

FAYETTEVILLE STATE UNIVERSITY

PANDEMIC PLAN

Authority:	Issued by the Chancellor. Changes or exceptions to administrative policies issued by the Chancellor may only be made by the Chancellor.
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PANDEMIC PLAN

I. INTRODUCTION

An epidemic occurs when an infectious disease emerges and starts spreading rapidly to many people. A pandemic is a global disease outbreak. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely people who contract the new virus will experience more serious illnesses than that caused by existing diseases and viruses.

Consistent with the guidance provided to colleges and universities by the U.S. government, Fayetteville State University's plan addresses different outbreak scenarios including different levels of severity of the virus and rates of transmission. The most severe health scenario that would affect the campus community would be one in which the University would need to temporarily suspend classes and close the campus for a number of weeks or months until the rate of transmission of the virus begins to reasonably subside.

II. STATE'S RESPONSE TO A PANDEMIC

In case of a public health emergency, the Governor has broad powers to issue an emergency order to protect the public health. In accordance with General Statute 166A-6, the Governor may close all schools, community colleges, universities, childcare and adult day care facilities and order that no public events shall be held where large numbers of people are gathered in one physical location. The Governor may also close all non-mandatory State services and order mandatory services to remain operational.

In case of a public health emergency, the University shall adhere to any communicable disease orders of the State or local public health agencies to prevent transmission of a communicable disease. While awaiting a decision by the Governor or State or Local Public Health Director, the Chancellor has the authority to make emergency closing decisions the Chancellor deems appropriate for the University. If circumstances permit, the Chancellor shall confer with local/State public health officials to determine the severity of the individual situation and to determine what actions shall be taken (including closure of the University). All closings shall be reported to the State Human Resources Director and the Governor within five (5) days after the occurrence, and the University shall notify public health officials as soon as reasonably possible.

The Office of Human Resources shall inform employees, and employees shall inform the Office of Human Resources, of any evidence of a communicable disease that could seriously endanger the health of others in the workplace. Once informed, the Office of Human Resources shall notify the local health department.

In accordance with North Carolina General Statute 130A-145, the State Health Director and local health director are empowered to exercise quarantine and isolation authority. Quarantine and isolation authority shall be exercised only when and so long as the public health is endangered, all other reasonable means for correcting the problem have been exhausted, and no less restrictive alternative exists.

III. POSSIBLE ACTIONS DURING A PANDEMIC

During a pandemic, any of the following may occur:

- Closing of one or more parts of the University by order of the Governor;
- Closing of one or more parts of the University as authorized by the University President or the Chancellor while awaiting a decision by the Governor or State or Local Public Health Director;
- Closing of one or more parts of the University by agreement between Public Health officials and the University authority or by order of Public Health officials;
- Concurrence by Public Health officials and/or the University that employee(s) should be excluded from the workplace;
- Isolation of an ill or symptomatic employee(s) by Public Health officials; or Quarantine of an exposed or potentially ill employee(s) by Public Health officials.

In the event of a pandemic, the University will adhere to the UNC System Pandemic and Communicable Disease Policy (Appendix H) as it relates to personnel matters.

IV. UNIVERSITY'S RESPONSE TO A PANDEMIC

During a pandemic, the primary challenges facing the University will likely be:

- Managing faculty, staff and student exposure to infection.
- Complying with local, state and federal mandates and coordinating with local, state and federal agencies.
- Caring for the emotional and physical well-being of faculty, staff and students who become ill or symptomatic while on campus.
- Maintaining students' progress toward degrees and faculty research despite absenteeism rates that may reach as high as 50% of faculty, staff and students during the height of the pandemic.

To respond to these challenges, the University has formed a *Pandemic Team* ("Team"). The Team will be led by the University's chief of staff and the regular membership of the Team will consist of individuals identified as providing leadership to the units identified below. A general description of each of the units is as follows:

A. Academic Affairs

The continuation of instruction, research and public service efforts as a result of a pandemic will be coordinated by the Division of Academic Affairs. These efforts will be directed by the Provost and Vice Chancellor for Academic Affairs. Should the University close for an extended period of time; the efforts will be made to provide alternate forms of instruction where feasible.

B. Business and Finance

During the closure period, access to the campus will be severely restricted for safety reasons and because of limited operational support. Most research activities that depend upon campus facilities will be temporarily suspended, with exceptions made for those areas having unique difficulty in closing. Examples might include labs where live animals are housed and failure to tend to them would cause significant loss of life.

1. Financial Services. The Vice Chancellor for Business and Finance is responsible for providing financial services. This includes processing and issuing

employee pay checks, paying bills, and ensuring funds can be procured for any necessary equipment, materials and supplies needed from outside vendors.

The University currently has an established refund policy on tuition, room, board, and fees. Refunds of tuition, room, board, and fees will be based upon this policy. Any modifications to this policy would need to be determined based on decisions regarding length of closure, cancellation of classes/services, and granting of academic credit. Coordination with the Division of Academic Affairs will be essential.

2. **Food Service.** As long as residence halls are open and essential employees are on campus, food service functions will be maintained. Food services will be provided for essential personnel, students remaining on campus during the pandemic and individuals occupying the makeshift infirmary. The Director of Business Services will coordinate these efforts.

C. Campus Police and Public Safety

The Department of Police and Public Safety will coordinate the University's efforts to move individuals during a pandemic and also be responsible for maintaining order. In conjunction with Facilities Management, the Department of Police and Public Safety will secure buildings in a way to prevent re-entry by all but essential personnel. The Chief of Police will coordinate these efforts.

D. Facilities Management

Facilities Management will ensure that essential services (water, power, heat, cooling, etc.) and supplies are provided to select buildings and also provide support on health and safety issues. The Associate Vice Chancellor for Facilities Management will coordinate this effort.

E. Human Resources

Human Resources will ensure the continuation of critical functions including policy interpretation and communication to employees of available internal and external resources. Human Resources will also collaborate with external resources (Office of State Personnel, General Administration, etc.) to gain consensus on necessary changes and/or supplements to current policies and procedures. The Assistant Vice Chancellor for Human Resources will coordinate the Human Resources efforts.

