

Instructions for Administrative Unit Continuity of Operations Plan (COOP)

A unit Continuity of Operations Plan (COOP) describes how the unit will prepare for, respond to, and recover from an emergency. This COOP should focus on preparation for a mild to moderate flu pandemic, but will be applicable to any general emergency, whether wide in scope (e.g., severe winter storm) or more localized (e.g., chemical spill or fire in your building). The *process* of planning for an emergency is very valuable. Be collaborative when drafting this plan, and seek comments and input as appropriate.

Key Information

- Before you begin, please review the 2009-2010 H1N1 Pandemic Scenario below to inform your planning.
- Make sure you have Adobe Acrobat Reader v9. If you need v9, download Reader from <https://www.uvm.edu/software> or <http://get.adobe.com/reader/> and run the installer.
- **For Mac users:** be sure the form is opened in Adobe Reader v9, not Preview. From your email, right-click on the attachment and “save as” to your desktop or network drive. Open Adobe Reader v9 and then open the file. Or, navigate to where you saved the file, right-click on it, select “open with...” and choose Adobe Reader from the list of programs.
- Save a copy of the completed COOP for your records.
- Vice Presidents should submit completed Administrative COOP(s) to pandemicresponse@uvm.edu.
- Units should coordinate procurement of any H1N1-specific supplies or equipment with the Emergency Operations Group by sending details of proposed purchases to pandemicresponse@uvm.edu.

For additional information about UVM emergency management and pandemic planning, please visit the UVM Emergency Management website at www.uvm.edu/emergency.

UVM 2009-2010 H1N1 Pandemic Scenario

DISCLAIMER: This scenario, developed by the UVM Emergency Management Planning Working Group, represents what is believed to be the ‘most likely’ scenario for the impact of the H1N1 pandemic on UVM during the 2009-2010 flu season. It remains possible, however, that H1N1 could evolve to cause more serious and severe illness, and a greater number of deaths. This scenario does not represent this ‘worst-case’ possibility.

The international, U.S., state, and local context

In early September 2009, H1N1 flu activity in the U.S. begins to increase as the start of the school year brings school-aged children together in greater numbers. The pandemic virus is more contagious than seasonal influenza, and preferentially infects younger people under age 25. The infection rate is higher in children than in adults, and in closed settings such as schools and institutions. Unlike seasonal influenza, H1N1 does not usually cause serious illness in elderly people.

In most cases, people with H1N1 feel very sick for several days, experience serious flu-like symptoms similar to a bad seasonal flu, and make a full recovery without requiring medical attention. Illness can be severe (requiring hospitalization) and even fatal in some people, however, especially pregnant women; persons with morbid obesity; persons who have immunosuppression (caused by cancers, HIV/AIDS infection, or medications); and persons with chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic conditions such as asthma, diabetes mellitus, and heart disease. The CDC and WHO continue to characterize the pandemic as “moderately” severe in terms of its overall impacts.

Overall, the flu season of 2009-2010 proves especially bad, with large numbers of people falling ill (10%–30% of the population, versus 5%–20% in a normal year). Flu activity increases throughout the fall and winter, and peaks in early February. (H1N1 causes most cases of influenza-like illness [ILI] in the fall and early winter, but seasonal flu activity also begins to pick up in January and February.) Fortunately, the severity of illness continues to be “moderate,” overall, with most people feeling quite sick but making a full recovery.

Media coverage of H1N1 also increases, and causes some public anxiety. People are aware of the need for health precautions, but society continues to function normally throughout the winter, with no bans on public gatherings or public transportation, no wide-scale school closures, and no major disruptions to critical infrastructure such as utilities, telecommunications, and financial services. Some K-12 schools and childcare facilities are closed for up to 1 week due to high illness rates, however, and there are slight delays in service from businesses and organizations at the peak of the epidemic when absenteeism is highest.

A safe and effective H1N1 vaccine becomes available in mid-October. The vaccine requires two doses to provide full protection, and is available first to target groups: pregnant women, household contacts of infants under 6 months old, healthcare workers and emergency medical services (EMS) workers, children and young people between the ages of 6 months and 24 years old, and people between 25 and 64 years of age who have chronic medical conditions. (If vaccine supplies are limited, healthy children and young people will not be among the priority groups.) More vaccine becomes available each month, so that by the end of the flu season, vaccine is available to everyone in the U.S. who wants it.

H1N1 activity nationwide and in Vermont gradually subsides over March and April. By May, there are only a few isolated cases.

The UVM context and response

By the start of the fall semester, UVM has developed institutional contingency plans specific to the expected H1N1 scenario, and elements of the plan will be used and communicated by the Emergency Operations Group as required. At the same time, academic and administrative units have begun work on unit continuity-of-operations plans (COOPs). UVM's H1N1 plan focuses on extensive education and awareness campaigns to ensure that students, faculty, and staff are aware of hand and respiratory hygiene to prevent the spread of flu, know how to recognize the symptoms of H1N1, know when it is appropriate to seek medical attention and where they should go, and understand the importance of self-isolation (staying home or in their room) if they become ill. The Center for Health & Wellbeing's plan focuses on identifying students at high risk for severe disease, early treatment of those identified as vulnerable, and providing appropriate medical care and interventions to all ill students, including preparing to establish a small isolation space on campus for severely ill students, if required.

