

University of Minnesota
Twin Cities Campus

Pandemic Influenza Preparedness Workplan

Working Draft
December 15, 2005

**University of Minnesota
Pandemic Influenza Preparedness Workplan**

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University of Minnesota Pandemic Influenza Preparedness Workplan

Background

General Public Health Preparedness

Over the past three years, significant progress has been made toward increasing the University of Minnesota's overall emergency response capabilities through the revision of our Emergency Operations Plan. As part of that process, new systems have been established for responding to public health emergencies, such as incidents of bioterrorism or infectious disease outbreaks, on campus. The Academic Health Center, through the Emergency Preparedness Program, has taken the lead in this area of preparedness planning and response on campus and is also working aggressively with local and state public health partners to explore and prepare for our potential role as responders in a larger local, state, or national emergency.

Components of the Emergency Preparedness Program include:

- Designated Public Health Officer for Emergency Response
- AHC Emergency Response Team
- U of M Medical Reserve Corps
- Annual Public Health Tabletop Exercise
- Online Training Modules for Medical Reserve Corps Volunteers
- Active Participation in Local, State, and Regional Public Health Preparedness Planning

Pandemic Influenza Preparedness Planning

In May, 2005, the University of Minnesota developed and hosted a pandemic influenza tabletop exercise to explore the unique challenges faced in the university campus setting, and to further refine the respective response roles of the University, state health department, local health departments, and the University of Minnesota Medical Center. Pandemic influenza preparedness objectives have been developed in the following 10 areas based upon the exercise and a review of newly released federal guidelines:

1. International Travel
2. Targeted Vaccine Distribution
3. Essential Personnel, Operations, and Services
4. Surveillance and Case Investigation
5. Healthcare Needs
6. Student Housing Needs
7. Communications
8. Internal Coordination
9. External Coordination
10. Providing Service to the Broader Community

A preliminary assessment has been completed regarding each objective. Twenty-one (21) immediate action items have been identified and assigned to individuals or workgroups across the campus to further improve our preparedness in each of these areas. This draft workplan was approved by the AHC Emergency Response Team on November 28, 2005 and by the Emergency Management Policy Committee on November 30, 2005.

University of Minnesota Pandemic Influenza Preparedness Workplan

Objectives

1. International Travel

The University of Minnesota will effectively develop and implement travel recommendations based on assessment of risks to travelers and/or CDC international travel guidelines.

2. Targeted Vaccine Distribution

The University of Minnesota will be prepared to participate in state and county-level response activities relative to vaccine distribution to pre-determined priority groups.

3. Essential Personnel, Operations, and Services

The University of Minnesota will establish a system to rapidly identify essential personnel, operations and services relative to the University's mission and objectives (human welfare, animal welfare, research, teaching, and outreach).

4. Surveillance and Case Investigation

The University of Minnesota will participate in state and local case surveillance and investigation activities, and coordinate with our clinical partners, to ensure that animal and human cases on campus are identified quickly to reduce further transmission to the extent possible, and to ensure that those efforts are conducted in a manner that is most effective for a campus community.

5. Healthcare Needs

The University of Minnesota will utilize all available resources to meet the outpatient healthcare needs of students, staff, and faculty as appropriate during an influenza pandemic.

6. Student Housing Needs

In addition to healthcare needs, the University of Minnesota will meet other needs of students living on campus as appropriate during an influenza pandemic.

7. Communications

The University of Minnesota will ensure that all stakeholders have access to accurate and timely information regarding our efforts to respond to pandemic influenza.

8. Internal Coordination

The University's pandemic influenza response efforts will be well coordinated internally as guided by the Emergency Operations Plan. Large scale policy decisions will be made and implemented during the evolving and extended timeframe of a pandemic based upon a set of consistent and clearly articulated criteria developed through the Emergency Operations Center.

9. External Coordination

The University's pandemic influenza response efforts will be well coordinated externally with all relevant partners including state and local health departments, state and local emergency managers, Fairview Health System, and others.

10. Providing Service to the Broader Community

To the extent possible, the University of Minnesota will assist in local, state, and federal pandemic influenza response efforts as appropriate and needed.

