

Middle Georgia State University Housing/Residence Life Pandemic Response Plan

Purpose

The Housing/Res Life (H/RL) Pandemic Response Plan describes departmental and individual actions, roles and decisions which may be required to reduce, control, and respond to the effects of a pandemic illness on the students, staff and operations of Middle Georgia State University (MGA). The Pandemic Response Plan (PRP) serves as the model for responding to all severe infectious disease events affecting students and staff living on our campuses.

Scope

Unlike natural disasters that are localized in their effect, a pandemic is global in nature, of prolonged duration with secondary effects on MGA activities, operations and services as increasing numbers of students and staff become ill. The effects may persist for weeks or months and often occurs in waves of illness as new groups and individuals are infected. The human, operational and economic impact of a pandemic will depend on several variables: The severity of illness, the speed of spread within the community, the availability of a vaccine or other preventive medications, the effectiveness of social distancing and so on.

The response plan is designed to address a pandemic that effects a substantial population of MGA residential students (>30%). This response plan uses the MGA H/RL professional staff and includes representation from the MGA Campus Police, Auxiliary Services, Health Clinic, MarComm and the current food services contractor.

Issues and Challenges

Pandemic illnesses can appear suddenly with a rapid increase in the number of infected individuals over a short period of time. In responding to a pandemic MGA has a number of issues and challenges related to its role as a residential institution. These issues and challenges include:

- 140-320 student groups in each residence halls – higher potential infection rate
- Stay or Go. Is campus closing or classes going online/distance learning
- Quarantines on campus vs. Parents/guardians quarantined at home
- International students – unable to immediately return home if the campus closes
- Residential students with existing medical conditions – at higher risk of serious illness, complications and hospitalization
- Occurrences. Timing and scheduled breaks. Ex. Fall Break/Spring Break

Class Suspension/University Closure

During a public health emergency, such as a pandemic, the MGA President may require the suspension of classes or closing of campuses in order to reduce the number of cases of pandemic

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illness, slow the spread of illness, and reduce the likelihood of overwhelming the campus student support systems.

Emergency Notification

Emergency notification is an integral part of any emergency plan involving a residential student population. SMS text messaging via MGA Marcomm RAVE/Knight Alert will be employed along with housing listservs and StarRez emergency contact information.

Continuity & Recovery

The ability of a pandemic to cause a major disruption or to impair recovery may vary widely depending on the severity of the pandemic. Factors affecting pandemic severity include the severity of illness, the infection rate (% of people who become ill), and the duration of the pandemic and demographic groups at the greatest risk of illness, complications, and death. MGA H/RL will plan for continuity of operations during and recovery after a pandemic including:

- Policies to address extended work hours and staff reassignments
- Work-from-home options/telecommunications for Housing Office staff
- Plans for addressing reduced staffing due to illness
- Plans for feeding and housing residence hall students who are unable to leave campus if the residence halls close
- Identification of essential functions and staff necessary to maintain critical H/RL operations
- Cross-training of professional staff to provide essential functions.
- Identification of back-ups or student staff for personnel providing essential functions
- Means of resuming normal student housing operations following campus closures.
- Maintain security. Provide MGA Police with offsite location information for Clery Act reporting

Training for Employees

Training will be limited to the realm of expertise that each employee has. No employee will be asked to perform any duties which are deemed unsafe and for which they have received no training. The department will conduct fire drills and weather emergency drills semi-annually so that each employee is properly trained on the correct procedures for response. Additional trainings will be added as needs arise and will be conducted by the Residence Life Coordinators in conjunction with the Director(s) of Plant Operations, Director of Student Health Services and/or MGA Police Department.

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Method for Annual Review

The Vice President for Student Affairs, Assistant Vice President for Student Affairs, Assistant Vice President for Facilities, Director(s) of Plant Operations, Chief of Police, Director of Auxiliary Services and Director of Housing & Residence Life will evaluate the process and make recommendations for adjustments in the plan as necessary. The results of the annual review and evaluation and recommendations for adjustments will be forwarded to the appropriate committee and Cabinet for review and approval.

