

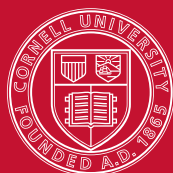
PREPARE → RESPOND → RECOVER

PANDEMIC EMERGENCY



Pandemic Influenza

Preparation and Response Plan



Cornell University

Draft Version 9.20.08

June 1, 2008

Dear Cornellians:

Emergency planning is one of Cornell's top priorities. As part of our overall mission to plan for a wide array of potential threats, we have prepared this set of planning guidelines to address the very real possibility of a pandemic flu epidemic. A steering committee made up of representatives from across campus, including faculty and health care providers, contributed to this effort. We believe that our preparations to address the possibility of pandemic flu will help us in planning for other types of emergencies.

Experts at the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) warn that the potential for a global flu pandemic is very high. In fact, they predict that a pandemic occurrence is not a matter of "if" but of "when." Its severity and length will depend on the virulence of the flu virus, mitigation efforts, and availability of an effective vaccine. The pandemic period could last for up to 9 weeks and could recur in subsequent waves.

While this document establishes parameters for pandemic planning and provides specific guidelines governing university-wide functions, it is the responsibility of individual colleges and units to prepare detailed contingency plans relevant to their specific operations in all administrative, academic and research areas. The plan is a living document; it will undergo continuous updates as events related to pandemic influenza unfold around the globe and new strategies are developed to respond to them. We will need input from colleges and units to keep the plan timely and responsive to campus concerns and capabilities. The pandemic plan and its ongoing process of updates and revision are designed to prepare the Cornell community to respond to a pandemic effectively and return to normal operations as soon as possible.

The guiding principle of Cornell's pandemic plan, as is true of the university's overall emergency planning, is the protection, in priority order, of 1) people, 2) research animals and plants and intellectual property, and 3) equipment and facilities. Public health measures, including education and mitigation, are even now being undertaken in collaboration with the Tompkins County Health Department according to guidelines from the CDC and the New York State Department of Health (NYSDOH). These measures include free flu shots for all students, faculty and staff, and an extensive public health information campaign led by Gannett Health Services.

This plan is available online at < <http://www.epr.cornell.edu/>>. Requests for more information and questions can be addressed to Peggy Matta, Director, Office of Emergency Planning and Recovery, <mem25@cornell.edu>.

We know that Cornellians will meet any crisis with determination and a sense of common purpose. We will uphold to the fullest the Cornell commitment to being, as President David Skorton describes us, a "caring community," a community in which every member is valued, and all members contribute – to the best of their ability – to caring for one another and continuing the university's mission of education and research.

Janet L. Corson-Rikert, M.D.
Executive Director
Gannett Health Services

Richard W. McDaniel
Vice President
Risk Management & Public Safety

John A. Siliciano
Vice Provost

Cornell University Pandemic Influenza Preparation and Response Plan

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I. Introduction

A. Purpose of the Plan

Cornell University is engaged in an ongoing, comprehensive planning process to prepare for a potential pandemic influenza. The World Health Organization (WHO) and U.S. Centers for Disease Control and Prevention (CDC) warn that the world faces the risk of global pandemic influenza in the coming years; it will be disruptive, at best, and devastating, at worst, to all dimensions of our lives, studies, and work. Federal and state governments are urging preparedness and warning that it is a matter of *when*, and not *if*, a pandemic will occur.

U.S. Secretary of Health and Human Services Michael Leavitt in 2006 said: “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.”

An “influenza pandemic has the potential to represent the worse-case scenario of any public health emergency,” according to the CDC. The influenza pandemic of 1918–19 “demonstrated that influenza could kill millions of people, cause societal disruption on an unprecedented scale, and disrupt economies.” Estimates are that worldwide 30 to 50 million people died of flu during that outbreak.

In the fall of 1918, the “Spanish influenza” epidemic spread to Ithaca and Cornell. Approximately 900 students became ill, and 37 died. Additionally, there were 1,300 cases of flu and 40 deaths in the Ithaca community. Members of the university and community responded with “unselfish labors,” according to the minutes of the Cornell Board of Trustees.

Today Cornellians uphold this proud tradition of going “far above” to care for each other in times of crisis. However, life within and outside of the university is much more complex in the 21st century. Illness and death can be moderated through public health measures that require universal education and prevention strategies. Academic and operational disruption can be minimized by advance planning and development of policies and procedures that can be implemented on short notice. Essential services can be supported by members of the Cornell community who adapt their work expectations and assignments to meet the challenges of the pandemic. The Cornell University Pandemic Influenza Preparation and Response Plan, and the ongoing process of providing details and revisions, is designed to prepare the entire community to respond to a pandemic effectively and return to normal operations as soon as possible.

The purpose of this living document is to reflect the dynamic and evolving preparedness process at Cornell, and to provide the campus community with guidelines for planning, responding to, and recovering from pandemic influenza.

B. Pandemic Influenza Threat

A pandemic is a global disease outbreak. A flu 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 from person to person; it causes serious, often life-threatening illness and can sweep around the world and across the country within a few months.

At the present time, health officials are concerned that the continued spread of a highly pathogenic avian H5N1 virus (often described as the *avian* or *bird flu*) represents a significant worldwide threat. Since 2003, this virus has been diagnosed in growing numbers of people in Asia, Europe, and Africa. There have been 387 people who have fallen ill as of Sept. 18, 2008. The disease has been fatal in more than 60% of the diagnosed cases. Most of these cases – and there are certainly more that have gone unrecognized or unreported – are believed to have been caused by exposure to infected poultry. The concern is that H5N1 or another emerging virus could evolve into a virus capable of sustained human-to-human transmission.

Seasonal flu, which strikes in waves every winter, kills approximately 36,000 Americans and hospitalizes more than 200,000 annually. Pandemic influenza would have even more devastating consequences, with experts predicting that it could kill more than half a million Americans, hospitalize more than two million people, and cost the economy from \$70 to \$160 billion in direct medical expenses and lost productivity.

The Trust for America’s Health, a health advocacy organization <<http://healthyamericans.org/>>, estimates that New York would be the second-hardest hit state in the nation if a pandemic occurs, with more than five million persons becoming ill and up to 157,000 deaths occurring from the pandemic flu strain. Losses to the state’s economy could total almost \$50 billion.

A pandemic would severely strain resources at every level. Schools and businesses would close and essential services could be interrupted. Even the food supply could be affected. Travel would be restricted. For these reasons, preparedness – from the personal to the national level – is the key to coping with these expected disruptions

C. Characteristics and Challenges of a Pandemic

1) Rapid worldwide spread:

- When a pandemic influenza virus emerges, its global spread is considered inevitable.

- The incubation period of influenza is short, and it can be transmitted when individuals show no symptoms of illness, making quarantine strategies relatively ineffective. Given the ease and speed of international travel, a pandemic virus could spread in a matter of weeks across borders to various areas of the U.S., infecting up to 30% of the population in one or more waves, each lasting 6 to 8 weeks.

2) Overloaded health care systems:

- People will have little or no immunity to a pandemic virus. A substantial percentage of the world's population will require some form of medical care.
- No country, including the U.S., is likely to have the staff, facilities, equipment and hospital beds needed to cope with the large numbers of people who will suddenly fall ill.
- Death rates will be high, largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations, and the effectiveness of preventive measures.

3) Inadequate medical supplies:

- Because the virus will be a new strain of influenza, there will be a delay of several months before an adequate supply of an effective vaccine can be developed, produced, and distributed.
- Antiviral drugs are likely to be in short supply and may have limited efficacy.
- Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.
- A pandemic will create a shortage of masks, medications, hospital beds, ventilators, and other medical supplies. Surge capacity may be created at non-traditional sites, such as schools and universities, to cope with demand.

4) Economic and social disruption:

- Travel disruptions, school and business closings, and cancellations of events could have major impact on communities and citizens.
- Care for sick family members and fear of exposure will result in additional worker absenteeism.
- Widespread illness will disrupt services, distribution of supplies, and social infrastructure.
- Because pandemic flu will affect the entire world, governmental agencies will be overwhelmed and unable to provide the level of support that would be available in most other emergency situations.

D. Pandemic Event Levels and Response Stages

Cornell has developed a system of four event levels to guide pandemic planning and to inform the community of the emerging threat and need to launch progressively more intense preparedness and response activities. Cornell's levels correspond to the U.S. federal government *response stages* and the World Health Organization (WHO) *pandemic phases*. They will be triggered by reports of emerging events. [See Table 1 on page 7.] This table is for planning purposes. The rate of progression of a potential pandemic cannot be predicted.

Table 1: Cornell Event Levels and Response Stages

World Health Organization (WHO) Phases (virus driven)		U.S. Federal Government Response Stages (geography driven)		Cornell Event Levels (information driven)	
INTER-PANDEMIC PERIOD					
1	No new influenza virus subtypes have been 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 disease is considered to be low.	0	New domestic animal outbreak in at-risk country	0	No new influenza subtypes have been detected in humans
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.				
PANDEMIC ALERT PERIOD					
3 <small>Current 06/10/08</small>	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	1 <small>Current 06/10/08</small>	Suspected human outbreak from animals overseas	1a <small>Current 06/10/08</small>	Human infections with a new viral subtype, little to no human-to-human spread.
				1B	If pathogenic avian flu virus has been identified in birds in the U.S., perceived risk would be escalated. *This phase may or may not occur and would be independent of a pandemic flu outbreak.
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas	1c	Small cluster(s) with limited human-to-human transmission; spread is highly localized (overseas), suggesting the virus is not well adapted to humans.
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).			2	Large cluster(s) of human-to-human transmission(s) have been identified in an affected region. Lethality of virus will suggest category (i.e., severity) of possible pandemic.
PANDEMIC PERIOD					
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas	3A	Highly contagious pandemic influenza virus is spreading from human-to-human overseas, signaling a breach in containment efforts.
		4	First human case in North America	3B	Receipt of information that pandemic flu is in North America.
		5	Spread throughout United States	3C	People in the Ithaca area have been diagnosed with pandemic flu
RECOVERY PERIOD					
6		6	Recovery and preparation for subsequent waves	4	Case incidence is decreasing, indicating the slowing of the pandemic wave. Assessment, recovery, and preparation for subsequent wave(s).

