

TAB SS-SUPPLEMENT- INFECTIOUS OUTBREAK/PANDEMIC

I. Purpose:

Robert Morris University is committed to the development and administration of a comprehensive Infectious Outbreak/Pandemic plan. This Infectious Outbreak/Pandemic plan has been assembled to guide RMU Administration and outline the response the University will initiate in the event of an infectious outbreak/pandemic. This document will serve as a supplement to the University's comprehensive Emergency Response Plan (and TAB SS – Infectious Outbreak/Pandemic). The purpose of this Infectious Outbreak/Pandemic Plan is to provide guidance relative to the preparation, identification, and response to an outbreak/pandemic that may impact the university.

This plan is to serve as a guide for responding to large-scale outbreaks of highly infectious diseases, even if some prevention measures or response tactics may change due to the nature of a particular disease such as Measles, Mumps, Flu, Severe Acute Respiratory Syndrome (SARS).

II. Objective:

The objectives of the plan are to reduce the morbidity, mortality, and social and economic disruption caused by an infectious outbreak/pandemic on the students, staff, and faculty of the University community. This plan provides a framework for infectious outbreak/pandemic preparedness and response activities and serves as a foundation for further planning, drills, and emergency management activities.

III. Goal:

An infectious outbreak/pandemic may pose unique and long-standing challenges not common to other disasters. The goal of this plan is to limit the spread of a virus; to minimize serious illness, hospitalizations, and death; to sustain critical infrastructure; and to minimize social disruption.

IV. Scope:

This plan applies to all Robert Morris University personnel including, but not limited to, those located at the Moon Campus, Island Sports Center and other sites owned/operated by the University. In addition, all students, visitors, and other service providers are included within the general scope of the program.

V. Authority/Responsibilities:

- A. Infectious outbreak/pandemic response will be directed by the Incident Commander as outlined in the Incident Response and Communications Plan. **The Office of Student Life and UPMC MyHealth@School will serve as the lead health advisory role regarding an infectious outbreak, pandemic, or similar health emergency.** This role includes interface and interpretation of guidelines,

recommendations and similar declarations from public health authorities and subsequently, recommending actions to be implemented by the University.

- B. The Incident Response Team will be assembled as outlined in the Incident Response and Communications Plan.
- C. The status or level of advancement with respect to possible infectious outbreak/pandemic will be monitored by a team of RMU personnel from Student Life, UPMC MyHealth@School, Safety Services, RMU Police, Human Resources, and Public Relations, who will communicate updates to RMU leadership and Incident Command.

VI. Definitions:

- A. **Outbreak**- A sudden increase in the number of cases of a specific disease or clinical symptoms.
- B. **Pandemic**- An outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population: a pandemic outbreak of a disease.
- C. **Control measures**- Actions necessary to prevent and control the spread of communicable disease include but are not limited to immunization, detection, restriction, disinfection, decontamination, isolation, quarantine, prevention and education.
- D. **Non-Pharmaceutical Interventions (NPIs)**- Community NPIs are policies and strategies, apart from pharmaceutical interventions such as vaccination and medical treatment delivery methods, that organizations and communities put into place to help slow the spread of illness during an infectious disease outbreak, such as pandemic flu.
- E. **Social Distancing**- Creating ways to increase distance between people in settings where people commonly come into close contact with one another. Specific priority settings include schools, workplaces, events, meetings, and other places where people gather.
- F. **Isolation**- The separation and restriction of movement of people with a specific communicable disease to contain the spread of the disease. People in isolation may be cared for in their homes, hospitals, designated health care facilities, or other dedicated facilities.
- G. **Quarantine**- Separation and restriction of movement of well people who may have been exposed to an infectious agent and may be infected but are not yet ill. Quarantine usually occurs in the home but can be in a dedicated facility or hospital. The term quarantine also can be applied to restrictions of movement into or out of buildings, other structures, and public conveyances. In addition, specific areas or communities may be quarantined. The Centers for Disease Control and Prevention (CDC) also is empowered to detain, medically examine, or

conditionally release people suspected of carrying certain communicable diseases at points of arrival in and departure from the United States (U.S.) or across state lines.

