of responsibility are as follows:

- (1) Coordinator of Disaster and Emergency Services (CDES): Chief Executive & Policy Checklist, CDES Checklist (with assistance from ORM)
- (2) Office of Risk Management (ORM), University Office of Environmental Health and Safety (EH&S): Information and Planning Checklist and General Considerations

Checklist (with assistance from University Human Resource Services (UHR), Financial Management Services (FMS), Purchasing, University Counsel, Space Management and Athletics).

- (3) Health Center: Health and Medical Checklist (with assistance from Division of Student Affairs and EH&S)
- (4) Director of Communications and Marketing: Public Information Checklist
- (5) International Programs: Overseas Studies, International Travel and Coordination Checklist (with assistance from Division of Student Affairs)
- (6) International Services: Office of International Student Services: International Travel and Coordination Checklist (with assistance from Division of Student Affairs)
- (7) Facilities Management & Dining Services: Shelter and Mass Care Checklist and Food and Water Checklist

g. Emergency Support Function Checklists

The Emergency Support Function Checklist is used to itemize required tasks in each phase of emergency management. Each task is the result of problem identification and needs assessment. The checklist identifies the various tasks and the corresponding resources needed to accomplish them. An example of a partial Food and Water Emergency Support Function checklist for each period/phase is as follows:



## Food and Water Checklist for Pandemic

### Mitigation Phase - Interpandemic Period

Check  
if  
Applicable  
Check  
if  
Done

Add additional tasks as needed.

Add as required.

| ✓ | ✓ | <b>TASKS</b>   | <b>RESOURCES</b>                          |
|---|---|--|---|
|   |   | Conduct an Assessment and identify methods to use to feed quarantined students, staff, and faculty and response personnel during a pandemic. | <i>Main Café; Student Activity Center</i> |

### Preparedness Phase – Pandemic Alert Period - 3

Check  
if  
Applicable  
Check  
if  
Done

Add additional tasks as needed.

Add as required.

| ✓ | ✓ | <b>TASKS</b>                                       | <b>RESOURCES</b>   |
|---|---|--|--|
|   |   | Develop procedures for feeding quarantined people. | <i>Food Service; Student Activity Center; American Red Cross</i> |

### Preparedness Phase – Pandemic Alert Period – 4, 5

Check  
if  
Applicable  
Check  
if  
Done

Add additional tasks as needed.

Add as required.

| ✓ | ✓ | <b>TASKS</b>  | <b>RESOURCES</b>                        |
|---|---|---|---|
|   |   | Inventory feeding supplies and expedite any shortages.                      | <i>Food Service; American Red Cross</i> |
|   |   | Schedule personnel and transportation to feed quarantined persons. (in case | <i>Food Service; American Red Cross</i> |

**Response Phase – Pandemic Period - 6**

Check if Applicable  
 Check if Done

Add additional tasks as needed.

Add as required.

| ✓ | ✓ | TASKS  | RESOURCES  |
|---|---|--|--|
|   |   | Feed quarantined persons using developed procedures. | <i>Chief Executive, CDES, Food Services, Main Café; Student Activity Center; ORM</i> |

**Recovery Phase - - Post pandemic Period**

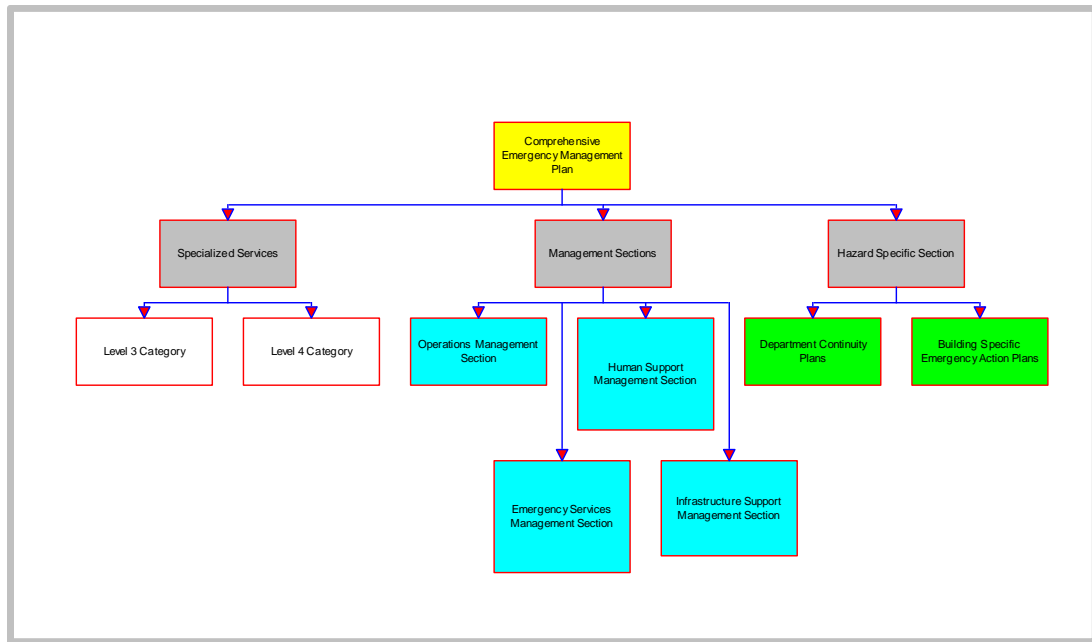
Check if Applicable  
 Check if Done

Add additional tasks as needed.

