

# **Towson University**

## **Pandemic Flu Preparedness and Response Plan**

**Purpose:** To prepare the University for the temporary suspension of normal academic, student service and administrative functions and the continuation of essential and emergency functions, with the ultimate goal of protecting the health and safety of the University community during a flu pandemic.

### **I. Introduction**

The recent reports of a new lethal strain of avian influenza spreading through Asia has raised the specter of a global flu pandemic on the scale of the 1918 Spanish Flu outbreak. Should this occur, the impact will be felt throughout the U.S., and ultimately on every campus in Maryland. The University must prepare itself for this possibility in order to mitigate the impact on our students, faculty and staff while maintaining University essential functions to the extent feasible.

#### **A. Status of the Avian Flu Pandemic Threat**

A flu pandemic is a global disease outbreak. Three conditions are necessary for a flu pandemic to occur:

1. A novel virus subtype emerges for which people have little or no prior immunity
2. The virus is capable of infecting humans
3. The virus changes and becomes efficient, causing sustained human-to-human transmission

These conditions permit the disease to spread easily from person-to-person, cause serious illness, and sweep across countries and around the world in a very short time. Pandemics have occurred throughout history on a periodic basis. In the last century, there were three influenza pandemics, in 1918, 1957, and 1968. The deadly 1918 pandemic killed approximately 50 million people worldwide.

At the present time, the first two of these three conditions have been met.

1. A novel virus subtype, H5N1, has emerged and, despite increased surveillance and large-scale culling of infected wild and domestic birds, is now persistent (endemic) in the bird population. The H5N1 virus has raised particular concerns about a potential human pandemic because it is especially virulent, and it has striking similarities to the deadly 1918 H1N1 flu strain.
2. H5N1 virus has now crossed species and is capable of infecting humans and other mammals. Since 2003, a growing number of human H5N1 cases have been reported in Thailand, Vietnam, Cambodia, Indonesia, and Turkey, and more than half of the people infected with the H5N1 virus have died. While the majority of the human cases thus far have been caused by exposure to infected poultry, there has been limited human-to-human spread through extremely close household contact with the- initial case. Most of these cases were adolescents or young adults, normally the population least at risk of death or

serious complications from typical seasonal flu.

3. The third condition for a pandemic – efficient, sustained human-to-human transmission - has not yet occurred. However, there is increasing concern that H5N1 will evolve into a virus capable of efficient human-to-human transmission, either as a result of virus mutation or a re-assortment event (in which the virus exchanges genetic material with a human strain during co-infection of a human or pig, thus acquiring the ability to pass efficiently from human to human). The recent deaths of 7 family members in Indonesia from Avian Flu are thought to be the result of limited human-to-human spread through close, prolonged contact with a sick individual who contracted the disease from infected poultry. Viral mutations have been identified but there is no evidence to date that the changes have created an efficient pandemic strain.

Most avian flu strains have emerged from areas of Eastern Asia, and the H5N1 virus is now endemic in Asian poultry and waterfowl. While the possibility exists that variants with pandemic potential could emerge in Maryland and neighboring areas of the Mid-Atlantic (due to the large poultry industry) and/or elsewhere in the U.S., the most likely scenario is introduction of H5N1 into domestic poultry by the migratory flight patterns of infected wild waterfowl from Asia.

Regardless of where the virus originates, once it has become capable of sustained, efficient human-to-human transmission, the window of opportunity for planning and preventive action will be brief. The University must have in place policies, procedures, and plans for addressing the worst case scenario, a full-scale, world-wide flu pandemic with a lethal viral strain. The plan outlined in this document prepares for an orderly suspension of normal university business, identifies the essential and/or emergency functions that need to continue during the pandemic in order to protect the public health and safety of its employees and students.

The decision to suspend normal University activities will be made by President Robert Caret at the recommendation of the Incident Command Team. It will occur at a point after the World Health Organization has declared Phase 6—Pandemic period: Efficient and sustained human-to-human transmission and the first verified case is discovered in the U.S./North America. Social distancing measures including cancellation of social and athletic events and class cancellation will be implemented up to and including Temporary University Closure (TUC), based upon a combination of the following decision criteria/factors:

1. Confirmation of a high rate of infectivity, morbidity (rate of infection) and/or mortality (death rate)
2. Rate/speed of disease spreading through the world and the U.S.
3. Early identification of cases in the local and/or Mid-Atlantic area
4. Local/State government/ public health authorities issue closure orders for K-12 schools and/or recommend curtailment/cancellation of public activities
5. Other regional or local universities closing
6. Notification of air transportation systems closing/curtailing interstate or international travel
7. Falling class attendance, students leaving campus
8. Rising employee absenteeism

## **B. Pandemic Planning Assumptions and Issues**

An effective response to an influenza pandemic requires knowledge of the characteristics of pandemics and effective measures to control or mitigate the spread and impact of the disease on the community. Nonetheless, there are many uncertainties that make planning for a pandemic a challenging task. It requires the coordinated efforts of a large number of campus departments and individuals as well as close communication, coordination, and cooperation with off-campus agencies. For pandemic flu planning purposes, we used the *Guidance for College and Universities* and *Implementation Plan for the National Strategy for Pandemic Influenza* (“the National Plan”): <http://www.pandemicflu.gov/plan/pandplan.html>, the American College Health Association’s draft Pandemic Planning Guidelines, and the Maryland Department of Health and Mental Hygiene’s Pandemic Influenza Plan, as well as various checklists from several professional organizations.

1. **Regardless of where the pandemic strain arises, once it reaches the U.S., either through migratory birds or infected individuals entering the country from abroad, we assume that it will quickly spread across the U.S.** The 1918 Spanish Flu spread from coast to coast in the U.S. in approximately 3-4 weeks. Given the enormous mobility of our population and the speed of air travel, it is possible pandemic flu could spread across the country within days if not hours. Once this occurs, there will be a very short window for decision-making. Therefore, plans for orderly closure will begin after WHO Pandemic Phase 6 is declared (efficient, sustained human-to-human spread) and the first U.S./North American case of pandemic flu is confirmed.
2. At all times, the health and safety of the campus community will be of paramount importance. While a campus closure will be disruptive, the Pandemic Response plan must account for this worst-case scenario. There are several reasons why the prudent approach is to plan for an early, orderly suspension of University non-essential activities in response to the occurrence of pandemic flu in the U.S.
  - a. The campus does not have adequate material or human resources adequate to maintain normal academic and business operations during a pandemic.
  - b. Given the ease of spread of the common seasonal flu through classrooms and residence halls, the risk to students, faculty and staff of serious infection and even death from a virulent Avian flu strain such as H5N1 is too great to warrant continuing academic activities. The National Plan and other health sources recommend taking steps toward social distancing, sequestrations, minimizing public assemblies, proper cough/sneeze etiquette, increased hand washing, and other actions, as a way to reduce the speed of transmission but these cannot stop the spread of the virus.
  - c. Given the likely national reaction to a pandemic outbreak, few students will feel comfortable sitting in classes without being fearful for their own health and parents will most likely want their children to return home.
  - d. National, State or local authorities could limit or curtail travel, making it difficult for students (especially international students) to return home.
  - e. The University may be directed by local, state or federal authorities to close the campus regardless of the institution’s interest in doing otherwise.
3. A pandemic outbreak, unlike seasonal flu that occurs between December and March, can occur at any time of year and the incidence of cases proceeds in several waves.<sup>a</sup> Thus

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<sup>a</sup> During the 1918 pandemic, the second wave from August to December 1918 was the most deadly.

planning must take into account the recurrence of flu cases in waves over several months after the first peak and prepare for disruption that could occur at any time during the academic calendar.

4. When the pandemic reaches the Baltimore area, illness attack rates among faculty/staff and non-resident students will be similar to the general population (approximately 20%). If residence halls remain open, we may expect the attack rate among those students to be similar to predicted rates in school age children (as high as 40%) because of close living conditions, social and hygienic factors that may increase the likelihood of transmission. Thus we may expect an overall attack rate of 30%.<sup>b</sup>
5. The rate of worker and student absenteeism at the peak of the pandemic could be as high as 30-40%, as a result of direct illness, family member illness, closure of daycare and K-12 schools, or simple fear of exposure. Individuals that do become ill could be out of work as long as 2 weeks, assuming they survive.
6. High rates of absenteeism will occur in all sectors of the economy and will make the delivery of goods and services, public utilities, transportation etc. uncertain or unavailable in some cases. Curtailment of public transportation mechanisms could greatly hamper efforts to move students out of residence halls if closure is delayed too long. Human resources at the University and in the community will be extremely strained and plans for continuity of essential operations must take these factors into account.
7. CDC estimates that up to 50% of those who become ill will seek medical attention. Such demand would quickly overwhelm local and campus-based health services, which are not adequately staffed to meet the demand for care that would be expected if we remained open.
8. It is unlikely that a vaccine for the pandemic flu strain will be available during the first wave of a pandemic. Even assuming a vaccine is eventually available, supplies will probably be limited. Essential personnel will be given first priority to receive available vaccine, particularly first responders such as health care workers, transportation staff, security staff and others whose work requires direct contact with sick students. If the University is designated as a vaccine distribution point, volunteers will need to be identified to assist in vaccine distribution and administration. These individuals will also be given priority for receiving available vaccine.
9. Anti-viral agents (e.g. TamiFlu, Relenza) are thought to be effective against H5N1, and could potentially reduce the lethality of infection. The actual dose required to treat H5N1 infection is unknown, but there is some evidence that the dose and duration may need to be doubled and is most effective when started early in the course of illness. The demand for these drugs will be enormous once a pandemic outbreak occurs, and will probably outstrip supplies. Therefore, sufficient supplies of anti-viral medications for essential personnel must be purchased before a pandemic occurs.
10. Depending on the virulence of the influenza virus, CDC estimates that as many as 11% of those who become ill will require hospitalization, and local hospitals in the Baltimore may be overwhelmed by the demand. The University may also be requested to assist its hospital partners (St. Joseph Medical Center and GBMC) by providing surge capacity for worried well

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<sup>b</sup> Source of attack rates used in this report: [CDC.gov/pandemic](http://CDC.gov/pandemic) flu

and less severely ill patients or staffing a distribution center for drugs and vaccines at the request of local public health authorities.

11. Public health education is key during a pandemic to calm fears and panic. It involves the communication of clear, consistent and appropriate information to the community regarding how to reduce individual risk of exposure (cough etiquette and hand washing, staying away from crowds); the role and importance of more draconian measures such as quarantine; the symptoms of the illness and what to do if they occur, i.e. how/when to seek care; and what the institution is doing to manage the crisis. Education must begin during routine flu season and the pre-pandemic phase. Our communication plan will include frequent periodic updates by a variety of methods, including the University's website and all-campus email, press releases and media advisories.
12. Depending on the timing of a university closure and evacuation of students and nonessential employees, there may be a subset of students remaining on campus as a result of illness or inability to get transportation home or find some suitable alternative living arrangement. The goal of this plan is to institute an orderly and proactive suspension of University academic activities followed by a rapid closure of all residence halls in order to reduce the number of students left on campus and the time during which they will require a minimum level of service (housing, dining, healthcare). Triggers for closure thus become critical in minimizing the size of this pool of "stranded" students and the resources (both human and materiel) needed to care for them.
13. This plan will include the use of one or more of the following public health interventions designed to reduce the speed with which the infection spreads through the population and lower individual risk of contracting the disease.
  - a. Social distancing (e.g. cancellation of classes, sports and other social events, closure of residence halls). **This practice is most effective when begun before influenza has appeared in the community and will be one of the primary University strategies in the face of a pandemic.**
  - b. Isolation (separating sick individuals from others in the population until they are no longer contagious). The contagious period (i.e., period of viral shedding) is estimated to be approximately 10 to 14 days, beginning 2 to 3 days before the onset of symptoms. Sick students will be triaged to either hospital care (if appropriate and available); self-care in a specified residence hall; or infirmary care if closer care and observation by health care providers are required. Obviously, our limited health care resources make an infirmary situation undesirable, and we would make every attempt to avoid this situation by pre-emptive closure before cases begin to appear. Nonetheless, a location for caring for sick students will need to be identified.
  - c. Quarantine refers to the separation and restriction of movement of individuals who are not sick but were thought to be exposed to someone with pandemic flu. The period of restricted activity also follows the incubation period, which means keeping well individuals contained, fed, and occupied for up to a week. Enforcement of quarantine also becomes a legal issue, particularly when non-ill individuals decide they want to leave the University. Again, the earlier the closure occurs, the less likely we will have to implement quarantine.
  - d. Protective sequestration involves restricting the entry of outsiders to a community or the reentry of community members who choose to leave. Once temporary closure of the University occurs (Action Level 4), re-entry to the university will be restricted to

those staff members who must carry out essential University functions that are designated in advance. Non-essential buildings will be locked down and access to all essential areas strictly controlled.

While the overall effectiveness of these measures is not known, it is believed that a combination of them will have some impact on the spread of disease, particularly if implemented early. **Given the limited resources available on campus, the goal is to institute social distancing, up to and including closure, prior to the outbreak of pandemic flu cases among resident students if possible. If flu cases appear among campus residents prior to University closure and evacuation of residence halls, other measures described below will need to be implemented and appropriate human and material resources allocated.**

14. The suspension of normal University activities may last anywhere from a few weeks to several months. Essential employees may need to function from either remote or campus locations to maintain services. Options for limiting exposure of essential employees to the virus might be beneficial. Staff may be requested to work multiple shifts and critical staff may need to be on campus to service critical campus systems. Thus, housing and feeding essential staff working extended shifts may be necessary, as well as consideration for increased leave accrual and other incentives.
15. Students, parents, the surrounding community, governing bodies and elected officials will all require periodic updates on the University's plans and implementation during the crisis.
16. This plan will apply to the initial outbreak, as well as subsequent waves of the Avian Flu Pandemic.

## **C. Concept of Operations**

The University's response to an Avian Flu Pandemic will be consistent with emergency management principles outlined in NEIMS, the National Emergency Incident Management Structure.

### **1. Pandemic Flu Work Group**

A subgroup of the Emergency Preparedness Planning Committee, the Work Group will develop the blueprint for the University's Pandemic Flu Response Plan. This work group is composed of the representatives from the following campus departments identified as having key responsibilities in the event of a pandemic flu outbreak.

- Campus Police
- Dowell Health Center
- Housing and Residence Life
- University Relations
- Facilities Management
- Auxiliary Services (Dining and Transportation Services)
- Environmental Health and Safety
- Office of Human Resources
- Office of Technology Services
- Counseling Center

Student Affairs  
Academic Affairs/Provost's Office  
International Programs (ISSO/ELC/Study Abroad/International Admissions)

## **2. Incident Command Team-Unified Command**

Once increased human-to-human transmission of a pandemic flu strain occurs anywhere in the world (Level 1 – corresponding to WHO Phase 4-5), the Incident Command Team will be activated and begin to meet on a regular basis. Led by the Director of Student Health Services and Chief of Campus Police, this team will assess the situation, direct the overall campus response and report to the Executive Emergency Council. The ICT is composed of the following individuals plus individuals from the Pandemic Flu Work Group:

### **Co-Commanders:**

Director of Dowell Health Center – Jane Halpern, M.D., Dr.P.H.