Table 2: Pandemic Severity Index (Centers for Disease Control and Prevention)

Characteristics	Pandemic Severity Index					
	Seasonal Flu	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)		< 0.1	0.1-< 0.5	0.5-< 2.0	1.0-< 2.0	≥ 2.0
Excess Death Rate (per 100,000)	1	< 3.0	30-< 300	150-< 300	300-< 600	≥ 600
Illness Rate (% of population)	5-20	20-40	20-40	20-40	20-40	20-40
Potential # Deaths (2006 US population of 300 million)	~36,000	< 90,000	90,000-< 150,000	450,000-< 900,000	900,000-< 1.8 million	≥ 1.8 million
20 th Century U.S. Experience		none	1957: illness rate 24% 1968: illness rate 39%	none	none	1918 pandemic illness rate 30%

E. Pandemic Severity

Planning for pandemic influenza is complicated by the fact that it is impossible to predict the severity of the pandemic until it is underway. The CDC has developed a Pandemic Severity Index (PSI) that takes into account the fact that the amount of harm caused by pandemics can vary greatly, with that variability having an impact on planning and recommended public health, education, and business actions to mitigate an influenza pandemic.

The PSI has five different categories of pandemics, with Category 1 representing mild severity and Category 5 representing the most severe. The severity of a pandemic is primarily determined not by its infection rate (the percentage of people who become ill) but by its death rate (the proportion of deaths among clinically ill persons). A Category 1 pandemic would be as harmful as a severe seasonal influenza, while a pandemic with the same intensity as the 1918 flu pandemic would be classified as Category 5. [See Table 2.]

Because the infection rate can range from 20 to 40% of the population in any category pandemic, the impact on Cornell

will be significant even in a mild pandemic. In a Category 1 pandemic with a low infection rate, Cornell should be able to maintain many of its normal operations, limiting the impact of illness by the coordinated use of “community mitigation measures.” However, demands on communications, health services, housing, dining, and custodial staff will likely *exceed capacity*, requiring training and reassignment of many other staff. Given the high rate of faculty and staff absences due to illness and family care needs, plans and policies must be developed to support safety, flexibility, and essential functions.

For Category 2 to 5 pandemics (or a Category 1 pandemic with a higher infection rate), more aggressive steps may be necessary: suspending classes, modifying operations, sending students home, and changing work schedules and assignments to support essential services. The extent and duration of these interventions would vary depending on the severity of the pandemic. A prepared community must anticipate and plan for the worst case scenario and hope for the best case scenario.

F. Cornell Planning Parameters

The specific course of a given pandemic will be known fully only in retrospect. However, the experience of history, tools of modern epidemiology, and extensive planning by international, national, and state governmental agencies provide useful information on which to base more localized planning. This table is for planning purposes. The rate of progression of a potential pandemic cannot be predicted.

Cornell's planning parameters describe challenges Cornell should anticipate related to events leading up to and including a full-blown pandemic, as well as the central university actions that will be taken at each event level. [See Table 3 on pages 10-12.]

Each college, school, and unit will be expected to expand on the planning scenario to anticipate ways in which their areas will be affected in each event level and to develop specific action plans consistent with these planning parameters.

G. Cornell Planning Principles

A centralized, coordinated approach to planning, response, and recovery is essential in order to minimize the impact of a pandemic on the campus and in the wider community. University-wide planning for pandemic flu is guided and overseen by the Pandemic Influenza Steering Committee established by the university president's senior staff.

Public health measures and disease management will be undertaken in collaboration with the Tompkins County Health Department according to guidelines for the U. S. Centers for Disease Control and Prevention and the New York State Department of Health.

Cornell's planning process is grounded on the following principles:

- 1) The top priority in pandemic planning is to protect the health, safety, and welfare of students, faculty, and staff.
- 2) Teaching, research, and service – the core of the university's mission – will continue as fully as conditions allow.
- 3) Collaboration with city and county leadership, public health officials, and emergency preparedness networks will be essential in order to maximize the effectiveness of planning and response.
- 4) Recovery from disruptions of operations will take place as quickly and efficiently as possible.

Table 3: Cornell Planning Context and Central University Actions

Cornell Event Level		Planning Scenario	University Actions
CORNELL EVENT LEVEL 1: PANDEMIC ALERT Unlikely risk to students, faculty, and staff			
1a	Human infections with a new viral subtype are reported. Little to no human-to-human spread. Current phase 06/08	University pandemic planning is integrated with central emergency planning. Transparent and well-timed communication will reinforce confidence in university leadership. Early emphasis on personal and family emergency planning will be vital.	Convene Pandemic Flu Steering Group to coordinate planning. Engage all colleges, schools, and units in pandemic planning. Maintain Gannett website with timely information about pandemic flu.
1b*	If pathogenic avian flu virus has been identified in birds in the U.S., perceived risk would be escalated. *This phase may or may not occur and would be independent of a pandemic flu outbreak.	Exposure risks would be mainly related to poultry workers and those with direct contact with waterfowl. Person-to-person spread would not be anticipated. Cornell could anticipate: Confusion regarding avian flu vs. pandemic flu. Some anxiety on campus. Community concerns re: Cornell poultry, ornithology, veterinary activities. Need for precautions in the Vet College, CALS, and Lab of Ornithology. Increases in Vet Hospital clinical and diagnostic volume. Increase in volume at Gannett of time-intensive patient and community concerns. Increase in demand for Cooperative Extension leadership statewide. Numerous media inquiries regarding pandemic readiness.	Convene Avian Influenza Coordinating Group. Provide links to appropriate web pages from cornell.edu.
1c	Small cluster(s) with limited human-to-human transmission; spread is highly localized (overseas), suggesting the virus is not well adapted to humans.	First outbreak clusters are likely to occur outside of the U.S. First impact to Cornell will likely be travelers abroad or those with family in affected region. Widespread awareness of growing risk of pandemic and questions about Cornell's preparedness. Increasing anxiety on and off campus. Escalation of parent concerns. Actual or anticipated impact on study abroad programs. Exposure risk for students, staff and faculty in affected countries. Need for screening, monitoring, and potential quarantine for travelers coming from affected areas. Shortages of key supplies due to increased demand.	Convene the International Travel Response Team. Provide guidance to departments responsible for international travelers and study abroad programs. Update plans for screening, monitoring, and potential quarantine and isolation. Procure key supplies.

Cornell Event Level	Planning Scenario	University Actions	
CORNELL EVENT LEVEL 2: PANDEMIC ALERT Endangers some students, faculty, and staff			
2	<p>Large cluster(s) of human-to-human transmission(s) have been identified in an affected region.</p> <p>Lethality of virus will suggest category (severity) of possible pandemic.</p>	<p>WHO will announce a pandemic alert, signaling potential and severity of spread.</p> <p>Intense media coverage, fueling widespread anxiety.</p> <p>Calls to many Cornell offices requesting information, services, special considerations.</p> <p>Withdrawal of some students due to their own or parental concerns.</p> <p>Significant increase in clinical volume at Gannett; demand for seasonal flu shots and antiviral medications spike.</p> <p>Potential international travel restrictions by CDC, U.S. State Department, Cornell.</p> <p>Cancellation of some, perhaps all study abroad programs.</p> <p>Supply interruptions driven by panic-related stockpiling.</p>	<p>Convene Central Emergency Management Team/Committee.</p> <p>Activate EOC.</p> <p>Launch pandemic emergency information page on cornell.edu.</p> <p>International Travel Response Team will assess need for travel restrictions.</p> <p>Provost will make decisions about travel restrictions.</p>
CORNELL EVENT LEVEL 3: PANDEMIC ALERT Significant risk to students, faculty, staff, community			
3a	<p>A highly contagious pandemic influenza virus is spreading from human-to-human overseas, signaling a breach in containment efforts.</p>	<p>If containment efforts are breached, global spread is inevitable and will happen within weeks.</p> <p>Media coverage will be intense, raising awareness and fears.</p> <p>Gannett, SAS, University Communications and other critical functions will be severely strained.</p> <p>Flights to and from initial outbreak countries will be cancelled and then severely restricted; Cornellians may have trouble getting out or in.</p> <p>International and domestic travel will be severely disrupted.</p> <p>Reports of student evacuations at peer institutions may begin at this stage.</p> <p>In all but a mild pandemic, Cornell may evacuate students before travel is severely restricted to minimize the number of students on campus when the pandemic reaches central New York.</p> <p>A significant number of students, including many international and graduate students, may remain in campus and off-campus housing and will require an array of services.</p> <p>Faculty and staff will be very concerned about their own health, their families and jobs.</p> <p>Cornellians from or connected to people in affected countries may be the first to experience deaths of family and friends, as well as loss of financial support.</p>	<p>President/Provost determine whether to suspend classes.</p> <p>CEMC decides whether to evacuate students.</p> <p>University Communications issues daily updates of Cornell's pandemic response.</p>
3b	<p>Pandemic flu is in North America.</p>	<p>We can assume spread to all areas of the U.S. within days to weeks.</p> <p>Supplies of antiviral medications may be inadequate.</p> <p>SAS must respond to students' needs and requests for information.</p> <p>Gannett will have high volume of clinical cases, requiring 24/7 services, supplemental staffing and suspension of non-urgent services.</p> <p>Anxiety will climb as cases and deaths are reported.</p> <p>Public health authorities will instruct citizens to stay home and avoid crowds.</p> <p>Students and families unable to evacuate will be anxious and need services and support.</p>	<p>Essential services will be maintained.</p> <p>Employees may be assigned to alternate jobs.</p> <p>Flex-place arrangements will be tested.</p>

