

## ***Pandemic Influenza Procedure Plan***

### **Rainy River Community College 2008 – 2009**

A pandemic influenza is one that causes a global outbreak, or pandemic, of serious illness that spreads easily from person to person. A pandemic flu occurs when a new influenza type A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness, and then spreads person to person worldwide.

Influenza pandemics have occurred roughly every 20 to 30 years throughout history. Most experts agree that the question is not if another influenza pandemic will occur but when. Regardless of whether a pandemic occurs in the next year or the next 50 years, the consensus among health officials is that we should prepare ourselves for this eventuality now.

Plan updated in October for 2008- 2009.

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## 1. Overall Coordinating Committee

### Mike Johnson, Provost

LeAnne Hardy, Director of Student Affairs  
Pat Leistikow, Director of Fiscal Services  
Tammy Wood, Administrative Assistant  
Tammy Cook, Academic Services Director  
Renee Peterson, IT Director/Communications  
Mel Millerbernd, Athletic Director  
Emily Ahrens, Fiscal/Housing Director  
Mori Facciotto, Counselor  
Tim Brown, Maintenance  
Von Morgan, Maintenance

### Mission:

A. To ensure that the following items are assigned to the appropriate committees as they develop the institution's plan:

1.1 Incorporate into the influenza pandemic plan scenarios that address college functioning based upon having various levels of illness in students and employees and different types of community containment interventions. Plan for different levels of outbreak activity, including variations in severity of illness, mode of transmission, and rates of infection in the community. Issues to consider include:

- a. cancellation of classes, sporting events, and/or other public events;
- b. closure of campus, student housing, and/or public transportation;
- c. assessment of the suitability of student housing for quarantine of exposed and/or ill students'
- d. contingency plans for students who depend on student housing;
- e. contingency plans for maintaining research laboratories, particularly those using animals; and
- f. stocking non-perishable food and equipment that may be needed in the case of an influenza pandemic.

1.2 Work with state and local public health and other local authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college. Identify and review the college's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus. Identify contact information and communication responsibilities.

1.3 Ensure that pandemic influenza planning is consistent with any existing college emergency operations plan, and is coordinated with the pandemic plan of the community.

1.4 Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services to meet the needs of the college and community during and after a pandemic.

1.5 Test the linkages between the college's Incident Command System and the Incident Command Systems of the local and/or state health department and the Office of the Chancellor.

1.6 Implement an exercise/drill to test your plan, and revise it regularly.

1.7 Participate in exercises of the community's pandemic plan.

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

1.9 Share what you have learned from developing your preparedness and response plan with other colleges to improve community response efforts.

- Identify individual(s) in charge of specific activities under the National Incident Management System.
- Define changing roles of leadership if a limited outbreak transitions into a major emergency.
- Explain how command and control will be handled if key staff members are personally impacted.
- Describe how governance will impact on managing this event.

1.) Legal and ethical issues during a pandemic may require governmental bodies to overrule existing legislation or individual human rights. These decisions need a legal framework to ensure transparent assessment and justification of the measures that are being considered.

- What concerns do we face if we try to enforce quarantine (over-ruling individual freedom of movement)?
- What concerns do we face doing a mission shift of state assets?
- What concerns do we face with compulsory vaccination or implementation of emergency shifts in essential services?
- What are the data privacy implications of various scenarios?

2.) Public health measures such as social distancing, quarantine and travel restrictions. As the access to vaccines and antiviral drugs during a pandemic will be extremely limited, non-medical interventions may be the only way to delay the spread of the disease. Many of these interventions, however, may affect human behavior and human rights and therefore need a strong educational and legal basis. Moreover, most of the interventions are based on limited evidence. Therefore, transparent decision-making and frank information-sharing should go hand-in-hand.

- Who will determine what type of pre-planning information is needed on campus?
- Who will be responsible for distributing educational materials to students, faculty, and staff?
- Who will coordinate the campus' monitoring system with local-area systems?

3.) Monitoring incidence and prevalence consists of ongoing collection, interpretation, and dissemination of data to enable the development of evidence-based interventions. Specific groups to pay particular attention to might include the students and faculty of:

1. agricultural programs who may come in contact with chickens and other birds
  2. research programs
  3. health services
  4. traveling abroad programs
  5. foreign countries enrolled on our campus
- What type of monitoring is needed on campus?
  - Who should be responsible for data collection and analysis?
  - Who should use the information for policy and procedures development?
  - How will the campus' monitoring system coordinate with local-area systems?

## 2. Academic Administration Committee:

Mike Johnson, Provost

**Tammy Cook, Academic Services Director**

Renee Peterson, IT Director/Communications

Mary Kuldaneck, AASC Chair

Doug Blumhardt, RRCC Faculty President

A. The Academic Administration Committee is responsible to:

2.1 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 college closures, and

2.2 Develop a continuity of operations plan for maintaining the essential operations of the college including academic and student affairs, and

2.3 Adopt CDC travel recommendations ([www.cdc.gov/travel/](http://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, and

2.4 Establish policies for student sick leave absences unique to pandemic influenza (e.g. non-punitive, liberal leave).

### 1.) Academic Affairs

**A1.a. Ongoing academic affairs services in the event of a reduction in work force.** RRCC will establish a system to rapidly identify essential personnel, operations, and services relative to the college's mission and strategic goals. This will ensure the efficient and successful operation of the college during a possible pandemic.

Essential services and personnel during a pandemic will depend on the time of year the outbreak occurs. RRCC has relatively few staff on campus during the summer months. Essential services and personnel may include: the provost, limited instructors, maintenance, and student service personnel.

During the fall and spring semesters, essential services and personnel may include: the provost, instructors, maintenance (boilers, etc.), student service personnel, the housing director, and food service.

In the event of a pandemic, land-based classes and processes will be moved to alternate formats. See A1. d. below regarding alternate instruction methods. Many of the services provided to students can be transacted via telephone, email, postal service, and online. Other services that may put students and staff at risk, such as food service, will be discontinued. On campus housing students would utilize kitchen facilities in the dorm rooms.

**A1.b. Academic concerns of students resulting from prolonged absences from class.** In the event of pandemic influenza, RRCC will follow federal or state mandates regarding quarantine or movement restriction. Federal and state guidelines and recommendations will be closely monitored in the event of a pandemic and students will be excused from classes in the event of illness during a pandemic, or at any time travel is restricted or quarantines are imposed.

In addition, students from Canada will be excused in the event the U.S./Canadian border is closed or movement is limited.

At the point where travel is once again permitted and/or quarantine mandates have been lifted, students will be given a time extension to complete their RRCC courses. This extension will be liberal in nature, given the length of absence as well as the emotional and physical impact of the pandemic situation.

**A1.c. Guidelines enabling students to take courses on-line or via ITV or through other distance education venues; it provides for students in isolation to obtain class lectures and participate in exams.**

*Desire 2 Learn (D2L) – Web Classroom Platform*

In the event of Pandemic Influenza, D2L can be used to deliver RRCC courses. Mandatory instructor and staff training should begin immediately in anticipation of the possible required need for this type of delivery. As instructors are trained, they should be required to use D2L as supplemental to their land-based class in anticipation of cancelling face-to-face instruction. All instructors and students who have access to a computer and the Web can access their RRCC class via D2L.

*Microsoft Office Outlook – Student and Staff E-mail*

All RRCC students have email accounts generated when they complete the Computer Acceptable Use Policy. The RRCC IT department then creates class-level email list serves. For instance, an instructor who teaches the second section of Composition 1 could enter his/her MS Outlook account; enter the name of the class in the “To:” area (i.e. ENGL 1010-02); and send a mass-email to all students registered in that course. Instructors and students can communicate via email from their home computer.

*Telephone / Mail*

All RRCC students are required to provide a local address and phone number to the registrar, which are entered into ISRS. Instructors and students who do not have a home computer can use the telephone and/or mail to communicate.

### *Interactive Television (ITV)*

The ITV method of delivery would require that instructors come to the RRCC campus, or other ITV site, to deliver their instruction. The ITV method would require that students have access to an ITV delivery site in order to receive the instruction. (This method would probably not work well in a genuine pandemic situation.)

This procedure provides a method for enabling students in quarantine or isolation to continue with their studies.

#### **A1.d. Media disclaimer – all schedules, etc subject to cancellation.**

Requires that from June 14, 2006, all RRCC handbooks, brochures, web-site, etc., clearly inform students that classes/programs are subject to cancellation or changes in the event of an emergency. All RRCC student communications - print, radio or television, and the website - will include a cancellation statement such as, "All classes and/or programs are subject to change or cancellation in the event of an emergency."

### 2.) Admissions/Registration/Financial Aid

**A2.a. Continuity of essential admissions/registrar/financial aid services in the event of a reduction in work force.** RRCC personnel are often single-person offices and/or departments and, in many instances, each employee is responsible for multiples offices and/or departments. It is suspected that in the event of a pandemic, many of our services would become non-functioning, because bargaining units limit cross-training of employees.

Beginning summer of 2006, each office/employee will be asked to write detailed procedures for their position/office. These step-by-step instructions may help existing personnel, who would be able to work, to provide a limited scope of services for students. MnSCU System Office personnel may be relied upon to provide access and direction as well.

In addition, RRCC may rely on our NHED collaboration to help provide some of the essential services necessary to stay open.

- Procedure #\_\_ addresses financial concerns of students resulting from prolonged absences from class or temporary closure of the institution.
- Procedure #\_\_ addresses decreased tuition receivables when there is a significant reduction in returning students or faculty.
- Procedure #\_\_ provides guidelines for RRCC personnel to monitor the whereabouts of students during a pandemic.
- Procedure #\_\_ provides for continuing recruiting and admissions processes during quarantine.
- Procedure #\_\_ provides guidelines for continuing or stopping financial aid as needed.

### 3.) International Studies and Foreign Students

***RRCC does not presently have international study curriculum scheduled.***

**A3.a. Restricted travel out of the United States.** Guidelines for communicating with and assisting international students, faculty and staff who may be restricted from returning to their homelands if the United States is affected, or who may be quarantined while in the United States. RRCC has a number of Canadian students and several other international students. In the event of an influenza pandemic, RRCC will adopt CDC travel recommendations ([www.cdc.gov/travel/](http://www.cdc.gov/travel/)). It is anticipated that CDC guidelines may change based on the severity of the situation. This will be monitored closely.

