

INFLUENZA PANDEMIC EMERGENCY OPERATIONS PLAN



University of California, Berkeley

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Pandemic Flu Preparedness Task Force

Annex to the existing UCB Emergency Operations Plan

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Coordinating Group

Pandemic Flu Preparedness Task Force Chair:
Peter Dietrich, MD, MPH, Medical Director, University Health Services (UHS)

Pam Cameron, RNNP, MSN, Assistant Director of Clinical Services, UHS;
Michelle Deverell, MPH, Pandemic Preparedness Coordinator, UHS;
Paul Dimond, Manager, Office of Business Resumption;
Tom Klatt, Manager, Office of Emergency Preparedness, UC Police Department (UCPD);
Cindy Lambdin, RN, MS, ROPE Program Director & Emergency Operations Specialist, Center for Infectious Disease Preparedness (CIDP);
Diane Liu, MD, Occupational Health Physician, UHS;
Treacy Malloy, Senior Administrative Analyst, Office of Emergency Preparedness, UCPD;
Sarah Nathe, Program Manager, Disaster-Resistant University Initiative.

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I. INTRODUCTION

Influenza is a viral respiratory illness that infects humans and other animal species. Most people are familiar with seasonal influenza, commonly called “the flu”, which occurs regularly. The seasonal influenza virus mutates (changes) readily resulting in strains to which we may have limited or no immunity.

Occasionally, a new influenza virus emerges that can easily infect humans, is easily transmitted from human to human, and causes more severe illness. In contrast to seasonal influenza, this represents a more significant public health threat due to the potential to cause a global influenza pandemic. Historical trends indicate that influenza pandemics occur on a recurrent basis; however the exact timing, severity and overall impact are variable and unpredictable. It is expected that a pandemic would have world-wide impact, spreading quickly from one urban area to another. The possibility of a severe influenza pandemic (similar to the Spanish Flu Pandemic of 1918-1919) is projected to cause significant loss of life, high rates of illness, and disruption in health care systems, resources and the economy.

The World Health Organization (WHO) and the Centers for Disease Control (CDC) have warned that there is a high risk that the H5N1 Avian Influenza virus could mutate further and precipitate the next human influenza pandemic. There is uncertainty about whether H5N1 will mutate into a virus capable of causing a worldwide pandemic; however, international health authorities urge enhanced preparedness activities to respond to the multiple challenges of a public health emergency of this nature.

Traditional emergency/disaster (earthquakes, etc.) response and recovery plans focus on damage to property, equipment and infrastructure. In contrast, an influenza pandemic will have its biggest impact on both personnel and resources. Colleges and universities face challenges in preparing to cope with a pandemic due to high population density in student housing and classrooms, international and domestic travel of faculty and students. Advanced planning can help ensure the continued delivery of essential services that will allow UC Berkeley to maintain its mission of instruction, research and public service.

This Influenza Pandemic Emergency Operations Plan forms an annex to the current UC Berkeley Emergency Operations Plan (EOP) and was designed to complement existing emergency operational plans. The goals are to minimize disruption to both personnel and resources, maintain critical functions, and return to normal operations as quickly as possible. The plan describes activities of the department operational units integral to the campus’s emergency response and recovery structure, but it recognizes that the overall campus response to, and recovery from, a pandemic flu depends on campus-wide planning that includes each academic department, research unit and administrative office (see Section V for more detail on campus-wide issues).

Future work, under the guidance of the Chancellor’s Pandemic Flu Preparedness Task Force, will involve the development of departmental and research unit pandemic response plans with support from the Office of Business Resumption and the Disaster-Resistant University Program.

1. Objectives

This plan is guided by the following principles:

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- Protect and support the health, safety and welfare of our faculty, staff and students, as well as the assets of the university;
- Maintain commitment to the university mission to provide instruction, research and service;
- Recover as quickly and efficiently as possible if any operations are interrupted or suspended;
- Conduct multi-modal communications with the campus, parents, community, and stakeholders in the event of a pandemic;
- Establish benchmarks or “triggers” in advance of an influenza pandemic, to prompt prudent university actions;
- To the extent feasible, extend the services or expertise of the campus to our community neighbors.

2. Department Operations Center (DOC) Plan Annexes

Concurrently with the development of the Influenza Pandemic Emergency Operations Plan, each Department Operations Center (DOC) on the UC Berkeley campus has developed an internal pandemic plan to address specific issues related to its role as a critical response unit under the campus plan. Each DOC planning group was tasked with:

- Defining how their DOC supports the university mission;
- Identifying the critical functions of their DOC;
- Prioritizing the top three critical functions.

Detailed planning annexes for each of the above DOCs and their critical functions are listed in Appendix Z: 1-9

3. Testing and Revision

Training and exercises will ensure that key response staff are aware of the plan, and know how specific procedures are activated and managed. The broader campus community will also be educated on the plan and their respective roles and governance and responsibilities in the event of a pandemic.

Training for the campus Emergency Operations Center (EOC) and DOC teams is ongoing. In March 2007, an exercise using a flu pandemic scenario will take place. This tabletop exercise will use a flu pandemic scenario to test and evaluate initial response plans, identify gaps and guide further revisions. In-service trainings, staff or safety meetings for other campus units will be made available from University Health Services, Environment, Health & Safety, the Office of Business Resumption, and/or the Office of Emergency Preparedness. Seminars, meetings and similar

sessions on personal preparedness will be made available to all faculty, staff and students in accordance with the Communication Plan described in Appendix Z-5.

This Influenza Pandemic Emergency Operations Plan is a dynamic document and will be revised as dictated by exercises or circumstances. In the absence of pandemic influenza outbreaks, this plan will be reviewed annually (or by change in circumstances) by the campus Emergency Preparedness Manager.

4. **Campus Planning Process**

Under direction from the Chancellor's office, a Pandemic Flu Preparedness Task Force, with subcommittees and workgroups, has been formed to assure broad readiness in the event of a pandemic public health emergency. The Task Force is charged as follows:

- **Cabinet Subcommittee on Pandemic Preparedness:** This subcommittee of the Chancellor's Cabinet is charged to assure pandemic preparedness and maintain effective relations with key campus stakeholders. It will assist in policy development, planning and response to support the CEPG as needed, including advising on the activation of the EOC, should the pandemic threat level escalate.
- **Pandemic Preparedness Work Group:** This group will evaluate and implement specific pandemic preparedness efforts and prepare progress reports, recommendations and planning documents for campus leadership. The Work Group will conduct detailed evaluation of campus pandemic response capabilities and identify issues required to improve readiness. The Work Group will collaborate with existing campus and regional emergency preparedness experts and agencies as needed.
- **Pandemic Preparedness Public Health Team:** This team will target health preparedness activities to address a threatened or actual pandemic health emergency, including monitoring and surveillance of avian influenza; adhering to public health recommendations; training health professionals; planning for mass vaccinations; and developing applicable policies (personal protective equipment, health monitoring requirements, vaccine/medication distribution). Members will plan and develop preparedness activities in cooperation with regional public health agencies. The team or its members may be called upon to advise the CEPG in activating elements of the EOP.

