

AVIAN INFLUENZA PANDEMIC BUSINESS CONTINUITY PLANNING GUIDE

For Schools, Colleges and Units
at the University of California, Davis



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CODVC COLLEAGUES

RE: Avian Influenza Pandemic Business Continuity Guide

The threat of a global pandemic is always present, but appears to be a greater risk today because of the events surrounding the spread of the H5N1 virus in domestic and wild birds around the world. A global pandemic following the scenario projected by the World Health Organization, the Centers for Disease Control and the National Institute of Health could seriously affect our faculty, staff and students and interrupt normal campus activities. It is important for us to seriously review the impacts this event could have on our classrooms, research facilities, business offices, public events, visitors and community and develop plans that will allow us to continue our primary missions of education and research.

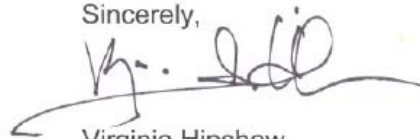
Beyond the potential health impact to our birds and animals, our people and their families, the business impact to each department will be largely dependant on the unique operational role of that unit. Therefore, each department will have a key role to play in the development of the campus response plan. To facilitate this planning process, the campus emergency management department has prepared this Planning Guide to assist in the development of each school, college and administrative unit's departmental response plan to the pandemic threat. We are also appointing a Pandemic Management Team to facilitate this process.

Due to the time urgency of this threat, our comprehensive campus planning must begin immediately. We are asking each school, college or unit to complete and submit their individual plans to the campus Emergency Manager by July 1st. We would like to have our campus-wide plan in place by September.

While this effort is focused on the specific response to a possible pandemic, it's important to remember that emergencies –natural or man made, local or national – can occur at any time. The efforts to develop this plan will be useful across a wide array of potential disruptive events and will serve an important role in preparing our campus for any emergency.

We take this threat of an Avian Influenza Pandemic seriously and are urging the entire University of California, Davis campus to take the necessary steps to prepare for it.

Sincerely,



Virginia Hinshaw
Provost and Executive Vice Chancellor

/lsa

Enclosure

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1. INTRODUCTION

The World Health Organization (WHO) and the Centers for Disease Control (CDC) has warned that the current risk from avian influenza (“bird flu”) becoming the next human influenza pandemic is high. The WHO’s Regional Director for the Western Pacific, Dr. Shigeru Omi said in October, 2005 that the knowledge and help from the international community might be able to “change the course of history and head off a pandemic by the H5N1 virus,” but continued: “I have no illusions about the danger the world is in, because we are dealing with a virus that is unpredictable, firmly entrenched and will continue to spread.”¹

In acknowledging that there is ambiguity about whether H5N1 will mutate into a virus capable of causing a worldwide pandemic, the U.S. Health and Human Services Secretary, Michael Leavitt, said on March 30, 2006 at the California Pandemic Planning Summit: “Pandemics happen. Let me acknowledge this is a hard thing to talk about. Anything we say in advance of a pandemic happening is alarmist; anything we say afterwards is inadequate.”²

Because most natural and man-made disasters tend to be site-specific, traditional Emergency/Disaster Response and Recovery plans focus on damage to property, equipment and machinery with limited loss of personnel. The greatest operational issue in a pandemic-type event will be the effects of absenteeism. The focus of this Avian Influenza Pandemic Business Continuity Planning Guide is to prepare the University of California, Davis campus to respond to a pandemic and return to normal operations as quickly as possible.

Pandemics are about people and the interruptions in their everyday life. It is expected that a pandemic will have world-wide impact with an unpredictable timeline, comprising multiple events or waves and spreading quickly from one urban area to another. Major disruptions are likely for health care, transportation, infrastructure, education, suppliers and other public services. Our physical facilities will not be damaged, but will need constant, vigilant attention to maintain operation.

Once a pandemic virus emerges, it is too late to begin planning or to begin collaboration. While no organization will be immune from the effects of a global pandemic, we are presented with the opportunity to plan ahead and develop our response in a caring, compassionate and prudent manner, and continue the delivery of essential services that will allow UC Davis to continue its important and vital missions of education and research.

This Guide was prepared to facilitate development of an emergency response and recovery plan utilizing a business continuity planning model. In addition to providing guidance to each component of the university in preparing their internal plans, this Guide describes the actions that will be taken to coordinate and synchronize those individual plans into a University-wide Avian Influenza Pandemic Business Plan.

This Guide assumes a concurrent development of response plans by government Public Health offices and local medical facilities to address treatment measures arising from an international pandemic.

¹ http://www.wpro.who.int/media_centre/press_releases/pr_20051014.htm

² <http://www.dhs.ca.gov/home/PanFluSummit/>

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Every effort has been made to ensure inclusion of all elements in an influenza pandemic plan, but modifications, improvements and enhancements will be transmitted to the campus as they become available and posted at <http://safetyservices.ucdavis.edu/emergencymgmt/>. Address comments and recommendations to Valerie Lucas, UC Davis Emergency Manager at vjlucus@ucdavis.edu or 530.752.6463.

2. BACKGROUND

An influenza pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.”³

There are three distinct forms of influenza, and they should not be referred to interchangeably:

- Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.
- Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.
- Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.⁴

Since 2003, the Avian (bird) influenza has been spreading through Asia. A growing number of human H5N1 cases contracted from infected animals have been reported in Thailand, Vietnam, Cambodia, Indonesia, China, Iraq, and Turkey, and more than half the people infected have died. As of April, 2006, there were 191 confirmed cases and 108 deaths reported.⁵ (*Updated information is available at the WHO website.*) There is concern that the Avian influenza virus currently present in birds may mutate and evolve into a pandemic-type virus capable of widespread human to human transmission.

Pandemic viruses emerge as a result of a process called “antigenic shift or drift”, which is a sudden change in the virus caused by changes in the protein coat on the surface of the virus. These changes can either reduce the virus’ pathogenic form (mild symptoms) or increase its pathogenic form thereby increasing its virulence. Viruses mutate in order to adapt. It is the nature of a virus to survive and mutating is a virus’ defense mechanism.

There have been three acknowledged pandemics in the 20th century:⁶

³ <http://www.pandemicflu.gov/general>

⁴ <http://pandemicflu.gov/>

⁵ http://www.who.int/csr/disease/avian_influenza/country/cases_table_2006_02_09/en/index.html

⁶ <http://www.pandemicflu.gov/general/historicaloverview.html>

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- 1918-19 ‘Spanish Flu’ (H1N1), is estimated to have sickened 20-40% of the world’s population, and over 20 million people died, 500,000 in the U.S., between September 1918 and April 1919. It spread rapidly; many died within a few days of infection, others from secondary complications. The attack rate and mortality was highest among adults 20-50 years old, although the reasons for this are uncertain.
- 1957-58 ‘Asian Flu’, (H2N2), the virus was quickly identified due to advances in technology and a vaccine was produced. Infection rates were highest among school children, young adults and pregnant women. The elderly had the highest rates of death. A “second wave” developed in 1958. There were about 70,000 deaths in the United States.
- 1968-69, ‘Hong Kong Flu’, (H3N2), caused approximately 34,000 deaths in the U.S. This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year. Those over age 65 were most likely to die. This virus returned in 1970 and 1972 and still circulates today.⁷

The Center for Disease Control (CDC) in Atlanta and the World Health Organization (WHO) based in Switzerland support large surveillance programs to monitor and detect influenza activity around the globe, including the emergence of new strains or possible pandemic strains of influenza. There are currently 113 national centers in 84 countries tracking and analyzing over 200,000 samples per year.⁸

The WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment (January 26, 2006) addresses the two traditional strategies being used currently to address the threat of an international pandemic: (1) attempts to contain outbreaks of the virus in poultry; and (2) intensifying the world’s preparedness to cope with a pandemic. This document also discussed the draft protocol for a third strategy – rapidly detecting and potentially containing an emerging pandemic virus near the start of the pandemic.⁹