- Procedure #\_\_ serves as a guideline for trip cancellation, restricted travel regions, repatriation, academic credit issues and shelter-in-place.
- Procedure #\_\_ provides for creation of advisory statements as part of the orientation process for persons planning to travel to affected areas, including safety and potential personal financial obligations.
- Procedure #\_\_ provides guidelines for communicating with and assisting students, faculty and staff who may be restricted from returning to the United States from affected countries, or who may be quarantined while overseas.
- Procedure #\_\_ serves as a guideline for faculty, staff, and students upon return to home campus to review health status and incubation concerns.
- Procedure #\_\_ provides guidelines for handling inquiries from families regarding student foreign travel.

### 4.) Counseling

**A4.a. Counseling services preparation.** Guidelines for setting up counseling services for faculty, staff, and students pre-, during, and post- event with special recognition to the significant number of deaths anticipated. Beginning during the summer of 2006, RRCC will develop a Pandemic Awareness Campaign to include information that will be educational and minimize public panic about the H5N1 Avian Influenza.

RRCC's counselor will be available to counsel students – both onsite as well as via phone, email, or D2L. Academic advisors and other personnel may be called upon to assist students in need by providing referrals to local resources. Area resources are:

Northland Counseling Center  
1404 Highway 71  
International Falls, MN 56649  
283-3406

Blue Heron Counseling Service  
1516 W. 2<sup>nd</sup> Avenue  
International Falls, MN 56649  
285-9041

In addition, area clergy may be contacted to provide phone or email counseling. A directory of area churches is included on page 33.

It is anticipated that the Northeast Higher Education District (NHED) Colleges, as well as the MnSCU system, may be called upon to provide indirect service and support as well.

**A3.b. Counseling services, non-face to face.** Guidelines for RRCC personnel to offer counseling services to faculty, staff, and students by means other than face-to-face.

**A4.b. State Employee Assistance Program counseling:**

The mission of the State Employee Assistance Program (EAP) is to provide confidential, accessible services to individual employees and state agencies in order to restore and strengthen the health and productivity of employees and the workplace. To speak to an EAP Counselor call: **651-259-3840 or 1-800-657-3719.**

For information about free, confidential EAP counseling and referral services for Minnesota state employees and their families go to <http://www.doer.state.mn.us/eap/eapmore.htm>

### 3. Operations Committee:

Mike Johnson, Provost (CRT)  
 LeAnne Hardy, Director of Student Affairs (CRT)  
**Tammy Wood, Administrative Assistant (CRT)**  
 Renee Peterson, IT Director/Communications (CRT)  
 Lynn Swenson, Accounts Payable/Student Payroll  
 Karen Bishop, Bookstore Manager

A. The Operations Committee is responsible to:

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

3.2 Develop a continuity of operations plan for maintaining the essential operations of the college including food service, bookstores, payroll and other business functions.

3.3 Establish policies for employee sick leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).

3.4 Establish sick leave policies for employees and students suspected to be ill or who become ill on campus. Employees and students with known or suspected pandemic influenza should not remain on campus and should return only after their symptoms resolve and they are physically ready to return to campus.

## 2.) Bookstores

**02.a. Guidelines for students to acquire books without going personally into the bookstore.** *This includes the determination of how many staff persons are needed if books are shipped rather than purchased by the student in person.*

Due to the small size of bookstore staff (1) students will be directed to use outside on-line book retailers (i.e. amazon.com) for book purchases.

## 3.) Business and Finance

**03.a. Guidelines for financial services to pay bills and collect receipts with reduced staff.**

The college will set up a procedure for students to pay bills on-line via credit card. The NHED District may share services to keep the separation of duties regarding the business and financial functions.

**03.b. Guidelines that detail methods whereby select financial services could be provided by workers from their homes.**

The College IT department will set up remote access for those employees that work in financial services to provide essential functions for the college.

**O3.c. Guidelines to ensure that the ongoing *essential* business and finance services continue in the event of a significant reduction in work force.**

The Director of Fiscal Services is responsible for ensuring the essential business and finance services continue in the event of a significant reduction in workforce. In the event the Director of Fiscal Services is unable to serve in this capacity RRCC will rely on other NHED fiscal directors for these services.

**O3.d. Guidelines on how RRCC will attempt to estimate the potential financial impact of pandemic scenarios.**

RRCC will work in conjunction with our sister NHED colleges to estimate the potential financial impact of pandemic scenarios.

**O3.e. Guidelines on how RRCC will identify essential funds for business continuation in the event of a pandemic.**

The Director of Fiscal Services will work with other system CFO's to determine a process for identifying essential funds for business continuation in the event of a pandemic.

**O3.f. Guidelines to maintain *essential* payroll and accounts payable in the event that a substantial number of employees are absent.**

The Executive Assistant and payroll staff at Hibbing Community College will maintain essential payroll services. The Executive Assistant will process accounts payable in the event the Customer Service Specialist assigned to this duty is unable to perform this function.

**O3.g. Guidelines to maintain the purchasing of goods and services in the event that a substantial number of employees are absent.**

The Director of Fiscal Services with the help of the Executive Assistant will maintain the purchasing of goods and services in the event a substantial number of employees are absent.

**O3.h. Outlines methods to ensure that appropriate funds are transferred to meet financial and regulatory obligations.**

The Director of Fiscal Services will ensure that appropriate funds are transferred to meet financial regulatory obligation. In the event the director cannot report to work, RRCC will rely on CFO's from sister NHED colleges to assist with this function.

**03.i. Guidelines to adequately secure potentially vulnerable cash handling during a pandemic.**

RRCC will follow MnSCU and NHED guidelines for securing potentially vulnerable cash handling during a pandemic.

4.) Human Resources

*Human resources support will be provided by the Northeast Higher Education District (NEHD) Human Resource office to RRCC personnel and their families.*

The following is a roster of essential administrative personnel:

Faculty in a variety of academic roles; Mike Johnson, Provost; Pat Leistikow and Emily Ahrens, Fiscal Services; Renee Peterson, Director of Technology; All maintenance professionals, Scott Riley, Director of Financial Aid; Tammy Cook, Director of Academic Services; Tammy Wood, Executive Assistant.

**04.a. Guidelines for replacing workers who are ill or who otherwise don't report.** As part of these guidelines, the following issues are addressed:

- i. What system resources are in place to quickly make temporary appointments?
- ii. How we make "work out of class" arrangements?
- iii. How we plan to cross-train employees?

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes.

**04.b. Guidelines for authorizing leave for employees – sick, personal, vacation.**

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes.

**04.c. Guidelines for employees on other authorized leaves – paid and unpaid.**

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes.

**04.d. Guidelines for ensuring the continuity of paychecks and benefits for employees.** It also addresses these issues:

- i. How does this fit with system and state-wide plans?
- ii. Can we "buddy-up" with another institution so that at least one can handle payroll, etc?

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes.

**P4.e. Details of special provisions that might be needed for employees who perform work outside of the institution.**

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes.

**O4.f. Details of the training and health education that shall be provided to employees.**

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes.

**O4.g. Communication strategies to keep in touch with employees, including non-native speakers of English to provide essential information.**

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes.

**O4.h. Guidelines to assure the ongoing provision of human resources services in the event of a reduction in work force.**

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes:

- work-at-home students, faculty, and staff.
- employing and training temporary workers.
- cross-training of essential personnel.
- Communication of support and benefit information to employees and their families other than face-to-face.

5.) Technology

RRCC will work with Human Resources Director, Patricia Delich, to follow all MnSCU and State of Minnesota guidelines for these processes:

- training back-up IT staffing plans if IT staff are absent.
- providing supplemental technology required if more courses are offered on-line or if more staff work from home using the internet.
- ensuring that backup staff have the necessary security access to handle ISRS, SEMA4, SCUPPS transactions.

#### 4. Facilities Committee:

Mike Johnson, Provost (CRT)

**LeAnne Hardy, Director of Student Affairs (CRT)**

Emily Ahrens, Fiscal Services/ Housing Director (CRT)

Deseree Goulet, Lead Maintenance

Tim Brown, Maintenance (CRT)

A. The Facilities Committee is responsible to:

4.1 Develop a continuity of operations plan for maintaining the essential operations of the college including security, maintenance as well as housekeeping for student housing.

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

#### 1.) Physical Plant and Facilities

**F.1.a. Guidelines to help employees minimize contact to wild birds, particularly water fowl droppings.** *It also explains how RRCC personnel plan to minimize the spread of bird droppings through campus buildings.*

Facilities professionals will monitor the condition of campus on a regular basis to keep all areas cleaned and disinfected with particular attention being given to entryways where droppings could easily be brought into the campus facility.

**F.1.b. Guidelines to assure the ongoing provision of essential services in the event of a reduction in work force.**

All facilities professionals provide an essential service if the facility remains open. Their jobs are critical to prevent additional spread of the virus. All facilities professionals will be required to work and perform their normal duties with particular care in disinfection of their areas.

*Facilities are currently being evaluated to determine what areas can be isolated from air circulation.*

- The following buildings are best suited to serve as inoculation sites, triage treatment centers, quarantine, and isolation areas:  
*The Gym, Locker Rooms, Commons, SC114, and SC115 will serve as inoculation sites, , quarantine, and isolation areas. These areas have access to all necessary needs and can be quarantined by hallway doors. The Student Services building will act as a triage treatment center in the event of an emergency. Doors to this area from both sides will be secured.*

- RRCC can purchase the appropriate type and amount of germicidal and disinfectant supplies from Viking Industrial North of Duluth (218 624 4851). We need to give them 2 days lead time.

*RRCC is currently researching the proper germicidal and disinfectant supplies that will be needed and the best supplier for them.*

- Prior to WHO Stage 5 being announced, sufficient fuel and supplies will have been stockpiled to support up to 8 weeks of operation. RRCC fuel is supplied by Minnesota Energy Resources and is piped into our campus. Other necessary supplies are in process of being stockpiled.
- RRCC steam plant, boilers, and other building systems can not be monitored or operated from a remote site.

**F.1.c. Guidelines to assure the ongoing provision of essential services with the least amount of exposure to trained and licensed personnel.**

If RRCC's primary general repair worker is unavailable, a secondary person will perform the operations.

Four maintenance professionals have boiler licenses that have been maintained. Primary responsible party and a list of successors in order are listed below:

- Deseree Goulet – Building Maintenance Lead Worker – Primary Responsible Party
- Timothy Brown – Secondary Responsible Party
- LeRoy Averill – Next Back-up Party
- Von Morgan – Next Back-up Party

The essential employees and backup for the following essential operations. Deseree Goulet is the professional in charge of all facility essential operations. Back-up lead in her absence would fall by the following order:

- Jacqueline McKelvey
- Timothy Brown
- LeRoy Averill
- Von Morgan

**F.1.d. provides a line of succession of authority.**

The following list shows the authority for the maintenance department.