5. **Business Resumption Planning**

The campus' many sub-units have essential roles in preparing for, and weathering, a pandemic emergency. Business Resumption Planning is one of UC Berkeley's vehicles for disaster readiness by instructional, research, and support units. (See Section V.3.)

6. Planning Assumptions

- An influenza pandemic occurs when a new influenza virus emerges that readily infects humans with a serious illness for which people have little or no immunity and for which there is no vaccine.
- A pandemic is a public health emergency that takes on significant political, social and economic dimensions, and will be governed by factors that cannot be known in advance.
- An influenza pandemic could last from months to years on a global level, with multiple waves of activity. In an affected community, a pandemic wave could be protracted.
- Specific vaccinations may not exist initially or may be in limited supply.
- Antiviral treatment may be in limited supply or limited benefit.
- Non-pharmaceutical containment measures (i.e., social isolation, personal protective measures, hand washing, etc.) have been identified as the principal means of infection control until a vaccine is available.
- The clinical attack rate (those persons becoming ill) is uncertain but may reach 30% in the overall population.
- If the pandemic is severe, the economic impact is likely to be significant (based on historical data), and extended, though predictions about extent are uncertain.

II. GOVERNANCE, COMMAND AND CONTROL

The manner in which UC Berkeley conducts emergency operations on campus is governed by state and federal legislation. The ability to declare a campus state of emergency is governed by UCOP policy. The chancellor, provost, and each vice chancellor, vice provost and dean have authority for decision making within the campus and individual schools, colleges and units. Activation of the campus emergency plans and the EOC is prescribed in the UC Berkeley Emergency Operations Plan (EOP).

1. Authority

The authority of UC Berkeley to respond to emergencies and disasters is governed by:

- The Standardized Emergency Management System (SEMS), as prescribed by California Government Code 8607(a), for managing response to multi-agency and multi-jurisdiction emergencies in California;
- The National Incident Management System (NIMS), as prescribed by Homeland Security Presidential Directive-5 – Management of Domestic Incidents;
- Regents of the University of California, as set forth in the UCOP Policy on Safeguards, Security and Emergency Management, dated January 2006.

Should an influenza pandemic occur, it will be the responsibility of the public health departments at the local, county and state level to issue isolation orders, direct facilities closure, recommend distribution guidelines for anti-viral medications, and provide other critical information. This authority applies to all private citizens, businesses and campus operations. The UC Berkeley campus is located in Alameda County but is subject to the immediate authority of the City of Berkeley Public Health Officer. Off-site locations in other counties in California are subject to the authority of the local County Health Officer. All segments of UC Berkeley will work closely with the county and city public health offices to collaborate and comply with all guidance and recommendations.

2. Declaration of Emergency

The UCOP Policy on Safeguards, Security and Emergency Management (dated January 2006) gives the Chancellor authority to declare a state of emergency on campus when:

- a. Emergent conditions exist on or within the vicinity of the campus as a result of a natural or human-caused disaster, a civil disorder which poses the threat of serious injury to persons or damage to property, or other seriously disruptive events; and
- b. Extraordinary measures are required immediately to avert, alleviate, or repair damage to university property or to maintain the orderly operation of the campus.

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3. **Delegation of Authority**

Each vice chancellor, vice provost and dean is required to maintain lists of the authorities that have been delegated to them by the chancellor/provost and of the authorities they have re-delegated elsewhere. The list should include all authorities, the individual who holds the authority, and the assigned back-up in the event of absence. While it may not be necessary to have the actual written authority in hand during a crisis, it is essential that units know who holds the authority to make the decision or sign the paperwork in question, and who their alternate is.

4. **Activation**

Activation of this Influenza Pandemic Emergency Operations Plan follows guidelines within the UC Berkeley EOP, which also describes the authority for activating the EOC and DOCs. A declaration of a state of emergency on campus will transfer authority for activation of all plans to the Chancellor, Vice Chancellor - Administration, and/or the Chief of Police. It is anticipated that the EOC will be placed on alert and/or activated as defined in Section II.2 of this plan. It is anticipated that the Associate Vice Chancellor for Health and Human Services will serve as special advisor to the Chancellor's Emergency Policy Group (CEPG) during a public health emergency, such as an infectious disease outbreak of this nature.

a. **Notification to the Campus**

Members of the University Health Services and Center for Infectious Disease Preparedness professional staff are part of the California Health Alert Network (CAHAN) and receive public health notices from Alameda County. Official public health notices regarding a pandemic will be made through the local public health agencies. Close attention to media reports will be required.

b. **Notification within the Campus**

Responsibility for communicating response or recovery actions and intentions begins with the EOC and continues into each college, school and unit as described in the Communications Plan located in Appendix Z-5. The Public Affairs Department holds lead responsibility for ensuring that information disseminated to the public and the campus community is accurate and timely.

5. **Coordination**

Every effort will be made to coordinate the actions and functions described in this plan with the City of Berkeley, Alameda County, the University Office of the President and any other affected jurisdictions or entities.

UCOP maintains a separate emergency management operational plan. However, UC Berkeley serves as a backup meeting site for the UCOP Emergency Operations Center, if needed, as expressed in a 2004 Memorandum of Understanding.

6. Operational Roles and Responsibilities

An overview of UC Berkeley infectious diseases emergency management can be found in Appendix A.

- a. **Emergency Operations Center (EOC):** The UC Berkeley Emergency Operations Center is activated when any event, emergency or disaster overwhelms the day-to-day ability of the campus to manage its response and subsequent recovery. EOC staff members are assigned to their roles by the Vice Chancellor- Administration and the Chief of Police, with the concurrence of their supervisor. A description of the UC Berkeley emergency management system, including the current CEPG/EOC organization chart, is found in the EOP.
- b. **Office of the Chancellor:** The Office of the Chancellor provides executive level direction and authority for all emergencies and appoints staff to serve as part of the CEPG, providing policy direction to the EOC Director.
- c. **Cabinet Subcommittee on Pandemic Preparedness:** See Section I.4.
- d. **Pandemic Preparedness Public Health Team:** See Section I.4.
- e. **Deans and Directors:** The Deans and Directors for each UC Berkeley school, college and unit will be responsible for maintaining the individual Unit Pandemic Emergency Operations Plans and activating them as necessary, defining the decision-making hierarchy, and assuring communication and information flow to and from their staff, faculty and students.
- f. **Department Operations Centers:** During a pandemic, emergency response activities will be carried out by staff members of each DOC: Police, Environment, Health & Safety, Physical Plant-Campus Services, University Health Services, Residential and Student Service Programs, Public Affairs, Information Services and Technology, Capital Projects, and Human Resources. These responders are supported by a network of building and department-level emergency and safety coordinators, and staff volunteers.
- g. **Staff and Faculty:** It is important for our staff and faculty to stay informed of the progress of, and appropriate response to any emergency situation, and to provide all appropriate information to our students and visitors. Personal planning and family preparedness are critical elements of the planning effort. General emergency preparedness information for families and individuals is available from this webpage: <http://www.pandemicflu.gov> .
- h. **Students:** Providing safety and security for students is a primary responsibility for UC Berkeley. Students are expected to stay informed of current events and take necessary precautions (to ensure their own safety and security). As a potential pandemic situation develops, students are expected

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to follow all directives issued by various departments, including University Health Services, the Registrar's office, and Residential and Student Services Program. Students will also follow directives of the schools, colleges and departments that issue communications in support of this plan.