F. Public Relations

The Office of Public Relations will ensure that internal and external constituents are knowledgeable about the University's efforts before, during and after a pandemic. The Director of Public Relations will coordinate the efforts of the Office of Public Relations.

G. Student Affairs

1. **Student Health Services.** The University's Student Health Services, in conjunction with county and state health authorities, is responsible for coordinating all health care during a pandemic outbreak. The Student Health

Services will provide essential medical care to those eligible for services and to those not usually eligible as required by the extraordinary circumstances of a pandemic. Those requiring care that is beyond the scope of the Student Health Services will be directed to an appropriate community facility. The director of the Student Health Services will provide leadership in this area. As needed, the Office of Residence Life will provide beds and linen for a makeshift infirmary.

2. **Counseling.** The Center for Personal Development will suspend traditional counseling and institute crisis intervention procedures for campus victims of emotional trauma or post-traumatic stress. The Director for the Center for Personal Development is responsible for coordinating all crisis intervention counseling services.
3. **Student Housing.** The Office of Residence Life will provide housing for on-campus students as long as classes are in session. Once classes are suspended, steps will be taken to close all University-owned and private-public residences. Temporary emergency shelters will be provided for a limited number of students who have difficulty leaving the campus (e.g., international students from countries impacted by the pandemic, students who live outside of a defined mile radius from campus).

The Office of Residence Life will staff an office as a command center for housing operations, maintaining housing records and disseminating information to residents, staff and parents. The Director of Residence Life, will coordinate the efforts in this area.

During a pandemic, the Team will meet daily. A location will be determined and opportunities for conference call meetings will be available when group meetings are no longer advisable or possible.

V. UNIT OPERATIONAL PLANS

Each unit has prepared and will maintain and update a detailed operational plan. The unit's operational plan itemizes the unit's specific roles and responsibilities in the event of a pandemic. The operational plans use four (4) levels as a system to launch progressively more intense actions as the possibility of a pandemic increases. The four response levels of the University's plan are as follow:

- ***Level 1 - Pre-planning*** - These levels range from there being no virus subtypes detected in humans (phase 1), to there being human infection(s) with a new subtype, but no human-to-human spread (phase 3).
- ***Level 2 - Elevated Risk*** - This level will be activated upon the first confirmed case of pandemic in the United States, Mexico and/or Canada and encompasses. This level is identified as small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
- ***Level 3 - Pandemic Imminent*** – This level indicates that there are larger 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 risk).

• **Level 4 - Pandemic** – This level indicates that increased and sustained transmission in general population.

These four levels of response provide the basis upon which the remainder of this plan is organized. Each level is presented with specific actions that will occur in each of the identified areas of institutional response. Each unit's plan is organized as follows:

- Academic Affairs - Appendix A,
- Business and Finance – Appendix B
- Campus Police and Public Safety – Appendix C
- Facilities Management – Appendix D
- Human Resources – Appendix E
- Public Relations – Appendix F
- Student Affairs – Appendix G

VI. CONCLUSION

The primary goals of the University's plan are to prevent the spread of a pandemic virus; protect University students, faculty and staff who will need to keep the University functioning; and provide support for the essential services that must be maintained. This plan all corresponding operational plans were developed with these goals in mind.

The University's plan will be reviewed and updated as necessary, such as after an exercise or an actual outbreak, but not less than annually.

APPENDIX A

DIVISION OF ACADEMIC AFFAIRS PANDEMIC PLAN

1. FSU Level 1 - Pre-Planning

- a. Establish and continuously update contact information for all essential personnel and backups within each school/college. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- b. Identify research projects that will be at risk if the Principal Investigator and other necessary personnel become ill. Plans shall be developed for sustaining research during extended absences of multiple personnel.
- c. Identify human subjects and animal care issues and ways to minimize the impact of a University closing for individuals and animals. Plans for building access should be coordinated with Police and Public Safety and Facilities Management.
- d. 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 classes are suspended. A method to monitor course participation shall be included.
- e. Develop a recovery plan for dealing with consequences of the pandemic (e.g., loss of students, loss of staff and/or faculty, and operational disruption).
- f. Develop procedures to report and manage absences of academic personnel during Levels 3-4.

2. FSU Level 2 – Elevated Risk

- a. Disseminate information to students, faculty and staff regarding the possibility of suspending classes.
- b. Disseminate information on alternative means of instruction to faculty, staff and students (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event classes are suspended.

3. FSU Level 3 – Pandemic Imminent

- a. Implement activities described above.
- b. Inform deans and department chairs that they should immediately report to the Provost any patterns of suspicious illness among students and academic personnel.
- c. In consultation with other University officials and Team members, prepare to suspend classes.

4. **FSU Level 4 – Pandemic**

- a. Continue implementation of activities described above.
- b. Monitor course participation which utilizes alternative means of instruction.
- c. Suspend classes for an agreed upon period. For any suspension extending beyond two (2) weeks, consider extending the semester through the end of May and/or through summer session I and II. If necessary the fall semester can be extended into the end of December and/or winter term; and
- d. Monitor the status of academic personnel, students and research projects.

5. **Recovery**

- a. Coordinate the resumption of classes and other academic activities with other Team members.
- b. Determine if any of the unit's plans, policies and procedures need to be revised.

APPENDIX B

DIVISION OF BUSINESS AND FINANCE PANDEMIC PLAN

1. FSU Level 1 - Pre-Planning

a. Financial Services

- i. Establish and continuously update contact information for all essential personnel and backups (cross-training) within each office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- ii. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up.
- iii. Establish procedures for emergency payroll processing with the Central Payroll Office.
- iv. Establish procedures for safeguarding cash (including petty cash count and return of petty cash to Cashier's Office).
- v. Develop and disseminate to alternative procedures to assure continuity of essential operations (e.g., payroll, purchasing);
- vi. Develop a budgetary reserve plan.
- vii. Establish a *Memorandum of Understanding* with a local bank in order to obtain a line of credit should additional cash be needed.
- viii. Develop a recovery plan for responding to the consequences of the pandemic (e.g., loss of staff and operational disruption).
- viii. Develop procedures to report and manage absences of unit personnel during Levels 3-4.

b. Dining Services

- i. Establish and continuously update contact information for all essential personnel and backups (cross-training) within each office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- ii. Develop and disseminate alternative procedures to assure continuity of the food service operations.
- iii. Develop a plan with food service contractor to change how food will be delivered (e.g., having contractor prepare, package and deliver meals in lieu of customers coming to dining hall; switching supply chain to nonperishable pre-packaged food items).
- iv. Ensure University's food service contractor has begun stockpiling non-perishable food.
- v. Identify essential food items that can be purchased quickly and negotiate with vendors to obtain appropriate commitments.
- vi. Develop backup strategies to meet food shortages.
- vii. Develop a pandemic trigger point such that when the trigger point is activated the food service contractor will be prepared to order essential food items;

- viii. Develop a plan with local restaurant owners that will allow the food service contractor to purchase their excess capacity.
- ix. Develop a recovery plan for dealing with consequences of the pandemic (e.g., loss of staff and operational disruption).
- x. Develop procedures to report and manage absences of contractor's personnel during Levels 3-4.