Cornell Event Level	Planning Scenario	University Actions	
3c	<p>People in the Ithaca area have been diagnosed with pandemic flu.</p>	<p>NYS and/or Tompkins County Health Department will close schools and daycares and ban public gatherings based on criteria such as the severity of the virus, geographic spread of the pandemic, and guidance from federal agencies.</p> <p>Local, state, national government agencies would be overwhelmed.</p> <p>Local health care, public health, and social services resources will be quickly inundated.</p> <p>Workplace absenteeism will increase due to illness, family needs, fear.</p> <p>Supplies will be interrupted by national and regional workforce shortages.</p> <p>Gannett's clinical volume will be exceptionally high, requiring 24/7 services, supplemental staffing, and suspension of non-urgent services.</p> <p>Cayuga Medical Center demand will exceed capacity, resulting in back flow of patients to Cornell and community providers.</p> <p>Local physicians and pharmacies will be overwhelmed.</p> <p>In a severe pandemic, Cornell could expect:</p> <ul style="list-style-type: none"> - illness in 30% of students still in Ithaca (estimate ~ 2000), and 30% of faculty and staff (~ 2700). - ~50% of students who become ill (~1000 students) will require outpatient medical care at Gannett; some faculty, staff, student spouses and children will seek services at Gannett if they have no other options. - as many as 10% of people who become ill (~200 students) will need hospitalization. - as many as 2% of those who become ill may die (~40 students, ~50 faculty and staff) <p>Need for mental health care, religious services, and support will be extensive as people face threat, illness, death, loss, uncertainty about the future.</p>	<p>University operations and research will be prioritized, modified, and/or suspended, depending on availability of adequate infrastructure support.</p> <p>Essential operations should continue with the appropriate number of employees to perform essential functions for the duration of the pandemic.</p> <p>Essential operations will require supplemental staffing.</p> <p>Additional cross-training will be carried out.</p> <p>Flex-place and flex-time arrangements and social distancing will be implemented.</p>

CORNELL EVENT LEVEL 4: RECOVERY Risk temporarily abated (between waves) or over (at end of pandemic)

4	<p>Case incidence is decreasing, indicating the slowing of the pandemic wave.</p> <p>Assessment, recovery, and preparation for subsequent wave(s).</p>	<p>The central NY area will likely experience 2 or 3 flu pandemic "waves," each lasting a period of weeks and separated by weeks. The severity of the pandemic could lessen or worsen in second and third waves.</p> <p>Communications networks will be strained by previous wave(s), but will be essential for continuing the flow of information.</p> <p>Essential supplies may have been depleted.</p> <p>Grief, fear, disruption, and diminished resources will complicate recovery efforts and preparation for subsequent waves of illness.</p> <p>People who were infected in previous waves will have immunity, reducing the number of people seeking health services, missing work, caring for family.</p> <p>Those who have developed immunity will be important in subsequent waves in roles that involve exposure to people who are infected and ill.</p> <p>Cornell facilities will be a key asset to the community for mass clinics for immunizations, as they become available.</p> <p>Resumption of activities at the end of a pandemic will take careful planning and coordination at a time when human and financial resources will be depleted.</p>	<p>President/Provost will determine when classes will resume.</p> <p>Provost will issue guidelines for resumption of classes and decisions about how interruption of classes will impact grades and schedules.</p> <p>Units will implement business recover plans.</p> <p>Preparations for a possible subsequent pandemic wave should be made.</p>
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II. Administration and Activation

A. Cornell University Emergency Management Structure

Cornell University *Policy 2.10-Emergency Planning* prescribes three levels of emergency management. Level 1 incidents are managed by the Associate Vice President /Chief of Police. Level 2 incidents are managed by the Executive Vice President. Level 3 incidents are managed by the president. An influenza pandemic is an unusual emergency because: it will likely be anticipated as it migrates toward the Ithaca region, its scope of impact will be global, and it will be long lasting. Given these special characteristics, it is expected that when there is a confirmed human outbreak overseas, the emergency will be managed on the Ithaca campus as a Level 3. As such the Executive Emergency Management Team (EEMT) led by the President and the Cornell Emergency Management Committee (CEMC) will be convened as prescribed in Appendix D [see page 29].

The EEMT has the full authority of the Office of the President and will make all appropriate senior-level decisions such as declaring a campus-wide state of emergency, making major non-routine resource decisions, making policy decisions, and suspending classes. Likewise, it will downgrade the state of emergency to a state of normal conditions as the situation improves.

The CEMC will be invoked (wholly or partially) to respond to the event, mobilizing at the Emergency Operations Center (EOC) as needed. (The Cornell Police headquarters in Barton Hall has been designated as the primary Emergency Operations Center). This group of senior functional experts will provide direction to essential service providers and provide advice and counsel to the EEMT. This group will work directly with the colleges and units throughout the pandemic event, develop response strategies and tactics, deploy resources, and initiate the recovery process.

B. Activation

Cornell will institute its emergency response for pandemic flu when the global situation is at Level 2 of the Cornell Event Level planning scenario [See Table 1: Cornell Event Levels and Response Stages, page 7.]

When the Cornell pandemic plan is made operational, the President will convene the Executive Emergency Management Team (EEMT) to assess the scope of the pandemic emergency and provide leadership for the University's emergency response.

The Cornell Emergency Management Committee (CEMC) will be convened and will operate from an Emergency Operations Center (EOC). The CEMC, working directly with the colleges and units, will:

- 1) monitor global events, national health advisories, and predictions of pandemic severity;
- 2) assess risks to members of the Cornell community, including those studying, working, or traveling abroad;
- 3) oversee emergency planning and response strategies, tactics, and timelines;
- 4) deploy resources to support essential services;
- 5) assure communication strategies are meeting needs;
- 6) initiate the recovery process;
- 7) provide advice and counsel to and implement decisions of the Executive Emergency Management Team (EEMT); and
- 8) be guided by the planning principles outlined in this plan.

C. Pandemic Influenza Steering Committee

In February 2006, the president and senior staff appointed a multidisciplinary Pandemic Influenza Steering Committee (see Appendix E, page 28) to lead a comprehensive effort to prepare the university for a potential outbreak of pandemic influenza. Building on the university's existing plans for health and safety issues and emergency preparedness, this team was charged to:

- 1) Develop policies and short-term and long-term procedures to guide the university's preparedness in anticipation of an outbreak of pandemic flu.
- 2) Identify critical resources, supplies and materials the university would need to have available to address such an emergency and how best to obtain them.
- 3) Identify key factors or conditions that will trigger critical decision-making on the part of the university, and recommend who will need to make those critical decisions and what they should be.
- 4) Ensure all decisions are in accordance with local, state and federal recommendations and mandates.

The Pandemic Influenza Steering Committee is responsible for the development of this Cornell University Pandemic Influenza Preparation and Response Plan. In addition, the Steering Committee engages colleges and units in a coordinated planning process and oversees the education of the Cornell community about the pandemic threat, the university's response plans, and the need for all members of the community to be informed and involved in preparedness efforts.

III. CAMPUS PLANNING GUIDELINES

The following planning principles and guidelines assume a severe pandemic. As the plan develops, principles and guidelines will reflect more nuanced planning for a moderate or less severe pandemic.

A. Academic and Research Planning Policy

1) Instruction

a) Prior to Suspension of Instruction: If a decision is made to suspend instruction, existing policies and processes will apply to students who voluntarily leave campus based on concerns about a possible pandemic and to courses and programs that are cancelled based on similar concerns by the instructor. Based on the magnitude of such problems, the University and the units may ultimately decide retroactively to modify normal outcomes.

b) Suspension of Instruction: Following the University's decision to suspend instruction, there will be no support of or effort by the university to continue instruction through distance learning or similar means. There may be some instances in which individual faculty members may be able to continue instruction (e.g., tutorials, supervised reading, and graduate seminars). Faculty are encouraged to make such efforts. However, no student who is unable to participate due to illness, lack of access to necessary technology, or any other reason may be disadvantaged. If some students are able to complete a class through such means, departments are responsible for providing an equivalent opportunity for non-participating students to complete the necessary coursework following the pandemic event.

c) Student Academic Issues: Any suspension of classes will create numerous and significant issues, including how to handle course credit, grades, course-prerequisites and requirements for majors and graduation. Because authority over such academic matters is highly distributed to colleges, departments, and individual faculty members, rather than subject to central control, most such issues need to be addressed at the unit level. There may be some overall university mandates or decisions regarding such matters, but such actions will generally need to be determined at that time in light of the specific nature and timing of the pandemic event. As a very general presumption, if the suspension of instruction occurs within the first three weeks of a term, the semester will be considered to be lost and will need to be repeated in its entirety. If the suspension of instruction occurs in the last three weeks of the term, the semester may be considered to be completed, subject to course-specific exceptions. If the suspension of instruction occurs in the interim period, the semester may be considered to be suspended rather than cancelled, with instruction resuming at an appropriate time following the end of the pandemic event.

2) Research

Research activity is almost completely distributed on an individual faculty basis and is highly dependent on non-interchangeable labor (e.g., faculty, post-docs, graduate and undergraduate students, and technical staff) that may experience high and unpredictable levels of attrition. As a result, planning for either the maintenance of research or the temporary suspension of research is primarily the responsibility of the unit and/or individual faculty member. The University will continue to supply basic utilities support during the pandemic event as described in Part IV of this document (see page 20). All ongoing research must comply with appropriate environmental, health, and safety requirements mandated by local, state and federal authorities. If compliance is not possible for any reason, individual faculty members and units will be required to suspend research operations. The Office of the Vice Provost for Research is responsible for university-based research efforts and will help assist unit-based planning efforts as appropriate.

B. Employees

1) Human Resources Guiding Principles

The primary impact of a pandemic will be on student and employee attendance. Absenteeism will relate to illness, fear of exposure, caring for family members, and school closures.

Departments should plan to be as flexible as possible to enable all employees to work and maintain operations to the extent possible, including facilitating work from remote locations, flexible work schedules, and alternate work assignments.

The welfare of the Cornell community and the sustenance of its academic mission will depend on the willingness of faculty and staff to pitch in to flexibly assume new roles under unique circumstances. Some of these roles will be identified as essential prior to the development of a pandemic. Others will become apparent only as a pandemic evolves. Employees may be assigned to areas outside the scope of their usual responsibilities to the extent they are qualified and can safely perform the work.

The University will employ an array of strategies to protect its members during a pandemic, ranging from changes in operating status (e.g., decision to suspend classes and send students home) to "social distancing" through altered workplace practices, as well as issuance of personal protective equipment to employees whose assignments puts them at risk of exposure to illness. Additionally, as far as is financially prudent, the university will use its resources to protect and support employees with pay and benefits.

2) Guidelines for Human Resource Planning:

a) Essential Personnel: Essential personnel are defined as those employees required to report to work to ensure that identified critical functions continue during an emergency or when the university has closed or suspended operations (e.g. power outage, inclement weather, influenza pandemic). They are designated in unit emergency plans. Employees who work in areas that have been pre-identified as essential service functions, or who have specialized training that is required to do the work, and/or have assignments directly related to the support of vital operations, will be required to report to work as scheduled, and may be called to work when not scheduled. Employees from throughout the university may be asked to provide support in these areas to the extent they are qualified and available.

