Indiana University of Pennsylvania

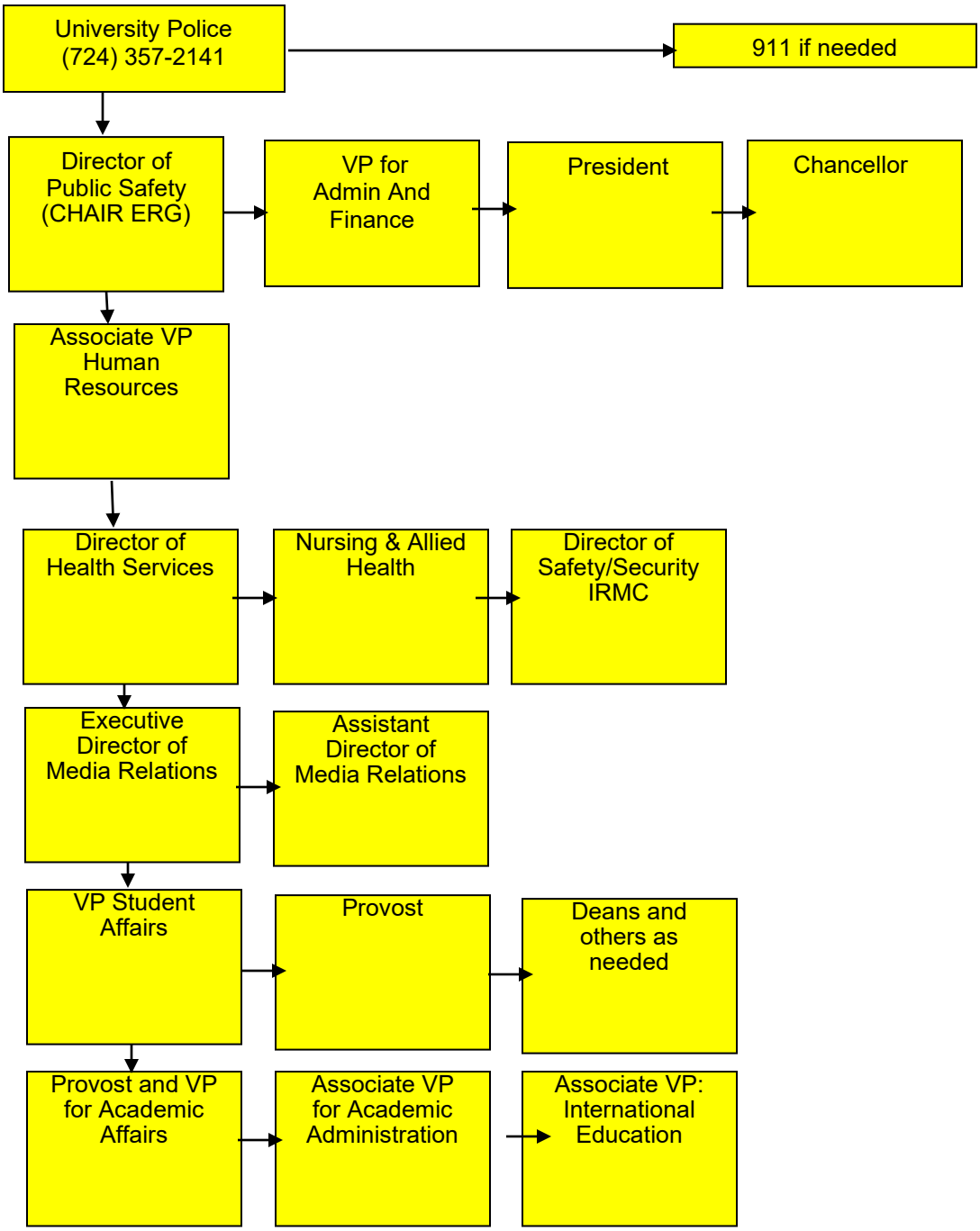
PANDEMIC RESPONSE BUSINESS CONTINUITY PLAN

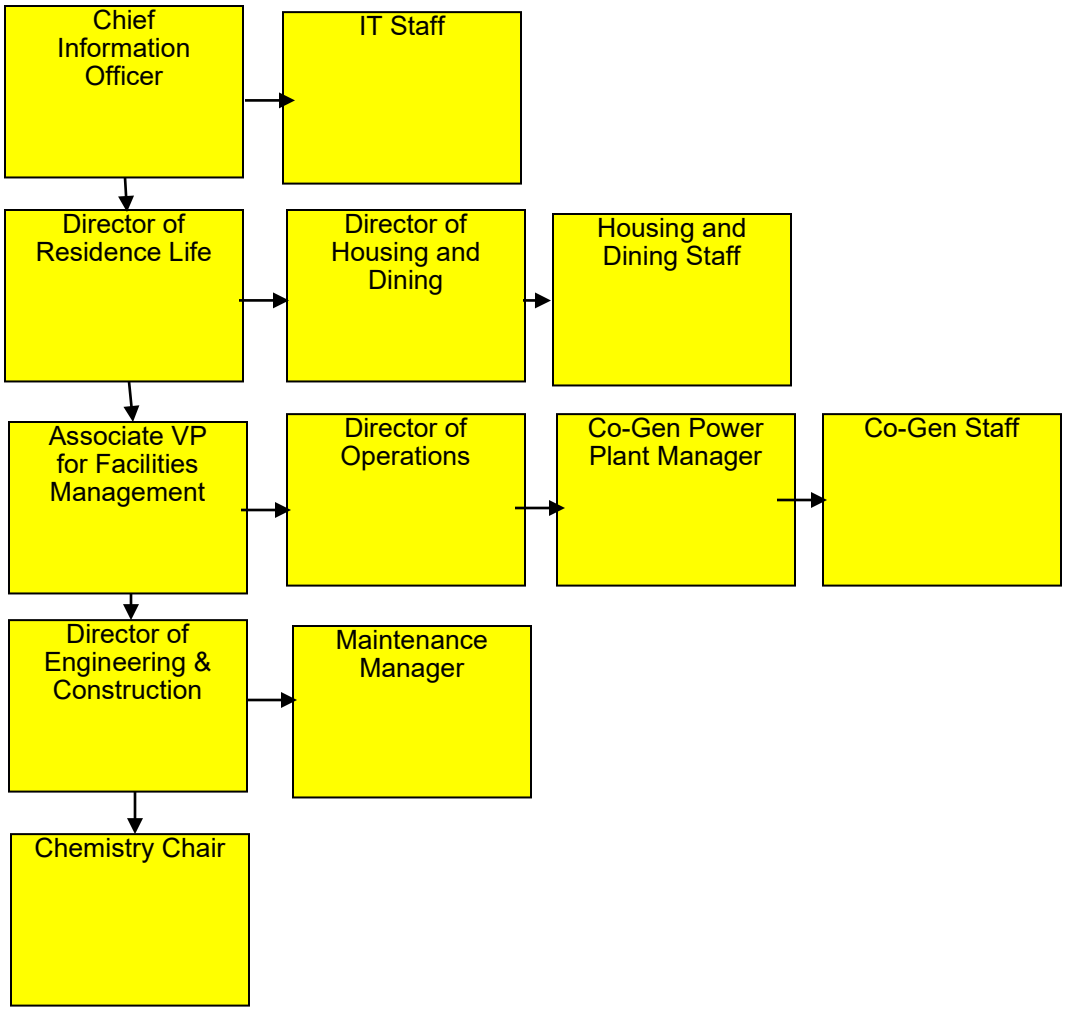
Revised: 2020

Indiana
Punxsutawney
Northpointe
Monroeville

Document History – IUP Pandemic Response Community Plan		
Date	Action/ Status	Notes or page reference, if any
October 2006	First Draft	
December 2006	Second Draft	
January 2007	Third Draft	
January 2007	Fourth Draft	Proof Reading
July 2009	Updated	
September 2009	Updated	
March 2020	Updated	

Indiana University of Pennsylvania
Pandemic Operations Notifications List
Pandemic Response Group (PRG)




Chief Information Officer
IT Staff
Director of Residence Life
Director of Housing and Dining
Housing and Dining Staff
Associate VP for Facilities Management
Director of Operations
Co-Gen Power Plant Manager
Co-Gen Staff
Director of Engineering & Construction
Maintenance Manager
Chemistry Chair

This page intentionally left blank.

TABLE OF CONTENTS

1. INTRODUCTION AND PURPOSE 2
2. PLANNING PARAMETERS AND ASSUMPTIONS 4
3. FOCUS, LEADERSHIP STRUCTURE AND KEY ROLES 10
4. HUMAN RESOURCE ISSUES… 12
5. INFECTION CONTROL GUIDELINES 14
6. SUPPLIES 17
7. COMMUNICATIONS, AWARENESS, AND PREPAREDNESS. 20
8. POINT OF DISPENSING SITE (PODS) 21
9. CRITICAL FUNCTION, BUSINESS CONTIUNITY PLANNING AND BUSINESS IMPACT DATA 23
10. PHASED PANDEMIC PLANNING AND RESPONSE ACTIONS 25
11. RECOVERY PROCESS 49

APPENDIX B:) CORONAVIRUS DISEASE(COVID-19) PREVENTION INFORMATION 51

APPENDIX C: CRITICAL FUNCTION INVENTORY AND LEAD REPRESENTATIVES… 52

APPENDIX D: CRITICAL FUNCTION CONTINUITY STATEMENT 57

APPENDIX E: EMERGENCY POCKET CARDS 60

APPENDIX F: SAMPLE NOTIFICATION INTAKE FORM-SUSPECTED INFLUENZA CASE AT WORK 65

APPENDIX G: SAMPLE HEALTH ALERT FLYER 67

APPENDIX H: SAMPLE PERSONAL HYGIENE NOTICES… 68

APPENDIX I: ACRONYMS 70

APPENDIX J: EMPLOYEE EDUCATION 71

THIS PAGE WAS INTENTIONALLY LEFT BLANK

1. INTRODUCTION AND PURPOSE

The PASSHE Chancellor's Office has directed each PASSHE University to produce a campus-specific business continuity plan that addresses how the University will respond to an influenza pandemic event.

This document represents the IUP Pandemic Business Continuity Plan (Plan), which was developed by the Pandemic Influenza Planning Group made up of key campus administrators from critical operational areas including health, safety, physical plant/facilities, business, academic, human resources, and housing/residence life.

Continuity planning for a pandemic (and for many other types of emergencies) is challenging because it can be difficult to know exactly how a University community and its members will be affected by such an event. The Plan attempts to anticipate threats and outlines actions and responses that might mitigate negative impacts of a pandemic at IUP. There are, however, many uncertainties and variables that cannot be anticipated or predicted, so the Plan must be robust and flexible, guided by the understanding that resolving unanticipated situations will depend as much upon the experience, actions, and creativity of IUP employees as upon their commitment to the university during an emergency.

The characteristics of IUP place the University at risk of being severely affected by a pandemic event. The open and accessible campus will allow for significant opportunities for potential contact with infected individuals from the community. On campus, the large numbers of students, faculty, and staff crowded into classrooms, residence halls, and service areas, could support rapid spread of the pandemic virus. If a pandemic does occur, a substantial number of the IUP community may be infected with resulting illness and absences of employees and students. Potential of an aftereffect of disease or injury include unprecedented demands on student health and counseling services; the need for relocation and/or evacuation of students in residence halls; interruption, disruption, or unavailability of essential services; significant loss of students and revenues; and campus closure, possibly for a prolonged period of time.

When this document was first written in January of 2007 it was drafted largely due to the potential spread of the Bird Flu (H5N1). It is important to note that while the plan focuses on influenza, it is also intended to serve as the template for responding to large-scale outbreaks of other highly infectious respiratory diseases, even if some prevention measures or response tactics may change due to the nature of a particular disease such as Coronavirus Disease (COVID-19)

During a pandemic, the key challenges facing the University will likely include:

- Preventing and managing employee and student exposure to infection on campus and during learning activities that take place off campus
- Complying with local, state, and federal mandates regarding a pandemic and coordinating campus response with the efforts of public health agencies
- Maintaining and supporting students' progress toward their academic pursuits while adhering to campus closure or other constraints on campus activities
- Maintaining faculty research while adhering to campus closure or other constraints on campus activities
- Loss of revenue due to student absence caused by illness or University inability to offer courses
- Housing of International Students
- Being used as an alternative care facility and strategic natural stockpile point of distribution site
- Maintaining and reassigning employees to maintain continuity of critical functions

Planning a campus response to a pandemic event and other infection control and emergency events is an ongoing process. As such, the *IUP Pandemic Business Continuity Plan* is not a static document and will be adjusted at least annually and periodically as needed in response to updates and changes in the global, national, regional, and campus status of the potential influenza threat.

1.1 Campus Overview

IUP consists of a 354-acre campus with approximately 3,411,369 million square feet of facilities, including about two dozen major buildings and more than 75 in total.

In the spring semester 2020, IUP registered 9,359 enrolled students. On-campus employment, as of spring 2020, 1,401 included full-time and part-time faculty/staff members.