University of Minnesota Pandemic Influenza Preparedness Workplan

Action Items by Objective

Objective 1: International Travel

The University of Minnesota will effectively develop and implement travel recommendations based on assessment of risks to travelers and/or CDC international travel guidelines.

Possible Scenario and Anticipated Events:

- Person-to-person spread of avian H5N1 influenza is reported in Asia. Within weeks, localized outbreaks involving person-to-person spread are reported.
- The World Health Organization (WHO) will issue a Phase 5 Pandemic Alert which generally signals that an influenza pandemic is imminent.
- The Centers for Disease Prevention and Control (CDC) will issue travel recommendations that will likely include the following:
 - Inbound Travelers:
 - Inform incoming travelers from high risk areas about pandemic influenza, request that those travelers monitor their health for 10 days for fever and/or respiratory symptoms, and request those with symptoms to report that information to health authorities.
 - Public health evaluation of all travelers who report influenza-like symptoms during travel or during the 10-day monitoring period.
 - If the level of transmission in another country is high, the CDC will likely establish additional, more rigorous airport-based screening measures.
 - Outbound Travelers:
 - Travel advisories will be issued based on the available information which will include information on reducing risk of exposure.
 - Travel restrictions may be imposed as needed.
- The Minnesota Department of Health (MDH) will issue a Health Alert Network (HAN) message to public health departments and other partners throughout the state.
- The University of Minnesota will receive the HAN message at Boynton Health Services (during normal business hours) and at the AHC Emergency Preparedness Program (24/7 notification via email, cell phone, and pager).
- The AHC Emergency Preparedness Program will notify the U of M Public Health Officer and the Senior Vice President for Health Sciences.
- An AHC Emergency Response Team meeting will likely be called and additional notifications will be made to the following:
 - Officer of the Day
 - Office of International Programs
 - Others as appropriate
- A situation may also arise in which University of Minnesota officials have concerns about international travel in the absence of clear federal guidelines. University of Minnesota international travel policies can be developed or modified as needed by the International Travel Suspension Committee.

Preparedness Planning Focus

It is anticipated that the University will have an obligation and a responsibility to implement our own or the CDC's travel recommendations (notification, education, health monitoring) as they apply to the following groups of individuals:

- Incoming students coming from H5N1-affected areas (approximately 700 new international students expected each fall; 66% from Asia).
- Faculty, staff, and students studying and working abroad at the time of the WHO declaration.
- Faculty, staff, and students scheduled to travel to affected areas.

Responsible Departments:

- Office of International Programs (policy development and notification)
- Boynton Health Service (health screening and healthcare)

Issues to be Addressed:

- Notifying Incoming Students:
 - Incoming students are well documented by the Office of International Programs, International Student and Scholar Services. Their exact date and location of entry into the country, however, is not documented, and students may arrive up to 30 days prior to the start of classes.
 - Although email is the preferred method of communication, it is unclear how many students could be reached quickly and reliably through email.
 - **Action Item (1):** An assessment will be completed regarding ability to reach incoming students with important health information in a timely and reliable fashion.
 - **Responsible Individuals:**
 - Kay Thomas, International Student and Scholar Services
- Notifying Traveling or Departing Students, Staff, and Faculty:
 - There is no comprehensive and reliable process or system for tracking University faculty, staff, and students traveling outside of the country during the school year or during the summer. An international travel tracking system (based upon a successful system implemented at the University of Michigan) was recommended to the Executive Committee by the AHC Emergency Response Team and Emergency Management Policy Committee based upon SARS preparedness planning efforts in January, 2004. This recommendation was referred to the International Travel Suspension Committee and has not been acted upon to date.
 - **Action Item (2):** This international travel tracking proposal should be reconsidered and either adopted, formally dismissed, or replaced by an alternate proposal.
 - **Responsible Individuals:**
 - John Finnegan, Public Health Officer for Emergency Response
 - Gene Allen, Director, Office of International Programs
- Health Screening of Incoming Students:
 - International students (and many of their dependents) are covered by University health insurance and receive healthcare from Boynton Health Service.