There will be previously unidentified functions that will emerge as essential in order to handle pandemic-related changes in operations. Unit plans should consider what functions might become critical during a pandemic that would not normally carry this designation. The appropriate leadership at the college or unit should make such designations.

b) Pay Policy: Factors such as the number of employees needed to work, the length of the event, the type of work performed, and the extent of the crisis will be used to determine the appropriate means for compensating and recognizing employees.

Employees who are reassigned will be paid at the salary of their regular jobs.

As a social distancing strategy, the university may decide to suspend classes and ask some employees to work from home, or even to stay home without working.

The university's goal is to assist employees with the financial burden of being out of work through no fault of their own. Essential employees who perform work while others are being asked to stay home will be provided an additional amount of compensation to be determined. There will be retroactive review of work and pay in accordance with applicable pay policies or negotiated agreements when the university returns to full operations.

Departments and principal investigators should work with funding agencies to determine how grant-funded employees will be paid in the event of a pandemic-related emergency.

c) Pay Administration: The Payroll Office will continue to run biweekly and semi-monthly payrolls. (See appendix for more detail)

d) Flex Policies: Current flex policies will apply. Units should identify which employees can provide essential services from home or other remote locations. Units should take into consideration such things as whether laptops or employees' own computers will be used, whether they will have Internet connections, and how information will be protected. Current flex agreements will need to be reviewed and modified as appropriate.

e) Leave and Return to Work Authorization: Standard operating procedure during leaves such as Family/ Medical

and Short Term Disability normally requires documentation to substantiate such leaves and return to work. However, the university recognizes the need to be flexible with deadlines for the forms in a pandemic event. Units must make a best effort to keep leave and pay records and to reconstruct them where necessary in order to make adjustments to pay and employment status when the university is again fully operational.

f) Leave accruals: In the event a determination has been made that the pandemic has reached a level where the physical presence of employees on campus will be limited and the university is supporting employees with pay and benefits, employees on short-term disability, family medical leave or workers compensation will not be required to use their leave accruals during that time. Unpaid leaves would continue to be unpaid.

g) Cross-training / Reassignment: Unit emergency plans should identify essential functions and job roles and plan for cross-training of employees to assume these critical roles in the event of a pandemic. Unit emergency plans should identify employees who have been cross-trained to perform intra-unit essential-services jobs, as well as employees willing to be cross-trained for roles outside the unit, along with any particular competencies that might be of particular value during reassignment. It should be understood that additional essential roles will inevitably be identified only as a pandemic evolves. Some units (e.g., student services, health services, communications) will face extraordinary demand, and will look to other units for additional support.

Cross-training must be initiated at the unit level, and should begin early. Staff members may be reassigned to essential functions in anticipation of a pandemic or as needs arise either within or outside the unit as a pandemic evolves.

When employees are reassigned, all appropriate training and safety regulations will apply. The university will educate employees on the proper use of safety equipment necessary for them to perform their designated essential services jobs.

h) Specialized Training: Employees who have specialized training not routinely used in their Cornell jobs (e.g., EMTs, CPR, etc.) are encouraged to self-identify and indicate their willingness to be reassigned. These individuals should be identified through unit emergency plans.

i) Sick Employees: It will be important that ill employees stay home. If an employee, including anyone identified as performing an essential job, is exhibiting symptoms of flu-like illness and comes to work, supervisors, using health screening guidelines and their best reasonable judgment, should excuse the employee from the work assignment and ask them to leave the workplace.

j) Call-in Procedures: Unit plans should contemplate how call-in procedures would be impacted by extraordinary circumstances such as a pandemic. All employees should follow their unit's pre-established call-in procedures. Those procedures should include a calling tree and information such as phone numbers, e-mail addresses, and expectations for frequency of call-in. Since university operations decisions will relate to degree of absenteeism, tracking systems and processes should be prioritized.

k) Personal Emergency Plans: During a pandemic, employees should utilize the personal emergency plans they have developed for themselves and their families. Plan guidelines are available at <http://www.cornell.edu/emergency/planning/personal/> and from local Red Cross offices. Comprehensive information about pandemic flu is available at <http://www.gannett.cornell.edu/campushealth/pandemicFlu/index.html>.

3) Housing

Housing will be provided for central essential services staff who are required to stay on campus.

4) Dining

Cornell Dining will provide food services to emergency responders and meal service to 24/7 essential staffs. See chart on page 19.

C. Facilities Services

All facilities (building systems) are expected to remain operational during a pandemic event, with the following limitations: custodial operations will have to be adjusted and some cleaning will be curtailed or reduced in frequency. The primary custodial emphasis will be to keep restrooms clean and sanitized. Public spaces will be cleaned to the extent possible given reduced staffing. Large planned maintenance projects may need to be suspended. Scheduled preventive maintenance may be curtailed to allow resources to be utilized for routine or breakdown maintenance which will be given priority to keep facilities in working repair. Landscaping care may be diminished to permit grounds crews to focus on keeping streets, parking lots and sidewalks open for campus access. Major construction projects are likely to see schedule slippage due to limited availability of labor and construction material.

D. Financial Resource Planning

A pandemic will result in significant financial challenges for the university. The financial risks and exposures will vary significantly depending on the timing and extent to which the university progresses through the various event levels. Major financial exposures include:

- **Tuition revenue:** Potential losses or delays in receipt will depend largely upon when and how long classes are suspended. This exposure is generally short-term in nature as full tuition is expected to be received to match academic credit awarded to students.
- **Sponsored program revenue:** Potential loss or delays in receipt of sponsored programs revenue will depend largely upon the extent to which individual researchers are able to continue their research programs.
- **Potential loss of enterprise revenues:** The potential loss or delay in receipt of housing, dining and other significant enterprise revenues will also depend upon when and how long classes are suspended and students are evacuated.

- **Other potential revenue losses:** Revenue sources such as investment income, gifts, and state and/or federal appropriations may be negatively impacted by economic conditions.

- **Ongoing expenses:** Although operations may be curtailed at various event levels, operating expenses are not expected to decrease significantly.

- **Significant increases in certain costs:** Some categories of expenditure will increase markedly, such as employee health and other benefit costs due to employee illnesses.

Although estimates can and will be developed to evaluate the potential financial impact, actual available resources cannot be estimated in advance of the pandemic. Financial resources will be managed prudently to support Cornell's pandemic planning principles while ensuring the long-term financial health of the university.

1) Pre-pandemic costs

Individual operating units may face out-of-the-ordinary expenses in preparation for a pandemic. Such costs will generally be considered a financial responsibility of the operating unit, to be funded out of current available resources including unit reserves. For extraordinary expenses which cannot reasonably be funded through unit resources or which should be considered for central university funding to ensure important health and safety standards are met, funding may be requested as part of the annual budget process to the university Operating Plans Committee.

2) Mid-pandemic costs

During the pandemic period, operating units must consider the financial implications of any unit-specific decisions within the framework of the operating unit's current resources and reserves. If alternative funding arrangements are determined to be necessary, unit leaders will make requests (with pertinent justification) to the Provost. Some funding strategies may also need determination after the pandemic is over.

E. Health and Safety

During a pandemic, every individual and unit in the university community will have responsibility for participating in ensuring health and safety by staying informed, taking necessary precautions, and following recommendations of university officials. Gannett Health Services and Environmental Health and Safety will have primary responsibilities for providing information and services to address the health and safety needs of the community.

1) Public Health Measures

Public health measures will be undertaken in collaboration with the Tompkins County Health Department, according to guidelines from the Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH). These include:

- a) Education:** University Communications, Environmental

Health and Safety, College of Veterinary Medicine, Laboratory of Ornithology, and local/state health officials will collaborate to inform Cornell community about pandemic and avian influenza, using multiple media, throughout various pandemic response stages.

b) Mitigation: Multiple measures will be used to mitigate the effects of pandemic influenza on the Cornell community. Initial strategies will be aimed at containing influenza infection. As the infection spreads, strategies will be aimed at slowing the transmission of infection.

Individual mitigation measures will include:

- Social distancing (maintain separation of 4 to 6 feet from others)
- Hand hygiene, and cough etiquette
- Seasonal influenza vaccination (currently provided at no cost to faculty, staff, and students)
- Voluntary quarantine of well individuals with possible exposure (early in the pandemic) and isolation of ill individuals
- Use of respirators by staff in roles with high risk of exposure (will require advance identification and fit-testing)

Campus mitigation measures may include:

Social distancing campus-wide: cancellation of classes and public gatherings, early evacuation of residential students, modification or suspension of public transportation services and university-sponsored travel.

Social distancing in the workplace: modified workplace schedules and practices, use of flex time and flex place policy, avoidance of face-to-face meetings.

Infection control: mass vaccination with pandemic influenza vaccine (if available), personal protective equipment for at-risk personnel, and antiviral agent use in accordance with current Tompkins County Health Department, CDC, and NYSDOH recommendations.

c) Early surveillance for pandemic and avian influenza: Gannett Health Services will provide screening for at-risk individuals, including international travelers returning from affected areas and individuals with occupational risk (e.g., poultry handlers, laboratory workers). Suspect cases will be reported to NYSDOH. Exposed individuals may be quarantined at home or in campus facilities for up to 10 days.

