

2009

University of Alaska Pandemic Preparedness Plan

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System Office of Risk Services--Emergency Management
University of Alaska

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Introduction

Influenza is a highly contagious viral respiratory infection. In the United States seasonal outbreaks of influenza often occur in communities during the fall and winter. During a typical flu season 5% - 20% of the U.S. population becomes ill; more than 200,000 are hospitalized; and about 36,000 die. Influenza spreads from person to person mainly in respiratory droplets from coughs and sneezes or from handling of contaminated objects. Yearly immunization with the influenza vaccine is the most effective way of preventing influenza.

At unpredictable intervals a novel (new) influenza virus appears in humans for which we have no immunity. If the novel influenza virus is transmitted easily from person to person and causes significant illness, this creates the setting for an influenza pandemic; a global outbreak of influenza illness with rapid spread from person to person and country to country. The World Health Organization (WHO) is responsible for announcing a global influenza pandemic.

A severe influenza pandemic may lead to a public health emergency with much higher rates of infection depending upon the type of virus identified. This would lead to a much greater number of hospitalizations and significantly more deaths. Such a pandemic has the potential to overwhelm normal healthcare systems and negatively affect local, regional, national and global economies.

Natural disasters such as fires, storms, floods, and earthquakes primarily affect infrastructure, property, and equipment. Such emergency events are often of limited duration, although recovery and repair may be prolonged. Other disasters such as hazardous material spills tend to be localized in their effect.

Pandemic influenza, in contrast, is global in nature, of prolonged duration and primarily affects people – University students and staff as well as individuals in the surrounding community – with secondary effects on University activities, operations and services as increasing numbers of students, faculty and staff become ill.

Purpose and Scope

On June 11, 2009, the World Health Organization declared that we are in Phase 6 of a pandemic event based upon sustained widespread human infection with the novel H1N1 (swine flu). At both the Federal and State levels, public health, emergency management and homeland security officials continue to monitor the evolving situation and recommend changes to existing plans and activities. Based upon this, the UA system has continued to develop this pandemic preparedness plan, and collaborate with state and local public health officials.

This Pandemic Preparedness Plan serves as the over arching plan to support MAUs and community campuses in developing plans and subsequent activities leading to pandemic preparedness. Further planning, collaboration and training will prove to be essential in reducing the impact of a pandemic outbreak and while maintaining the critical operations of

the UA system.

Objectives

This plan is guided by the following principles:

- Protect and support the health, safety and welfare of our faculty, staff and students, as well as the assets of the university;
- Maintain commitment to the university mission to provide instruction, research and service;
- Maintain business and administrative operations;
- Recover as quickly and efficiently as possible if any operations are interrupted or suspended;
- Ensure multi-modal communications within the UA system, with parents, our local communities, and with stakeholders;
- Establish benchmarks or “triggers” to prompt prudent actions;
- To the extent feasible, extend the services or expertise of the UA system to benefit our community neighbors.

Please note that this is a living document which will continue to grow and evolve. All input is welcome and encouraged. The UA Pandemic Preparedness Plan will serve as an annex to the UA Emergency Operations Plan (EOP).

Authority

States have the primary responsibility for public health matters within their borders, including isolation and quarantine under the authority of Section 361 of the Public Health Service Act (42 USC 264). Alaska Statute (AS 18.15.390) defines the authority of the Department of Health and Social Services to address public health disasters. In addition, Alaska Statute 18.15.355-18.15.385 defines the authority of the Department of Health and Social Services to collect and analyze health information, conduct epidemiologic investigations, institute isolation and quarantine measures and to close any facility if there is reasonable cause to believe that the facility may endanger the public health. Additionally, the governor has the power to declare an emergency and take a wide variety of actions under AS 26.23.020. Other actions within the Pandemic Response Plan are based on and supported by the federal, state, and university policies (BOR P02.05.010 Crisis Planning) and authorizations to be identified in the University of Alaska Emergency Operations Plan (TBP).