H/RL Pandemic Response Levels

The MGA H/RL Pandemic Response Plan uses five classifications referred to as University Pandemic Response Levels (Levels) to assist planners and response units in determining appropriate actions at various points during a pandemic. The Levels are associated with pandemic-related events or “action prompts” for progressively more extensive preparation and response.

Level 0: No pandemic event is occurring. University Pandemic Response Level 0 provides the opportunity to plan, train and prepare for future pandemic events. This Level correlates with WHO Phases 1 thru 4. H/RL and Food Services will:

- Develop specific pandemic plans for residence halls and food services
- Develop plans for housing and feeding of residence hall students unable to return home if campuses close.
- Suspend residence hall visitation. Determine if isolation rooms in residence halls for significant numbers of residence hall students are feasible. (Appendix 1)
- If it is determined not to be feasible to house students, work with other partners to identify host sites. Ex. hotels, gymnasiums, and airplane hangars
- Work with partners to identify appropriate locations, facilities and rooms for isolation of ill individuals if MGA remains open and significant numbers of students residing on campus must be separated from healthy students, faculty and staff
- Assess need for stockpiling of additional nonperishable food items and water or identifies other means of providing food and water to students if food delivery schedules are disrupted by illness.

Level 0 Substantial Risk: No pandemic event is occurring. Expanding, geographical localized clusters of illness caused by a virus have been identified by the CDC indicating increasingly

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efficient human-to-human illness transmission and substantially increase risk of a pandemic. This Level correlates with WHO Phase 5/U.S. Federal Response Stage 2. The activation prompt for implementation of Level 0/Substantial Risk is identification by the CDC of expanding geographical clusters of illness caused by a virus with increases in national and international pandemic alerts. See Level 0 for additional details.

Level 1: The action prompt for Level 1 is announcement of a pandemic by the CDC with no reported cases of pandemic illness in the United States. Level 1 correlates to WHO Phase 6/U.S. Federal Response Stage 3.

- If the decision is made to suspend classes at any point during the pandemic, MGA housing will close the residence halls, send students home, and accommodate students who are unable to go home.
- Finalize plans for disposition of exposures and/or ill students.
- Essential personnel fitted and trained for N-95 masks (Appendix 2)
- Assesses food quantities and types of goods and beverages available for use if supplies are limited.

Level 2: The action prompt for Level 2 is the report of a confirmed case of pandemic illness in the United States. Level 2 correlates with WHO Phase 6/U. S. Federal Response State 4 thru 5.

- Prepare identified facilities and staff for isolation.
- Set up housing and dining command center
- Ensure availability of additional food and clean water
- Essential personnel receive N-95 masks.

Level 3: The action prompt for Level 3 is identification of suspected cases of pandemic illness in the Southeastern United States. Level 3 correlates with WHO Phase 6/U.S. Federal Response Stage 4 or 5 depending on the location of the initial cases in the U.S.

- Implement plans for isolation of ill students if necessary including locations, care, meals and communications.

There is no certainty that the levels will be activated in a progressive manner from Level 0 to Level 3. There is a very real possibility that cases will already be present in the United States or even Georgia when a pandemic is announced by the CDC. As a result, the plan may be activated at Level 2 or even Level 3. Implementation of any level assumes that all actions in preceding levels have already been completed or will be completed rapidly.

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Appendix 1: Exclusion, Quarantine & Isolation Protocols

Exclusion is public health strategy to reduce the risk of exposure of susceptible persons to a specific communicable infectious illness through contact with others who may be infected. Exclusion is used to reduce the risk of illness in susceptible persons to specific infectious illness and to limit the spread of the illness within the community. The University does not have the authority to impose mandatory exclusion. Exclusion orders must come from public health officials. The University can, however recommend voluntary exclusion.

Quarantine and isolation are public health strategies to limit the spread of a specified contagious illness among individuals and within a community or population. Both are intended to decrease the likelihood that healthy persons will become ill through exposure to those who are either already ill or at increased risk of becoming ill. While quarantine and isolation may be voluntary for some communicable illnesses, either one or both may be compelled for more severe or serious infectious illness. The University does not have the authority to impose mandatory quarantine and isolation. These orders must come from public health officials. The University can, however recommend quarantine and isolation exclusion.