Add as required.

| ✓ | ✓ | TASKS  | RESOURCES                   |
|---|---|--|-----------------------------|
|   |   | Inventory material and equipment used during quarantine feeding and reorder shortages. | <i>Food Service Workers</i> |

**h. Emergency Support Function Format Organization**



See the CEMP for additional information regarding ESF format organization.

## 2. Responsibilities

Chief Executive (CEO), Coordinator of Disaster and Emergency Services (CDES) and department/unit responsibilities referenced in the CEMP remain the same in this plan unless specifically stated otherwise.

Additionally, a Division Strategic Crisis Planning Board (DSCP) comprised of Vice Chancellors, Deans and/or Directors is developed to coordinate strategic planning for their area. Additional considerations are listed in the checklists accompanying this plan.

Departments/Units should determine the methodology used in continuing to perform department responsibilities during a pandemic response with exacting regards to department continuity.

## B. Volunteer and Private Organizations

The university may use volunteers or private organizations to assist in a pandemic response. Special consideration must be given to ensure their use is properly monitored and approved. Procedures for using volunteers and private organizations must have prior authorization and/or be identified in department standard operating procedures.

## C. Limitations

1. This plan covers pandemic influenza planning affecting the South Bend campus.
2. For emergencies affecting the community, see the Comprehensive Emergency Management Plan for St. Joseph County. This plan supports the St. Joseph County Comprehensive Emergency Management Plan.
3. Major resources in fire, health, sanitation, water, electricity, sewage, and street services are not under direct IU South Bend control.
4. This plan is intended as a tool to assist the university in its planning efforts for a pandemic influenza outbreak. However, there may be procedures or measures not covered or omitted. Additionally, the procedures used to respond to a pandemic influenza outbreak may result in an unknown outcome and no guarantee is expressed or implied in this plan.

## D. Emergency Response Priorities and Emergency Operations

1. Emergency Response Priorities: Response actions to any emergency must be accomplished with the most important tasks being accomplished with a higher priority than those of lesser importance. Emergency

response priorities are used to prioritize the tasks. The emergency response priorities may change depending on the situation; however, the following basic order of response is:

- a. Life Safety and Security:
- b. Maintain critical infrastructure and /or facilities:
- c. Resume university teaching/research operations:

2. Emergency Operations: Emergency operations when responding to a pandemic influenza outbreak will be determined by the appropriate tasks listed in checklists accompanying this plan. The methods used by university personnel may vary depending on the situation.

#### E. Identification and Security

1. At a **minimum** all personnel on campus during an emergency condition should have an IU ID card on their person.
2. It is **recommended** that during a reduction in operations during a Red Emergency Condition that key personnel on campus display identification badges. Typically, ID badges are issued to personnel designated as level 1 or level 2. Contact the campus Coordinator of Disaster & Emergency Services (520-4499) for details.
3. There is an increased probability of property loss from vandalism and/or theft during a crisis period. All personnel should be alert for suspicious persons and contact IUPD if suspicious activity is seen.

#### F. Situations and Assumptions

1. Situations
  - a. See the CEMP Situations and Assumptions for specific details regarding Indiana University. Additionally, consideration must be given to the possibility that a pandemic infectious outbreak could occur during any time of year or simultaneously with any other potentially hazardous incident similar to those listed in the CEMP, e.g., tornado or explosion.
  - b. As detailed in the Health & Human Services Pandemic Influenza Plan, Supplement 8: Community Disease Control and Prevention <http://www.hhs.gov/pandemicflue/plan> any or all of the situations below may be required during a pandemic outbreak.

- (1) Containment Measures for Individuals: Containment measures for individuals may include patient isolation<sup>1</sup> and management of individuals who had contact with patients. This may include using healthcare facilities, home or housing facilities or shelters.
- (2) Community-based Containment Measures: Community-based containment measures may include:
  - (a) Measures that affect groups of exposed or at-risk persons such as quarantine of groups or exposed persons, or
  - (b) Quarantine<sup>1</sup> of groups of exposed or at-risk persons.
  - (c) Containment measures that pertain to specific sites or buildings.
- (3) University/Community-wide Measures: Measures that affect the university/community include:
  - (a) Promote entire university/community infection control measures such as cough etiquette.
  - (b) Closure days<sup>2</sup> and self-shielding.<sup>3</sup>
  - (c) Closing office buildings, shopping malls, schools, and public transportation (e.g., subways, buses).
  - (d) Closing the university<sup>4</sup> for more than a few days and sending persons home.

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<sup>1</sup> Isolation or Quarantine: **Isolation** refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. **Quarantine** refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease.