2. **FSU Level 2 – Elevated Risk**

a. **Financial Services**

- i. Disseminate information to students, faculty and staff regarding the suspension of classes and/or closing of the campus and the effect this will have on the University's financial services.
- ii. Review the possibility of delegating signatory authority on procurement documents and checks to others as needed.
- ii. Disseminate information to faculty, staff and students regarding payroll and/or refund check distribution.
- iii. Identify vendors on state contract who can supply sanitization supplies, office supplies, and protective equipment on short notice.
- iv. Establish accounts for online ordering of essential supplies and assess potential need for stock-piling of supplies.
- v. Contact vendors about possible delays in payment due to a pandemic.
- vi. Begin cross-training of staff as needed.

b. **Dining Services**

- i. Ensure that the food service contractor increases carry-out supplies (i.e., carry-out containers, disposable utensils, individual beverages, gloves for food handlers, portable card reader, etc.).
- ii. Finalize food service contractor's staff (with names and contact information) available for providing services while the University is closed.
- iii. Ensure that food service contractor has the equipment necessary for emergency service operations.
- iv. Disseminate information to students, faculty and staff regarding the operation of dining services if classes are suspended and/or the campus is closed.
- v. Develop a plan for alternate dining services and for the feeding of quarantined students.

3. **FSU Level 3 – Pandemic Imminent**

a. **Financial Services**

- i. Implement activities described above.
- ii. Inform staff supervisors that they should immediately report any patterns of suspicious illness among students and personnel.
- iii. Identify vendors who continue to operate.
- iv. Ensure financial systems are backed up and stored in a secured location.
- v. Identify access and availability to core cashiering system.
- vi. Identify access to certify and requisition funds.

- vii. Contact Sallie Mae about processing of student financial aid and lockbox processing of receipts (Sallie Mae or major banking institution).
- viii. Identify petty cash needs campus-wide.
- ix. Institute cash safeguarding procedures.
- x. In consultation with other University officials and Team members, prepare to curtail financial operations.
- xi. Implement emergency payroll processing with the Central Payroll Office.

b. Dining Services

- i. Implement activities described above.
- ii. Identify meal delivery need and method of delivery for quarantined students/employees.
- iii. Suspend all but the most necessary food service operations.

b. FSU Level 4 – Pandemic

a. Financial Services

- i. Continue implementation of activities described above.
- ii. Monitor the status of staff, particularly essential personnel.

b. Dining Services

- i. Continue implementation of activities described above.
- ii. Document expenses associated with feeding students/faculty/staff that are not on one of the meal plans.

5. Recovery

- a. Coordinate the resumption of services and other activities for the division.
- b. Determine if any of the unit’s plans, policies and procedures needs to be revised.

APPENDIX C

POLICE AND PUBLIC SAFETY PANDEMIC PLAN

1. FSU Level 1 - Pre-Planning

- a. Establish and continuously update contact information for all essential personnel and backups (cross-training) within each office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- b. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up.
- c. Develop guidelines, in consultation with Student Health Services and Facilities Management, for transporting ill or symptomatic faculty, staff and students housed or treated on campus to local hospitals.
- d. Develop a campus evacuation plan.
- e. Identify locations, in consultation with Student Health Services and Facilities Management, to serve as a morgue should such become necessary.
- f. Develop plans to secure the main campus upon the suspension of classes and/or closure of the University.
- g. Develop plans to permit all essential personnel to have access to the campus after the campus is closed.
- h. Develop a recovery plan for dealing with consequences of the pandemic (e.g., loss of staff and operational disruption).
- i. Develop procedures to report and manage absences of police personnel during Levels 3-4.

2. FSU Level 2 – Elevated Risk

- a. Disseminate guidelines for transporting ill or symptomatic faculty, staff and students to local hospitals.
- b. Procure barriers for blocking roadways and other needed signage and supplies.
- c. Disseminate information to students, faculty and staff regarding the campus evacuation plan.
- d. Coordinate with Facilities Management and the Academic Affairs on the securing of campus buildings and post signage where necessary.

3. FSU Level 3 – Pandemic Imminent

- a. Implement activities described above.
- b. Implement plans to secure the main campus upon the suspension of classes and/or closure of the University.
- c. Implement plan to permit essential personnel to have access to the campus after the campus is closed.
- d. Implement campus evacuation plan.
- e. Provide assistance to Student Health Services and other campus departments when needed.

4. FSU Level 4 – Pandemic

- a. Continue implementation of activities described above.
- b. Monitor the status of staff, particularly essential personnel.

5. Recovery

- a. Coordinate the resumption of services and other activities for the unit.
- b. Determine if any of the unit's plans, policies and procedures need to be revised.