Chief of Campus Police – Col. Bernard Gerst

### **Members:**

Asst. VP Residence Life – Jerry Dieringer

AVP, Auxiliary Services – Joe Oster

AVP, Facilities Management - Steve Showers

Director, University Relations – Carol Dunsworth

AVP Student Affairs – Jana Varwig

Associate Provost – Deborah Leather

Director, Environmental Health and Safety – Larry Holbrook

## **3. Executive Emergency Council**

The EEC is composed of the members of the President's Staff Council. The decision to close the University will be made by the EEC, headed by President Robert Caret, on the recommendation of the ICT.

## **D. Areas of Institutional Response**

### **1. Communications**

Communication will be maintained via the use of the Web, e-mail, telephone and the media, depending upon the continued availability of each of these options. Coordination of this area of response will be handled by Jeff Schmidt, Chief Information Officer, and Carol Dunsworth, Director of University Relations. Communication will be needed for various audiences at different stages of the pandemic. Specific plans for communication are outlined in the Avian Flu phases in the following sections of this report. For each of these phases, draft communications will be developed in advance for use as needed.

It should be emphasized that communication between students and their families is strictly the responsibility of the student and the student's family. The university will not be responsible for maintaining current information about a particular student's whereabouts; the university will make available information regarding its directives to students at any time during an emergency. The university strongly urges students to establish and maintain contact with their families during an emergency.

Meetings will be scheduled with essential personnel after this emergency plan is approved in order to explain the emergency plan and to respond to questions.

**a. Web** - The recently developed Emergency Preparedness Website <http://wwwnew.towson.edu/main/abouttu/emergencypreparedness>, linked when appropriate to the university's top level page, will be used for broadcast information of a general nature, including general campus status information, and specific Avian Flu information. As needed, the university's Web pages will include links to other useful information. Updating can be accomplished either on- or off- campus as conditions dictate.

**b. E-mail** – Existing mechanisms are in place for authorizing and sending mass e-mail to the campus community. As the situation develops, e-mail services for general use will be supported with essential staff and will include all faculty, staff and student accounts as well as listserv services.

**c. Telephone** – University land line telephones will be supported with essential staff and will include all current telephone lines. Cell phones may also be used for direct communication with critical employees as needed, depending upon continued service by such service providers.

**d. Media** – Critical messages may also be disseminated by University Relations staff via newspaper advertising, media advisories, commercial and public radio broadcast messages. The university may also make use of electronic signs on campus to alert those in the immediate vicinity.

## 2. Academic Programs

### Provost's Office

Continuity of instruction and research will be coordinated by the Office of the Provost. These efforts will be directed by Provost James Brennan, assisted by Mr. William Reuling, Special Assistant to the Provost.

If the University closes for an extended time period due to Pandemic Flu, consideration will be given to the timing and duration of the closure. If the closure is more than two weeks, the semester may need to be extended. If it is within four weeks of the end of the semester, the University would petition MHEC to accept grades at the point of closure. The goal, if at all possible, would be to recuperate the fall or spring academic semester. Alternate forms of instruction including independent study, directed readings and out-of-class assignments will be instituted where possible. Electronic modes of instruction such as listservs, blogs, podcasts, and Blackboard will be pursued where feasible, depending on OTS support capabilities.

The University currently has an established refund policy on tuition and fees. Any modifications to this policy would be determined based on length of closure, cancellation of classes/services, and granting of academic credit. Modifications of the current refund schedule would require approval of the Cabinet, USM and/or the Board of Regents. It is likely that some coordination with the USM will be necessary on refund decisions.

During the closure period, access to the campus will be severely restricted for safety reasons and due to the absence of fully operational support systems. Most research activities that depend upon campus facilities will be temporarily suspended, with exceptions made for the care of live animals involved in research.

### **International Programs** (Study Abroad, ISSO, International Admissions, ELC)

If an outbreak abroad endangers students or faculty in study abroad programs, the Study Abroad Office will respond to the situation and facilitate the evacuation of students as necessary. Dr. Dean Esslinger, Associate Vice President for International Programs and Janene Oettel, Director of the International Students and Scholars Office, will be responsible for developing a plan to inform international students prior to their arrival in the U.S., or shortly thereafter, of the need to identify an off-campus housing alternative in the event of a pandemic and emergency closure. They will also be responsible for assisting students with travel arrangements home if transportation is still available. Wherever possible, international students, scholars, and study abroad students will be subject to the same restrictions, guidelines, and regulations as all others in the university community. Otherwise international students and scholars will be subject to the policies and procedures developed specifically for the populations normally included in the various International Programs offices.

### **3. Health Services**

**Dowell Health Center** -The Dowell Health Center is responsible for coordinating the University's public health response and providing health care to students during a disease outbreak. Dr. Jane Halpern, Director of Health Services, will provide leadership to those efforts and will coordinate the University's response with State and local public health authorities and local hospitals. Until such time as the University declares classes cancelled, the Health Center will continue to provide routine services. The Health Center will act as a surveillance site for the State of Maryland and for the campus. It will be the central surveillance body for reporting and detection of potential cases of pandemic flu among University students and personnel. During emergency closure and prior to closure if necessary, the Health Center will suspend routine health services and focus efforts on diagnosis and appropriate triage of flu cases, including treatment of ill students as necessary. Infirmary services will not be provided unless other alternatives to evacuating sick students fail. A residence facility will be identified for isolation of sick students who cannot travel but who do not need continuous medical care. The Health Center staff will monitor these students and deem them fit for travel as appropriate. If there are remaining students who require more intensive monitoring or health care services, care will be provided until such time as they can safely be transported to a local hospital or to their homes. If the University is deemed a Vaccine Distribution Center by the Baltimore County Health Department for Flu vaccine, this effort will be organized and coordinated by the Health Center staff.

**The Counseling Center** will provide acute crisis intervention services during a pandemic (psychological first-aid) for campus victims of emotional trauma or post traumatic stress. Dr. James Spivack, Director of the Counseling Center, is responsible for coordinating all crisis intervention psychological services.

#### 4. Administrative Services

- a. **Office of Human Resources** - Policies and procedures related to deeming of essential personnel, leave issues, and use of volunteers will be coordinated by the Office of Human Resources under the direction of AVP Phil Ross, Director. Designation of essential personnel at each action level and acceptability of telecommuting will be made by departments in writing according to OHR policies. Essential staff will include regular employees and Contingent Level II employees.
- b. **Auxiliary Services** – Joe Oster, AVP, is responsible for Dining and Transportation services. During the evacuation and shut down of the university, Dining Service and Transportation Service will be limited in scope and operation. Meals will continue to be provided to stranded, quarantined, or sick students during the initial phases of closure and to essential staff who are working extended shifts and may be housed on campus. Transportation Services will provide transport to BWI, MARC and Light Rail until the campus has been successfully closed.
- c. **Environmental Health and Safety (EHS)** - Larry Holbrook, Director, will coordinate and oversee the procurement of personal protective equipment (PPE), training and fit-testing of Health Center (Medical) personnel and other essential personnel who will come into close contact with sick individuals for respirator use, overseeing disinfection of areas inhabited by sick students, and biohazard waste disposal.
- d. **Facilities Management** - Steve Showers, AVP of Facilities Management and Harry Hughes, Director of Physical Plant, are responsible for facility maintenance and upkeep during a closure.
- e. **Fiscal Planning and Services** - Deborah Asbury, University Comptroller, is responsible for assuring continued essential business services during an emergency closure including Payroll, Accounts Payable, and Procurement (to assure funds are available for any necessary outside vendors.)

#### 5. Campus Public Safety

The University Police will be responsible for maintaining public order, controlling traffic and pedestrian access to campus, restricting access to essential buildings, as well as safeguarding those buildings that will be locked down during TUC period. Col. Bernard Gerst, Chief of Police and Director of Public Safety, will be responsible for coordinating safety and security activities.

#### 6. Housing and Residence Life

Student housing will be kept open until classes are cancelled. Once the decision is made to cancel classes, all University-owned and private-public residences will be declared closed and residents will be expected to vacate the premises within 1-3days. Temporary emergency shelter will be provided in Towson Run Apartments for a limited number of healthy students who have difficulty leaving the campus (e.g., international students from countries impacted by the pandemic, students unable to secure transportation home or to a suitable location, or ill students who cannot leave). Jerry Dieringer, Asst.VP for Housing and Residence Life will coordinate the staff necessary to supervise remaining students until they are evacuated. Students will be housed one person per room or suite to reduce

the risk of flu exposure. The goal is total evacuation within as short a time period as possible after classes are cancelled and the emergency declaration of a closure has been announced. Towson Run may also be used by essential staff working prolonged shifts during the period of emergency closure.

## **E. Phases of an Influenza Pandemic and Action Level responses**

For purposes of Pandemic Preparedness Planning, we have determined action levels based on the pandemic phases defined by WHO (<http://www.cdc.gov/flu/pandemic/phases.htm>)

### **Action Level 1 – Pre-Pandemic Phase**

**Corresponds to WHO Phase3\* – Novel Virus Alert** – Novel influenza virus (H5N1) identified as causing human cases has been identified in Asia and most recently in Europe (Turkey). Limited human to human spread among close household contacts has occurred, but no sustained human-to-human transmission. There is a potential for pandemic spread due to little/no immunity in the general population, but a pandemic is not inevitable.

\* Current WHO phase as of August, 2006

At Action Level 1, Pandemic Flu Work Group meets on a regular basis to begin identifying the elements of the response plan, including communications plans, HR policies and procedures for liberal and sick leave, return to work after illness; academic planning for interruption of research and instruction, alternative instructional methods, class cancellation. All academic, administrative, and student service units will identify essential activities, functions, and personnel in the event of university closure (academic and business continuity planning), including backup personnel plans in the event of illness or death of department leaders or members of the ICT and high levels of essential staff absenteeism. Estimates of costs and plans for stockpiling, storing and distribution of necessary supplies to essential personnel and remaining students, including emergency feeding and housing, medical treatment, will be developed. Communication plans will be developed to make the university community aware of the Pandemic Response Plan.

### **Action Level 2 – Pandemic Alert-Campus open, business as usual**

**Corresponds to WHO Phases 4-5: Evidence of increased and significant human-to-human transmission; cases reported internationally; no U.S. cases yet identified.**

At level 2 the Incident Command Team will begin to meet on a regular basis to review and finalize all plans for responding to the flu pandemic. All operations will continue as usual including classes and research, but more specific steps will be taken to prepare for Level 3. Communication with the campus community will increase to keep everyone informed of emergency plans.

### **Action Level 3 – Pandemic imminent, Campus institutes social distancing measures, prepares for closure**

**Corresponds to WHO Phase 6 – Efficient, sustained human-to-human transmission occurring and the first U.S. and/or North American case(s) are confirmed.**

The ICT will meet daily to determine the implementation of social distancing measures based on the presence of one or more of the following mitigating factors or triggers:

- a. Confirmation of a high rate of infectivity, morbidity (rate of infection) and/or mortality (death rate)
- b. Rate/speed of disease spreading through the world and the U.S.
- c. Early identification of cases in the local and/or Mid-Atlantic area
- d. Local/State government/ public health authorities issue closure orders for K-12 schools and/or recommend curtailment/cancellation of public activities
- e. Other regional or local universities closing
- f. Notification that transportation systems appear to be closing/curtailing interstate or international travel
- g. Falling class attendance, students leaving campus
- h. Rising employee absenteeism

Depending on the above factors, the following social distancing measures will be initiated. The timing or duration of class cancellation and Temporary University Closure (TUC), will depend on the evolution and lethality of the pandemic outbreak:

- a. Cancellation of social and athletic events
- b. Cancellation of classes and suspension of research
- c. Closure of University Residence Halls will be announced as soon as classes are cancelled.

Students will be expected to evacuate the residence halls within 1-3 days of class cancellation. Temporary, short-term emergency housing will be made available for sick individuals and those who cannot obtain immediate transportation home or find off-campus housing alternatives.

Once students are evacuated, closure of administrative and academic offices and liberal leave for nonessential staff begins.

#### **Action Level 4 – Pandemic Evolving – Pandemic cases spreading throughout the U.S. - Campus closed to all but essential personnel**

During Level 4, The ICT meets daily in the GSA Incident Command Post. The University is closed and most campus academic, administrative, and support operations are suspended. Entry to campus will be controlled by campus police. No vehicles or individuals will be permitted on campus unless approved as essential employees for tasks related to maintaining and securing the physical campus structure. All service contracts and construction projects will be put on hold. All research operations, except those with critical facility needs (e.g., animal feeding and care only) will be interrupted until the pandemic danger has subsided and campus reopened.

Police, safety and facilities staff, and a small number of other essential employees will be needed to maintain safe, secure, and hazard-free buildings. Essential staff members will conduct themselves in a manner to minimize exposure to sick individuals and/or to minimize the risk of transmission of flu to others. Staff will report in by e-mail or phone to supervisors if they develop flu-like symptoms. Healthy staff members will have the option to remain on campus rather than commute from home. Telecommuting will be used whenever possible to maintain business continuity and continuation of essential functions and activities.

Nonessential buildings will be locked down and utilities maintained only to keep pipes from freezing. Buildings housing essential functions will be maintained open, including Towson Run Apartments and the Burkshire if needed, for temporary emergency student housing; quarantine of exposed or ill individuals who cannot leave campus, and essential personnel wishing to remain on campus during the TUC. Utilities will be supplied to essential buildings as available, but all routine, normal daily housekeeping and non-urgent maintenance activities will cease until such time as the re-opening of campus buildings has been announced. Aramark will provide biohazard/decontamination services on an on-call basis as needed and BFI will maintain trash pickup services as available.

Essential buildings will be secured in a way to prevent re-entry by all but approved essential staff. Dining operations will be reduced to a skeleton staff in the Glen Dining Complex to provide emergency meals for any remaining students and essential staff working or living on campus during closure. Meals will be delivered to established drop-off points to facilitate social distancing.

### **Action Level 5 – Recovery – Campus prepares to re-open**

The ICT will determine the point at which the Pandemic is under control and normal activities can be resumed. Prior to resumption of classes, administrative and academic nonessential personnel will return and offices will reopen. Depending on the length of closure and location in the academic calendar, the Provost's office will determine whether the suspended academic semester will continue.

## **II. Pandemic Flu Plan Response by Action Level and Area**

**Action Level 1 – Pre-Pandemic Phase** – Human cases of Novel Virus Strain identified but no sustained human-to-human transmission

### **Communications**

#### **Institution-Wide:**

- a. All units will identify essential staff to maintain necessary operations during Levels I-IV, and inform individual staff of their status in writing. This should be done as soon as practical.
- b. All units will confirm communication protocols for all staff levels (e-mails, home telephone numbers, meetings, conference calls, etc.). Phone trees are to be established. (E.g., the Office of the Provost will notify each dean; each dean will notify each department chair; each department chair will notify each applicable faculty member.)
- c. All units will be ready to communicate how they will function/provide services with fewer staff, noting restrictions of hours and service levels and alternative means of getting services as appropriate.
- d. All units will conduct meetings with essential personnel to explain the plan and answer questions.
- e. The Pandemic Flu Plan will be posted to the University's Emergency Preparedness website after approval by the President's staff.