<sup>2</sup> Closure days: days in which offices, schools, transportation systems are closed or cancelled.

<sup>3</sup> Self-shielding: refers to self-imposed exclusion from infected persons or those perceived to be infected (e.g., by staying home from work or school during an epidemic).

<sup>4</sup> The Chief Executive (CEO) will determine when the university closes. Reduction in operations will take effect during the period the university is closed. Closing an individual office must be coordinated with and authorized by the CEO and/or CDES.

(e) University and/or community (widespread) quarantine.<sup>5</sup>

(4) Scaling Back Community Containment Measures: Scaling back community containment measures would involve lifting movement restrictions.

## 2. Assumptions of a Pandemic Infectious Outbreak

- a. The pandemic influenza virus will be one in which no one or very few persons have immunity.
- b. Person-to-person transmission of the suspected influenza virus will attack approximately 30%<sup>6</sup> of the population.
- c. Infected persons may be more seriously ill and for a longer period of time than with seasonal influenza.
- d. Infected persons with minimal symptoms can transmit infection and may develop immunity to subsequent infection.
- e. Approximately 50%<sup>6</sup> of those infected with influenza will seek outpatient medical care.
- f. Vaccines may be in limited in quantity and ineffective during onset.
- g. Hospitalizations may vary depending on attack rate but primary viral pneumonia may be an early symptom.
- h. Mortality rate may be 3-7<sup>7</sup> times that of normal influenza
- i. May be severe in all age groups but is likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- j. May occur any time of year.
- k. May have more than one wave of illness.
- l. Will spread rapidly and an outbreak may last approximately 6-8<sup>8</sup> weeks.

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<sup>5</sup> Widespread quarantine: closing of university or community borders or the erection of real or virtual barrier around a geographic area with prohibition of travel into or out of the area.

<sup>6</sup> According to U.S. Department of Health and Human Services estimates.

<sup>7</sup> According to Indiana State Department of Health Pandemic Influenza Plan.

<sup>8</sup> According to U.S. Department of Health and Human Services estimates.

- m. Absenteeism will increase due to illness, caring for family, fear of infection or as a result of public health measures including closing places of mass gatherings, quarantines or closure days.

## G. Implementation and Execution

### 1. Implementation

This plan will be utilized as part of a continuous process that seeks to prevent, mitigate and prepare for disasters and emergencies. The plan is also intended to establish the organization for communications, responsibilities and procedures for command and control for the IU South Bend campus when responding to a disaster or emergency.

Actions to be taken in response to a crisis or emergency will be determined by the Chancellor or his/her designated representative in consultation with the cabinet, emergency management team and other university administrators.

#### a. Pandemic Emergency Conditions

This plan uses the emergency conditions listed in the CEMP but they are modified to allow for proper infectious disease considerations. The emergency condition declaration in this plan is based on events or informational triggers that threaten, have occurred or are occurring and will allow university personnel the ability to respond to those events in an appropriate manner. Emergency conditions listed in the CEMP as well as those listed in this plan, could exist simultaneously. The IU South Bend Campus Pandemic Action and Emergency Condition Table below details actions associated with emergency conditions.

The Campus Pandemic Action and Emergency Condition Table is intended to serve as a guide. Actions to be taken in response to a crisis or emergency will be determined by the Chancellor or his/her designated representative in consultation with the cabinet, emergency management team and other university administrators.