- Mike Johnson
- Deseree Goulet
- Jacqueline McKelvey
- Timothy Brown
- LeRoy Averill
- Von Morgan

**F.1.e. Guidelines for establishing the appropriate degree of maintenance that must be done if staff is reduced and if contractors are unavailable or refuse to come on campus.**

Maintenance professionals' primary concern in the event of a pandemic is the health and safety of the campus community. All available efforts will be put into cleaning and disinfecting of the campus.

Building Maintenance Lead Worker will prioritize his/her time to:

- Assignment of duties to all facilities professionals.
- Limit repairs to those essential to safety and operations.
- Assist in cleaning and disinfecting efforts across campus.
- Groundskeeper will prioritize his/her time to limit grounds work to activities that are essential to the health and safety of the campus community.
- Assist in cleaning and disinfecting efforts across campus.

**F.1.f. Guidelines for maintenance services.**

- Waste pick-up

In the event that the contractor in charge of waste removal refuses to come to campus, the Groundskeeper will be responsible to remove refuse from the campus and haul to the transfer station.

- Cleaning of buildings, including dorms

Cleaning and disinfecting of the all campus buildings will be of the highest priority. Other activities that are not associated with health and safety will be placed on hold.

- Snow-removal

Groundskeeper will be in charge of snow-removal in the case of an emergency during the winter months. The extent of the snow-removal will be determined based on the stage of emergency and the needs of the campus.

- Emergency weather response

Response for weather emergencies will start with the process in place in the campus Crisis Response Plan. This may be altered according to what stage of emergency the campus is currently in.

- Securing construction contract work

Construction work in progress will continue if resources are available. If the contractor refuses to come to the campus and the project is non-emergent, the project will be suspended until the state of emergency has passed.

**2.) Student Housing Services**

**F.2.a. Guidelines to ensure ongoing student housing services in the event of a reduction in work force.**

In the event that the on-site housing director is unable to perform his/her duties, necessary services will be provided in accordance with the emergency call list in the Housing Crisis Plan

**F.2.b. Guidelines to inform students on proper cooking procedures, specifically related to avian-related products.**

A pamphlet will be prepared for residents using USDA materials to describe the proper cooking and handling of poultry products. The Web site for this is <http://www.usda.gov> select food and nutrition then poultry and meat hotline. The information is attached as appendix 5.

**F.2.c. Guidelines to specify on-campus housing for use as isolation units for students who may not be able to be isolated off-campus or at home. (Each of these will require private bathrooms.)**

Infected students will be removed from their housing unit and placed in a quarantined area located on campus. The roommates of the infected students will be quarantined in their housing unit to avoid infection of others during the incubation period.

**F.2.d. Guidelines to establish evaluation centers to send students who believe they have been exposed or exhibit flu-like symptoms.**

A triage center will be set up in the student services building (SC114 and SC115). A Quarantined area will be set up in the Gym.

**F.2.e. Guidelines related to guarantees of dorms to dorm residents who may have to be displaced.**

Infected residents will be removed to a quarantined area located on the campus. Roommates of infected residents will be quarantined in their dorm room.

**F.2.f. Guidelines to restrict access to dorms.**

The housing building is secured with electronic locks and entry will be limited to essential personnel and residents only.

**F.2.g. Guidelines to ensure delivery of supplies or services with the least possible interruption.**

All intake of supplies will occur on the college campus. Transport of necessary supplies will be made to the housing unit by essential personnel.

### 3.) Campus Security

#### **F.3.a. Guidelines developed to assure the ongoing provision of campus security in the event of a reduction in work force.**

Campus security is provided by our Facilities Professionals. All professionals in this area are listed as essential and will continue to provide this service.

#### **F.3.b. Guidelines to secure and protect selected areas on campus declared off limits for both short and long term periods of quarantine.**

- The Commons, and possibly adjacent classrooms, gym, and shower facilities (if appropriate).
- The Gym and locker rooms will act as a quarantine area in the event of an emergency. Doors to this area from both sides will be secured and locked.
- The Student Services Building will act as a triage center in the event of an emergency. Doors to this area from both sides will be secured and locked.

#### **F.3.c. provides guidelines to secure and protect the campus from encroachment from neighbors and other non-campus populations seeking services and refuge in the event of panic; or alternatively, to communicate ahead of time with the community as to the availability of, if any, services to the community from the institution.**

In the event of an emergency that require lock down, all exterior entrances from campus will be secured and remain locked. Essential personnel will act as security during this time.

#### **F.3.d. Guidelines to secure and protect the campus' consumer staples, including food, water, and essential healthcare items.**

Necessary supply items will be kept in secured/locked areas with access limited to essential professionals.

By August, 2006, appropriate RRCC administrators and other personnel will meet with local authorities to understand the plans and expected limitations of local police, fire, and all other local emergency services.

Plans are currently underway to schedule meetings with law enforcement, local health care organizations, and other emergency services to coordinate plans in the event of an emergency.

#### **F.3.e. Guidelines to control access to campus and specific facilities that have been designated by public entities as sites for public immunizations or other services.**

*The Koochiching County Public Health all-Hazard Response Plan – Pandemic Influenza Appendix/Supplement is attached to this plan as appendix 4.*

**F.3.f. Guidelines to refer all media matters and inquires to Renee Peterson (external communications) or Barb Fisher (alternate).**

All media inquiries made to any professional on campus will be forwarded to Renee Peterson for response. Barb Fisher will act as an alternate.

**F.3.g. Guidelines to locate and purchase appropriate types and amounts of personal protective equipment from Viking Industrial North of Duluth, requesting 3 days lead time.**

*RRCC is investigating the type and quantity of personal protective equipment that will be needed in the event of an emergency. A supplier will then be identified.*

**F.3.h. Guidelines regarding the minimum level of security required.**

The stage of emergency will rule what level of security will be necessary. If the college remains open, normal procedures will prevail. In the event of a panic, the college will go into lockdown mode with only essential personnel and resident students remaining.

**F.3.i. Guidelines detailing back-up plans if staff cannot or refuses to report.**

RRCC personnel will follow the directions of Patti Delich, NHED human resources director. These directions will be provided in this space.

5. Healthcare Committee:  
 Mike Johnson, Provost (CRT)  
 Mel Millerbernd, Athletic Director (CRT)  
 Judy Junker, Nursing Faculty  
 Ellen Johnson, Nursing Faculty  
 Kelly Sjerven, Biology Faculty  
**Scott Riley, Financial Aid**  
 Darryl Hall, Sociology Faculty

A. The Healthcare Committee is responsible to:

5.1 Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette). (See Infection Control [www.cdc.gov/flu/pandemic/healthprofessional.htm](http://www.cdc.gov/flu/pandemic/healthprofessional.htm)). 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 ([www.cdc.gov/flu/protect/preventing.htm](http://www.cdc.gov/flu/protect/preventing.htm)).

5.2 Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).

5.3 Ensure health services and clinics have identified critical supplies or back-up personnel needed to support a surge in demand and take steps to have supplies on hand and additional services accessible.  
[www.cdc.gov/flu/pandemic/healthprofessional.htm](http://www.cdc.gov/flu/pandemic/healthprofessional.htm)

### 1.) RRCC Campus Health

#### **H.1.a. Guidelines to bring in appropriate medical personnel to assist in managing an outbreak.**

RRCC does not have a campus clinic or healthcare facility or staff. Students and employees are urged to call SMDC at 283-9431 or Falls Memorial Hospital at 283-4481 and the Koochiching County Health Department at 283-7070.

#### **H.1.b. Protocols for communicating with the local health department, Duluth Clinic, and hospital emergency area.**

*See Communications Committee Section.*

#### **H.1.c. Guidelines for planning and communicating with parents.**

RRCC Administration and other designated essential employees will communicate with students' parents via direct phone and voice mail, RRCC website, radio, television, etc. See "calling tree" in communications section.

**H.1.d. Guidelines for pre-event counseling with students related to bird droppings, hunting and pet bird concerns.**

The Minnesota Department of Health website has ample information regarding avian influenza in Minnesota birds. RRCC will make this information available to all students and staff. This website is located at <http://www.health.state.mn.us/divs/idepc/diseases/flu/avian/birddisease.html>

**H.1.e. Guidelines to locate and purchase appropriate types and amounts of personal protective equipment from Viking Industrial North if Duluth, requesting 3 days lead time.**

RRCC's pandemic response efforts will be well coordinated with all relevant state and local health department personnel who have been fitted for a respirator.

**H.1.f. Guidelines to ensure that stockpiled materials with expiration dates have not exceeded those dates.**

RRCC personnel will review expiration dates on stock piled materials and will then create a rotation schedule.

**H.1.g. Guidelines for fit-testing of respirators when required to be worn.**

RRCC's pandemic response efforts will be well coordinated with all relevant state and local health departments.

**H.1.h. Guidelines for establishing a temporary health clinic on campus if the hospital and clinic nearby become dysfunctional.**

Under the direction and guidance from local, state, and federal health agencies, RRCC would have ample room for establishing a temporary health facility.

**H.1.i. Guidelines that define an internal notification plan and alert mechanism.**

*See Communications Committee Section.*

**H.1.j. Guidelines that define an external notification plan and alert mechanism.**

*See Communications Committee Section.*

**H.1.k. Guidelines that define how RRCC can prepare a negative pressure room for private evaluations of patients with flu-like symptoms.**

The Facilities Committee will work under the direction of our state and local health agencies, along with MnSCU and NHED, to identify and prepare our current facilities for on-campus isolation areas, inoculation sites, etc.

**H.1.l. Guidelines for posting signs at all entry points to the college directing individuals with flu-like symptoms and/or returning from recent international travel to areas where there have been avian flu outbreaks to self identify and register with staff immediately.**

*See Communications Committee Section.*

**H.1.m. Guidelines for evaluating patients with flu-like symptoms to determine the likelihood of an avian flu exposure while minimizing contact and self exposure.**

The Healthcare Committee will work with regional and state healthcare agencies in developing a plan for evaluating patients.

**H.1.n. Guidelines for caring for students exposed to the flu but who are not symptomatic.**

The Healthcare Committee will work with regional and state healthcare agencies in developing a plan for caring for students exposed to the flu.