References

U.S. Department of Homeland Security, Pandemic Influenza Preparedness, Response, and Recovery Guide For Critical Infrastructure And Key Resources—September, 19 2006

U.S. Government Website for Pandemic Flu—<http://www.pandemicflu.gov>

Centers for Disease Control and Prevention H1N1 website—<http://www.cdc.gov/h1n1flu/>

Alaska Division of Public Health Pandemic Influenza Response Plan—February, 2008

University of Alaska Emergency Operations Plan—Draft (TBP)

World Health Organization (WHO) Global Alert and Response (GAR) Pandemic (H1N1) 2009 website—<http://www.who.int/csr/disease/swineflu/en/index.html>

Situation, Facts and Assumptions

Situation

The UA system has a student enrollment of approximately 33,000 with over 7,000 faculty and staff widely distributed throughout the State. The MAU and community campus setting provides numerous opportunities for close contact involving large groups of individuals such as classrooms, residence halls, various university activity centers and gathering places, and large university events. Such contacts, while central to the university experience and mission, increase the risk of transmission of pandemic illness from person to person. In addition, the global nature of university programs, research, business, and travel increases the risk of faculty, staff and students being exposed to infectious diseases including pandemic influenza.

Facts

- The strain of influenza, its pathogenicity, and the time and place of emergence cannot be determined in advance.
- Federal and State declarations of emergency will change legal and regulatory aspects of providing public health and emergency services during a pandemic.

Assumptions

- No effective influenza vaccine will be available early in the course of the pandemic. When influenza vaccine becomes available, it will be in short supply and may require two doses.
- Available vaccine will need to be prioritized to high risk groups.
- A pandemic will last months to years in the U.S. with recurrent flares or waves of disease activity.
- A wave of pandemic illness will last for 6 – 8 weeks at the University. More than one wave of illness may occur.

- The incubation period will average 2 days. Persons who are infected can transmit the infection to others during the incubation period and can continue spreading the infection while they are symptomatic.
- Some individuals will be infected but not become ill. Infected individuals with minimal or no symptoms can still transmit the infection to others.
- Rates of illness, hospitalizations and deaths due to influenza can potentially be significantly higher than those occurring during seasonal influenza outbreaks. (see Table 1)
- The rate of illness will exceed 30% at the University during a pandemic.
- Illness rates may approach 40% among students living in residence halls.
- At least 50% of students with influenza will seek medical care on campus.
- An effective vaccine will not be immediately available. It may take up to 6 months after onset of a pandemic to develop and produce a vaccine.
- Timing will be crucial in the decision to cancel classes. Premature implementation may lead to unnecessary disruption while late implementation may render such actions ineffective.
- In a pandemic, rates of absenteeism may reach 40% during the peak weeks of the outbreak.
- The impact of a pandemic on teaching, research, and operations may be significant and prolonged.

Table 1: Comparison of Seasonal Influenza to Moderate and Severe Pandemic Influenza

Characteristic	Seasonal	Moderate	Severe
Illness (rate)	15 - 60 million (5-20%)	90 million (30%)	90 million (30%)
Hospitalizations	200,000	865,000	9.9 million
Deaths	36,000	209,000	>1.8 million

Concept of Operations

The Pandemic Preparedness Plan incorporates National Incident Management System (NIMS) – Incident Command System (ICS) protocols and standards to enable a response which is flexible and scalable and which can be integrated with community and regional response efforts. Each MAU is to develop Pandemic Preparedness Plans which delineate collective MAU/community campus departmental responsibilities as well as individual position specific responsibilities and actions in order to prepare and respond for a pandemic event.

Key Pandemic Plan Decision Points

The Alaska State Department of Health and Social Services (DHSS) in collaboration with the U.S. Centers for Disease Control, local/campus public health officials and UA

Emergency Management will provide information and guidance to MAUs/ community campuses regarding a pandemic event and coordinate the development of appropriate steps and actions to be taken in response to a pandemic event.

University Pandemic Response Levels

The UA Pandemic Preparedness Plan utilizes three periods 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 “triggers” for progressively more extensive preparation and response.

Alaska DHSS adapted the WHO’s classification system of six phases and has grouped them within the following three periods: Interpandemic Period, Pandemic Alert Period, and Pandemic Period. These phases are associated with increasing public health risk associated with the emergence and spread of a new influenza subtype that may lead to a pandemic. The Director General of WHO is responsible for declaring the current global pandemic phase and adjusting the phase level to correspond with pandemic conditions around the world. Alaska DHSS will adjust periods in accordance with monitoring efforts at the US, international as well as at the State level.

<u>Period</u>	<u>Description</u>	<u>WHO Phase</u>
Interpandemic Period	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 infection or disease is considered to be low.	1
	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	2
Pandemic Alert Period	Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact.	3
	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	4
Pandemic Period	Larger cluster(s) but human-to-human spread is still localized, suggesting the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).	5
	Pandemic Phase: increased and sustained transmission in the general population.	6

Interpandemic Period (WHO level 1/2):

No pandemic event is occurring. The Interpandemic period provides the opportunity to plan, train, and prepare for future pandemic events.

