

PANDEMIC INFLUENZA

Trigger Guide



Influenza Trigger Activation Guide

Disaster Resistant California Community College Task Force

This guide is consistent with the DRCCC Pandemic Influenza Emergency Operation Plan and provides a list of suggested monitoring “triggers” which can be established prior to a pandemic influenza outbreak to facilitate a consistent and effective response within College of Marin. This guide was developed based on CDC recommendations, the Department of Homeland Security, and the Center for Domestic Preparedness course titled Pandemic Influenza Planning and Preparedness CDP 001-06.

The College of Marin H1N1 Task Force is responsible for the oversight of the implementation of this plan. They represent and provide input to the following:

Campuses

- Deans and Administration
- Faculty

District

- Superintendent/President
- Vice Presidents
- Executive Dean Human Resources
- Student Health Services
- Emergency Management Coordinator
- District Police / Health and Safety
- Public Information Office / Communications and Community Relations

The H1N1 Task Force will develop and provide recommended policies and response procedures to the Superintendent/President’s Office beginning with a Pre-Semester or Pre-Event Prevention Planning phase as defined in Trigger #1 below. This first step is a planning educational phase which should be initiated prior to the start of semester classes in anticipation that such an event could spread to the college at any time during the semester.

Trigger #1 - Pre-Semester Prevention/Planning phase

1. *Assess county influenza impact status on H1N1 outbreak and develop a response plan to mitigate impact on the District. The H1N1 Task Force will be responsible for implementing the response plan upon direction from the Superintendent/President’s Office.*
2. *Create and implement prevention campaign for proper hygiene and disinfecting protocols.*
 - a. Obtain poster information from CDC to print, distribute, and post in high visibility areas.
 - b. Post available videos demonstrating proper coughing/sneezing techniques on Web site.
 - c. Provide disinfecting dispensers in high-use areas.

- d. Provide disinfecting wipes in offices and labs where equipment is shared.
 - e. Provide custodial staff training on influenza cleaning and disinfecting protocol.
 - f. Educate students on wiping keyboards and headsets with disinfecting wipes.
 - g. Disseminate this information via the President’s Monday Briefing and Student and Faculty MyCOM Portal.
3. *Create Absentee Surveillance Program know as the Influenza Tracking Program*
- a. Establish person or department responsible for monitoring changes in absenteeism in selected classes, programs, and departments.
 - b. Assign Tracking contact person for each campus, building, and site if needed.
 - i. Kentfield Campus – *June Lee*
 - ii. Indian Valley Campus – *June Lee*
 - c. Establish tracking system to collect and report the weekly absentee status to Health Services Coordinator
4. *Address mitigation strategies*
- a. Create and establish District-wide policies
 - i. Emergency Declaration – campus-specific and/or District-wide
 - ii. Emergency employment HR policies
 - 1. Mandatory vs. voluntary release from work due to influenza like illness (ILI)
 - 2. Use of sick-time for primary illness
 - 3. Extended use of sick time for care of family member with ILI
 - 4. Employees sick with no sick/vacation time remaining
 - 5. At work social distancing for high-risk employees i.e. pregnant, immune suppressed, etc.
 - b. Implementation of Disaster Service Worker (DSW)
 - i. Notifying all District employees of state requirement and providing information via Web site, flyers, and training on their role as a DSW.
 - ii. Incorporate Academic Senate, Faculty, and Classified, etc. unions to support and disseminate this information.
 - c. Initiate instructional delivery methods awareness with faculty, staff, and students.
 - i. Explore alternate makeup approaches for ill students who may miss several days or more.
 - ii. Give clear direction on absentee policy for students.
 - iii. Identify back-up process for critical classes in the event of an Instructor becoming ill.
 - d. Identify critical departments and their functions

- i. Have each department identify their critical functions and those that are considered non-essential.
 - ii. Critical departments such as Student Health Center, Maintenance and Operations, Student Services, Public Safety and Emergency Operations need to develop contingency plans for reduced workforces.
 - iii. Identify a back-up person for each of these functions should the primary employee become ill.
 - iv. Identify functions or roles that can, if needed, be done at a remote site or home – telecommuting for employees who must care for ill family member(s) or recovering from illness but must still stay in isolation.
5. *Purchasing of Personal Protective Equipment (PPE) for first responders.*
- a. Standardization for N95 testing protocol
 - b. Hand sanitizers
 - c. Protective eye ware
 - d. Gloves
 - e. Other PPE as determined by the District disinfecting policy

Trigger #2 - Start of Semester

1. *Initiate Influenza Tracking Program*

Tracking program will begin after the second week of classes to allow for students to add and drop courses.

- a. Absentee notification trigger
 - i. More than two (2) weeks of continued rise in absenteeism.
 - ii. Spikes of absenteeism over your usual anticipated levels of absences from one week to the next.
- b. Student attendance
 - i. Predetermined classes or large forums will be notified if they will be sampled as part of the tracking program.
 - ii. Participating faculty and students would be briefed on the purpose.
 - iii. Attendance should be taken on the same day of each week to maintain continuity of reporting.
 - iv. The goal is to identify possible outbreaks to then be able to provide specific direction and procedures to safeguard the health of both students and instructors.
 - v. A simple survey can be answered to allow Student Health Services and the District's Emergency Management Coordinator to provide assistance where needed.
 - vi. Student Health Services will provide a weekly status report to the District's H1N1 Task Force and its core Executive Committee.