Most experts agree that it is not a question of whether or not there will be a pandemic, but when it will occur. The severity of the next pandemic cannot be predicted, but modeling suggests that the impact on the United States of a severe epidemic in the absence of any control measures (vaccines or anti-viral drug therapies), could include 30% of the population becoming ill, 10 million hospitalized and almost 2 million deaths.¹⁰ The estimated economic impact could be \$71.3 to \$166.5 billion, excluding disruptions to commerce and society.¹¹

President Bush announced his Pandemic Plan in November 2005 with the National Institutes of Health (NIH) that includes funding to purchase additional doses of the current flu vaccine, stockpile anti-viral drugs, speed development of new vaccines and help state and local governments prepare emergency plans.¹²

The U.S. Department of Health and Human Services (HHS) also supports activities in the areas of surveillance, vaccine development and production, strategic stockpiling of antiviral medications, research and risk communications. In May 2005, the U.S. Secretary of HHS created

⁷ <http://pandemicflu.gov/general/historicaloverview.html>

⁸ <http://www.who.int/csr/outbreaknetwork/en/>

⁹ http://www.who.int/csr/disease/avian_influenza/guidelines/RapidResponse_27%2001.pdf

¹⁰ <http://www.pandemicflu.gov/plan/pandplan.html>

¹¹ <http://www.cdc.gov/ncidod/eid/vol5no5/meltzer.htm>

¹² <http://www.whitehouse.gov/infocus/pandemicflu/>

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a multi-agency National Influenza Pandemic Preparedness and Response Task group. This unified initiative involves CDC, as well as international, national, state, local and private agencies in planning for a potential pandemic. Its responsibilities include revision of a U.S. National Pandemic Influenza Response Plan.¹³

Calling a pandemic influenza “one of the most important public health issues facing California,” the California Department of Health Services issued a draft California Pandemic Influenza Preparedness and Response Plan.¹⁴ Among other actions, this plan defines surveillance and reporting of cases, providing for education and treatment, disaster declarations and enforcement of legal orders.

3. STRATEGY

The University of California, Davis adopts the following overall strategy in planning our response to an influenza pandemic with the goal of achieving effective preparations, response and recovery.

The Chancellor-Provost’s office will appoint a Pandemic Management Team, composed of one representative each from administration, faculty, university communications, campus medical/health and student affairs. With the endorsement of the Chancellor/Provost office, they will oversee the distribution of this Avian Influenza Pandemic Planning Guide to each of the UC Davis schools, colleges and units, and assist them in developing their individual plans. (*NOTE: Most schools, colleges and units will benefit from planning at a basic department or division level, which can be gathered into an overall plan for the entire school, college or unit.*) Those plans will be delivered to the campus Emergency Manager, who will coordinate the final plan with the UC Davis Emergency Management Advisory Council (EMAC), assuring collaboration of information and prioritization of resources and personnel.

The UC Davis Emergency Manager, along with the Pandemic Management Team, will continue to monitor this emerging threat and to continually review and revise these plans as necessary.

The UC Davis strategy will recognize the following key elements:

- Planning for a pandemic event using a traditional Business Continuity Plan model
- Identifying our essential services and missions
- Identifying core personnel and core skills
- Identifying a clear chain of command for decision making
- Understanding the effects on our faculty, staff, students, parents, visitors and community
- Broad and inclusive communications – both internally and externally
- Implementing appropriate and adequate preparations
- Training and exercising
- Appropriate response actions and recovery processes

¹³ <http://www.hhs.gov/pandemicflu/plan/>

¹⁴ <http://www.dhs.ca.gov/ps/dcdc/pdf/Draft%20Pandemic%20Influenza%20Plan%201-18-06.pdf>

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Within UC Davis, the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) will serve as the structure to plan for and manage a contagious disease outbreak of significant magnitude.

Should a pandemic occur, **it would be the responsibility of the Public Health departments at the local, county and state level to issue quarantine orders, direct facilities closure, and provide critical information designating key healthcare facilities as well distribution of anti-viral medications.** This authority encompasses all private citizens, businesses and campus operations. UC Davis will work closely with the Yolo County Public Health Department and will comply with all guidance and recommendations.

Next Pages:

- Figure 1: UC Davis Avian Influenza Pandemic **Planning** Flowchart.
- Figure 2: UC Davis Avian Influenza Pandemic **Response** Flowchart.
- Figure 3: UC Davis Avian Influenza Pandemic Planning **Timeline**.