- Communication between Boynton Health Service and incoming international students is almost exclusively email-based and that system is reported to work well.
- Health screening is already required which includes mandatory PPD and immunizations as needed. Boynton Health Service also provides immigration physicals to those students who need them.
- This system could be utilized to provide education and health monitoring information to incoming students and their family members.
 - **Action Item:** None needed at this time per Boynton Health Service.
- Health Screening of Returning Students, Staff and Faculty:
 - There is no process or system for notifying and assessing the health of students, faculty, and staff returning from travel abroad (either during summer programs or during the regular school year) during a pandemic or other international health emergency, unless the individual chooses to utilize the international travel clinic.
 - **Action Item:** None at this time. Boynton Health Service administrators are interested in developing a program through their Occupational Health Department should a travel tracking system be initiated and resources made available.

Objective 2: Targeted Vaccine Distribution

The University of Minnesota will be prepared to participate in state and county-level response activities relative to vaccine distribution to pre-determined priority groups.

Possible Scenario and Anticipated Events:

- Vaccine against the novel H5N1 strain will not become available until approximately 4 months after the pandemic arrives in the United States.
- When the vaccine becomes available, it will be distributed by CDC to state health departments in limited batches, with new batches arriving every 2 weeks.
- In Minnesota, the limited vaccine supplies will be distributed through the local public health system and will be provided to individuals in pre-determined priority groups (based upon health history for patients and position type for employees).
- It is anticipated that Hennepin and Ramsey County will request an accounting of the number of patients served by Boynton Health Service and University employees (and possibly students) in each of the priority groups. This same request will be made to cities, hospitals, and other employers. It will be important that the counts provided by the University are unduplicated counts in relation to other systems. For example, a single health care provider should not be counted by both University of Minnesota Medical Center and the University of Minnesota.
- Although unknown at this time, it is anticipated that the University will be provided with vaccine based upon the number of priority individuals identified, and may be asked to distribute that vaccine as appropriate. (See recommendations below regarding mass dispensing sites.)

Preparedness Planning Focus

The University should calculate priority group counts based upon the list of categories provided by MDH or CDC. These calculations should be reviewed and updated on an annual basis.

Responsible Departments:

- Department of Emergency Management
- Office of Human Resources
- Boynton Health Service
- AHC Emergency Preparedness Program (particularly related to healthcare provider counts and coordination with Fairview Health Systems and other health systems)

Issues to be Addressed:

- Interim recommendations for prioritization of pandemic influenza vaccine have been developed by the Advisory Committee on Immunization Practices (ACIP) and the National Vaccine Advisory Committee (NVAC). Based upon these guidelines, state and local health departments have been tasked with (1) developing state-specific modifications or refinements in priority groups depending on local circumstances, (2) defining specific definitions for priority groups identifying occupational categories and sub-categories, as needed, within each broad priority, (3) estimating the size of relevant priority groups, (4) developing a plan for how persons in priority groups will be identified at vaccination clinics and how vaccine will most efficiently be provided to these

groups, and (5) educating professional organizations and other stakeholders about the need for priority groups and the rationale for the groups recommended. To date, no Minnesota-specific definitions are available.

- **Action Item (3):** Monitor the status of pandemic planning efforts at the local, state, and federal level; alert responsible Departments when the official local list of priority group definitions becomes available.
- **Responsible Individuals:**
 - Jill DeBoer, Director, AHC Emergency Preparedness Program
 - Elizabeth McClure, Medical Director, AHC Emergency Preparedness Program

Objective 3: Essential Personnel, Operations, and Services

The University of Minnesota will establish a system to rapidly identify essential personnel, operations, and services relative to the University's mission and objectives (human welfare, animal welfare, research, teaching, and outreach).

Possible Scenario and Anticipated Events:

- It is likely that the University will be faced with concerns about business continuity during the course of an influenza pandemic. Those concerns may be raised under a series of different scenarios including the following:
 - Due to public concern about influenza, students, staff, and faculty stop coming to work and school. Students return home voluntarily and possibly without notice. (See recommendations below regarding meeting student needs.) This scenario may play out even in the absence of a single case of disease in Minnesota.
 - Following recommendations from the CDC or MDH, University officials decide to cancel all or some classes.
 - Following recommendation from the CDC or MDH, University officials decide to close all or some University operations.