- H. **Influenza-** Influenza (flu) is a common contagious viral respiratory illness that infects the nose, throat, and lungs. Flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. Flu illness can vary from mild to severe.
- I. **Pandemic Influenza-** An influenza pandemic is a global outbreak of a new influenza A virus. Pandemics happen when new (novel) influenza A viruses emerge, which are able to infect people easily and spread from person to person in an efficient and sustained way.
- J. **Measles-** Measles is a serious disease caused by a very contagious virus that spreads through coughing and sneezing. Symptoms include fever, runny nose, and red, watery eyes, followed by a rash of tiny, red spots that spread all over the body.
- K. **Mumps-** Mumps is a contagious disease that is caused by a virus. It typically starts with a few days of fever, headache, muscle aches, tiredness, and loss of appetite. Then most people will have swelling of their salivary glands. This is what causes the puffy cheeks and a tender, swollen jaw.
- L. **Severe Acute Respiratory Syndrome (SARS)-** is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV). SARS begins with a high fever, other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also have mild respiratory symptoms at the outset. About 10 percent to 20 percent of patients have diarrhea. After 2 to 7 days, SARS patients may develop a dry cough. Most patients develop pneumonia.

VII. Crisis Response Levels:

Consistent with the Incident Command Process, Pandemic Response has been established based on the level of severity and includes three (3) Levels as defined by the World Health Organization (WHO):

Level 0 [WHO Level 1-3] Normal Readiness = Pre Event Assessment and Planning.

Level 1 [WHO Level 4] Increased Readiness = Confirmed cases of human-to-human transmission of influenza (avian flu).

Level 2 [WHO Level 5] High Readiness = Suspected or confirmed cases in Pittsburgh area (Human to Human Transmission).

Level 3 [WHO Level 6] Maximum Readiness = Confirmed case(s) or clusters in Pittsburgh Region (Pittsburgh Region being the surrounding 13 Counties). A Pandemic declared by government officials.

VIII. General Sequence of Operations:

Robert Morris University conducts emergency response operations following a traditional Incident Command System model. This system provides a consistent/universal mechanism designed to assist all government, private, and non-governmental organizations in working together during these types of incidents. RMU will follow the basic phases of Emergency Management as outlined below:

Prevention:

- A. Update and maintain the RMU's Infectious Outbreak/Pandemic Plan.
- B. Organize, collaborate and work with university leadership to assist individual departments in creating their own response procedures.
- C. RMU supports the vaccination recommendations and guidance from the U.S. Centers for Disease Control and Prevention, the American College Health Association, and the Allegheny County Health Department. Students who live on campus are required to comply with several health and immunization requirements for the safety and well-being of the RMU community. Commuter students and university employees are strongly advised to follow the immunization recommendations of their primary care providers.
- D. Promote protective measures like hand-washing and respiratory etiquette.

Preparedness:

- A. Educate students, faculty and staff regarding personal protection or mitigation strategies including seasonal influenza vaccination, respiratory etiquette, and responsible use of antiviral drugs.
- B. Utilize surveillance through the UPMC Health Services, Student Life, Human Resources, etc.
- C. Direct persons with illness symptoms to the UPMC Health Services for resources, guidance, and testing options available through the UPMC Health Services, RMU, and the Allegheny County Health Department.
- D. Conduct training and awareness campaigns to educate students, staff and faculty on symptom recognition and infection control measures.
- E. Disseminate related public information campaigns to the campus community, with attention to travelers who may have visited potential infectious outbreak/pandemic affected areas.
- F. Ensure a communication system is established and maintained throughout an infectious outbreak/pandemic response.
- G. Conduct tabletop exercises to implement infectious outbreak/pandemic plans and test response procedures.

Response:

- A. Activate the Incident Response Center / Incident Response Team, as appropriate.
- B. Continue enhanced communication and surveillance activities.

- C. Refer to specific UPMC and/or RMU protocols.
- D. Distribute medications, vaccines, ppe, and medical supplies as needed.
- E. Execute law enforcement operations to assist in outbreak/pandemic control measures and maintenance of social order.
- F. Continue to educate the community about personal protective strategies and population level interventions that may be initiated during an infectious outbreak/pandemic within their community.
- G. Develop and disseminate public service announcements, utilizing University Communications and Media Relations for release to the media concerning an outbreak/pandemic.
- H. Establish Emergency Response Team (ERT) meeting frequencies necessary to manage ongoing coordination, recommendations and response activities related to the outbreak/pandemic emergency.