- c. Administration attendance
 - i. Multiple employees in a department or common area report ILI symptoms and/or home ill.
 - ii. Employee or family member(s) test positive for H1N1
 - d. Faculty attendance
 - i. If multiple faculty reports ILI symptoms or are home ill
 - ii. If faculty report ILI symptoms and have reported increase in student absenteeism or had a student test positive for H1N1
2. *Initiate District-wide media awareness program*
 - a. Hygiene campaign on proper coughing, sneezing, and hand washing.
 - b. "Wipe Away" campaign to disinfect shared keyboards, telephones, and workspaces.
 - c. Social Isolation when ILI present – stay home when sick campaign
 - i. e-mail
 - ii. Web site
 - iii. President's Monday Briefing
 - iv. Department meetings
 - v. Flyers and/or posters
 3. *Initiate pandemic cleaning and disinfection protocol*
 - a. Student health
 - b. Maintenance and Operations
 - c. High-use areas i.e. computer centers, cafeteria, shared workstations

Trigger #3 Absenteeism Over and Above Normal Expected Rates Occur

1. *Educational and work distancing begins*
 - a. Alternate learning options may be considered for impacted classes and programs
 - b. Telecommuting options may be considered if feasible
 - c. Transfer of critical functions should be addressed
2. *Social distancing should be implemented*
 - a. Minimize sporting events
 - b. Cancel class field trips
3. *Continue with hygiene and sanitation educational presentations and announcements*
4. *Director of Communications and Community Relations targets specific needs as defined by H1N1 Task Force*

Trigger #4 Absenteeism Escalates to 33 percent of Students, Faculty, and Staff

1. *Task Force meets daily or as needed*
 - a. Alternate learning options should be considered for impacted classes and programs
 - b. Telecommuting options may be considered if feasible
 - c. Transfer of critical functions should be addressed
2. *Consider Emergency Operations Center per District or campus*

- a. Alternate learning options should be considered for impacted classes and programs
 - b. Telecommuting options may be considered if feasible
- 3. *Social Distancing Continues*
 - a. Minimize sporting events
 - b. Cancel class field trips
- 4. *Declare campus and/or District state of emergency*
- 5. *Continue absence tracking of staff, faculty and students*

Trigger #5 - No Increase in Absenteeism for Two (2) Weeks

- 1. *Continue Absentee Surveillance Program until trend is confirmed*
- 2. *Continue hygiene campaign of hand washing and the proper way to sneeze/cough and the disinfecting protocol.*
- 3. *Anticipate return to normal campus functions.*
- 4. *Assess and debrief campus departments to determine effects of pandemic wave. Offer support services to affected individuals as appropriate.*

Example:

- a. Student/staff hospitalizations
- b. Deaths of student/staff or family members
- c. International students leaving the country

Contingent or Isolated Triggers

- 1. *Areas that have had a high exposure to H1N1 or have high absenteeism due to influenza like illness will immediately move to **Trigger #3***
 - a. Departments, programs, or buildings
 - b. Team sports
 - c. Allied health and nursing programs

It is highly unlikely that the District will be requested to close campuses by its county Department of Health but may instead need to activate contingent trigger responses to isolated H1N1 outbreaks. This Trigger Activation Guide provides the mechanism to do so. In the situation where frequent outbreaks occur, consideration for social isolation may be recommended for special need or high risk populations individuals on campus.

- 2. *Populations at high risk*
 - a. Those with suppressed immune systems
 - b. Severely handicapped using assisted breathing apparatus
 - c. Pregnant women
 - d. Those with pulmonary or cardiac disorders

DRCCC H1N1 Pandemic Flu Triggers				
1.	2.	3.	4.	5.
Pre-Semester	Start of Semester or initial reports of influenza like illness	Absences occur over normal expected rates	33 percent or more of students, faculty or staff are absent	No increase in absenteeism over 2 weeks
Action:	Action:	Action:	Action	Action:
<ul style="list-style-type: none"> • Create a District Pandemic Influenza Task Force • Write Pandemic Influenza Plan and Trigger Guide • Create flu prevention and hygiene campaign • Create Influenza Tracking Program • Obtain Personal Protective Equipment (PPE) 	<ul style="list-style-type: none"> • Initiate Absentee Tracking program • Initiate District-wide media awareness campaign • Distribute pandemic cleaning and disinfection protocol • Request ILI individuals to stay home until well 	<ul style="list-style-type: none"> • Task Force meets as needed • EOC staff on alert • Social distancing for work, class, extracurricular and sporting events begins • Continue absence tracking program • Consider campus and/or District emergency declaration • Coordinate with local public health agency 	<ul style="list-style-type: none"> • Task Force meets daily or as needed • Consider EOC activations • Social distancing continues • Declare campus and/or District emergency • Continue absence tracking of staff, faculty and students 	<ul style="list-style-type: none"> • Continue tracking program • Continue prevention and hygiene campaign • Anticipate return to normal campus life • Deactivate EOC • Debriefing and After-Action Reports