APPENDIX D

FACILITIES MANAGEMENT PANDEMIC PLAN

1. FSU Level 1 - Pre-Planning

- a. Establish and continuously update contact information for all essential personnel and backups (cross-training) within each office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- b. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up.
- c. Develop guidelines, in conjunction with Student Health Services and Campus Police and Public Safety, for transporting ill or symptomatic faculty, staff and students housed or treated on campus to local hospitals.
- d. Identify area(s), in conjunction with Student Health Services and Campus Police and Public Safety, to treat faculty, staff and students who become ill or symptomatic while on campus.
- e. Develop procedures to be used when collecting and disposing of infectious waste and contract with hazardous materials company for professional cleanup. Include additional medical waste pickups not normally covered such as housing or designated isolation or quarantine areas.
- f. Develop procedures to increase stock in all restrooms (including residence halls) of infection prevention supplies such as hand soap, towels and garbage bags and assess the potential need for stock-piling those supplies.
- g. Contract to purchase and store bulk quantities of surgical masks, N95 respirators, plastic gloves, and hand hygiene products.
- h. Inventory housekeeping cleaning supplies and assess the potential need for stock-piling those supplies.
- i. Develop a distribution system, in conjunction with other Team members, for N95 respirators or appropriate Personal Protective Equipment (PPE).
- j. Develop exposure control plan for protecting drivers and cleaning vehicles in case buses or other University vehicles are used to transport sick individuals.
- k. Develop procedures to report and manage absences of unit personnel during Levels 3-4.

2. FSU Level 2 – Elevated Risk

- a. Purchase and store stock in all restrooms (including residence halls) of infection prevention supplies such as hand soap, towels and garbage bags.

- b. Purchase and store bulk quantities of surgical masks, N95 respirators, plastic gloves, and hand hygiene products.
- c. Purchase and store cleaning supplies that are categorized as an EPA-registered hospital detergent/disinfectant.
- d. Ensure that essential equipment, including vehicles, has been serviced and spare parts are available.
- e. Post PPE/respiratory protection information on website.
- f. Provide respirator fit/training for essential personnel.

3. FSU Level 3 – Pandemic Imminent

- a. Implement activities described above.
- b. Distribute to necessary areas and personnel sufficient and accessible soap, hand hygiene products, tissues and receptacles for their disposal and monitor stock.
- c. Distribute N95 respirators or appropriate PPEs.
- d. Monitor the collection and disposal of infectious waste.
- e. Coordinate with Campus Police and Public Safety on the closing of campus and the securing of campus buildings. Post signage where necessary.
- f. Provide assistance to Student Health Services and other campus departments as needed.

4. FSU Level 4 – Pandemic

- a. Continue implementation of activities described above.
- b. Monitor the status of staff, particularly essential personnel.
- c. Maintain essential services to all facilities (e.g., utilities, HVAC), particular areas that house students, employee's data and animals.

5. Recovery

- a. Coordinate the resumption of services and other activities for the unit.
- b. Determine if any of the unit's plans, policies and procedures need to be revised.

APPENDIX E

HUMAN RESOURCES PANDEMIC PLAN

1. FSU Level 1 - Pre-Planning

- a. Establish and continuously update contact information for all essential personnel and backups (cross-training) within each office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- b. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up.
- c. Develop guidelines for monitoring and reporting daily to the Team employees who are unable to come to work.
- d. Review feasibility of implementing policies concerning mandatory leave, home assignments, telecommuting, paycheck distribution and reassignment to volunteer positions to enhance likelihood of continued campus operations and safety of employees and students.
- e. Develop return to work guidelines for previously ill faculty and staff who are no longer infectious.
- f. Develop a process for updating emergency contact information for all faculty and staff.
- g. Develop a pandemic training program for essential personnel and supervisors.
- h. Develop procedures to report and manage absences of essential personnel during Levels 3-4.

2. FSU Level 2 – Elevated Risk

- a. Implement activities described above.
- b. Communicate to faculty and staff policies and procedures that will be implemented in the event of a pandemic.
- c. Develop a listing of external agencies to contact to keep the agencies abreast of the status of University and its employees.
- d. Disseminate pandemic policies and procedures related to employees. Conduct informational sessions to explain policies and procedures.
- e. Upon orders from the Governor and/or Public Health officials implement social distancing measures. The Chancellor is authorized to establish immediate telework arrangements, bypassing any normal requirements during a declared emergency.

3. FSU Level 3 – Pandemic Imminent

- a. Continue implementation of activities described above.
- b. Implement training of essential personnel and supervisors.
- c. Invoke special pandemic policies and procedures and notify supervisors and employees.
- d. Provide continuous support to essential personnel reporting to work, supervisors and the Team.

4. FSU Level 4 – Pandemic

- a. Continue implementation of activities described above.
- b. Monitor the status of staff, particularly essential personnel.
- c. Provide daily updates (via email, telephone, and website) to supervisors and employees regarding information critical to the University's operations.
- d. Provide a daily status report to agency contacts;
- e. Assist with relocation of faculty and staff who have been ordered by state or county officials to be quarantined.

5. Recovery

- a. Coordinate the resumption of services and other activities for the unit.
- b. Determine if any of the unit's plans, policies and procedures need to be revised.

APPENDIX F

PUBLIC RELATIONS PANDEMIC PLAN

1. FSU Level 1 - Pre-Planning

- a. Establish and continuously update contact information for all essential personnel and backups (cross-training) within the office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- b. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up.
- c. Assist in the preparation of an Emergency Preparedness Website which will educate the campus community on a pandemic.
- d. Develop a communications plan that addresses the following: (i) the pandemic generally, (ii) the University's pandemic response plan, (iii) prevention/hygiene, (iv) the risks of teaching, working or attending class when ill or symptomatic, (v) personal preparedness by planning stage and (vi) pandemic recovery. The plan shall be developed in consultation with other Team members.
- e. Develop a delivery plan for making the campus community aware of the communications plan.
- f. Develop a media/press plan.
- g. Plan communications that would address the potential fear and anxiety of employees, students and families that may result from rumors or misinformation.

2. FSU Level 2 – Elevated Risk

- a. Update information on the Emergency Preparedness Website as needed to educate the campus community regarding signs/symptoms and when/where to seek assistance.
- b. Implement the University's communications plan by providing e-mail alerts to students, faculty, staff, and trustees apprising them of the status of activities on campus and corresponding steps being taken by the University.
- c. Implement the media/press plan by alerting the media to the status of activities and corresponding steps being taken by the University.

3. FSU Level 3 – Pandemic Imminent

- a. Implement activities described above.
- b. Establish a Media Relations Center to coordinate press releases and manage news teams and interviews.

- c. Disseminate information about the potential impact of a pandemic on the suspension of classes, the closure of the University, and the contingency plans for students who depend on student housing and campus food service.