Figure 1

University of California, Davis Avian Influenza Pandemic **Planning** Flowchart

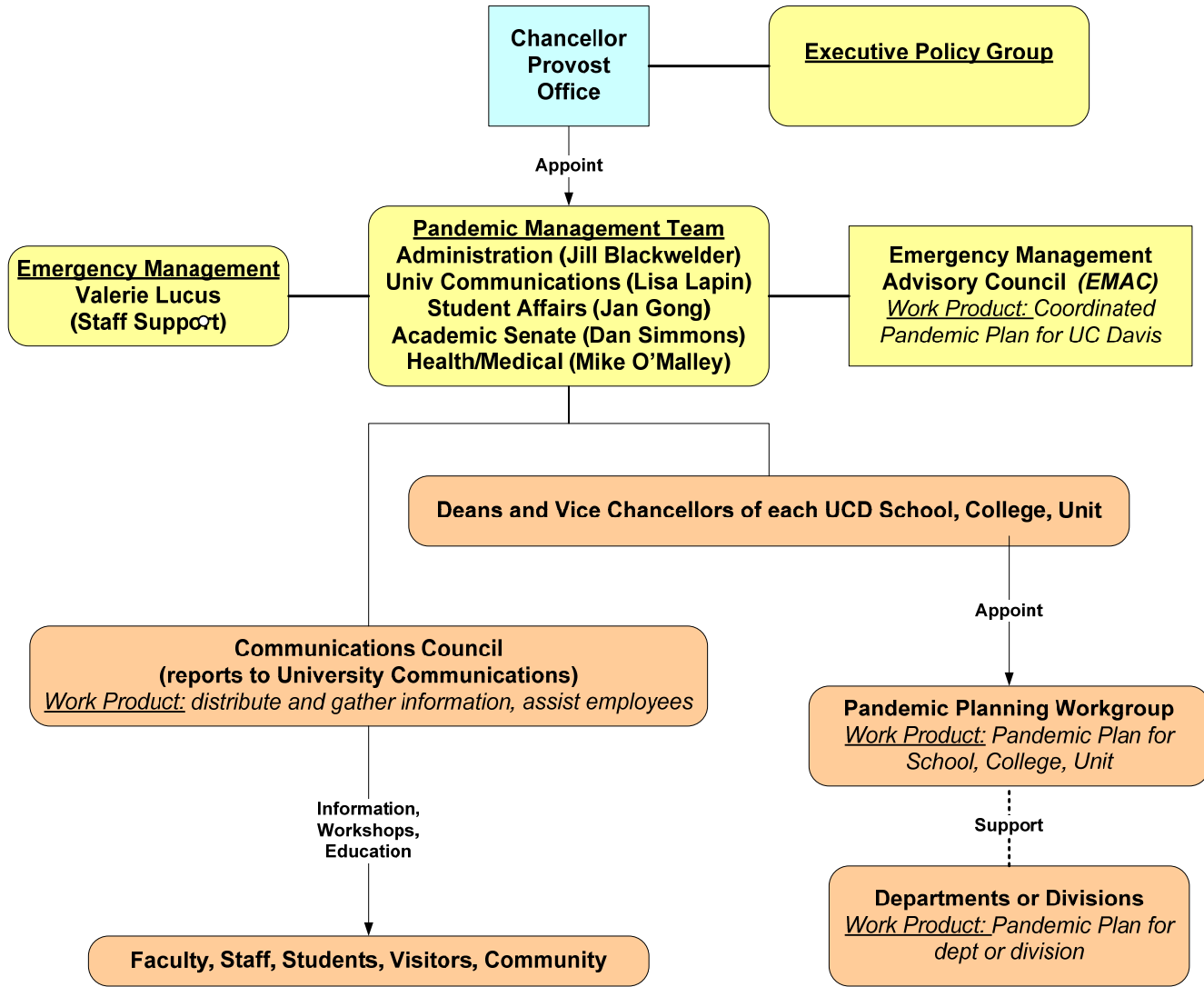


Figure 2

University of California, Davis Avian Influenza Pandemic **Response** Flowchart

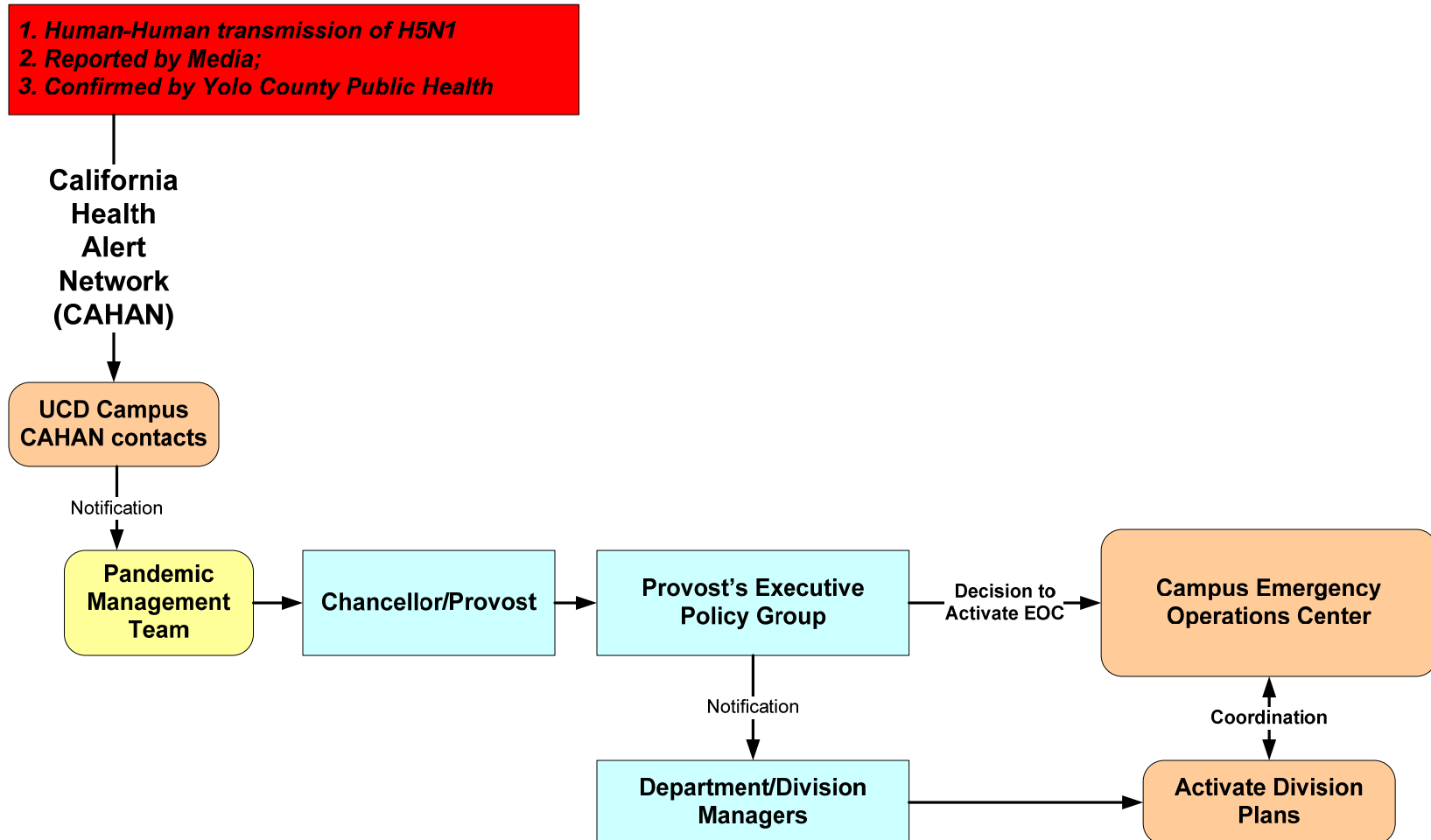
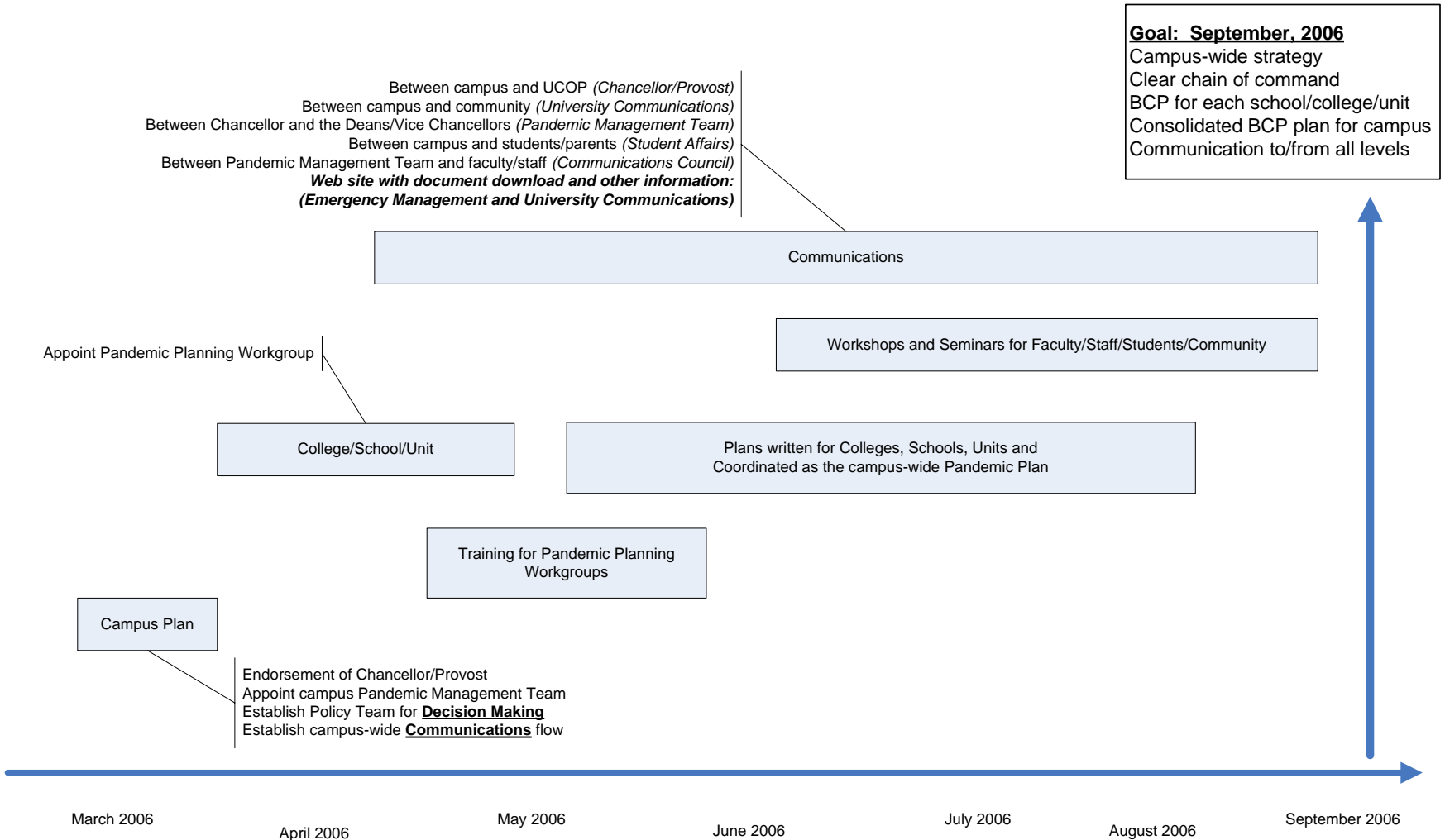