2. PLANNING PARAMETERS AND ASSUMPTIONS

The following lists include assumptions and parameters that have been used in developing the Plan, its appendices, and the document supplement, *Pandemic Response Critical Function Continuity Annex.*

2.1 General Parameters

- The three primary mission requirements of the University are: Instruction (Student Learning), Research, and Provision of Services.
- The highest priority in responding to and recovering from any adverse event is the protection of the health and safety of people (students, employees, vendors, contractors, visitors).
- The basic Continuity Goal for the University before, during, and after an adverse event is to recover and resume critical operations essential for its mission, i.e. Instruction, Research, and the Provision of Services, in the shortest possible time. (This does not mean that every building is accessible, that every class is taught, every campus employee and student is on campus, or even that campus facilities are open. However, it does mean that instruction and research are occurring and key services are available to the greatest extent possible.)
    - Insofar as it is safe and effective to do so, the University will continue its provision of instruction, research, critical academic and business functions and University-sponsored public events.
- The University will take necessary action to maintain security and preserve University facilities and property.
- The University will assist in local, state, federal, and international response efforts as appropriate.

- A university operation that does not have to resume within 30 days after an interruption due to an adverse event is not critical to supporting the three primary mission requirements.
- Risks to disruption of critical University operations include, but are not limited to:
  1. Loss of people (faculty, staff, students)
  2. Loss of facilities (buildings, classrooms, labs, housing, offices)
  3. Loss of infrastructure (utilities, HVAC, telecommunications, data, network, information systems)
  4. Loss of mission-related business and service functions (for example, scheduling classes, payroll, financial aid, food services, purchasing)

- The University is under-funded by the state for normal operations.
- Continuing operations in alternative modes following an adverse event will cost more than normal operations.
  - State resources may be constrained. Emergency (or recovery) funds from state or other sources may be limited, especially in a widespread disaster.
- An option for continuing University operations may be to suspend (or discontinue) non-critical operations to conserve funds to sustain critical operations. The decision must be approved by the President.
- The terminal point for any University operation will be when it is no longer possible or affordable to continue that operation in any mode.

2.2 Assumptions—A Pandemic at IUP

- Planning to continue critical functions at IUP during a pandemic event aims at sustaining a function at sufficient levels for a period of about four months or a semester. The process of sustaining a critical function under adverse circumstances may need to be repeated since the pandemic is likely to come in one or more waves, weeks or months apart, and could last for 12 to 18 months. A second wave may be the more severe.
- Pre-identified key management, operational, and technical personnel will be mobilized to make decisions and communicate guidance about recovery and continuity of operations.
- The University will ensure that key personnel are able to communicate with one another; local, state, and federal officials and organizations; and members of the campus community and general public during a pandemic process.
  - The university will make available clear and frequent communication about the threat of pandemic that each unit and area can share with employees, students, and other campus constituents.
- The university will work to prevent the spread of infection through health education, communication, monitoring, and if necessary, mandatory furloughs and confinement as recommended by public health authorities.

- The university or system may implement policies that enable employees to work from home with appropriate security and network access to applications.
- The university will provide employees with information to encourage social distancing and self-isolation and mitigate concerns about lost wages.
- The university will provide health information and direction about preventing influenza infection, frequent hand-washing, influenza vaccination, cover your cough and other preventive education.
    - Absence of individuals within IUP and outside of the university may disrupt an IUP unit or area's ability to provide a critical function.
    - Absences may be due to illness, quarantine, family responsibilities, and employee and student concerns about risk at the University (well-founded or unfounded).
- As an approximate working guide, small teams of fewer than 15 people who work together should plan for a level of absence rising to 50% at a peak of a pandemic wave. If a unit has substantial flexibility to redeploy staff, it should aim at handling staff absences of *at least* 40% during the peak weeks of a pandemic wave--in addition to usual absenteeism levels.

- Ill people are likely to be unavailable to work for at least five to eight working days.
- The university will provide health and counseling services and referral resources to address as much as possible the outpatient health care needs of employees and students who become ill or symptomatic while on campus.
    - The university will establish partnerships with local public health agencies and health care resources to assist in the triage, care, and referral of employees and students whose needs are beyond the scope of campus health and counseling services.

2.3 Differences and Similarities from Other Emergencies

The most typical continuity planning efforts tend to emphasize the loss of physical assets and information technology services–not the loss of human resources, supply chains, etc., due to infectious disease. In this sense, a flu pandemic presents a very different type of risk to an organization's continuity of operations: ***Pandemics are about people.***

A pandemic is a global epidemic, but its effect on a particular locality may vary. If an influenza pandemic reaches Pennsylvania, certain areas and populations may be more severely affected, or affected in a different sequence than others. It is likely, however, that during a pandemic, the effects will be widespread and result in a broader regional impact than natural disasters such as earthquakes and fires. Support and rescue services may be unavailable in a pervasive event such as a pandemic.

A flu pandemic could last for several months or more. Pandemic can strike at any time; it is not just seasonal. Like an earthquake and its aftershocks, a pandemic may occur in several waves, with another wave of illness occurring weeks or months after the first. Pandemic

response plans may need to be implemented more than once during a period of 6 to 18 months.

As with any projected emergency, advance preparation and planning is critical. Contingency planning within an organization before an adverse event occurs may mitigate its effects by promoting a more effective response. A pandemic response plan should be an integral component of a University Emergency Response (Incident Command) Plan in addition to other infection control components (bioterrorism) and response planning for other contingencies such as natural disasters (earthquakes, fires).

2.4 Anticipated Demands for IUP Services

The Plan anticipates that there may be a substantial increase in demands for certain key services in case of a pandemic. While the nature of these increased demands will depend on the presentation and characteristics of the pandemic, it is likely that the following units will see an increase in service demands:

- IT Services – supporting increased office demands
- University Administration—Academic Affairs, Student Affairs, Administration and Finance
- University Health Services—by students, employees, and community members.
- Campus Counseling Center—by students, employees, and community members.
- Environmental Health and Safety and Risk Management
- Physical Plant Management
- Housing and Conference Services
- Public Relations
- Human Resource Services
- Financial Aid
- Center on Disabilities
- Student Development and International Programs

Projections for Departments and Units in these critical areas have been incorporated into the guidelines for pandemic response in Section 10, “Phased Pandemic Planning and Response Actions,” of this document, and additional information about unit-based continuity efforts is included in the Annex to this document.

Additionally, during a pandemic event the following populations may require additional health and safety planning and services:

- Critical and key personnel required to provide the most critical functions during what IUP has designated as IUP Stage 3--Pandemic Period, which is when an increased and sustained infectious agent transmission from human to human occurs globally in the general population and cases occur in the local community.
- Employees and students who become ill or symptomatic while on campus

- Students living in residence halls during IUP Stage 3--Pandemic Period
- Students involved in off-campus learning activities such as internships and community service learning
- Employees and students traveling internationally and domestically during IUP Stage 3--Pandemic Period
- International students, especially those whose home countries are affected by the pandemic
- Parents and children utilizing campus day care facilities
- Research animals
- Travel will be restricted for university members
- Faculty and students with on-going experimentation and research needs

Plans for addressing the increased demands for these populations are noted in Section 10, “Phased Pandemic Planning and Response Actions,” of this document.

3. FOCUS, LEADERSHIP STRUCTURE AND KEY ROLES

The focus of this Pandemic Business Continuity Plan is to project the impact of a pandemic on IUP and deliver an effective response to reduce the spread and transmission of the virus and, as long as it is safe to do so, maintain continuity of critical functions related to the campus mission, including instruction, research, and services.

Leadership and direction within the campus in the event of a pandemic will be organized as per the guidelines developed in this document by the IUP Pandemic Planning Group also the Pandemic Response Group (PRG). Leadership and direction will come from the President and President’s Cabinet, the Provost and Academic Units, Student Affairs, and Administration and Finance. The (PRG) will serve in an advisory capacity and as resources for the University leaders in the Divisions above.

In the event of a pandemic, primary strategic direction will be assumed by the President, the President’s Cabinet and the Pandemic Response Group. For information about the IUP Emergency Operations Plan and its staffing, please contact the IUP Pandemic Response Group Chair

3.1 Pandemic Influenza Planning Group Manager

The IUP Pandemic Influenza Planning Group Manager chairs the Pandemic Influenza Planning Group and assumes a major advisory and guidance role in coordinating and supporting campus planning and response activities before, during, and after a pandemic event. These planning and response activities are executed in conjunction with other units and entities such as the President’s Cabinet, Public Relations, Human Resources, Public Safety, IT Services, and others.

The line of succession for the IUP Pandemic Influenza Planning Group Manager is as follows:

- Primary designee—Director of Public Safety/Police or Vice President for Administration and Finance
- Secondary designee—Director, Student Health Services
- Third designee—Special Programs Manager (EM)

If succession is necessary, notification will occur via email, phone, or personal communication between the primary and secondary Pandemic Influenza Planning Group Manager designees, and the secondary designee will notify the President, members of the President's Cabinet and the Pandemic Influenza Planning Group of the succession. Succession will continue to the Tertiary designee if needed as above. Also, if succession proceeds to the Tertiary designee, a new back-up IUP Pandemic Influenza Planning Group Manager will be drafted and appointed by the Pandemic Influenza Planning Group Manager in consultation with the Pandemic Influenza Planning Group.

3.2 Pandemic Business Continuity Committee

The President appointed the members of the Pandemic Response Group to address the campus preparation for a possible pandemic at IUP. The President has designated the IUP Planning Group also known as the Pandemic Flu Planning Team to organize and convene as needed to develop and implement the necessary planning and prevention efforts in consultation with the President's Cabinet.

3.3 EOC and Crisis Action Team

If a pandemic significantly impacts normal campus operations or threatens to do so, the University will activate its emergency response processes and protocols and determine whether to activate the campus incident command system known on campus as the IUP Emergency Operations Center (EOC). The EOC serves as a centralized location from which campus emergency operations can be directed and coordinated.

Members of the PRG determine whether to activate the EOC. As authorized by the President.

3.4 Plan Ownership and Maintenance

The IUP Pandemic Business Continuity Response Plan has been developed by the IUP Pandemic Response Group, in consultation with the Pandemic Flu Planning Team at IUP and in the surrounding community. The Plan is maintained by designated members of the committee each of whom is assigned responsibility for managing or revising aspects of the plan's content annually and as needed.

Group members will review and update the Plan at least once annually and as needed in response to changes in the designated pandemic phase. The Pandemic Influenza Planning Group Manager will initiate the annual plan maintenance cycle and manage additional adjustments to the Plan if necessary.

4. HUMAN RESOURCE ISSUES

When the university community is impacted by forces that threaten the health and safety of students, faculty, and staff, the President or designated representative may take those steps necessary to advance the mission of the university, while protecting the health and safety of members of the community. This section was developed by the Office of Human Resources and will be updated as needed.

For example, if members of the university community were threatened by the effects of a pandemic flu outbreak, the following items will be considered:

1. The advice and counsel of medical professionals at the Student Health Center, and state and federal resources would be sought to identify risk factors and best methods to protect people.
2. Information on transmission, symptoms, incubation period, protective measures, and appropriate care will be communicated widely to students, faculty, and staff.
3. The President, following PASSHE directives, will advise units through the Office of Human Resources of the desirability of authorizing extensive use of telecommuting if available or flexible work schedules to maintain university operations, while protecting the health of members of the community. Pay is continued as normal during the period of approved telecommuting. Daily attendance will be taken by the appropriate unit supervisor or designee and reported daily to the Office of Human Resources.
4. Employees will be compensated call time pay and overtime pay as approved by the appropriate unit supervisor. If necessary, overtime pay for managers and temporary out-of-class pay will be approved by the Office of Human Resources. Biweekly reports will be submitted to payroll services to ensure appropriate payments.
5. When the campus remains open and faculty and staff develop symptoms of a pandemic flu, an appropriate member of departmental management may send individuals home to prevent the spread of the virus within the university community. Individuals sent home as "sick" can use accrued sick leave to cover time away from the job. Persons who have had contact with the infected person should also be sent home. Flat surfaces and offices should be disinfected in the infected persons work area.

*****The university may choose to implement a partial closure of certain elements of the university to protect against the spread of the virus. Further direction may be provided by the Chancellor's Office.

*****If the university is closed due to a pandemic flu outbreak, notice of such action will be communicated via television, radio, or the university's mass emergency notification system. Further direction may be provided by the Chancellor's Office.

6. If the campus is closed and people essential to the maintenance of campus operations (safety, security, facilities, laboratories/research animals, residence hall food service, etc.) are required to work, they will be paid according to their Collective Bargaining Agreement.

   Additionally, based on the scope and severity of the influenza outbreak and the decisions made about the continuation of pay for faculty and staff who do not work during the period of closure, the President may choose to authorize premium pay to essential personnel who provide critical services when the campus is closed. Further direction may be provided by the Chancellor's Office.

   In the event that designated essential personnel are unable to perform their assigned duties due to incapacitating illness, departmental management will designate a qualified replacement from within that unit. If due to illness, no qualified people from within the unit are available, department directors should coordinate with other units and with the Office of Human Resources to identify a replacement(s) to conduct essential services.

7. If the announcement of the closing of the university occurs before the start of an employee's work shift, the hours of the employee's work shift will be paid at the employee's regular straight time rate. If the university officially closes during an employee's work shift and the employee is sent home, the remaining hours in the employee's work shift will be paid at the employee's regular straight time rate. The hours that are paid when the university is officially closed will not count as "hours worked" towards 40 hours for the purposes of payment of overtime. An employee who is on leave without pay (including Family and Medical Leave and Workers' Compensation absences) when the university is officially closed under the circumstances described in this section will not be paid for the hours that the university was closed.