#### **Department Specific:**

- a. The Dowell Health Center will provide health promotion activities that stress infection control measures, e.g., hand hygiene and cough and sneeze etiquette.
- b. The Dowell Health Center Website will be an additional source of current Avian Flu information for the campus.
- c. The Dowell Health Center will identify experts/spokespersons for campus from County and State health departments.
- d. The Dowell Health Center, in conjunction with University Relations, will prepare drafts of e-mails, Web postings, FAQ's, and fliers to be used in (a) educational campaigns about hand hygiene and cough and sneeze etiquette, (b) personal protection campaign (e.g., what items students should have/store in their rooms and personal safety precautions), and (c) progressively difficult and dangerous situations.
- e. The Office of Human Resources will disseminate information about applicable leave policies.
- f. The Office of Technology Services (OTS) will be responsible for maintaining the essential services and systems to support campus communication and instruction.
- g. Director of Housing & Residence Life and Director of International Students and Scholars Office will prepare written communication for international students, new and continuing, who live on campus.
- h. The Department of Environmental Health and Safety will manage the distribution of information regarding the use of Personal Protective Equipment, the Instructions for Employees Who Request Voluntary Use of a Respirator, and the Protocol for Cleaning and Disinfection of Environmental Surfaces.
- i. International Admissions -The OIA will maintain its Web site and provide a link to the University's top level page so prospective students are aware of the University's current overall status.
- j. International Student and Scholar Office - International students and scholars will be notified that they should be prepared to either return to their home countries if Housing is closed and classes are cancelled, or should identify a location in the U.S to stay with family or friends.
- k. English Language Center – ELC will prepare information in simplified English to be included in the ELC student handbook describing Pandemic flu symptoms, response to personal illness and mass outbreak, the University's plan for closure, etc.
- l. Study Abroad Office will maintain links to CDC and WHO travel advisories so students will be kept informed if studying in countries affected by Pandemic flu cases.
- m. Financial Services will run announcements on Daily Digest regarding the importance of establishing direct deposit as soon as possible.

## **2. Academic Programs**

### **Provost's Office:**

- a. Work with colleges and academic administrative offices to develop plans for continuation of instruction and research, and essential administrative functions.
- b. Develop list of essential personnel including those who must be on-site, and those who are on "on-call status."
- c. Establish a standard template for announcements to faculty and students regarding the academic situation and options (e.g. Special bulletins.)

- d. Collect information from academic departments about faculty capacity to teach some portion of their courses using alternative modes of instruction, including online instruction.
- e. Provide as needed, training to faculty who wish to learn or enhance their online instructional skills.
- f. Work with OTS to determine its capacity for maintaining online instruction if the university closes, while instruction and research continue.
- g. Apprise faculty to be flexible when determining how they will select alternate modes of instruction. Different approaches will be necessary for undergraduate and graduate courses, small classes versus large classes, and also variations according to discipline.
- h. Request emergency plans from departments offering internships, student teaching and clinical experiences specifying their methods of notifying students and faculty at off-campus sites of university's actions. Provide alternatives to students whose experience(s) may be shortened.
- i. Establish emergency protocols to be used in laboratory courses and develop plans to take care of research animals should the university close. Identify faculty members who will be responsible for care of lab animals.
- j. Work with academic administrative units to make sure they have emergency plans to carry on their essential functions should the university close from off-site locations. Have each unit develop a list of essential questions and answers students and parents are likely to ask and post them to a **FAQ Page** on Towson's Emergency website.

### **International Programs**

#### **International Students and Scholars Office (ISSO)**

- a. Notify students and scholars that they should read all university-wide communications and to pay particular attention to email from the ISSO with regard to an emergency such as a pandemic.
- b. Inform international students and scholars that they should be prepared to leave the campus if Housing is closed and classes are cancelled, either returning to their home countries or to an alternate location in the U.S., such as with friends or family.
- c. Offer assistance with HRL in finding off-campus housing for those who cannot return to their home countries and who do not have relatives in the U.S.
- d. Work with Student Affairs and the Provost's Office to establish a loan fund for students who need financial assistance to purchase airline tickets or pay for off-campus housing during a TUC.

#### **Office of International Admissions (OIA)**

- a. Maintain its Web site with day-to-day information on current status of OIA functions and the extent of services according to level of the flu phase.
- b. Provide a link to the University's top level page so prospective students are aware of the University's current overall status.

**Study Abroad** - See existing Emergency Plan which the University maintains for students or staff working and studying abroad.

### **English Language Center (ELC)**

- a. Work with OTS to assure that all ELC students have TU email accounts. Currently there are restrictions on ELC student access to university email accounts.
- b. Prepare information in simplified English to be included in the ELC student handbook describing avian flu and its symptoms, response to personal illness and mass outbreak, the University's plan for closure, and lists of items each student would want to stock in his/her apartment in case of emergency.

## **3. Health Services**

### **Dowell Health Center**

- a. Identify Essential Health Service Personnel for Phase 1 and Phase 2 of University closure
- b. Assist in establishing OHR policies for employees with possible pandemic flu symptoms
- c. Assist Academic Affairs in a liberal class absence policy for students with flu-like symptoms during routine flu season and Pandemic Alert (Action Level 2 and 3)
- d. Initiate a system of routine flu case surveillance at the Health Center for use during common flu season and in the event of a pandemic.
- e. Establish close working relationships with the Baltimore County Health Department and Maryland Department of Health and Mental Hygiene (DHMH) for flu surveillance activities, coordination of resources and establishment of a Vaccine/Medication Point of Distribution (POD) at the University for medical supplies and vaccines (for distribution to the campus community and then to the outside community as needed).
- f. Promote campus-wide Flu Prevention strategies through educational campaigns
- g. Expand the annual campus flu shot campaign to increase student and faculty/staff immunization by 25%-30%.
- h. With assistance from EHS and Procurement, purchase and store bulk quantities of surgical masks, N95 respirators, gloves, gowns, IV solution, and alcohol-based hand hygiene products for use during a pandemic.
- i. Identify potential volunteers to work at the Health Center or POD during a pandemic (e.g. College of Health Professions, Student Affairs, joint PA-CCBC PA program).
- j. Update flu treatment protocols and train staff on appropriate use of anti-virals, respiratory precautions during common Flu Season.
- k. Arrange for purchase of stocks of Tamiflu when funding becomes available from the University.

### **Counseling Center**

Work closely with DHMH (state of Maryland Department of Health and Mental Hygiene), following disaster relief/preparedness training (ICISF/CISM model, Red Cross model)

- a. Train staff in influenza signs and symptoms, disease presentation and complications, and universal precautions
- b. Train staff in disaster mental health relief on managing grief, trauma, concerns about breakdowns in the larger social systems, large scale illness and death
- c. Update our ability to use technology to communicate (e.g. phone, e-mail, webcams)
- d. Implement procedures for physical distancing (e.g. no hand shaking, no group counseling, wearing masks in session, suspending face-to-face services; daily washing

- of phones and door knobs using sanitizing napkins; referral of students who show symptoms)
- e. Generate backup plan for absenteeism among counselors and front office personnel
  - f. Develop a plan for how and when services change, when the Center closes, etc.
  - g. Develop phone trees both within the Center and with appropriate university departments and with the administration
  - h. Develop mental health information for the university web page
  - i. Develop outreach activities to prepare others psychologically for potential mental health impacts of the pandemic flu.

#### **4. Administrative Services**

##### **Auxiliary Services-**

- a. Inventory supplies of non-perishable food and bottled water and identify quantities needed to be purchased in event of a closure (plan for 2 meals daily for approximately 100 people for an 8 week period.).
- b. Identify essential staff for food service and transportation services.

##### **Environmental Health and Safety**

- a. Manage distribution of information and consult on regulatory issues regarding the use of Personal Protective Equipment (PPE), the Instructions for Employees Who Request Voluntary Use of a Respirator, Checklist for Temporary Closure Laboratories and the Protocol for Cleaning and Disinfection of Environmental Surfaces. Additional information pertaining to PPE and the University's Respiratory Protection Program (RPP) can be found on EHS's website:  
<http://wwwnew.towson.edu/adminfinance/facilities/ehs/OccupationalSafety.asp>  
(Click on Personal Protective Equipment and Respiratory Protection Program.)
- b. With the assistance of funds appropriated, purchase surgical masks, N95 respirators, plastic gloves, and alcohol-based hand hygiene products (e.g., Purell), pre-labeled bio-hazard disposal bags (red) and sharps containers and store for use during the pandemic.

##### **Facilities Management**

- a. All employees working, all services operating under normal schedules.
- b. Develop a base level essential personnel list for the possibility of a Level 3 emergency to maintain open the following buildings:
  - i. Administration
  - ii. Cook Library – First floor
  - iii. Health Center
  - iv. GSA
  - v. Psychology and Smith Hall animal labs
  - vi. Glen Dining Hall
  - vii. Towson Run Apartments
  - viii. Burdick Hall (if used to house sick students or for Vaccine POD)
  - ix. Any other building identified for emergency housing operation

## **Fiscal Planning and Services**

- a. Departments will evaluate their operations to determine the essential services that will continue to be delivered in the event of a Temporary Campus Closing (TCC), and which of their employees will be responsible for delivering these services as essential employees, both primary and back-up. Preparations for remote operations will be made.
- b. Procurement will review contracts and sources for flu vaccine and other emergency supplies and services, and confirm emergency order procedures with critical-item suppliers. Healthcare supplies (gloves, masks, hand cleaner, infectious waste disposal bags, etc.), will be inventoried/ordered as appropriate.
- c. All units will define essential staff within each department and within each level defined in this plan. Some employees may be defined as essential at one level but not at another. Employees will be notified in writing of this designation. This should be done as soon as practical and should be followed up with a reminder at such time as the campus might go to a Level 2 or greater alert. All employees identified as essential will be provided vaccination by the University as it becomes available.
- d. Financial Services will post an announcement on Daily Digest regarding the importance of establishing direct deposit as soon as possible.

## **5. Campus Public Safety**

### **a. Education and Training of TUPD Staff**

1. All TUPD staff will receive training in the following areas:
2. Basic overview of Pandemic Flu
3. Health Protocols – (cough, sneeze, hand washing)
4. Fit testing for masks
5. Personal Protection Equipment (PPE) training
6. Cross training of Police Aide and Administrative personnel for Police Communication Officer duties
7. Advanced preparation for families recommended

### **b. General Planning: Staffing**

1. TUPD will review / update staffing plans for possible Pandemic Flu outbreak for the following:
2. Sworn Police Personnel
3. Police Aides
4. Police Communications Operators
5. Administrative Personnel
6. Abacus Security
7. TUPD will also develop / review plans for housing and feeding staff in the event staff is required to remain on campus

### **e. Equipment / Supplies**

TUPD will review / update / order equipment and supplies for the following areas:

1. Health Protocols
2. Gloves, Masks, Hand Sanitizer
3. Educational Brochures / Posters
4. Bottled Water / Food Supplies (for staff)
5. University Closure
6. Traffic Barricades / Cones
7. Signs for Vehicular and Pedestrian Traffic

f. **Tactical Planning**

1. Evacuation and Closure Plan
2. Receive / Update authorized personnel database from Vice Presidents
3. Coordinate evacuation / closure policy and procedures with other university departments
4. Designate which facilities will require access during closure

g. **Security of Specific Sites**

1. Identify possible point of distribution (POD) sites for vaccines and medical supplies

h. **Review Emergency Operation Center (EOC) Plans**

1. Finalize installation of EOC equipment
2. Train key personnel in use of EOC equipment
3. Conduct training and exercises
4. ICS / NIMS training
5. Tabletop exercises
6. Prepare EOC manuals
7. Order EOC supplies

## **6. Housing and Residence Life**

- a. Disseminate emergency housing plan to all students living in residence halls
- b. Encourage students to have a plan for emergency evacuation of residence halls during TUC
- b. Work with Health Center to educate students on flu prevention measures including routine flu vaccine, cough etiquette, handwashing, etc.

## **Action Level 2 – Pandemic Alert-Campus open, business as usual**

### **1. Communications**

#### **Institution-wide communications:**

- a. Information on the Emergency Preparedness Web site will be updated as needed to communicate current status of the pandemic and institutional responses. Additional efforts to promote the Web site will also be implemented.

- b. E-mail alerts will be sent to students, faculty, staff, and parents/families of students informing them of the current status and encouraging them to refer to the Emergency Preparedness Website.
- c. The Towson Homepage will communicate CDC travel advisories and any university travel restrictions to the campus as appropriate.
- d. Once human-to-human transmission of pandemic flu begins anywhere in the world, the University will activate its policy requiring any students, faculty and staff returning from travel to countries affected by a pandemic flu strain to remain off-campus for 10 days to self-monitor for flu-like symptoms.
- e. University Relations will field media inquiries as necessary and make appropriate referrals.
- f. Town Meetings will be held to provide the campus community with information about the
- g. Towson University Emergency Preparedness Plan.
- h. OHR will issue written notice to essential staff based on lists compiled by each Division and their departments.
- i. Information will be posted to the university homepage concerning CDC and WHO travel restrictions and recommendations for faculty, staff and students considering travel to areas of the world where pandemic flu outbreaks have occurred

### **Department Specific Communications:**

- a. All units will update departmental Web sites with service specific information as conditions evolve over time.
- b. All units will provide information to staff about departmental issues and the care and safety of their families.
- c. The Dowell Health Center will provide health promotion activities that stress infection control measures, e.g., hand hygiene and cough and sneeze etiquette.
- d. The Dowell Health Center Web site will be an additional source of current Avian Flu information for the campus.
- e. International Programs office will provide all international students with appropriate information. An International Programs staff member will be responsible for the content and dissemination of messages.
- f. Dining Services will educate students, faculty, and staff on the need to keep a three day supply of food, water, and other essentials.
- g. The Division of Student Affairs will conduct informational meetings with student residents and other stakeholders as needed.
- h. The Department of Environmental Safety will manage the distribution of information and consult on regulatory issues regarding the use of Personal Protective Equipment, the Instructions for Employees Who Request Voluntary Use of a Respirator, and the Protocol for Cleaning and Disinfection of Environmental Surfaces.

## **2. Academic Programs**

### **Provost's Office:**

- a. Continue preparations for possible closing. Issue Special Bulletins as needed.

- b. Request faculty to provide deans and chairpersons with **specific** plans to continue instruction for each course taught should the university close and classes are cancelled.
- c. Ask faculty to identify courses/labs that **cannot be completed** given the time left in the semester.
- d. Implement flexible student attendance policy allowing that some students may already show symptoms of being ill, and cannot (should not) attend classes. The policy should allow student various options for making-up missed assignments, and completing the course, where feasible.
- e. Issue appropriate instructions to students in off-site learning centers; internships; clinical experiences and student teaching. For example, if the university is closed, all off-site courses and all clinical experiences are also cancelled.

### **International Programs**

#### **English Language Center** will:

- a. Have instructors carefully review the material on Pandemic Flu in each class at every level. Student comprehension will be tested.
- b. Assure that each student has an active TU email account and instruct students to consult the University's homepage and Emergency Preparedness websites as well as their email for notices about school closings and flu updates.
- c. Key students in each language group will be identified to help the director explain or translate information as necessary. A telephone chain for each language group will be developed. This will cover most of the ELC students (Korean, Saudi, Chinese, Japanese, Thai, and Spanish-speaking)
- d. A buddy system will be developed so that students can check in on each other by phone or email and report back to the director as needed.
- e. Work with each student to make a plan for leaving the university campus, although for the fall of 2006 no ELC students will be allowed to live on campus.