Preparedness Planning Focus

The University should develop an essential operations plan as part of pandemic planning. This plan should include a department by department assessment of which operations and services can be closed or canceled for both short and long durations, and which operations and services must be maintained (if any) to:

- Protect or serve the human populations on campus
- Care for the animal populations on campus
- Assure the security of the campus
- Address our core missions of teaching, research, and outreach

This assessment should include a determination of the numbers and types of personnel necessary to maintain those operations and services. Some related questions include:

- If an employee is deemed non-essential, but continues to come to work, are there consequences? If an employee is deemed essential, and does not come to work, are there consequences?
- During a healthcare emergency situation, will the suspension vs. maintenance of healthcare education be handled differently than other types of education?
- What is our capacity to support telecommuting for employees?
- What is our capacity to support web-based education for students?

Responsible Departments:

- Department of Emergency Management (lead)
- All University Departments

Issues to be Addressed:

- This is an important, yet labor intensive task, which will require extensive discussion and analyses across all departments on campus.
 - **Action Item (4):** Convene a workgroup to develop parameters and process for this campus-wide assessment and decision-making regarding basic infrastructure related to human welfare, animal welfare, and campus security. Existing business continuity plans can serve as a base for this assessment.

- **Responsible Individual:** Terry Cook, Director, Department of Emergency Management; Kristy Gisch, Department of Emergency Management
- **Action Item (5):** Convene a workgroup of University Administrative Officers to develop parameters and decision-making guidelines related to our core missions of teaching, research, and outreach.
- **Responsible Individuals:** Frank Cerra, Senior Vice President for Health Sciences; Kathleen O'Brien, Vice President for University Services

Objective 4: Surveillance and Case Investigation

The University of Minnesota will participate in state and local case surveillance and investigation activities to ensure that animal and human cases on campus are identified quickly to reduce further transmission to the extent possible, and to ensure that those efforts are conducted in a manner that is most effective for a campus community.

Possible Scenario and Anticipated Events:

- Suspected bird cases in Minnesota will be confirmed through the Minnesota Board of Animal Health and the National Veterinary Services Laboratory in Ames, Iowa.
- If confirmed, MDH will order the disposal of infected flocks and quarantine of affected areas.
- MDH will institute enhanced human disease surveillance activities at the first sign of a confirmed bird case in Minnesota.
- It is anticipated that Boynton Health Service clinicians will participate in that surveillance effort.
- If a confirmed human case is identified on campus, the MDH or respective local health department will conduct contact tracing interviews with all patients and contacts (primarily via phone).

Preparedness Planning Focus

The University of Minnesota should be fully engaged in partnership with local and state public health authorities related to case surveillance and case and contact investigation activities for animal and human cases. This is particularly important in relationship to human cases and contacts residing in residence halls.

Responsible Departments (Animal Cases):

- Office of Regulatory Affairs
- Research Animal Resources
- Institutional Animal Care and Use Committee
- Veterinary Medical Center (including considerations related to tissue digester)
 - **Action Item (6):** An assessment will be completed regarding avian influenza preparedness and protocols.
 - **Responsible Individuals:**
 - Cynthia Gillett, Research Animal Resources
 - Richard Bianco, Institutional Officer for Subject Protection

Responsible Departments (Human Cases):

- Boynton Health Service
- University of Minnesota Physicians (UMP)
- Community University Health Center (CUHC)
- Family Practice Clinics
- Dental Clinics
 - **Action Item (7):** An assessment will be completed regarding current and planned protocols and coordination in this area.
 - **Responsible Individuals:**
 - Elizabeth McClure, AHC Emergency Preparedness Program
 - Tim Schacker, AHC Emergency Response Team

Objective 5: Healthcare Needs

The University of Minnesota will utilize all available resources to meet the outpatient healthcare needs of students, staff, and faculty as appropriate during an influenza pandemic.

Possible Scenario and Anticipated Events:

- Public fears related to pandemic influenza may result in students returning home to their families independent of any determination by the University to cancel classes or close residence halls. In addition, staff may decide not to report to work.
- In addition, as stated in their planning scenarios, the MDH may recommend the closing of schools and/or the cancellation of group gatherings.
- It is anticipated that not all students may be able to return home rapidly, particularly ill, out-of-state, or international students.
- Whether they are living on campus or not, students, and some faculty and staff rely on Boynton Health Services for provision of outpatient healthcare.

