

Pandemic Influenza Plan

Central Georgia Technical College

2019-2020

Pandemic Influenza Plan

PURPOSE

The purpose of this plan is to provide guidance to Central Georgia Technical College faculty and staff in the event of the occurrence of pandemic influenza.

PHILOSOPHY

- This plan is integrated into the community pandemic planning process to the greatest extent possible
- CGTC will protect the life, health and safety of employees, students and others to the greatest extent possible
- Essential services will be maintained to the greatest extent possible Essential processes critical to the functioning of the college will be maintained to the greatest extent possible
- Instructional services will continue to be provided or re-established as rapidly as possible

INTRODUCTION

History's greatest killer always has been disease. Smallpox alone has killed hundreds of millions of people, more than that Black Death of the Middle Ages and all the wars of the 20th Century combined. Even as some of history's most infamous scourges -smallpox, polio, tuberculosis -are brought under control through vaccines and antibiotics, others such as HIV/AIDS, SARS, Ebola, Marburg, Monkey Pox, West Nile Virus and Hantavirus, have emerged.

Influenza pandemics have historically occurred at a rate of three per century. A pandemic occurs when a new viral strain is introduced into the human population. Three essential conditions must be met for an outbreak to begin:

- 1. A new flu virus must emerge from the animal reservoirs that have produced and harbored such viruses—one that has never infected human beings and therefore one for which no person has developed antibodies.
- 2. The virus has to make humans sick (most do not).
- 3. The virus must be able to spread efficiently from human-to-human.

Historic evidence teaches us that pandemic events are marathons and not sprints, with a series of waves that ebb and flow with varying degrees of illness that could last well over a year. The 1918 pandemic circled the globe three times before it was finally arrested – as much by the development of natural immunity to the virus as by any technological interventions.

The development of a global economy, increased global travel and an increase in population density make a future pandemic event a certainty, despite strides in medical technology and health care. Even a mildly virulent influenza will cause enough illness to impact daily life. This plan identifies Central Georgia Technical College's protocols for maintaining continuity of operations while following advice and mandates from healthcare and Emergency Management professionals to help protect the community from an influenza pandemic.

GOALS

The overarching goal of Central Georgia Technical College during a pandemic influenza event is to safeguard the health of the faculty, staff and students; and, by doing so, to help protect the health of the community. The Administration of Central Georgia Technical College takes their obligations to the faculty, staff, students and community seriously and will not endanger lives by continuing operations if doing so would undermine the health of the individuals we serve. However, it would be just as irresponsible to believe the campus could shut down operations indefinitely without adversely affecting those same constituents. Therefore, the focus of this plan will be safely maintaining continuity of operations. Every effort will be made to continue services while complying with directives and initiatives from public health and Emergency Management professionals in regards to non-pharmaceutical interventions. If/when the situation becomes so dire that it does become necessary to discontinue services, our goal is to do so for the shortest duration and with the least disruption possible.

DEFINITIONS

Mortality: The rate at which a pathogen (disease producer) causes death.

NPI: Non-pharmaceutical interventions –methods other than medications that are used to combat disease. These would include social distancing and personal protective equipment (PPE).

Pandemic: A widespread disease epidemic that affects many people around the world at the same time. A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears and the human population has no immunity against it.

Pandemic Severity Index: A scale for rating the virulence/severity of a pandemic based on mortality.

Response Triggers: A three-tiered activation guide using the Pandemic Severity Index to gauge responses to a pandemic.

Social Distancing: Keeping individuals a safe distance from each other, which may include discontinuing functions at which people congregate. The goal is to stop the spread of disease by reducing the numbers of people infected.

Virulence: The ability of any agent of infection to produce disease; the strength of a pathogen. The virulence of a virus is a measure of the severity of the disease it is capable of causing. A combination of morbidity and mortality is used to gauge virulence.