Figure 3

University of California, Davis Avian Influenza Pandemic Planning **Timeline**



4. ROLES AND RESPONSIBILITIES

4.1. Office of the Chancellor/Provost

The Office of the Chancellor/Provost will provide executive level direction and authority for this plan; appoints the campus Pandemic Management Team. During the response phase of a pandemic, and in collaboration with the Executive Policy Group, makes policy decisions on campus closure and orders activation of the Emergency Operations Center.

4.2. Pandemic Management Team

The UCD Pandemic Management Team is appointed by the Chancellor/Provost's Office to support the Vice Chancellor and Dean of each college, school and unit in developing and implement their individual Pandemic Plans. The Pandemic Management Team is a sub group of the Emergency Management Advisory Council and chosen to represent campus administration, faculty, university communications, health/medical and student affairs.

4.3. Emergency Management Advisory Council

The Emergency Management Advisory Council is a standing body composed of the campus Emergency Manager and representatives of other campus groups and constituencies with the appropriate expertise and/or knowledge of the campus to provide input or assist in the coordination of the preparation, implementation, evaluation and revision of the UC Davis Emergency Management Program. Their role in this plan is to coordinate the Pandemic Plans from each school, college and unit and provide oversight for the coordination and implementation of a final plan.

4.4. Colleges/Schools/Units

Each of UC Davis' schools, colleges and units will develop an Avian Influenza Pandemic Business Continuity Plan based on the templates and information provided in the Appendices. This process begins with the appointment by the Vice Chancellor or Dean of a Pandemic Planning Workgroup, who will use the BCP template in the appendices to develop a Pandemic Plan for the specific college, school or unit. This plan will be presented to the campus Emergency Manager by July 1st, 2006. A list of these planning units is included in the appendices.

4.5. Faculty Senate

The Divisional Academic Senate will develop policies and procedures for waivers of regulations regarding examinations and required days of instructions as relevant to a campus shut-down or quarantine. The Senate also will encourage faculty to consider developing alternate methods to deliver classroom instruction and materials in the event of a campus shut-down.

4.6. Pandemic Planning Workgroup

This group is appointed by each Vice Chancellor or Dean to develop an Avian Influenza Pandemic Business Continuity Plan for their school, college or unit, using the materials provided in the appendices. Work already done may help in this project – i.e.: plans for SARS, a furlough, a labor dispute or a holiday shutdown. *(NOTE: Most schools, colleges and units will benefit from basic planning at a basic department or division level, which can be*

gathered into an overall plan for the entire school, college or unit.) This plan will be presented to the Vice Chancellor Dean with enough time for review and presentation to the campus Emergency Manager by July 1st, 2006.

4.7. Communication Council

The Communications Council is a function of University Communications and includes a representative from each school/college/unit at UC Davis. These representatives will be responsible for utilizing all available methods to inform the faculty, staff and students about actions UC Davis is taking in regard to a potential pandemic. Units without a Communications Council representative will appoint a representative to communicate with the faculty, staff and students within their unit.

4.8. Emergency Operations Center

As defined in the UC Davis Emergency Operations Plan, the EOC is activated when any event, emergency or disaster overwhelms the day-to-day ability of the campus to manage its *response* and subsequent *recovery*. A visual description of the UC Davis emergency management system, including the EOC, is included in the appendices

5. COLLEGE/SCHOOL/UNIT PANDEMIC CONTINUITY PLANS

Guidelines and a template for developing an Avian Influenza Pandemic Business Continuity Plan is part of the appendices. Use of this format will facilitate future changes, additions and amendments to these base plans.

5.1 Planning and Coordination

5.1.1 Health/Medical Planning Assumptions – from the US HHS PandemicPlan¹⁵ and the California Department of Health Pandemic Influenza Preparedness and Response Plan.¹⁶

- A pandemic is a public health emergency that takes on significant political, social and economic dimensions.
- The course of pandemic influenza will be governed by factors that cannot be known in advance.
- The first human cases will likely occur in other countries and will be detected by the global surveillance network.
- Planning is an essential component of pandemic influenza preparedness. An onset of illness is too late to begin planning.
- Communication is a critical aspect of all emergency planning and response.
- There will be universal susceptibility to the pandemic influenza subtype.
- Experts anticipate an influenza pandemic could last from 18 months to several years with at least two peak waves of activity. In an affected community, a pandemic will

¹⁵ <http://www.hhs.gov/pandemicflu/plan/>

¹⁶ <http://www.dhs.ca.gov/ps/dcdc/pdf/Draft%20Pandemic%20Influenza%20Plan%201-18-06.pdf>

last about 6 to 8 weeks. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.

- Vaccinations and antiviral treatment are anticipated to be the most effective medical treatment, but they may be non-existent or in limited supply.
- Non-medical containment measures will be the principal means of disease control until vaccinations are available, but decisions about non-medical containment measures will be made in an atmosphere of considerable uncertainty.
- Response on all government levels in California will follow the guidelines established by SEMS (Standardized Emergency Management System) and NIMS (National Incident Management System).
- Clinical Attack Rates
 - Ultimately, thirty (30) percent clinical disease attack rate in the overall population.
 - Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
 - Of those who become ill, 50% will seek outpatient care.
 - The number of hospitalizations/deaths will depend on the virus' virulence.
 - Risk groups for severe and fatal infections cannot be predicted with certainty.
 - The typical incubation period for respiratory influenza averages two days.
 - Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two days of illness. Children will shed the greatest amount of virus and therefore, are likely to pose the greatest risk for transmission.
 - On average, two secondary infections will occur as a result of transmission from someone who is ill.
 - In an affected community, a pandemic will last about 6 to 8 weeks. At least two disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
 - The seasonality of pandemic cannot be predicted with certainty. The largest "waves" in the U.S. during 20th century pandemics occurred in the fall and winter.

5.1.2 Business Planning Assumptions – from the International Monetary Fund “The Global Economic and Financial Impact of an Avian Flu Pandemic and the Role of the IMF”¹⁷

- There is growing concern about the possibility of an avian flu pandemic and its implications for human and the global economic and financial system.
- If the pandemic is severe, the economic impact is likely to be significant, though predictions are subject to a high degree of uncertainty.
- Once the pandemic has run its course, economic activity should recover relatively quickly, although a severe pandemic will have a more disruptive effect.

¹⁷ <http://www.imf.org/external/pubs/ft/afp/2006/eng/022806.pdf>

- A pandemic will put substantial pressure on the fiscal balance, due to increased spending on health, public safety, social welfare and subsidies to businesses and lost revenues.
- Operational risks (high absenteeism rates) constitute the greatest challenge to the global financial system.
 - Could result in significant absenteeism over a period lasting several weeks from a variety of sources.
 - Absenteeism could become so widespread that staffing for the most critical operations may become inadequate, and succession plans may no longer provide for continuity.
 - May also result in major disruptions to transportation, electricity production and telecommunications and may severely stretch basic services, including police, fire and emergency services.