**6. Communications Committee:**

Mike Johnson, Provost (CRT)

**Renee Peterson, IT Director/Communications (CRT)**

Barb Fisher, Recruiter/Marketing

A. The Communications Committee is responsible to:

6.1 Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans that link with public health authorities and other key stakeholders (See [www.hhs.gov/pandemicflu/plan/sup10.html](http://www.hhs.gov/pandemicflu/plan/sup10.html)).

6.2 Develop a dissemination plan for communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications.

6.3 Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, local radio or television) for communicating college/university response and actions to employees, students, and families.

6.4 Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.

6.5 Advise employees and students where to find up-to-date and reliable pandemic information from federal, state and local public health sources.

6.6 Disseminate information about the college/university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on student housing closure, and the contingency plans for students who depend on student housing, including how student safety will be maintained for those who remain in student housing.

6.7 Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (including the HHS Pandemic Influenza Planning Guide for Individuals and Families at [www.pandemicflu.gov/plan/tab3.html](http://www.pandemicflu.gov/plan/tab3.html)), and the at-home care of ill students or employees and their family members.

6.8 Anticipate and plan communications to address the potential fear and anxiety of employees, students and families that may result from rumors or misinformation.

## 1.) Communications

### **C.1.a. Guidelines for general communications.**

In the event of an emergency of pandemic nature, external influenza media messages will come from the college Provost, Mike Johnson or communications personnel, Renée Peterson acting as the official spokesperson for the college. Pandemic influenza media messages will be coordinated and closely monitored to ensure consistency.

Key messages and materials will be developed and coordinated with local community health officials. A dedicated website, accessed through the Rainy River Community College website, will be developed for communication with RRCC students, personnel and their families. Information provided will include college response and actions to the local situation, and stakeholders will be directed to other appropriate community resources such as hotlines and websites that respond to local questions.

Rumors and inaccurate information regarding pandemic influenza threats will be addressed in a timely manner.

Additionally, links to tools and resources through the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu](http://www.cdc.gov/flu) websites will be provided to RRCC students and personnel.

RRCC students, personnel and families will be referred to the Center for Disease Control (CDC) for additional resources to include:

#### **Pandemic Influenza Fact Sheet –**

<http://www.cdc.gov/flu/avian/gen-info/pandemics.htm>

#### **Avian Influenza Fact Sheet -**

<http://www.cdc.gov/flu/avian/gen-info/facts.htm>

#### **Guidance to Travelers -**

[http://www.cdc.gov/travel/other/avian\\_flu\\_ah5n1\\_031605.htm](http://www.cdc.gov/travel/other/avian_flu_ah5n1_031605.htm)

#### **Managing Anxiety in Times of Crisis**

<http://mentalhealth.samhsa.gov/cmhs/managinganxiety/default.asp>

Because information will likely change frequently, RRCC constituents will be advised to check the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for up-to-date materials.

The RRCC Pandemic Communications Team will download and localize resources made available by state and local communications and health professionals. Material will include posters, brochures, fact sheets, media kits and webcasts for public audiences. Printed information will be distributed to RRCC students and personnel when possible, and links to electronic information will be made available on the RRCC pandemic dedicated website.

**C.1.b. Guidelines for communications related to a reduction in work force.**

If an influenza pandemic prompts a reduction in the work force at RRCC, the primary means of communication and information dissemination will be through email and the dedicated website referred to in Section C-1a. Additionally, information will be distributed to stakeholders via local radio or television media and by messages on the general switchboard telephone at Rainy River Community College (218-285-7722).

Because information will likely change frequently, RRCC constituents will also be advised to check the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for up-to-date materials, along with messages distributed by local health officials and the on RRCC dedicated website: [www.rrcc.mnscu.edu](http://www.rrcc.mnscu.edu).

**C.1.c. Guidelines for communicating with parents.**

Rainy River Community College will distribute general educational messages about pandemic influenza to parents. Information distributed to parents will also include practical information, such as travel advisories, infection control, availability and use of antiviral medications and vaccines, and specific public health actions that may be required.

To minimize parental concerns, RRCC will promptly respond to rumors and inaccurate information in order to minimize concern and social disruption.

Primary vehicles for communications with parents will be email, the RRCC dedicated website and referrals to community health officials.

Because information will likely change frequently, parents of RRCC students will be advised to check the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for up-to-date materials.

**2.) Campus Health Communication****C.2.a. Guidelines related to campus health communication.**

In the event of a threatening influenza pandemic, RRCC will provide pre-pandemic health information to students, families and RRCC personnel. Educational material will be provided and key messages and materials will be developed about pandemic influenza and ways that people can protect themselves and their families, along with practical information such as travel advisories, infection control, availability and use of antiviral medications and vaccines, and any specific public health actions that may be required.

Messages delivered by RRCC will be consistent with messages being delivered by state, local and national health officials. The RRCC Pandemic Communications Team will distribute a list of current, pre-event telephone numbers and web URLs of the local health department, the local clinic and local hospital to all students and RRCC personnel.

RRCC students and personnel will also be advised to check the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for pre-pandemic materials and information.

### **C.2.b. Guidelines for communication - community health.**

Collaborative community pandemic influenza planning should begin as early as possible. The RRCC Pandemic Communications Team will partner with credible local health officials and health care providers to prepare for appropriate media responses to outbreaks of pandemic influenza.

The RRCC Pandemic Communications Team will distribute a list of telephone numbers and web URLs of the local health department, the local clinic and local hospital to all students and RRCC personnel.

Because information will likely change frequently in the event of pandemic influenza, RRCC constituents will be advised to check the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for up-to-date materials.

### **C.2.c. Guidelines related to an internal notification plan.**

In the event of an influenza pandemic, immediate action will be taken to carry out RRCC's internal communication protocol as outlined by the campus Crisis Response Team.

Immediate action will be taken to assure credible and consistent communication with internal RRCC stakeholders. Communication will commence as quickly as possible. Media messages will come from the college Provost, Mike Johnson or communications personnel Renée Peterson acting as the official spokesperson for the college. Pandemic influenza media messages will be coordinated and closely monitored to ensure consistency.

The Pandemic Planning Communications Team (PCT) will assemble immediately to:

- Designate a meeting and communications center for the PCT,
- Consult with local health officials to assure consistency of communications,
- Launch the dedicated RRCC pandemic website immediately for dissemination of college-specific information,

- Provide to internal constituents the information needed via internal messaging and information systems (email, web and/or voicemail),
- Implement the contact calling tree as outlined by the college Crisis Response Team as needed. See Appendix A.
- In cases involving student or personnel illness or death, families will be notified by the college provost or appropriate personnel. Communications of this nature will be handled with the utmost kindness, sensitivity and discretion.

#### **C.2.d. Guidelines relating to external communications.**

In the event of an emergency of pandemic nature, external influenza media messages will come from the college Provost, Mike Johnson or communications personnel Renée Peterson acting as the official spokesperson for the college. Pandemic influenza media messages will be coordinated and closely monitored to ensure consistency.

Key messages and materials will be developed and coordinated with local community health officials. A dedicated website, accessed through the Rainy River Community College website, will be developed for communication with RRCC students, personnel and their families. Information provided will include college response and actions to the local situation, and stakeholders will be directed to other appropriate community resources such as hotlines and websites that respond to local questions.

Rumors and inaccurate information regarding pandemic influenza threats will be addressed in a timely manner.

External constituents will also be advised to check the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites for up-to-date materials, along with messages distributed by local health officials and the RRCC dedicated website.

### 3.) Human Resources Communications

#### **C.3.a. Guidelines for human resources communications.**

Benefit information and related human resources support will be provided by the Northeast Higher Education District (NEHD) Human Resource office to RRCC personnel and their families.

The RRCC Pandemic Communications Team will compile a list of NEHD Human Resource contact information, along with appropriate telephone numbers and email addresses. The information will be made accessible to all employees in printed and electronic formats.

#### 4.) International Studies and Foreign Student Communications

##### **C.4.a. Guidelines related to international studies and foreign students.**

Procedure #\_\_ provides guidelines regarding advisory statements as part of the orientation process for persons planning to travel to affected areas, including safety and potential personal financial obligations.

Procedure #\_\_ provides guidelines for communicating with and assisting students, faculty and staff who may be restricted from returning to the United States from affected countries, or who may be quarantined while overseas.

Procedure #\_\_ provides guidelines for communicating with and assisting international students, faculty and staff who may be restricted from returning to their homelands if the United States is affected, or who may be quarantined while in the United States.

Procedure #\_\_ provides guidelines for inquiries from families regarding student foreign travel.

Rainy River Community College does not have a study abroad program at this time. Only the third item would possibly pertain to Rainy River Community College as at any given time, there few if any foreign students on campus.

## Emergency Phone Numbers

<b>Emergency</b> .....	<b>9-1-1</b>
On campus.....	9-9-911
From student housing .....	911

### **Non-emergency – Local / Regional:**

Fire.....	218-283-2929
Police / Sheriff.....	218-283-4416
Ambulance .....	218-283-2929
Clinic – International Falls Clinic (SMDC) .....	218-283-9431
Hospital – Falls Memorial Hospital.....	218-283-4481

### **Minnesota State Agencies**

Arson Hotline .....	800-723-2020
National Center for Missing/Exploited Children.....	800-843-5678
National Response Center and Terrorist Hotline .....	800-424-8802
Poison Control Center.....	800-222-1222
Secret Service .....	612-348-1800
State Patrol .....	9-1-1

### **U.S. Government Agencies**

Border Patrol – Emergency Calls.....	800-982-4077
Border Patrol – Non-emergency Calls .....	218-283-2461
Center for Disease Control and Prevention .....	800-311-3435
Customs and Border Protection.....	218-283-0769
Airport .....	218-283-2502
International Bridge.....	218-283-2541
Ranier .....	218-286-3131
Federal Bureau of Investigation (FBI) .....	612-376-3200
Health and Human Services Department.....	515-246-0126

**Additional information resources:**

## Minnesota Department of Health (MDH)

- P. O. Box 64975, St. Paul, MN 55164-0975
- 651-201-500 or 888-345-0823
- 651-201-5797 (TTY)
- [www.health.state.mn.us](http://www.health.state.mn.us)

## Code Ready (Minnesota emergency preparedness initiative)

- [www.codeReady.org](http://www.codeReady.org)

## Centers for Disease Control (CDC)

- [www.pandemicflu.gov](http://www.pandemicflu.gov)

## Minnesota Homeland Security Emergency Management

- [www.hsem.state.mn.us](http://www.hsem.state.mn.us)

## Federal Emergency Management Agency (FEMA)

- [www.fema.gov/library/prepandprev.shtm](http://www.fema.gov/library/prepandprev.shtm)