Recovery:

- A. Obtain all critical documents, information, and paperwork from all officials regarding emergency and disaster declarations.
- B. Prepare and submit documentation for any requests for emergency and disaster assistance to local jurisdiction, State, FEMA or other appropriate entity.
- C. Develop an After Action Report (AAR) to evaluate responses and outcomes to initial waves of the outbreak/pandemic to determine best practices.
- D. Prepare a follow-up/debrief meeting to determine strengths and areas of improvement related to the planning, response and recovery.
- E. Prepare for additional outbreak/pandemic waves.

IX. Organizational Roles, Responsibilities, and Response Guidelines:

Robert Morris University has established basic roles, responsibilities and guidelines to be utilized during an outbreak/pandemic or similar health related emergency. It should be noted that these are basic guidelines, as the University will work in concert with and/or receive direction from the Allegheny County Health Department (ACHD), Center for Disease Control & Prevention (CDC), and similar state and/or federal agencies.

A summary of general principles for direction, control and decision making are provided as follows:

General

- A. Direction and Control procedures will be flexible and adaptable to all outbreak/pandemic periods and phases as defined by the World Health Organization (WHO) and CDC, as well as guidance provided by local public health authorities.

- B. The President of the University retains ultimate authority for making decisions as noted in the RMU Emergency Response Plan. All decisions to be made should be based on federal, state, and/or local recommendations/mandates and applicable best practices. These decisions may include issuing travel advisories, suspending mass gatherings (including classes), suspending research, suspending normal university operations, and resumption of university operations.
- C. The Office of Student Life (in cooperation with UPMC Health Services) serves as the lead health authority for the university and is responsible for making recommendations to the University leadership and members of the Incident Response Team.
- D. The Emergency Management Committee will support departments in the development of their respective infectious outbreak/pandemic plans as needed. University departments are encouraged to maintain open and frequent communication with the Safety and/or Emergency Management committee to improve coordination related to an outbreak/pandemic event.
- E. The IRC/IRT may not be physically activated or meet during an outbreak/pandemic incident. If social distancing measures are in place, administration may decide that the Incident Response Center will not be staffed. However, the Incident Response Team will be activated in concept (virtual communication) as stated in the Emergency Management Plan.

Decision Making Considerations– the priority of decisions may change as the situation evolves:

- A. Information, considerations, and communications regarding measures the university is taking to protect the university community including:
 - a. Health advisories
 - b. Academic schedules
 - c. Absenteeism
 - d. Essential Personnel
 - e. University community members who may be visiting foreign countries
 - f. Information on travel restrictions
 - g. Communications internal and external
- B. Modification or Suspension of Non-Essential University Activities/Special Events.
- C. Modification or Suspension University Services, ex. Student Recreation Center, Library, Health Services, Residence Life.
- D. Residence Halls- Isolation, Quarantine, Closure.
- E. Modification/Suspension of Classes:

- The decision whether to suspend classes or when to suspend classes, may be the most difficult and critical decision that the University leadership may make during an outbreak/pandemic event. These decisions will be made and implemented based on information received from various entities including University departments/units, county, state, and national authorities, and other advisories gathered during the outbreak/pandemic event.
- The following decision points are provided as a guide to the decision-making process and may not be the only considerations. As the outbreak/pandemic unfolds, new information may provide alternative choices. Decision Points:
 - a. Transmissibility.
 - b. Morbidity.
 - c. Mortality.
 - d. Geographic spread.
 - e. Proximity of confirmed cases (ACHD recommendations).
 - f. Closing of local/regional public schools (K-12).
 - g. Closing of other local/regional colleges and universities.
 - h. Rising employee absenteeism.
 - i. Assessment of stakeholder's risk perception.

F. Initiation of Telecommuting.

G. Suspension of University Operations:

- The decision whether to close the University will also be a difficult and critical decision that the University leadership may make during an outbreak/pandemic event. This decision will be made and implemented based on information received – similar to those noted for modification/suspension of classes.

H. Suspension of Research.

I. Follow-Up with ill individuals.

J. Resumption of Normal Operations.

- Resumption of Normal Operations should be predicated on the recommendations of federal, state, and/or local health authorities. Other factors for university resumption should be:
 - a. Decreased morbidity and/or mortality rate.
 - b. Decreased rate/speed of disease spread.
 - c. Other regional schools/school systems resuming operations.
 - d. Transportation systems opening/increasing interstate travel.
 - e. Availability of sufficient faculty and staff to support resumption of classes and research.

X. Signatures:

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