General emergency preparedness information for families and individuals is available from this webpage: <http://www.pandemicflu.gov>.

III. RESPONSE

1. Activation of Emergency Operation Plans

Within UC Berkeley, the Standardized Emergency Management System (SEMS)/Incident Command System (ICS) and National Incident Management System (NIMS) provide the structure to plan for and manage a contagious disease outbreak of significant magnitude.

In accordance with SEMS/ICS and NIMS, any campus-wide emergency beyond the campus' ability to manage with routine operations would result in activation of the EOC for centralized coordination of response, relief and recovery efforts, and application of all emergency operations plans. A campus State of Emergency should be declared by the Chancellor and/or his designee at the time of a level 2 or 3 EOC activation as described in the UC Berkeley EOP.

All campus actions will be coordinated through the campus EOC. Once it is activated, specific information on how to interface with the EOC or its designees will be provided to all campus units through all available means of communication.

2. Personnel Assignment/Reassignment

The UC Berkeley Human Resources has developed answers to frequently asked questions related to leave, benefits, payroll and employment (see Appendix B). Once the EOC is activated, there will be various methods by which staff and faculty can contact Human Resources with specific questions. In addition, Human Resources will implement a system to account for and reassign staff to areas needing assistance.

3. CDC Triggers for Initiating the Use of Nonpharmaceutical Interventions

The CDC has provided guidance on community mitigation strategies that link the use of selected non-pharmaceutical interventions (NPI) with levels of pandemic severity (see Appendix C). The timing of initiation of various NPIs will influence their effectiveness. According to the CDC, implementing these measures prior to the pandemic may result in economic and social hardship without public health benefit and over time, may result in "intervention fatigue" and erosion of public adherence. Conversely, implementing these interventions after extensive spread of pandemic influenza illness in a community may limit the public health benefits of employing these measures. Identifying the optimal time for initiation of these interventions will be challenging.

4. Communications

Accurate, timely, and consistent information at all levels will minimize unwanted and unforeseen social disruption and economic consequences, and contribute to an effective response.

A campus pandemic planning webpage: <http://www.uhs.berkeley.edu/pandemicflu/> has pertinent information to assist the campus in its planning efforts. This webpage is updated on a regular basis.

The UC Berkeley Public Affairs department has drafted a communications plan located in Appendix Z-5 of this plan to outline triggers and actions for communicating notices, information and actions to the campus. That plan defines the methods of distributing information through the normal campus modes of web sites, publications, voice mail, e-mail and regular mail.

Methods available and persons responsible for communicating information to students, staff and faculty within each unit, school or college are identified in Department Business Resumption Plans and DOC Plan Pandemic Flu Annexes. Those persons are expected to communicate information before, during and after a pandemic event.

5. UC Berkeley Response Checklist

The UC Berkeley Response Checklist delineates the campus' Response Phases, and outlines the general actions to be taken during a pandemic event (see Appendix D for this checklist). Specific UC Berkeley triggers will be based upon consultation with federal, state, regional, local and campus public health officials and specific pandemic circumstances.

IV. RECOVERY

Recovery efforts should begin immediately and continue throughout the response phase of any emergency/disaster. Planning for recovery before an event will assist faculty, staff and students to make the transition as seamless as possible. Recovery efforts may be thwarted by the unknown duration of the actual event and the unknown number of faculty, staff and students affected.

1. Resumption of Operations

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

Among issues that will have to be resolved are the following:

- Adjustments necessary to the academic calendar,
- Resumption or rescheduling of research activities,
- Rescheduling special events that were cancelled or postponed.

2. Support for Staff, Faculty, Students

Many people will be affected by a pandemic in a variety of ways. They may have lost friends and relatives, suffer from fatigue, or have financial losses as a result of the interruption of work. Services should be made available to the staff, faculty and students through campus resources and be communicated through all available means.

3. Analysis and After-Action Reports

Once the recovery is underway, meetings will be convened to discuss the response, changes necessary to current plans, and opportunities for improvement of response to future disasters. A formal after-action report will be developed and distributed to the campus.

V. SPECIAL CONSIDERATIONS – CAMPUS WIDE ISSUES

The emergency response pandemic planning process identified certain issues that were campus-wide in scope. The next step in the pandemic flu planning process is to address the keys decisions and considerations related to these issues outlined below.

1. Academic Instruction

The Division Academic Senate/Office of the Registrar/Council of Deans are responsible for developing policies and procedures for making emergency decisions, and granting waivers of regulations regarding examinations and required days of instructions in an event that would require postponing or canceling classes. The Senate will encourage faculty to consider developing alternate methods to deliver classroom instruction and materials in the event of a campus shut-down or suspension of some activities. Implementation of these policies and procedures will be

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coordinated through the CEPG with the Office of the Registrar and dean's office in each school and college. Information will be distributed to the campus and posted online as appropriate.

2. **Critical Research**

While some research can be postponed, delayed, or continued in the researcher's home, there are some critical areas in which research must be maintained. The Office of the Vice Chancellor - Research is responsible for developing directives and guidance for laboratory research that must be continued. During an event that requires activation of the campus EOC, the CEPG will advise EOC management in prioritizing response and/or support to those research areas and facilities. The Business Resumption planning framework will assist Principal Investigators to ensure that plans for personnel absenteeism are developed. Environment, Health & Safety has developed a set of guidelines for "laboratory hibernation" that is posted online.

3. **Business Resumption Planning**

Departmental readiness is an essential component of overall campus readiness. Many UC Berkeley schools, colleges, departments and ORUs are preparing business resumption plans, using the *Restarting Berkeley* web tool developed by the Office of Business Resumption (available at <http://obr.berkeley.edu/>). These plans, and the preparedness actions they identify, will support the continuity of essential operations during a pandemic or other crisis, and the timely resumption of normal operations as the emergency recedes. All instructional, research, and support units should prepare business resumption plans using the *Restarting Berkeley* tool. Units with plans already in place should review & update their plans subsequent to the May, 2007 launch of Version 2.0 of *Restarting Berkeley*, which will contain enhancements specific to pandemic emergencies.

4. **Animal Care**

Animals that depend on the UC Berkeley staff for their care and shelter must be considered in any emergency plan. There are a number of facilities housing animals and there is a coordinated plan through the Environment, Health & Safety DOC to coordinate and ensure proper animal care during an emergency. Refer to OLAC emergency plan in the appendix of the Research Recovery plan.

5. **Human Resource Issues**

In a pandemic, the major impact to the campus will be to the faculty, staff and students. Unlike natural disasters, pandemics do not damage property or equipment. Absenteeism may be due to a variety of reasons: fear; illness/incapacity; caring for other family members, or childcare responsibilities for children forced to stay home due to school closures.