Exclusion: The process by which a healthy person who is not immune to a specified communicable infectious illness circulating in the community is barred from attending classes and/or work to reduce the susceptible person's risk of exposure to the infectious illness in the workplace or classroom. Exclusion is used to reduce the risk of the illness in susceptible persons and to limit the spread of the illness within the community.

Quarantine: The separation and restriction of movement of healthy persons who have been exposed to a specific communicable infectious agent and are at increased risk of becoming ill. The duration of quarantine is typically the incubation period of the organism causing the specific infectious illness.

- Quarantine may involve specific individuals, a larger group or an entire community.
- Individuals may be quarantined at home or in specific community based facilities that meet standards for quarantine.
- Individuals in quarantine must be monitored. Monitoring occurs by direct contact (person-to-person, telephone) between the quarantined person and the health department or designee. Quarantine may involve passive or active monitoring or individuals for signs or symptoms of illness.
 - Passive monitoring relies on the quarantined person contacting the health department/designee if symptoms develop.
 - Active monitoring involves direct assessment of each contact at least once daily by the health department/designee.
- Community quarantine may consist of containment measures such as use of masks, social distancing, "snow days", cancelling public events, cancelling of classes, or closing the University. In a severe outbreak an entire community may be quarantined.
- Quarantine may be voluntary or compulsory. If compulsory, there must be means of insuring quarantine.

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Isolation: The separation of ill persons who have a specific communicable infectious illness from those who are healthy. Persons who are in isolation are physically separated from health persons and their movement is restricted to stop the spread of the communicable infectious disease.

- Isolation may occur at home or in a community-based facility for those who are less seriously ill. Isolation occurs in the hospital for those with serious illness. Home and community-based facilities must meet approved standards for isolation.
- Isolation may be voluntary or compulsory as determined by public health officials.
- The University has the authority to impose isolation. However, in most cases exclusion, quarantine and/or isolation will be implemented for students, faculty and staff based on the recommendations of local, state, and national public health agencies and officials. Public health officials will also provide direction on whether exclusion, quarantine, or isolation will be voluntary or required.
- Implementation of Exclusion/Quarantine/Isolation for University students, faculty and staff will be considered when:
 - Confirmed cases of a specific communicable infectious illness are identified internationally, nationally, and/or locally.
 - The University is notified by public health agencies of the recommendation or requirement for exclusion of susceptible persons, quarantine of exposed well persons and/or isolation of ill persons with a specific communicable illness.
 - The University Task Force receives recommendation or requirements with regard to exclusion, quarantine, and/or isolation as they apply to University students, faculty and staff. The University Task Force will need to identify affected individuals and, if possible, estimate the numbers of students, faculty and staff who may be affected.
 - The University Task Force makes the final decision regarding implementation of exclusion, quarantine and isolation protocols.
- The University will implement the exclusion, quarantine or isolation protocols based on the decision of the University Task Force and the recommendations of public health agencies.

Exclusion Protocol

All University directors and department heads will be notified of the decision to exclude susceptible students, and/or employees from classes and work. The determinants of immunity to a specific communicable infectious illness as defined by public health agencies/officials will be clearly defined and distributed to all University students and employees and specifically to those students and/or employees affected by the exclusion.

- Determinates of immunity may include physician documented disease, blood test demonstrating immunity, or documentation of appropriate immunization.
 - Students and staff will be notified of the decision to exclude susceptible individuals from work or class. Students and staff will be informed of the determinants of immunity.
 - Exclusion may apply only to students or staff with known exposure to susceptible students and staff at the University regardless of history of exposure.

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- Depending on the communicable infectious illness and based on the recommendations of public health officials susceptible individuals may be excluded from classes or work for a specified length of time (e.g., for the duration of the incubation period of the infectious illness) or for the duration of the outbreak of illness if they remain susceptible.
 - Students and/or employees may be required to provide documentation of immunity if their immune status is unclear and public health officials recommend that susceptible students or employees be excluded from classes and/or work.
 - University employees excluded from work based on public health recommendations will use administrative leave.
 - The office of the Vice President for Academic Affairs will work with students excluded from classes to arrange class absence and continuation of academic work.