2) Medical Services

a) Self-care: Information will be widely available to support those individuals who are able to manage their own or family members' injuries and illnesses (pandemic flu and other) at home to limit their exposure to sick people and reduce demand on overstretched campus and community health services. Guidelines for when to seek medical care will be provided.

b) Health information for hotline support and other communicators: Gannett health care providers will develop resources to enable hotline staff and other communicators to answer questions about self-care, availability of medical and

mental health services, and other community support.

c) Student health care: Gannett Health Services is the primary care provider for Cornell students. Gannett will modify delivery of medical care services to optimize use of limited resources. Gannett will:

- Expand operations up to 24/7 as needed and as staffing allows (will require supplemental staffing, cross-training).
- Suspend non-urgent services (e.g., physical therapy, travel and allergy clinic, stable chronic problems).
- Focus resources on care for acute illnesses and injuries, including suspected influenza.
- Limit access to Gannett to ill and injured individuals only, using only the Ho Plaza entrance, with Cornell Police support if necessary.
- Use phone triage and separate waiting areas (potentially including off-site) for non-respiratory illness or injury.
- Isolate and provide care for ill individuals who cannot be isolated at home at a designated facility, staffed by trained and equipped personnel, for 5 to 14 days after onset of symptoms (depending on point in pandemic).
- Provide health information for individuals in voluntary quarantine and work with campus partners to assure support (food, etc.).
- Maintain inventories of supplies needed for providing medical care during a pandemic, including medications, IV fluids, disinfectants and personal protective equipment.
- Coordinate with Cornell University Hospital for Animals for additional supplies, equipment, and personnel.

d) Faculty and staff health care: Employees and their family members will be asked to seek care from their personal and family health care providers.

e) Hospital care: Gannett will work closely with Cayuga Medical Center and area hospitals to maximize use of limited resources.

f) Anti-viral medications and pandemic flu vaccine:

- If supplies become available, the Tompkins County Health Department may provide mass vaccine clinics in Bartels Hall. Cornell will provide support for these clinics.
- Gannett and other health care providers will be required to follow priorities for distribution delineated by the CDC and NYSDOH.

3) Mental Health Services

a) Gannett's Counseling and Psychological Services staff will focus on emergency walk-ins, telephone triage and counseling, grief counseling, consultation with Cornell staff providing support for students and community, and support for providers of medical services and patient care.

b) The Dean of Students office, Cornell United Religious Works, and Employee Assistance Program will work together to provide coordinated student and community support.

c) Resources will be developed for self-care for individuals and families.

4) Environmental Health and Safety Services

Environmental Health and Safety will maintain emergency and incident-response services, including response to alarms, medical emergencies, smoke detector issues, odor investigations, safety complaint investigations, hazardous materials incidents, etc. Services to provide fire protection system shutdowns to facilitate construction and facility maintenance work will be maintained but capacity will be reduced and provision of services may be delayed. Shutdowns for emergency maintenance purposes will take priority over normal maintenance and construction work.

Laboratory-related services (including delivery of radioactive materials and pick-up of radioactive, chemical and biological waste) will be significantly reduced or discontinued where possible. Radioactive material vendors will likely reduce or discontinue delivery of materials to campus. Local contingency plans for longer-than-normal onsite storage of laboratory waste will be developed. Plans for handling pandemic-related wastes will be developed on a site-by-site basis. Priority will be given to pandemic-based waste disposal needs and to support research deemed essential. Biological waste pickup may be increased in medical areas.

Normal safety and industrial hygiene services will be reduced or discontinued. Priority will be given to services needed to support pandemic-related issues such as personal protective equipment fit testing and training and to support emergency and incident response, including hazardous materials incidents, odor and indoor air quality investigations, and safety complaint investigations.

5) Public Safety and Security

Cornell Police will maintain emergency and incident response services, including response to intrusion alarms and crimes in progress. Responses may be delayed. Priority will be given to: 1) situations directly affecting the safety of people on campus, 2) support for health care functions and facilities, and 3) EOC operations. Services required for maintaining public order will be provided as needed, and may involve mutual aid with campus departments and other local law enforcement agencies. Available technology will be utilized to supplement the monitoring of facilities and public areas, and to assist in prioritizing calls for service.

Non-specific, non-emergency patrol services requiring an officer to leave his/her vehicle (walk-throughs, building checks) will be provided on a limited basis. Priority will be given to designated facilities and active housing facilities. It is anticipated that response to non-emergency calls for service will be delayed, limited, or suspended.

F. Information Technologies

Cornell Information Technologies will continue to manage the university's technology infrastructure supporting the central data network, voice network, and central computing systems. The majority of the technical and management staff can support services remotely. Essential staff members are equipped with systems and communications within their homes that will allow remote management of their respective areas of responsibility.

G. Student Services

1) Student evacuation

Residential and non-residential students who are able will be required to leave campus if classes are suspended due to the severity of disease outbreak. The University will close residential halls and university-owned fraternity and sorority housing in order to relocate students. Off-campus students will also be encouraged to leave the Ithaca area. To make this effort as effective as possible, Cornell will implement a coordinated transportation assistance plan focused on a large-scale student evacuation. This plan includes charter buses to selected major metropolitan areas and a ride-sharing network.

2) Student housing

All residential students who are able to leave campus will be required to do so. Exceptions will be limited to those appropriate to international students and others who have documented circumstances that merit special accommodation.

Graduate and professional school students and their families who live on-campus will be allowed to remain in their apartments; those in residence halls will be encouraged to leave campus if they can do so, or to demonstrate exceptional circumstances that merit special accommodation.

Campus Life has identified housing for well students and for students who are ill, in quarantine, or in recovery.

3) Dining

During a pandemic event, Cornell Dining will provide dining services to residential communities, and will operate at least one central campus facility to serve students, faculty and staff. Cornell Dining will serve off-campus students with meal plans in facilities serving residential students; all other students will be accommodated on a "space as available" basis in residential and central campus facilities [see chart on page 18].

H. Transportation

Transportation and Mail Services will coordinate with Tompkins-Cortland Area Transportation (TCAT) to address the transportation needs of employees and students to and from campus. Bus services will be provided to employees in support of essential service business activities.

Working with TCAT and the Tompkins County Health Department (TCHD), Cornell will anticipate and develop a

transportation plan. Family members and specially-equipped, trained personnel will be responsible for transporting employees and students known to be ill. In general, Cornell does not have the resources to transport the non-Cornell public. The University, at its discretion, may make special provisions for transportation needs deemed necessary. TCHD will be responsible for planning transportation of community members to and from a vaccination center.

If classes are suspended and residence halls closed, Transportation and Mail Services will work closely with the Division of Student and Academic Services to assist students and coordinate transportation out of Ithaca.

Every August and May, Transportation and Mail Services coordinates traffic control with Campus Life and Cornell Police for the movement of large numbers of students onto and off of campus. Plans formulated and used for those purposes, such as the established Fall Opening Plan, will be utilized to the extent possible in an evacuation.

During a pandemic, Transportation & Mail Services will coordinate with Cornell Police to control traffic circulation on campus for access to essential facilities, parking and vendor/service delivery. In the event that mass vaccination clinics will be held, the university will work closely with the Tompkins County Health Department to coordinate schedules.

I. Travel

As a university with global outreach, Cornell's faculty, students and staff travel in large numbers to many locations across the planet. As international travel increases, so do risks, from personal health emergencies to dangerous political, social or environmental conditions and outbreaks of disease.

Cornell travelers should incorporate emergency planning into all travel abroad. Resources for Cornell travelers are available at <http://www.international.cornell.edu/topic/travel/>. This link includes access to the International SOS service (ISOS), the university's international insurance carrier.

All faculty, students and staff, including people enrolled in study abroad programs and Cornell Adult University, are automatically covered under the ISOS program while they travel on university business. Cornellians can also purchase insurance from ISOS for personal travel through the online link. On-the-road assistance can be improved if travelers register with ISOS before every trip and provide details about their itinerary and personal medical profiles. Travelers going to high-risk areas should also register with the U.S. State Department.

1) Travel during a pandemic alert and pandemic period.

When a pandemic alert is announced by global health officials at the WHO and CDC, the University Provost will make decisions about restrictions for Cornell travelers, both international and domestic, after receiving consultation and advice from the International Travel Response Team. The Team shall make recommendations to the Provost (or designee) on international travel, based upon the health risk to Cornell students and employees. The Team, a subset of the CEMC, is composed of individuals from the following

areas: Risk Management, Gannett Health Services, Legal, Communications, Provost Office and others who are charged with monitoring the international situation and the spread of the pandemic virus. The Team can also restrict travel to areas that are deemed unsafe due to other reasons and may call in other experts to make such determinations.

The University will make every effort to issue any University travel restrictions directive prior to any governmental action that may restrict travel; however, no guarantee can be made. There will be no reimbursement of travel outside Ithaca to areas that have been placed under a travel restriction.

Issues of course credit or additional cost due to trip cancellations are the responsibility of the unit. Units are required to place the safety of individuals foremost in their decision-making process.

The University will not take responsibility for anyone who does not adhere to University travel restrictions directives. It is extremely unlikely the University or its service providers will be able to provide any support to individuals traveling internationally once a pandemic flu event starts. If travel is impossible, travelers should make arrangements to shelter in place for the duration of the pandemic event.

Enforcement and communication of travel restrictions to staff, students and faculty will be the responsibility of the college and/or University unit financially supporting the travel. If an evacuation back to the United States is ordered, units will be required to help the University International Travel Response Team identify individuals who need assistance, communicate to these individuals, and provide support to the central services as needed and requested.

For those who may be returning from a high-risk area, the University will set policies about return to campus based on public health recommendations and requirements at the time. Generally travelers may be advised to restrict their interactions with members of their families and the Cornell and Ithaca communities for a period of time to insure they don't spread the pandemic virus to the local community.

2) Planning guidelines for international travelers.

Travelers may want to consult with the Department of Risk Management and Insurance for advice during the trip planning stage for the latest information on the risk of the pandemic. Other advice includes:

- 1) Become familiar with the safety, health and security of the countries to be visited. The U.S. State Department's web site at http://travel.state.gov/travel/travel_1744.html includes information about potential trouble spot and lists countries under official Travel Warnings.
- 2) Register with Cornell's ISOS before leaving the United States.
- 3) Go to Gannett Health Services' Travel Clinic to get necessary immunizations and additional medical advice before the trip.
- 4) Make sure to have international health insurance. Know where Western medical centers are located.
- 5) Always have a method (and backups) of communication to the United States.

IV. Essential Services and Facilities

A. Employees

Housing and meals will be provided for central essential services staff who are required to stay on campus.