The campus has developed the People Locator, a centralized, web-based system for tracking employee and student status, location, contact information and availability to return to work/classes. During a pandemic, this system can be used to help determine campus absenteeism rates, and inform decisions made within the campus CEPG to

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implement social isolation steps (postpone or suspend classes and other public activities). The RSSP DOC is responsible for confirming housing attendance, and all DOCs will report on the availability of critical staff as an event unfolds.

The UC Berkeley Human Resources (HR) has provided answers to frequently asked questions related to personal leave, benefits, payroll and employment (see Appendix B). Each college, school and unit must strategize independently how to manage and plan for absences among faculty, staff and students, and be prepared to coordinate their efforts with the rest of the campus, as directed by the EOC or CEPG.

6. Workplace Health

UC Berkeley is collaborating with UCOP and the other UC campuses to develop workplace health policies specific to a pandemic scenario.

Measures that may be utilized to promote a safe workplace during a pandemic will be aimed at preventing the spread of pandemic influenza viruses and may include encouraging reduced contact between employees and the practice of public health/hygiene etiquette (see Section V.9, below). Employees who become sick will be asked to stay home.

The benefit of wearing masks in the workplace and schools has not been established but may be used in the event of an influenza pandemic. For additional information, please see Flu Information for Workplaces and Employees at <http://www.cdc.gov/flu/workplace/>.

For additional information on infection control, see Appendix Z-1.

7. Information Technology Infrastructure

During a pandemic, it is possible that electronic voice and data systems will become less reliable due to volume overload or deferred maintenance due to reduced staffing. Social isolation measures will likely result in more staff, students and faculty requests to “telecommute.” This will result in increased demand on network equipment and communication links to the internet.

The UC Berkeley Educational Technology Services Unit has developed several white papers to inform campus schools, colleges and units about issues surrounding telecommuting, alternatives to meetings and presentations, and step-by-step instructions for establishing temporary home offices.

8. Travel

A global pandemic has the potential to severely limit both domestic and international travel. Specific travel recommendations and limitations depend on a number of variables. The Federal Pandemic Response Plan anticipates that the public will voluntarily limit personal travel, and that significant portions of business travel will also be curtailed. While it is unlikely that travel restrictions will be imposed on a

local, state or federal level, they will certainly be advised and strongly encouraged. It is expected that each UC Berkeley unit, school or college may have students, staff and faculty traveling on university business. When a human outbreak of pandemic flu overseas is confirmed, units will activate emergency plans for travelers and make decisions about future travel based on the situation. Guidelines will follow recommendations from recognized public health authorities (CDC, WHO, etc.). Those decisions could include recalling travelers, restricting or limiting current travel, and canceling future travel. In all situations, assistance for international students, scholars and researchers and visa management will be part of the campus-wide response. Travelers are encouraged to plan ahead and stay informed.

9. Public Health/Hygiene Etiquette

Because access to vaccines and antiviral drugs during a pandemic will be extremely limited, non-pharmaceutical interventions (NPI) may be one of the only ways to delay the spread of the disease. Examples of NPI include infection control strategies to minimize spread of infection (hand washing, respiratory etiquette, etc.) and social distancing (isolation, quarantine, suspension of public gatherings).

In the event of a pandemic, the CDC and WHO websites may offer more updated information. At this point, the following are guidelines provided by the CDC in the event of any infectious disease outbreak:

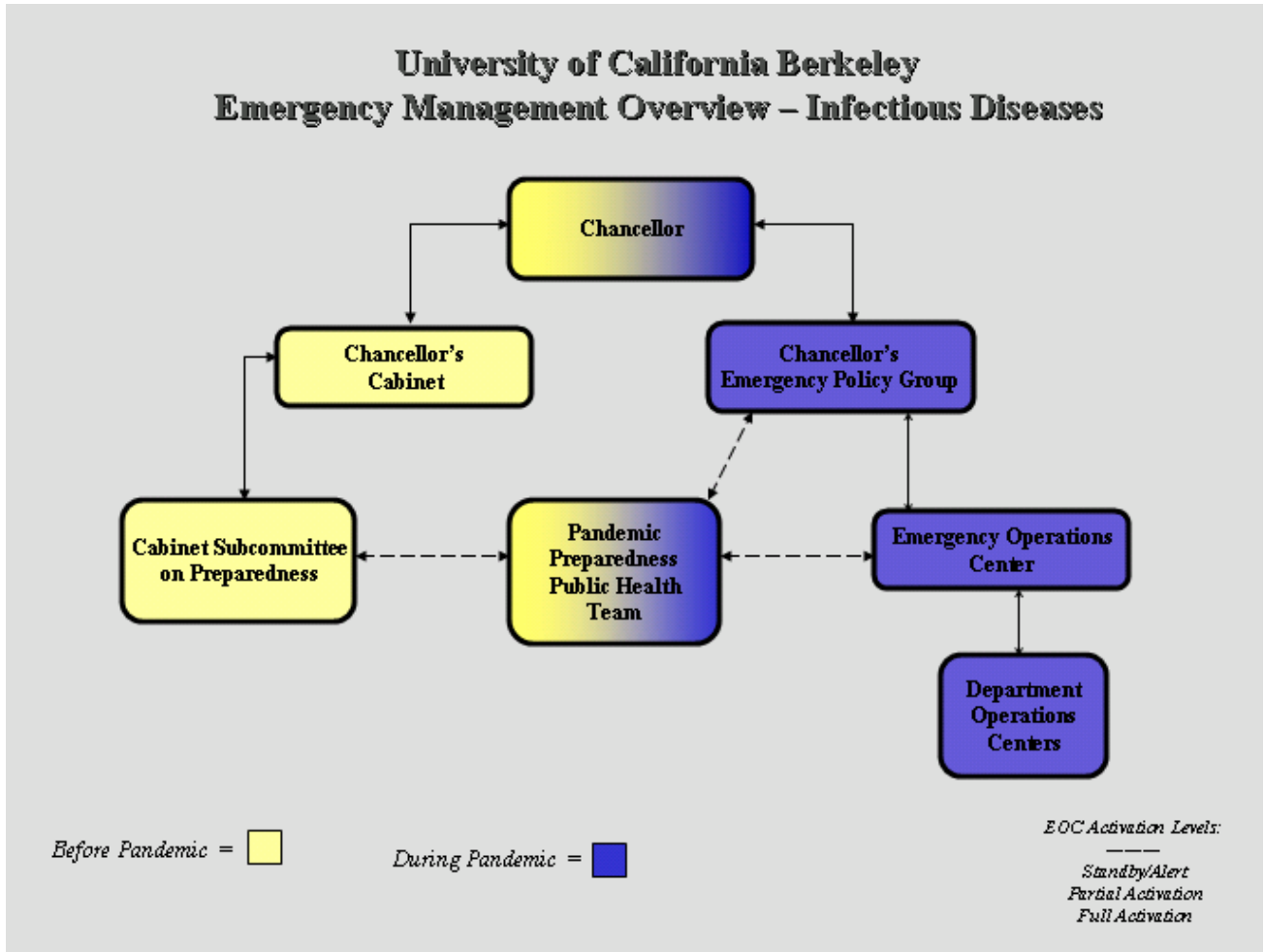
- Avoid close contact with people who are sick.
- Stay home and away from work or errands when you are sick.
- Cover your mouth and nose with a tissue, handkerchief, or the sleeve of your clothing when coughing or sneezing.
- Clean your hands – schools/colleges/units should consider providing waterless antibacterial hand cleansing solutions for individuals.
- Avoid touching your eyes, nose or mouth.
- Persons with respiratory infection symptoms can use a disposable surgical mask to help prevent exposing others.