Pandemic Alert Period (WHO level 3/4):

Expanding geographically localized clusters of influenza caused by a novel virus have been identified by the CDC signaling a substantial increase to the risk of a pandemic. The Pandemic Alert Period provides the time to refine and review procedures in preparation for an expanding outbreak which may impact Alaska and the UA system.

Pandemic Period (WHO level 5/6):

Large clusters of human to human sustained transmission within the population and/or identification of suspected cases of pandemic influenza in Alaska. The Pandemic Period is when planning and preparedness activities transition to response/recovery operations.

Planning Guidance

Each MAU/community campus is to develop a pandemic preparedness plan which addresses response and continuity of operations activities applicable to the following scenarios:

- *A significant percentage (20% – 40%) of students/faculty/staff are absent.*
- *The pandemic outbreak is severe enough that university is directed to or internally implements social distancing, quarantine or isolation measures.*

Preparedness Objectives:

- Identify a pandemic preparedness coordinator/lead and response team, including trained backup, to define roles and responsibilities for preparedness, response, and recovery planning. The team should include, but not be limited to, campus health services and mental health staff, student housing personnel, security, communications staff, facilities services, food services, and academic affairs.
- Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
- Establish an emergency communication plan and revise regularly. This plan should identify key internal contacts, key SW personnel, local public health officials as well as designate primary and alternate means of communication.
- Ensure that pandemic influenza planning is consistent with existing emergency operations plan, and is coordinated with the pandemic plan of the community.
- Incorporate into the pandemic preparedness plan scenarios that address college/university functioning based upon various levels of illness in students and employees and different types of community containment interventions. Plan for different outbreak scenarios including variations in severity of illness, mode of transmission, and rates of infection in the community. (see Planning Guidance p.

11.) Issues to consider include: cancellation of classes, sporting events and/or other public events; closure of campus, student housing, and/or public transportation; restricted or interrupted supply chains; and the assessment of the suitability of student housing for quarantine of exposed and/or ill students.

- Work with the System Emergency Management office (as the lead agent for planning) and General Counsel office to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university. Identify and review the legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students, staff and faculty members, isolation or quarantine, movement restriction, and provision of healthcare on campus.
- Work with the local health department to discuss an operational plan for surge capacity, healthcare and other mental health and social services to meet the needs of the campus community during and after a pandemic.
- Exercise linkages between the internal university Incident Command System organization and the Incident Command System of the local health and emergency management department.
- Implement an exercise/drill to test your plan, and revise it regularly.
- Develop and disseminate alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of a campus closure.
- Develop a continuity of operations plan for maintaining the essential operations of the MAU/community campus including payroll; ongoing communication with employees, students and families; security; maintenance; as well as housekeeping and food service for student housing.
- Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).
- Establish policies for employee and student sick leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).
- Establish a pandemic plan for campus-based healthcare facilities that addresses issues unique to healthcare settings.
- Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand.
- Adopt Center for Disease Control (CDC) and/or develop travel recommendations (www.cdc.gov/travel/) during an influenza pandemic and be able to support voluntary and mandatory movement restrictions. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak

begins, and distributing health information to persons who are returning from affected areas.

- Advise employees and students where to find up-to-date and reliable federal, state, local and university pandemic information/guidance.

*For additional guidance see Appendix A Planning Considerations

Response Objectives:

- Conduct emergency response and recovery operations in support of a pandemic outbreak which are consistent with ICS.
- Implement infection control policies and procedures which help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza. Encourage students and staff to get annual influenza vaccine.
- Implement -Social Distancing Protocol (Appendix B) and Exclusion, Quarantine, & Isolation Protocols (Appendix C) to limit the spread of an infectious disease

Recovery Objectives:

- Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption).

Plan Review & Testing:

Training, exercises and facilitated evaluation ensures that key response staff are aware of the plan, understand specific procedures and are prepared to implement the plan when and if needed. The broader campus community should also be educated on the plan and their respective roles in order to ensure an effective response during a pandemic event. The Pandemic Preparedness Plan should:

- be tested at appropriate intervals to ensure that key personnel are familiar with the plan and to allow improvement based on the results of testing.
- be reviewed yearly and modified as necessary to incorporate new information and best practices.