   If the campus is officially closed, eligible employees should be paid "administrative leave" if they were scheduled to work during the period of closure. However, employees on sick leave, vacation, or scheduled on a personal holiday, will be charged for that paid time off. Employees in a non-pay status, such as a regular day off or disciplinary suspension, are not eligible for administrative pay. Collective bargaining agreements address this issue and the Office of Human Resources will provide guidance if there is to be any deviation from this standard.

8. When an emergency situation relating to a pandemic influenza has been declared by the President (further direction may be provided by the Chancellor's Office as to who will have the authority regarding partial or full closing of the university) and the university remains open for full or partial operations, a designated official from each department (academic and administrative) will provide a list of all employees who are

not present due to illness to the Office of Human Resources by 3:00 p.m. each work day. In addition, each department will provide a list of student workers to the Director of Health Services by 3:00 p.m. each workday. These reports should include a notation of those people who have identified that their absence is related to symptoms of the pandemic outbreak.

It is recommended that the department chair, department directors, or divisional head oversee the compilation of the report and be familiar with unit capabilities to continue to serve the educational or administrative mission.

**** For further information on communications during an emergency, please refer to the Campus Emergency/Closure Integration Communications Protocol located in the IUP Emergency Operations Plan.***

****For further information on full or partial closures, please reference to the Human Resources web page at www.iup.edu/humanresources***

6. INFECTION CONTROL GUIDELINES

The purpose of this section is to provide information about infection control guidelines that will be implemented by the IUP Health Service if an influenza outbreak affects IUP.

The IUP Health Service is committed to working with the Centers for Disease Control (CDC) and PA Department of Health (PA DOH) to promote a safe and healthy working environment for students and staff. Various strains of Influenza are caused by viruses spread by saliva, respiratory secretions, and body fluids. Currently, viruses are generally limited. However, if an influenza epidemic or pandemic occurs in humans locally or globally, the IUP HS will follow PA DOH and CDC recommendations regarding precautions and procedures, including screening of IUP HS visitors/patients, and recommendations for isolation and triage of potential cases. Meanwhile, the general guidelines noted below are derived from CDC recommendations.

The World Health Organization and the CDC continuously monitor the spread of influenza globally to determine if human-to-human transmission develops and becomes a significant factor in the virus' spread. If this does occur, the guidelines below will address the risk of human-to-human transmission.

At any time, travel to countries with reported cases of influenza may be affected. The CDC and PA DOH do recommend the following:

1) Annual influenza immunization if medically appropriate.
2) Frequent hand washing to reduce chances of infection.
3) Covering one's mouth with elbow while coughing or sneezing to reduce spread of respiratory secretions that may contain viruses.
4) Avoid contact with infected persons or animals.

5) Use caution when handling foods and cooking.

6) Avoid contact with contaminated surfaces.

7) Avoid eating raw or poorly cooked foods.

The IUP HS will monitor the CDC, PA DOH, and WHO websites weekly and as needed for updates as to the risk to humans. If a human-to-human risk is identified by the CDC and WHO, the IUP HS will implement the guidelines below to reduce potential risk of human-to-human transmission.

In case of an influenza epidemic or pandemic (human-to-human transmission):

1. If the patient phones in:

a) If the patient complains of fever >38 C (>100.4 F), and flu-like illness or respiratory symptoms including one of the following: cough, sore throat, shortness of breath; ask about recent travel to a flu-affected country and/or exposure to infected persons. In case of development of human-to-human transmission, the patient will be assessed as to potential exposure to infected humans.

If Yes, the call should be referred to the Triage nurse on duty.

1. By triage: The patient should be diverted to a medical facility where evaluation can take place in a setting which minimizes the potential for human transmission of pandemic flu. The patient should be instructed to not use public transportation. Family members, EMS, should be utilized to transport patients.
2. If patient is determined to be high risk, activate the internal alert mechanism. The IUP HS Director will notify the IUP HS Supervisory Physician and the appropriate university staff.

If No, triage the patient as usual.

2. If the patient walks in:

a) Receptionist: If a student self-identifies as having possible pandemic flu exposure:

a) Hand the student a surgical mask to put on.

b) Place the student in the flu evaluation room. No other patients should be in the room.

c) Patient should use specified alcohol-based hand wash products or wash hands with soap and water for 3 minutes.

d) Close the door and post an “Isolation” sign on the door.

5) Call the medical provider who will do the flu evaluation.

6) Complete an exposure log for anyone (staff, students in the lobby) who may have had contact with the patient in the IUP HS. Exposure log should include name, ID number, and all contact information (Phone, Cell, Email address).

b) Clinical support staff and medical providers assigned to care for patients with possible flu:

1) Activate the internal alert mechanism.

2) Don surgical mask or PPE (N-95 respirator, gown, gloves, face-shield or disposable goggles) as per PA DOH guidelines.

3) Clinical evaluation as appropriate. To meet the suspect case definition of flu, the patient must meet both epidemiologic criteria AND symptom criteria:

    a. Epidemiologic criteria:

        1. Travel from an area with documented or suspected flu, AND

        2. Contact with possibly infected persons or animals OR

        3. Close contact with a person who has the flu AND

        4. Symptom criteria:

1) One or more of the typical flu-like symptoms such as fever >38 C (>100.4 F), cough, sore throat, shortness of breath, and muscle aches.

4) If the patient meets the suspect case definition and alternative diagnosis cannot be established, the medical provider:

    i. Contacts a medical facility (e.g., emergency room or health department clinic) where appropriate diagnostics can take place in a safe environment. For the IUP HS, Indiana Regional Medical Center (IRMC) is the primary option.

    ii. In conjunction with the PA DOH develop a list of contacts of patient to include close contacts, close casual contacts, classroom and other contacts. Contacts are advised to follow CDC guidelines:

    iii. Activates external alert mechanism (Contact Indiana County office of PA DOH.

    iv. Arranges for transport of patient to appropriate medical facility.

    v. Properly disposes of used PPE and washes hands or disinfects hands with an alcohol-based hand rub immediately after removal of gloves.

5) Transport of high-risk patients:

    a) Transport of high-risk patients within the IUP HS should take place in accordance with IUP HS protocols.

    b) Transport of high-risk patients from outside the IUP HS: call 911 alerting the responders that they will be transporting a possible pandemic flu patient.

6) Cleaning of pandemic flu evaluation room should take place according to the following guidelines:

Follow standard facility procedures for terminal cleaning of an isolation room.

i. Clean and disinfect all surfaces that were in contact with the patient or may have become contaminated during patient care.

ii. Wipe down mattresses and headboards with an EPA registered hospital disinfectant.

iii. Privacy curtains should be removed, placed in a bag in the room and then transported to be laundered.

iv. No special treatment is necessary for window curtains, ceilings, and walls unless there is evidence of visible soil.

v. Do not spray (i.e., fog) occupied or unoccupied rooms with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.

7) If the patient meets epidemiologic criteria and symptom criteria, the patient should be isolated for 72 hours and monitored (coordinate monitoring with the IRMC) according to CDC guidelines.

b. The patient should be masked during transport to isolation.

c. The patient should be kept three feet or more away from others.

d. The patient should remain in isolation with all visitors and caretakers closer than three feet using mask, glove, and gown precautions as above for 72 hours.

7. SUPPLIES

7.1 Inventory

- Shortages of supplies may occur during a pandemic due to multiple causes such as:
- Increased demand (i.e., medications and medical supplies, cleaning supplies, and materials and supplies to enable employees to work at home or other locations away from campus)
  - Disruption of transportation and delivery systems
  - Disruption of production with inability of suppliers to meet demands due to their own staffing shortages or transportation and supply issues.
  - Each college, department and unit shall complete an inventory of all supplies and equipment identified as essential to ongoing business functions.
  - Each college, department and unit shall put a process into place for maintenance of adequate inventory.
  - Working with Purchasing and Contract Administration, each college, department, and

unit shall discuss with key suppliers a plan for regular shipments in the event of shortages during a pandemic.

- Priority contracts and agreements should be established with key suppliers and other vendors for those supplies identified as essential to ongoing business functions.
- Departments should identify supplies essential to business continuity that are often in back order status or require long lead order time and consider stockpiling these supplies.
- Costs of additional supplies may exceed currently allocated funds in individual departments. Consideration of alternative sources of funding for supplies may be necessary.

- Stockpiled supplies should be inspected and rotated or replaced as appropriate on a regular and routine basis.
  - Department staff should be updated on the availability and location of supplies at least annually

7.2 Personal Protective Equipment

Protection from infection by a pandemic virus is key to the prevention of a pandemic and the spread of illness. Education efforts should begin well before a pandemic occurs. Each college, department and unit shall educate employees and students about the importance and necessity of strict adherence to influenza protection measures such as personal hygiene, hand washing techniques and sneezing and cough etiquette to prevent respiratory secretions from spreading the virus from person to person.

Public health authorities suggest that social distancing, including maintaining a distance of 3 feet or more from an infected individual will provide substantial protection for most people from influenza. However, health care workers and other employees whose duties demand closer contact with patients or other potential viral sources may need personal protective equipment (PPE).

- According to PA DOH, PPE is not necessary for health care workers in an ambulatory care setting unless aerosolizing procedures will be performed.
- The PHC will provide surgical masks, gloves, and gowns for PHC employees who must be within 3 feet of others at the PHC and will provide surgical masks for all visitors to the PHC.
- PPE should be locked down.
- Other departments may choose to purchase masks, gowns, and gloves as needed per the guidelines above for their employees.

Access to PPE as recommended by the Department of Health and Human Services and Centers for Disease Control for employees who are at potential high risk for coming in contact with the virus includes:

- Health care workers
- Public Safety Officers
- Physical Plant/Facilities staff
- Environmental Health and Safety staff

PPE recommended by the Department of Health and Human Services and Centers for Disease Control for health care workers and other high-risk employees includes:

- Disposable gloves
- Safety goggles
- Disposable particulate respirators (N95)
- Disposable protective clothing where appropriate

The following departments have purchased and will maintain an inventory of personal protective equipment for their employees whose duties place them at risk of infection

- Health Services
- Public Safety
- Housing and Residence Life
- Physical Plant Management
- Environmental Health and Safety

7.3 Environmental Health & Safety

The IUP Public Safety Department will be responsible for:

- Evaluation of infection control policies and procedures of critical function areas. The
  - Selection, training, and fit-testing of respirators.
- Providing proper disposal containers for infected personal protective equipment and the disposal of this waste.
  - Provide guidance on disinfecting and decontamination of exposed areas
  - Consulting with Physical Plant Management to assess cleaning products for effectiveness against potential pathogens with emphasis on viruses.
- Inspection and auditing of compliance with policies and procedures and training requirements.

As we move into phase 3 of the pandemic periods, it is recommended by the Pandemic Flu Planning Group that personal protective equipment in the form of tissues, gloves, masks and waterless antibacterial hand cleansing solutions be provided to IUP employees from a central location.

If a funding source is provided for the inventory that would have to be distributed, Physical Plant Management could serve as the central control point for these supplies. Utilizing their material management system, they would be able to track what supplies and quantities have been provided to departments.

Central control of the personal protective equipment would allow for consistency in what equipment is used and ensuring that the proper fit-testing and training in the correct use and disposal of the equipment has been completed for each unit.

A “Personal Protective Equipment and Working at IUP - Frequently Asked Questions” document will be prepared by Pandemic Planning Group and distributed to the campus.

8. COMMUNICATIONS, AWARENESS, AND PREPAREDNESS

In case of a pandemic, effective communications are critical to the safety and health of the University community and to the implementation of the Pandemic Response Business Continuity Plan. A detailed summary of the communications procedures projected follows in Section 10, “Phased Pandemic Planning and Response Actions.” In addition, the following guidelines are indicated in addressing communications needs:

Pre-pandemic education:

- The Pandemic Flu Planning Team has developed general communications “Avian Influenza Frequently Asked Questions (FAQs)” and “Avian Influenza (Bird Flu) Prevention Information” for distribution to the campus community. See Appendix A and Appendix B.
- The Pandemic Flu Planning Team members will work with the Public Relations Director to develop additional communications to address Human Resources Frequently Asked Questions and Personal Protective Equipment Frequently Asked Questions for distribution to employees. Materials published in the Chancellor’s Pandemic Planning Guide also will be used to communicate infection prevention and control practices.
- The IUP Health Services will provide health information to students and employees via multiple formats (including consultations and lectures, web information, posters, etc.) on influenza prevention, virus updates, health risks, and other health education.
- The Pandemic Flu Planning Team will develop a presentation for employees about individual preparedness for a pandemic event. The Pandemic Influenza Planning Team. Will provide guidance to campus departments regarding infection control planning and preparations as indicated.

Pandemic communications:

- The EOC will be activated during a pandemic and communications services to the University Community will be coordinated via the University Public Safety office. Communications from the EOC could include the use of multiple formats such as telephone, e-mail, web, mass Emergency notification system, postal service, etc. Topics for communication are likely to include:
- Instructions for students and employees on:
  - Prevention of infection
  - Resources and recommendations in case of illness
  - Work requirements/class requirements including alternative arrangements for continuing instruction and business activities.
  - Status updates on the pandemic at IUP and its impact
  - Status updates on the level of campus operations
  - Internal communications as needed for the level of campus operations.
  - External communications as needed with vendors, the community, and local, state and federal public health agencies.