Preparedness Planning Focus

Planning for outpatient health care needs will focus on the following key areas:

- Ensuring that the University has plans and strategies to effectively triage and refer ill or worried students, staff, and faculty as appropriate.
- Ensuring that the University has the ability to rapidly stage and implement mass dispensing, mass triage, or mass care sites on campus including:
 - Development of specific operational plans for those sites.
 - Identification and preparations of needed staff for those sites.
 - Identification and stockpiling of needed supplies.
- Ensuring that the University has the ability to meet the outpatient monitoring and healthcare needs of persons possibly housed on campus under isolation and/or quarantine conditions.

Responsible Departments:

- Boynton Health Service
- AHC Emergency Preparedness Program
- Housing & Residential Life
- University of Minnesota Medical Center

- **Action Item (8):** Written patient triage and referral plans will be developed for the following:

- Phone-based triage
- Clinic-based triage at Boynton Health Service
- Mass triage at Coffman Memorial Union Great Hall
- Web-based triage
- Patient referral guidelines

- **Responsible Individuals:**

- Ed Ehlinger, Director, Boynton Health Center
- David Golden, Director of Public Health and Marketing, Boynton Health Service
- Elizabeth McClure, Medical Director, AHC Emergency Preparedness Program

- Susan Kline, Medical Director, Infection Control, University of Minnesota Medical Center
- Tim Schacker, AHC Emergency Response Team

○ **Action Item (9):** Continue the development of a U of M mass dispensing site operational plan. Once completed, this plan will be modified, as needed, for mass triage, or mass outpatient care.

○ **Responsible Individuals:**

- Jane Berg, MRC Coordinator, AHC Emergency Preparedness Program
- Joan Rambeck, Nursing and Training Coordinator, AHC Emergency Preparedness Program
- Karen Strauman-Raymond, Boynton Health Service
- Greg Hayes, Department of Emergency Management
- Dan Johnson-Powers, Department of Emergency Management

○ **Action Item (10):** Clarify the anticipated role of the University of Minnesota Medical Reserve Corps in assisting Boynton Health Service in these efforts; train members as needed, and develop deployment procedures designed to meet specific predicted surge capacity needs.

○ **Responsible Individuals:**

- Jane Berg, Coordinator, Medical Reserve Corps, AHC Emergency Preparedness Program
- Joan Rambeck, Nursing and Training Coordinator, AHC Emergency Preparedness Program
- Elizabeth McClure, Medical Director, AHC Emergency Preparedness Program
- David Golden, Boynton Health Service
- Karen Strauman-Raymond, Boynton Health Service

○ **Action Item (11):** Identify, purchase and store a 12-month supply of those materials necessary for the successful implementation of this objective including:

- Mass Dispensing Site “Go Kit”
- Personal protective equipment (surgical masks, N-95 masks, and gloves)
- Equipment to support emergency fit-testing capability
- Infection control supplies (liquid hand sanitizer)

○ **Responsible Individuals:** (for documentation of supply types, quantities, and cost only):

- Jane Berg, Coordinator, Medical Reserve Corps, AHC Emergency Preparedness Program
- Elizabeth McClure, Medical Director, AHC Emergency Preparedness Program
- David Golden, Director, Public Health and Marketing, Boynton Health Center
- Michael Osterholm, Director, Center for Infectious Disease Research and Policy
- Jill DeBoer, Director, AHC Emergency Preparedness Program
- Andy Streifel, Environmental Health and Safety
- Terry Cook, Director, Department of Emergency Management

- **Action Item (12):** Based upon DHHS guidelines, and in consultation with state and local public health officials, develop a written plan for meeting the monitoring and outpatient healthcare needs of persons possibly housed on campus under isolation and/or quarantine conditions.
- **Responsible Individuals:**
 - David Golden, Director, Public Health and Marketing, Boynton Health Service
 - Elizabeth McClure, Medical Director, AHC Emergency Preparedness Program
 - Laurie McLaughlin, Director, Housing & Residential Life

Objective 6: Student Housing Needs

The University of Minnesota will meet the needs of all students living on campus as appropriate during an influenza pandemic.