5.1.3 Planning Documents for the UC Davis Campus

Several campus units have developed specific position papers and other planning documents for colleges, schools and units putting together their Pandemic Business Plans. They include papers from Human Resources, Legal Counsel and Information and Educational Technology Services. As papers are developed, they will be placed on the Emergency Management page at <http://safetyservices.ucdavis.edu/emergencymgmt/>.

5.1.4 Business Impact Analysis

The process of developing an Avian Influenza Pandemic Business Continuity Plan begins with posing and answering questions to discover the essential functions and personnel of each school, campus and unit, as well as the essential operational systems. A guide to developing this analysis is included in the appendices. This analysis leads to an impact analysis of shortfalls in necessary resources and personnel for planning purposes.

5.1.4.1 Supplies and Inventory

As part of this business impact analysis, each school, college and unit will complete an inventory of all supplies and equipment identified as essential to ongoing business functions, and ensures a process is in place for maintenance of adequate inventory. Shortages of supplies may occur during a pandemic due to increased demand (i.e. medications and medical supplies, cleaning supplies) or due to transportation system disruption or inability of suppliers to meet demand due their own staffing shortages. This process will include discussions with key suppliers to plan for regular shipments in the event of shortages or disruptions in transportation systems.

5.1.5 Appoint a Pandemic Planning Workgroup

The Vice Chancellor or Dean of each school, college and unit will identify and appoint a Pandemic Planning Workgroup. The impact analysis and continuity plan templates can be completed by this workgroup for the entire organization, but most schools, colleges and units will benefit from planning at a basic department or

division level, which can be gathered into an overall plan. The plan will utilize several scenarios as described in the appendices. Once the plan has been completed, this workgroup will coordinate their plan with the rest of the campus through the Emergency Management Advisory Council.

5.1.6 Training and Exercises

Once plans are developed, training and exercising ensures that all faculty, staff and students are aware of the plan, how it is activated and how it is managed. Training will be scheduled for the Pandemic Planning Workgroup. Additional training needs can be identified and scheduled with identified essential and core personnel and their back ups. Seminars, meetings and similar sessions on personal preparedness will be made available to all faculty, staff and students in accordance with the Timeline shown on Page 11 of this plan.

6. PROGRAM RESPONSIBILITIES

The goal of the UC Davis Avian Influenza Pandemic Business Continuity Plan is ensure our ability to continue the core and essential functions of each college, school and unit in the event of a pandemic event.

6.1 Identify Alternative Methods to Deliver Services and Classes

Each college, school and unit must consider what methods can be employed to continue essential services and classes. Alternatives should be identified and planned for maintaining infrastructure, business services, animal care, continuation of research and continuation of course instruction. As alternative methods are identified, they will be posted on the Campus Emergency Management web site¹⁸, but they could include:

- Identify key employees, create redundant or double teams for all critical staff or faculty functions.
- Identify and maintain stockpiles of key supplies, and consider how to proceed if key service or supply providers are not available.
- Develop staffing plans to identify work that must be done in the office and work that can be done at home.
- Establish remote or redundant facilities for services or classes, increase self-service options, consider videotaping or video conferencing/teleconferencing options.
- Expand the use of telecommunications – although issues such as security and bandwidth must be taken into account, ensure knowledge of text-based messaging.
- Developing backup systems in case of failures.

6.2 Faculty/staff/student Travel

As we saw with the Sudden Acute Respiratory Syndrome (SARS) crisis in 2003, a disease outbreak requires thoughtful consideration about limiting or imposing travel restrictions, as well as consideration of faculty, staff and students already abroad or on travel. Highly impacted countries may close their borders, receiving countries may impose quarantine periods, thermal

¹⁸ <http://safetyservices.ucdavis.edu/emergencymgmt/>

and other medical scanning and screening of incoming passengers. Each college, school and unit should develop ways to quickly contact and counsel faculty, staff or students on travel, and consider how to identify “essential travel” along with who can approve travel during a pandemic event.

6.3 Off site and Outlying Locations

Many programs and departments maintain facilities and staff, students or faculty at locations away from the primary UC Davis campus or Medical Center. Preparation and planning should include consideration of services and staffing of those sites.

6.4 Human Resource Issues

The primary effects of a pandemic are on staffing and student levels. Unlike natural disasters, pandemics do not damage property or equipment; the effects are mainly human resource oriented. Absenteeism may be for a variety of reasons: illness/incapacity; caring for other family members, or school closures. Each college, school and unit should strategize how to manage and plan for absences among faculty, staff and students, including operational or information systems that rely on periodic physical intervention to keep them running.

Personal planning is also an important part of this scenario, and having faculty, staff and students prepared at home for any emergency or disaster is important. General emergency preparedness information for families and individuals is available from the Federal Emergency Management Agency.¹⁹ The planning timeline for implementation of this Avian Influenza Pandemic Business Continuity Plan includes workshops and seminars for interested faculty/staff/students and community members.

6.5 Infection Control Policies and Procedures

UC Davis cares about the health and safety of its faculty, staff and students and strives to take reasonable steps for protection and mitigation of those risks. While medical issues surrounding any kind of disease outbreak is best addressed by campus medical personnel, common sense steps to good health habits can be promoted, including eating balanced diets, exercising daily, getting sufficient rest and taking steps to stop the spread of germs.

6.5.1 Infection Control Guidelines

The following information condenses the best current guidance available. In the event of a pandemic, the CDC and WHO websites may offer more updated information. The following are guidelines provided by the CDC in the event of any infectious disease outbreak.²⁰

- Avoid close contact with people who are sick.
- Stay home and away from work, home or errands when you are sick.
- Cover your mouth and nose with a tissue, handkerchief, or the sleeve of your clothing when coughing or sneezing.
- Clean your hands – schools/colleges/units should consider providing waterless antibacterial hand cleansing solutions to individuals.

¹⁹ <http://www.fema.gov/areyouready>

²⁰ <http://www.cdc.gov/flu/protect/stopgerms.htm>

- Avoid touching your eyes, nose or mouth.
- Persons with respiratory infection symptoms can use a disposable surgical mask to help prevent exposing others.

6.6 CAHAN Alerting System

The State of California Health Alerting Network (CAHAN) is a web-based system to broadcast warnings of impending or current disasters affecting the ability of health officials to provide disaster response services to the public.²¹ UC Davis Student Health, Employee Health and Emergency Management are part of this alert network. As a pandemic appears and evolves, the Yolo County Public Health Agency will provide critical information, warnings and alerts to the campus.

Should a pandemic occur, it would be the responsibility of the Public Health departments at the local, county and state level to issue quarantine orders, direct facilities closure, and provide critical information designating key healthcare facilities as well distribution of anti-viral medications. This authority encompasses all private citizens, businesses and campus operations. UC Davis will work closely with the Yolo County Public Health Department and will comply with all guidance and recommendations.

6.7 Campus Communication Responsibilities

Responsibility for communicating information and alerts before an Avian Influenza Pandemic is illustrated in the following table:

| | FROM | TO |
|-------------------------|--|--|
| Before the Emergency | Chancellor/Provost | UCOP, Pandemic Management Team, Vice Chancellors, Deans |
| | Pandemic Management Team | Pandemic Planning Workgroups, Vice Chancellors and Deans, and the Emergency Management Advisory Council (EMAC) |
| | University Communications | media, general campus and community |
| | Communication Council | faculty/staff within school/college/unit |
| | Student Affairs | students and parents |
| Transition | Yolo County Public Health | CAHAN Campus Contacts |
| | CAHAN Campus Contact | Emergency Management and Pandemic Management Team |
| | Pandemic Management Team | Chancellor/Provost Vice Chancellors and Deans |
| During the Emergency | Campus Emergency Operations Center | School/College/Unit Department Operations Centers |
| | Chancellor/Provost (<i>as the EOC Policy Group</i>) | UCOP |
| | University Communications (<i>as EOC Public Information Officer</i>) | media, general campus, community |
| | School/College/Unit Department Operations Centers | Campus Emergency Operations Center |
| | School/College/Unit Department Operations Centers | faculty/staff/students/visitors |

²¹ <http://www.dhs.ca.gov/epo/HANPrograms/EPOCAHAN.html>

7. RESPONSE

7.1. Pandemic Phases and Suggested Actions

The appendix includes the expected phases of any pandemic, an action stage and objectives and actions for each level.