## 3. Health Services

### **Dowell Health Center**

- a. Assure all DHC workers have received medical clearance and fit-testing for N-95 respirators and training on respiratory protection from DES
- b. Encourage all Health Center staff to receive seasonal influenza vaccine and Pandemic Influenza vaccine when available.
- c. Assure adequate supplies of personal protection equipment (hand sanitizer, gloves, gowns and surgical masks, N-95 respirators)
- d. Assure adequate supplies of seasonal flu vaccine, anti-viral medications
- e. Complete plans for creation of an Isolation room for evaluation of patients with flu-like symptoms. Purchase negative pressure machine
- f. Review staff procedures for disinfection and waste disposal for patients seen in the isolation room
- g. Review CDC/OSHA respiratory protection protocols for all staff with direct patient contact

- h. All Phase 1 Essential Personnel will receive N-95 respirator medical clearance, and cleared staff will receive fit testing and training on respiratory protection from EHS
- i. Follow State and County protocol for Flu surveillance
- j. Conduct flu surveillance for the University and ICT by reporting weekly flu cases to the Director, aggregating flu reports from OHR, Campus Police and Academic Affairs.
- k. Monitor Health Care workers for illness
- l. Monitor patients with influenza-like symptoms for possible pandemic flu strain if test kits are available
- m. Communicate the importance of self-monitoring and quarantine for students, faculty and staff returning from travel or exposed to visitors from affected countries.
- n. Work with Environmental Health and Safety and Campus Public Safety to develop a policy and procedures for transporting sick individuals to hospitals in the event private and ambulance transportation services are not available.
- o. Update Health Center protocols as new information presents regarding influenza case presentation, epidemiology, diagnosis and treatment.
- p. Train non-clinical staff to provide support capacity during crisis.
- q. Identify possible volunteer medical staff from Nursing Department, PA Program and community volunteers. Obtain legal clearance from University Counsel for volunteers.
- r. Continue to promote campus-wide Flu Prevention strategies (hand washing, cough and sneeze etiquette, recognition of symptoms and self-care; stay home when sick; how to access health care when sick.) using the Towerlight, Daily Digest and website, flyers and signage on campus.

### **Counseling Center**

- a. Assess need and provide short term stress management counseling for the campus community.
- b. Develop educational programming around topics such as anticipation of potential fear and anxiety of students, faculty and staff; identifying pandemic fundamentals (signs, symptoms, transmission) and personal and family protection and response strategies (hand hygiene, coughing/sneezing etiquette, etc) and insight into stress management to help prevent and mitigate stress reactions in the wake of a pandemic.
- c. Provide psychological preparedness information and response to disaster materials
- d. Be present at campus briefings (especially to discuss emergency counseling services and deal with audience anxieties.
- e. Identify other psychologists/counselors/mental health workers on campus who can be called in to assist the CC in provision of crisis intervention strategies.

## **4. Administrative Services**

### **Auxiliary Services**

- a. Identify storage space and begin to stockpile non-perishable food supplies or ready-to-eat meals for essential staff and stranded students.
- b. Identify drivers to medically screen and fit-test for N-95 respirators; train in procedures to be used for transportation of sick individuals to local hospitals if ambulance or private transportation services are unavailable.

## **Environmental Health and Safety**

- a. Provide Dowell Health Center (Medical) personnel and other essential workers who will come into close contact with sick individuals with N95 Respirators, training on PPE, respiratory protection and fit testing, gloves, and alcohol-based hand hygiene products. Only those individuals who have been medically cleared to wear a respirator will be fit tested, unless they are voluntary users.
- b. Provide non-Health Center (Medical) personnel and other essential workers who enter patient-occupied rooms but do not come into close contact with the sick individual(s) with surgical masks, gloves and hand hygiene products.
- c. Upon request, provide surgical masks to other workers who do not come into contact with sick personal or enter patient-occupied rooms.
- d. Professional Environmental Health and Safety staff will be placed on alert status for possible response to increased Action Levels. Develop EHS Rotation Schedule - two teams consisting of two EHS staff each working 12 hour shifts (12 on/12 off) with rotation in of a 5<sup>th</sup> member.
- e. With the assistance of funds appropriated, purchase surgical masks, N95 respirators, plastic gloves, and alcohol-based hand hygiene products (e.g., Purell), pre-labeled bio-hazard disposal bags (red) and sharps containers and store for use during the pandemic.
- f. Work with Dowell Health Center and Campus Public Safety to develop a policy and procedures for transportation of sick individuals to hospitals in the event ambulance or private transportation is not available.

## **Facilities Management**

- a. All employees working, all services operating under normal schedules.
- b. Encourage all employees to be immunized if vaccine available
- c. Work with Environmental Health and Safety and the Health Center to provide training on the Avian Flu and procedures for the next level of severity.
- d. Stock supplies of Niosh masks, nitrile gloves and cleaning materials in areas around student housing, dining halls and buildings that will remain open at the next level of severity.
- e. Distribute cots to Power Plant in the event of a Level 3 emergency.

## **Fiscal Planning and Services:** Financial Services/ Procurement staff will:

- a. Prepare and send request to the State General Accounting Office to increase University Working Fund cash.
- b. Increase purchasing card transaction limits to facilitate procurements.
- c. Coordinate process with State Treasurer's office to hold in "reserve" excess working funds for emergency cash flow needs.
- d. Increase and expand signatory authority on procurement documents and checks as needed.
- e. Begin cross-training of staff as needed.
- f. Review inventory of critical healthcare supplies and increase as appropriate/available

## **5. Campus Public Safety**

### **General Planning:**

#### **1. Staffing**

- a. Review / update staffing plans
- b. Advise staff of potential work hour changes

- c. 12 hour shifts
- d. Cancellation of leave
- e. Explain potential 30-40 % shortage of staff

## **2. Equipment and Supplies**

- a. Prepare to distribute / deploy supplies:
- b. Health Protocols
  - 1) Distribute gloves, surgical masks, hand sanitizer to all TUPD staff and Abacus personnel
  - 2) TUPD staff and immediate family to receive flu vaccinations or anti-viral drugs (if available)
- c. Make educational brochures / posters available at TUPD locations and Abacus posts
- d. University Closure
  - 1) Prepare to deploy traffic barricades
  - 2) Prepare to post signs at vehicular and pedestrian traffic locations

## **3. Training**

- a. Review procedure for emergency transportation of sick individuals to local hospitals if other transportation services are unavailable, including use of mask, disinfection of vehicles after transport.

## **4. Tactical Planning**

### **a. Evacuation and Closure Plan**

- a. Finalize authorized personnel lists
- b. Prepare to implement evacuation / closure plan
- c. Prepare to make EOC operational

### **b. Security of Specific Sites**

- a. Coordinate with Health Department on potential POD sites
- b. Coordinate with Baltimore County Office of Emergency Management / MEMA / Maryland State Police for mutual aid (if needed) for POD security

## **6. Housing and Residence Life**

### **Action Level 3 – Pandemic imminent, Campus institutes social distancing measures, prepares for closure**

When WHO declares a phase 6 pandemic and cases are confirmed in the U.S., depending on other trigger factors listed previously, classes will be cancelled. The President will declare an emergency temporary University closure. Within one to three days of cancellation of classes, and depending on national and local conditions, all University residence halls will close. As soon as practicable thereafter, most administrative offices and academic buildings will close except those conducting critical functions.

## **1. Communications**

### **Institution-Wide Communications:**

- a. Information on the Towson University homepage and Emergency Preparedness Website: <http://wwwnew.towson.edu/main/abouttu/emergencypreparedness> will be updated on a continual basis, as needed. Online response to electronic inquiries will be provided from a remote location by the staff in University Relations with assistance from Office of Technology Services.  
E-mail alerts will be sent to students, faculty, staff, parents/families, Trustees, Regents, State officials, and vendors apprising them of the status of activities on campus and steps being taken by the institution.
- b. Media will be alerted by University Relations to the status of activities on campus and steps being taken by the institution.

**Department Specific Communications:**

- a. All units will keep staff in their areas informed of the current status of the pandemic and institutional responses.
- b. All units will update web sites for closing status.
- c. All units will maintain staff phone trees.
- d. All units will publicize Dowell Health Center protocols for hand hygiene and cough and sneeze etiquette.
- e. All units will implement a procedure for dealing with a possible increased media presence, including access issues, and referrals to campus public information staff.
- f. The Dowell Health Center staff will educate the campus regarding signs/symptoms and when/where to seek help.
- g. Signs will be posted at entry doors of the Dowell Health Center notifying patients with coughs to put on mask.
- h. Dowell Health Center personnel will conduct frequent consultation with the County and State health departments.
- i. The Division of Student Affairs will announce that all university housing will be closed imminently, and students will need to prepare to evacuate.
- j. The Division of Student Affairs will communicate Health Center protocols for infection control in areas such as residence halls where social isolation is difficult.
- k. The Division of Student Affairs will e-mail students directly affected by campus action (e.g., evacuation, social isolation, relocation) specifying actions they must take.
- l. International Programs office will contact all international students giving options for action so students can prepare to make difficult decisions if necessary.
- m. A link will be placed on the Study Abroad Web site to the Emergency Preparedness and Dowell Health Center Websites. Study Abroad staff, faculty directors (if overseas), and students will be notified of emergency contact information, including home phone numbers, of the Study Abroad and International Programs staff.
- n. Signs will be posted at Dining Services' facilities stating anticipated closing of each facility and directing customers to Glen Dining Complex.
- o. Department of Environmental Safety will manage the distribution of information and consult on regulatory issues regarding the use of Personal Protective Equipment, the Instructions for Employees Who Request Voluntary Use of a Respirator, and the Protocol for Cleaning and Disinfection of Environmental Surfaces.

**2. Academic Programs**

**Provost's Office**

- a. Continue preparations for possible closing. Issue Special Bulletins as needed.

- b. Request faculty to provide deans and chairpersons with **specific** plans to continue instruction for each course taught should the university close and classes are cancelled.
- c. Ask faculty to identify courses/labs that **cannot be completed** given the time left in the semester.
- d. Implement flexible student attendance policy allowing that some students may already show symptoms of being ill, and cannot (should not) attend classes. The policy should allow student various options for making-up missed assignments, and completing the course, where feasible.
- e. Issue appropriate instructions to students in off-site learning centers; internships; clinical experiences and student teaching. For example, if the university is closed, all off-site courses and all clinical experiences are also cancelled.

### **International Programs**

English Language Center will:

- a. Help students plan for their departure from the U.S. if this becomes a requirement.
- b. Maintain all student and staff email addresses and phone numbers and make them available at the home of the director.

## 4. Health Services

### **Dowell Health Center:**

- a. Phase 1 essential staff will report for duty and continue until there are no students remaining on campus.
- b. Clearly communicate uses, resources and limits of care/services at Health Center to ICT and EET.
- c. Identify and publicize alternate care locations for staff and students if Health Center services become overwhelmed
- d. Constitute flu prevention kits to be distributed to all essential staff upon TUC. This will include flu symptoms; what to do if sick; and a treatment pack of TamiFlu if available.
- e. Post notices at all entry doors notifying patients to put on masks prior to entry.
- f. Inform students via email, Daily Digest and website to call in prior to arriving at Health Center if they develop flu symptoms: Fever  $\geq 100.4$  F associated with cough, sore throat and/or shortness of breath).
- g. Suspend all routine care as soon as classes are cancelled or prior to this if necessary to accommodate surge of patients with flu-like illness
- h. Institute telephone triage protocols for patients calling in with possible flu-like symptoms to triage sickest patients to Health Center, re-enforce voluntary home quarantine and self-care when appropriate.
- i. Establish streamlined process to assess sick students for possible flu and minimize exposure of other patients/staff
- j. Activate isolation room with negative pressure status for evaluation of sick students
- k. Conduct influenza testing of patients using pandemic flu kits as available and report cases of pandemic flu to local and state public health authorities.
- l. Monitor patients with symptoms suggestive of the Pandemic Flu and coordinate transportation to local hospital facilities. Once these facilities are over capacity and unable to absorb additional patients, the Health Center will recommend sick students be transported home by parents or friends if able to travel.
- m. Monitor sick resident students who require closer medical supervision until such time as they can be transported home or to another health care facility or local hospital.

- n. Sick individuals that cannot obtain transportation home or to another facility will be isolated in a separate residence hall or other campus building away from healthy students and essential staff being housed on campus.
- o. Monitor non-ill students and staff exposed to cases of flu and determine their disposition. These individuals should be quarantined at home if they can obtain transportation off campus.
- p. If Towson is designated as a POD (Point of Distribution) for supplies of vaccine or anti-virals by local or state health authorities, assign Phase 1 essential Health Center staff and coordinate with local public health authorities and volunteers from other parts of the University. First priority for vaccine and anti-virals will be given to Health Care providers, campus police, transportation staff, food service workers, POD volunteers, Executive Staff, ICT members, and other essential staff and their families.
- q. Prepare to close the Health Center once all students are evacuated from campus.

**Counseling Center will:**

Cut back or temporarily suspend non-critical functions and traditional counseling/psychotherapy services

- a. Where possible and clinically appropriate, move clients to less frequent sessions and prioritize new intakes/clients bases on severity and risk.
- b. Implement on-call crisis management procedures in response to trauma.
- c. Institute crisis intervention procedures for campus victims of emotional trauma or PTSD, either in person or through telephone hotlines.
- d. Prepare to close the Counseling Center once all students are evacuated from campus.

**Administrative Services**

**Office of Human Resources**

Staffing:

- a. All preparations for office closures are to be coordinated through, and approved by, the appropriate university vice president.
- b. Healthy essential regular and contingent employees shall report to work.
- c. Non-essential regular and contingent II employees will be granted administrative leave.
- d. All staff will be instructed on remote desktop access procedures.
- e. Protocols for reporting sick absences will be finalized and communicated.
- f. All units will monitor staffing levels, health, morale, and absenteeism.
- g. All units will reassign staff if necessary.
- h. All units will monitor impacts/revised service expectations related to liberal leave.

**Auxiliary Services**

- a. Begin consolidation of Dining facilities as done at the end of each semester. Glen Dining Hall to operate as the last fully operating facility until closure is completed
- b. Transportation shuttles to BWI, MARC, and Light Rail will begin on a routine basis (all at the BWI station locations to limit transportation gridlock). Campus shuttle routes will be suspended.

**Environmental Health and Safety**

- a. Ensure Health Center (Medical) personnel and other essential workers who are coming in close contact with sick individuals are following airborne precautions including utilizing a fit-tested respirator (e.g., N95), wearing gloves, using hand hygiene products, etc.
- b. Ensure Non-Health Center (Medical) personnel and other essential workers that are entering patient-occupied rooms but are not coming in close contact with sick individuals are using issued surgical masks, gloves and hand-hygiene products.
- c. Review procedures for transportation of sick individuals to local hospitals in a university vehicle if required. Assure provision of masks, N-95 respirators, and material for decontamination of vehicles are available.
- d. Continue to provide surgical masks to those workers that are not coming into contact with sick individuals but request some form of respiratory protection.
- e. Provide hand hygiene products to other workers who may request it.
- f. Provide surgical masks to suspected or confirmed sick individuals.
- g. Ensure an EPA registered disinfectant is being utilized for cleaning of University emergency medical transport vehicles, surfaces that are frequently touched with hands and patient/post patient occupied rooms (floors and other horizontal surfaces). Cleaning personnel will be required to wear a surgical mask as well as gloves. Refer to Appendix E for more specific cleaning and disinfecting protocol.
- h. Distribute pre-labeled Bio-hazard waste bags and sharps containers to appropriate locations. Pick up full containers upon request and transport for temporary storage.
- i. Make arrangements for temporary storage of bio-hazard waste in Smith Hall or at the University's Waste Facility. Contact UMB or Bio-hazard Waste Contractor to arrange for disposal of waste (this may not occur until the pandemic is over).
- j. Handle blood and other bodily fluid spills in accordance with the University's Bloodborne Pathogens Exposure Control Plan (BBP). The program can be accessed@ <http://wwwnew.towson.edu/adminfinance/facilities/ehs/BiologicalSafety.asp>  
Click on Bloodborne Pathogens Exposure Control Plan.