**IU Pandemic Campus Action and Emergency Condition Table**

| IU Action Level  |               | I Mitigation  | II A Preparedness                                  | II B Preparedness  | II C Preparedness                                  | III Response   |   | IV A Response   | IV B Response   | Recovery  |
|--|---------------|---|--|--|--|--|---|---|---|---|
|  |               | Insignificant Threat  | Distant Threat                                     | Emerging Threat  | Escalating Threat                                  | Explicit Threat  |   | High Threat   | Severe Threat   | Waning Threat   |
| For Reference ONLY: Approximate External Agency Levels |               | WHO 1-2<br>US 1<br>CDC 0-1                                    | WHO 3-4-5<br>US 2<br>CDC 1-3                       | WHO 6<br>US 3<br>CDC 1-3   | WHO 6<br>US 3<br>CDC 1-3                           | WHO 6<br>US 3 CDC 4,5 or<br>US 4 CDC 1-5 or<br>US 5 CDC 1 with<br>confirmed case                         |   | WHO 6<br>US 4 CDC 4,5<br>or<br>US 5 CDC 1-3<br>and case with<br>region  | WHO 6<br>US 5<br>CDC 4,5 and<br>case with region  |   |
| Virus Threat Situation                                 | Campus        | No Cases<br>No Severity                                       | No Cases<br>No Severity                            | No Cases<br>No Severity  | ONE Case<br>LOW Severity                           | ONE Case   | 1/3 Campus  | MULTIPLE Cases  | MANY Cases<br>High Severity   | FEW Cases<br>LOW Severity   |
|  |               |   |  |  |  | HIGH Sev.  | LOW Sev.  | HIGH Severity   |   |   |
|  | Indiana       | No Cases<br>No Severity                                       | FEW Cases<br>LOW Severity                          | MULTIPLE Cases   | ONE/MULT. Cases                                    | ONE/MULT. Cases  | ONE/MULT. Cases   | MANY Cases  | MANY Cases  |   |
|  |               |   |  | LOW Severity   | High Severity                                      | High Severity  | High Severity   | HIGH Severity   | LOW Severity  |   |
|  | United States | No Cases<br>No Severity                                       | MULTIPLE Cases<br>LOW Severity                     | MULTIPLE Cases   | MULTIPLE Cases                                     | MULTIPLE Cases   | MANY Cases  | MANY Cases  | MANY Cases  | MULTIPLE Cases  |
|  |               |   |  | HIGH Severity  | HIGH Severity                                      | HIGH Severity  | HIGH Severity   | HIGH Severity   | HIGH Severity   | HIGH Severity   |
| <b>Primary Tasks</b>                                   |               |   |  |  |  |  |   |   |   |   |
| Consultation with Health Authorities                   |               | Normal monitoring of CDC and Indiana State Health information | Consult CDC and Indiana State Department of Health | Consult CDC and Indiana State Dept of Health; review plans with local and regional health agencies | Consult CDC and Indiana State Department of Health | Consult CDC and Indiana State Department of Health; review status plans with local and regional agencies | Consult CDC and Indiana State Department of Health; review status and plans with local and regional health agencies | Consult CDC and Indiana State Department of Health; review status and plans with local and regional health agencies | Consult CDC and Indiana State Department of Health; review status and plans with local and regional health agencies | Consult CDC and Indiana State Department of Health; review status and plans with local and regional health agencies |



| IU Action Level                           | I Mitigation  | II A Preparedness   | II B Preparedness  | II C Preparedness  | III Response   | IV A Response   | IV B Response  | Recovery   |
|---|---|---|--|--|--|---|--|--|
| Emergency Operations Center and Reporting | Planning and Preparedness: ongoing process for reviewing and updating plans | Activate emergency operations center (virtual): planners perform more active situational monitoring; inform campus administration | Establish partial physical emergency operations center, staffed with key personnel; expand situational monitoring; inform campus administration; establish periodic reporting to campus administration           | Continue partial EOC; consider full EOC operation if high severity cases are near to campus; initiate weekly reports to campus administration  | Staff full physical/virtual EOC; initiate daily reports to campus and university administration  | Continue full physical/virtual EOC with level 1 and 2 critical personnel; expand operations and activities as necessary; initiate twice daily reports to campus and university administration | Continue full physical/virtual EOC with level 1 critical personnel; expand operations and activities as necessary                                  | Reduce operations and continue partial EOC; continue weekly reports to campus administration |
| Communications to Campus Community        | Periodic awareness communications around safety, health and preparedness    | Expand awareness communications around safety, health and preparedness  | Orient/dedicate awareness communications toward the emerging threat through normal outlets; update campus and university information web sites; ensure proper operation of university toll-free information line | Expand situation and awareness communications to campus community through normal outlets; update campus and university information web sites; use IU-Notify as needed; "University Response" memo from President | Expand situation and awareness communications to campus community through normal outlets; update campus and university emergency web sites | Expand awareness activities toward campus community through normal outlets; update campus and university web sites; updated "University Response" Memo from President                         | Expand awareness and media team; issue news releases, web site updates, and alerts to the IU community as necessary; monitor news stations closely | Continue updates to the IU community and media as necessary                                  |

| IU Action Level                           | I Mitigation  | II A Preparedness   | II B Preparedness  | II C Preparedness  | III Response   | IV A Response   | IV B Response  | Recovery   |
|---|---|---|--|--|--|---|--|--|
| Emergency Operations Center and Reporting | Planning and Preparedness: ongoing process for reviewing and updating plans | Activate emergency operations center (virtual): planners perform more active situational monitoring; inform campus administration | Establish partial physical emergency operations center, staffed with key personnel; expand situational monitoring; inform campus administration; establish periodic reporting to campus administration           | Continue partial EOC; consider full EOC operation if high severity cases are near to campus; initiate weekly reports to campus administration  | Staff full physical/virtual EOC; initiate daily reports to campus and university administration  | Continue full physical/virtual EOC with level 1 and 2 critical personnel; expand operations and activities as necessary; initiate twice daily reports to campus and university administration | Continue full physical/virtual EOC with level 1 critical personnel; expand operations and activities as necessary                                  | Reduce operations and continue partial EOC; continue weekly reports to campus administration |
| Communications to Campus Community        | Periodic awareness communications around safety, health and preparedness    | Expand awareness communications around safety, health and preparedness  | Orient/dedicate awareness communications toward the emerging threat through normal outlets; update campus and university information web sites; ensure proper operation of university toll-free information line | Expand situation and awareness communications to campus community through normal outlets; update campus and university information web sites; use IU-Notify as needed; "University Response" memo from President | Expand situation and awareness communications to campus community through normal outlets; update campus and university emergency web sites | Expand awareness activities toward campus community through normal outlets; update campus and university web sites; updated "University Response" Memo from President                         | Expand awareness and media team; issue news releases, web site updates, and alerts to the IU community as necessary; monitor news stations closely | Continue updates to the IU community and media as necessary                                  |