For more detailed containment measures, refer to Appendix C.

10. Frequently Asked Questions

It is not expected that this plan will answer all questions from faculty, staff and students about the campus response to a pandemic situation. Please review this webpage for additional information: <http://www.uhs.berkeley.edu/pandemicflu/>. The campus communications plan and frequently asked questions relating to human resources are located in Appendices of this document (Appendix Z-5 and B respectively).

APPENDIX A: EMERGENCY MANAGEMENT OVERVIEW



APPENDIX B: HUMAN RESOURCES – FREQUENTLY ASKED QUESTIONS

Labor and Employee Relations Questions:

Can I order my staff to come in?

Pertinent contract articles: Hours of Work, Leaves of Absence;
Pertinent PPSM Policies: #31 Hours of Work, #43 Leaves of Absence.

Staff can be directed to come in to work on their normal work days. If an employee states that s/he cannot come in, the matter should be handled as a leave request. Supervisors should follow their normal protocol in approving or denying the requested leave.

PPSM and most contracts have provisions for call-back. Supervisors can use these provisions to call employees back to work on their non-work days or for hours on work days that fall outside the employee's regular hours of work.

Supervisors can also require employees to work overtime.

In all instances, supervisors should review the overtime provisions found in the Hours of Work Articles of the collective bargaining agreements and PPSM Policy #32, Overtime. Supervisors should check the policy or appropriate contract covering the bargaining unit that the employees who are being assigned the work.

What are the consequences if staff do not come in to work?

Supervisors should handle this on a case-by-case basis and exercise good judgment. In this instance, supervisors may have to balance the personal needs of the employee with the needs of the department.

If a supervisor does not grant the employee leave, the employee will be considered absent without approval and will not be paid for the time. The decision whether or not to take formal disciplinary action is a decision to be made on a case-by-case basis.

Can staff be required to perform work normally performed by employees in other classifications?

Yes, if they possess the necessary skills, knowledge and ability and meet all other requirements of the position. Most contracts have provisions for out-of-class work. If the work assigned is at a lower classification, the employee retains her/his current salary. If the work is at a higher level and is performed for 20 or more days the employee should be paid at the higher rate. For PPSM employees, see PPSM Policy #30, Salary, I. Administrative Stipends for temporary appointments. The change should be documented to the employee and a copy of the documentation should be placed in the personnel file.

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Will special consideration be made for people who are caretakers of children or the elderly?

Supervisors should take such demands into consideration, but may require some proof or written documentation that the employee is required to be present and be the care-giver. It may be that the supervisor and the employee can reach some agreement regarding hours of work or a reduction in time. Again, this should be handled on a case-by-case basis.

Can staff use vacation time if they do not come in?

Staff can use accrued vacation and compensatory time off if approved by the supervisor in accordance with departmental policy and PPSM or the appropriate contract. Operational needs will need to be taken into consideration when granting any type of leave.

Are staff required to fill out timesheets during this time?

To the extent that staff are present or can fill out timesheets via some other form of communication, timesheets should be completed in accordance with department policies. If employees are not available, timesheets may be delayed or may have to be amended. Please remember, that the University cannot recoup overpayments to an employee without going through proper legal proceedings. If an employee has been overpaid, the supervisor will have to contact Payroll to secure the necessary forms for adjusting subsequent paychecks.

How is time accounted for if the Chancellor declares a “campus closure”?

Information on campus closures can be found primarily in the vacation articles of the contracts; information on how sick leave accrual is handled during campus closures is found in the sick leave articles of the contract. For PPSM, see PPSM 43, Leaves of Absence, G., Curtailment Leave and/or PPSM 46, Administrative Leave, E. Emergencies.

During a curtailment, employees are allowed to use accrued vacation or compensatory time off, up to three days of vacation leave prior to accrual. Employees may also opt to use leave without pay. Additionally, under PPSM 43 G.1., up to three days of an unpaid curtailment leave shall be considered time on pay status for the purpose of accruing vacation credits and sick leave.

How do we account for staff’s time?

Supervisors and managers should follow departmental procedures. Supervisors or managers with questions regarding hours of work, leave of absence, vacation and sick leave should consult PPSM or the appropriate collective bargaining agreement and/or a campus Employee Relations Specialist.

Can staff work alternative work schedules?

The regular work schedule at the University is eight hours/day for 5 consecutive days within a week. Alternate work schedules are schedules include, for example, working ten hours per day over four days within a week.

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PPSM and the contracts covering staff employees permit alternate work schedules. The contracts require 30 days advance notice to employees and the union when the University is attempting to establish an alternate work schedule. Most of the contracts permit some flexibility on the notice requirement. Supervisors and managers who need to have employees work an alternate schedule or who get requests from employees for alternate work schedules that they can accommodate, should contact their Employee Relations Specialist to determine how best to proceed.

Can staff change their work schedule?

PPSM and the contracts permit changes in work schedules at either the employee's request or the request of management. Most of the contracts require some advance notice to employees and the union of schedule changes. Again, it may be possible to waive those notice requirements. Supervisors and Managers should contact their Employee Relations Specialist for guidance.

If an employee who receives a shift differential is temporarily (4 days or less) transferred to a shift that does not receive a shift differential, PPSM and the contracts require the University to continue to pay the shift differential.

If an employee is moved from a shift that does not get a shift differential to one that does, the employee should be paid the shift differential at the appropriate rate.

Can we require staff to work overtime?

Staff can be required to work overtime. Under the contracts, overtime is offered on the basis of seniority. If no one accepts the offer of overtime, then it is assigned on the basis of inverse order of seniority. Some contracts permit employees to file "requests not to be assigned overtime." To the extent possible, supervisors and managers should honor those requests. If a particular skill is required to be performed during the overtime, supervisors and managers can assign that overtime to employees who possess that skill regardless of seniority. PPSM has no requirement to assign overtime by seniority, thus, management has discretion to assign overtime as they deem necessary.

Will staff be given time off to go to the bank?

Staff are free to use break and lunch time as they wish. As is the case now, supervisors can permit employees to occasionally combine lunch and break periods on a case-by-case basis. They can also approve the use of vacation or compensatory time off or permit the employee to make up the lost time during that same workweek.

Will employees be granted any administrative leave?

The decision to grant administrative leave with pay rests with the Chancellor.

Is a supervisor's presence required for staff to perform work?

A supervisor or manager should be available to employees in a work area. Lead employees can be used to give out work, direct work or oversee the performance of a task. However, only a supervisor

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can give a direct order, impose discipline, reschedule the employee, assign overtime, and make determinations regarding health and safety issues. Specific questions regarding the authority of a lead employee should be directed to the Employee Relations Specialist.