ASSUMPTIONS

- A new virus of moderate severity will have an attack rate of 30 35%.
- The first wave of a pandemic will likely be completed before a vaccine is available.
- When a vaccine is developed, the supply will be limited. A tier system for providing vaccines to those most at risk for infection will be developed and distributed by public health.
- Anti-viral medications to help relieve the symptoms of influenza in those infected will also be in limited supply.
- A 30% attack rate may translate into around 6,000 hospital admissions per week in the State of Georgia. The health care system will be burdened by the surge in influx of patients. Plans must therefore include alternate care solutions, including infection prevention and non-pharmaceutical interventions such as social distancing.

- Other community services and general commerce will be greatly affected due to high numbers of workers absent because of their own illness, the illness of family members, or simply due to fear of infection.
- The pandemic will cause both an initial infection wave and subsequent re-infection waves in a given location at about eight-week intervals. Planning should be for a minimum of eight weeks.

GUIDING INFORMATION

- In addition to guiding information provided by various Georgia agencies and District health agencies, the Centers for Disease Control and Prevention (CDC) utilizes a Pandemic Severity Index to help organizations gauge appropriate response actions. The Pandemic Severity Index uses a rating scale (1 – 5) to describe the possible effects of the virus.
- Additionally, the World Health Organization (WHO) issues guidance based on pandemic phases as shown below:

PHASE	DESCRIPTION	MAIN ACTIONS			
		PLANNING AND COORDINATION	SITUATION MONITORING AND ASSESMENT	COMMUNICATIONS	REDUCING THE SPREAD OF DISEASE
PHASE 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.				
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.	Develop, exercise, and periodically revise national influenza pandemic preparedness and response plans.	Develop robust national surveillance systems in collaboration with national animal health authorities, and other relevant sectors.	Complete communications planning and initiate communications activities to communicate real and potential risks.	Promote beneficial behaviours in individuals for self protection. Plan for use of pharmaceuticals and vaccines.
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.				
PHASE 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Direct and coordinate rapid pandemic containment activities in collaboration with WHO to limit or delay the spread of infection.	Increase surveillance. Monitor containment operations. Share findings with WHO and the international community.	Promote and communicate recommended interventions to prevent and reduce population and individual risk.	Implement rapid pandemic containment operations and other activities; collaborate with WHO and the international community as necessary.
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.	Provide leadership and coordination to multisectoral resources to mitigate the societal and economic impacts.	Actively monitor and assess the evolving pandemic and its impacts and mitigation measures.	Continue providing updates to general public and all stakeholders on the state of pandemic and measures to mitigate risk.	Implement individual, societal, and pharmaceutical measures.
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.				
POST PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.	Plan and coordinate for additional resources and capacities during possible future waves.	Continue surveillance to detect subsequent waves.	Regularly update the public and other stakeholders on any changes to the status of the pandemic.	Evaluate the effectiveness of the measures used to update guidelines, protocols, and algorithms.
POST PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Review lessons learned and share experiences with the international community. Replenish resources.	Evaluate the pandemic characteristics and situation monitoring and assessment tools for the next pandemic and other public health emergencies.	Publicly acknowledge contributions of all communities and sectors and communicate the lessons learned; incorporate lessons learned into communications activities and planning for the next major public health crisis.	Conduct a thorough evaluation of all interventions implemented.

WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE



The following graphs illustrate Pandemic Severity Index and recommendations provided by the CDC.

Pandemic Severity Index Case Fatality Ratio Projected Number of Deaths* US Population, 2006				
<u>≥</u> 2.0%	Category 5	≥1,800,000		
1.0 -<2.0%	Category 4	900,000 - <1,800,000		
0.5 - <1.0%	Category 3	450,000 -<900,000		
0.1% - <0.5%	Category 2	90,000-<450,000		
<0.1%	Category 1	<90,000		
		* Assumes 30% Illness Rate		