4. FSU Level 4 – Pandemic

- a. Continue implementation of activities described above.
- b. Provide daily updates (via email, telephone, and website) to students, faculty, staff, trustees and the media.

5. Recovery

- a. Coordinate the resumption of services and other activities for the unit.
- b. Determine if any of the unit's plans, policies and procedures need to be revised.

APPENDIX G

DIVISION OF STUDENT AFFAIRS PANDEMIC PLAN

1. FSU Level 1 - Pre-Planning

a. Student Health Services

- i. Establish and continuously update contact information for all essential personnel and backups (cross-training) within the office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- ii. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up.
- iii. Determine the type and amount of treatment supplies and equipment Student Health and Services will need to provide during Levels 2 and 3.
- iv. Identify area(s), in conjunction with Student Health Services and Campus Police and Public Safety, to treat faculty, staff and students who become ill or symptomatic while on campus.
- v. Identify training needed for health care personnel or volunteers.
- vi. Develop guidelines, in conjunction with Student Health Services and Campus Police and Public Safety, for transporting ill or symptomatic faculty, staff and students housed or treated on campus to local hospitals.
- vii. Develop procedures to evaluate patients who are symptomatic. The procedures should include evaluations either in person or over the telephone.
- viii. Develop procedures to isolate individuals who are ill and contain students who have been exposed to illness if quarantine order issued.
- ix. Determine what role federal, state and local agencies anticipate the University fulfilling as a staging area.
- x. Develop procedures to report and manage absences of unit personnel during Levels 3-4.

b. Center for Personal Development

- i. Establish and continuously update contact information for all essential personnel and backups (cross-training) within the office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- ii. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up.
- iii. Identify and assess the University's mental health resources (including stress management) available to faculty, staff and students.
- iv. Develop mechanisms to provide mental health resources face-to-face and over-the phone/electronically.
- v. Develop procedures to report and manage absences of unit personnel during Levels 3-4.

c. Housing

- i. Establish and continuously update contact information for all essential personnel and backups (cross-training) within the office. Several methods shall be maintained to contact personnel (phone, email, text messaging, departmental web site, etc.).
- ii. Identify essential services that will continue to be delivered in the event the University temporarily closes, and which employees will be responsible for delivering these services as essential personnel, both primary and back-up
- iii. Develop a plan to educate students and housing staff on the potential for a pandemic.
- iv. Identify students and housing staff with special needs and those in a high-risk category.
- v. Identify rooms and buildings for isolating and quarantining students.
- vi. Identify and inventory surplus bedding, mattresses, generators and health/hygiene supplies to ensure adequate supplies in the event of a pandemic.
- vii. Determine the distance each residential student would have to travel to arrive at his or her permanent residence.
- viii. Develop criteria/procedures to minimize the number of students staying in the residence halls during level 4.
- ix. Develop procedures to report and manage absences of unit personnel during Levels 3-4.

2. FSU Level 2 – Elevated Risk

a. Student Health Services

- i. Purchase, store and secure treatment supplies and equipment.
- ii. Communicate location(s) of designate treatment centers.
- iii. Develop guidelines for transporting ill or symptomatic faculty, staff and students housed or treated on campus to local hospitals.
- iv. Develop reporting mechanism to County Health officials regarding campus activity.
- v. Obtain and secure resources from public health agencies related to the University's role in community response efforts.
- vi. Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic fundamentals (e.g., signs and symptoms of pandemic, modes of transmission), personal and family protection and response strategies and the at-home care of ill students or employees and their family members.
- vii. Identify and publicize alternate care locations.

b. Center for Personal Development

Communicate University's mental health resources availability to faculty, staff and students.

c. Housing

- i. Assess the need to purchase equipment such as HEPA filters, water filters, toiletries, individual heaters, cots and linen.

- ii. Train essential personnel on risks and response.
- iii. Develop plans for tracking and tabulating all costs associated with pandemic preparations and implementation of plans.
- iv. Continue education of students regarding their own planning as well as informing them of the University's plan.
- v. Communicate criteria/procedures established to minimize the number of students staying in the residence halls during level 4.

3. FSU Level 3 – Pandemic Imminent

a. Student Health Services

- i. Implement activities described above.
- ii. Consider the discontinuation of all routine care.
- iii. Activate health center and other identified treatment areas to triage ill or symptomatic faculty, staff and students.
- iv. Implement procedures for evaluating patients who are symptomatic. The procedures should include evaluations either in person or over the telephone.
- v. Monitor illnesses and report to the County and State officials as required.
- vi. Monitor health care staff for symptoms.
- vii. Replenish supplies and equipment as necessary or as available.

b. Center for Personal Development

- i. Implement activities described above.
- ii. Provide mental health resources face-to-face and over-the phone/electronically.

c. Housing

- i. Begin closing all residence halls, except those to be used to house students must stay on campus and ill students.
- ii. Recommend the evacuation of students and staff members who have been classified as at risk or special needs.
- ii. Curtail visitation.
- iii. Stockpile all remaining food in the vending machines.
- iv. Contact bookstore to request release of non-perishable food items.
- v. Implement criteria/procedures to minimize the number of students staying in the residence halls during level 4.

4. FSU Level 4 – Pandemic

a. Student Health Services

- i. Post entry doors notifying patients with illness profile to take appropriate protective precautions.
- ii. Isolate and monitor suspected cases.
- iii. Communicate with parents of students with suspected cases as needed.
- iv. Contact Coroner, if necessary.
- iv. Arrange for monitoring/delivery of medications, other goods and services to isolated cases.

b. Center for Personal Development

- i. Implement telephone and online counseling to alleviate psychological trauma.
- ii. Assess and serve disoriented students and employees with emergency psychological assistance.

c. Housing

- i. Monitor sanitary conditions of vacated residence halls.
- ii. Monitor building access systems in order to control unauthorized entry to closed halls.
- iii. Manage access/entry to halls remaining open as temporary emergency shelter.
- iv. Assist with relocation of students to temporary emergency shelter.
- v. Provide services to students who remain in temporary emergency shelter—safety and security, sanitation, access, staffing, counseling, and communication.

5. Recovery

- a. Coordinate the resumption of services and other activities for the unit.
- b. Determine if any of the unit's plans, policies and procedures need to be revised.