B. Services

The following areas have been identified as central essential service functions critical to the response to the pandemic:

- 1) Campus Life
- 2) Cornell Information Technologies
- 3) Cornell Police
- 4) Environmental Health and Safety
- 5) Facilities Services
- 6) Gannett Health Services
- 7) Human Resources
- 8) Purchasing
- 9) Risk Management
- 10) University Communications

The following buildings have been identified for dining services and student housing:

Well Student Housing
Balch Hall
Bethe House
Court, Bauer, Kay Halls
Donlon, Mews, Becker Halls
Hasbrouck, Maplewood Park
Holland International Living Center
Hughes Hall
MacFaddin Hall
Risley Hall
Schulyler House
Dining
Appel Commons, North Star, Trillium
Bethe House Dining
Robert Purcell Marketplace

The listed facilities will receive these infrastructure services:

- IT support (Internet, desktop, servers, data/phone communications)
- Facilities building maintenance, limited custodial and grounds services, etc.)
- EH&S (maintenance, emergency response, hazardous waste disposal)
- Cornell Police (patrol, incident response, crowd control)
- Transportation Services
- Utilities (heating, cooling, building systems, potable water, electricity, **fuel for generators**)

C. Facilities Designated for Use During the Pandemic

If the University suspends classes and non-essential functions, the following buildings have been designated as centers for essential operations:

Animal Health Diag. Center	Animal testing, overflow lab assistance to Gannett
Balch Hall	Campus Life Dining and Student Housing offices
Bartels Hall	Public health and treatment of ill patients; designated vaccine facility for Tompkins County
Barton Hall	EOC and Cornell Police; isolation of ill patients
Cascadilla Hall	Recovering patients
Central Heating Plant	Utilities
Chilled Water Plants I/III	Utilities
CCC Building	CIT backup servers, phone switches
CU Hospital for Animals	Animal health services; backup human medical facility
Day Hall	EEMT, Human Resources, University Communications
Ecology House	Quarantine facility
EH&S Palm Road Facility	EH&S and emergency response; backup EOC
Friedman Center	Medical waste storage
Gannett Health Services	Public health and treatment of ill patients
Grounds Facility	Roads/pathway snow removal
Humphreys Service Building	Facilities Services
Lynah Rink	Morgue
Rhodes Hall	CIT, EOC, NOC
Teagle Hall	Laundry
Water Filtration Plant	Utilities
Willard Straight Hall	Dean of Students support; health care surge facilities

V. Communications

Communication is a vital component of emergency planning and response. Cornell has embarked on a continuous public information campaign to inform the campus community and public about the pandemic influenza threat and the University's plan to prepare for, respond to, and recover from a pandemic. Gannett Health Center conducts an ongoing campaign for public health that includes distribution of health information materials across campus and free flu shot clinics every year for students, faculty and staff. Gannett also maintains a website with current information about pandemic influenza, with links to global monitoring sites, at www.gannett.cornell.edu/pandemicflu.

A. Communications for a Pandemic Health Emergency

Mike Leavitt, secretary of the U.S. Department of Health and Human Services, has said that "communication is the heart of our planning" for pandemic influenza. It is essential that effective and coordinated communications be established well before the onset of a pandemic. As the Centers for Disease Control and Prevention (CDC) notes in its handbook on crisis and emergency risk communication for pandemic, "Understanding what an influenza pandemic is, what needs to be done at all levels to prepare for a pandemic, and what could happen during a pandemic, helps us make informed decisions, both as individuals and as a nation." It continues: "Well-planned and well-executed crisis and emergency risk communication, fully integrated into every stage of the pandemic influenza planning and response, can give the organization the critical boost necessary to ensure that limited resources are efficiently directed where truly needed. A severe influenza pandemic will take a physical, emotional, and societal toll on the U.S. population. Crisis and emergency risk communication principles will ameliorate some of the expected negative outcomes."

When people are under stress, they often have difficulty understanding and remembering information. The World Health Organization (WHO) advises, "Good communication can rally support, calm a nervous public, provide much-needed information, encourage cooperative behaviours and help save lives." A strong, centralized communications strategy is important in order to present effective messages during a pandemic.

The goals of Cornell's pandemic communications plan are to:

- 1) Create awareness about the serious nature of the pandemic threat.
- 2) Inform community members about ongoing health mitigation measures such as free flu shots and the availability of hand sanitizers.
- 3) Generate campus community involvement in pre-pandemic planning.
- 4) Educate the campus community about the pandemic plan and every member's potential role in responding to the crisis.

- 5) Provide timely and effective information during a pandemic that will help reduce illness, save lives, and maintain essential University operations.

- 6) Aid in the restoration of normal operations when the pandemic is over.

B. Updates of Pandemic Status

During a pandemic, it is critical that University communicators deliver unified messages with accurate and timely information. News and information related to the University's planning and response to pandemic will be distributed by the Division of University Communications. As a pandemic threat increases and unfolds, Cornell will progressively respond to the ongoing situation, utilizing these information tools to disseminate information to the campus community, parents, and public:

- 1) Daily alerts on cornell.edu, CUINFO and other web sites.
- 2) A dedicated website containing updates relating to campus policies and operations
- 3) News advisories and media interviews with Cornell experts.
- 4) Ongoing coverage in the Cornell Chronicle Online.
- 5) E-news distribution.
- 6) E-mail advisories to students, employees, and targeted audiences.
- 7) Broadcast media (radio, television, podcasts, webcasts).
- 8) Printed materials.
- 9) Activation of telephone hotlines.

C. Pandemic Communications Roles and Responsibilities

The Division of University Communications is responsible for the primary coordination, development, and dissemination of information to internal and external audiences. During a pandemic, as in other emergencies, its role in the development and distribution of accurate and timely messages is vital. The division's critical roles and responsibilities are shown in the following chart:

Vice President for University Communications (VPUC):	Serves as university spokesperson. Approves central university communications prior to release. Prepares communications for president and provost. Oversees Emergency Communications Team.
University Communications Operations Director:	Convenes and manages Emergency Communications Team.
Strategic Communications Director:	Serves as communications liaison to the Cornell Emergency Management Team (CEMC). Edits and writes pandemic communications.
Press Relations Office (PRO):	Prepares media releases and advisories. Organizes press conferences. Fields inquiries from outside media. Arranges media interviews with Cornell officials and experts. Escorts media when they are on campus.
Office of Web Communications (OWC):	Updates pandemic and emergency web pages. Posts university operating status information. Maintains and establishes links to on- and off-campus websites. Monitors websites, social networking sites and blogs for rumor control.
Cornell Chronicle Online:	Provides ongoing news coverage of the pandemic and university response. Distributes e-news updates.
Campus Relations:	Oversees messaging to visitors. Adjusts or cancels campus tours as needed. Supervises University switchboard and its messaging. Communicates with university assemblies. Assists OWC in monitoring for rumor control.
Office of Public Affairs:	Oversees broadcast communications. Serves as liaison to campus communication directors and staff for pandemic messaging.
Publications and Marketing and University Photography:	Prepares print and web informational materials.

D. Role of College and Division Communication Directors and Staff

Campus communication directors and staff have a very important role to play during a pandemic. They are a critical source of support and information to their own colleges and divisions. They are also an important resource for University Communications as its staff seeks news from the units and develops pandemic messaging.

Communication directors should partner with their college and unit emergency coordinators so that they are fully aware of the details of their unit emergency plans. Those plans must include the maintenance and utilization of internal communications networks (telephone trees, e-mail lists, etc.).

Because of the importance of unified messaging during a pandemic, it is critical that communication directors work closely with University Communications so that communications are tightly coordinated. University Communications staff will reach out to directors to keep them fully informed of the most timely news and messaging about the ongoing emergency. Communication directors should use their internal networks to help educate and inform their colleagues about the status of the pandemic and current university response.

E. Internal Tracking and Information Sharing

The Cornell Emergency Management Team (CEMC) will set up mechanisms for units to report the following information and will share it with university leadership and campus operations groups:

- 1) Faculty and staff
 - a) Job reassignments
 - b) Reporting ill
 - c) Traveling abroad and their status
- 2) Reported fatalities
- 3) Students
 - a) Housing status
 - b) Quarantined
 - c) In isolation
 - d) Reporting ill
 - e) Travel rosters for evacuation
 - f) Traveling abroad and their status
- 4) Transportation
 - a) Evacuation rosters
 - b) Evacuation schedules

Instructions for reporting will be distributed to units and posted on the Office of Emergency Planning and Recovery website at www.epr.cornell.edu.

VI. Business Continuity and Recovery

A. University Level

At the University level, central essential services must have emergency response business recovery plans. Purchase of supplies will need to be expedited. Building maintenance will need to continue and computer infrastructure must be maintained. It is anticipated that a pandemic will result in interruption of services and a shortage of supplies and fuel. Identifying contingency plans for sustaining basic functions in case of loss of telecommunications, utilities, and IT capability will be included

B. College/unit Level

Academic departments and faculty must have contingency plans for education and research (i.e., completion of courses if classes must be suspended for some period of time, continuation of research, etc.). All colleges and major administrative divisions must have plans in place to ensure that operations resume quickly after the health threat has subsided. Per current University Policy 2.10 – Emergency Planning, local colleges and administrative divisions should have emergency planning documents already on file. A new on-line emergency planning and business recovery system is being deployed to enhance current emergency planning efforts. This system has been developed to assist colleges and divisions in determining their requirements for safe shutdown (suspension) and safe, efficient start up of their operations.

VII. Testing the Plan

Planning is not enough; the plan must be tested and rehearsed. Rehearsing various scenarios offers individuals an opportunity to act out their roles and identify the types of information and communication that is critical for them to function effectively in an emergency situation. It also allows participants to identify gaps or weaknesses in the plan. Potential tools include tabletop exercises or enrollment in programs like the National Incident Management System (NIMS) training/certification.

Area	Group(s)	Training Focus
Executive Level Training	Executive Emergency Management Team (EEMT)	Senior administrators will review plans and practice making key decisions impacting the University and local community.
Invoking the Plan and Emergency Operations Oversight	Cornell Emergency Management Team (CEMC)	These members are the functional experts and will focus on making immediate and strategic decisions for responding to an emergency event and the recovery after.
Essential Services	Gannett Health Services Cornell Police Environmental Health & Safety Facilities Services Student and Academic Services Cornell Information Technologies Purchasing Transportation Human Resources University Communications	Essential Service units will train around response within their own operations and across several essential service disciplines. (E.g., evacuation procedures could involve a training scenario which would involve CUP, EH&S, Facilities, SAS, and Transportation.)
Local Colleges/Divisions	Colleges, Divisions, Departments	These groups will focus mainly on planning for, responding to, and recovering from an emergency as it relates to their specific unit, department, or college.