7.2. Activation

Alerts equivalent to Phase 4 and above will be transmitted to the Pandemic Managers for notification of the Chancellor/Provost, Vice Chancellors and Deans, and Communication Council. The UC Davis Emergency Operations Center can be activated – partially or fully – by the Chancellor/Provost after consultation with the Executive Policy Group, the Pandemic Managers, Yolo County Public Health and/or the Emergency Manager.

7.3. UC Davis Emergency Operations Center

In accordance with SEMS and NIMS, any campus-wide emergency beyond the campus' ability to manage with day-to-day operations would result in activation of the Emergency Operations Center for centralized coordination of response, relief and recovery efforts. The EOC would be opened for a pandemic response based on an order from the Chancellor/Provost. Once open, all campus actions would be coordinated through the EOC.

7.4. Preparing for a Partial or Total Closure of the Campus

The decision to close the campus or substantially curtail most major activities of the campus would be a difficult decision and the decision to do so would require careful thought and consideration, and coordination at the highest levels of the organization. Health Center guidelines for cancellation of events are included in the appendices. Beyond those, the final decision for a partial or total closure of the University will be made by the Chancellor/Provost and communicated through the EOC to the campus and community.

7.5. Critical Decision Makers

- 7.5.1. Federal/State/County/Local Public Health Departments have the authority to order quarantines, isolation and other public health related actions.
- 7.5.2. The Chancellor/Provost as chair of the EOC Executive Policy Group may order the cancellation of classes and cessation of all but critical functions.
- 7.5.3. The Executive Policy Group for this event will be composed of representatives best able to advise the Chancellor/Provost on necessary actions for this event.
- 7.5.4. Vice Chancellors and Deans may direct specific closures and shutdown of all but critical functions within their college, school and unit.

7.6. Implementing Pandemic Business Continuity Plans

Once the EOC is activated for a campus-wide emergency response, the Avian Influenza Pandemic Business Continuity Plan developed by each college, school and unit should be activated and all actions coordinated and communicated to the EOC.

7 RECOVERY PROCESSES

Recovery begins immediately and continues throughout the response phase of an emergency/disaster. With a pandemic, recovery efforts may be thwarted by an unknown duration of the actual event and the unknown number of faculty, staff and students effected. Planning for recovery before an event occurs will assist available faculty, staff and students to make the transition as seamless as possible.

7.1 Establish criteria and processes for Business Resumption

Based on information as developed by the EOC and ongoing reviews of the international/national/local situation and discussions with each UC Davis college, school and unit, the EOC will designate a partial, incremental or total return to normal operations. Any such decisions would be communicated to and coordinated with each college, school and unit.

7.2 Communication

Responsibility for communicating recovery actions and intentions begins with the EOC and continues into each college, school and unit, as stated in Section 4.4.2. Notice to all faculty/staff and students of a full or partial reopening should be disseminated as widely and quickly as possible.

7.3 Analysis and After Action Reports

Once a complete return to operations is accomplished, the Pandemic Managers and Emergency Management Advisory Council will convene a debriefing, to discuss the response, recovery and any changes necessary to this plan.

Appendix A: Planning Timeline:

1. **April 12, 2006** Planning Guide finalized
2. **April 14, 2006** Distribution of Planning Guide to each Vice Chancellor and Dean.
3. **May 1, 2006** Deadline for each Vice Chancellor and Dean will appoint a Pandemic Planning Workgroup and forward the names to the campus Emergency Manager.
4. **April-May** Scheduled training and workshops for the Pandemic Planning Workgroups. The members of the workgroup can attend any session. Individual sessions outside these can be arranged directly with the campus Emergency Manager.
 - *To be scheduled, please check the Emergency Management web page at [HTTP://SAFETYSERVICES.UCDAVIS.EDU/EMERGENCYMGMT/](http://SAFETYSERVICES.UCDAVIS.EDU/EMERGENCYMGMT/)*
5. **May-June** Each college, school and unit will use the Template in Appendix D to create an Avian Influenza/Pandemic Plan. Most schools, colleges and units will benefit from planning at a basic department or division level, which can be gathered into an overall plan for the entire school, college or unit
6. **July 1, 2006** Deadline for submitting the individual college, school and unit Avian Influenza Pandemic Plan to the campus Emergency Manager.
7. **July-September** Plans will be considered and coordinated by the Emergency Management Advisory Council. Recommendations for a campus-wide plan will be compiled into a final plan for approval by the Chancellor/Provost and the Executive Policy Group.
8. **September 1, 2006** UC Davis campus-wide plan for an Avian Influenza/Pandemic distributed to campus.

Appendix B: Overall Pandemic Management Stages and Associated Objectives

| Phase | Description | Action Stage | Objectives and Suggested Actions |
|---|--|---|---|
| I: Interpandemic or Pre-Pandemic Period | No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is to be considered low. | Planning Preparedness <i>(See Page 10, Fig. 1, Pandemic Planning Flowchart)</i> | <ul style="list-style-type: none"> • Strengthen pandemic planning and develop planning assumptions • Designate Pandemic Management Team and Pandemic Planning Workgroups • Conduct Business Impact Analysis, identify essential/core services and personnel • Develop plans to reduce health and economic impact to campus, faculty, staff and students • Identify needs for PPE and cleaning equipment • Purchase contingency supplies • Engage in discussions with all stakeholders • Pre-arrange psychological counseling on “as-needed” basis |
| II: Interpandemic or Pre-Pandemic Period | No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease. | | |
| III: Pandemic Alert Phase | Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact | | |
| IV: Pandemic Alert Phase | Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adapted to humans | Standby | <ul style="list-style-type: none"> • Alert all stakeholders to change in status • Consider implementation of Plans • Increase internal surveillance and preventative measures |
| V: Pandemic Alert Phase | Large cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not be fully transmissible. | Cluster, infection control | <ul style="list-style-type: none"> • Alert all stakeholders to change in status • Restrict movement as appropriate • Consider implementation of Plans • Partial activation of EOC |
| VI: Pandemic Period | Pandemic: Increased and sustained transmission in general population. | Managing Event | <ul style="list-style-type: none"> • Alert all stakeholders to change in status • Implement Plans • Full Activation of EOC • Social distancing measures |
| VII: Post Pandemic | Rates of infection return to normal “flu season” totals. | Recovery | <ul style="list-style-type: none"> • Expedite recovery |