| IU Action Level                               | I Mitigation | II A Preparedness | II B Preparedness | II C Preparedness   | III Response   | IV A Response   | IV B Response | Recovery  |
|---|--------------|-------------------|-------------------|---|--|---|---------------|---|
| Operations                                    |              |                   |                   | Begin biweekly meetings if the university policy/executive team | Plan for prophylactic treatment for key faculty/staff      |   |               | Prepare for subsequent waves of infection (2 <sup>nd</sup> wave:3-6 months, 3 <sup>rd</sup> wave:18 months) |
|   |              |                   |                   |   | Departments review continuity plans for critical functions | Direct non-critical employees to stay home and work, and relaxed time-off rules apply |               |   |
|   |              |                   |                   |   |  | Execute prophylactic treatment plans for critical faculty/staff                       |               |   |
|   |              |                   |                   |   |  | Departments implement business continuity plans for critical functions                |               |   |
| See Attachments A,B,C for further information |              |                   |                   |   |  |   |               |   |

b. Alerting Procedure

- (1) The Assessment Team will work together by tracking Indiana State Department of Health (ISDH), United States Department of Health and Human Services (DHHS), and Federal Government Response Stage and World Health Organization (WHO) periods/phases and recommend appropriate emergency condition based on the periods/phases. Additionally, they will make recommendations based on local information dictating a change in the proper periods/phases. These recommendations should be given to the CDES/ACDES and include appropriate notification and warning and/or response recommendations. The CDES/ACDES will contact the Chief Executive or designated member of the Strategic Crisis Planning Board as appropriate in order to declare the proper emergency condition. The CDES/ACDES will coordinate the appropriate university-wide alert.
- (1) Notification of county and/or city emergency conditions or county EOC activation may be directed to the Chief Executive or the CDES through contact with the County Emergency Manager, health officials or elected officials. Additionally, the Chief Executive may have received information that would require emergency declaration by alternate means such as Crisis Communication Plan. The Chief Executive shall determine the appropriate university response, declare the proper emergency condition and notify the CDES. The CDES/ACDES will determine the appropriate Department EOC Representatives considered essential for possible involvement in the emergency condition. Notification to each college, school or department/unit shall be accomplished as per the Crisis Communication Plan.
- (2) Departments that are requested to assist city/county agencies in a situation off campus should do so as normal procedures dictate. However, in order to allow for a proper situation analysis of the campus, the responding department/unit shall advise the CDES of the situation for which they are providing services during any university Red Emergency condition.

2. Execution

- a. All departments/units shall begin accomplishing the tasks listed in this plan upon receipt for all phases/levels not involving a declared pandemic emergency. Actions and department/unit responses are to be

accomplished for declared emergencies when the Chief Executive declares the appropriate pandemic emergency condition. Department/Unit actions for this plan pertaining to each phase/level and emergency condition are detailed in the following checklists and/or worksheet:

- (1) Chief Executive: Chief Executive (CEO) Checklist
- (2) Coordinator of Disaster and Emergency Services: Coordinator of Disaster and Emergency Services Checklist (CDES)
- (3) Assigned Departments/Units: Emergency Support Function Checklists listed in this plan and those listed in the CEMP and General Considerations Checklists assigned to various departments either as the coordinating agency/department or as a resource.
- (4) All Departments/Units: Department Continuity Checklists and Primary Function Strategy Worksheet.

b. Categorization of Departments/Units/Personnel for Emergency Response or Restriction of Campus Movement

Action conditions for a pandemic may occur alone or simultaneously with some other catastrophic event or emergency.

In the event there is no other emergency that would necessitate the requirement for additional emergency response, personnel should operate as described in this plan instead of operating as described in the CEMP unless advised otherwise. Personnel continue to report to work and complete the department mission and appropriate checklist tasks listed in this plan depending on the period/level.

In a situation where there is a need for a response to a catastrophic emergency in addition to a pandemic response, departments/units report to campus as described in the CEMP for the appropriate emergency condition with regards to the appropriate categorization.

Categorization is used in circumstances where campus movement is restricted, controlled and/or reduction in operations is required. Departments/Units and/or personnel are categorized into the four levels. Department's/Unit's and/or key personnel authority to move on campus is predicated upon their function and corresponding level.

- (1) Level 1: Needed for life safety and security, e.g., IUPD, Health Center or Physical Plant (water, electricity).

- (2) Level 2<sup>9</sup>: Needed for the continuation of critical infrastructure functions, but not life safety and including persons responsible for animals and potentially dangerous experiments, e.g., Residential Programs and Services, Student Affairs, Laboratory Animal Resources, Emergency Operations Center, or Information Technology.
- (3) Level 3: Needed for the continuation of critical business functions, but not life safety, e.g., Human Resources (HR) or Financial Management System (FMS), Purchasing, Space Management, Mail Services.
- (4) Level 4: All other (including administrative and support) departments/units/personnel, remaining academic departments/units/personnel and students.