Community Strategies by Pandemic Flu Severity (1)			
	Pandemic Severity Index		
Interventions by Setting	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend	Recommend	Recommend
Voluntary quarantine of household members in homes with ill persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider	Recommend
School			
Child social distancing –dismissal of students from schools and school-based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks	Recommend: ≤ 12 weeks
 –reduce out-of-school contacts and community mixing 	Generally not recommended	Consider: ≤4 weeks	Recommend: ≤ 12 weeks

Community Strategies by Pandemic Flu Severity (2)			
	Pandemic Severity Index		
Interventions by Setting	1	2 and 3	4 and 5
Workplace/Community Adult social distancing			
 decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings) 	Generally not recommended	Consider	Recommend
 –increase distance between persons (e.g., reduce density in public transit, workplace) 	Generally not recommended	Consider	Recommend
–modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
–modify workplace schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

TRIGGERS FOR RESPONSE STEPS

Based on a synthesis of information provided by the CDC and WHO, and following guidance provided by the State of Georgia, the Georgia Department of Community Health, and the Technical College System of Georgia (TCSG) Central Office, Central Georgia Technical College will follow three-steps in determining when to activate the pandemic influenza plan. The three response steps are:

- 1. Alert
- 2. Standby
- 3. Activation

COLLEGE OPERATIONS DURING EACH RESPONSE STEP

The following is a list of anticipated action steps in response to the triggers above, and the staff who have lead responsibility for the action steps.



President

- communicate with Technical College System of Georgia to determine the overall plan for technical colleges
- identify essential and critical College operations by priority
- identify provisions for potential alteration/extension of sick leave
- advise students, faculty and staff to stay home if they are sick, as defined by current guidance.

Leadership Team and Key Contacts

- develop contingency plans for rescheduling of classes should class cancellation eventually become necessary
- identify staff who might work from home
- develop alternative work schedules to keep school business on track should a "work from home" procedure become necessary. [One key to continuity of operations is to maintain classes and programs while keeping the students off campus (at home). CGTC will follow procedures for social distancing provided by public health officials. However, Faculty members can conceivably continue work from campus as long as students stay home.]
- develop a plan for continuing instruction through e-mail correspondence or via LMS
- encourage staff with healthcare and medical credentials to be available to assist with needs at CGTC and to be aware of the need for volunteering within the community in other healthcare venues when there is no further need at CGTC

Executive VP

- monitor news and official reports of the status of the spread and penetration of the disease affecting the local and state population and report internally to the President
- coordinate communication between the CGTC campus and the local Emergency Management Agency and Public Health representatives for updates and briefings as to the effect of the pandemic at the local level
- coordinate the delivery of awareness training for staff, faculty and students on hand washing, cough etiquette and other necessary health-related issues
- make recommendations as to needed supplies and personal protective equipment
- identify non-pharmaceutical intervention protocols for skills courses that cannot be taught online. These protocols might include social distancing (maintaining 6-foot distance from others), the wearing of personal protective equipment, and other actions deemed necessary.
- recommend supplies such as hand sanitizer, gloves, and disposable masks as appropriate

<mark>STANDBY</mark>

President

- continue to communicate with Technical College System of Georgia to determine the overall plan
- direct the development of and review the plans for continuing operations following guidance
- assign staff to provide a daily report of illness-related absenteeism
- determine the "trigger point" (the percentage of student/staff absenteeism beyond a recommendation may be made to the TCSG System Office whereby the continuation of routine operations may no longer feasible)

Leadership Team and Key Contacts

- cross train staff to continue workloads with possible significant student and faculty (30 40%) absenteeism
- identify and develop a list of available substitute instructors
- review and determine student rules and policies concerning absences, withdrawals and incompletes