In the event of a pandemic or communicable disease emergency, the following provides an overview of key policy provisions for University faculty and staff.

Level 1: Alternative Work Arrangements

University officials may implement actions to limit the spread of disease during a communicable disease event following guidance or orders from the Governor and/or public health officials, including:

- Teleworking, use of conference calls and videoconferencing, and limitations on travel;
- Canceling meetings, workshops, and classes; and
- Requiring the use of personal protective equipment (PPE) such as masks.

Individuals who have traveled to highly affected areas may be required to self-quarantine and not return to work until the potential incubation period has passed. **Employees required to work under alternative arrangements will receive regular pay.**

Level 2: Isolation/Quarantine of Ill, Symptomatic, or Exposed Employees

If employees become ill or are exposed to disease, then state or local public health officials have the ability to enforce quarantine or isolation procedures.

- Employees who are quarantined **at the direction of public health officials will receive paid administrative leave** until the specified period of time ends or the employee becomes ill with the communicable disease, whichever comes first. Written verification from a public health official is required to confirm this status as soon as practicable.
- If an employee is not subject to official quarantine by public health authorities, but the UNC System president or chancellor believes that an employee has symptoms associated with a communicable disease, the UNC System or constituent institution **may direct the employee not report to work, in which case use of compensatory time off, sick leave, vacation leave, or bonus leave is required.** Likewise, employees who opt to not report to work at their own discretion due to potential illness would use appropriate leave.
- If an employee becomes ill and it is determined to be work-related in accordance with the Workers' Compensation Act, then the workers' compensation policy applies. If the illness is deemed to be due to an off-the-job exposure, then the sick leave policy will be applied. Family and medical leave and family illness leave policies may also apply. If an employee does not have enough sick leave, the institution may work with the employee to advance leave or make arrangements for the employee to make up the time if the University determines that the work situation will allow it.

Level 3: Institution or Part of an Institution is Closed

If the emergency is severe, the governor, public health officials, the UNC System president, or a chancellor may order an institution, or part of an institution, to close for a period of time.

- If alternative work locations or teleworking are available, employees should plan to work remotely.
- In the event that the institution is closed or that non-mandatory employees are ordered to not report to work and cannot work remotely, then employees may be granted paid administrative leave for up to 30 days.
- Designated mandatory employees may be required to report to work or to work remotely. Additional employees may also be designated to work if needed due to the length of the emergency, illness of mandatory employees, or other needs. Mandatory employees (other than senior officers of an institution) who are required to report to work receive time-and-a-half compensation for all hours worked onsite during a closure.
- If this section of the policy is put into effect, the president or chancellor must review the compensation and leave provisions every 30 days in consultation with appropriate authorities.

Level 4: Emergency Furlough Provisions

An emergency furlough, or temporary layoff, may be declared if the institution remains totally or partially closed for an indefinite period of time. This scenario is relevant only for the most severe of public health emergencies.

- Employees will continue to accrue total state service, vacation, and sick leave while on emergency furlough.
- Employees will be entitled to participate in the State Health Plan. The institution will continue to pay the employer contribution; the institution may also pay the employee contribution for the pay period following the furlough, with the provision that the employee will repay the institution for this contribution.
- Employees may be eligible for unemployment benefits.

APPENDIX I

GUIDANCE ON RESPONDING TO NOVEL INFLUENZA A (H1N1)

I. PURPOSE

Fayetteville State University units have updated their pandemic flu plans in order to address issues specifically related to the H1N1 virus. Additionally, the Centers for Disease Control and Prevention (CDC) has issued specific advice to colleges and universities to help decrease the spread of H1N1 among students, faculty, and staff during the 2009-2010 academic year. Based upon these recent updates, the University is issuing this *Guidance*. The *Guidance* includes information on (1) the measures the University is taking to educate the campus community on the H1N1 virus, (2) prevention measures and (3) measures that must be taken should a member of the University community exhibit flu-like symptoms.

II. H1N1 VIRUS

The H1N1 flu virus is a new flu virus of swine origin that first caused illness in Mexico and the United States. On April 26, 2009, the United States Government declared a public health emergency and has been actively and aggressively implementing the nation's pandemic response plan. By June 19, 2009, all 50 states in the United States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands had reported novel H1N1 infection.

Spreading of the H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with the H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, and asthma and kidney disease.

Given ongoing H1N1 activity to date, the Center for Disease Control (CDC) anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States into the fall and winter. The H1N1 virus, in conjunction with regular seasonal influenza viruses, poses the potential to cause significant illness with associated hospitalizations and deaths during the U.S. influenza season.

III. UNIVERSITY'S PANDEMIC FLU PLAN

Along with the CDC's guidance presented in detail below, the University will continue to operate under the unit plans addressed in its *Pandemic Flu Plan*. It is imperative that administrators, faculty, staff and students become familiar with the plan and the corresponding four (4) response levels.

The University will continue to work with state and local health departments to assess the severity of illness caused by the H1N1 virus and disseminate the results of these assessments to the University community via Bronco alerts.

IV. H1N1 GUIDANCE

The guidance given below includes detailed information on the University's efforts to educate its community on H1N1, techniques for preventing the spread of the virus and the measures that should be taken should a member of the University community exhibit flu-like symptoms.

A. Educational Measures

1. Website

The University has established a website as an educational tool for use by members of the campus community. The University's Emergency Management and Environmental Health and Safety website (<http://www.uncfsu.edu/emergency>) contains current educational information on health and safety concerns.

2. Educational Materials

The University has distributed personal hand sanitizers and thermometers along with instructions on how to respond to symptoms of the flu. Additionally, in an attempt to raise awareness about the H1N1 virus, the University has posted flyers in all residence halls.

B. Preventive Measures

The University encourages its faculty, staff and students to adhere to the following preventive measures as recommended by the CDC:

1. Vaccine

According to the CDC, vaccines are the most powerful public health tool for control of influenza. A vaccine to protect against 2009 H1N1 influenza (flu) is expected to be available during the fall, 2009. Once the vaccine becomes available, the CDC recommends that the following groups be amongst the first to receive the H1N1 vaccine:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by "cocooning" them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported which can be a

potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;

- **Children from 6 months through 18 years of age** because there have been many cases of novel H1N1 influenza in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
- **Young adults 19 through 24 years of age** because there have many cases of novel H1N1 influenza in healthy young adults because they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- **Persons aged 25 through 64 years** who have health conditions associated with higher risk of medical complications from influenza.