Will background checks be required for new hires?

If there is a legal mandate that an employee be subject to successful completion of a background check before commencing work, the University is obligated to comply with the law. The campus has identified positions which, under policy (not the law) require background checks. In an emergency situation, a decision will be made by senior campus management as to which of those positions would require an individual to have a background check.

Can volunteers work for money?

No, volunteers cannot be paid. The receipt of money for services performed would render these individuals “employees”.

Can we offer to pay our volunteers?

No, we cannot pay volunteers, but we can hire them as employees.

Who do I call regarding contact questions?

You should consult first with your department human resources manager who may wish to consult with Employee Relations. If you do not have a department human resources manager, you should contact campus Employee Relations at 642-9046.

Who do I call regarding state of emergency issues?

This could be either Public Affairs or Employee Relations depending on the question.

Compensations and Classification Questions:

If staff are exempt from overtime, can they collect additional pay/compensation?

Exempt employees (under the FLSA) are not eligible for additional pay, nor do they earn overtime.

Exempt employees are eligible for stipends if they perform work for an extended period of time outside their normal assignments (typically at a higher salary level).

What will my duties and responsibilities be? Are there classification issues around this?

In an emergency situation, the duties and responsibilities will be determined by the unit management. It is expected that employees will work in their units and perform the tasks necessary

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to restore the department to operating status. Depending on the length of time and whether the person performs duties at a higher level, the person may be considered for a stipend or temporary reclassification

Could I or my staff be reassigned?

Yes. Employees may be re-assigned, depending upon the operational needs of the campus.

Will I receive more compensation if I work at a higher level?

That depends on the scope of the work assigned and the duration of the assignment. Decisions are handled on a case by case base, in accordance with standard campus procedures governing the performance of work at a higher level for an appropriate period of time.

Employment Questions:

Can we hire contractors? What types?

Yes, please refer to the Procurement Services' website to review contractor-hiring procedures. Procurement Services will have a complete list of eligible titles.

What are the titles of contractors we are allowed to hire?

Departments can hire individuals offering "common or professional services" i.e. Building and Maintenance Contractors, Janitorial Services, Security Guards, Doctors, Evaluators, System Analyst, etc. Please review the Procurement Services' website for a complete list and hiring process.

How will we advertise that we are hiring?

The Deployment Center will advertise all open positions. You may request advertisement on the Deployment Triplicate form used to notify the Deployment Center of your vacancy.

Can we use temporary agencies to hire staff?

The Deployment Center will have contracts in place with selected temporary agencies. If you have a special request that a contracted agency cannot fulfill, please contact the Deployment Center to help you secure a contract with a specialized agency.

How do we contact these agencies?

The Deployment Center will contact the agencies.

Who is in charge of working with these agencies?

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The Deployment Center.

How will we track temporary help?

Each employee assigned to work in your department will need to record his or her time and pay on a temporary timesheet, which you can obtain from the Deployment Center or Payroll Office. This timesheet must have the correct approval signature before submitting it to the Payroll Office.

How do we fill out time sheets if someone works for multiple departments?

Employee timesheets are able to capture multiple departments. Please approve employee work hours completed in your department. Departments should work with Payroll to determine the best method to use.

Benefits Questions:

Will I continue receiving benefits?

Your benefits will continue as long as your appointment makes you eligible to receive them. New employees must enroll in the benefits package that matches their appointment status, and their benefits will be effective as of the date of hire.

How do I receive medical services?

Continue to use your medical plan as usual. If you need to pay out of pocket to receive service, please keep your receipts and contact your medical plan directly to file a claim for reimbursement.

If I am out on a leave, how do I pay my benefits premium?

Employees on leave are responsible for paying their benefits premiums. They will continue to pay their premiums through the Payroll Department.

What if I am out on disability or need to go out on disability? How would this work?

If you are already out on disability, your benefits will continue through Liberty Mutual as long as they are approved by the Plan. If you need to file a new disability claim, contact the Benefits Office and request a Disability Packet to begin the disability process.

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APPENDIX C: NONPHARMACEUTICAL INTERVENTIONS

CDC – Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early Targeted Layered use of Non-Pharmaceutical Interventions (<http://www.pandemicflu.gov/plan/community/mitigation.html>)

Table 1. Summary of the Community Mitigation Strategy by Pandemic Severity

| Interventions* by Setting | Pandemic Severity Index | | |
|---|---------------------------|----------------------|------------------------|
| | 1 | 2 and 3 | 4 and 5 |
| Home Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated | Recommend†§ | Recommend†§ | Recommend†§ |
| Voluntary quarantine of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient | Generally not recommended | Consider** | Recommend** |
| School Child social distancing -dismissal of students from schools and school based activities, and closure of child care programs -reduce out-of-school social contacts and community mixing | Generally not recommended | Consider: ≤4 weeks†† | Recommend: ≤12 weeks§§ |
| Workplace / Community Adult social distancing -decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings) -increase distance between persons (e.g., reduce density in public transit, workplace) -modify postpone, or cancel selected public gatherings to promote social distance (e.g., postpone indoor stadium events, theatre performances) -modify work place schedules and practices (e.g., telework, staggered shifts) | Generally not recommended | Consider | Recommend |
| | Generally not recommended | Consider | Recommend |
| | Generally not recommended | Consider | Recommend |
| | Generally not recommended | Consider | Recommend |