Post-pandemic communications:

- Communications via the EOC to Unit Administrators to advise students, employees, and the community of the phases of recovery and return to routine operations.
- Public Relations regarding post-event analyses and actions.
- Health Services regarding residual medical issues in the post-pandemic period.

9. Point of Dispensing Site (PODS)

IUP is assisting Indiana County in Pandemic Preparedness, by taking on the role of a Point of Dispensing Site (PODS). The site will be located in the main gym of the Memorial Field House. This is one of the nine sites in Indiana County.

The IUP Department of Public Safety is working with Indiana County as a member of the Health and Human Services Subcommittee (HHS). The committee is one of five subcommittees of Indiana Counties Disaster and Terrorism Task Force.

The HHS subcommittee follows an operational structure utilizing the National Incident Management System.

The HHS subcommittee will coordinate provision of inoculations/medications for the treatment and prevention of disease including mass exposure to hazardous substance(s).

The PODS are designed to quickly and accurately dispense medication and/or vaccine to the well or exposed population. PODS are places to pick up medication and/or receive vaccinations. They are not clinics or places to receive extended medical evaluation. The PODS manager and staff will be trained “in-house” to operate the PODS site.

10. CRITICAL FUNCTION CONTINUITY PLANNING AND BUSINESS IMPACT DATA

This section includes information about business continuity planning for a pandemic event response by personnel who provide mission-critical functions related to the delivery of instruction, research, and services at IUP. Business impact data is included to support decision-making.

Critical functions must remain viable for IUP to meet its educational and instructional mission and operations. If a pandemic disrupts the people and systems that support these critical functions, the mission and operation of IUP is threatened.

When a pandemic event affects Western Pennsylvania, illness and deaths within and beyond the IUP community may severely disrupt the ability of this institution to provide continuous and full levels of service to its constituents. Continuing to provide critical functions at IUP will depend on well-trained employees that have a plan to operate at sufficient levels to ensure provision of essential services.

10.1 Business Impact Approach

The completion of a traditional business impact analysis to determine the critical functions of a large organization is a process that requires months of investigation and discovery. A critical function inventory for the University was generated by the Pandemic Flu Planning Team members as part of a brief and informal business impact appraisal of the university. See “Appendix C: Critical Function Inventory and Lead Representatives” in this document.

Lead representatives (administrators, managers, supervisors, or designees) will be identified for each critical function and asked to submit a Critical Function Continuity Statement. A Critical Function Continuity Statement provides information about a critical function’s context of operations and a brief overview about how the critical function will continue to be provided in the event that access to resources—people, infrastructure, or supplies—is disrupted. (See “Appendix D: Critical Function Continuity Statement” in this document.) Lead representatives also will be asked to review the Critical Function Inventory and Lead Representative table and submit additional Continuity Statements for critical functions that were not listed on the inventory and that they are responsible for or manage.

Continuity Statements submitted to the committee are compiled in the repository document, *Pandemic Response Plan Critical Function Continuity Annex, 2009*.

10.1.1 Maintaining Critical Function Continuity Statements

To ensure that a Critical Function Continuity Statement will be effective, lead representatives responsible for Continuity Statements are asked to:

- Update the pandemic event Continuity Statement for a critical function annually and communicate its contents to unit employees.
- Enact training redundancy necessary to ensure that essential functions can be performed by at least more than one person and in the event of an absentee rate of up to 50 percent at the height of a pandemic.
- Update contact lists—including campus, IUP system, and vendors
- Communicate the line of succession for an area and how control passes from one person to another
- Complete and distribute to employees Emergency Pocket Cards (see the section “Emergency Pocket Cards” below and Appendix E: Emergency Pocket Cards).

10.1.2 Emergency Pocket Cards

A key element recommended as part of IUP business continuity planning activities consists of an Emergency Pocket Card, which defines immediate actions to be taken by a team responsible for a critical function and is adapted to the need of a team. At least on an annual basis, the cards are updated and distributed to team members responsible for a critical function. There is no attempt to include any details beyond the key information required in a recovery. (See Appendix E: Emergency Pocket Cards.) The information generally includes:

- Team members’ telephone numbers—campus, cell, and home or other alternate phone number
- What you need to do first (Ensure the safety of your family)
- Your priorities and responsibilities (Contact your manager/staff)
- A toll free number for employee emergency information
- Key continuity/recovery locations:
  - Storage location(s) of business continuity plan and critical information
  - Physical meeting locations
  - Hotline for Information

10.2. Training and Plan Exercises

To ensure full implementation of the pandemic plan, training and exercising ensures that faculty, staff and students are aware of the plan, how it is activated and how it is managed. Testing and exercising of the plan also serves to identify where plans may need to be refined or modified, thereby strengthening our preparedness. A training schedule will be formulated after completion of the plan and periodic exercises will be mandated on at least an annual basis. The schedule will be designed in accordance with the progression of the pandemic periods.

- Training will be scheduled in the form of workshops and seminars for the IUP Crisis Action Team, members of the Emergency Operations Group, and departments with first responders such as Environmental Health and Safety, Public Safety, Housing and Residence Life, University Health Service, Human Resources, and Physical Plant Management. This training will include education on influenza, review of the pandemic response plan and the business continuity pandemic plan annex.
- "How To" training workshops and discussion-based exercises for Emergency Operations Center section personnel will be conducted.
- Additional training needs will be identified and scheduled with those designated as essential and core personnel and their back ups.
- The University Health Service will provide in-service training to first responders and other campus professionals on influenza and PHC procedures.
- Environmental Health & Safety will be responsible for providing training in the selection, training, and fit-testing of respirators for first responders and other campus employees and students who wear personal protective equipment.
- Awareness presentations about personal preparedness and IUP pandemic planning efforts, as well as materials such as FAQs will be offered to employees and students.

Training programs and exercises will be assessed regarding their effectiveness and revised as needed. Plan revisions will also be made if indicated as a result of training assessments and feedback.

11. PHASED PANDEMIC PLANNING AND RESPONSE ACTIONS

This section includes phased planning- and response-related actions for each CDC designated "pandemic phase" that will be followed by personnel of the following key campus entities during four phases of pandemic planning and response at IUP:

- IUP Pandemic Influenza Planning Group/ known as Pandemic Response Group (PRG)
- President and President's Cabinet
- Provost and Division of Academic Affairs
- Division of Student Affairs
- Division of Administration and Finance
- Division of Institutional Advancement

11.1 IUP Planning and Response Phases

The Centers for Disease Control (CDC) and IUP have designated pandemic management or planning stages associated with pandemic phases developed by the World Health Organization (WHO). The IUP Pandemic Influenza Planning Group has adopted four stages mirroring structures developed by these organizations. The following table lists and describes IUP Pandemic Planning and Response Phases:

IUP PANDEMIC PLANNING AND RESPONSE PHASE	DESCRIPTION AND CORRESPONDING CDC PHASE*
IUP Phase 1— Interpandemic Period	Corresponds generally to CDC Phase 1 and CDC Phase 2. **CDC Phase 1**--No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low. **CDC Phase 2**--No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

IUP PANDEMIC PLANNING AND RESPONSE PHASE	DESCRIPTION AND CORRESPONDING CDC PHASE*
IUP Phase 2— Pandemic Alert	Human cases. No cases on campus or in local community. Corresponds generally to CDC Phases 3 through 5: **CDC Phase 3**--Human infection(s) with a new subtype but no human-to-human spread, or at most, rare instances of spread to a close contact. **CDC Phase 4**--Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. **CDC Phase 5**--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).
IUP Phase 3— Pandemic Period	Increased and sustained transmission in general population. Cases in local community. Corresponds generally to **CDC Phase 6**--Pandemic--increased and sustained transmission in general population.
IUP Phase 4— Post Pandemic Period	No cases in the local community. The risk of human infection or disease is considered to be low.

AT THE TIME OF THIS DOCUMENT'S PUBLICATION, THE STATUS IS CDC PHASE 3, IUP PHASE 2—PANDEMIC ALERT PERIOD

***NOTES:**

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

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

11.2 Phased Responses by Organization

Pandemic Business Continuity Planning Committee

11.2.1 Pandemic Business Continuity Planning Committee

	DONE	DATE
IUP Planning and Response Phase		
Phase 1—Interpandemic Period:		
(1) Draft pandemic response plan and review on annual basis	_____	_____
(2) Request critical function business continuity statements from lead representatives annually	_____	_____
(3) Develop and disseminate planning and other educational materials	_____	_____
(4) Develop and activate websites and resource links	_____	_____
(5) Coordinate annual training in EOC and Unit	_____	_____
(6) Meet semi-annually to review policies and procedures as above	_____	_____
IUP Planning and Response Phase		
Phase 2—Pandemic Alert Period:		
(1) Monitor global situation daily or weekly as needed	_____	_____
(2) Advise all units of potential activation of business continuity and/or pandemic response plan	_____	_____
(3) Contact Pennsylvania Department of Health Services to activate open communication	_____	_____
(4) Request notification from PA DOH if cases appear in Western Pennsylvania area	_____	_____
IUP Planning and Response Phase		
Phase 3—Pandemic Period:		
(1) Pandemic Influenza Planning Group Manager to monitor absences with Human Resources and units for employees and Payroll Services for student employees and track possible cases on campus	_____	_____
(2) If cases occur on campus, Pandemic Influenza Planning Group Manager advises President and Cabinet to activate IUP Pandemic Continuity Plan	_____	_____
(3) Advise President to activate the PRG	_____	_____
(4) EOC	_____	_____
(5) If cases on campus, Pandemic Influenza Planning Group Manager to notify PA DOH and coordinate isolation and care with PA DOH	_____	_____
(6) Communicate with and update campus community as indicated	_____	_____
(7) Revise websites and resource link	_____	_____

	DONE	DATE
IUP Planning and Response Phase		
Phase 4—Post Pandemic Period:		
(1) Pandemic Influenza Planning Group Manager to monitor case numbers on campus with PA DOH in community	_____	_____
(2) Advise President and Cabinet of timeline for return to routine operations	_____	_____
(3) Update University Community as indicated	_____	_____
(4) Review and assess effectiveness of pandemic response. Revise plan as indicated, and obtain revisions of business continuity statements as indicated	_____	_____

11.2.2 President and President's Cabinet

President and President's Cabinet		
Phase 1—Interpandemic Period:		
(1) Receive updates from Pandemic Committee, at least semi-annually	_____	_____
(2) Approve pandemic response plan and critical function continuity statements annually and review and revise policies based on plan guidelines and identified needs.	_____	_____
(3) Review and approve content of internal and external public information bulletins and announcements	_____	_____
(4) Maintain awareness of response plan and potential infectious diseases which could impact university	_____	_____
President and President's Cabinet		
Phase 2—Pandemic Alert Period:		
(1) Receive updates from Pandemic Committee or Pandemic Influenza Planning Group Manager About possible activation or the pandemic continuity plan	_____	_____
(2) Review and update contact information, channels, and equipment	_____	_____
(3) As indicated, review travel recommendations with the Influenza Manager and the Student Health Center Travel Unit regarding guidelines for travel to affected countries	_____	_____
(4) Evaluate need to monitor/restrict entry to IUP of individuals from affected countries	_____	_____
President and President's Cabinet		
Phase 3—Pandemic Period:		
(1) At President's discretion, activate Pandemic Response Group (PRG)	_____	_____
(2) Develop messages with Public Relations	_____	_____
(3) Contact Chancellor's Office	_____	_____
(4) Notify the Chancellor's Office of the activation	_____	_____

	DONE	DATE
(5) Require Deans to report numbers or faculty and student absences related to flu to Human Resources and Influenza Manger		
(6) Require department managers to report numbers of non-faculty employee absences due to flu to Human Resources and Pandemic Influenza Planning Group Manager		
(7) Consider suspension of classes and/or campus closure		
(8) Consider suspension of campus activities		
(9) Consider restricting movement on and off campus for activities athletic events		

President and President's Cabinet
Phase 4—Post Pandemic Period:

(1) Approve return to routine operations		
(2) Review effectiveness of pandemic response plan and business Continuity statements with Pandemic Committee		
(3) Review and approve revisions to pandemic response plan and business continuity statements as indicated		

11.2.3 Provost and Vice President for Academic Affairs

Provost
Phase 1—Interpandemic Period:

(1) Review and revise as indicated policies regarding student absence from class due to illness		
(2) Review and revise as indicated policies regarding faculty absence from class due to illness		
(3) Develop criteria for suspension of classes		
(4) Develop plan for making up missed class time		
(5) Provide information to faculty, staff, and students		
(6) Policies regarding absences when ill		
(7) Prevention of spread of illness		
(8) Develop plan for monitoring and care of students studying abroad		

Provost
Phase 2—Pandemic Alert Period:

(1) Facilitate dissemination of appropriate information to faculty regarding pandemic status and university efforts and response		

	DONE	DATE
(2) Provide access to pandemic response plan		
(3) Provide training as indicated		
(4) Provide information to faculty about how to respond to student concerns		
(5) Implement plan to care for or bring back students from affected countries		
(6) Work with SHC Travel Clinic to monitor safety and guidelines and Guidelines and recommendations for traveling abroad		
(7) Restrict official travel abroad if indicated		