Once the demand for vaccine for these prioritized groups has been met, the CDC recommends vaccinating everyone from ages 25 through 64 years.

2. **Hand Hygiene**

Influenza may spread via contaminated hands or inanimate objects that become contaminated with influenza viruses. The **CDC recommends that students, faculty, and staff be encouraged to wash their hands often with soap and water, especially after coughing or sneezing.** Alcohol-based hand cleaners may also be effective. If soap and water are not available, and alcohol-based products are not allowed, other hand sanitizers that do not contain alcohol may be useful; however, there is less evidence on their effectiveness compared to that on hand washing and alcohol-based sanitizers.

3. **Respiratory Etiquette**

Influenza viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose or are inhaled by people nearby. The **CDC recommends covering the nose and mouth with a tissue when coughing or sneezing and throwing the tissue in the trash after use.** Wash hands promptly after coughing or sneezing. If a tissue is not immediately available, coughing or sneezing into one's arm or sleeve (not into one's hand) is recommended.

4. **Routine Cleaning**

Students living together should regularly clean frequently used surfaces such as doorknobs, refrigerator handles, remote controls, computer keyboards, countertops, faucet handles, and bathroom areas.

C. Responsive Measures

1. Symptoms

The symptoms of the H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Illness with the H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

Employees and students with flu-like illness should promptly seek medical attention if they have a medical condition that puts them at increased risk of severe illness from flu, are concerned about their illness, or develop severe symptoms such as increased fever, shortness of breath, chest pain or pressure, or rapid breathing.

2. Self-Isolation

The CDC recommends that individuals with influenza-like illness remain at home and away from other people until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications. Influenza-like illness (ILI) is defined as a fever plus cough and/or sore throat. However, some people with influenza will not have fever. Therefore, absence of fever does not mean absence of infection. If possible, residential students, faculty, or staff members who live relatively close to the campus should return to their home to keep from making others ill. Those leaving the University to go to a private home to recuperate should do so in a way that limits contact with others as much as possible. For example, travel by private car or taxi would be preferable over use of public transportation.

Students with single rooms and private bathrooms should stay in their rooms. Students living in suite-type living quarters should remain in their own rooms and receive care and meals from a single person. Students in campus housing should contact their residence hall director should they require meals to be brought to their room. Ill students should limit their contact with others and, to the extent possible, **maintain a distance of 6 feet from people with whom they share living space.** Shared bathrooms should be avoided or receive frequent cleaning. If close contact cannot be avoided, the ill student should be asked to wear a surgical mask during the period of contact. (Students should contact the Student Health Services for information on personal protective equipment.)

Parents of students who are diagnosed as having the H1N1 virus will be contacted and asked to make arrangements for the student to recuperate away from the campus.

Employees who are diagnosed as having the H1N1 virus should not come to work and should immediately notify their supervisor of their illness.

3. University Imposed Isolation

For those students who cannot leave campus, and who do not have a private room, the University will provide temporary, alternate housing where those who are ill can stay until 24 hours after they are free of fever. Such a location will be in close proximity to the Student Health Services facility and provide internet access to allow students to continue their class work when feeling better but still self-isolating.

4. University-Sponsored Events

Visitors, students, faculty, and staff with influenza-like illness should not attend events that draw the public and other visitors, such as football games or concerts to the University until they have been free of fever for at least 24 hours. Attendance at such events may pose a high risk of exposure and transmission of influenza.

At an increased level of severity, the University will consider whether to suspend or modify public events.

V. STRATEGIES

The University will continue to utilize a combination of strategies in its attempt to limit the transmission of the H1N1 virus in students, faculty, and staff. University officials will also consult with local and state health agencies regarding trends related to the transmission of the disease, and the ability of the local health care system to meet any increased demands.

APPENDIX J

GUIDANCE ON RESPONDING TO EBOLA VIRUS DISEASE

I. PURPOSE

Fayetteville State University units have updated their pandemic plans in order to address issues specifically related to Ebola Virus Disease (Ebola). Additionally, the Centers for Disease Control and Prevention (CDC) have issued specific guidance on how to prevent the spread of Ebola. Based upon recent updates, the University is issuing this *Guidance*.

The *Guidance* includes information on (1) the measures the University is taking to educate the campus community on the Ebola and (2) measures that must be taken should a member of the University community exhibit Ebola-like symptoms.

II. EBOLA

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

Ebola is caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*. There are five identified Ebola virus species, four of which are known to cause disease in humans: Ebola virus (*Zaire ebolavirus*); Sudan virus (*Sudan ebolavirus*); Taï Forest virus (*Taï Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*); and Bundibugyo virus (*Bundibugyo ebolavirus*). The fifth, Reston virus (*Reston ebolavirus*), has caused disease in nonhuman primates, but not in humans.

Symptoms: According to the CDC, the symptoms of Ebola include the following:

- Fever (greater than 38.6°C or 101.5°F)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.

Transmission: When an individual becomes infected with Ebola, the virus can be spread in several ways to others. Ebola is spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola;
- objects (like needles and syringes) that have been contaminated with the virus; or
- infected animals.

Ebola is not spread through the air or by water, or in general, by food. There is no evidence that mosquitos or other insects can transmit Ebola virus. Only mammals (for example, humans, bats, monkeys, and apes) have shown the ability to become infected with and spread Ebola virus.

Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids of sick patients.

III. UNIVERSITY'S PANDEMIC PLAN

Along with the CDC's guidance presented in detail below, the University will operate under the unit plans addressed in its *Pandemic Plan*. It is imperative that administrators, faculty, staff and students become familiar with the plan and the corresponding four (4) response levels.

The University will continue to work with state and local health departments to assess the severity of illness caused by the Ebola and disseminate the results of these assessments to the University community via Bronco alerts.

IV. EBOLA GUIDANCE

The guidance given below includes detailed information on the University's efforts to educate its community on Ebola, techniques for preventing the spread of the virus and the measures that should be taken should a member of the University community exhibit Ebola-like symptoms.