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

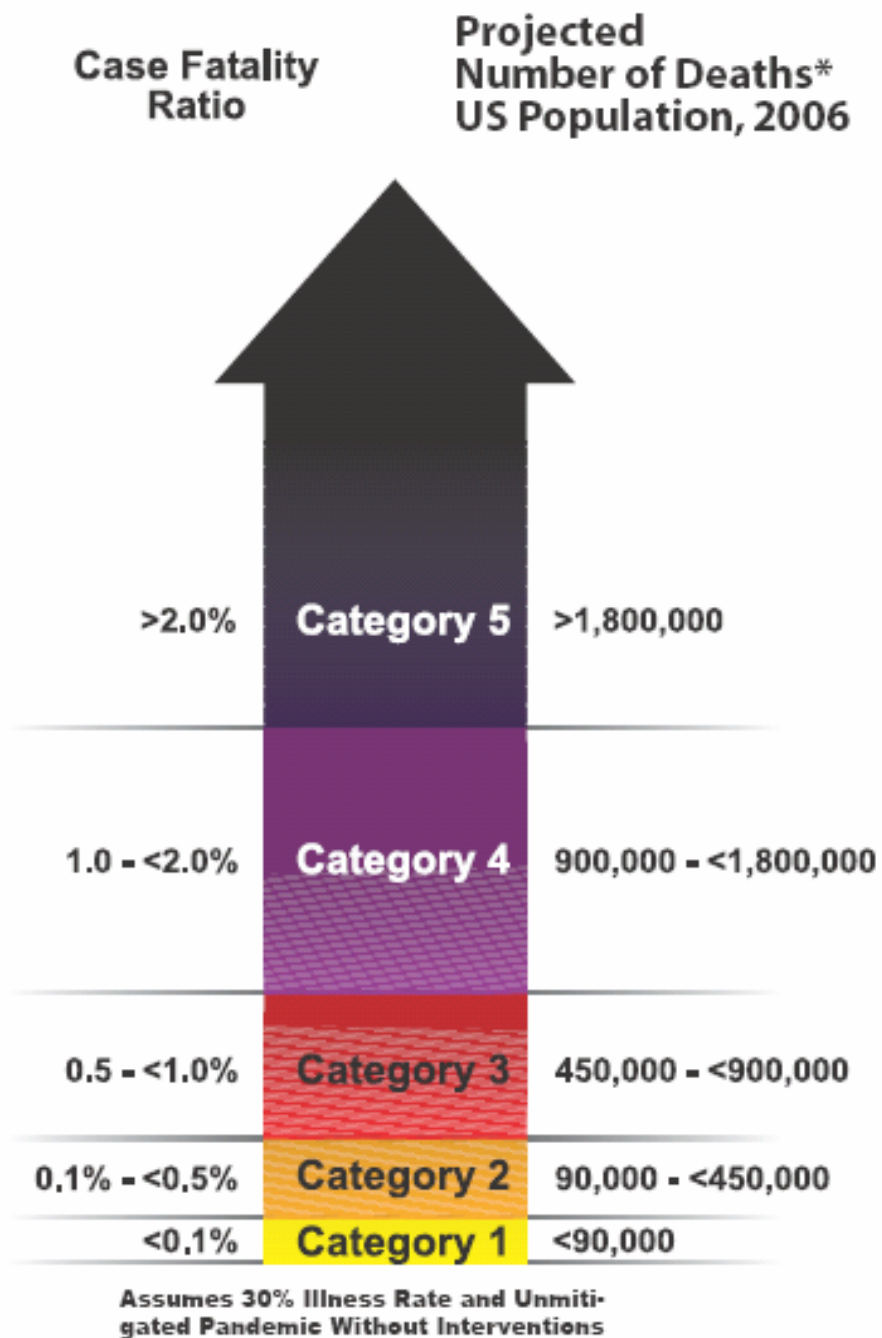
§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

§Many sick individuals who are not critically ill may be managed safely at home

¶The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

**To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral

Figure 1. Pandemic Severity Index



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APPENDIX D: UC BERKELEY RESPONSE CHECKLIST

| UC Berkeley Phase | UC Berkeley ACTIONS |
|---|---|
| 1 – Pre-Event Planning <i>New virus in animals, no human cases</i> | <ul style="list-style-type: none"> • Prepare individual school/college/unit plans • Develop overall campus plan • Special training/exercises for Emergency Operations Center (EOC) team • Training/exercises for individual school/college/units • Pre-plan for continuation of critical/essential functions • Develop and implement campus-wide Communication Plan |
| 2 – Animal Outbreak of Highly Pathogenic Avian Influenza in North America | <ul style="list-style-type: none"> • Alert EOC and Policy (CEPG) Teams • Coordinate with local hospitals, UCOP, local and regional public health agencies • Anticipate and plan for travel-related pandemic scenarios • Conduct surveillance for Human Avian Influenza following CDC guidelines |
| 3 – Confirmed Human to Human Outbreak Overseas <i>Evidence of Sustained Human-to-Human Transmission</i> | <ul style="list-style-type: none"> • CEPG meets daily (in person or virtual) • EOC personnel on alert • Emphasize personal hygiene measures • Implement plans for faculty/staff/students on travel • Coordinate with local hospitals, UCOP, local and regional public health agencies • Conduct surveillance for Pandemic Influenza following CDC guidelines |
| 4 – Confirmed Human to Human Outbreak in North America | <ul style="list-style-type: none"> • EOC activated; CEPG meets daily • Monitor daily absenteeism reports of staff/faculty/students • Prepare to activate campus and individual unit response plans • Prepare, in consultation with Public Health Agencies, to: <ul style="list-style-type: none"> Implementing mitigation strategies Activation of labor pool/reassign staff as needed Activate student/staff support plans Mandate the adoption of hygiene etiquette behavior |
| 5 – Widespread Pandemic Overseas and North America <i>Sustained Transmission = Pandemic*</i> | <ul style="list-style-type: none"> • Activate overall campus Emergency Operations Plan (EOP) • EOC coordinates all campus response activities • Implementation of re-evaluation and mitigation strategies • Activate student/staff support plans • Institute labor pool/reassign staff |
| 6 – Recovery | <ul style="list-style-type: none"> • Situation Assessment • Phased resumption of instruction, research, business activities • EOC moves into Recovery mode and determines activation status • Continued surveillance for new cases following CDC guidelines and preparation for another “wave” of infections • Debriefing and After-Action Reports |

* A Pandemic Severity Index will be applied as an influenza pandemic emerges. See Appendix C.

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APPENDIX E: REFERENCES

- California Department of Health Services, Authority and Responsibility of Local Health Officers in Emergencies and Disasters
<http://www.dhs.ca.gov/epo/PDF/healthofficer.pdf#search=%22California%20authority%20of%20public%20health%20officers%22>
- California Office of Emergency Services, Information For Emergency Managers, Standardized Emergency Management System (SEMS) Guidelines
<http://www.oes.ca.gov/Operational/OESHome.nsf/Content/B49435352108954488256C2A0071E038?OpenDocument>
- NIMSONline.com
<http://www.nimsonline.com/>
- Pandemicflu.gov Homepage
<http://www.pandemicflu.gov>
- US Department of Health and Human Services, Center for Disease Control and Prevention (CDC) Home Page
<http://www.cdc.gov>
- US Department of Health and Human Services, CDC, Flu Information for Workplaces & Employees
<http://www.cdc.gov/flu/workplace/>
- US Department of Health and Human Services, CDC, Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early Targeted Layered use of Non-Pharmaceutical Interventions
<http://www.pandemicflu.gov/plan/community/mitigation.html>
- University of California, Berkeley, Health Services Tang Center, UC Berkeley Pandemic Flu Preparedness
<http://www.uhs.berkeley.edu/pandemicflu/>
- University of California, Berkeley, Office of Emergency Preparedness, Campus Emergency Operations Plan
http://oep.berkeley.edu/campus_disaster_response/index.html#EOP
- University of California, Berkeley, Office of Business Resumption, *Restarting Berkeley* Planning Tool
<http://obr.berkeley.edu/>
- University of California, Davis Policy and Procedures Manual Policy and Procedure Manual; Chapter 330, Financial Management and Services, Section 10, Approval Authorization
<http://manuals.ucdavis.edu/ppm/330/330-10.htm>
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University of California Office of the President's Policy on Safeguards, Security and Emergency Management

http://www.ucop.edu/ucophome/coordrev/policy/PP012506SSEM_ltr.pdf

World Health Organization

<http://www.who.int>

APPENDIX F: GLOSSARY, ACRONYMS & ABBREVIATIONS

Glossary

Adapted from the San Francisco Department of Public Health, CDC, and HHS.