Provost
Phase 3—Pandemic Period:

(1) Monitor levels of faculty and student absences with Pandemic Influenza Planning Group Manager and Human Resources (for employees) and Payroll Services (for student employees)		
(2) Advise President regarding suspension of classes or campus closure		
(3) Communicate with faculty regarding status and University response		
(4) Facilitate dissemination of instructions to faculty		
(5) When contacted by Public Safety, notify individual college satellite operations centers via Academic Affairs Liaison (EOP organization structure)		

Provost
Phase 4—Post Pandemic Period:

(1) Communicate with faculty regarding return to routine operations		
(2) Review and assess impact of pandemic on academic affairs		
(3) Review and assess effectiveness of pandemic response		

11.2.3.2 Provost and Academic Units

Provost
Phase 1—Interpandemic Period:

(1) Develop Critical Function Continuity Statements		
(2)Develop plans for continuity of teaching and research		
(3) Develop plan for care and monitoring students in practicum, internships and community service learning		
(4) Health Care related units—develop plan with SHC for volunteer Services in case of need		
(5) Engage in training of Unit continuity plan for faculty and staff		

Provost
Phase 2—Pandemic Alert Period:

(1) Activate plans for students working in areas with confirmed cases off campus		

	DONE	DATE
(2)Review Critical Function Continuity Statements and revise as needed		
(3) Prepare alternatives to classroom instruction		
(4) Develop a recovery plan for teaching and research		
(5) Engage in training as needed for faculty and staff		
(6) Alert clinical volunteers for possible service		

Provost

Phase 3—Pandemic Period:

(1) Report absences and potential cases of influenza to Pandemic Influenza Planning Group Manager and Human Resources		
(2) Refer ill students to the PHC or their personal medical doctor		
(3) Implement business continuity plans as indicated, based on University status		
(4) Consider transfer of educational and administrative operations off site as noted in unit's continuity procedures		
(5) Begin use of alternate forms of instructions such as delivery of instruction through Federal Express, UPS, FedEx and other delivery services; campus e-mail; utilize Office365, university learning management systems (D2L or Moodle if previously using) and Zoom video streaming as noted in unit's continuity procedures		
(6) In case of closure, Deans will contact Department Chairs		
(7) In case or closure, Department Chairs will notify faculty		
(8) In case of closure, Associate VPs will contact all direct reports		
(9) Use volunteers previously designated in conjunction with the PHC To assist students and others on campus with influenza		
(10) <u>Admissions and Records:</u> Set aside requirements for permission numbers and registration holds that require personal contact. Use paper records for grade capture and adjustment. Postpone non-urgent processes until post-pandemic period		
(11) <u>Library:</u> Attempt to maintain reference information, book retrieval, and circulation if possible. Maintain online electronic resources and eReference if possible.		
(12) <u>Research and Sponsored Projects:</u> Continue operations with reduced staff on site. Electronic proposal submission. Electronic SACPHS and IACUC protocol submission. Implement back up veterinary care procedures		
(13) <u>Institutional Research:</u> Move data collection and analysis to off-site locations		

	DONE	DATE
Provost		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations		
(2) Assess impact on functions of research and teaching		
(3) Implement the recovery		
(4) Review effectiveness of response and revise procedures		

10.2.3.3 IT Services

IT Services

Phase 1—Interpandemic Period:

(1) Develop Critical Function Continuity Statement and Procedures		
(2) Contact essential vendors and resources to establish continuity agreements as indicated		

IT Services

Phase 2—Pandemic Alert Period:

(1) Review and update continuity plans as needed		
(2) Alert out of state vendors regarding potential need for services		
(3) Provide training to Units regarding communication channels serviced by IT		
(4) Provide software for installation on home computers		

IT Services

Phase 3—Pandemic Period:

(1) Continue to function in providing telecommunications and network services on site or from a remote location		
(2) Maintain Help Desk function via phone or e-mail		
(3) Maintain emergency services on site and remotely—consider closure of Hardware and Desktop support services temporarily		
(4) Maintain current levels of on-line instruction and streaming videoclasses		
(5) Maintain media equipment if possible		
(6) Disseminate messages from Public Relations as above via broadcast voice mail, toll-free employee and public information phone lines, and e-mail.		

IT Services

Phase 4—Post Pandemic Period:

(1) Return to routine operations		
(2) Review and assess the effectiveness of the procedures and revise as needed.		

	DONE	DATE
Day Care Center		
Phase 1—Interpandemic Period:		
(1) Develop a Critical Function Continuity Statement	_____	_____
(2) Engage in training of staff as needed	_____	_____
(3) Provide training on campus for students regarding emergency response as needed	_____	_____
(4) Identify contacts for closure of Children's Center	_____	_____
Day Care Center		
Phase 2—Pandemic Alert Period:		
(1) Education with leaders regarding campus emergency preparedness	_____	_____
(2) Education for employees and parents at the Children's Center regarding campus emergency preparedness	_____	_____
(3) Education provided for parents regarding infection control	_____	_____
(4) Education for parents regarding Children's Center procedures in case of closure	_____	_____
Day Care Center		
Phase 3—Pandemic Period:		
(1) In case of camus closure: Children will be picked up by parents and the Children's Center closed	_____	_____
Day Care Center		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2)Review and assess the effectiveness of the procedures and revise As needed	_____	_____
11.3 Vice President for Institutional Advancement		
11.2.3.1 Public Relations		
Phase 1—Interpandemic Period:		
(1) Develop a Critical Function Continuity Statement and procedures	_____	_____
(2) Prepare Communications Plan	_____	_____
(3) Prepare educational materials for faculty, students, and staff regarding disease prevention	_____	_____

	DONE	DATE
Public Relations		
Phase 2—Pandemic Alert Period:		
(1) Remain available to serve as resource regarding the latest news and updates on a possible pandemic	_____	_____
(2) Draft internal and external announcements in conjunction with Pandemic Committee	_____	_____
Public Relations		
Phase 3—Pandemic Period:		
(1) Work with the EOC to craft University messages	_____	_____
(2) Write and record bulletins and updates on the University Website and on the designated call-in phone number	_____	_____
(3) Communicate with families and the media regarding campus status. Consult with Pandemic Influenza Planning Group Manager, Health Center, and University Counseling Services as needed.	_____	_____
Public Relations		
Phase 4—Post Pandemic Period:		
(1) Provide information about return of routine operations	_____	_____
(2) Assess the effectiveness of the communications plan	_____	_____

11.2.4 Office for the Vice President of Student Affairs

This section includes phased planning and response activities for Student Affairs units including the Office of the Vice President, Student Affairs; Student Development and International Programs; University Counseling Center; Student Health Center; Housing and Residence Life, Center on Disabilities.

Vice President for Student Affairs		
Phase 1—Interpandemic Period:		
(1) Develop Critical Function Continuity Statement	_____	_____
(2) Identify essential personnel	_____	_____
(3) Identify volunteers to assist critical units if needed	_____	_____
(4) Develop Judicial Policies to enforce exclusion from campus or Housing in case of exposure to influenza	_____	_____
Vice President of Student Affairs		
Phase 2—Pandemic Alert Period:		
(1) Revise Critical Function Continuity Statement as needed	_____	_____
(2) Alert volunteers for possible service needs	_____	_____
(3) Review readiness of non-critical units	_____	_____

	DONE	DATE
(4) Inform students of Judicial Policies to enforce exclusion from Campus or housing in case of exposure to influenza		
Vice President of Student Affairs		
Phase 3—Pandemic Period:		
(1) Report absences and potential cases of influenza to Pandemic Influenza Planning Group Manager and HR		
(2) Implement business continuity plans as indicated, based on University status		
(3) In case of closure, Office or the VP will contact SA Directors		
(4) In case of closure, Directors will notify SA employees		
(5) Implement Judicial Policies to enforce exclusion from campus or housing, or isolation in housing in case of influenzae or exposure to influenza		
Vice President of Student Affairs		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations		
(2) Review effectiveness of response plan and revise procedures		

11.2.4.2 Student Health Center

Student Health Center		
Phase 1—Interpandemic Period:		
(1) Monitor CDC, DHHS, WHO, and PA DOH websites on weekly basis for information regarding infectious diseases		
(2) Develop pandemic response plan and business continuity plan		
(3) Coordinate plans with PA DOH plans		
(4) Establish collaborative agreements with health care units on campus for potential volunteers to augment PHC staff		
(5) Develop and disseminate health information appropriate to phase		
(6) Update website with information and links regarding detection, diagnosis, and treatment for flu		
(7) Provide students with self-care guidelines for upper respiratory infections		
(8) Educational materials and outreach to assist students/staff understand differences in symptoms of colds vs. flu		
(9) Outreach to campus community with educational campaign to minimize disease transmission		
(10) Provide in-service training to PHC staff on influenza and PHC procedures. Review respirators and PPE supplies and training		
(11) Provide in-service training to first responders and other campus professionals on influenza and PHC procedures		
(12) Upgrade facilities, e.g. negative pressure room		

	DONE	DATE
Student Health Center		
Phase 2—Pandemic Alert Period:		
(1) Monitor CDC, DHHS, WHO, and PA DOH websites on daily basis for information regarding infectious diseases	_____	_____
(2) Revise educational/informational materials as indicated	_____	_____
(3) Implement campus educational programs as indicated	_____	_____
(4) Post notice on website notifying patients with influenza profile who have traveled to (or have been visited by persons from) affected countries to call PHC.	_____	_____
(5) Implement PHC Influenza policies for patient identification and triage.	_____	_____
(6) Identify students at higher risk because of pre-existing conditions	_____	_____
(7) Follow State and County protocol for patient testing	_____	_____
(8) Update protocol for referral to local hospitals/ emergency departments and Health Centers.	_____	_____
(9) Assess status of facilities and supplies	_____	_____
(10) Review Critical Function Continuity Statement and revise as needed. Train staff if needed.	_____	_____
(11) Alert campus volunteers of potential need for service.	_____	_____
(12) Update training as needed.	_____	_____
Student Health Center		
Phase 3—Pandemic Period:		
(1) Implement SHC Influenza policies	_____	_____
(2) Monitor campus cases with Pandemic Influenza Planning Group Manager. Provide daily updates of case numbers	_____	_____
(3) Recommend temporary closure of building(s) and suspension of student and academic activities to Pandemic Influenza Planning Group Manager.	_____	_____
(4) Notify Housing of potential resident students who may require isolation or quarantine	_____	_____
(5) Active communications through Public Relations with campus community regarding signs/symptoms, protocol for referral of suspected cases to Health Center or designated health care facility.	_____	_____
(6) Coordinate identification and triage with Indiana County Emergency Management for accurate and timely diagnosis	_____	_____
(7) Coordinate care and referral with Indiana County Emergency Management	_____	_____

	DONE	DATE
(8) Communicate with area hospitals for protocols for admission. Coordinate transport of seriously ill students to hospitals/ emergency departments	_____	_____
(9) Provide care as noted in IUP Health Center Influenza policy and Critical Continuity statement as able to care for affected/ suspected students	_____	_____
(10) Coordinate care to students in residential buildings	_____	_____
(11) Communicate with parents of suspected cases and explain procedures	_____	_____
(12) Work with Dean of Students to coordinate family communications in case of illness or death	_____	_____
(13) Identify contacts of suspected case. Report to Indiana Regional Medical Center	_____	_____
(14) Arrange for screening of students who have had contact. Advise others to seek screening	_____	_____
(15) Initiate prophylaxis of contacts based on strength of patient Presentation	_____	_____
(16)Contact Coroner's office if necessary	_____	_____

Student Health Center
Phase 4—Post Pandemic Period:

(1) Continue to monitor progress of cases and sequelae.	_____	_____
(2) Advise the PC and Pandemic Influenza Planning Group Manager on Operations	_____	_____
(3) Review and assess effectiveness of procedures and revise as needed	_____	_____
(4) Provide documentation of illness as needed for patients	_____	_____

11.2.4.3 Campus Dining

Campus Dining
Phase 1—Interpandemic Period:

(1) Develop Critical Function Continuity Statement and procedures	_____	_____

Campus Dining
Phase 2—Pandemic Ale

needed	_____	_____

	DONE	DATE
(2) Train staff regarding infection control procedures	_____	_____
(3) Provide hand sanitizers for staff and customers	_____	_____
(4) Develop agreements with alternate vendors for food service provision	_____	_____

Campus Dining
Phase 3—Pandemic Period:

(1) Maintain food service with a flex-staffing plan	_____	_____
(2) Foodservice staff to wear masks and gloves and use hand sanitizers	_____	_____
(3) Double schedules for cleaning of facilities, fixtures, and equipment	_____	_____
(4) In case of closure, contact the Director of Housing and Residence and the Director of Public Safety/Police	_____	_____
(5) All managed buildings and outlying operations. All on campus facilities will be closed	_____	_____
(6) All tenants and outsource providers	_____	_____
(7) Liaisons with ERG for food services	_____	_____
(8) Update web page with bulletins and updates	_____	_____

Campus Dining
Phase 4—Post Pandemic Period:

(1) Return to routine operations	_____	_____
(2) Review and assess the effectiveness of the procedures and revise as needed	_____	_____