Appendix A: Planning Considerations and Challenges

Pandemic influenza can appear suddenly with a rapid increase in the number of infected individuals over a short period of time. The international nature of a university increases the risk of early appearance of pandemic illness.

Planning and response considerations vary widely due to the unique issues and challenges related to each campus location and its local community. Planning considerations include but are not limited to:

Individuals with Special Circumstances:

Planning efforts must identify individuals and groups which may be more severely affected by a pandemic event thus allowing pre-event planning to account for:

- Students in residence halls – higher potential attack rate
- Students with families – affected by family health, higher attack rate among school-age children and K-12 school closures
- International students – may be unable to return home if the University closes
- Individuals with certain chronic medical conditions – at higher risk of serious illness, complications, and hospitalization
- International travelers – may be unaware of University pandemic response or requirements for those returning to campus
- Students currently studying abroad – study abroad programs should be assessed very early during a pandemic to determine if students should be brought home while travel is still possible

International Travel

International travel is an integral part of the academic and research mission of a university. During a pandemic international travelers may be at increased risk of exposure related to travel in an area experiencing pandemic illness or to passage through international airports. Planning efforts will require an effective travel policy for students, faculty, and staff which addresses the following issues.

- Accountability: Accounting for individuals travelling abroad is required in order to identify those who are in travel status and determine what, if any effect a pandemic event may have on them.
- Communication: International travelers may be unaware of pandemic-related recommendations, actions and events occurring at their campus. Effective means of contacting and communicating with travelers should be established.
- Travel restrictions: The CDC may recommend restricting travel to or from certain destinations to limit the spread of pandemic illness. The UA system would be expected to comply with these restrictions. Protocols are needed to ensure that students and staff planning to travel or currently traveling are made aware of these

restrictions.

- Screening: The CDC may recommend that travelers returning to the U.S. from affected international locations be screened for pandemic illness on arrival. Protocols are needed to identify and screen staff and students (both returning students as well as new students) arriving from CDC-specified locations.

Class Suspension / Campus Closure

During a public health emergency such as a pandemic public health officials may require suspension of classes in order to reduce the number of cases of pandemic illness, slow the spread of illness and reduce the likelihood of overwhelming campus student support systems. The UA system, acting in concert with guidance/directives from State or local agencies/public health officials, may also take such actions prior to a public health recommendation based upon the nature of the pandemic event.

The timing of class suspension and school closure is critical to their success. Premature intervention may result in unnecessary hardship while late implementation may be ineffective.

Emergency Alert Notification

Emergency alert notification is an integral part of an emergency plan. Each MAU/campus requires a means to provide for a timely warning of an immediate threat to the health and safety of students, faculty and staff for events occurring on campus.

Continuity & Recovery:

The University plans for continuity of operations during and recovery after a pandemic including:

- policies to address the possibilities of extended work hours and staff reassignments during a pandemic.
- work-from-home options / telecommuting.
- plans for addressing reduced staffing due to illness.
- modified sick leave policies to ensure that ill workers stay home.
- modified class absence policies to allow sick students to stay home.
- continuity of academic instruction if classes are suspended.
- maintenance or suspension of research during closure.
- support provisions for medical care, housing, food, and academic/social support for residence hall students ill with influenza.

- plans for feeding and housing residence hall students who are unable to leave campus if the residence halls close.
- means of modifying the academic calendar if classes are suspended.
- identification of essential functions and the key staff necessary to maintain critical operations.
- cross-training of staff to provide essential functions.
- identification of back-ups for personnel providing essential functions.
- business resumption requirements for returning to normal operations, research, and teaching following school closure or a pandemic event.

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Appendix B: Social Distancing Protocol

Social Distancing

Social distancing refers to various community, workplace and classroom non-pharmaceutical interventions intended to limit the spread of an infectious disease by reducing opportunities for close contact between individuals and groups. The Centers for Disease Control recommends timely implementation of social distancing options as the primary means for controlling the spread of pandemic illness prior to development and distribution of a vaccine.

Social Distancing Options:

- Voluntary self-isolation of ill individuals at home.
- Modifying workplace schedules and practices through actions such as telecommuting, staggered shifts, teleconferences and other alternatives to close or face-to-face interactions.
- Postponing or cancelling public, group and sporting events and gatherings.
- Temporary suspension of classroom instruction.
- Temporary suspension of academic, research, and business activities other than those functions deemed essential.
- Limiting on-campus staff to those needed to perform essential functions.