| | |
|--------------------------------------|--|
| Absenteeism rate | Proportion of employed persons absent from work at a given point in time or over a defined period of time. |
| Avian influenza | Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. Although it is primarily a disease of birds, a small number of people have also been infected after having close contact with birds. Also see influenza, seasonal influenza, and pandemic influenza. |
| Case fatality ratio | Proportion of deaths among clinically ill persons. |
| Community mitigation strategy | A strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus. |
| Contact | A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza. |
| Cough etiquette | Covering the mouth and nose while coughing or sneezing; using tissues and disposing in no-touch receptacles; and washing of hands often to avoid spreading an infection to others. |
| H5N1 | H5N1 is the latest avian influenza virus subtype of concern and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968 when it evolved from avian influenza. |
| Hand hygiene | Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 – 20 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%. |
| Human-to-human transmission | Human-to-human transmission refers to the ability of an infectious diseases to be passed continuously from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa), and some can be transmitted from human-to-human. |
| Illness rate or clinical | Proportion of people in a community who develop illness (symptomatic cases ÷ |

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| attack rate | population size). |
| Infection control | Infection control is broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine. |
| Infectious disease | An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them. |
| Influenza | Influenza is a viral disease that causes high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza. |
| Isolation | Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious. |
| Mortality rate | Number of deaths in a community divided by population size of community over a specific period of time (e.g., 20 deaths per 100,000 persons per week). |
| Non-pharmaceutical intervention (NPI) | Mitigation measure implemented to reduce the spread of an infectious disease (e.g., pandemic influenza) but one that does not include pharmaceutical products, such as vaccines and medicines. Examples include social distancing and infection control measures. |
| Influenza pandemic | An influenza pandemic, or flu pandemic, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. Also see influenza, seasonal influenza, and avian influenza. |
| Personal Protective Equipment (PPE) | PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body. |
| Prophylaxis | Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza). |
| Quarantine | A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected. |

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- Respiratory etiquette** Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.
- Seasonal influenza** Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.
- Social distancing** Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.
- Virulence** The ability of the pathogen to produce disease; or the factors associated with the pathogen to affect the severity of diseases in the host.

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Acronyms & Abbreviations

| <i>Acronyms and Abbreviations</i> | <i>Description</i> |
|-----------------------------------|--|
| ACHA | American College Health Association |
| BCHD | Berkeley City Health Department |
| BCP | Business Continuity Plan |
| BRP | Business Resumption Plan |
| CDC | Centers for Disease Control and Prevention |
| CDHS | California Department of Health Services |
| CEPG | Chancellor's Emergency Policy Group |
| CIDP | Center for Infectious Disease Preparedness |
| CKC | Clark Kerr Campus |
| CP | Capital Projects |
| DOC | Department Operations Center |
| EOC | Emergency Operations Center |
| EOP | Emergency Operations Plan |
| EPA | US Environmental Protection Agency |
| EH&S | Environment, Health and Safety |
| FDA | US Food and Drug Administration |
| HCW | Health Care Worker |
| HEPA filter | High Efficiency Particulate Air filter |

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| <i>Acronyms and Abbreviations</i> | <i>Description</i> |
|-----------------------------------|---|
| HHS | US Department of Health and Human Services |
| HPAI | Highly Pathogenic Avian Influenza |
| IST | Information Services and Technology |
| LPAI | Low Pathogenic Avian Influenza |
| MRC | Medical Reserve Corps |
| NIAID | National Institute of Allergy and Infectious Diseases |
| NIMS | National Incident Management System |
| NPI | Nonpharmaceutical Interventions |
| HR | Human Resources |
| OLAC | Office of Laboratory Animal Care |
| PHN | Public Health Nurse |
| PA | Public Affairs |
| PI | Pandemic Influenza |
| PP-CS | Physical Plant-Campus Services |
| PPE | Personal Protective Equipment |
| RSSP | Residential Student Services Program |
| SEMS | Standardized Emergency Management System |
| SPH | School of Public Health |
| UCB | University of California, Berkeley |

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| <i>Acronyms and Abbreviations</i> | <i>Description</i> |
|-----------------------------------|---|
| UCOP | University of California, Office of the President |
| UCPD | University of California, Police Department |
| UHS | University Health Services |
| USDA | US Department of Agriculture |
| WHO | World Health Organization |

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APPENDIX Z: DOC PANDEMIC FLU ANNEXES

Annexes for each of the nine Department Operations Centers (DOCs) are to be found in these Appendices:

- Z1 – University Health Services (UHS)**
- Z2 – Office of Environment, Health and Safety (EH&S)**
- Z3 – Residential and Student Service Programs (RSSP)**
- Z4 – University of California Police Department (UCPD)**
- Z5 - Public Affairs (PA)**
- Z6 – Human Resources (HR)**
- Z7 – Information Services and Technology (IST)**
- Z8 - Physical Plant – Campus Services (PP-CS)**
- Z9 – Capital Projects (CP)**

Each DOC’s prioritized top three critical functions are shown below:

| Department | Critical Functions (top three) |
|--|--|
| Capital Projects (CP) | <ol style="list-style-type: none"> 1. Evaluation of buildings, facilities and utility systems for safety and capacity to meet current needs. 2. Planning & design of facility modifications to support the program needs of other DOCs and other campus units 3. Renovation or new construction by contractors and vendors to modify facilities. These include temporary relocation, renovation of space, and the addition of new buildings |
| Environment, Health & Safety (EHS) | <ol style="list-style-type: none"> 1. Compliance with appropriate federal/state laws and regulations 2. Proper hazardous waste pick-up and disposal 3. Emergency Response |
| Information Services & Technology (IST) | <ol style="list-style-type: none"> 1. Communications – 800 MHz radios; network connectivity; phones 2. Web – Berkeley.edu/Emergency Berkeley.edu 3. Central Computing Systems -- administrative, financial & student systems |
| Human Resources (HR) | <ol style="list-style-type: none"> 1. Employee Relations/Labor Relations 2. Benefits 3. Employment Services |
| Physical Plant – Campus Services (PP-CS) | <ol style="list-style-type: none"> 1. Maintaining and restoring electrical utility power 2. Maintaining and restoring steam 3. Maintaining and restoring water |
| UC Police (UCPD) | <ol style="list-style-type: none"> 1. Police patrol response to protect life and property 2. 911/Dispatch/alarm monitoring to receive and dispatch calls for service 3. Security, traffic control and crowd control |

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| | |
|--|--|
| Public Affairs (PA) | <ol style="list-style-type: none">1. Communications with campus community2. Communications to media3. Fielding questions from broad community |
| | |
| Residential and Student Service Programs (RSSP) | <ol style="list-style-type: none">1. Care and shelter by Housing/Early Childhood/OSD2. Food and water by Cal Dining3. Communications supporting staff and clientele |
| | |
| University Health Services (UHS) | <ol style="list-style-type: none">1. Medical services with emphasis on providing public information (in consultation with public health authorities).2. Mental health services with emphasis on managing fear, hysteria3. Student Health Insurance Program services. |
| | |