

Nuts & Bolts

Campus Best Practices

SUNY Campus Safety Symposium
Facing a Public Health Challenge – H1N1
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- moderators:
 - Barbara Boyle, Office for Capital Facilities
 - Roger Johnson, University Police
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Panelists

- Lisa Donohue
 - Acting Director EH&S, Albany
 - David Hubeny
 - Emergency Manager, Binghamton
 - Gary Kaczmarczyk
 - Director EH&S, Stony Brook
 - Joe Raab
 - Director of EH&S Services, U. Buffalo
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Topics for Discussion

- Effective EOC
 - Respiratory Protection
 - Campus Communication
 - Residential Concerns
 - Audience Topics
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Quick Introduction

New CDC Guidance for Colleges and Universities (August 09)

www.cdc.gov/h1n1/institutions/guidance

- guidance
- technical report
- communications tools (includes FAQs)

Balance

- goal of reducing the number of people who become seriously ill or die from flu
 - goal of minimizing educational and social disruptions
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Institutional Basics

- Separate people who are sick from those who are well as soon as possible.
 - Encourage good hand hygiene and respiratory etiquette through direct education, communication materials such as posters and flyers, and other methods including e-mail, text messaging, or phone calls.
 - Establish a method for maintaining contact with students who are sick. If resources permit, student affairs staff, housing staff, or health care providers could be assigned to make daily contact with each student.
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- ❑ Encourage sick people to stay at home or in their residence except to talk with a health care provider about whether they have flu, appropriate treatment, and what actions to take if they have severe symptoms.
 - ❑ Encourage students, faculty, and staff living off campus to stay at home if they are sick with flu-like illness. They should stay home until they are free of fever for at least 24 hours.
 - ❑ Discourage visitors with flu-like illness from attending institution-sponsored events until they are free of fever for at least 24 hours.
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- ❑ Examine and revise, as necessary, current flu (or crisis) response plans and procedures, and update contact information.

 - ❑ Communicate with vendors who supply critical products and services, including hygiene supplies, food service, and personal protective equipment for staff, to address the continuation of these products and services throughout the flu season.

 - ❑ Encourage any students, faculty, and staff who want protection from flu to get vaccinated for seasonal flu and H1N1.
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Personal Responsibility

- ❑ Practice good hand hygiene. Wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
 - ❑ Practice respiratory etiquette. Cover mouth and nose with a tissue when coughing or sneezing. If a tissue is not available, cough or sneeze into elbow or shoulder.
 - ❑ Stay home when sick, and for at least 24 hours after the fever resolves.
 - ❑ Talk to personal health care providers about vaccination and special concerns.
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Recommended Strategies

for Use Now –
Current Flu Conditions

Facilitate self-isolation

- Persons with flu-like symptoms should stay away from other people until 24 hours after the fever resolves ($<100^{\circ}\text{F}$) without medication.
 - Send students home if possible, minimizing contact with others.
 - Students with single rooms and private bathrooms should stay put.
 - Student in suites should stay in their rooms and receive meals/care from one person.
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Residential students

- Establish a flu-buddy system before illness.
 - Keep at least 6 feet away from others.
 - Clean shared bathrooms frequently.
 - Ill student should wear surgical masks while near other students or in close contact:
 - Close contact is defined as likely to cause exposure to respiratory droplets, and includes kissing but not sitting across from someone in a waiting room.
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Consider providing private rooms or temporary alternative housing

- Gyms conversion? Swing space?
Temporary housing? Isolation dorms?

 - Access to bathrooms
 - Security
 - Meals
 - Medications
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Maintain contact with isolated students.

- Electronic/phone methods
 - Room visits

 - Provide self-care and other guidance.
 - Instruct to seek medical attention when necessary.
 - Reinforce infection control measures.
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Review Policies

- Sick leave/absenteeism to support self-isolation.
 - Don't require doctor notes.
 - Make it easier for people to stay home to care for themselves and their loved ones.
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High Risk Students

- Encourage contact with healthcare provider on appropriate courses of action.
 - Seek early medical attention.
 - Obtain vaccination when available.
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Discourage attendance at campus events by ill persons.

- ❑ Sporting events, concerts, plays, and similar events present high risk of exposure and transmission.

 - ❑ Various communication methods
 - Emails, posters, flyers, media coverage
 - ❑ Encourage adherence for hand hygiene and respiratory etiquette.
 - ❑ Increase distance at events
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Hand Hygiene

- ❑ Wash hands with soap and water, especially after sneezing and coughing.
 - ❑ Alcohol-based hand sanitizers may be effective, when soap and water are not available.
 - ❑ Soap, paper towels, and hand sanitizers should be readily available.
 - ❑ Educational outreach.
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Respiratory Etiquette

- Cover nose and mouth with a tissue when coughing or sneezing and throw the tissue in the trash after use.
 - Wash hands promptly.
 - If tissue is not available, sneeze into arm or sleeve.
 - Provide tissues and education.
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Routine Cleaning

- Promote frequent cleaning of bathrooms and other frequently used areas, and ensure adequate supplies of soap and paper.
 - Provide no-touch waste receptacles and empty often.
 - Establish regular cleaning of high touch surfaces.
 - including door knobs, handrails, elevator buttons, keyboards, remote controls, telephones, headsets, etc
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□ Provide disposable wipes so that commonly used surfaces can be wiped down by student before each use.

■ chairs, carrels, remote controls, shared keyboards, etc.

□ Encourage students to clean their own living quarters.

Specific Student Populations

- Students abroad
 - Medical access, communication
 - Early college students
 - Communicate with K-12 partners
 - Students with disabilities
 - Special communication needs
 - Health care professional students
 - Amplification potential
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Increased Severity

- Permit high-risk student, faculty, and staff to stay home.
 - Necessary accommodations
 - Provision of distance learning
 - Sick leave/absenteeism policies
 - Telecommuting
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Increased Severity

- Increase social distancing, to at least 6 feet
 - Move furniture
 - Hold classes outdoors
 - Distance learning
 - Suspend or modify public events
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Increased Severity

- Extend self-isolation period.
 - Consider suspending classes.
 - Work with local health officials
 - Reactive suspension
 - Preemptive suspension
 - Large gatherings
 - Nonresidential students
 - Resuming classes (minimum of 5 to 7 days)
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Decisions

- Collaboration with public health officials
 - Making decisions
 - Right people
 - Track absenteeism, campus health center use, other resources to facilitate decision making.
 - Determine acceptability of proposed decisions, community support, secondary effects.
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