11.2.4.4 Housing and Residence Life

Phase 1—Interpandemic Period:

(1) Review and revise as needed Student Housing Business Continuity Plan	_____	_____
(2) Develop plan for monitoring/assistance of ill students in residence Halls	_____	_____
(3) Educate RD/RAs on Influenza	_____	_____
(4) Receive respirators & training on respiratory protection from Public Safety	_____	_____
(5) Develop plan to educate students re: importance of appropriate room cleaning to minimize disease spread	_____	_____

	DONE	DATE
(6) Develop plan for housing ill or exposed students who are unable to leave campus, including isolation areas/rooms, food, supplies, medications	_____	_____
(7) Develop communications plan for parents of students in housing.	_____	_____
(8) Display signage and materials for proper hand washing, discourage meal sharing	_____	_____
Housing and Residence Life Phase 2—Pandemic Alert Period:		
(1) Initiate steps to prepare for isolation/quarantine of students	_____	_____
(2) Contact vendors and service providers to update/revise support plans in case of pandemic	_____	_____
(3) Stockpile equipment and supplies needed in case of pandemic	_____	_____
(4) Help disseminate relevant information to residents	_____	_____
(5) Educational campaign to minimize spread of infection in residence halls	_____	_____
Housing and Residence Life Phase 3—Pandemic Period:		
(1) Enact resident sign in and out process and influenza reporting procedures.	_____	_____
(2) Provide door-to-door educational campaign in residence halls for disease prevention, care, and referral	_____	_____
(3) Work with RD's and RA's to identify residents requiring specialized assistance	_____	_____
(4) Arrange for isolation of suspected case(s) in conjunction with the Health Center and Indiana County Regional Medical Center	_____	_____
(5) Arrange for monitoring/delivery of medications, meals, and other goods and services to isolated cases	_____	_____
(6) Develop communications plan for parents of students in housing	_____	_____
(7) Communicate with parents and families regarding students	_____	_____
Housing and Residence Life Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2) Review and asses the effectiveness of the policies and revise as needed	_____	_____

	DONE	DATE
11.2.4.5 Student Development and International Programs		
Phase 1—Interpandemic Period:		
(1) Develop Critical Function Continuity Statement	_____	_____
(2) Identify essential personnel	_____	_____
(3) Identify volunteers to assist critical units if needed	_____	_____
(4) Develop contact list for international students	_____	_____
Student Development and International Programs		
Phase 2—Pandemic Alert Period:		
(1) Identify international students traveling to home countries with Influenza	_____	_____
(2) Work with PHC to screen students on return to US for possible exposure to influenza	_____	_____
Student Development and International Programs		
Phase 3—Pandemic Period:		
(1) Identify international students traveling to home countries with Influenza	_____	_____
(2) Work with PHC to screen students on return to US for symptoms of or possible exposure to influenza	_____	_____
(3) In case of campus closure, work with Housing to find housing for international students who reside in residential buildings and are unable to return home, and work with Student Affairs Office to find housing for international students who reside off-campus and are unable to return home	_____	_____
Student Development and International Programs		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2) Review effectiveness of response plan and revise procedures	_____	_____
11.2.4.6 Center on Disabilities		
Phase 1—Interpandemic Period:		
(1) Develop a Critical Function Continuity Statement	_____	_____
(2) Engage in training of staff as needed	_____	_____
(3) Provide training on campus for Units regarding disabilities issues as needed	_____	_____

	DONE	DATE
Center on Disabilities		
Phase 2—Pandemic Alert Period:		
(1) Education and support to prepare units for assuring communication with individuals with disabilities who are in facilities on campus	_____	_____
Center on Disabilities		
Phase 3—Pandemic Period:		
(1) Post information and updates on the COD webpage	_____	_____
(2) Provide services by phone, web, e-mail	_____	_____
(3) In case of campus closure, will identify individuals with disabilities and arrange for assistance to the evacuation area as needed	_____	_____
Center on Disabilities		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2) Review and assess the effectiveness of the policies and revise as Needed	_____	_____
11.2.4.7 University Counseling Center		
Phase 1—Interpandemic Period:		
(1) Develop plan to address anxiety and distress in case of pandemic	_____	_____
University Counseling Center		
Phase 2—Pandemic Alert Period:		
(1) Implement education plan and provide counseling resources for those in distress	_____	_____
University Counseling Center		
Phase 3—Pandemic Period:		
(1) Provide counseling to students, employees, and families as needed	_____	_____
(2) Triage services to prioritize urgent care	_____	_____
(3) Communicate services via e-mail and posting announcements around campus	_____	_____
University Counseling Center		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2) Review effectiveness of response plan and revise procedures as Needed	_____	_____

11.2.5 Vice President for Administration and Finance

This section includes phased planning and response activities for Administration and Finance units including the Public Safety, Fiscal Affairs, Human Resources, Purchasing, Facilities Operations, Engineering and Capital Planning, and Environmental Health and Safety.

11.2.5.1 Public Safety

	DONE	DATE
Public Safety		
Phase 1—Interpandemic Period:		
(1) Develop a Critical Function Continuity Statement and procedures	_____	_____
(2) Receive training on influenza from SHC	_____	_____
(3) Receive respirators & training on respiratory protection from EH&S Or SHC	_____	_____
Public Safety		
Phase 2—Pandemic Alert Period:		
(1) Alert Student Health Center if encountering individual(s) with flu-like symptoms	_____	_____
(2) Review and augment supplies needed including Personal Protective Equipment and communications equipment	_____	_____
(3) Establish service contracts with off-campus vendors as needed	_____	_____
(4) Review Continuity Plan and revise as needed	_____	_____
Public Safety		
Phase 3—Pandemic Period:		
(1) Alert Student Health Center if encountering individual(s) with flu-like symptoms	_____	_____
(2) Remain on standby as first responders for campus Emergencies	_____	_____
(3) Implement business continuity plan as noted	_____	_____
***In case of campus closure**		
(4) Place signs at all parking lot entrances	_____	_____
(5) Notify all information centers, HUB etc.	_____	_____
(6) Notify individual college satellite operations centers via Academic Affairs Liaison (EOP organization structure.)	_____	_____
(7) Work with Environmental Health and Safety to activate building manager system. Managers to notify building occupants of closure	_____	_____

	DONE	DATE
(8) Building managers will identify individuals with disabilities and arrange for assistance to the evacuation area as needed		
(9) Secure buildings.		
(10) Post signs on campus		
(11) Contact all building occupants not present of building closure		
Public Safety		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations		
(2) Review and assess the effectiveness of the policies and revise as needed		

11.2.6.2 Human Resources

Human Resources		
Phase 1—Interpandemic Period:		
(1) Develop Critical Function Continuity Statements and procedures		
(2) Design reporting system to receive information on staff absences due to flu or family care needs		
(3) Revise policies for partial and complete closure of campus		
(4) Disseminate information to employees regarding policies and procedures in case of pandemic		
(5) Determine pay policies for mandated absences		
(6) Maintain list of all essential personnel as designated by each unit		
(7) Determine policies for reassignment of staff to fill essential roles		
(8) Review policies and procedures for extended work hours and telecommuting as needed		
Human Resources		
Phase 2—Pandemic Alert Period:		
(1) Review and update continuity plans as needed		
(2) Revise essential personnel lists for each unit in conjunction with department heads, as needed		
(3) Review accuracy of contact information		
(4) Alert Units of possible implementation of reporting system for illness and absences		
(5) Provide resources for employees with concerns about benefits in case of a pandemic		

	DONE	DATE
Human Resources		
Phase 3—Pandemic Period:		
(1) Implement illness and absence reporting system	_____	_____
(2) Report daily statistics to the Pandemic Influenza Planning Group Manager	_____	_____
(3) Assist with reassignment of faculty & staff to fill essential roles	_____	_____
(4) Provide referrals for benefit/insurance issues	_____	_____
(5) Maintain master salary payroll	_____	_____
(6) In case of campus closure, coordinate employee responses to the campus closure procedures	_____	_____
Human Resources		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2) Assess the impact of campus closure on units and individuals	_____	_____
(3) Provide resources for medical benefits	_____	_____
(4) Review and assess the effectiveness of the policies and revise as needed	_____	_____
11.2.6.3 Purchasing		
Purchasing		
Phase 1—Interpandemic Period:		
(1) Develop Critical Function Continuity Statements and procedures	_____	_____
(2) Contact essential vendors and resources to establish continuity agreements as indicated for supplies and services	_____	_____
Purchasing		
Phase 2—Pandemic Alert Period:		
(1) Review and update continuity plans as needed	_____	_____
(2) Alert out-of-state vendors regarding potential need for services and supplies	_____	_____
Purchasing		
Phase 3—Pandemic Period:		
(1) Maintain purchasing services off site if needed	_____	_____
(2) Implement agreements with out of state vendors for services and supplies as needed	_____	_____

	DONE	DATE
Purchasing		
Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2) Assess the impact of campus closure on unit supplies and Services	_____	_____
(3) Assist the units in restocking needed supplies and re-ordering services	_____	_____
(4) Review and assess the effectiveness of the policies and revise as needed	_____	_____

11.2.6.4 Facilities Operations

Facilities Operations		
Phase 1—Interpandemic Period:		
(1) Develop Critical Function Continuity Statement and procedures	_____	_____
(2) Identify building ventilation systems. Devise isolation areas	_____	_____
(3) Obtain respirators and receive training on respiratory protection from EH&S	_____	_____
(4) Determine need for specialized cleaning supplies	_____	_____
(5) Train staff that will clean affected areas on use of specialized products, waste handling and use of respirators	_____	_____
Facilities Operations		
Phase 2—Pandemic Alert Period:		
(1) Review and update continuity plans as needed	_____	_____
(2) Requisition specialized cleaning supplies	_____	_____
(3) Review Personal Protective Equipment and other supplies and augment stock as needed	_____	_____
(4) Inspect isolation areas	_____	_____
(5) Prepare to provide assistance with quarantine activities	_____	_____
Facilities Operations		
Phase 3—Pandemic Period:		
(1) Maintain functional operation of the campus if possible, including access to buildings and needed equipment	_____	_____
(2) Continue cleaning of restrooms, hallways and public spaces as needed (PPE) and trash removal and safety maintenance outdoors	_____	_____

	DONE	DATE
(3) Provide assistance with isolation and quarantine		
(4) Manage air handling systems as directed		
(5) Change filters as needed (PPE)		
(6) Stand by to service critical HVAC systems as needed		
(7) Establish 100% outside air ventilation in select facilities as directed		
(8) Stand by to monitor and repair critical utility systems on campus		
(9) Support operation of all technology equipment and coordinate with TSC as appropriate		
(10) Operate Distribution Center and satellites as needed		
Facilities Operations Phase 4—Post Pandemic Period:		
(1) Return to routine operations		
(2) Review and assess the effectiveness of the procedures and revise as needed		

11.2.6.5 Environmental Health and Safety

Environmental Health and Safety Phase 1—Interpandemic Period:		
(1) Develop Critical Function Continuity Statement and procedures		
(2) Annually review current cleaning products for efficacy against potential pathogens		
(3) Assess respiratory protection plan and resources		
(4) Provide respirator fit testing and training for identified groups		
(5) Contract with Hazardous Material Company for professional cleanup		
Environmental Health and Safety Phase 2—Pandemic Alert Period:		
(1) Review and update continuity plans as needed		
(2) Arrange for additional medical waste pickups		
(3) Train campus employees on how to collect and store infectious materials on campus		

	DONE	DATE
Environmental Health and Safety Phase 3—Pandemic Period:		
(1) Stand by to inspect and monitor risks to human health in campus Facilities	_____	_____
(2) Implement use of contractors for infectious waste disposal as needed	_____	_____
(3) Activate building manager system. Managers to notify building occupants of closure	_____	_____
Environmental Health and Safety Phase 4—Post Pandemic Period:		
(1) Return to routine operations	_____	_____
(2) Review and assess the effectiveness of the procedures and revise as needed	_____	_____

12. RECOVERY PROCESS

The recovery process begins immediately upon, and continues throughout, the response phase of an adverse event. Planning for recovery before an adverse event is intended to ease the transition back to increasingly full and routine operations. The duration of a pandemic event is unknown and may persist, according to some projections, for up to 18 months. Recovery efforts will be impacted by the number of employees and students affected by the pandemic at IUP, as well as by the health and operational status of the surrounding communities and resources.

The following framework is intended to guide recovery efforts:

12.1 Establish criteria and processes for Business Resumption

The PRG will designate a partial, incremental, or total return to normal operations based upon information and recommendations by the President, Cabinet and the Pandemic Influenza Planning Group Manager as well as local, state, and federal public health authorities. These recommendations will also result from ongoing reviews of global, national, regional, and local pandemic status and discussions with affected IUP Divisions.