Additionally, **students' movement** on campus may be restricted or controlled according to Level 4 or in combination with any other level as deemed necessary by the Chief Executive and/or CDES.

c. Commencement of Emergency Operating Procedures for Simultaneous Event During Pandemic Emergency Condition

The Chief Executive and/or CDES should determine the practicality of utilizing the EOC due to the possibility of infecting numerous key personnel with an infectious disease when both a pandemic emergency condition and an emergency condition for some other event exist. Operating under the EOC concept of operations <sup>See Page 14</sup> as defined in this plan and coordinating the university efforts from the ECC may be a better alternative.

If activating the EOC, emergency operating procedures are triggered by the declared emergency condition. In this case, emergency operating procedures as defined in the CEMP<sup>10</sup> should be used as required during the appropriate emergency condition unless advised otherwise. Particular attention should be given to the proper emergency operating procedures being tied to the appropriate emergency condition and not to a Pandemic Emergency unless both exist simultaneously. Personnel should use appropriate personal protective measures<sup>11</sup> if required to report to the EOC.

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<sup>9</sup> In some instances an entire department/unit is Level 2; in other instances only specific personnel (those with duties related to animals and/or laboratory experiments that could be dangerous if left unattended) are level 2.

<sup>10</sup> CEMP operating procedures are detailed in the CEMP beginning on page 48.

<sup>11</sup> Personal Protective Measures: Avoid close contact, use good sanitation methods such as frequent hand washing with soap and hot water, cover mouth and nose when coughing, send someone else if sick.

d. Termination of Emergency Operating Procedures

Emergency Operating Procedures shall cease upon termination of a Red Emergency and during the Alert/Test Period as described in the CEMP for non-pandemic emergency conditions. Emergency operating procedures for pandemic emergency conditions listed in this plan will cease when the campus returns to a Preparedness Phase as determined by the Chief Executive. Campus personnel will be notified by various means such as radio, television or university web page.

3. Operational Assumptions

- a. The Indiana University Pandemic Influenza Plan for the South Bend campus supports the Indiana University Comprehensive Emergency Management Plan.
- b. The Indiana University Comprehensive Emergency Management Plan for the South Bend campus supports the St. Joseph County Comprehensive Emergency Management Plan. As such, university departments are identified as support agencies in the county plan. However, the university maintains department control.
- c. Coordination of tasks for a pandemic response will be accomplished using the EOC concept of operations due to increased and sustained transmission of the infectious disease.
- d. Communications, including situation status reports, requests for resources or services not obtainable, should be directed to the CDES. The CDES will consolidate reports and keep the Chief Executive apprised of emergency situations and forward any requests to the appropriate Department EOC Representative.
- e. The assessment team will gather information and provide reports to the CDES to be used as intelligence to determine up scaling and downscaling.
- f. Communication between St. Joseph County, South Bend and Indiana University is necessary to allow for good coordination. University key personnel include: Chancellor, Vice Chancellors, CDES, ACDES, CEMT and department heads. St. Joseph County key personnel: Chief Elected Officials, St. Joseph County Health Department Director and Emergency Management Coordinator. South Bend key personnel: Mayor, City Attorney and Risk Management Director.
- g. The campus emergency status system will be updated to reflect the current situation.

- h. Operational assumptions for a non-pandemic emergency remain the same as those cited in the CEMP
- i. Activities under this plan may move from one condition to another or initially begin in any emergency condition.
- j. The emergency condition may be changed or ended at the discretion of the Chief Executive in consultation with the CDES and appropriate department depending on the emergency condition.
- k. All movement on campus is dictated by categorization of department, unit and personnel by appropriate level for each emergency condition.
- l. After the emergency ends, each department/unit involved shall provide the CDES an after action report that shows resource expenditures, losses, deficiencies, and any recommendations for improved procedures and responses.

## H. Command and Control

### 1. Command

- a. Chief Executive (CEO): The Chancellor is the Chief Executive for the South Bend campus. In his/her absence, authority is passed in descending order to:
  - (1) Vice Chancellor for Academic Affairs
  - (2) Vice Chancellor for Administrative and Fiscal Affairs
  - (3) Vice Chancellor for Student Affairs and Enrollment Management
  - (4) Vice Chancellor for Public Affairs and University Advancement
  - (5) Vice Chancellor for Information Technology
- b. A Division Strategic Crisis Planning Board (Chancellor's Cabinet) member or designee shall act as the interface between the CDES, Emergency Control Center (ECC) and the departments/units subordinate to their area of responsibility.
- c. The Coordinator of Disaster and Emergency Services (CDES) shall be responsible for staff coordination under the EOC concept of operations.



- d. The assessment team shall maintain communication with the CDES and advise updated information regarding each period/level as recommended by ISDH, DHHS and/or WHO or based on information collected pertaining to the university or adjacent jurisdictions.
- e. The designated Department EOC Representative and or the department/unit head shall represent the department/unit during the EOC concept of operations.