UVM students and faculty return to campus in late August, and the fall semester begins normally on August 31. The first cases of H1N1 flu in Vermont appear soon after, and the first UVM students experience ILI in early September. UVM consults with the Vermont Department of Health (VDH) on their treatment, and continues to consult regularly with VDH throughout the flu season. At the first sign of flu-like symptoms, UVM students, faculty or staff are advised to self-isolate (i.e., stay away from others as much as possible) in their residence hall room or home for at least 24 hours after their fever is gone; most people are sick for 5 to 10 days. Ill students who live in residence halls or are in a vulnerable group are given antiviral therapy. Residential Life staff monitor sick students in residence halls. Contacts of ill students are not placed into quarantine, but roommates, household members, or those caring for an ill person are advised to follow guidance developed for caring for sick persons at home. Some students with underlying health conditions experience severe complications and are admitted to Fletcher Allen Health Care; these students are tested for H1N1 for public health surveillance purposes.

Throughout the fall and winter, UVM's academic and administrative units and individual faculty, students, and staff make adjustments as necessary to respond to the pandemic while continuing all normal activities and operations with as few disruptions as possible. UVM does not close campus or cancel classes, and the academic calendar continues without interruption. Individual units, research projects, and classes are affected by absenteeism throughout the academic year, however, with the greatest impacts likely occurring in the four weeks from late January to late February. During this time, student absenteeism could reach 30% due to illness, and employee absenteeism could reach 40% due to illness and dependent care obligations. Faculty members decide how to best continue their classes within normal academic policies if they or a substantial portion of their students are ill, including canceling class sessions if necessary. Students are granted accommodations at the faculty member's discretion under normal academic policies to complete assessments or catch up on assignments. Some sick students whose home is within driving distance go home to recuperate. UVM communicates regularly and proactively with parents about the institution's response to the pandemic, but some parents nevertheless have heightened concerns and continue to seek additional information.

Similarly, academic and administrative units and principal investigators implement their continuity-of-operations plans as necessary to cope with the pandemic's impact. Normal human resources medical leave policies apply to employees. Employees with ILI and mild illness are allowed to work from home if they feel well enough and it is approved by their supervisor.

After Commencement, the University undertakes an after-action review of its response to H1N1 and begins to consider public health guidance regarding the impact of H1N1 in the 2010-2011 flu season.

A. Department Leadership & Leadership Succession

Please provide your department's name, the date your COOP was completed or revised, and contact information for the COOP's author, unit leader, and the leader's first and second successors who would make operational decisions in their absence.

B. Administrative Functions & Services Continuity

1. Planning Liaison

If necessary, Vice Presidents may charge a special team to develop "crisis action plans" to address the pandemic situation as it unfolds. Please designate the lead person from your unit as a liaison to or representative on any such team. You may also choose to designate a similar team for your unit, if desired.

2. Essential Administrative Functions

Please identify your unit's key administrative functions (those essential to the University's business continuity or recovery). For each function, identify the person(s) normally responsible for this function as well as an alternate. List the internal and external services, supplies, units, and vendors upon which the function depends.

3. Impacts & Risk Assessment

Please identify any risks the pandemic scenario poses to your unit's operations (see Attachment 1 - Issues to Consider) and describe the potential impacts of these risks. Gauge the severity and probability of the impact, and list the constituents most likely to be affected. Finally, please describe steps your department or the University can take to reduce the impact of an emergency on your operations (e.g., stocking up on critical supplies, developing contingency work-at-home procedures, modified work arrangements, etc.).

4. Communicating with Departmental Employees in an Emergency

Please indicate the system(s) you will use to contact your employees in an emergency. Departments should identify multiple communication systems that can be used for backup, after hours, when not on campus, or for contingencies. We encourage all departments to prepare and maintain a call tree. All UVM employees are responsible for keeping informed of emergencies by monitoring news media reports, UVM's home page, or calling 656-0000.

5. Plan for Communicating and Exercising Your COOP

Please describe the steps you will take to share your completed COOP with your staff and, if necessary, any exercises you will use to test the Plan and maintain awareness of it. Examples of exercises include a "work-from-home" day, a "pandemic day" where 30%-40% of employees remain home, and testing the emergency call tree. For assistance in exercising your plan, please contact the Emergency Management Planning Working Group.

6. Recovery and Return to Normal Operations

Describe your plan to fully resume operations as soon as possible after the emergency has passed. Identify and plan for tasks and issues associated with resumption/scheduling of normal activities and services, such as addressing any work backlogs, resolving budget issues, resupplying inventories, and meeting employees' emotional needs.

7. Other Issues or Special Considerations for Your Department / Unit

Please describe here any additional issues or unique considerations that your unit may face in a pandemic or other emergency that you believe have not been otherwise addressed by this assessment, and describe your strategy for mitigating or responding to these issues.

Attachment 1 – Issues to Consider

This list is intended to spur your thinking about ways in which a pandemic might affect your department. You do not need to answer or address all of these questions.

Employee Absenteeism

How will staff cover for one another in the event of illness? Identify and assess employees' family care requirements— which employees will likely need to stay home to care for others? Can you cross- train?

Employee education and training

Will your employees require any special training to prepare for a pandemic?

Continuity of Essential Functions

Are there critical breakpoints or dependencies that would cause critical functions to begin to fail?
Who depends on your area and how can you give them what they need?

Supply chain/resource constraints

What external supplies support your department and where do they come from (from internal storage back to the source)?
Consider partner/supplier preparation, too.
Is stockpiling a potential solution? Consider volumes, storage, financing.

Travel/mobility

Will your department be affected by potential delays/restrictions on moving people and goods?

Public service and coordination with government officials and community

Recommend any specific lines of engagement your department or the University should take to better enable your department to respond.
Consider what requests for resources and other assistance you may receive from the local, state, New England, or national community.

Partnerships for mutual support

Describe any existing relationships and discuss any plans in place for how those relationships would be affected in a pandemic situation.