Criteria for assessment of business resumption capability will include:

- Number of employees available for service.
- Number of students available to return to class.
- Safety of resumption of operations or augmentation of level of operations.
- Availability of infrastructure and supplies for services needed for level of operations targeted.
- Availability of funding for level of operations targeted.
- Human, infrastructure, and financial Impact of the pandemic wave(s)

12.2 Communication

During a pandemic, ongoing communication efforts are critical and will be coordinated as noted above through the PRG. Recovery actions and intentions will continue from the PRG to the campus units and individuals as designated in the communication plan above. Notification to employees and students about full or partial reopening should be disseminated as widely and quickly as possible. Plans for notification about changes in University level of operations include:

- Website updates (IUP Web Master)
- E-mail messages (Public Relations, Student Affairs)
- Local news media announcements (Public Relations)
- Dedicated telephone lines that employees and students can call for updates (TSC)
- Postal or FedEx delivery of written notification (Finance and Budget)
- Mass Emergency Notification System

12.3 Analysis and After Action Reports

At each augmented level of operations, the PRG and other constituents listed above should reevaluate the status of the recovery and make recommendations as needed. After the campus returns to full and routine operation, the Pandemic Influenza Planning Group Manager and the PRG should meet within 30 days to analyze and report on the Pandemic response plan and its implementation and effectiveness and suggest any necessary revisions to the Plan to the President and Cabinet.

APPENDIX A: Coronavirus Disease (COVID-19)PREVENTION INFORMATION

PREVENTION INFOMATION

Coronavirus (COVID-19)Prevention Information

Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.If you feel sick, stay home from work or school to avoid spreading any illness.

- Use a tissue to cover your mouth/nose when coughing/sneezing; place it in a waste receptacle.
-
- If you do not have a tissue, cough or sneeze into your upper sleeve, not your hands. Clean your hands after coughing or sneezing.
-
- Avoid touching eyes, nose and mouth
-
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Follow CDC's recommendations for using a facemask.

- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

For additional information, contact the IUP Student Health Center at 724-357-2550
Operating hours are Monday through Friday,8:00 a.m. to 4:30 p.m.

APPENDIX B: CRITICAL FUNCTION INVENTORY AND LEAD REPRESENTATIVES

AXIS	CRITICAL FUNCTION	LEAD UNIT AND LEAD EXECUTIVE / MANAGER / REPRESENTATIVE
UNIVERSITY	**President and President's Cabinet***	**President's Office**
BUILDINGS / INFRASTRUCTURE	Building Inspections and Occupancy	Environmental Health and Safety, Jason Mackovyak
	HVAC systems and filtering	Physical Plant Maintenance, Jason Mackovyak
	IT Services -- including Computer Network, inclusive of internet; Campus email; Telecommunications, including phones and voice mail; Computer Operations; Help Desk; Campus Web Portal; Banner, Two- Way Video Service	IT Services Paul Grieggs Todd Cunningham Bill Balint
	Campus Web Pages	University Web Communications Jessica Groll, Eric Barker, Bruce Dries
	Emergency Police Radios	Public Safety, Joe Clement, Doug Campbell, Melvin Cornell
	Hazardous / Infectious Materials Cleanup and Disposal	Environmental Health and Safety Frank Carrozza
	Lease Agreements/Temporary Space Arrangements	Engineering and Construction Group, Rich Manslow
	Repairing Buildings, inclusive of Parking Structures Demolition Repair New Construction	Engineering and Construction Group Rich Manslow Facilities Operations Jason Mackovyak
	Space Allocation	Engineering and Construction Group Rich Manslow
	Utility repairs	Facilities Operations Jason Mackovyak
	Equipment Management Distribution of supplies and materials	Facilities Operations Jason Mackovyak
	Campus Facilities Services	Facilities Operations Jason Mackovyak
	Keys, Locks	Facilities Operations Jason Mackovyak Andrew Gibson
	Grounds	Facilities Operations Jason Mackovyak

AXIS	CRITICAL FUNCTION	LEAD UNIT AND LEAD EXECUTIVE / MANAGER / REPRESENTATIVE
	Fire Alarm Systems	Facilities Operations Jason Mackovyak
	Card Keys	Housing and Residence Life Patrick McDevitt
	Student Affairs Information Technology	Student Affairs Patrick McDevitt
INSTRUCTION AND RESEARCH	Enrollment	Admissions Patricia McCarthy
	Assignment of Classrooms	Scheduling/ Registration Dr. Michael Powell
	Student Accounting	Fiscal Affairs Rick White
	Receipt and posting of cash, disbursements, refunds (University Cash Services)	Fiscal Affairs Rick White
	Research animals Research Labs	Graduate Studies/Research Dr. Randy Martin
	Scheduling classes	Scheduling/ Registration Dr. Michael Powell
	Remote Classes/Online Instruction	Online Instruction Bill Balint
	Library Services and Collections	University Library Erik Nordberg
	Academic Instruction/Personnel	Academic Affairs Dr. Karen Cercone
	Instructional Equipment	Bill Balint
	Administration of Research and Sponsored Projects	Graduate Studies/Research Dr. Randy Martin
	Curriculum Development	Academic Affairs Dr. Karen Cercone
	Grades Transcripts Reporting	Registrar Dr. Michael Powell
PAYMENTS AND REVENUE	Accounts Payable	Finance and Budget Rick White
	Death payments (faculty and staff)	Human Resources, Lindsey McNickle
	Emergency Loan Disbursements (faculty and staff)	Human Resources, Lindsey McNickle
	Emergency Loan Disbursements (students)	Financial Aid (authorized) Patricia McCarthy HUB Information desk- Disbursement
	Daily Attendance (faculty and staff)	Human Resources, Lindsey McNickle

AXIS	CRITICAL FUNCTION	LEAD UNIT AND LEAD EXECUTIVE / MANAGER / REPRESENTATIVE
	Daily Attendance (student employees)	Payroll Services, Laura Slebodnick, Bernadette Polenik , Jennifer Jassem
	Paying Employees (faculty, staff, students)	Payroll Services, Laura Slebodnick, Penny Olliver, Heather Hood
	Purchasing goods and services	Purchasing, Jennifer Lewis, Jamie Carnahan
	Financial Aid / Student Funding: Scholarships/Loans/Grants	Financial Aid, Patricia McCarthy
	Campus Supplies	Central Stores, Michele Fatora
	Credit Card Use	Financial Operations, Lora Lee Bertig, Kathy Cindric
	Vehicle Services	Facilities Operations, Jason Mackovyak
	Travel Claims	Travel Office, Carol Ramer, Kathy Cindric
	Meetings and Conference Contracts	Student Housing, Val Baroni
	Funding for post-disaster recovery, Department Budget Administration	University Budget and Planning Management, Bob Deemer
	Government Relations	Institutional Advancement, Wally Stapleton
	Research accounts coordination Research award acceptance Research proposal submittal Research proposal tracking Grant accounts	IUP Research Institute (Grants) Mark Berezansky, Tracy Eisenhower, Ute Lowery
	Budget and Accounting Administration	Budget Officer, Bob Deemer, Jodie CadileFinancial Operations, Rick White
	Facilities and Trademark Licensing	Student Co-op, Tim Sharbaugh
	Collections	Bursars, Evie Carnahan
	Student Affairs Fiscal Management	Student Affairs Tom Seger, Evie Carnahan
STUDENTS / FACULTY / STAFF	University Communication / Internal and External	Communications Michelle Fryling
	Police Patrol	Public Safety, Joe Clement, Melvin Cornell, Michelle Arose, Chris Rearick
	Death Notification (faculty and staff)	Human Resources, Lindsey McNickle
	Death Notification (student)	Student Affairs, Tom Seger
	Emergency Hiring/Staffing	Human Resources, Craig Bickley, Lorie Albright
	Food Service	Aramark Val Baroni
	Housing/Shelter, Security, Safety	Student Housing, Val Baroni

	Collective Bargaining	Human Resources, Craig Bickley

AXIS	CRITICAL FUNCTION	LEAD UNIT AND LEAD EXECUTIVE / MANAGER / REPRESENTATIVE
	Agreement Questions (AFSCME, SCUPA, PDA, Doctors, PSSU, SPSPA)	Human Resources, Craig Bickely
	Collective Bargaining Agreement Questions (APSCUF)	Human Resources, Craig Bickley
	Student Health Services and Medical Care	Student Health Center, Melissa Dick, Dr. Geoffrey Pazder
	Residence Hall Disabled Population	Student Housing, Sondra Dennison
	Mental health care and consultation	The Counseling Center, Jessica Miller
	Student Health Insurance Access	Consolidated Health, 1-800-633-7867 ext. 153 for IUP Claims
	Use of 911 and Emergency Phones	Public Safety,Joe Clement
	Communication Access Services for Deaf/Hard of Hearing Students	Advising and Testing, Cathy Dugan
	Staff Emergency Hiring	Human Resources, Craig Bickely, Lorie Albright
	Admissions Graduate / Undergraduate	Admissions and Records, Mike Powell
	Child, Care/Programs	Human Development/Environmental Studies
	Disabled Student Services	Advising and Testing, Todd Van Wieren
	Personal Protective Equipment	Environmental Health & Safety Frank Carrozza
	Personnel Assignments and Reassignments	Human Resources, Craig Bickely
	Parking Services and Enforcement	Parking Services, Sam Phillips
	Staff Room Assignments	Registrar
	Mail Services	Postal Services, Sam Phillips
	Worker's Compensation	Human Resources, Lindsey McNickle
	Children's' Center	Early Learning Center (Indiana County Day Care) Marti Higgins
	President's Office Support	President's Office Ruffina Winters
	International Students	Office of International Education Michele Petrucci

	Student Affairs Communication	Student Affairs Tom Seger, Caitlin Aiello

AXIS	CRITICAL FUNCTION	LEAD UNIT AND LEAD EXECUTIVE / MANAGER / REPRESENTATIVE
	Custodian of Student/Campus Records	Student Affairs, Mike Powell
	Student Conduct, Grievances, Appeals	Student Affairs
	Career Development Center	Career Development Services Tammy Manko, Kelsey Thompson
	Student Affairs Human Resources Management	Student Affairs

APPENDIX C: CRITICAL FUNCTION CONTINUITY STATEMENT

IUP CRITICAL FUNCTION CONTINUITY STATEMENT

PART ONE -- Context of Operations

Critical Function (name of function)	_____
Area	☐ **Buildings / Infrastructure** ☐ **Instruction and Research** ☐ **Payments/Revenue** ☐ **Students/Faculty/Staff**
Brief Description of Function	_____
Responsibility (Lead Department/Unit Name and Lead Manager / Supervisor)	**Department/Unit:** _____ **Lead Name/Title:** _____
Line of Succession (Manager/supervisor/other employee who leads provision of this function in the event of long term absence or death; acts as key point of contact for Cabinet and Emergency Operations Center activities)	**1. Name/Title:** _____ **2. Name/Title:** _____ **3. Name/Title:** _____
How will control/oversight of this function pass from one person in the line of succession to another?	_____
Who develops, distributes, and maintains Emergency Pocket Cards for functional team manager(s) and staff?	**1. Name/Title:** _____ **2. Name/Title:** _____
Other Dept./Units Involved (Other units and external partners necessary to perform the function—upstream and downstream, in and out of (IUP)	_____
Information Systems Needs (Check all systems that are most critical to this function)	☐ **Campus phones / Voice mail / ICD** ☐ **Internet access** ☐ **Banner** ☐ **Email** ☐ **Campus Web Portal** **Other, please list:** _____
Survivability (estimated time campus can continue without the function—When must this function resume to enable instruction/research and housing to continue without an interruption of longer than 30 days?	☐ **function must be continuous** ☐ **2 days** ☐ **2-5 days** ☐ **2 weeks** ☐ **30 days**
Risk (potential harm to people, facilities, and infrastructure that may arise from interruption of the function regardless of cause)	☐ **High** ☐ **Medium** ☐ **Low**

IUP CRITICAL FUNCTION CONTINUITY STATEMENT

Key Points of Failure What resource losses pose the greatest vulnerabilities to the ongoing provision of this function? For example, loss or inaccessibility of space, power, network, personnel, supplies, vendor goods or services, data and records, equipment, email/Internet; phone; fax; snail mail; etc.	_____
Scope (Estimate how many people and departments/units will be affected by the failure of this function.)	**People:** _____ **Departments/Units:** _____
Negative Consequences to Institution / Campus Mission Due to Loss / Interruption of Function	☐ **Life Safety** ☐ **Infrastructure** ☐ **Financial** (unmet payment deadlines, loss of revenue) ☐ **Organizational** (Teaching / Research / Reputation / Legal / Campus Dining / Impacts on Other Units or Business Partners / Loss of Students or Faculty to other orgs.)

PART TWO – Procedures to continue this function at sufficient acceptable level during and after a pandemic event

Keep in mind the assumptions and parameters mentioned in the workbook and the context of your operations.

LIMIT THIS SECTION TO LESS THAN A PAGE—
LESS THAN HALF A PAGE IF POSSIBLE.
Give only enough detail to be understood by the person(s) your unit reports to.

Since there's no way to anticipate the precise conditions a pandemic event will create, focus on the most likely workable procedures. To the extent that there are possible issues, simply identify them and suggest a general way or ways to respond to them. If some aspects require great detail, put the detail in a separate document.