## U.S. Department of Homeland Security

- [www.ready.gov/index.html](http://www.ready.gov/index.html)

## World Health Organization (WHO)

- [www.who.int/en](http://www.who.int/en)

## American Red Cross

- [www.redcross.org](http://www.redcross.org)

## Koochiching County Health Department

- 1000 5<sup>th</sup> Street
- International Falls, MN 56649
- 218-283-7070
- [www.co.koochiching.mn.us](http://www.co.koochiching.mn.us)

**RRCC Avian Influenza Pandemic Planning Committees  
6/2006**

1. **Overall Coordinating Committee\***  
(These also serve as the Crisis Response Team (CRT))  
**Mike Johnson, Provost**  
LeAnne Hardy, Director of Student Affairs (CRT)  
Tammy Wood, Administrative Assistant  
Tammy Cook, Academic Services Director  
Renee Peterson, IT Director/Communications  
Mel Millerbernd, Athletic Director  
Emily Ahrens, Fiscal Services/Housing Director  
Mori Facciotto, Counselor  
Carol Grim, Advisor  
Tim Brown, Maintenance  
Von Morgan, Maintenance  
Deseree Goulet, Maintenance  
Judy Junker, Nursing Faculty
  
2. **Academic Administration Committee:**  
Mike Johnson, Provost (CRT)  
**Tammy Cook, Academic Services Director (CRT)**  
Renee Peterson, IT Director/Communications (CRT)  
Mary Kuldaneck, AASC Chair  
Doug Blumhardt, RRCC Faculty President
  
3. **Operations Committee:**  
Mike Johnson, Provost (CRT)  
LeAnne Hardy, Director of Student Affairs (CRT)  
**Tammy Wood, Administrative Assistant (CRT)**  
Renee Peterson, IT Director/Communications (CRT)  
Lynn Swenson, Accounts Payable/Student Payroll  
Karen Bishop, Bookstore Manager
  
4. **Facilities Committee:**  
Mike Johnson, Provost (CRT)  
**Emily Ahrens, Housing and Fiscal Services Director (CRT)**  
Deseree Goulet, Lead Maintenance  
Tim Brown, Maintenance (CRT)
  
5. **Healthcare Committee:**  
Mike Johnson, Provost (CRT)  
Mel Millerbernd, Athletic Director (CRT)  
Judy Junker, Nursing Faculty  
Ellen Johnson, Nursing Faculty  
Kelly Sjerven, Biology Faculty  
**Scott Riley, Financial Aid**  
Darryl Hall, Sociology Faculty
  
6. **Communications Committee:**  
**Renee Peterson, IT Director/Communications (CRT)**  
Barb Fisher, Recruiting and Marketing  
Mike Johnson, Provost

**Disclaimer Statement:**

Starting June 14, 2006, all RRCC student communications - print, radio or television, and the website - must clearly state the following:

"All classes and/or programs are subject to change or cancellation in the event of an emergency."

**Governmental Liaison Message**

The Koochiching County Health Department has supplied the college with its Pandemic Influenza Annex/Supplement (Aug. 2008) to the Koochiching County Public Health All-Hazard Response Plan and the Koochiching County Emergency Operations Plan.

The Minnesota Department of Health released the states plan and within that plan are areas of obligation that local public health agencies will address. In the event of a pandemic influenza outbreak, the major roles and responsibilities of local public health will include the following components:

- Educating the public regarding control and prevention recommendation of the infectious agent
- Providing vaccinations and or prophylaxis (if available)
- Assisting with "off site" patient care coordination
- Implementing "isolation & quarantine protocol" if declared by the Minnesota Commissioner of Health

The Koochiching County Health Department will gladly serve on your advisory committee to help you address specific "health concerns and or issues."

Susan Congrave  
Director  
Koochiching County Health Department  
1000 5th Street  
International Falls, MN 56649  
218-283-7070  
[susan.congrave@co.koochiching.mn.us](mailto:susan.congrave@co.koochiching.mn.us)

A copy of the Pandemic Influenza Annex/Supplement to the Koochiching County Public Health All-Hazard Response Plan is attached as appendix 4 to this document.

## Appendix 1 Area Churches

First Assembly of God	283-2131
Berean Baptist Church	283-2727
First Baptist Church	283-3598
Littlefork Baptist Church (Littlefork)	218-278-6695
Pleasant Hill Baptist Church	283-4859
Northwoods Bible Church (Ray)	218-875-3375
St. Thomas Aquinas Catholic Church	283-3293
St. Columban Catholic Church (Littlefork)	283-3293
Christian Life Chapel	285-9297
Big Falls Covenant Church (Big Falls)	218-278-6216
Evangelical Covenant Church	283-3365
Littlefork Evangelical Free Church (Littlefork)	218-278-6216
Holy Trinity Episcopal Church	283-8606
Lindford Christian Fellowship Church (Littlefork)	218-278-4205
River of God Full Gospel Church (Big Falls)	218-276-2599
Bethany Evangelical Lutheran Church (Loman)	283-2208
First Lutheran Church	283-2208
Littlefork Lutheran Church (Littlefork)	218-278-6240
St. Paul Lutheran Church	283-8642
Zion Lutheran Church	283-9865
Black River Mennonite Church (Loman)	285-3454
Point O'Pines Mennonite Church	286-3316
Lake Kabetogama United Methodist (Kabetogama)	218-875-3010
United Methodist Mobile Ministry	218-757-3336
Northern Light Apostolic Assembly	283-9531
Faith United Church of Christ	283-2486
Borderland Church of Christ	218-343-0959
Church of Jesus Christ of Latter-day Saints	283-9086
Kingdom Hall Jehovah's Witnesses	283-4684
Salvation Army	283-3394
Seventh-Day Adventist Church	218-829-9328

## Appendix 2 - Essential Personnel Services

Rainy River Community College will establish a system to rapidly identify essential personnel services relative to the college's mission and strategic goals. Advance planning will help to ensure the efficient and successful operation of the college during a possible pandemic.

### Anticipated Events:

It is likely that the college will be faced with concerns about business continuity during the course of an influenza pandemic. Those concerns may be raised under a series of different scenarios. (See Appendix 3)

RRCC may be operating with a reduced workforce. Some services may be affected by a reduced workforce and/or by a reduced student body.

RRCC may be asked to close the campus and send employees and students home.

### Mitigation:

RRCC developed this Influenza Pandemic Plan to ensure well-coordinated operation of the college during a possible pandemic.

### FOCUS: Human Resources

Human Resources anticipates direction from MnSCU regarding administration of contract language for sick leave, annual leave, and personal leave for employees. For example: what documents will be required to support sick leave requests.

Without specific orders, the employment contracts will be followed with regard to employees' rights and responsibilities.

FMLA benefits will be honored for eligible employees.

Special insurance administration instructions will come from the Department of Employee Relations.

Leave balances are available to positive time reporting employees on the self-service site ([www.state.mn.us/employees](http://www.state.mn.us/employees)).

The primary payroll employee has first responsibility. There are two backup employees to step in if needed. Payroll can be processed from an off campus site where the internet is accessible.

Hiring activities will be suspended during a medical crisis where there is high absenteeism or the college is quarantined or closed.

We intend to minimize personal contact, by use of phone, e-mail, ITV, and/or US Mail.

Travel by HR staff between campuses will be suspended unless emergency arises.

Work shifts will be staggered if appropriate.

Human Resources, technology, and business and finance staff are cross-trained to help in the various duties.

There is no immediate plan to replace sick workers with emergency or temporary workers. Intermittent employees will be utilized when possible.

If employees are "shut out" they will be eligible for unemployment benefits.

The HR staff will attempt to process any claims to the best of their ability re: access to the college and personnel records.

Daily attendance/non-attendance reports will be done in the provost's office.

Questions regarding leave issues will be forwarded to the Human Resources staff.

The Weather Emergency and Evacuation Policy (Code Blue) will be used to determine essential services and other plans for emergencies. This Policy was recently updated and could be modified for a major health crisis.

*Responsible Committees/Key Personnel:*

Patricia Delich, Director of Human Resources

Donna Hukka, HR Assistant Manager

Nancy Paolo, Personnel Aide

Juanita Sistad, Payroll Clerk

*Response Steps:*

Human Resources is prepared to review actions in the beginning, during and throughout any health crisis to be sure that each area is operating effectively.

Changes to plans will occur as needed and as different scenarios occur.

Members of the human resources and payroll team will confer daily to discuss if any modifications need to be made to the plan and to evaluate services.

Information will be shared with employees regarding payroll and benefits so they know what services are continuing and how to access information.

*Recovery:*

Operations will return to normal mode as soonest as possible.

### Appendix 3 – Pandemic Planning Scenarios

#### Scenarios to be considered:

**Scenario 1:** The avian influenza has reached the US transmitted from wild bird to wild bird and from wild bird to human. Transmission is made by making direct contact with the wild bird itself, its blood or body fluids, bird droppings or eating undercooked bird. Review essential services and determine how this scenario will impact campus activities and what if any counter measures would you do to minimize the impact. **(Your goal is to stay open.)**

**Scenario 2:** An outbreak of avian influenza has occurred on campus, possibly caused by multiple direct contacts with an infected bird(s). There is a 30% reduction in the work force and a large portion of the student body is sick. Review essential services and determine how this scenario will impact on campus activities and what if any countermeasures would you do to minimize the impact. **(The goal is to stay open.)**

**Scenario 3:** The avian influenza has changed and there is significant human to human transmission. As part of the local pandemic plan or by Governor's Executive Order the campus has become an inoculation site for the region. Review essential services and determine how this scenario would impact on campus activities and what if any counter measures should be taken to minimize the impact. **(The goal is to stay open)**

**Scenario 5:** By Governor's Executive Order the institution is directed to become a quarantine/isolation site for the region. This will mean that the Governor has closed the campus and students who could get home are sent home. Individuals from outside your campus community are being brought to your facilities. Review essential services and determine how this scenario would impact on campus activities and what if any countermeasures would be taken to minimize the impact. **(The campus will be closed.)**

**Scenario 6:** By Governor's executive order the institution has been directed to close. This is a precautionary measure to help minimize the spread of avian influenza. Students are sent home. Review essential services and determine how this scenario would impact on campus activities and what, if any, countermeasures would be taken to minimize the impact. **(The campus is closed.)**

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**Appendix 4 – Koochiching County Public Health All-Hazard Response Plan  
– Pandemic Influenza Appendix/Supplement**

August 5, 2008

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## Preface

An influenza pandemic will place extraordinary and sustained demands on the public health and medical care systems as well as providers of essential services in Koochiching County.