A. Educational Measures

1. Websites

Current information on Ebola can be found on the following websites:

- Emergency Management and Environmental Health and Safety
<http://www.uncfsu.edu/emergency>
- Student Health Services
<http://www.uncfsu.edu/shs>
- University of North Carolina
- Center for Disease Control and Prevention
<http://www.cdc.gov/vhf/ebola/>
- World Health Organization (WHO)
<http://www.who.int/csr/disease/ebola/en/>

2. Educational Materials

Flyers and posters containing Ebola facts and information have been distributed throughout campus. Additionally, current information on Ebola is communicated to the campus community via University wide-wide email.

B. Preventive Measures

1. The University encourages its faculty, staff and students to adhere to the following preventive measures as recommended by the CDC:
 - Practice careful hygiene. Hands should be washed with soap and water or an alcohol-based hand sanitizer and contact with blood and other body fluids should be avoided.
 - Items that may have come in contact with an infected person's blood or body fluids (such as clothes, bedding, needles, and medical equipment) should not be handled.
 - Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
 - Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
 - Avoid hospitals in West Africa where Ebola patients are being treated. The U.S. embassy or consulate is often able to provide advice on facilities.
 - Health should be monitored for 21 days after a return to the United States. Medical care should be sought immediately if Ebola-like symptoms are present.

2. Healthcare workers who may be exposed to people with Ebola should follow these steps:
 - Wear protective clothing, including masks, gloves, gowns, and eye protection.
 - Practice proper infection control and sterilization measures.
 - Isolate patients with Ebola from other patients.
 - Avoid direct contact with the bodies of people who have died from Ebola.

Notify health officials if there has been direct contact with the blood or body fluids, such as but not limited to, feces, saliva, urine, vomit, and semen of a person who is sick with Ebola.

V. STRATEGIES

The University will continue to utilize a combination of strategies in its attempt to limit the exposure of the virus. University officials will also consult with local and state health agencies regarding trends related to the transmission of the disease, and the ability of the local health care system to meet any increased demands.

APPENDIX K

GUIDANCE ON RESPONDING TO CORONAVIRUS DISEASE 2019 (COVID-19)

I. PURPOSE

Fayetteville State University units have updated their pandemic plans in order to address issues specifically related to COVID-19. Additionally, the Centers for Disease Control and Prevention (CDC) have issued specific guidance *on how to prevent the spread of COVID-19*. Based upon recent updates, the University is issuing this *Guidance which* includes detailed information on COVID-19.

II. UNIVERSITY'S PANDEMIC PLAN

Along with the guidance from CDC and local and state officials, the University will operate under the unit plans addressed in its *Pandemic Plan*. It is imperative that administrators, faculty, staff and students become familiar with the Plan and the corresponding four (4) response levels.

The University will continue to work with state and local health officials to assess the severity of illness caused by the COVID-19 and disseminate the results of these assessments to the University community.

III. CORONAVIRUS DISEASE 2019 (COVID-19)

An outbreak of respiratory disease caused by a novel (new) coronavirus was first detected in China and has now been detected in countries throughout the world, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a "[public health emergency of international concern](#)" (PHEIC). On January 31, 2020, the Health and Human Services Secretary declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19.

Symptoms: According to the CDC, the symptoms of COVID-19 include the following:

- Fever (greater than 38.6°C or 101.5°F)
- Severe headache
- Muscle pain
- Weakness
- Cough
- Sore throat
- Difficulty breathing which may require hospitalization
- General flu-like symptoms

Symptoms may appear anywhere from 2 to 14 days after exposure to COVID-19.

Preventive Measures: There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC’s recommendations for using a facemask.
 - The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

More detailed information on handwashing can be found at [CDC’s Handwashing](#) website. Detailed information specific to healthcare can be found at [CDC’s Hand Hygiene in Healthcare Settings](#).

Transmission: When an individual becomes infected with COVID-19, the virus can be spread in several ways to others, to include person-to-person and person-to-surfaces or objects. The person-to-person spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with the following:

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with COVID-19;
- objects and surfaces that have been contaminated with the virus; or
- infected animals.

The person-to-person spread occurs when contact is within 6 feet, via respiratory droplets produced when a person coughs or sneezes. The droplets land in our mouths and noses and may be inhaled into our lungs. The person-to-object spread occurs by touching a surface or object that has the virus on it and then touching your mouth, nose, or eyes.

COVID-19 may be spread through the air or by water, or in general, by food. There is no evidence that mosquitos or other insects can transmit COVID-19. Only mammals (for example, humans, bats, camel, snakes) have shown the ability to become infected with and spread COVID-19.

Healthcare Providers: Healthcare providers caring for COVID-19 patients and the family and friends in close contact with COVID-19 patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids of sick patients.

Healthcare workers who may be exposed to people with COVID-19 should follow these steps:

- Wear protective clothing, including masks, gloves, gowns, and eye protection.
- Practice proper infection control and sterilization measures.
- Isolate patients with COVID-19 from other patients.
- Avoid direct contact with the bodies of people who have died from COVID-19.
- Notify health officials if there has been direct contact with the blood or body fluids, such as but not limited to, feces, saliva, urine, vomit, and semen of a person who is sick with COVID-19.
- Contact the Local Health Department if there is a Person of Interest who is symptomatic.

IV. TRAVEL TO AND FROM AFFECTED AREAS

Students, faculty and staff returning from CDC Level 3 and Level 4 areas should self-quarantine for 14 days before participating in campus activities or returning to work.

V. EDUCATIONAL RESOURCES

A. Websites

Current information on COVID-19 can be found on the following websites (click to follow link):

- [Fayetteville State University](#)
- [North Carolina Department of Health and Human Services](#)
- [University of North Carolina System](#)
- [Center for Disease Control and Prevention](#)
- [World Health Organization \(WHO\)](#)

B. Educational Materials

Flyers and posters containing COVID-19 facts and information have been distributed throughout campus. Additionally, current information on COVID-19 has been communicated to the University community via University wide- email.

VI. STRATEGIES

The University will continue to utilize a combination of strategies in its attempt to limit the exposure of the virus. University officials will also consult with local and state health agencies regarding trends related to the transmission of the disease, and the ability of the local health care system to meet any increased demands.