Implementation of Social Distancing Actions

In most cases social distancing actions will be recommended by the State Division of Health and Social Services; however the actions of local health care officials and/or special circumstances may affect the decision to implement such actions prior to instructions from public health.

Upon receiving recommendations/direction from State or local public health officials, the Incident Commander will review options and develop policy recommendations for the President, his or her designated authority, the President's Cabinet as well as the appropriate MAU Executive Group. Actions may include some or all social distancing options.

Once authorization is provided for implementation, social distancing decisions will be communicated for operational implementation. The decisions will also be communicated to all students, parents, faculty, staff, and the general public.

If the decision is made to suspend classes, send students home, and limit staffing to essential personnel, most campus academic, administrative, and support operations will be closed. Minimal utilities will be supplied to buildings. All routine, normal daily housekeeping and maintenance activities will cease until the reopening of campus buildings has been announced. Buildings will be secured to prevent entry by all but approved essential employees. Most research activities that depend upon campus facilities will be suspended as well. University Police, facilities staff, and a small number of other essential personnel

will be available to monitor/maintain safe and secured buildings. In all cases, essential employees must strive to maintain social distance and minimize exposure to others to the fullest degree possible.

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Appendix C: Exclusion, Quarantine, & Isolation Protocols

Individuals who have either been exposed to an illness or who are ill should be advised to remain at home in order to prevent the spread of infectious illness. Should these measures prove insufficient in limiting the spread of illness, additional public health strategies, such as exclusion, quarantine or isolation, may be implemented.

Exclusion is a public health strategy aimed at reducing the risk of exposure of susceptible persons to a specified communicable infectious illness through contact with others who may be infected. Exclusion is used to reduce the risk of illness in susceptible persons to specified infectious illnesses and to limit the spread of the illness within the community.

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 required for more severe or serious infectious illnesses.

The decision to implement mandatory quarantine and/or isolation protocols may be made by the lawful order of State Public Health, Homeland Security & Emergency Management and/or other legally authorized entities, or by court order.

Definitions:

- **Exclusion:** The process by which a healthy person who is not immune to a specified communicable infectious illness circulating in the community is either restricted or requested to remain from attending classes and/or work to reduce the susceptible person's risk of exposure to the infectious illness in the workplace or classroom.
- **Quarantine:** Is the separation of healthy persons who have been exposed to a specific communicable infectious agent and are at increased risk of becoming ill and/or spreading the disease to others. The duration of quarantine is typically the incubation period of the organism causing the specific infectious illness.
- **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 healthy persons and their movement is restricted to stop the spread of the communicable infectious illness.

Exclusion Protocol

- Students, faculty and staff should be notified of the decision to exclude susceptible individuals from work or class.
- Exclusion applies to healthy individuals who are not immune and as a result are asked to refrain from attending classes and/or work.

- 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.

Quarantine Protocol

- Criteria for determining who will be quarantined will be based on public health directives or court orders.
- University deans, directors and department heads, university staff, and students will be notified of the decision to implement quarantine for healthy students and/or staff 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 mandates.
- Quarantine may involve specific individuals, a larger group, or an entire community.
- Individuals may be asked to remain at home during a pandemic flu outbreak as part of community quarantine measures.
- Under extreme circumstance (as ordered by government health officials or a court), individuals may be quarantined and consequently 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 of individuals for signs or symptoms of illness.
 - Passive monitoring relies on the quarantined person to contact the health dept./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”, cancellation of public events, cancellation of classes, or closing of the university. In a severe outbreak an entire community may be quarantined.

Isolation Protocol

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. Isolation may be voluntary (self-isolation) unless otherwise directed by local/state public health, emergency management or other legally authorized entity.

- University deans, directors and department heads, university staff, and students will

be notified of the decision to implement isolation/self isolation procedures for students and/or staff 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 mandate.

Factors to consider for implementation of quarantine and/or isolation:

- 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 quarantine and/or isolation.
- Location(s): home and/or community-based facility locations for quarantine and/or isolation should be identified, evaluated and prepared for use
- Food: The feeding of individuals in UA facilities.
- Monitoring (active or passive) & final assessment of individuals in home or community facility based quarantine and/or isolation.
- Educational and/or work needs addressed.
- Continuation of work/school – tele-work, distance education and suspension of class guidance.
- Communications needs addressed.
- Medical/psychological care needs addressed.
- Financial issues addressed.
- Absence from work or school addressed.
- Hotline for questions and to report status in place and, if necessary, staffed 24/7.
- Enforcement requirements defined and addressed including legal basis.