### **Facilities Management**

- a. Work with the administration to determine what campus services are to remain open.
- b. Reduce and/or secure non-essential building services to unoccupied buildings as weather and other conditions allow.
- c. Depending upon what is open, staff accordingly for those services. Typically this would be 24 hour maintenance staffing, Power Plant staff, HVAC staff, plumbing, electrical and lockshop services.
- d. Landscaping, carpentry, painting, automotive and project work would be discontinued and staff members reassigned to support other maintenance areas.
- e. Distribute supplies necessary to support a Level 3 emergency to the appropriate buildings and areas.
- f. Identify functioning university vehicles that can be used to transport sick individuals to local hospitals or other medical facilities if no other means of private or public transportation is available.

### **Fiscal Planning and Services**

- a. Healthy essential personnel will report and/or implement remote operations procedures; services will continue.
- b. Financial Services, Payroll, will contact State Central Payroll Bureau to process payroll if needed.

- c. Procurement will coordinate with departments to identify and prepare “Suspension of Work” and “Termination for Convenience” notifications to service contract vendors and construction contractors.
- d. Procurement and Financial Services will facilitate and expedite emergency supply and service orders.
- e. Financial Services will prepare to implement manual processes as needed for cash deposits, disbursements, procurements, and student billing.

## 5. Campus Public Safety

### Evacuation and Closure Procedures

- a. **Activate EOC**
  - 1) Implement ICS / NIMS protocols
  - 2) Coordinate evacuation and closure procedures with other departments under Unified Command
- b. **Staffing**
  - 1) Reinforce use of health protocols by staff
  - 2) Rescind all leave for TUPD staff (case by case review)
  - 3) Implement 12 hour shifts
    - a) Sworn personnel
    - b) PCO’s
    - c) Administrative (as needed)
- c. Obtain housing
- d. Distribute water / food to staff (as needed)

### Tactical Planning

#### 1. Evacuation

Facilitate orderly evacuation through:

- a. traffic control measures
  - b. securing of facilities when vacated
- #### 2. Closure( see Closure Map, Appendix G)
- a. Deploy barricades to secure campus of vehicular traffic
  - b. Deploy signs at vehicular and pedestrian entrances / exits advising of university closing and no trespassing order
    - 1) Assign personnel (Police Aides, Abacus) to monitor and Sworn Personnel to enforce trespassing order
    - 2) Establish checkpoint at Towsontown Blvd. and University Ave for authorized personnel access to university
      - a) Utilize sworn personnel to control entry
      - b) Authorized personnel must be on authorized personnel list and must have proper university identification
      - c) Utilize color coded daily credentials

#### 3. Transportation

As a last resort, Campus Police will transport seriously ill cases and life-threatening emergencies to local hospitals or medical facilities in the event no other private or public transportation is available.

## 6. Housing and Residence Life

1. At the point classes are cancelled and a Temporary University Closure (TUC) is announced, the residence halls will prepare for closure within 1-3 days.
2. HRL will instruct students to a) pack their belongings, b) prepare their rooms for departure, and c) make arrangements for travel to locations away from the campus.
3. The campus will expect *all* residence hall students to make arrangements to leave campus within the time period allotted for departure.
4. In order to provide advance notice to residents, HRL will notify Towson Run residents with as much notice as possible that their apartments will be used for temporary shelter during a TUC. This advance notice will make public the campus' intention to provide temporary shelter during a TUC.

## **Action Level 4 – Pandemic Evolving – Pandemic cases spreading throughout the U.S. - Campus closed to all but essential personnel:**

After the emergency declaration and announcement of a Temporary University Closure (TUC), all non-essential buildings will be closed. Those buildings housing critical functions and services, temporary emergency shelter, and essential research will be locked down and entry controlled. Traffic to campus will be controlled by Campus Police and only essential personnel permitted on campus.

### **1. Communications:**

#### **Institution-Wide Communications:**

1. Information on the Towson University homepage and Emergency Preparedness Website <http://wwwnew.towson.edu/main/abouttu/emergencypreparedness> will be updated on a continual basis, as needed. Online response to electronic inquiries will be provided from a remote location by the staff in University Relations with assistance from Office of Technology Services.
2. E-mail alerts will be sent as appropriate to students, faculty, staff, parents/families, Trustees, Regents, State officials, and vendors apprising them of the status of activities on campus and steps being taken by the institution.
3. Media will be apprised of evolving status of activities on campus and steps being taken by the institution.

#### **Department Specific Communications:**

1. All units will follow campus protocols for updating the Web and other communications (e.g., update all telephone messages and direct callers to Towson University Web site for current information), including approvals and sequencing of updates, relay of information between departments and the Incident Response Team, and taking into account the nature and volume of student, parent, and media inquiries.
2. International Programs Office will communicate the current situation to all international students.
3. Study Abroad will continue to keep students informed of progress of flu on campus and the institution's response.
4. Dowell Health Center Director will maintain contact with County and State health departments and post flu surveillance data on the Health Center and the TU Emergency Preparedness website.
5. The Department of Environmental Safety will manage the distribution of information and consult on regulatory issues regarding the use of Personal Protective Equipment, the Instructions for Employees Who Request Voluntary Use of a Respirator, and the Protocol for Cleaning and Disinfection of Environmental Surfaces. These three documents are found in Appendices C, D, and E.
6. Counseling Center essential staff will use/maintain appropriate phone trees for availability and provide phone and/or on-site consultation as needed to other University essential staff.

## 2. Academic Programs

### **Provost's Office**

#### **Students will not be dis-enrolled.**

1. Students will be advised again how to maintain connection with university and instructors.
2. Alternative instruction methods are implemented where feasible.
3. Academic administrative units check FAQ page and make necessary additions /deletions to keep students and parents informed about financial aid, admission status, and registration/enrollment issues. This assumes that at some point ongoing i.e., real-time admission and other administrative processes will be suspended. If so, students will need an automatic response informing them of this action along with some idea of when to resume contact with the University regarding these functions. Most of this information would be available on the FAQ Page. Supplemental information would be posted to Towson's Emergency Website as needed.
4. All on-campus research involving campus facilities except for care of lab animals will be cancelled.

**International Programs** - During any closing, the ISSO, English Language Center, the Graduate School, and the International Admissions staff will maintain communication with students via email or telephone to determine each student's plan for return.

### **ISSO**

1. Communicate with students about their plans to return to campus, to report their status to SEVIS, and to issue Form I-20 and other travel documents.
2. All returning students must have their records updated in SEVIS via fsa ATLAS, and form I-20 will need to be printed, signed, sealed, and photocopied. Form I-20 will then need to be mailed to each student.

**ISSO Staffing:**

ISSO staffing will be considered non-essential personnel unless a critical need arises from other departments within International Programs.

1. Director of ISSO will serve as primary contact and point person from home residence.
2. Internet access from home residence to TU Web page and online services (PeopleSoft) is required

**International Admissions**

1. Provide mass e-mails to applicants in two categories:

*Category A: Applied - Admitted or Incomplete*

Category A students will be informed that the admissions process is suspended. Estimated timeline of suspension will be provided depending on University's overall status. Policies regarding application deferral for a future semester or application fee reimbursement will be addressed depending on estimated time the University is closed (i.e. cancellation of applicant's intended semester of study).

*Category B: Applied - Enrolled*

Category B students will be informed that the admissions process is suspended. Estimated timeline of suspension will be provided depending on the University's overall status. Policies regarding enrollment deferral for a future semester and enrollment fee reimbursement will be addressed depending on estimated time the University is closed (i.e. cancellation of enrollee's intended semester of study).

**OIA**

1. Admissions staff will be considered non-essential personnel unless a critical need arises from other departments within International Programs.
2. Director of OIA will serve as primary contact and point person from home residence.
3. Internet access from home residence to TU Web page and online services (PeopleSoft) is required of all OIA employees.
4. PeopleSoft queries will be developed for applied students and enrolled students and tested from the home residence internet service of OIA employees.
5. Review and modification of OIA application and enrollment policies will be ongoing according to the flu level affecting the University and any subsequent school closing.

**ELC**

1. ELC staff will be considered non-essential personnel unless a critical need arises from other departments within International Programs.
2. Director of ELC will serve as primary contact and point person from home residence.
3. Internet access from home residence to TU Web page is required of ELC employees.

### **3. Health Services**

#### **Dowell Health Center**

1. The Health Center will close after all students are evacuated and remain closed until the University re-opens.
2. Phase 1 essential staff will report until students are evacuated from campus and then will remain on call at home until the University reopens or until a vaccine POD is established.
3. While students remain on campus, Phase 1 essential staff will continue emergency triage to determine level and location of care for sick patients.
4. Medical personnel will follow airborne precautions including fit-tested N-95 respirators for close contact with suspected/confirmed cases and discontinue all aerosol-generating procedures.
5. If vaccine is not available and no POD is established, Phase 1 staff will remain on call at home to provide backup to Phase 2 essential staff.
6. Phase 1 staff will be recalled to coordinate the vaccine POD if and when it becomes available and provide vaccine to essential staff as per pre-established priority list (health care workers, police/transportation staff, POD volunteers, executive staff, other essential personnel and families).
7. After Health Center closure, Phase 2 essential Health Center staff will be on call from home to assess, treat, or refer any other essential University staff who become ill or injured while working, if Concentra occupational medical services are not available.

#### **Counseling Center**

1. The Counseling Center will close after all students are evacuated and remain closed until the University re-opens.
2. Essential staff will be available on an on-call basis to provide short term crisis intervention and stress management counseling and stress debriefing services for TU essential personnel.
3. Essential staff will implement telephone and on-line counseling to alleviate traumatic responses.

### **4. Administrative Services**

#### **Office of Human Resources**

1. Healthy essential regular and contingent II employees will report to work.
2. Non-essential regular and contingent employees will receive administrative leave.
3. Non-exempt essential regular and contingent employees will receive overtime if warranted

#### **Auxiliary Services**

1. Glen Dining Hall operates as the central Dining Service location for preparation and/or delivery of meals. Meals will be delivered to all occupied locations.
2. Limited transport to BWI, MARC and Light Rail will continue until all students capable of leaving campus have been accommodated. After last transport, Transportation Services

will be shut down until campus re-opening unless mandated by other authorities.

### **Environmental Health and Safety**

1. Continual monitoring of Action Level 3 activities as well as inventory of PPE, respirators, and other supplies. Purchase more, if required.
2. Continuation of EHS Rotation Schedule.

### **Facilities Management**

1. Reduce services to the basics of maintaining the occupied buildings only on a 24 hour basis.
2. Secure services to all unoccupied buildings as practical.

### **Fiscal Services**

1. Assuming full campus closure, financial transactions will be limited to critical procurements and payments.
2. Limited essential personnel will report to campus or handle transactions from remote locations.

## **5. Campus Public Safety**

1. Access Control / Building Security
  - a. Maintain checkpoint for core area of campus
    - 1) Patrol commander or designate to determine minimum number of building checks per shift (based on available personnel)
    - 2) ID challenges of all persons located on Towson University property
    - 3) Utilize Police Aides and Abacus to increase security patrols
    - 4) Increase bike /foot patrols of outdoor areas
    - 5) Return to 8 hour shifts (if personnel availability permits)
2. If POD is established at Towson University
  - a. Establish / maintain security
  - b. May require extra personnel or mutual aid
  - c. Assist in traffic and crowd control
3. Coordinate possible re-opening of campus
  - a. Use of Unified Command to implement Incident Action Plan to re-open university

## **6. Housing and Residence Life**

1. For students with extreme hardships that prevent departure in the allotted time, HRL will provide consolidated and short-term, *temporary shelter*. Students will be required to check out of their permanent assignments by the announced closing day and time.
2. During the time that students are living in temporary shelter, they will be expected to continue to make arrangements to leave the campus as soon as possible.
3. Temporary shelter will be located in the Towson Run Apartments where the greatest privacy and social distancing would be available to the greatest number of people.
4. Temporary shelter could be made available to a limited number of essential employees of the institution with priority given to public safety and health professionals.

5. Limited maintenance services will be provided as needed and available.
6. Housekeeping services will be suspended.
7. If the campus is compelled to provide housing for sick individuals or displaced well individuals in evacuated residence halls, HRL, Auxiliary Services, and the Dowell Health Center will coordinate services, in consultation with EHS and local/state public health officials.

## **Action Level 5 – Recovery – Campus prepares to re-open**

### **1. Communications**

#### **Institution-Wide Communications:**

1. Re-opening procedures and timetable will be communicated via e-mail, Web, and media.
2. Student return policy and procedures will be announced via e-mail and Web (e.g., health and safety precautions, what to expect, what to bring, and pro-rata credits for unused portions of services).
3. Using Emergency Website, and other media, the university will post the timetable for resumption of classes and other academic activities.

#### **Department-specific Communications:**

1. Housing and Residence Life –
  - a. Students should regularly consult the campus website at [www.towson.edu](http://www.towson.edu), with links to the campus Pandemic Flu response and the HRL website at [www.towson.edu/housing](http://www.towson.edu/housing).
  - b. To contact a HRL staff member, students should call 410-704-6411 and be prepared to leave a message or write to Housing & Residence Life at [Housing@towson.edu](mailto:Housing@towson.edu).

### **2. Academic Programs**

#### **Provost's Office:**

1. A timetable for reopening must be established.
2. Faculty and staff will need to report earlier than students to make sure classrooms, labs, offices, etc., are operational.
3. A decision about which academic plan will be implemented in order to complete the semester will be made at that time and disseminated to all concerned parties.

### **3. Health Services**

#### **Dowell Health Center**

1. All staff will report for duty
2. Regular services resume as soon as residence halls open.
3. Contact local laboratories to resume specimen pickup services
4. Inventory drug and medical supplies and restock as necessary

#### **Counseling Center**

1. All staff will report for duty

2. Regular services resume as soon as residence halls open.
3. Address issues/topics that may emerge over the course of a pandemic including emotional/psychological responses to illness and/or death, normalizing grief/stress reactions in the face of such losses and providing coping strategies.
4. Provide services that address the medium and long term social adjustment following the pandemic.

## **4. Administrative Services**

### **Office of Human Resources**

#### Staffing:

1. All staff will return to work
2. Pay distribution plan will be implemented, including last pay for hourly employees (assume paid administrative leave by regular salaried employees).

### **Auxiliary Services**

1. Contact Chartwell's and as soon as staffing permits, re-open all dining services locations in order of priority: UU, Newell, Administration, etc.
2. Re-open transportation services.

### **Environmental Health and Safety**

1. Recall all employees and focus on re-establishing campus services.
2. Make arrangements for disposal of all infectious waste containers.
3. Inventory supplies and order additional quantities in preparation for any future outbreaks.