Possible Scenario and Anticipated Events:

- Public fears related to pandemic influenza may result in students returning home to their families independent of any determination by the University to cancel classes or close residence halls. In addition, staff may decide not to report to work.
- In addition, as stated in their planning scenarios, the MDH may recommend the closing of schools and/or the cancellation of group gatherings.
- It is anticipated that not all students may be able to return home rapidly, particularly ill, out-of-state, or international students. Based upon current available housing data, Housing & Residential Life administrators estimate that 400-600 students, scattered across all residence halls, may need to continue living on campus for some period of time even if classes were cancelled or the residence halls were “closed”. These include international students, and out-of-state students with a drive time home of more than 8 hours.

Preparedness Planning Focus

- Although multiple possible scenarios exist related to housing issues on campus, the University will be well positioned to rapidly respond to most anticipated situations if specific plans are in place for the following:
 - Monitoring daily census in each residence hall.
 - Monitoring overall student health in each residence hall.
 - Monitoring staff absenteeism in the food services and other essential housing support positions.
 - Decision making thresholds for closing/consolidating residence halls (due to staff absenteeism and/or efficiency rather than disease transmission issues).
 - Implementation plans for closing/consolidating residence halls based upon the recommendation of the AHC Emergency Response Team and/or state public health officials.
 - Identifying housing options for isolation and quarantine that meet DHHS guidelines.
 - Risk communication messages for parents and others.

Responsible Departments:

- Housing & Residential Life
- University Dining Services

○ **Action Item (13):** A written plan will be developed to address the eight issues outlined above for residence halls. Based upon that plan, an assessment will be completed regarding other on campus and near campus housing facilities.

○ **Responsible Individuals:**

- Laurie Scheich, Assoc. Vice President, Auxiliary Services Admin.
- Laurie McLaughlin, Director, Housing & Residential Life
- Leslie Bowman, Director, University Dining Services Contract Administration

Objective 7: Communications

The University of Minnesota will ensure that stakeholders have access to accurate and timely information regarding our efforts to respond to pandemic influenza.

Possible Scenario and Anticipated Events:

- It is anticipated that the state will activate a Joint Information Center (JIC) in conjunction with activation of the state EOC.
- In addition to the University's Emergency Operations Plan, a Communicating in a Crisis plan has been developed; it is assumed that this plan will be implemented during a pandemic influenza crisis.

Preparedness Planning Focus

- The CIDRAP website has been designated by the Senior Vice President for Health Sciences as the University's primary source of scientific information on pandemic influenza and other infectious diseases. Seamlessly linking the information produced by CIDRAP to the broader University communication systems is an important issue that has not yet been addressed.

Responsible Departments:

- University News Service
- AHC Communications
- Center for Infectious Disease Research and Policy (CIDRAP)
 - **Action Item (14):** Clarification and consensus is needed on the plan for providing web-based information to stakeholders during a public health crisis such as pandemic influenza.
 - **Responsible Individuals:**
 - Daniel Wolter, Director, University News Service
 - Lori-Anne Williams, Communications Director, University Services
 - Mary Koppel, Director, AHC Communications
 - John Finnegan, Public Health Officer for Emergency Response
 - Michael Osterholm, Director, Center for Infectious Disease Research and Policy
 - Marty Heiberg, Editorial Director, Center for Infectious Disease Research and Policy

Objective 8: Internal Coordination

The University's pandemic influenza response efforts will be well coordinated internally as guided by the Emergency Operations Plan. Large scale policy decisions will be made and implemented during the evolving and extended duration of a pandemic based upon consistent and clearly articulated criteria developed through the Emergency Operations Center (EOC).

Possible Scenario and Anticipated Events:

- It is anticipated that the U of M Emergency Operations Center will be activated at the first indication that a coordinated campus response is warranted.
- An incident command system will be established to ensure that appropriate decisions are made centrally, and through an agreed upon chain of command.
- The University has not had an opportunity to utilize this system for such a large, complicated, and long-lasting event; it is unclear whether most employees are familiar with this system.