Executive VP

- continue to monitor news and official reports of the status of the spread and penetration of the disease affecting the local and state population and report internally to the President
- continue to coordinate communication between the CGTC campus and the local Emergency Management Agency and Public Health representatives for updates and briefings as to the effect of the pandemic at the local level
- report absentee "trigger" numbers to Public Health as appropriate and solicit advice for continuing operations from the District Health Director
- refine recommendations as to needed supplies and personal protective equipment
- continue to promote non-pharmaceutical intervention protocols for staff for whom working at home is not an option. These protocols may include expansion of work stations to maintain a 6-foot distance between workers, using protective NPI as appropriate when workers must co-mingle, and other protocols as necessary.
- continue to recommend non-pharmaceutical intervention protocols for skills courses that cannot be taught online. These protocols might include maintaining 6 foot distance from others, the wearing of personal protective equipment, and other actions deemed necessary.
- ensure these measures can be put in place quickly with minimal course disruption

ACTIVATION

President

- issue the order for activation of this plan in response to notification from appropriate officials, federal, state, local government officials, in coordination with TCSG
- initiate "work from home" procedures as appropriate for pre-determined staff
- initiate course continuation through LMS as appropriate
- alert TCSG of any public events which may have to be cancelled.
- prepare to close the campus if necessary

Leadership Team and Key Contacts

- express to faculty and staff that the overarching goal of the College is to continue operations to the greatest extent possible while safeguarding the health of the staff and students
- have staff and students on standby for possible event cancellation and closing of campus
- carry out other actions as deemed necessary as they may relate to this activation.

Executive VP

- assign a campus safety officer to ensure that all faculty, staff and students follow designated social distancing protocols while on campus
- establish an Emergency Operations Center in the Board Room. All key contacts will report.
- initiate protocols for non-pharmaceutical interventions as appropriate
- continue to monitor absences and staff/student illness ratios
- in consultation with Public Health, determine whether the number of absences and staff/student illness ratios is radically out of proportion with other local statistics.
- alert the President when process can be started to phase back into normal operations

ACTIVATION ACTIONS TO CONSIDER AS APPROPRIATE

- Actively encourage cough etiquette and hand-washing
- Apply liberal sick leave policies to support the decision by individuals to isolate the sick
- Encourage ill students, faculty and staff to stay home
- initiate protocols for non-pharmaceutical interventions as appropriate
- identify potential "work from home" staff
- initiate course continuation through LMS
- encourage cough etiquette (e.g., tissues, hand sanitizers, masks) and hand hygiene
- communicate with Public Health and Emergency Management to monitor the local illness status
- suspend low priority activities
- encourage alternatives to handshaking
- encourage custodial staff to aggressively wipe down handrails and door knobs/handles several times a day
- modify workplace and work schedules to increase distance between people
- allow working from home for appropriate staff when possible
- suspend non-essential activities
- in consultation with public health and community leaders, prepare to close the campus

KEY CONTACTS AND POSSIBLE RESPONSIBILITIES AS APPROPRIATE AND DIRECTED

President	Plan activation; Communicate with Commissioner, State Agencies, and Local Board of Directors
Executive VP	Coordinate with President, Human Resources, and local officials; responsible to President for coordinating pandemic-related actions as directed
Chief of Police	Coordinate all security and law enforcement issues, secure campus facilities, and manage traffic.
Director of Public Relations	Coordinate with public/media notifications
VP, Facilities & Ancillary Services	Coordinate all facilities, food services, and space management, and fleet activities.
VP, Academic Affairs	Coordinate instructional activities for credit programs, library, and tutorial services.
VP, Student Affairs	Coordinate student services and non-instructional activities
VP, Administrative Services	Coordinate financial activities
VP, Economic	Coordinate with economic development and continuing education
Development	activities to include customers and trainees
VP, Satellite Operations	Coordinate all off-campus credit activities
VP, Adult Education	Coordinate all adult education activities on and off campus
Dean of Health Sciences	Advise College leadership on technical issues and coordinate health programs faculty response and support; coordinate system of monitoring and reporting student illness-related absenteeism as appropriate
Assistant VP, Institutional Advancement	Communicate with Foundation Trustees
Executive Director, HR	Coordinate system of monitoring and reporting employee illness-related absenteeism as appropriate
Director of Facilities	Facilitate issues related to facilities
СЮ	Coordinate all BANNER, communication, and data services