### **Facilities Management**

1. Re-call all staff
2. Re-open all buildings and assure utilities functioning, using pre-established priority list.
3. Re-call Aramark housekeeping services to clean all buildings
4. Notify HRL and Academic Affairs when all buildings are open and ready for use

### **Fiscal Services**

1. Business activities resume as normal

## **5. Campus Public Safety**

1. Coordinate Recovery Efforts
2. Staffing
3. Reschedule TUPD staff to 12 hour shifts to facilitate recovery efforts (if necessary)
4. Continue ICS / NIMS protocols until return of normal bus
5. Utilize Unified Command to facilitate business operations

## APPENDIX A

### Essential Employees Matrix

Instructions: Please complete the name of your division/department or office. List the names of all employees. In the appropriate right, indicate the status of each employee for each of the levels of the Pandemic Flu plan indicated by placing an X in the appropriate box. Note the last column. If the employee will be non-essential in your department, but willing to assist in another department, you will note that Level I and Level II are not listed because the campus would be open, business as usual, during these times.

***Department or Division***

(Type in shaded area)

***Employee Names***

	<b><i>Level III</i></b>	<b><i>Level IV</i></b>
	Essential Must Physically Report to Campus	Performs Essential Function Off- Campus
	On-call for Response to Campus as Essential	Essential Must Physically Report to Campus
		Performs Essential Function Off- Campus
		On-call for Response to Campus as Essential

## Appendix B

### Resident Student Notice of Potential for University Closure

Department of Housing & Residence Life

**E-mail:** [housing@towson.edu](mailto:housing@towson.edu)

International Student & Scholar Office

**E-mail:** [isso@towson.edu](mailto:isso@towson.edu)

**Website:** [www.towson.edu/housing](http://www.towson.edu/housing)

**Website:** [www.towson.edu/isso](http://www.towson.edu/isso)

Fall Semester 2006

Dear Student:

Welcome! We are so pleased that you have chosen to attend Towson University, and hope that you enjoy settling into your residence hall room for the new academic year.

While this is a festive and fun time of year, we need to notify you of an important consideration for you to take into your planning. In the event the University has a temporary closing due to an emergency situation such as a hurricane or influenza pandemic, you will need to look for alternative housing.

As a way to prepare you in the unlikely event that the university would have to cancel classes and close, we need for you to plan ahead now to have a place to relocate if you will not be able to immediately arrange a flight back to your home country. While a closure would be temporary, it could likely be longer than several days. In fact, the University may be closed for several weeks and may involve the cancellation of classes for the remainder of the semester.

As you consider your preparation for a closure, you may want to think about the following options:

- Do you have family or family friends in the United States who could take you in for a few weeks until you can fly home?
- Have you made friends with other TU students who might consider a short stay for you at their family's home until you can finalize an international flight?
- Do you know any professors or academic advisors well enough that you could ask them to consider housing you for a week or so?
- Are you a government-sponsored student? If so, your government might assist you with temporary accommodations. Please ask your educational advisor.
- Even if you do not receive a scholarship from your home country, your embassy in Washington DC might have Consular officers who are prepared to help you make arrangements to get home, or to help you find temporary housing.
- If you are not able to leave or make other housing arrangements, you can consider a local hotel, motel, or youth hostel.

In the event that the university closes, unfortunately, you cannot expect to be housed by the University. Every attempt will be made to give students advance notice to make their flight and/or housing arrangements, but due to the nature of emergencies there may not be enough advance notice for you to immediately depart the United States.

This is a serious topic to address just as you begin the academic year; but it is important for you to make plans in case of such an emergency. We wish you academic success and great fun in 2006-2007!

Sincerely,  
Jerry Dieringer,  
Assistant Vice President,  
Director of Housing & Residence Life

Jeanene K. Oettel  
Director, International Student &  
Scholar Office

## Appendix C

### Protocol for Personal Protective Equipment Use by Employees for Protection from Avian Influenza (AI)

Prepared by the Department of Environmental Health & Safety (EHS)  
Latest Version of Protocol: July 24, 2006

NOTE of CAUTION: Since information related to Pandemic Influenza or Avian Influenza is subject to frequent and significant changes, readers of this document should check with DES to ensure they have the most recent version.

#### I. Characteristics of Influenza Transmission

Human influenza is transmitted from person-to-person primarily via virus-laden droplets (particles > 5 um in diameter) that are generated when infected persons cough or sneeze. These large droplets can be directly deposited onto the mucosal surfaces of the respiratory tract of susceptible persons who are in close contact (i.e., typically within 3 feet) with the droplet source. Transmission may also occur through direct and indirect contact with infectious respiratory secretions. Asymptomatic individuals in early stages of influenza could be infectious to others. **However, the route of transmission of Avian Influenza in humans is unknown at this time.**

#### II. Definitions

**Respirator:** OSHA considers a respirator to be “a protective facepiece, hood or helmet that is designed to protect the wearer against a variety of harmful airborne agents.” Respirators must be selected based on the hazards that the wearer may be exposed to. Surgical/medical procedure masks are not considered to be respirators. OSHA requires that employers select respirators that are certified through NIOSH testing criteria.

**Filtering facepiece:** a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of filtering material (e.g., N95, N99 or N100). These types of respirators are tested and approved based on ability to filter particle size. **They may help reduce exposures to airborne biological contaminants such as influenza virus, however they will not eliminate the risk of exposure, infection or illness.**

**Surgical masks:** designed to prevent biological particles from being expelled by the wearer into the environment. Some surgical masks are fluid resistant to splash and splatter of blood and other infectious materials; however they are not necessarily designed to seal tightly to the face and may allow air leakage around the edges.

#### III. Criteria for the Use of Respirators for Protection from Avian Influenza (AI)

The University intends to follow OSHA standards and will assess recommendations from other federal, state and local agencies that are involved in pandemic and Avian Influenza planning.

**A. Respirator use for protection from Avian Influenza is recommended by OSHA (Personal Protective Equipment).**

##### OSHA recommends respirators for these workers:

1. Farm and animal workers/animal handlers involved in the culling, transport or disposal of Avian Influenza-infected poultry.
2. Laboratory workers involved with highly pathogenic Avian Influenza A (H5N1) in accordance with BSL 3+ laboratory guidelines.

3. Medical personnel who have direct contact through transport or treatment of hospitalized patients diagnosed with or under evaluation for Avian Influenza (H5N1).

Conditions for use:

1. Only NIOSH-approved particulate (or higher protection) respirators may be used. Particulate respirators are categorized as N95, N99 or N100. Respirators used by health care workers must be FDA-approved.
2. Employees who wear respirators must be enrolled in the University's Respiratory Program: <http://wwwnew.towson.edu/adminfinance/facilities/ehs/occupationsafety.asp>.  
Click on Respiratory Protection Program.
3. Requirements of this program include:
  - a) Medical clearance must be obtained from Concentra Medical Center (Dowell Health Center will clear its own staff).
  - b) Individuals must be trained by EHS and be successfully fit tested before the respirator may be used. Facial hair that compromises the seal between the face and the respirator is not permitted. If accommodations for facial hair are deemed necessary for medical, religious or other reasons, the department / unit head will be advised by EHS of the need to purchase a powered-air purifying respirator which does not require a tight seal.
  - c) Respirators are to be used for the specified conditions only. Use of respirators for other purposes must be approved by EHS.
  - d) Respirators must be used, stored and repaired in accordance with the manufacturer's recommendations and the University Respiratory Protection Program.
  - e) Respirators cannot be shared and disposable respirators must be discarded after use or if contaminated or damaged.
  - f) The purchase and replacement of respirators is the responsibility of the employee's department.

**B. Respirator use is determined by a TU department / unit head to be necessary for purposes other than those recommended/required by OSHA as listed in A (Personal Protective Equipment).**

**Please note: The use of respirators shall be limited to those essential workers who will come into direct contact (< 3 feet) with sick individuals.**

1. EHS must be notified by the department / unit head of the intent to require respirator use in the workplace. The name(s) and job titles(s) of the individuals must be provided.
2. The department / unit head must make arrangements to obtain a medical clearance for the individual(s) prior to use of the respirator.
3. The department / unit head must contact EHS to arrange for training and fit testing of the employee(s) once medical clearance(s) has been obtained.
4. Once fit testing is achieved, EHS will assist the department / unit head in selecting the appropriate type/size(s) of respirators to be ordered. The department / unit head is responsible for ordering and funding all costs associated with respirator use.
5. An adequate supply of respirators must be purchased since replacement is necessary when they become contaminated, soiled, damaged or wet.
6. Employees shall wear the respirators, as appropriate, during an Avian Flu outbreak. It is important to note that prolonged use of a respirator increases the physical demands on the cardiopulmonary system and should be avoided.
7. All other aspects of the Respiratory Protection Program will apply. A copy of the program may be accessed @:  
<http://wwwnew.towson.edu/adminfinance/facilities/ehs/occupationsafety.asp>  
Click on Respiratory protection Program.
8. EHS will *not* entertain requests to use a respirator from individual employees. The decision to require respirator use for purposes other than those listed in A shall be based on whether or not the individual will come into direct contact (<3 feet) with sick individuals.

**C. Respirator use is requested by an employee but not required by A or B (Voluntary Personal Equipment).**

1. The department / unit head may provide or permit use as long as it will not create a hazard to the employee. Possible hazards include use of a dirty or contaminated respirator or interfering with an employee's ability to work safely (e.g., reducing vision while driving or operating heavy machinery.)

2. If a filtering facepiece respirator (e.g., N95, N99, and N100) is used, the department / unit head is not required to obtain a proof of medical ability to wear the respirator although employees should be encouraged to check with their health care provider.
3. If an elastomeric respirator (half or full face made from elastic polymer using cartridge or filter) or a supplied air respirator is worn, the department / unit head is required to make arrangements to obtain a medical clearance for the employee.
4. The department / unit head must provide the employee with a written copy of “Instructions for Employees who Request Voluntary Use of a Respirator,” which contains a copy of OSHA 1910.134, Appendix D, Voluntary Use of Respirators, and maintain a signed copy of Appendix D documenting that the employee has received it.
5. The department / unit head is not required to purchase the respirator but may choose to do so.
6. Fit testing is not required for voluntary use.

#### **IV. Criteria for use of other equipment**

1. Gloves:
  - a) In healthcare settings, clean, non-sterile gloves must be used by medical workers when touching blood, body fluids, secretions, excretions, and contaminated items including linens. Gloves must be discarded after use, when contaminated or damaged.
  - b) In non-healthcare settings, gloves should be worn when using cleaning products and disinfectants and when handling waste or waste containers.
  - c) Hand hygiene, which includes washing with soap and water or use of alcohol-based hand rubs, is critical to prevent transmission. If gloves are worn, hand hygiene must be conducted immediately after gloves are removed and between contact with patients in healthcare settings.
2. Eye protection / face shield:
  - a) In healthcare settings, eye protection must be worn by medical workers when there is a risk of contamination of the eyes from splashes/sprays of blood, body fluids, secretions, excretions during patient care (e.g., working within three feet of suspected or confirmed AI-infected patients). Face shields provide an additional barrier but must always be worn with eye protection.
  - b) In non-healthcare settings, eye protection may be needed when there is a risk of exposure to the eyes from splashing or spraying of cleaning or disinfecting products. (Note: Widespread spraying of cleaning products and disinfectants should be avoided as it poses hazards to the applicator and the building occupants.)
3. Gown:
  - a) In healthcare settings, a clean, non-sterile gown may be needed by medical workers to protect skin and prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Soiled gowns must be removed as promptly as possible and hands must be washed to avoid transfer of influenza virus to others or to the environment.
4. Surgical mask:
  - a) It is recommended that suspect or confirmed AI patients wear surgical masks in public or during transport.
  - b) In healthcare settings, surgical masks may be worn by medical workers when working within three feet of any patient with respiratory symptoms, when particulate respirators are not available for protection from AI due to supply shortages, or when transporting AI patients who cannot tolerate wearing a surgical mask.
  - c) There is no evidence that the wearing of surgical masks in non-healthcare settings will protect other workers or the general public from avian influenza. Surgical masks cannot be used in place of respirators for exposure to chemical contaminants.
  - d) Surgical masks must be disposed of if they become moist. Individuals should wash their hands after touching or discarding a used mask.

**V. Table 1. Summary of selection of PPE by employee category and Avian Flu phases.**

	<b>Health Center personnel with direct patient contact</b> (Note 1)	<b>Non- medical Health Center personnel and other essential workers with patient contact</b> (Note 2)	<b>Personnel who operate vehicles designated for emergency medical transport</b>	<b>All other essential employees</b>
PPE (Note 3)	Level 1 – No PPE needed Level 2 – Standard Precautions and Droplet Precautions (surgical mask for close ( $\geq$ 3 feet) contact with symptomatic patients. In aerosol-generating procedures, minimum of N95 respirator should be worn. Level 3 & 4 – For direct contact (< 3 feet) with suspect/confirmed Flu patient, follow airborne precautions including fit-tested respirator (minimum NIOSH-approved N95).	Levels 1& 2 – No PPE needed  Levels 3 & 4 – Gloves and surgical mask when entering patient-occupied living quarters or patient exam rooms. Surgical masks (or N-95 respirators if requested) for Health Center receptionists.	Level 1 & 2 – No PPE needed.  Levels 3 & 4 – Personnel with close contact ( $\geq$ 3 feet) should wear surgical mask. If < 3 feet wear N95. Personnel who clean these vehicles wear gloves and may be offered surgical mask.	Levels 1& 2 No PPE needed. Levels 3 & 4 Surgical masks for any symptomatic adults Housekeeping staff should wear gloves when collecting trash. Surgical masks will be provided to all essential employees daily as they report to work for personal use Surgical masks are required for food service staff while preparing food

Notes:

1. Health Center medical personnel provide direct care to symptomatic individuals at If < 3 feet.
2. Non-medical personnel and other essential workers who will come into direct contact (< 3 feet) with sick individuals shall adhere to the requirements for Health Center Medical personnel
3. Refer to Voluntary Use of Respirators when personnel request to use respirators when not listed above.

**VI. Reference Sources:**

Occupational Safety and Health Administration (OSHA)  
 Department of Health and Human Services, Centers for Disease Control & Prevention (CDC)  
 Food and Drug Administration (FDA)  
 World Health Organization (WHO)  
 U. S. Implementation Plan for the National Strategy for Pandemic Influenza

## Appendix D

### Instructions for Employees Who Request Voluntary Use of a Respirator During an Avian Influenza Pandemic

Prepared by the Department of Environmental Health & Safety (EHS)

Latest Version of Protocol: July 24, 2006

NOTE of CAUTION: Since information related to pandemic influenza or avian influenza is subject to frequent and significant changes, readers of this document should check with DES to ensure they have the most recent version.

Your employer is responsible for determining if you should wear a respirator while performing your job duties during an avian influenza pandemic. If you have been told that a respirator is not necessary but you have requested to wear one, your employer will decide if “voluntary use,” as defined by the Occupational Safety and Health Administration (OSHA) in 29 CFR 1910.134, is permitted.