APPENDIX A

Cornell Resources

Plan Development Assistance:

Peggy Matta	Plan Coordinator/Infrastr Services Lead	255-4393	mem25
Rich McDaniel	Co-Chair/Governance Lead	255-2907	rwm2
John Siliciano	Co-Chair/Academic Lead	255-3062	jas83
Betsy Shrier	Human Resource Lead	255-3983	eas6
Janet Corson-Rikert	Health Services Lead	255-3564	jlc18
LeNorman Strong	Student Services Lead	255-5511	ljs31
Mike Powers	Communications Lead	255-1573	ffp1
Linda Grace-Kobas	Communications Lead	255-4655	lg16
Norma Schwab	Legal Lead	254-8341	nws3
Allen Bova	Risk Management Lead	255-1575	ajb4
Christine Stallmann	Environmental Health and Safety Lead	255-4125	cmc353
Paul Streeter	Finance Lead	255-2676	ps33

Web Resources:

College of Veterinary Medicine Avian Flu Site: www.vet.cornell.edu/news/AvianFlu

Cornell Chronicle Series on Avian Flu: www.news.cornell.edu/Chronicle/features/avian_flu/avian_flu.shtml

Cornell Cooperative Extension Disaster Education Network (EDEN) Influenza Pandemic site: <http://emergencypreparedness.cce.cornell.edu/articles/homedetails/17>

Cornell University Emergency Personal Planning

www.cornell.edu/emergency/planning/personal

Gannett Health Center Pandemic Flu Home Page: www.gannett.cornell.edu/pandemicflu

Lab of Ornithology: www.birds.cornell.edu/birdflu

APPENDIX B

Non-Cornell Resources

Websites:

Centers for Disease Control and Prevention: www.cdc.gov/flu/tools/fluid

New York State & Local Planning & Response Activities: www.pandemicflu.gov/plan/states/newyork.html

U.S. Department of Health and Human Services: www.pandemicflu.gov

World Health Organization Epidemic and Pandemic Alert and Response: www.who.int/csr/disease/avian_influenza/phase/en/index.html

National Strategy for Pandemic Influenza Implementation Plan One Year Summary: www.whitehouse.gov/homeland/pandemic-influenza-oneyear.html

Hotlines:

CDC-INFO: 800-CDC-INFO (800-232-4636) (Available 24/7) Email: cdcinfo@cdc.gov

USDA Animal Health: 202-720-4623

USDA Report Sick Farm Birds: 866-536-7593

USDA Meat and Poultry Hotline: 888-MPHotline (888-674-6854)

APPENDIX C

Flu Prevention Measures: Purchasing

Flu Prevention Campaign & Hand Sanitizers

By recommendation of the University's Pandemic Planning Committee, and after product review by Gannett Health Services, the Office for Purchasing Services has negotiated a University program for Hand Sanitization to assist in flu prevention and general campus health.

Product may be purchased through Horwitz Supply and is manufactured by Dial Corporation. The program includes wall mounted units with refills, and personal hand held sizes. Descriptions & pricing are below.

IDH	Item No	Description	Size	UM	Cost	
723846	01509	Dial Instant Hand Sanitizer Spring Pure	2 oz	Ca/24	\$29.75	
724605	00685	Dial Instant Hand Sanitizer w/Moisturizers	4 oz.	Ca/24	\$32.82	
724616	01585	Dial Pump Hand Sanitizer w/ Moisturizers	7.5 oz	Ca/12	\$28.25	
724726	95862	Dial Instant Hand Sanitizer / Moisturizers*	Refill	800ml	Ca/12	\$54.73
4639	03226	Model 22-Wall Mount Dispenser for 800 ml White	800ml		n/c	

*Fits Dispenser 03226/03228

Additional information may be acquired by contacting Mike Winters of the Office for Purchasing Services, or Cliff Thoma of Horwitz Supply. Contact information is below.

Michael Winters
 Office for Purchasing Services
 373 Pine Tree Road
 Ithaca, New York 14850
 t.607.255.5674
 f.607.255.9450
 e.mgw3@cornell.edu

Cliff Thoma
 Horwitz Supply
 340 Oakwood Ave
 Elmira Heights, New York 14903
 t. 800-836-7110
 f. 607-767-1998
 e.CliffT@HorwitzSupply.com

APPENDIX D

Cornell Incident Management Escalation Procedures

The key to successful response to and recovery from an emergency event is good, solid management leadership during an event. Following is the incident escalation process for the campus:

Level 1-Immediate Response (all emergencies)...the AVP-Cornell Police (or his designee) is the Cornell Incident Commander

As first responsible university official on the scene, the AVP-Cornell Police (or his designee) is empowered to take all reasonable measures deemed necessary to preserve health & safety including:

- Deploy appropriate resources to the scene
- Call in other agencies as needed
- Apply immediate remedies as necessary
- Communicate with stakeholders on the scene or potentially at risk
- Notify Press Relations Office, the SAS Crisis Manager (student) and/or the Human Resources Crisis Manager (staff)
- Notify key campus officials including senior executives as appropriate
- When appropriate, confer with the EVP and other core campus executives (VP for RMPS, VP for Student and Academic Services, VP for University Communications)

Note... The Cornell Police will manage the incident until resolved or escalated.

Level 2-1st Escalation...managed by the Executive Vice President

If in the judgment of the AVP-Cornell Police or his designee or a more senior official (having been notified) it is deemed necessary to enlist a broader group in managing the incident the following will happen:

Convene the Incident Executive Leadership Team... The VP for RMPS will convene the Incident Executive Leadership Team. This group will provide leadership and make decisions as appropriate to respond to the emergency situation. Team membership is as follows:

- Executive Vice President
- VP, Student and Academic Services
- VP, Human Resources
- VP, Risk Management and Public Safety
- VP, University Communications
- Vice Provost
- Associate Vice President/Chief, Cornell Police
- Director, Environmental Health & Safety
- Executive Director, Health Services

Other executives will be added as deemed necessary on an incident-by-incident basis.

- Organize an ad hoc incident support team... As appropriate, the VP for RMPS will assemble a group of functional experts, who using incident management procedures, will assist in managing operations more formally.

Note... The leadership team is empowered to make decisions during a campus emergency. Responsible officials will manage the incident until resolved or escalated.

Level 3-2nd Escalation...managed by the President

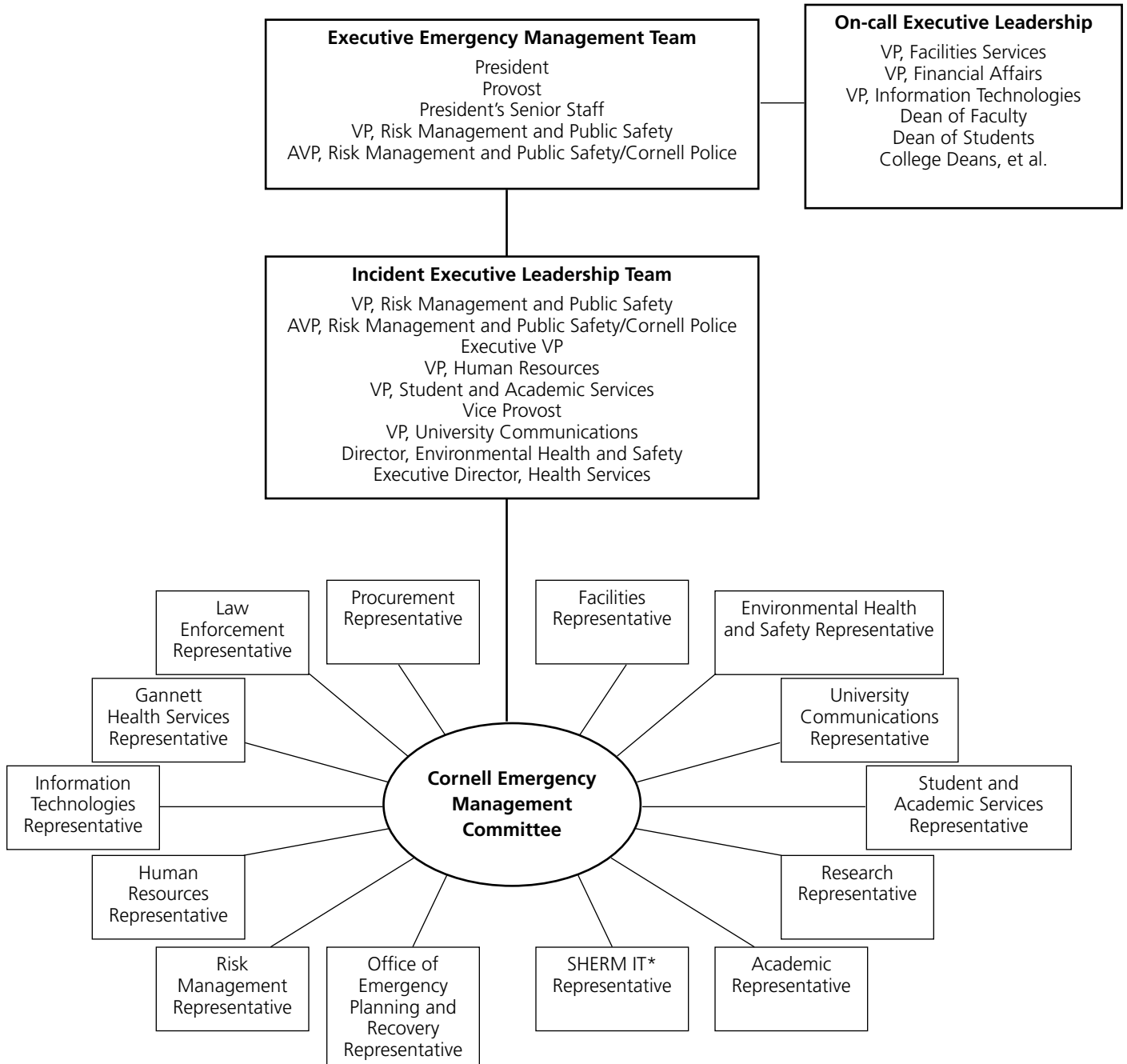
With advice and counsel from the Incident Executive Leadership Team, the President will:

Convene the Executive Emergency Management Team (EEMT)... A core team membership that will include the President's Senior Staff, the Vice President for RMPS, the AVP for RMPS/Cornell Police and anyone else that was involved if the incident escalated up from Level II. Additional members will be added as dictated by the availability and the nature of the emergency at hand. **All executive staff will be put on call throughout the emergency.**

Convene (partially or wholly) the Cornell Emergency Management Committee (CEMC)... The CEMC is comprised of a group of trained functional experts who will, using NIMS-compliant incident management procedures, manage operations during the

incident. It will convene at the designated emergency operations center location (Barton or Palm Road).