APPENDIX C

COLLEGE & UNIVERSITY PANDEMIC INFLUENZA PLANNING CHECKLIST



In the event of a flu pandemic, colleges and universities will play an integral role in protecting the health and safety of students, employees and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic. Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify a pandemic coordinator and response team (including campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director and student representatives) with defined roles and responsibilities for preparedness, response and recovery planning. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incorporate into the pandemic plan scenarios that address college/university functioning based upon having various levels of illness in students and employees and different types of community containment interventions. Issues to consider include: <ul style="list-style-type: none"> ■ cancellation of classes and/or public events; ■ closure of campus, student housing, and/or public transportation; ■ assessment of the suitability of student housing for quarantine of exposed and/or ill students. (Refer to the HHS Pandemic Influenza Plan, www.hhs.gov/pandemicflu/plan); ■ contingency plans for students who depend on student housing and food services (e.g., international students); and ■ contingency plans for maintaining research laboratories, particularly those using animals. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work with local public health authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure that pandemic influenza planning is consistent with any existing college/university emergency operations plan, and is coordinated with the pandemic plan of the community and that of the state's higher education agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services in order to meet the needs of the college/university and community during and after a pandemic. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish an emergency communication plan and revise regularly. This plan should identify key contacts with local and state public health officials as well as the state's higher education officials (including back-ups) and the chain of communications, including alternate mechanisms. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Test the linkages between the college/university's Incident Command System and the Incident Command System of the local and/or state health department and the state's higher education agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implement an exercise/drill to test your plan, and revise it regularly. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participate in exercises of the community's pandemic plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Share what you have learned from developing your preparedness and response plan with other colleges and universities to improve community response efforts. |

continued



2. Continuity of Student Learning and Core Operations:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop a continuity of operations plan for maintaining the essential operations of the college/university including payroll; ongoing communication with employees, students and families; security; maintenance; as well as housekeeping and food service for student housing. |

3. Infection Control Policies and Procedures:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, coughing/sneezing etiquette). Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish policies for employee and student sick-leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish mandatory sick-leave policies for employees and students who are exposed to pandemic influenza, who are suspected to be ill, or who become ill on campus. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employees and students should not return to class until their symptoms resolve and they are physically ready to return. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish a pandemic plan for campus-based health care facilities that addresses issues unique to health care settings. (Refer to the HHS Pandemic Influenza Plan www.hhs.gov/pandemicflu/plan .) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adopt CDC travel recommendations (www.cdc.gov/travel) during an influenza pandemic. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas. |

4. Communications Planning:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop a dissemination plan or communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, local radio or television) for communicating college/university response and actions to employees, students, and families. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advise employees and students where to find up-to-date and reliable pandemic information from federal, state and local public health sources. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disseminate information about the college/university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on student housing closure, and the contingency plans for students who depend on student housing and campus food service, including how student safety will be maintained for those who remain in student housing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies, and the at-home care of ill students or employees and their family members. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anticipate and plan communications to address the potential fear and anxiety of employees, students, and families that may result from rumors or misinformation. |

APPENDIX D: AVIAN INFLUENZA PANDEMIC BCP TEMPLATE

TEMPLATE

University of California, Davis

Division, department, school, college, unit

Avian Influenza Pandemic Business Continuity Plan

DATE

This plan is developed for this **division, department, school, college, unit** and specifically covers the critical functions and positions, designated personnel and response/recovery actions of for **division, department, school, college, unit** as they apply to an influenza pandemic scenario. This document will be combined with similar plans from other schools, colleges and units and compiled into a campus-wide plan for responding to an influenza pandemic.

Instructions: An electronic version of this template can be obtained from the UC Davis Emergency Manager, Valerie Lucus ([vj lucus@ucdavis.edu](mailto:vjlucus@ucdavis.edu)) 530 752 6463. Using an electronic version will allow the Pandemic Planning Team to expand each section to include all necessary and appropriate information.

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- Organization Chain of Command
- Pandemic Planning Workgroup
- Communications Council

II. Scenarios and Questions

III. Analysis of Business Impact

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V. Contact Lists for this **division, department, school, college, unit**.

I. ORGANIZATION CHAIN OF COMMAND, PANDEMIC PLANNING WORKGROUP AND COMMUNICATIONS COUNCIL

1. The organizational chain of command for **division, department, school, college, unit** consists of:

| Name | Position | Work Location | Email | Office | Home | Cellular or other | Text capable? |
|------|----------|---------------|-------|--------|------|-------------------|---------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2. The Pandemic Planning Workgroup appointed for **division, department, school, college, unit** is:

| Name | Office | Cellular or other |
|------|--------|-------------------|
| | | |
| | | |
| | | |

3. The Communications Council representative, or designated communication representative from **division, department, school, college, unit** is:

| Name | Office | Cellular or other |
|------|--------|-------------------|
| | | |
| | | |

II. SCENARIOS AND QUESTIONS

1. Consider this Scenario (*WHO/CDC Pandemic Alert Phase II*):

In spite of heavy surveillance, the Avian flu H5N1 virus has been found in poultry in the New York City outdoor markets. Public Health officials from the New York and the USDA have ordered mass destruction of poultry in that area and have put the rest of the continental U.S. on alert. Experts are predicting that it is only a matter of time before the disease spreads to poultry and perhaps other animals in the rest of the U.S. Some media reports are characterizing this outbreak as “one step from human infection”.

Specifically at UC Davis: UC Davis researchers are acting as subject matter experts in trying to explain the relative risks involved. Since the process of controlling an outbreak involves exterminating all animals in the surrounding area, animal activists are planning to protest the destruction of so many “innocent” animals. There are some concerns being expressed among staff and faculty about the recent events, with questions about whether it is still safe to eat poultry, what other animals might be infected and exactly how transmissible this is to humans.

Questions:

1. Is there an updated contact list (phone, email, cell, etc) for everyone within **division, department, school, college, unit**?
2. Where is it kept?
3. Who is responsible for updating that list?
4. Is there a method for quickly contacting everyone with **division, department, school, college, unit** with critical information? (For example: a phone tree)?
5. Communications to employees, faculty or students in **division, department, school, college, unit** is distributed via this method:

| |
|----|
| 1. |
| 2. |
| 3. |

2. Consider this Scenario (*WHO/CDC Pandemic Alert Phase IV*):

For the past week, there have been rumors and unconfirmed reports of small clusters of person-to-person spread of H5N1 in Southeast Asia. The WHO has intensively investigated and initially could not confirm this development, although the level of suspicion is high and increasing all the time. As the WHO was attempting to verify the reports, CNN comes out with a report that the Avian Pandemic has arrived and is causing many deaths among residents and tourists in Southeast Asia. Finally, the WHO confirms that the virus has mutated and it is transmissible among humans, but it is still unclear how virulent it is. International efforts are attempting to contain these known outbreaks so the full range can be ascertained, although experts don't expect to be able to contain it for very long. Intensive surveillance in the U.S. has not found any evidence of H5N1 among the influenza-like illnesses that are normally present at low levels in the general population.

Specifically at UC Davis: There are nervous questions from faculty and staff about our plans to deal with an outbreak here. Some students are leaving because their parents have demanded they return home. Yolo County Public Health is urging caution until facts are verified.

Questions:

1. Who in **division, department, school, college, unit** tracks and records employee absences?
2. Is there a method for monitoring faculty/staff who are ill with flu-like symptoms, including contacting staff who are unexpectedly absent from work?
3. Does **division, department, school, college, unit** encourage sick faculty/staff/students to stay home? And send home those faculty/staff/students home if they come work/school?
4. Does staff, faculty, students have access to the latest information about disease transmission and does **division, department, school, college, unit** provide basic disease transmission supplies (hand sanitizer, tissue, masks) at work?

2. If the Chancellor/Provost ordered a closure of UCD for one month in this situation – similar to a holiday shutdown or furlough – what projects or services that your group provides could be postponed?

3. What policies does **division, department, school, college, unit** have in place for prolonged employee absences?

2. Are there any staff/faculty/students from **division, department, school, college, unit** on travel or abroad? Do you know where they are and how to contact them?

3. Are there alternatives that could be considered within **division, department, school, college, unit** for delivery of services or classes? If so, what are they?

III. BUSINESS IMPACT ANALYSIS

**(NOTE: For this section, expand the space as necessary to answer the question.)*

1. What is the primary mission of this **division, department, school, college, unit**?

NOTE: In this context, “critical functions and processes” are defined as those acts (1) necessary to preserve lives (human or animal), (2) maintain the physical plant/infrastructure, or (3) continue essential business services until an emergency has abated. This would include (for example), care and feeding for animal facilities, maintaining the Data Center, keeping all utilities functionally and maintaining public safety.