Quarantine Protocol

All University directors and department heads, University employees, and students will be notified of the decision to implement quarantine for healthy students and/or employees who are exposed to the specific communicable infectious illness.

- The notice will also indicate whether quarantine is voluntary or required of individuals at risk based on public health guidelines.

Requirements for implementation of quarantine:

- Explanation to the community and involved individuals of the reason for quarantine including its effectiveness and duration as well as support available to persons in quarantine.
- Locations(s): Home, community-based facilities or vacant dorm accommodations for quarantine identified, evaluated and prepared for use.
- Food: Provisions of food to quarantined individuals insured.
- Monitoring (active or passive) and final assessment prior to release
- Educational and/or work needs addressed
- Continuation of work/school – telecommuting?
- Communications needs addressed
- Medical/psychological care needs addressed
- Financial issues addressed
- Absence from work or school addressed
- Hotline for questions and to report symptoms in plane and, if necessary staffed 24/7
- Enforcement requirements defined as addressed including legal basis
- Criteria for determining who will be quarantined will be based on public health guidelines. The University Task Force will clarify any questions in consultation with local, state, and national public health officials.

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Isolation Protocol

- All University directors and department heads, University employees and students will be notified of the decision to implement isolation procedures for students and/or employees with suspected or confirmed illness caused by the specific communicable infectious illness. The notice will also indicate whether isolation is voluntary or required based on public health instructions.

Requirements

- Explanation to the community and involved individuals of the reason for isolation including its effectiveness and duration as well as support available to persons in isolation.
- Location(s): Home, community-based facilities or dorm accommodations for isolation must be identified, evaluated and prepared for use.
- Food: Provisions of food to quarantined individuals insured.
- Monitoring (active or passive) and final assessment prior to release
- Educational and/or work needs addressed
- Continuation of work/school – telecommuting?
- Communications needs addressed
- Medical/psychological care needs addressed
- Financial issues addressed
- Absence from work or school addressed
- Enforcement requirements defined as addressed including legal basis

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Appendix 2: Isolation in a Community-Based Facility or Dorm

When persons requiring isolation cannot be accommodated either at home or in a healthcare facility, a community/campus (dorm) based facility for isolation is required. The availability of a community/campus based facility is particularly important during a large outbreak.

Much of the work in identifying and evaluating potential sites for isolation should be conducted in advance of an outbreak as part of preparedness planning. Middle Georgia State University should assemble a team to identify appropriate locations and resources for community/campus based isolation facilities, establish procedures for activating them, and coordinate activities related to patient management. The team should consider the use of both existing and temporary structures. Options for existing structures include community/campus owned homes, apartments, residence halls and other appropriate campus buildings. Options for temporary structures include trailers, barracks, and tents. Considerations include the following.

Basic Infrastructure Requirements

- Meets all local code requirements for public safety
- Functioning telephone and data system
- Electricity
- Heating, ventilation and air conditioning (HVAC)
- Potable water
- Bathroom with commode and sink
- Waste and Sewage disposal (septic tank, community sewage system)
- Multiple rooms for housing ill patients
- Ventilation capacity
- Preferable, rooms with individual ventilation systems (e.g., room or window fan coil units that not recirculate to other parts of the building.
- Alternatively, facility with a non-recirculating ventilation system that permits redirections of the air flow from corridors to staff areas into patient rooms.
- Access considerations
- Proximity to hospital
- Parking space
- Ease of access for delivery of food and medical and other supplies
- Handicap accessibility
- Space requirements
- Administrative offices
- Offices/areas for clinical staff
- Holding area for contaminated waste and laundry
- Laundry facilities
- Meal Preparation (on or off site)
- Social support resources
- Television and radio
- Reading material