To prepare for the next pandemic, an event considered by many experts to be inevitable, the Koochiching County Health Department in cooperation with various state and local organizations has developed the Koochiching County Health Department Pandemic Influenza Appendix/Supplement to the Koochiching County Public Health Department All-Hazard Response Plan. This plan was developed in cooperation with local hospitals, clinics, emergency medical services (EMS), emergency management (EM), the MDH, and other community agencies/partners to enhance the plan as well as develop robust and comprehensive plans for other kinds of emergencies that may impact Koochiching County.

Emergency preparation is a continuum and planning efforts will always be evolving. As new information arises and lessons are learned the Koochiching County Public Health Department Pandemic Influenza Appendix/Supplement will be updated as necessary.

## The MDH Plan

In April 2006, the MDH disseminated the MDH Pandemic Influenza Plan (<http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/mdh.html>). It is divided into three sections:

**Part 1: The Base Plan:** An overview of MDH planning and response to a pandemic. This component gives background information, cites legal authority, explains general concepts of operation, and outlines overall functions for the MDH.

**Part 2: Technical Sections:** Additional detailed information organized into 11 technical sections specific to an influenza pandemic:

- A. Communications
- B. Epidemiological Surveillance
- C. Community Disease Containment
- D. Infection Control
- E. Clinical Issues
- F. Healthcare Planning
- G. Antivirals and Vaccines
- H. Laboratory
- I. Poultry Worker Health
- J. Care of the Deceased
- K. Environmental Public Health

**Part 3: Attachments:** Additional resources and other supporting information.

The MDH plan serves as a blueprint for pandemic influenza planning in the state. The Koochiching County Public Health Department has used this guidance in its planning and preparedness.

## The Base Plan

### Purpose

The purpose of the Koochiching County Health Department Pandemic Influenza Appendix/Supplement is to provide a coordinated and comprehensive local response to an influenza pandemic in order to reduce morbidity, mortality, and social disruption and to help ensure a continuation of governmental functions.

### Primary Objectives

The Koochiching County Health Department Pandemic Influenza Appendix/Supplement has 5 primary objectives:

1. Maximize the protection of life and property in Koochiching County.
2. Insure that the response effort be organized under National Incident Management System (NIMS).
3. Delineate roles and responsibilities for other local governmental and non-governmental agencies participating in the response.
4. Assure that Koochiching County Health Department Pandemic Influenza Appendix/Supplement is coordinated and consistent with MDH Pandemic Influenza Plan and the plan of other local public health departments in the state
5. Assure that the Koochiching County Health Department Pandemic Influenza Appendix/Supplement is coordinated with the pandemic influenza response activities identified in the Koochiching County Emergency Operations Plan.

### Plan Organization

The pandemic influenza appendix is organized into three key components:

1. **The Base Plan:** An overview of planning and response to a pandemic. This component gives background information, cites legal authority, explains general concepts of operation, and outlines overall functions for the Koochiching County Health Department.
2. **LPH Pandemic Influenza Functions:** This section lists specific roles and responsibilities of the local health department in a pandemic influenza response.
  - A. Communications
  - B. Epidemiological Surveillance
  - C. Community Disease Containment
  - D. Infection Control
  - E. Clinical Issues
  - F. Healthcare Planning
  - G. Antivirals and Vaccines
  - H. Laboratory
  - I. Poultry Worker Health
  - J. Care of the Deceased
  - K. Environmental Public Health

### 3. **Attachments:** Additional resources and other supporting information.

## **Background**

### **Influenza**

Influenza is caused by viruses that infect the respiratory tract. Influenza symptoms include rapid onset of fever, chills, sore throat, runny nose, headache, non-productive cough, and body aches. Influenza is a highly contagious illness and can be spread easily from one person to another. It is spread through contact with small droplets and aerosols from the nose and throat of an infected person during coughing and sneezing.

Influenza viruses are unique in their ability to cause sudden infection in all age groups on a global scale. The importance of influenza viruses as biological threats is due to a number of factors, including a high degree of transmissibility, the presence of a vast reservoir of novel (new) variants (primarily aquatic birds), and the unusual properties of the viral genome.

Two types of influenza viruses cause disease in humans: type A and type B. Influenza A viruses are composed of two major antigenic structures essential to vaccines and immunity: hemagglutinin (H) and neuraminidase (N). The structure of these two components defines the virus subtype.

A minor change in the structure caused by a mutation (antigenic drift) results in the emergence of a new strain within a subtype. Mutations (antigenic drifts) can occur in both type A and B influenza viruses. A major change in the structure caused by genetic recombination (antigenic shift) results in the emergence of a novel subtype (i.e., one that has never before occurred in humans or adaptive mutation of an avian virus) most commonly associated with influenza pandemics. This shift only occurs with influenza type A viruses.

Influenza A viruses are unique because they can infect both humans and animals thereby causing more severe illness. Antigenic shifts in influenza A viruses have been the cause of the three known pandemics in recent history: 1918, 1957, and 1968.

The well-known “Spanish flu” of 1918 was responsible for more than 20 million deaths worldwide, primarily among young adults. Mortality rates associated with the more recent pandemics of 1957 (A/Asia [H2N2]) and 1968 (A/Hong Kong [H3N2]) were reduced, in part, by antibiotic therapy for secondary bacterial infections and more aggressive supportive care. However, both the 1957 and 1968 pandemics were associated with high rates of morbidity and social disruption.

### **Pandemic Influenza**

Pandemic influenza is a unique public health emergency. The impact of the next pandemic will likely have devastating effects on the health and wellbeing of the American public.

The Centers for Disease Control and Prevention (CDC) estimates that in the United States alone:

- Up to 200 million people will be infected;

- Fifty million people will require outpatient care;
- Two million people will be hospitalized; and
- Between 100,000 and 500,000 people will die.

Effective preventive and therapeutic measures – including vaccines and antiviral agents – will likely be in short supply, as may some antibiotics to treat secondary infections. Healthcare workers and other first responders will likely be at even higher risk of exposure and illness than the general population, further impeding the care of ill persons. Widespread illness in the community will also increase the likelihood of sudden and potentially significant shortages of various personnel who provide other essential community services.

Pandemic influenza is considered to be a relatively high probability event - even inevitable - by many experts, yet no one knows when the next pandemic will occur; there may be very little warning.

Most experts believe that we will have one to six months between the identification of a novel influenza virus that results in human-to-human transmission and the time that widespread outbreaks begin to occur in the United States. Outbreaks are expected to occur simultaneously throughout much of the nation and the world thus preventing relocation of human and material resources.

The effect of influenza on individual communities will be relatively prolonged – six to eight weeks – when compared to the minutes-to-days observed in most other natural disasters. Should a pandemic occur, every community would have to rely primarily on its own resources as it combats the pandemic.

## **Scope**

As the lead public health agency in the state, the MDH is responsible for protecting, maintaining, and improving the health of all Minnesotans. There is a strong state-local partnership where the MDH provides leadership and direction to front-line public health and private healthcare entities. Koochiching County Health Department will take the lead technical role, under the guidance of MDH, in Koochiching County. Emergency Management will be the lead coordinating agency in a pandemic influenza outbreak. Public health will work closely with emergency management in Koochiching County to develop to respond to a pandemic influenza in Koochiching County.

## **Authority**

Chapter 12 of Minnesota Statutes grants the Governor and HSEM overall responsibility of preparing for and responding to emergencies and disasters. Chapter 12 directs the Governor and HSEM to develop and maintain a comprehensive state emergency operations plan, known as the Minnesota Emergency Operations Plan (MEOP).

Furthermore, Minnesota Statutes, including Minnesota Chapter 12 (Minnesota Emergency Management Act) Minnesota Chapter 144 (General Duties of the Commissioner of Health), Minnesota Chapter 145A (Powers and Duties of a Community Health Boards) outline the authorities of local health departments and grant the Commissioner of Health broad authority to protect, maintain, and improve the health of the public.

## Concept of Operations

The Koochiching County Health Department Pandemic Influenza Appendix/Supplement is a supplement of the Koochiching County Health Department All Hazard Response Plan. The Koochiching County Health Department All Hazard Response Plan will serve as the overarching operational plan during a pandemic influenza response.

The Koochiching County Health Department All-Hazard Response Plan addresses activities generic to any and all public health emergencies. It establishes the organizational framework for the activation and management of department activities that may be implemented in response to incidents having public health and/or medical implications. It also describes the capabilities and resources available in the department to address a variety of public health hazards that may arise following emergency incidents and disasters.

Furthermore, the Koochiching County Health Department All-Hazard Response Plan and the Koochiching County Health Department Pandemic Influenza Appendix/Supplement both follow the National Incident Management System (NIMS). They also incorporate the MDH Pandemic Influenza Plan and reference or incorporate, as appropriate, the Koochiching County Emergency Operations Plan. During a pandemic influenza outbreak, the NIMS will be used to coordinate the response.

Due to the prolonged nature of a pandemic influenza event, the Koochiching County Health Department Pandemic Influenza Appendix/Supplement utilizes the pandemic phases defined by the World Health Organization (WHO) in order to facilitate coordinated planning and response.

The United States will use the global pandemic phases as defined by the WHO and as determined by the secretary of HHS. In actual practice, the distinction between the various phases of a pandemic due to influenza may be blurred or shift in a matter of hours, which underscore the need for flexibility. Recognizing that distinctions between the phases may be unclear, the WHO proposes classification based on assessment of risk and on a range of scientific and epidemiological data.

### WHO Pandemic Phases

Interpandemic period	
<b>Phase 1</b>	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.
<b>Phase 2</b>	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.  Note: The distinction between <b>phase 1</b> and <b>phase 2</b> is based on the risk of human infection or disease resulting from circulating strains in animals. This distinction is based on various factors and their relative importance according to current scientific knowledge. Relevant factors may

	include pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; and/or other scientific parameters.
<b>Pandemic alert period</b>	
<b>Phase 3</b>	Human infection(s) with a new subtype, but no human-to-human spread or, at most, rare instances of spread to a close contact.
<b>Phase 4</b>	Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.
<b>Phase 5</b>	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).  Note: The distinction between <b>phases 3, 4, and 5</b> is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.
<b>Pandemic period</b>	
<b>Phase 6</b>	Pandemic: increased and sustained transmission in general population.

## Planning Assumptions

For planning purposes, the worst-case scenario for a pandemic is projected. The response to the pandemic will be adjusted if the situation does not fully warrant worst-case scenario projections.