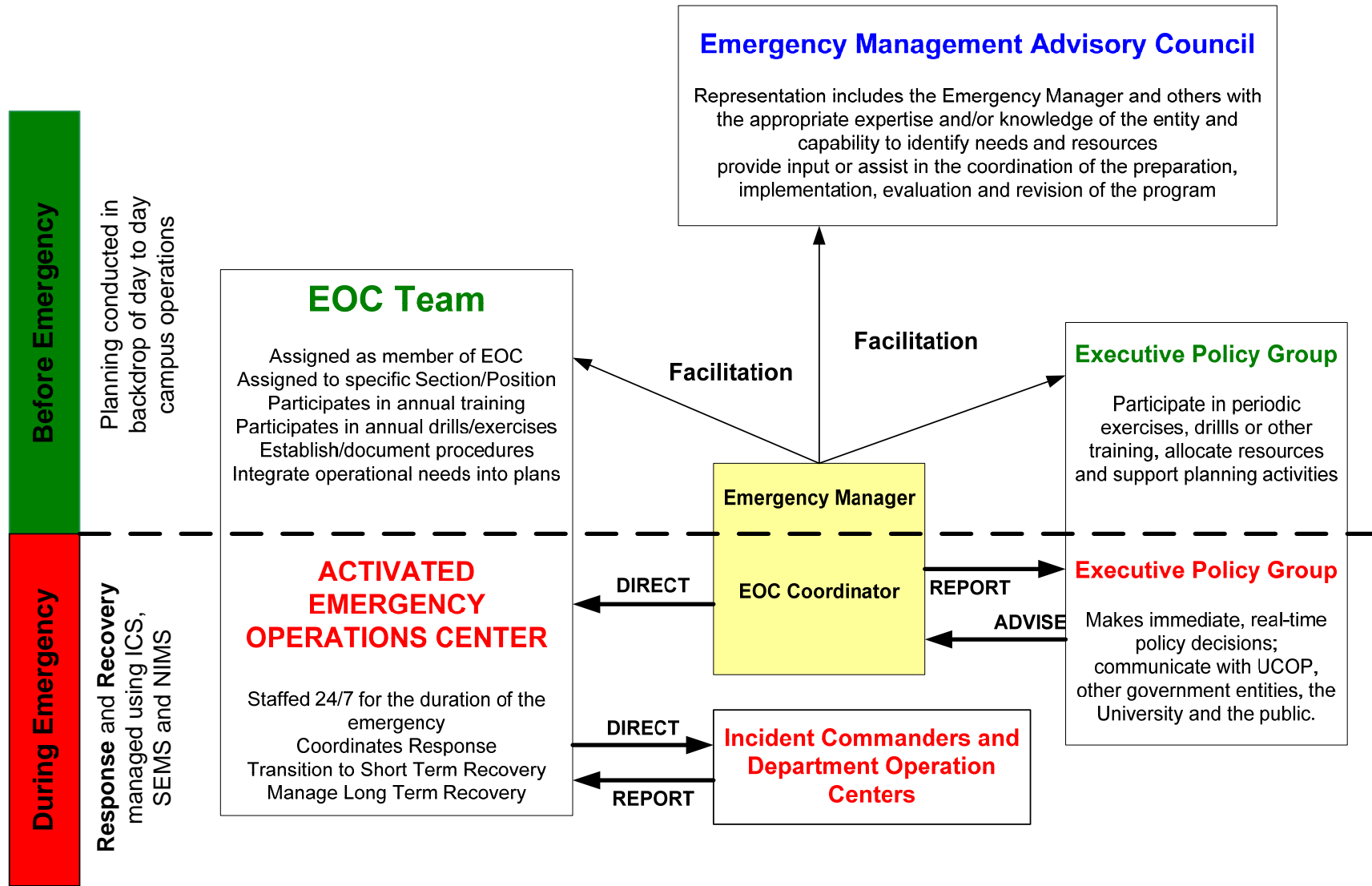
| | |
|---|--|
| 2. What are the critical functions and processes of division, department, school, college, unit? | 3. Who performs those critical functions and processes? Are there backups or alternative staff who could perform those functions? |
| | |
| | |
| 4. What other campus units are necessary to maintain the critical functions and processes of division, department, school, college, unit? What arrangements or agreements exist with those other units? | |

| | |
|---|---|
| <p>5. What process or functions (other than those defined as critical) does this division, department, school, college, unit perform?</p> | <p>6. How often is this process or function performed? How long could it be delayed?</p> |
| <p>6. Is there a readily available and accurate inventory of supplies on hand? What contracts, arrangement or agreements exist with vendors that division, department, school, college, unit regularly works with for delivery of goods and services during a disaster?</p> | |
| <p>7. What alternative methods are in place for delivery of services or classes? What are they?</p> | |
| <p>9. Does division, department, school, college, unit have students, faculty or staff regularly on travel or abroad? What policies or plans are in place to contact them, ascertain their safety and advise them about returning home?</p> | |

V. Emergency Contact List for division, department, school, college, unit

| Name | Position | Work Location | Email | Office | Home | Cellular | Text capable? |
|------|----------|---------------|-------|--------|------|----------|---------------|
| | | | | | | | |
| | | | | | | | |
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UC Davis Emergency Management Overview



APPENDIX F: UC DAVIS AVIAN FLU (PANDEMIC) PLANNING UNITS/CONTACT NUMBERS

| College/School/Unit | Vice Chancellor or Dean | Communications Council Member / Contact Info | Pandemic Planning Team / Contact Info | Senior Advisor Staff Member / Contact Info |
|---|--------------------------------------|--|---------------------------------------|--|
| Chancellor and Provost | Larry Vanderhoef Virginia Hinshaw | | | |
| Academic Senate | Dan Simmons | | | |
| Administration | Stan Nosek | | | |
| Ag and Environmental Sciences | Neal Van Alfen | | | |
| Biological Sciences | Kenneth C. Burtis | | | |
| Education | Harold Levine | | | |
| Engineering | Enrique J. Lavernia | | | |
| Graduate School of Management | Nicole Biggart | | | |
| Graduate Studies | Jeffery C. Gibeling | | | |
| Humanities, Arts and Cultural Studies | Patricia Turner | | | |
| Information and Educational Technology | Peter Yellowlees | | | |
| Library | Marilyn Sharrow | | | |
| Math and Physical Sciences | Winston Ko | | | |
| Research | Barry Klein | | | |
| Resource Management and Planning | John Meyer | | | |
| School of Law | Rex Perschbacher | | | |
| School of Medicine | Claire Pomeroy | | | |
| School of Veterinary Medicine | Bennie Osburn | | | |
| Social Sciences | Steven M. Sheffrin | | | |
| Student Affairs | Judy Sakaki | | | |
| University Relations | Beverly Sandeen | | | |
| General Information about the Planning Guide or the Planning process: Valerie Lucas vjlucus@ucdavis.edu 530-752-6463 | | | | |

APPENDIX G

Helpful Web Sites:

UC Davis Emergency Management and Planning Guidance for the campus:

<http://safetyservices.ucdavis.edu/emergencymgmt/>.

UC Davis News Service Information on Avian Influenza

http://www.news.ucdavis.edu/special_reports/avian_flu/

US Government Pandemic Flu Site <http://www.pandemicflu.gov>

World Health Organization <http://www.who.org>

US Centers for Disease Control <http://www.cdc.gov>

US Dept of Health & Human Services <http://www.hhs.gov>

California Dept of Health Services <http://www.dhs.ca.gov>

California Office of Emergency Services <http://www.oes.ca.gov>

FEMA “Are You Ready?” <http://www.fema.gov/areyouready/>