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- Computer connection
- To determine priorities among available facilities consider these features:
- Separate rooms for patients or areas amenable to isolation of patients with minimal construction
- Single pass (non-recirculating) ventilation for each room or isolation area
- Feasibility of controlling access to the facility and to each room
- Availability of potable water, bathroom and shower facilities
- Facilities for patient evaluation, treatment and monitoring
- Capacity for providing basic needs to patients
- Rooms and corridors that are amenable to disinfection
- Facilities to accommodating staff
- Facilities for collecting, disinfecting, and disposing of infectious waste
- Facilities for collecting and laundering infectious linens and clothing
- Ease of access for delivery of patients and supplies
- Legal/property considerations
- Additional considerations include:
- Staffing and administrative support
- Training
- Ventilation and other engineering controls
- Ability to support appropriate infection control measures
- Availability of food service and supplies
- Ability to provide an environment that supports the social and psychological well-being of patients
- Ability to insure dependable communications outside the building
- Ability to adequately monitor the health status of staff

Use of Facemasks & Respirators

Facemasks: Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolations and laser masks. Facemasks help stop droplets from being spread by the person wearing them. They also keep splashes or sprays from reaching the mouth and nose of the person wearing the facemask. They are not designed to protect against breathing in very small particle. Facemasks should be used once and then thrown away in the trash.

Respirators: Respirators (for example, N95 respirators) are designed to protect against breathing in very small particles which might contain viruses. These respirators fit tightly to the face so that most air is inhaled through the filter material. To work effectively, N95 respirators must be fitted for each person who wears one (fit-testing). Some health care workers, such as nurses and doctors, use these types of respirator when taking care of patients with disease that can be spread through the air. Person with heart or lung disease may have trouble breathing through N95 respirators. Like facemasks, N95 respirators should be worn only once and then thrown away in the trash.

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Infection Control Guidelines

- Information on the use of facemasks and respirators for the control of pandemic illness in community settings is extremely limited. Thus it is difficult to assess their potential effectiveness in controlling illness in these settings. In the absence of clear scientific data, the interim recommendations below have been developed on the basis of public health judgment and the historical use of facemasks and respirators in other settings.
- During a pandemic, the risk for illness can be reduced through a combination of simple actions. No single action provides complete protection, but an approach combining the following steps may help decrease the likelihood of infection:
 - Frequent hand washing.
 - Isolation of persons with confirmed or probable illness.
 - Voluntary quarantine of members of households with confirmed or probable illness.
 - Reduction of unnecessary social contacts.
 - Avoidance, whenever possible, of crowded or congested social settings.
- When it is absolutely necessary to enter a crowded setting or to have close contact with persons who might be infectious, the time spent in that setting should be as short as possible.
- Wearing a Facemask or a Respirator
- Very little is known about the benefits of wearing facemasks and respirators to help control the spread of pandemic illness. In the absence of clear evidence, the steps below offer a “best estimate” to help guide decisions. They may be revised as new information becomes available.
- Consider wearing a facemask if:
 - You are sick with the pandemic illness and think you might have close contact with other people.
 - You live with someone who has is sick (you therefore might be in the early stages of infection) and need to be in a crowded place. Limit the amount of time you spend in these crowded places and wear a facemask while you are there.
 - You are well and do not expect to be in close contact with a sick person but need to be in a crowded place. Limit the amount of time you spend in these crowded places and wear a facemask while you are there.
- Consider wearing a respirator if:
 - You are well and you will be in close contact with people who are known or thought to be sick with pandemic illness. Limit the amount of time you are in close contact with these people and wear a respirator during this time.
 - You must take care of a sick person.
- Facemasks-Respirators Guidelines
- In the absence of public health recommendations to the contrary, N95 respirators will not be made available by the University for mild or moderate pandemics (defined as a case mortality rate of less than 1%). In a severe pandemic N95 respirators may be fitted and distributed to selected high risk personnel based on CDC guidelines and recommendations.

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- If used correctly, facemasks and respirators may help prevent some exposures, but they should be used together with other preventive measures, such as social distancing, cough etiquette, and hand hygiene. When crowded settings or close contact with others cannot be avoided, the use of facemasks or respirators should be considered as follows:
- Facemasks should be considered for use by individuals who cannot avoid entering crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others. The time spent in crowded settings should be as short as possible.
- Respirators should be considered for use by individuals for whom close contact with infectious person is unavoidable.
- Fitting and distribution of masks to other personnel will be based on inability to avoid job-related exposures to ill persons