*It is important to note that the route of transmission of avian influenza to humans is not known at this time. A respirator will not eliminate the risk of exposure, infection or illness.*

Before you may wear a respirator under OSHA’s voluntary use criteria, you **must** read and understand the following:

1. Be sure to follow hand hygiene and respiratory etiquette procedures at all times as the best way to prevent you from getting sick. Hand hygiene means washing your hands frequently during your work shift with soap and water or using a waterless alcohol-based hand sanitizer, especially after touching potentially contaminated surfaces such as door handles, public telephones and restroom surfaces and after removing protective gloves, a respirator or a surgical mask. Respiratory etiquette means covering your cough and sneeze with a tissue and disposing of the tissue in a proper trash receptacle.
2. You should contact your primary care physician or other qualified medical provider to determine if it is safe for you to wear a respirator. You may not be able to safely wear a respirator if you have a lung disease such as asthma or emphysema or have trouble breathing, if you have claustrophobia, or vision problems.
3. You may not wear a respirator on a voluntary basis if it creates an unsafe condition for you while you are working. For example, a respirator that partially obstructs your vision or prevents you from wearing eyeglasses cannot be worn while driving a motor vehicle or operating heavy machinery and power tools.
4. The respirator that is recommended by the Centers for Disease Control and Prevention (CDC) for use for Avian Influenza exposure in healthcare workers is an N95 particulate respirator. A particulate respirator may not be used for protection from gases, vapors or mists.
5. Check with your supervisor about the availability of respirators, where and how you can get a respirator. It is possible that you may be told you will need to provide your own respirator. If you are providing your own respirator, be sure to choose the size that fits you the best. If your supervisor is providing the respirator for you, you may be asked to provide your size (regular or small).
6. Before you wear the respirator, you must carefully read the instructions that are provided by the manufacturer on use, maintenance, cleaning or disposal, care, and warnings regarding respirator limitations. EHS will provide you with a copy of 29 CFR 1910.134 – Appendix D, OSHA’s criteria for voluntary use of respirators. Read this information carefully and let your supervisor know if there is anything you do not understand.
7. If you wear a disposable respirator, be sure to discard it if it becomes dirty, contaminated, wet, or damaged. Respirators that are not saturated with blood or body fluids may be disposed of in regular trash receptacles. Respirators that are saturated with blood or body fluids must be disposed of in medical waste receptacles that are found in the Health Center or other campus locations. Contact EHS (4-2949) for additional locations.

## **Voluntary Use of Respirator Fact Sheet**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

By my signature, I acknowledge that:

1. I am not required to wear respiratory protection; and
2. I have received a copy of this fact sheet concerning proper use of respirators.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's name/Signature: \_\_\_\_\_

## Appendix E

### Protocol for Cleaning and Disinfection of Environmental Surfaces During an Avian Influenza Pandemic

Prepared by the Department of Environmental Health & Safety (EHS)

NOTE of CAUTION: Since information related to Pandemic Influenza or Avian Influenza is subject to frequent and significant changes, readers of this document should check with DES to ensure they have the most recent version.

#### **I. Characteristics of Influenza Transmission**

Human influenza is transmitted from person-to-person primarily via virus-laden droplets (particles > 5 um in diameter) that are generated when infected persons cough, sneeze or speak. These large droplets can be directly deposited onto the mucosal surfaces of the respiratory tract of susceptible persons who are near (i.e., typically within 3 feet) of the droplet source. Transmission may also occur through direct and indirect contact with infectious respiratory secretions. Asymptomatic individuals in early stages of influenza could be infectious to others. **However, the route of transmission of Avian Influenza in humans is unknown at this time.**

#### **II. Definitions**

**Cleaning:** a form of decontamination that renders an environmental surface safe to handle or use by removing organic matter, salts, and visible soils, all of which interfere with microbial inactivation. The physical action of scrubbing with detergents and surfactants and rinsing with water removes large numbers of microorganisms from surfaces. Cleaning is the necessary first step of any disinfection process.

**Disinfection:** to kill or inhibit microorganism activity on hard non-porous surfaces. Disinfectants must be mixed, applied to a surface uniformly and remain wet and in contact with the surface or equipment according to manufacturer's directions. Widespread spraying or other application of disinfectants may create exposures to patients and workers and should be avoided.

#### **III. Protocol for Cleaning and Disinfection of Environmental Surfaces**

1. It is the intent of the University to follow all requirements and assess all recommendations from federal, state and local agencies that are involved in pandemic and Avian Influenza planning.
2. The Avian Influenza virus is very sensitive to detergents. Cleaning thoroughly with detergent cleaners and water is adequate for most non-healthcare locations.
3. Cleaning and disinfection cannot be relied on as the primary means to control the spread of influenza virus. Infection control practices must include hand hygiene (hand washing), respiratory etiquette, proper disposal of tissues and maintaining distance from sick individuals (at least three feet).

**A. In-patient and ambulatory care settings (e.g., Health Center) including alternative healthcare settings if / when established.**

1. Follow normal facility procedures for cleaning of environmental surfaces using an EPA-registered hospital grade detergent-disinfectant with label claims as an avian influenza disinfectant to clean patient-occupied rooms. Give special attention to frequently touched surfaces (e.g., bedrails, bedside tables, TV controls, telephones, lavatory surfaces, doorknobs) and visibly soiled surfaces. Floors and other horizontal surfaces should be cleaned regularly. No special treatment is necessary for window curtains, ceilings and walls unless there is evidence of visible soiling.
2. Follow facility procedures for regular cleaning of non-patient locations.
3. Clean and disinfect spills of blood and body fluids in accordance with Standard Precautions and the Bloodborne Pathogens Standard.
4. Follow manufacturer's recommendations for use-dilution, contact time and precautions for handling of cleaning product.
5. Do not spray disinfectants. This is a potentially dangerous practice that has no proven disease control benefit.
6. Medical and non-medical solid waste must be contained and disposed of in accordance with standard facility procedures and state and federal regulations. Gloves should be worn when handling waste or waste containers. Wash hands after removing gloves.
7. Soiled linen and laundry should be placed into a laundry bag in the patient's room and contained in a manner that prevents the bag from opening during transport. Gloves and gown should be worn when directly handling and transporting soiled linen and laundry. Do not shake or otherwise handle soiled linen and laundry that might create an opportunity for disease transmission. Wash hands after removing gloves.
8. Dishes and eating utensils should be washed in a dishwasher at appropriate water temperature. Disposable dishes and utensils should be discarded with general waste. Gloves should be worn when handling patient trays, dishes and utensils.
9. Follow standard facility practices for cleaning, disinfecting and sterilizing patient-care equipment and medical devices.

**B. Residence Halls, Offices, Service Areas, Classrooms, Public Areas or Other Locations That Are Not Used as Alternative Healthcare Settings**

1. Transmission of influenza from contaminated hard surfaces is unlikely but cannot be ruled out. Hand hygiene is the most important method to prevent the transmission of the influenza virus.
2. Normal facility cleaning procedures for environmental surfaces should be followed using standard cleaning products. During a local outbreak, surfaces that are frequently touched with hands such as sinks, doorknobs, railings and counters may be added to cleaning schedule in place of floor care. Use of disinfectants in non-healthcare workplaces is not considered to be necessary.
3. Individual employees and students may want to consider regular cleaning of their phones and keyboards particularly if they are shared with others or used by the public.
4. There is no evidence to support the efficacy of widespread disinfection of the environment or air. Widespread application or spraying of disinfectants is an unsafe practice and must be avoided.
5. Gloves should be worn when handling waste or waste containers.

**C. Vehicles Used for Medical Transport (e.g., police cars, buses, other state vehicles)**

1. Follow normal cleaning procedures. Pay special attention to visibly soiled surfaces.
2. During a local outbreak, clean surfaces that are frequently touched with the hands using an EPA-registered hospital grade disinfectant with label claims as an Avian Influenza disinfectant.
3. Clean and disinfect spills of blood and body fluids in accordance with Standard Precautions and the Bloodborne Pathogens Standard.
4. Allow time for the vehicle to air out following disinfection to prevent concentrated exposure to driver or patients.

**D. Vehicles Not Used for Medical Transport**

Follow normal cleaning products and procedures for vehicles.

**IV. Conditions for Use of Disinfectants**

1. If a disinfectant is used, it should be an EPA-registered product with label claims as an avian influenza disinfectant. The EPA list is available at [http://www.epa.gov/pesticides/factsheets/avian\\_flu\\_products.htm](http://www.epa.gov/pesticides/factsheets/avian_flu_products.htm). Healthcare settings should select an EPA-registered hospital grade detergent-disinfectant.
2. Routine use of bleach should be avoided as it is corrosive to metals, damaging to environmental surfaces, is inactivated by organic matter, has no detergent (cleaning) benefit and is toxic.
3. Personal protective equipment should be worn when applying cleaning products. This includes gloves as well as goggles if splashing or spraying is possible. In patient-occupied rooms, a surgical or procedure mask may be worn.
4. EHS should be consulted before applying disinfectants in large quantities or in enclosed areas.
5. Material Safety Data Sheet must be available for all products used.

**V. Table 1. Summary of environmental disinfection by building category and Avian Flu phases.**

	<b>All academic and residential buildings, except Dowell Health Center and alternative medical settings.</b>	<b>Dowell Health Center (and alternative medical settings, if established.)</b>	<b>Vehicles designated for emergency medical transport.</b>
Environmental cleaning and disinfection	Level 1 – Procure, store, and provide sufficient and accessible soap, <u>alcohol-based</u> hand hygiene products <sup>(Note 1)</sup> , tissues and receptacles for their disposal. No special cleaning procedures or products. Level 2 – Same as Level 1. Level 3 – Same as Level 2. Level 4 – Same as Level 3.	Level 1 – No additional cleaning procedures or products needed above those used normally. Level 2 – Same as Level 1. Level 3 & 4 - Follow facility procedures and include regular cleaning of patient-occupied rooms. Use any EPA-registered hospital detergent-disinfectant. Give special attention to frequently touched surfaces (e.g., bedrails, bedside and over-bed tables, TV controls, call buttons, telephones, lavatory surfaces	Level 1 – Not applicable Level 2 – Not applicable Level 3 & 4 – Use any EPA-registered hospital detergent-disinfectant to clean frequently-touched non-porous surfaces. Blood and certain other body fluid spills must be handled in accordance with Bloodborne Pathogens procedures.

		including safety/pull-up bars, doorknobs, commodes, ventilator surfaces) in addition to floors and other horizontal surfaces.	
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**Note:**

**1.** Hand hygiene products: Use only hand sanitizers that contain alcohol (~60%), such as Purell, Nexcare (3M), Germ-X, Avant, Bacdown, Decon-Hand, Alcare foamed alcohol.

**VI. Reference Sources:**

- Occupational Safety and Health Administration (OSHA)
- Department of Health and Human Services, Centers for Disease Control & Prevention (CDC)
- Food and Drug Administration (FDA)
- World Health Organization (WHO)
- Implementation Plan for the National Strategy for Pandemic Influenza

## **Appendix F**

### **Checklist for Temporary Closure of Laboratories**

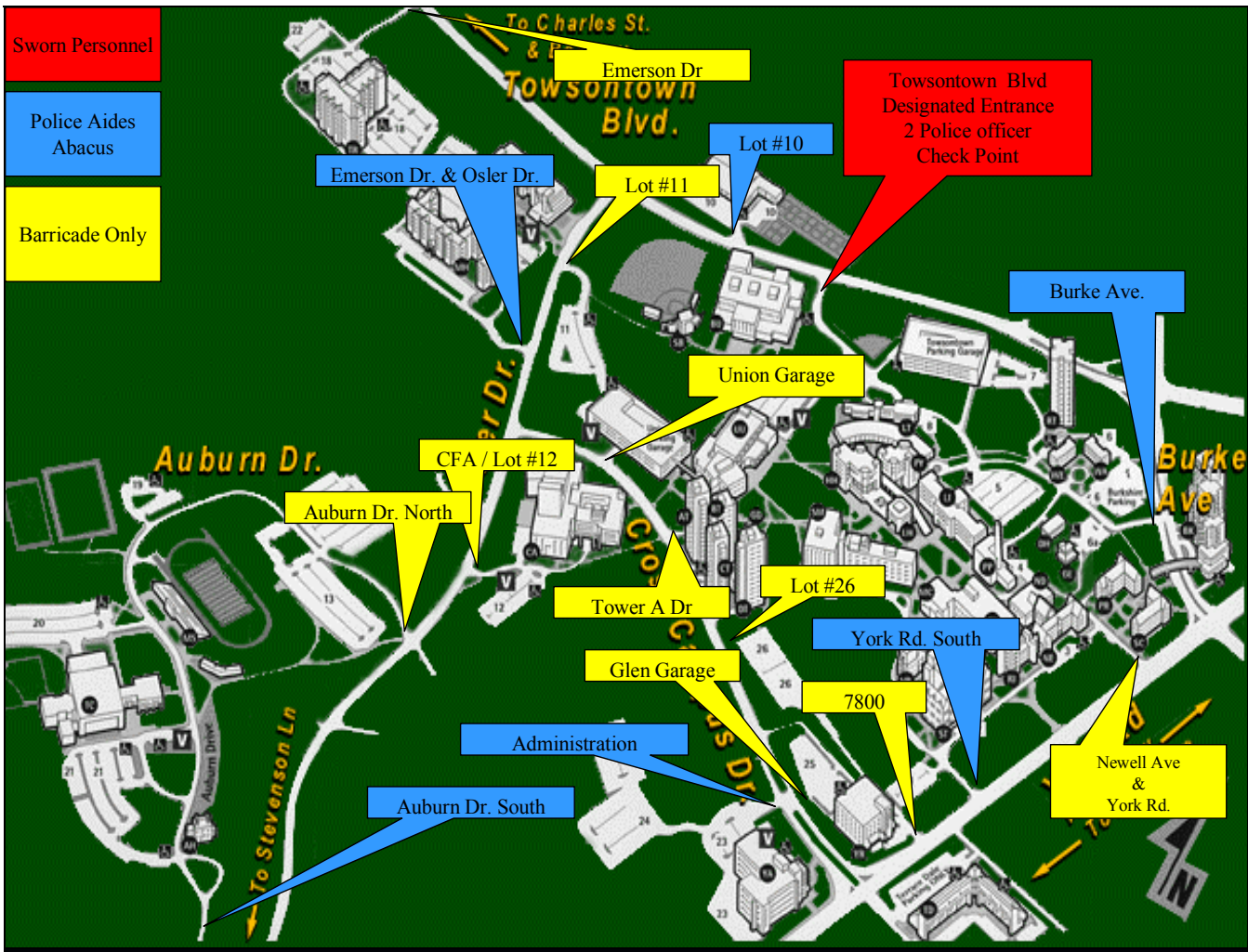
This checklist provides basic instructions to safely close a laboratory facility for up to several weeks.

- Make sure that all laboratory staff and the TUPD have 24/7 contact information for emergencies.
- Return all chemical reagents to appropriate storage locations (e.g., flammable liquid storage cabinets, desiccators, etc.) If containers or caps are not intact, transfer contents to compatible container, write chemical(s) identification on container and include appropriate warnings from old label, and properly dispose old container.
- Return all biological materials to appropriate storage location. Cultures in incubation chambers must be removed and terminated/stored as appropriate for the organism and its properties.
- Autoclave all biological waste and place in dumpster outside building.
- Decontaminate biological safety cabinet work surface, close sash and turn off fan.
- Return radioisotopes, select agents and controlled substances to properly-secured storage locations.
- Place all chemical materials, stock solutions or samples that will remain on benches, fume hoods, tables, etc., in intact, closed containers, and label containers with contents.
- Terminate all on-going chemical processes and reactions (distillation, reflux, etc.) and transfer chemicals to intact, closed containers. Label containers with contents and store in appropriate storage locations.
- Shut off all heat-producing equipment (ovens, hotplates, incubators, meltemp, etc.) and unplug from wall (if possible).
- Shut off all faucets and water supply cutoff valves (if so equipped) to minimize possibility of leaks/flooding.
- Shut off all compressed gas systems at the cylinder and bleed pressure from the lines.
- Disconnect power from all experimental apparatus and discharge any accumulated stored energy (compressed air, mechanical, hydraulic, electric, etc.)
- Shut off utility service valves (natural gas jets, compressed air, vacuum, nitrogen, etc.)
- If temperature-sensitive chemicals, microorganisms or radioisotopes are stored in refrigerators or freezers, adjust thermostat to appropriate temperature and close/secure doors. Write **“Temperature-Sensitive (Chemicals, Microorganisms and/or Radioisotopes) are Stored in (locations)”** on 3" X 5" card and affix to main lab door. More than one card may be necessary.