Note... The EEMT-CEMC will retain leadership of the incident until it is formally disbanded and the emergency is resolved or deescalated.



* Safety, Health, and Environmental Risk Management Information Technology

APPENDIX E

Planning Organization

Pandemic Flu Steering Committee:

In February 2006 the president and senior staff created a task group to develop a plan to prepare for a potential outbreak of pandemic influenza. This team would draw upon the university’s existing plans for health and safety issues and emergency preparedness.

Specifically the team would:

- 1) Develop policies and short-term and long-term procedures to guide the university’s preparedness in anticipation of an outbreak of pandemic flu;
- 2) Identify critical resources, supplies and materials the university would need to have available to address such an emergency and how best to obtain them and,
- 3) Identify key factors or conditions that will trigger critical decision-making on the part of the university, and recommend who will need to make those critical decisions and what they should be.
- 4) Ensure all decisions are in accordance with local, State and Federal authorities.

The team consists of the following members:

Janet Corson-Rikert, co-chair*	University Health Services
John Siliciano, co-chair*	Academic Matters
Rich McDaniel, co-chair*	Business Services & Environmental Safety
Polley McClure	Information Technologies
Curt Ostrander	Cornell Police
Norma Schwab	Office of the University Counsel
Christine Stallmann*	Environmental Health & Safety
Peggy Matta*	Executive Vice President’s Office
Phil Cox	Facilities Services
Diane Thurm	Payroll Office
Mike Winters	Purchasing Office
Betsy Shrier *	Human Resources
Cathy Long	Research Administration
Allen Bova*	Risk Management
LeNorman Strong*	Student Services-Residential/Dining
Kent Hubbell	Dean of Students
Mike Powers*	University Communications
Tommy Bruce	University Communications
Kristen Mahoney	College Representation (HumEc)
Alfonso Torres	College Representation (CVM)

*Denotes essential services area lead.

Pre-event Planning Groups:

Planning activities during Phase 3 are the responsibility of the following committees:

1) Pandemic Steering Committee: This group was commissioned by the President's senior staff to develop short-term and long-term policies and procedures to:

- a) guide the university's preparedness in anticipation of an outbreak of pandemic flu;
- b) identify critical resources, supplies and materials the university would need to address such an emergency and how best to obtain them (inventory, contract, etc.); and
- c) identify key factors or conditions that will trigger critical decision-making on the part of the university, and recommend who will need to make those critical decisions and what they should be.

2) Cornell Emergency Management Committee: This committee is charged with providing University oversight, coordination, and leadership for the promotion of activities and services that reduce or eliminate risk to people and property from incidents or events and their effects (mitigation); to adequately prepare the University, through the use of emergency planning efforts and training (preparedness); to ensure that emergencies will be responded to effectively, minimizing the loss of lives and property damage (response); and to ensure that business recovery plans are in place so that recovery efforts can begin immediately after the emergency, ensuring return of systems and business activities (recovery). This committee is governed by Policy 2.10.

3) Executive Committee on Campus Health and Safety: This committee serves as the senior council in decisions to keep our campus and its people safe and healthy, and to protect its environment. The committee reviews proposals and recommends changes to health, safety, and environment operating policies and procedures. The committee recommends courses of action and/or solutions to the President.

4) Avian Influenza Coordinating Group: This committee is an advisory group that would be convened if a highly pathogenic avian flu virus has been identified in birds in the United States. Committee members include representatives from the College of Veterinary Medicine, College of Agriculture and Life Sciences, Cornell Cooperative Extension, the Lab of Ornithology, Gannett Health Services, Environmental Health and Safety, University Communications and Community Relations.

5) International Travel Response Team: This group is formally charged with aiding and advising Cornell travelers and would be convened when reports emerge that there are clusters of human-to-human transmission of pandemic virus overseas. Members include the Vice Provost for International Relations, director of Gannett Health Services, director of Risk Management and Insurance, University Counsel, director of Cornell Police and the vice president for University Communications.

APPENDIX F

Cornell Unit Plan Matrix for Pandemic Flu

The specific course of a given pandemic will be known fully only in retrospect. However, the experience of history, tools of modern epidemiology, and extensive planning by international, national, and state governmental agencies provide useful information on which to base more localized planning.

Cornell's planning parameters describe challenges Cornell should anticipate related to events leading up to and including a full-blown pandemic, as well as the central university actions that will be taken at each event level. Each college, school, and unit will be expected to expand on the planning scenario to anticipate ways in which their areas will be affected during each event level and to develop specific action plans consistent with these planning parameters [see Table 3 on pages 10-12].

The planning matrix is in development.

APPENDIX G

Control of Pandemic Flu Virus on Environmental Surfaces in Homes and Public Places

This fact sheet from pandemicflu.gov explains how cleaning and disinfecting surfaces in homes and public places (like schools and workplaces) can help to prevent the spread of pandemic influenza (flu).

How Flu Viruses Spread

- * A flu pandemic is an outbreak of illness caused by a new flu virus that spreads around the world. Because the virus is new to people, nearly everyone will be at risk of getting it.
- * The main way that illnesses like colds and flu are spread is from person to person by coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person move through the air and make contact with the mouth or nose of people nearby.
- * Droplets from an infected person can also make contact with environmental surfaces (like the tops of tables). The virus can then be spread from those surfaces if a person touches the droplets and then touches his or her own eyes, mouth, or nose before washing his or her hands.
- * The virus also can be spread when an infected person coughs or sneezes into his or her hands and then touches a surface (like a phone, remote control, or toy) before washing his or her hands. Another person could become sick if he or she touches that surface and then touches his or her own eyes, mouth, or nose before washing. Flu viruses and other germs can live 2 hours or longer on hard environmental surfaces like tables, doorknobs, and desks. Surfaces are likely to be touched much more often than they can be cleaned and disinfected. Thus, it is important to wash your hands often, keep your hands away from your face, and keep such surfaces clean to help prevent the spread of germs.

How to Stop the Spread of Pandemic Flu Virus from Environmental Surfaces

Use good hygiene practices

- * Cover your mouth and nose with a tissue when you cough or sneeze; put the used tissue in a waste basket and clean your hands.
- * Cover your mouth and nose with your upper sleeve (not your hands) if you do not have a tissue and need to cough or sneeze.
- * Clean your hands as soon as possible after coughing, sneezing, or blowing your nose.
- * Use soap and water and wash your hands for 15 - 20 seconds; or use alcohol-based hand wipes or alcohol-based (60-95% alcohol) gel hand sanitizers; rub these on the hands until the liquid or gel dries.
- * Clean your hands often when you or others are sick, especially if you touch your mouth, nose, and eyes.
- * Always clean your hands before eating.
- * Carry alcohol-based hand wipes or alcohol-based (60-95% alcohol) hand-sanitizing gels with you to clean your hands when you are out in public.
- * Teach your children to use these hygiene practices because germs are often spread at school.

Clean and disinfect hard surfaces and items in homes and schools

- * Follow label instructions carefully when using disinfectants and cleaners.
- * Pay attention to any hazard warnings and instructions on the labels for using personal protective items (such as household gloves).
- * Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.
- * Keep hard surfaces like kitchen countertops, tabletops, desktops, and bathroom surfaces clean and disinfected.
- * Clean the surface with a commercial product that is both a detergent (cleans) and a disinfectant (kills germs). These products can be used when surfaces are not visibly dirty. Another way to do this is to wash the surface with a general household cleaner (soap or detergent), rinse with water, and follow with a disinfectant. This method should be used for visibly dirty surfaces.

- * Use disinfectants on surfaces that are touched often. Clean the surface as explained above before using disinfectants.
- * If disinfectants are not available, use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water; use a cloth to apply this to surfaces and let stand for 3 – 5 minutes before rinsing with clean water. (For a larger supply of disinfectant, add 1/4 cup of bleach to a gallon [16 cups] of water.) Wear gloves to protect your hands when working with strong bleach solutions.
- * Keep surfaces touched by more than one person clean and disinfected. Examples of these surfaces include doorknobs, refrigerator door handles, and microwaves.
- * Clean with a combination detergent and disinfectant product. Or use a cleaner first, rinse the surface thoroughly, and then follow with a disinfectant.
- * Use sanitizer cloths to wipe electronic items that are touched often, such as phones, computers, remote controls, and hand-held games.
- * Use sanitizer cloths to wipe car door handles, the steering wheel, and the gear shift.

Use recommended laundry practices

- * Gently gather soiled clothing, bedding, and linens without creating a lot of motion or fluffing; for example, do not shake sheets when removing them from the bed.
- * Clean your hands after handling soiled laundry items.
- * Use washing machine cycles, detergents, and laundry additives (like softener) as you normally do; follow label instructions for detergents and additives.
- * Dry the cleaned laundry items as you normally do, selecting the dryer temperature for the types of fabrics in the load. Line- or air-drying can be used to dry items when machine drying is not indicated.
- * Clean your hands before removing clean laundry from the washer or dryer, especially if you have coughed or sneezed on your hands.

Use recommended waste disposal practices

- * Toss tissues into waste baskets after they have been used for coughs, sneezes, and blowing your nose.
- * Place waste baskets where they are easy to use.
- * Avoid touching used tissues and other waste when emptying waste baskets.
- * Clean your hands after emptying waste baskets.

Additional Information

Disinfectant products (sanitizer cloths and liquid disinfectants) available from grocery stores, hardware stores, and commercial cleaning product suppliers have been registered with the U.S. Environmental Protection Agency (EPA). Always follow label instructions carefully when using these products. For more information about EPA-registered disinfectants, visit www.epa.gov/oppad001/chemregindex.htm. For more information about cleaning and disinfection of surfaces to protect against pandemic influenza virus, consult “Interim Guidance on Environmental Management of Pandemic Influenza Virus.” To learn more about pandemic influenza, visit www.pandemicflu.gov.