## 2. Control

### a. Emergency Control Center

- (1) Primary site for coordination under the EOC concept of operations is the Emergency Control Center (ECC). The ECC is the office where the CDES is located. Administrative functions normally performed in an EOC are accomplished at the ECC by supporting personnel. Information reports and situation reports should be directed to the CDES/ACDES via email and or telephone.

### b. Emergency Operations Center (EOC)

- (1) If the EOC needs to be activated for a non-pandemic emergency condition, the procedures as described and referenced in the CEMP are to be used.

### c. Division Operations Center (DIVOC): The coordination mechanism representing each Division Strategic Crisis Planning Board's (DSCPB's) area of responsibility. The South Bend campus Emergency Operations Center serves as the DIVOC under this Pandemic Plan. The system-wide CDES will communicate with department operation centers (DOCs) via the DIVOCs. However, if the EOC is activated, the CDES will communicate and coordinate directly with Department EOC Representatives present in the EOC and they will keep their DIVOC apprised of ongoing situations.

### d. Campus Emergency Status and Public Information

- (1) The telephone number to be distributed to all university personnel and the general public is toll free 1-877-462-4872 (for status of IU South Bend). The Office of Communications and Marketing manages the emergency information telephone.
- (2) The below listed web sites should be used by all personnel to determine the emergency status of Indiana University:

- (a) IU South Bend Campus  
<http://www.iusb.edu/~sbepe/>
  - (b) All IU campuses  
<http://www.indianauniversity.info/>
  - (3) Information released to the public, especially news media, **must be accurate and consistent.** Information given by various departments (e.g., in response to a telephone call from a worried parent) during a declared emergency should be the same as the information on the web site.
  - (4) Information provided to the media will come from the Vice President for University Relations (VPUR)<sup>12</sup> or from the Director of Communication and Marketing as described in the CEMP. For additional emergency information, click the link for *Pandemic flu information* at university web page <http://www.iub.edu/~prepare>.
- e. Implementing Instructions
- (1) Plan Development
 

The assessment team identified in this plan will provide plan oversight and ensure its implementation and updating.
  - (2) Departments and Department EOC Representative Requirements
    - (a) Complete department requirements listed in the CEMP.  
Department continuity may be a major component in allowing a department to operate during a pandemic due to shortages of all types. As such, particular attention should be given to department continuity and backup planning.
    - (b) Become familiar with this plan and their department's Emergency Support Function(s) checklists and its tasks as detailed in this plan. Additionally, make appropriate plans and guides.
    - (c) Develop standard operating procedures and plans to support department operations and assist in accomplishing checklist tasks listed in this plan.

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<sup>12</sup> Our Director of Communication and Marketing will coordinate information with the VPUR and PAGR as necessary.

(d) Identify key personnel<sup>13</sup> to be used when departments operate using reduction in operations.

f. Coordination

- (1) Each department/unit will periodically update the assigned Emergency Support Function checklists and the department's standard operating procedures and plans. They will submit updated copies to the CDES for incorporation into this plan. The CDES will work with the assessment team in reviewing all additions/changes to this plan.
- (2) The CDES will distribute any changes to the departments/units.

g. Training

- (1) This plans operational capability will be periodically tested in concert with other emergencies or exercises, and by stand-alone orientations, drills or exercises<sup>14</sup>.

I. Recovery and Post Emergency Reporting

Recovery efforts begin upon cancellation of emergency conditions or commencement of the Recovery Period or as designated by the Chancellor or his/her designee. Efforts may be hindered as a result of an unknown duration of the first and/or possible subsequent wave(s) of the event and the number of faculty, staff and students affected. Pre-event planning will assist in the transition back to normality.

1. Business Resumption

The return to normal operations may not occur all at once. The ECC will recommend a partial, incremental or total return to normal operations based on information gathered by the assessment team review of university as well as international, national and local situations/recommendations. Decisions will be communicated to and coordinated with Division Operations Centers (DIVOCs) and/or Department Operations Centers (DOCs). Questions that will have to be considered include:

- Are adjustments necessary to the academic calendar?
- Should research activities be resumed or rescheduled?
- Should cancelled or postponed special events be rescheduled?

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<sup>13</sup> Department key personnel need to contact the Office of Risk Management to obtain an emergency identification card (see <http://www.indiana.edu/~riskmgmt/emergency/emergid.htm>). This card will allow the person to move about during travel restrictions on and off campus.

<sup>14</sup> See the CEMP for a full description of training possibilities.

2. Support for Staff, Faculty, Students

Staff, faculty, and students will be affected in a variety of ways following a pandemic. They may have lost friends and relatives, suffer from fatigue, or have financial losses as a result of the interruption of work. Available services through campus resources will be communicated by all available means.