### General Preparedness

The Koochiching County Health Department will use the National Incident Management System (NIMS) as a basis for supporting, responding to, and managing plan response activities.

1. Events may:
  - a. Occur at any time.
  - b. Require significant communications and information sharing across jurisdictions and between the public and private sectors.
  - c. Involve multiple geographic areas.
  - d. Impact critical infrastructures.
  - e. Overwhelm the capabilities of local and tribal governments.
  - f. Require short-notice asset coordination and response timelines.
  - g. Require prolonged, sustained incident management operations and support activities.
2. The Koochiching County Health Department has planned and prepared for health emergencies locally and regionally under the guidance and direction of the MDH.
3. During any health emergency, the MDH district office response teams will work as liaisons with LPH, communicating local health needs to the MDH.

### Pandemic Specific Preparedness

1. Pandemic events:

- a. Will have worldwide impact.
  - b. Generally occur everywhere at the same time.
  - c. Exceed the capacity of all existing support systems.
  - d. Impact everyone involved, including responders.
2. Emergency response systems will not be able to assist all individuals during a pandemic event.
  3. Pre-pandemic event preparedness is essential for a successful response.
  4. Assistance from outside organizations will be limited if the outbreak is nationwide.
  5. Up to 30 percent of the workforce will be too sick to come to work at some point during the pandemic. Rates of absenteeism will likely be driven to 40 percent during the peak weeks of a community outbreak. Lower rates of absenteeism will occur during the weeks before and after a pandemic when employees may stay home to care for ill family members or out of fear of infection at work.
  6. Up to 2 percent of the 30 percent who have fallen ill may die and will overwhelm mortuary and burial services. Local planning for surge capacity will be needed. When using pandemic flu death count projections, it is estimated that 362 county residents could die during the initial first 8 week phase.
  7. Critical functions will have been identified and staff will have been cross-trained to maintain critical functions like law enforcement, fire, EMS, jails, water systems, sewer systems, electric utilities, etc. If cross training isn't an option due to licensure, memorandums of understanding will be in place with individuals/jurisdictions with the same certification.
  8. Isolation and quarantine of individuals will be established as needed by the MDH and will be implemented by local units of government.
  9. The use of quarantine as a tool for containment of pandemic influenza will be time limited (early in the pandemic).
  10. Hospitals and clinics will be overwhelmed by the amount of individuals requiring care.
  11. Medical standards of care for the public may be adjusted.
  12. Facilities will be identified that could be used as temporary hospitals.
  13. Families will need to assume responsibility for the care of family members (with mild to moderate pandemic influenza) in their homes due to a limited availability of hospital beds.
  14. Closing schools and daycare centers in the area may have a significant impact on the availability of the workforce.
  15. Employers will consider "working from home" options, moving to shifts for population density reduction, and providing electronic methods for staff to access work systems from offsite during an outbreak.
  16. Employers will consider that just-in-time manufacturing and transporting will limit the availability of supplies.
  17. Employers will identify how many staff would be needed to maintain essential functions and will develop a personal protective equipment (PPE) plan.
  18. Workplaces will identify how much vaccine and/or antiviral medication they will need to obtain if available.
  19. Employers will review sick leave policies and make a determination as to the use of sick leave for employees that may want to stay home to care for people that are not dependents.
  20. Employers will evaluate whether or not non-ill employees can be ordered to come to work.
  21. Employers will evaluate and implement procedures (e.g., shifts, spacing, PPE) to protect employees from increased exposure risk while still maintaining critical services.
  22. Employers will encourage sick employees to stay home.

23. Administrative rule waivers will have been developed and alternate service delivery systems identified for critical services.

### **Local Public Health (LPH) Preparedness**

1. During a pandemic, LPH will be a primary conduit of information and resources from the MDH to individuals, families, communities, and systems at the local level.
2. LPH roles will vary greatly across the state during a pandemic. This will be due to the vastly different capacities and capabilities at the local level.
3. LPH will be the local technical expert on pandemic influenza in coordination with local hospitals and clinics.
4. LPH will work with local emergency management and other public and private organizations to institute community-based infection control and disease containment measures.
5. LPH, in an event of a pandemic, will coordinate the delivery of services (with support from the MDH) for those individuals or groups placed in isolation and quarantine.
6. Based on the Essential LPH Activities Framework, the Communicable Disease Prevention and Control (DP&C) Common Activities Framework, and the CDC Public Health Preparedness and Response Grant, LPH services across the state will include, at a minimum:
  - a. Providing pandemic influenza information at an awareness level to the public, partners, and stakeholders.
  - b. Supporting coordinated surveillance with the MDH within the general guidelines of the DP&C Common Activities Framework.
  - c. Providing leadership at the local level through existing LPH emergency advisory committees.
  - d. Maintaining current essential personnel lists by county and city.
  - e. Planning and carrying out mass dispensing of vaccines and/or other medical supplies to:
    - i. Essential personnel. *Note: Determination of essential personnel priority groups will be event dependent and driven by federal and state guidelines.*
    - ii. General public.
    - iii. Special populations (e.g., non-English speakers, the hard of hearing).
6. LPH will write a pandemic influenza appendix to their local emergency operations plans.
7. LPH will help counties/cities in revising their Emergency Operations Plans (EOP) for pandemic influenza and in exercising those plans.
8. LPH will coordinate either directly or through the local emergency operations center (EOC) the following services:
  - a. Fever/flu clinics
  - b. Home/institutional healthcare for special populations
  - c. Hospital and clinic assistance and support
  - d. Mortuary services
  - e. Off-site care facilities assistance and support
  - f. Planning of continuity of operations of critical local infrastructure
  - g. Recruitment and training of volunteers

## Local Public Health Pandemic Influenza Functions

The table below lists functions Koochiching County Health Department will perform during an influenza pandemic; however, this is not an all-inclusive list. This is because key topics are addressed in detail in Koochiching County Health Department All Hazard Response Plan.

Please note that many of the functions initiated in the beginning periods will continue in the subsequent periods.

Interpandemic period (phases 1 and 2)	
<i>No new influenza virus subtypes have been detected in humans.</i>	
Communications	<ul style="list-style-type: none"> <li>• HAN notification will be tested quarterly.</li> <li>• HAN lists will be updated as needed.</li> <li>• A 24-hour, seven-day-a-week notification plan to notify local officials will be developed by the Koochiching County Health Department PIO.</li> <li>• Volunteer notification will be developed.</li> <li>• City Watch emergency community notification.</li> <li>• HAM radio: maintain local operators and offer training.</li> <li>• Participate in ECCHO for special needs communications.</li> </ul>
Epidemiological Surveillance	<ul style="list-style-type: none"> <li>• Koochiching County Health Department will work with MDH epidemiology staff to conduct routine influenza surveillance through reporting from sentinel sites, schools, and long-term care facilities in order to monitor for disease.</li> <li>• Expand relationships with clinics and hospitals.</li> <li>• Set a central region proficiency in disease prevention &amp; control.</li> </ul>
Community Disease Containment	<ul style="list-style-type: none"> <li>• Plan for isolation and quarantine (IQ) including developing protocols for monitoring the health status of individuals and identify isolation facilities for people who cannot be isolated at home.</li> <li>• Identify locations for quarantine of people who cannot be quarantined at home and also have plans to provide monitoring (if Koochiching County Health Department has elected to do so), essential services and mental health services for individuals in IQ.</li> <li>• Develop resource lists of IQ facilities and grocery delivery services.</li> <li>• Review &amp; exercise local IQ plan.</li> <li>• Exercise MDH web-based IQ tracking system.</li> </ul>
Infection Control	

Clinical Issues	
Healthcare Planning	<ul style="list-style-type: none"> <li>• Work with local hospitals to encourage off-site care coordination and surge capacity planning.</li> </ul>
Antivirals and Vaccines	<ul style="list-style-type: none"> <li>• Maintain infrastructure of rapid allocation and distribution of critical pharmaceuticals and medical supplies through drills.</li> <li>• Regularly review and refine seasonal influenza planning and response.</li> <li>• Education and continuations of training for LPH staff.</li> </ul>
Laboratory	
Poultry Worker Health	Not Applicable
Care of the Deceased	<ul style="list-style-type: none"> <li>• Koochiching County mortuaries will be notified of the Pandemic Influenza plan and Koochiching County mortuary capacity determined with cooperation of emergency management.</li> <li>• Stockpile PPE's.</li> </ul>
Environmental Public Health	<ul style="list-style-type: none"> <li>• Koochiching County Health Department environmental public health staff will learn NIMS and participate on the PFCC.</li> </ul>

<b>Pandemic alert period (phase 3)</b>	
<i>Human infection(s) with a new subtype, but the virus is not easily transmittable via human-to-human spread.</i>	
Communications	<ul style="list-style-type: none"> <li>• Provide appropriate information to the public regarding what to expect during a pandemic, measures that may be used to control a pandemic, the rationale for control measures, the limitations of control measures, and how to prepare for a possible pandemic, including continuation of operations plan.</li> <li>• Disseminate messages from MDH to healthcare organizations, essential personnel, volunteers and the public.</li> <li>• Train volunteers on possible roles during a pandemic.</li> </ul>
Epidemiological Surveillance	<ul style="list-style-type: none"> <li>• Continue routine influenza surveillance.</li> <li>• Inform MDH IDEPC of any reports of unusual, novel or AI.</li> </ul>
Community Disease Containment	<ul style="list-style-type: none"> <li>• Manage (with MDH) the close contacts of cases or suspect cases through monitoring or quarantine.</li> <li>• Give feedback to MDH on effectiveness of isolation and quarantine in preventing disease spread.</li> <li>• Work with Koochiching County Emergency Management to plan for community level disease containment.</li> <li>• Communicate with local law enforcement on isolation and quarantine procedures.</li> </ul>
Infection Control	<ul style="list-style-type: none"> <li>• Disseminate infection control training materials for healthcare workers, public safety personnel, and other partners.</li> <li>• Follow infection control guidance for mass dispensing locations, LPH, public safety personnel, and for the care of suspect AI patients in the home setting.</li> <li>• Disseminate recommendations for PPE.</li> </ul>
Clinical Issues	
Healthcare Planning	<ul style="list-style-type: none"> <li>• Work with local health care to provide a coordinated role for Minnesota Responds Medical Reserve Corps volunteers.</li> <li>• Expand emergency response planning to include children, schools, long-term care facilities, home care agencies, and other special populations.</li> <li>• Encourage use of all resources and pan flu templates for health care systems.</li> </ul>