IUP CRITICAL FUNCTION CONTINUITY STATEMENT

--HERE IS HOW WE WILL FUNCTION IF IMPORTANT RESOURCES ARE LIMITED OR NOT AVAILABLE--

Among the specific information that should be included:

- Locations of staff contact information;
- Key records and documents, essential equipment and sources for them
- Who will coordinate continuity of IT aspects of function and how will this be done
- Communication requirements specific to your unit and this function;
- Ways to mitigate/control significant risk that temporary procedures may expose IUP to

ENTER PROCEDURES HERE►►►

APPENDIX D: EMERGNCY POCKET CARDS

In Case of Emergency

Full name _____

Date of Birth _____ Blood type _____

Address _____

Cell _____ Work _____ Home _____

Current Meds _____

Conditions _____

Physician _____ Phone _____

Allergies/additional info _____

_____

In Case of Emergency

Full name _____

Date of Birth _____ Blood type _____

Address _____

Cell _____ Work _____ Home _____

Current Meds _____

Conditions _____

Physician _____ Phone _____

Allergies/additional info _____

_____

In Case of Emergency

Full name _____

Date of Birth _____ Blood type _____

Address _____

Cell _____ Work _____ Home _____

Current Meds _____

Conditions _____

Physician _____ Phone _____

Allergies/additional info _____

_____

APPENDIX E: SAMPLE NOTIFICATION INTAKE FORM--SUSPECTED INFLUENZA CASE IN IUP EMPLOYEE

EMPLOYEE INFORMATION **Campus: _____**

Name:_____ **Department:_____**
Job Title: _____ **Year of Birth: _____**
City of Residence: _____

Tel. Numbers: w:_____h:_____cell: _____

SYMPTOMS REPORTED:

Fever	**Y**	**N**	**Body Aches**	**Y**	**N**
Headache	**Y**	**N**	**Fatigue**	**Y**	**N**
Dry Cough	**Y**	**N**	**Other** _____		
Cold	**Y**	**N**	_____		
Sore Throat	**Y**	**N**	_____		

Time of Fever Onset: _____

Any member of family ill with influenza **Y** **N**

Relationship(s) _____

Countries Visited: _____

Flights Taken: Departure City_____Arrival Cities _____

CONTACT LIST **(See following page.)**

RECORDER INFORMATION:

Name: _____

JobTitle: _____

Telephone Numbers: w:_____h:_____cell: _____

Information Taken By: Name_____Phone:_____Date:_____

CONTACT LIST

The World Health Organization defines pandemic influenza contacts as people who have had close physical contact (less than 3 feet) or confined airspace contact with an infected person within four days of that person developing symptoms. These contacts are likely to include family members and/or living companions, workplace colleagues (if in close contact situations) and some recreational companions.

Epidemiological evidence from a developing pandemic may change the definition of a "contact". Campuses should check with the WHO website (www.who.org) for updated definitions and advice should a pandemic occur.

Retain this list and provide to Public Health Department upon request.

Persons whom the ill staff has interacted with since developing symptoms.

Name	Email	Telephone #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

APPENDIX F: SAMPLE HEALTH ALERT FLYER

INFLUENZA NOTIFICATION

Influenza is a contagious disease. There is currently an increase in the number of people in_____with influenza.

To reduce the spread of influenza in this workplace, the following is requested of everyone:

DO NOT COME TO WORK if you have:

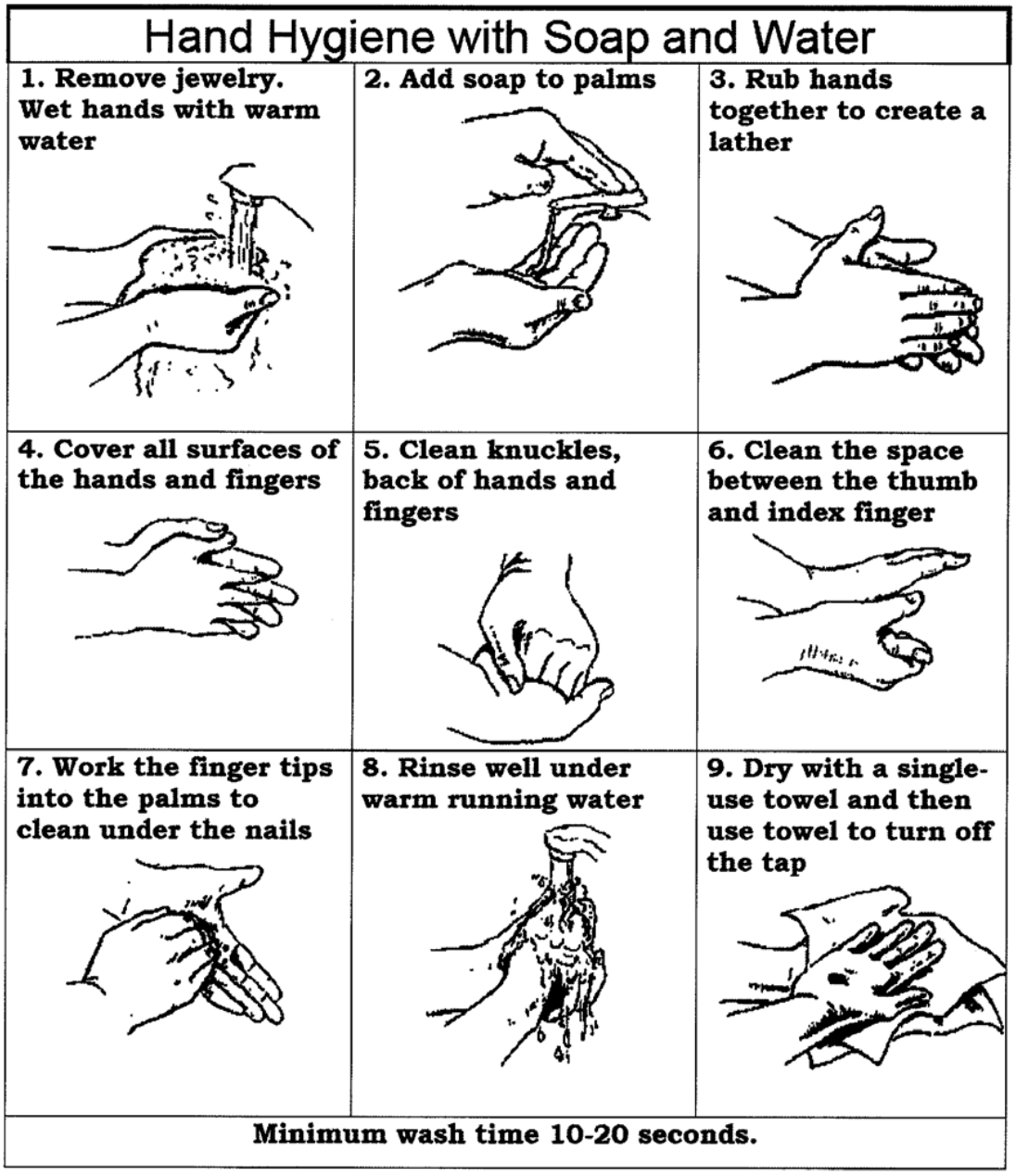
- **Chills, shivering and a fever (temperature greater than 100.4)**
- **Onset of muscle aches and pains**
- **Sore throat**
- **Dry cough**
- **Trouble breathing**
- **Sneezing**
- **Stuffy or runny nose**
- **Fatigue (tiredness)**

If you have recently arrived from overseas or returned from overseas, please call the Director of the Health Services at the phone number listed below.

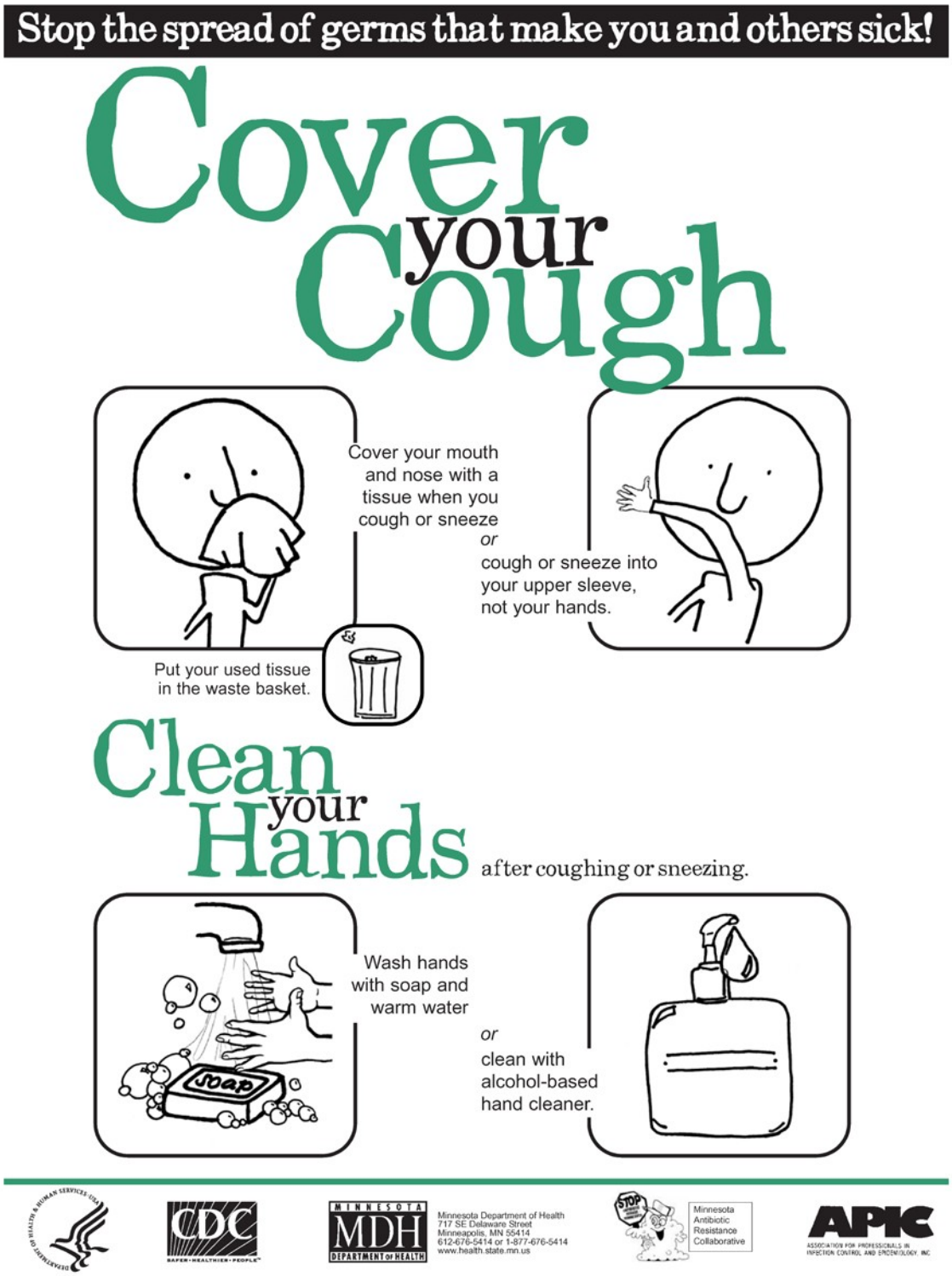
Director of Health Services: Melissa Dick
Phone: 724-357-2550

APPENDIX G: SAMPLE PERSONAL HYGIENE NOTICES

HAND HYGIENE NOTICES



Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan


Stop the spread of germs that make you and others sick!
Cover your Cough
Cover your mouth and nose with a tissue when you cough or sneeze
or
cough or sneeze into your upper sleeve, not your hands.
Put your used tissue in the waste basket.
Clean your Hands
after coughing or sneezing.
Wash hands with soap and warm water
or
clean with alcohol-based hand cleaner.
SOAP
CDC
MINNESOTA MDH DEPARTMENT of HEALTH
Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us
STOP
Minnesota Antibiotic Resistance Collaborative
APIC

APPENDIX H: ACRONYMS

ACRONYMS

This list is not designed to be an authoritative source nor is it designed to be all-inclusive. This listing is merely a reference.

PASSHE ----------Pennsylvania State System of Higher Education
PRG ---------- Pandemic Response Group
IUP ----------Indiana University of Pennsylvania
EOC ---------- Emergency Operations Center
UHS ---------- University Health Services
CDC ---------- Center for Disease Control
PA DOH ---------- PA Department of Health
WHO ---------- World Health Organization
EMS ---------- Emergency Medical Services
PPE ----------Personal Protective Equipment
IRMC ---------- Indiana Regional Medical Center
SCH ---------- Student Health Center
EPA ----------Environmental Protection Agency
PODS ---------- Point of Dispensing Site
HHS ---------- Health and Human Services
EOP ---------- Emergency Operations Plan

APPENDIX I: Employee Information

State Websites

Commonwealth of Pennsylvania	www.state.pa.us
Pennsylvania Emergency Management Agency	www.pema.state.pa.us
Pennsylvania Department of Health	www.health.state.pa.us
Pennsylvania Department of Agriculture	www.agriculture.state.pa.us

Federal Websites

Center for Disease Control **US Department of Health and Human Services** **Influenza**	www.dhhs.gov
National Preparedness Site **Influenza**	www.ready.gov

More Web Resources

American Red Cross	www.redcross/org
Preparedness Today	www.redcross.org/preparedness
Infectious Diseases Society of America	www.idsociety.org
Trust for America's Health	www.tfah.org
Indiana University of Pennsylvania	www.iup.edu
World Health Organization	https://www.who.int/emergencies/diseases/novel-coronavirus-2019