Preparedness Planning Focus

Example campus-wide policy questions for consideration:

- Will faculty be allowed to cancel classes based upon personal opinion?
- Will those decisions be made at the Deans level?
- How will those decisions be communicated?
- What process will be used to ensure consistency and avoid confusion?

- **Action Item (15):** The University of Minnesota Emergency Operations Plan will be reviewed with a specific eye toward its application during a long term public health emergency such as pandemic influenza.

- **Responsible Individuals:**

- Terry Cook, Director, Department of Emergency Management
- John Finnegan, Public Health Officer for Emergency Response
- Jill DeBoer, Director, AHC Emergency Preparedness Program

- **Action Item (16):** Increase campus-wide awareness of U of M Emergency Operations Plan and the policies and expectations that follow activation of the Emergency Operations Center.

- **Responsible Individuals:**

- Terry Cook, Director, Department of Emergency Management
- Lori-Anne Williams, Communications Director, University Services

- **Action Item (17):** Establish Academic Health Center Emergency Coordination Center (ECC) that will serve as a link between the AHC Emergency Response Team/AHC Emergency Preparedness Program and the U of M EOC and a link to state and county public health EOCs and ECCs.

- **Responsible Individuals:**

- Jill DeBoer, Director, AHC Emergency Preparedness Program
- John Finnegan, Public Health Officer for Emergency Response
- Terry Cook, Director, Department of Emergency Management

Objective 9: External Coordination

The University's pandemic influenza response efforts will be well coordinated externally with all relevant partners including state and local health departments, state and local emergency managers, Fairview Health System, and others.

Possible Scenario and Anticipated Events:

- It is anticipated that as a pandemic unfolds, multiple EOC's and ECC's will be activated through public health, emergency management, and hospital systems.
- Universities, in general, are often overlooked or forgotten within these broader systems, although a great deal of planning has been completed locally to ensure that the University of Minnesota is integrated effectively.
- The sheer number of activated systems and the anticipated length of this particular response will pose communication and coordination challenges for all those involved.

Preparedness Planning Focus

- **Action Item (18):** Develop an EOC organizational plan specific to pandemic influenza response for both the U of M EOC and the AHC ECC.
- **Responsible Individuals:**
 - Terry Cook, Director, Department of Emergency Management
 - Jill DeBoer, Director, AHC Emergency Preparedness Program
- **Action Item (19):** Install Polycom equipment in U of M EOC and AHC ECC to allow for enhanced communication between the two and with external partners.
- **Responsible Individuals:**
 - Terry Cook, Director, Department of Emergency Management
 - Jill DeBoer, Director, AHC Emergency Preparedness Program
- **Action Item (20):** Develop a rapid communication system for all University employees with pandemic influenza response assignments.
- **Responsible Individuals:**
 - Terry Cook, Director, Department of Emergency Management
 - Jill DeBoer, Director, AHC Emergency Preparedness Program
- **Action Item (21):** Meet with representatives from UMMC to review their emergency operations and preparedness plans relative to pandemic influenza.
- **Responsible Individuals:**
 - Terry Cook, Director, Department of Emergency Management
 - Jill DeBoer, Director, AHC Emergency Preparedness Program

Objective 10: Providing Service to the Broader Community

To the extent possible, the University of Minnesota will assist in local, state, and federal pandemic influenza response efforts as appropriate and needed.

Possible Scenario and Anticipated Events:

- State plans call for the activation of volunteer systems in numerous response scenarios. The University of Minnesota Medical Reserve Corps is the largest MRC in the state and now has experience with an extended long distance deployment. It can be anticipated that the U of M MRC may receive deployment requests from the state, or local health departments.
- There are numerous other resources that may be called upon to provide service such as the College of Veterinary Medicine, School of Public Health, and CIDRAP.

Preparedness Planning Focus

Relevant programs and departments should continue to participate with local, state, and federal agencies in pandemic influenza planning efforts.

- **Action Item:** None at this time.

For more information about this workplan or public health emergency preparedness efforts at the University of Minnesota-Twin Cities Campus, contact:

Jill M. DeBoer, MPH
Director
Academic Health Center Emergency
Preparedness Program
(612) 626-6770
jdeboer@umn.edu

Terry Cook
Director
Department of Emergency Management
(612) 625-2802
tcook@umn.edu