Antivirals and Vaccines	<ul style="list-style-type: none"> <li>• Follow priority group recommendations for antiviral and vaccination administration.</li> <li>• Work with MDH to educate providers on priority group framework.</li> <li>• Review plans with local public health staff and community partners.</li> <li>• With guidance from MDH, develop public education for health care providers on effectiveness, safety and use of antivirals.</li> </ul>
Laboratory	
Poultry Worker Health	Not Applicable
Care of the Deceased	<ul style="list-style-type: none"> <li>• Determine locations of and develop plans for temporary morgue processing centers and temporary cemeteries in Koochiching County.</li> <li>• <b>Collect and store stockpiled supplies for mortuary use.</b></li> <li>• <b>Refer mortuary annex with emergency management.</b></li> </ul>
Environmental Public Health	<ul style="list-style-type: none"> <li>• Koochiching County Health Department Environmental health staff (EHS) continue to work on the PFCC.</li> <li>• EHS will assist with care of the deceased, I and Q, and off-site care facilities and the health and safety of all types of sites.</li> </ul>

Pandemic alert period (phase 4 and phase 5)	
<p><i>Phase 4: Limited Human-to-Human Transmission in Minnesota. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</i></p> <p><i>Phase 5: Significant Human-to-Human Transmission in Minnesota. Large cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic threat).</i></p>	
Communications	<ul style="list-style-type: none"> <li>•</li> </ul>
Epidemiological Surveillance	<ul style="list-style-type: none"> <li>• Monitor disease activity in county with cooperation of community partners.</li> <li>• Be aware of surveillance activities conducted by MDH.</li> <li>• Encourage local hospitals and clinics to participate in surveillance.</li> <li>• Act as a resource to partners and public for community surveillance activities.</li> </ul>
Community Disease Containment	<ul style="list-style-type: none"> <li>• Provide recommendations to community partners on disease containment measures.</li> <li>• Identify isolation sites within county jurisdiction for those who cannot be isolated at home.</li> <li>• Identify who will staff, supply, clean and provide security at isolation sites.</li> <li>• Implement isolation of people who have influenza-like illness and consider quarantine in special circumstances (e.g., locality where there is community transmission of disease) under the direction of MDH.</li> <li>• Provide monitoring of health status and provision of essential services for those who are isolated and/or quarantined.</li> <li>• <b>See: County Isolation and quarantine plan</b></li> </ul>

Infection Control	<ul style="list-style-type: none"> <li>•</li> </ul>
Clinical Issues	
Healthcare Planning	<ul style="list-style-type: none"> <li>• Provide technical assistance to county health care agencies. (Prevention of spread, dispensing of medications and vaccines)</li> <li>• Discuss plans for volunteer training health workers and special populations.</li> <li>• Plan for potential of patient care in non-hospital settings.</li> <li>• Assist health care in patient care coordination.</li> <li>• Enhance staffing needs with county volunteer health professionals and through MNResponds.</li> </ul>
Antivirals and Vaccines	<ul style="list-style-type: none"> <li>• Work with state and federal agencies to facilitate acquisition, allocation and distribution of antivirals and vaccine.</li> <li>• Actively monitor supplies, assess any adherence to priority groups and allocation.</li> <li>• Work with health care partners to educate about proper medical protocol following CDC &amp; FDA guidance.</li> </ul>
Laboratory	
Poultry Worker Health	Not Applicable
Care of the Deceased	<ul style="list-style-type: none"> <li>• Work with county emergency management to ensure local morticians receive training, supplies, and equipment to deal with potential of increased county deaths.</li> </ul>

Environmental Public Health	<ul style="list-style-type: none"> <li>• Identify core environmental services that must be maintained to keep infrastructure maintained.</li> <li>• Work with area agencies and farmers to safely dispose of large bird die-offs.</li> </ul>
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### Pandemic period (phase 6)

*Human-to-human contact. Pandemic: increased and sustained transmission in the general population.*

Communications	<ul style="list-style-type: none"> <li>• Continue consistency of messages disseminated by MDH, hotline staff, and external partners.</li> <li>• Continue to provide information to the public regarding what to expect, the rationale for and anticipated effectiveness of control measures, and possible self-help activities.</li> <li>• Disseminate messages and information regarding influenza symptoms, limiting of contact with ill persons, respiratory hygiene and other infection control measures, and home care of the ill.</li> <li>• Provide appropriate information to health care facilities, external partners and the public regarding use of antivirals and vaccines, isolation and quarantine, and community containment measures, in response to events that trigger initiation or cessation of these measures.</li> </ul>
Epidemiological Surveillance	<ul style="list-style-type: none"> <li>• Conduct school-based, long-term care, and case-based surveillance as long as it is feasible.</li> <li>• Assist MDH with work-site surveillance to measure community-wide impact, and mortality surveillance to measure disease severity.</li> <li>• Assist with mortality surveillance.</li> </ul>
Community Disease Containment	<ul style="list-style-type: none"> <li>• Implement isolation of people who have influenza-like illness and consider quarantine in special circumstances (e.g., locality where there is community transmission of disease) under the direction of MDH.</li> <li>• Work with emergency management to carry out recommendations for social distancing and infection control strategies.</li> <li>• Work with emergency management to implement cancellation of public events, closure of schools and other facilities, snow days and other disease containment measures guided by the epidemiology of the pandemic virus under the direction of MDH.</li> </ul>

Infection Control	<ul style="list-style-type: none"> <li>• Disseminate training materials for healthcare workers and others, as needed.</li> <li>• Distribute additional infection control guidance for off-site care facilities and other settings, as needed.</li> <li>• Maintain two-way communication with MDH, clinicians, ICPs, and others about infection control issues.</li> <li>• Ensure that hotline/warmline staff is informed of current infection control recommendations.</li> </ul>
Clinical Issues	
Healthcare Planning	<ul style="list-style-type: none"> <li>• Assist the healthcare system in patient care coordination.</li> <li>• Assist with staffing needs of the healthcare system with volunteer health professionals (MRMRC).</li> </ul>
Antivirals and Vaccines	<ul style="list-style-type: none"> <li>• Continue efficient and appropriate vaccination, if available.</li> <li>• Provide consistent, standardized media messages to facilitate public understanding of priority groups and vaccine and antiviral usage and allocation.</li> <li>• Implement the mass dispensing plan if antivirals and vaccinations are recommended for entire population.</li> </ul>
Laboratory	
Poultry Worker Health	Not Applicable
Care of the Deceased	<ul style="list-style-type: none"> <li>• Assist MDH with local training of: <ul style="list-style-type: none"> <li>• Medical examiners/coroners</li> <li>• Morticians</li> <li>• Health care facilities</li> <li>• National Guard</li> <li>• Volunteers</li> </ul> </li> </ul>

Environmental Public Health	<ul style="list-style-type: none"><li>• EHS will continue to assist with care of the deceased, IQ, off-site care facilities, and the health and safety of all types of sites.</li></ul>
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## Appendix 5 - FOOD SAFETY

Eating properly handled and cooked poultry is safe. If HPAI were detected in the U.S., the chance of infected poultry entering the human food chain would be extremely low. Proper handling and cooking of poultry provides further protection against this virus, as it does against many viruses and bacteria, including Salmonella and E.coli. Safe food handling and preparation is important at all times. The U.S. Department of Agriculture recommendations:

Poultry products imported to the U.S. must meet all safety standards applied to foods produced in the U.S. No poultry from countries with confirmed cases of H5N1 HPAI can be imported into the United States.

### What is a safe internal temperature for cooking meat and poultry?

Following is a chart of safe minimum internal temperatures:

- Beef, veal, and lamb steaks, roasts, and chops may be cooked to 145 °F.
- All cuts of pork, 160 °F.
- Ground beef, veal and lamb to 160 °F.
- All poultry should reach a safe minimum internal temperature of 165 °F.

### How to Handle Chicken Safely

- **Fresh Chicken:** Chicken is kept cold during distribution to retail stores to prevent the growth of bacteria and to increase its shelf life. Chicken should feel cold to the touch when purchased. Select fresh chicken just before checking out at the register. Put packages of chicken in disposable plastic bags (if available) to contain any leakage which could cross-contaminate cooked foods or produce. Make the grocery your last stop before going home.

At home, immediately place chicken in a refrigerator that maintains 40 °F, and use within 1 or 2 days, or freeze at 0 °F. If kept frozen continuously, it will be safe indefinitely.

Chicken may be frozen in its original packaging or repackaged. If freezing longer than two months, over wrap the porous store plastic packages with airtight heavy-duty foil, plastic wrap or freezer paper, or place the package inside a freezer bag. Use these materials or airtight freezer containers to repackage family packs into smaller amounts or freeze the chicken from opened packages.

Proper wrapping prevents "freezer burn," which appears as grayish-brown leathery spots and is caused by air reaching the surface of food. Cut freezer-burned portions away either before or after cooking the chicken. Heavily freezer-burned products may have to be discarded because they might be too dry or tasteless.

- **Ready-Prepared Chicken:** When purchasing fully cooked rotisserie or fast food chicken, be sure it is hot at time of purchase. Use it within two hours or cut it into several pieces and refrigerate in shallow, covered containers. Eat within 3 to 4 days, either cold or reheated to 165 °F (hot and steaming). It is safe to freeze ready-prepared chicken. For best quality, flavor and texture, use within 4 months.

### **Safe Defrosting**

FSIS recommends three ways to defrost chicken: in the refrigerator, in cold water and in the microwave. Never defrost chicken on the counter or in other locations. It's best to plan ahead for slow, safe thawing in the refrigerator. Boneless chicken breasts will usually defrost overnight. Bone-in parts and whole chickens may take 1 to 2 days or longer. Once the raw chicken defrosts, it can be kept in the refrigerator an additional day or two before cooking. During this time, if chicken defrosted in the refrigerator is not used, it can safely be refrozen without cooking first.

Chicken may be defrosted in cold water in its airtight packaging or in a leak proof bag. Submerge the bird or cut-up parts in cold water, changing the water every 30 minutes to be sure it stays cold. A whole (3 to 4-pound) broiler fryer or package of parts should defrost in 2 to 3 hours. A 1-pound package of boneless breasts will defrost in an hour or less.

Chicken defrosted in the microwave should be cooked immediately after thawing because some areas of the food may become warm and begin to cook during microwaving. Holding partially cooked food is not recommended because any bacteria present wouldn't have been destroyed. Foods defrosted in the microwave or by the cold water method should be cooked before refreezing.

Do not cook frozen chicken in the microwave or in a slow cooker. However, chicken can be cooked from the frozen state in the oven or on the stove. The cooking time may be about 50% longer.