- Check that emergency contact information is correct for the laboratory's warning sign. If the correct emergency names/phone numbers are not printed on the sign, write "**Emergency Contacts: (names/phone numbers)**" on 3" X 5" card and affix to wall/door adjacent to current warning sign.
- Close fume hood sashes and turn off hood blowers if controlled in lab. Close and lock all windows.
- Remove any trash from the lab that will generate odors upon decomposition.
- Turn off computers and equipment that will not be needed during the period when the lab is closed.
- Walk through all portions of laboratory and conduct a final inspection. Turn off lights and close/lock doors when exiting.
- Follow *Animal Facility Closure Procedures* if you are responsible for animal colonies.

## Appendix G

### Closure Map



Sworn Personnel	Police Aides or Abacus	Barricade Only
Towsontown Dr and University Ave	Administration	Newell Ave. and York Rd.
Monitor and Enforce Closure / No Trespassing	York Rd. South and Glen Dr.	7800 and York Rd
	Burke Ave	Glen Garage and Cross Campus Dr.
	Lot #10	Lot #26 and Cross Campus
	Emerson Dr and Osler Dr	Tower A Dr. and Cross Campus Dr.
	Auburn Dr. South	Union Garage and Cross Campus Dr.
	Monitor Closure / No Trespassing	Lot #11 and Osler Dr.
		CFA Lot #12 and Osler Dr

		<b>Auburn Dr. North and Osler Dr.</b>
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## APPENDIX H

### **Avian Flu Pandemic: Study Abroad Emergency Action Plan**

(Created in part from materials adapted from University of Maryland, Michigan State University and the Center for Global Education.)

#### INTRODUCTION

The Towson University Study Abroad Office is carefully monitoring occurrences of avian influenza, an infectious disease of birds that has now spread globally. The Study Abroad Office strives to keep students, faculty, and parents informed of conditions and decisions related to student safety and well-being. However, in these changing times, it is necessary that each student take responsibility for his/her own safety by staying informed and conducting themselves accordingly.

So far, avian influenza does not appear to easily infect people, and although human cases of bird flu have occurred, they are mostly among individuals who have regular contact with poultry. However, health officials warn that if the virus mutates to a form that is easily transmitted by humans, widespread infection could rapidly occur, possibly resulting in human deaths. This is what the media refers to as a “pandemic.”

At this time, the US State Department, the Center for Disease Control and Prevention (CDC) and the World Health Organization have not issued any travel alerts or warnings for avian flu-infected areas.

Currently, no changes have been made to any Towson University-sponsored study abroad programs with regards to avian flu. However, the Study Abroad Office strongly recommends that all students studying abroad stay informed about avian flu by regularly checking the CDC and WHO web sites for the latest information.

- [Center for Disease Control and Prevention Avian Flu Information](http://www.cdc.gov/flu/avian/)  
<http://www.cdc.gov/flu/avian/>
- [World Health Organization Avian Flu Information](http://www.who.int/csr/disease/avian_influenza/en/index.html) [http://www.who.int/csr/disease/avian\\_influenza/en/index.html](http://www.who.int/csr/disease/avian_influenza/en/index.html)
- [U.S. Government Pandemic and Avian Flu Information](http://pandemicflu.gov/)  
<http://pandemicflu.gov/>

#### EMERGENCY ACTION PLAN

- I. Roles and Responsibilities: Semester Programs
- II. Step-by-Step Plan: Semester Programs
- III. Location of Information/Materials: Semester Programs
- IV. Roles and Responsibilities: Faculty-led Short Term Programs
- V. Step-by-Step Plan: Faculty-led Short Term Programs
- VI. Location of Information/Materials: Faculty-led Short Term Programs

## I. ROLES AND RESPONSIBILITIES: SEMESTER PROGRAMS

### PREPAREDNESS STAGE

<b>Study Abroad Office</b>	<b>Students</b>
<p>Maintain student roster</p> <p>Collect emergency contact information from students (including health issues and passport numbers)</p> <p>Maintain emergency contact information of on-site program coordinators</p> <p>Require health insurance (packaged with TU programs)</p> <p>Disseminate basic emergency information to students pre-departure</p> <p>Assess risk in areas</p>	<p>Purchase medical insurance and emergency evacuation insurance (packaged with TU programs)</p> <p>Provide emergency contact information to SAO</p> <p>Inform on-site program coordinators of travel plans</p> <p>Understand local emergency plan (covered at on-site orientations)</p> <p>Carry emergency contact card at all times</p> <p>Register with Local US Embassy or Consulate</p>

### EMERGENCY STAGE

<b>Study Abroad Office</b>	<b>Students</b>
<p>Determine course of action in conjunction with on-site coordinators and TU officials</p> <p>Maintain support and contact with on-site program coordinators</p> <p>Inform and update campus officials</p> <p>Keep a log of actions taken</p>	<p>Gather at assembly point (determined at on-site orientation)</p> <p>Contact on-site coordinator/SAO if unable to get to assembly point</p>

## II. STEP-BY-STEP PLAN: SEMESTER PROGRAMS

### A. Pre-departure Preparedness: Study Abroad Office Duties

1. Send list of accepted students to On-site Director
2. Collect the following from students:
  - a. Health and Insurance information (students must have insurance that includes emergency evacuation)
  - b. Emergency contact information (parents/guardians/spouses)
  - c. Passport/visa information (numbers)
3. Conduct orientation at TU that includes the following:
  - a. Health and safety information (also addressed in handbooks and online)
  - b. Specific information on Avian Flu
4. Distribute emergency cards (with emergency contact information)
5. Provide overseas, on-site directors with TU Study Abroad Office emergency contact information
6. Collect and verify local emergency contact information (including cell phone numbers for on-site coordinators)
7. Assess risks to area

### B. In Event of an Emergency

1. SAO calls on-campus Crisis Management Team
2. SAO contacts Dept. of State in DC
3. SAO contacts local consulate or embassy on-site
4. Decision about action made jointly between SAO and on-site coordinators (to evacuate, quarantine, etc.)
5. SAO informs/updates TU Crisis Management Team
6. SAO keeps a daily log of decisions/actions

## III. LOCATION OF INFORMATION AND MATERIALS: SEMESTER PROGRAMS

### STUDENT INFORMATION/MATERIALS

<b>Study Abroad Office</b>
<ul style="list-style-type: none"><li>✓ Roster of all students</li><li>✓ Emergency contact information for all students</li><li>✓ List of passport numbers, expiration dates, etc.</li><li>✓ Names of students with special medical needs</li><li>✓ Emergency contact sheet for all programs in one document</li><li>✓ Student Database (and backed-up version)</li></ul>

### AFTER HOURS: INFORMATION TO BE KEPT AT HOME

<b>Study Abroad Office Staff</b>
<ul style="list-style-type: none"><li>✓ Emergency contact information and program contact information for all programs in one document</li></ul>

#### IV. ROLES AND RESPONSIBILITIES: FACULTY-LED SHORT TERM PROGRAMS

##### PREPAREDNESS STAGE

<b>Study Abroad Office</b>	<b>Faculty Directors</b>	<b>Students</b>
Maintain student roster	Know student whereabouts	Purchase medical insurance and emergency evacuation insurance
Collect emergency contact information from students (including health issues and passport numbers)	Determine assembly points, sharing these with SAO and students	Provide emergency contact information
Verify health insurance of students (packaged with all TU programs)	Disseminate specific information on health and safety to students	Inform FD of whereabouts
Maintain housing and itinerary information		Understand emergency plan and assembly points
Train FD on emergency plans		Carry emergency contact card at all times
Disseminate basic emergency information to students pre-departure		Register with U.S. Embassy
Assess risk in areas		

##### EMERGENCY STAGE

<b>Study Abroad Office</b>	<b>Resident Directors</b>	<b>Students</b>
Determine course of action in conjunction with FDs and TU officials	Determine course of action in conjunction with SAO and local consulate (evacuation, quarantine)	Gather at assembly point
Maintain support and contact with FDs	Implement the EAP	Contact FD/SAO if unable to get to assembly point
Inform and update campus officials	Inform and update campus officials	
Keep a log of actions taken	Keep a log of actions taken	

#### V. STEP-BY-STEP PLAN: FACULTY-LED SHORT TERM PROGRAMS

##### A. Pre-departure Preparedness: Study Abroad Office Duties

1. Send list of accepted students to Faculty Director (FD)
2. Collect the following from students:

- a. Health and Insurance information (students must have insurance that includes emergency evacuation)
  - b. Emergency contact information (parents/guardians/spouses)
  - c. Passport/visa information (numbers)
- 3. Conduct orientation at TU that includes the following:
  - a. Health and safety information (also addressed in handbooks and online)
  - b. Specific information on Avian Flu
- 4. Distribute emergency cards (with emergency contact information)
- 5. Train FDs on emergency protocol
- 6. Collect itinerary and program contact information (including cell phone numbers for FDs)
- 7. Assess risks to area

**B. Pre-departure Preparedness: Faculty Director Duties**

- 1. Determine assembly points (“home base”)
- 2. Assess risks to area

**C. Pre-departure Preparedness: Student Duties**

- 1. Register with Embassy

**D. On-site Preparedness**

- 1. FD conducts on-site orientation that includes the following:
  - a. Review of specific emergency plan
  - b. Identification of assembly points
  - c. Discussion of protocol for students when off-program (i.e., students should share their travel plans with FD)
  - d. Reminder that students should call parents/FD in case of emergency
- 2. Throughout program:
  - a. SAO assesses risk and determines program continuity
  - b. FD
    - 1) Is on call 24 hours a day (or designate)
    - 2) Collects and updates student travel information
    - 3) Informs SAO of changes in itinerary and excursions

**E. In Event of an Emergency**

- 1. SAO calls on-campus Crisis Management Team
- 2. SAO contacts Dept. of State in DC
- 3. SAO contacts local consulate or embassy overseas
- 4. Decision about action made jointly between SAO and FD (to evacuate, quarantine, etc.)
- 5. SAO informs/updates Crisis Management Team
- 6. SAO and FD keep a daily log of decisions/actions

**VI. LOCATION OF INFORMATION/MATERIALS: FACULTY-LED SHORT TERM PROGRAMS**

## STUDENT INFORMATION/MATERIALS

<b>Study Abroad Office</b>	<b>On-site with Faculty Director</b>
<ul style="list-style-type: none"> <li>✓ Roster of all students</li> <li>✓ Emergency contact information for all students</li> <li>✓ List of passport numbers, expiration dates</li> <li>✓ Names of students with special medical needs</li> <li>✓ Contacts where each student is housed and for each excursion</li> <li>✓ Emergency contact sheet and itineraries for all programs in one document</li> <li>✓ Backup of student database</li> </ul>	<ul style="list-style-type: none"> <li>✓ Roster of all students</li> <li>✓ Emergency contact information for all students</li> <li>✓ List of passport numbers, expiration dates</li> <li>✓ Names of students with special medical needs</li> <li>✓ Contacts where each student is housed and for each excursion</li> <li>✓ Emergency contact sheet and itineraries for all programs in one document</li> </ul>

## FACULTY DIRECTOR INFORMATION/MATERIALS

<b>Study Abroad Office</b>	<b>On-site with Faculty Director</b>
<ul style="list-style-type: none"> <li>✓ Cell phone number for FD</li> </ul>	<ul style="list-style-type: none"> <li>✓ Cell phone for FD</li> <li>✓ List of essential items to include in an emergency evacuation pack</li> <li>✓ Complete information on assembly points</li> <li>✓ Medical Kit</li> </ul>

## EVACUATION INFORMATION

<b>Study Abroad Office</b>	<b>On-site for Faculty Director</b>
<ul style="list-style-type: none"> <li>✓ Emergency telephone numbers for State Department Contacts</li> </ul>	<ul style="list-style-type: none"> <li>✓ Local emergency telephone numbers</li> </ul>

## AFTER HOURS: INFORMATION TO BE KEPT AT HOME

<b>Study Abroad Office Staff</b>	<b>On-site for Faculty Directors</b>
<ul style="list-style-type: none"> <li>✓ Emergency contact information, itinerary, RD contact information for all programs in one document</li> </ul>	<ul style="list-style-type: none"> <li>✓ SAO emergency contact information</li> <li>✓ Cell phone (or other phone)</li> </ul>

## TOWSON UNIVERSITY'S STUDY ABROAD

### CRISIS MANAGEMENT TEAM

A Crisis Management Team has been assembled specifically to develop an institutional response to a crisis that occurs to a student participating in a Towson University approved study abroad program at an overseas location.

	Associate Vice President for International Programs	
<b><i>Adam Grotsky</i></b>	Director of Study Abroad	W: 410-704-2451 H: 410-254-9434 Cell: 410-241-3298
<b><i>Col. Bernard Gerst</i></b>	Campus Police	W: 410-704-2134 Emergency Communication Center: 410-704-2133 H: 410-879-2717 Cell: 443-690-6252
<b><i>Carol Vellucci</i></b>	Assistant to the President for Communications	W: 410-704-3300 H: 410-464-1264 Cell: 443-844-1012
<b><i>Jana Varwig</i></b>	Associate Vice President for Student Affairs	W: 410-704-2270 H: 410-426-4010 Cell: 443-827-5320
<b><i>Jim Spivack</i></b>	Special Assistant to the VP for Student Affairs and Director, Counseling Center	W: 410-704-2512  H: 410-465-7048 Cell: 443-904-5592
<b><i>Michael Anselmi</i></b>	University Counsel	W: 410-704-4008 H: 410-560-3829 Cell: 443-621-2550
<b><i>Tina Cavaluzzi</i></b>	Assistant Director, Study Abroad	W: 410-704-2451 H: 410-552-5610 Cell: 410-971-2873
<b><i>Liz Shearer</i></b>	Study Abroad Adviser	W: 410-704-2451 H: 410-931-8919 Cell: 410-935-6028
<b><i>Claudia Jenkins</i></b>	Programs Coordinator, Study Abroad	W: 410-704-2451 H: 410-848-1776 Cell: 410-259-1594

## **APPENDIX I**

### **Point of Distribution Center**

The Dowell Health Center in collaboration with the Baltimore County Health Department (BCHD) will establish a Point of Distribution Center (POD) on the campus to distribute medications/vaccines that may become available from the Center for Disease Control (CDC) to county residents in case of an emergency.

1. Towson University will become a POD for the purpose of distributing medication/vaccine to members of the University community. The POD will be responsible for students, faculty staff and their families. Residents from the surrounding community would also be served should they come into the POD station. Burdick Hall is the identified building to be used for the POD program.
2. Campus Police would be expected to provide security for POD operations. The design, equipment, signage and supplies to operate will be identified, secured and stored in advance in order to facilitate quick set up when needed.
3. The Health Center will recruit people to staff the POD. The County has requested that the DHC identify all first responders on campus since they and their families will have initial access to any medication/vaccine that is available. These first responders will include employee groups such as DHC staff/volunteers, Campus Police, Transportation personnel, EHS personnel, and POD volunteers.
4. POD volunteers will be trained by the BCHD.