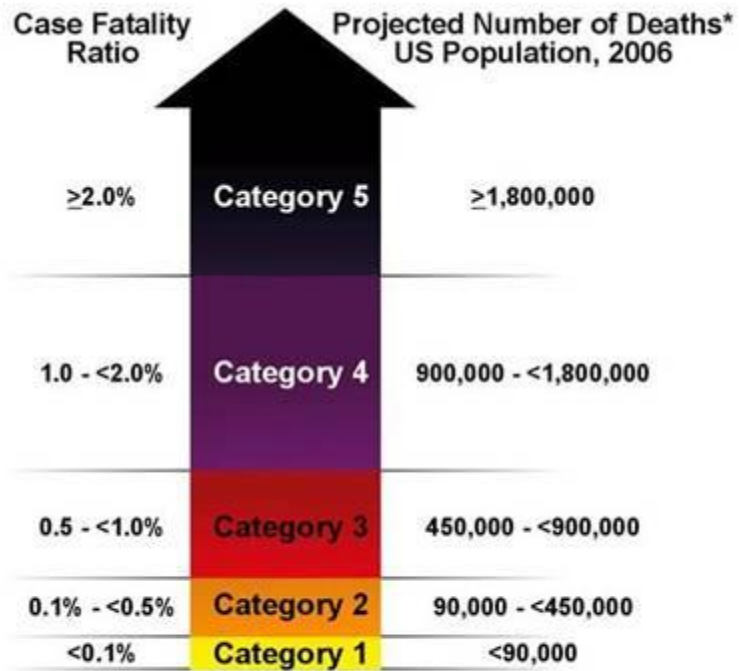
3. Analysis and After Action Reports

Division Operations Centers (DIVOCs) and/or Department Operations Centers (DOCs) involved in any pandemic declared emergency condition should prepare a post emergency report (after action report) once the emergency condition is canceled. Debriefings will be convened to discuss the recovery efforts, recommend possible changes to current plans, and improvements needed for future response efforts. A formal after action report will be developed and distributed to the campus.

**PART V**

**ATTACHMENTS**

## Attachment A

**Pandemic Severity Index**

\*Assumes 30% illness rate  
and unmitigated pandemic  
without interventions

## Attachment B

**Summary of the Community Mitigation Strategy by Pandemic Severity**

| Interventions* by Setting   | Pandemic Severity Index   |                       |                         |
|---|---------------------------|-----------------------|-------------------------|
|   | 1                         | 2 and 3               | 4 and 5                 |
| <b>Home</b>   |                           |                       |                         |
| <b>Voluntary isolation</b> of ill at home (adults and children), combine with use of antiviral treatment as available and indicated   | Recommend †§              | Recommend †§          | Recommend †§            |
| <b>Voluntary quarantine</b> of household members in homes with ill persons † (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient | Generally not recommended | Consider **           | Recommend **            |
| <b>School</b>   |                           |                       |                         |
| <b>Child social distancing</b>  |                           |                       |                         |
| -dismissal of students from schools and school based activities, and closure of child care programs   | Generally not recommended | Consider: ≤4 weeks †† | Recommend: ≤12 weeks §§ |
| -reduce out-of school social contacts and community mixing  | Generally not recommended | Consider: ≤4 weeks †† | Recommend: ≤12 weeks §§ |
| <b>Workplace / Community</b>  |                           |                       |                         |
| <b>Adult social distancing</b>  |                           |                       |                         |
| -decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)  | Generally not recommended | Consider              | Recommend               |
| -increase distance between persons (e.g., reduce density in public transit, workplace)  | Generally not recommended | Consider              | Recommend               |
| -modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)   | Generally not recommended | Consider              | Recommend               |
| -modify work place schedules and practices (e.g., telework, staggered shifts)   | Generally not recommended | Consider              | Recommend               |

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

\*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available

## PANDEMIC INFLUENZA

# WHO Global Pandemic Phases and the Stages for Federal Government Response

| WHO Phases                   |   | Federal Government Response Stages |   |
|------------------------------|---|------------------------------------|---|
| <b>INTER-PANDEMIC PERIOD</b> |   |                                    |   |
| <b>1</b>                     | No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low. | <b>0</b>                           | New domestic animal outbreak in at-risk country           |
| <b>2</b>                     | No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.  |                                    |   |
| <b>PANDEMIC ALERT PERIOD</b> |   |                                    |   |
| <b>3</b>                     | Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.  | <b>0</b>                           | New domestic animal outbreak in at-risk country           |
|                              |   | <b>1</b>                           | Suspected human outbreak overseas                         |
| <b>4</b>                     | Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.  | <b>2</b>                           | Confirmed human outbreak overseas                         |
| <b>5</b>                     | Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).                 |                                    |   |
| <b>PANDEMIC PERIOD</b>       |   |                                    |   |
| <b>6</b>                     | Pandemic phase: increased and sustained transmission in general population.   | <b>3</b>                           | Widespread human outbreaks in multiple locations overseas |
|                              |   | <b>4</b>                           | First human case in North America                         |
|                              |   | <b>5</b>                           | Spread throughout United States                           |
|                              |   | <b>6</b>                           | Recovery and preparation for subsequent waves             |