Emergency Operations Plan
Part 3.5
Pandemic Plan

2014
PANDEMIC EMERGENCY PLAN

This material presented in this publication has been written in accordance with the CSU Pandemic Emergency Planning Guide. However, this plan cannot anticipate all possible events and situations or campus response to pandemic influenza. Conditions will develop in operations where standard methods will not suffice and nothing in this document shall be interpreted as an obstacle to the experience, initiative, and ingenuity of Campus personnel in overcoming the complexities that exist under actual pandemic conditions. Users of this plan assume all liability arising from such use.
# PANDEMIC EMERGENCY PLAN
## ANNEX A

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1.0 INTRODUCTION AND PURPOSE

This Pandemic Emergency Plan (Plan) addresses the campus preparedness activities and response to a pandemic designed to minimize the impact of that pandemic on campus operations, employees and students. The Plan is designed to be read, understood, and exercised in response to threats and occurrences of a pandemic or any disease outbreak that becomes a worldwide epidemic.

A “pandemic” is a widespread outbreak of a communicable disease, passing as multiple waves of illness in human populations worldwide. An “epidemic” is an illness that impact smaller geographic areas. If a pandemic occurs, higher education will likely be among the industries most severely impacted because of risks resulting from open and accessible campuses and travel by faculty, staff and students. Impacts may include lengthy periods of campus closure, unprecedented demands on student health and counseling services, relocation or evacuation of students in residence halls, the establishment of community isolation areas or hospitals, debilitating sickness among staff and faculty causing severe reductions in force, the unavailability of essential services, and significant loss of revenues and students.

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

- Maintaining students’ progress to degree and faculty research while complying with orders to close the campus.
- Managing faculty, staff and student exposure to infection both on campus and while engaging in learning activities off campus.
- Complying with local, state and federal mandates and coordinating with local, state and federal agencies.
- Loss of income due to inability to continue to offer courses and/or student illness.

At California State University Dominguez Hills, planning for a campus response to a potential health emergency as well as other disaster is an ongoing process. This plan will be adjusted periodically by the Pandemic Committee to incorporate changes in worldwide pandemic status of the current influenza threat as well as information obtained from campus training and tabletop exercises.

2.0 BACKGROUND

The current pandemic threat facing the world is a strain of swine influenza A (H1N1) virus and commonly referred to as the “swine flu." Since at least the 16th century, influenza pandemics have swept the globe an average of three times per century, emerging every 10 to 50 years. In the 20th century, pandemics emerged in 1918, 1957, and 1968. Nearly 40 years after the last pandemic, the appearance of an especially virulent strain of flu in birds in 1997 and again in 2004 raised an alarm among world authorities when it infected a small number of people.
Reviewing the nature of and response to the three pandemics of the last century, which are discussed in turn below, provides important information on how to address and mitigate the possible impact of another flu pandemic.

2.1 Pandemic Overview

A. The Spanish Flu of 1918-1919
The first pandemic of the 20th century is widely regarded as the deadliest disease in human history. Death estimates worldwide range from 20 million to more than 100 million. The following are some of the characteristics of the 1918 flu outbreak.

- Outbreaks occurred simultaneously in Europe and several locations in the United States.
- The pandemic broke in two waves. The first, in the spring and summer of 1918, was highly contagious, but did not cause many deaths. The second wave crashed across the world with remarkable speed and lethality. The death rate was 10 times greater in the second wave than the first.
- One of the Spanish Flu's most troubling aspects was that most deaths occurred in people in “the prime of life”, between 15 and 35 years old. With most influenza strains, the majority of deaths occur among the very young, the very old, and people with compromised immune systems.
- The flu infected about 25 to 30 percent of the world’s population, striking every continent.

B. The Pandemic of 1957-1958
Science and medicine made immense strides between 1918 and 1957. By 1957, vaccines for seasonal flu existed; antibiotics had been discovered that could be used to treat flu-related pneumonia; and the World Health Organization’s Global Influenza Surveillance Network, which monitors and tracks the flu’s spread, was 10 years old. The following are some of the characteristics of the 1957-1958 pandemic:

- A milder strain of the flu virus was at the root of the pandemic, as compared with the 1918 pandemic.
- Detection of outbreaks in Hong Kong and Singapore in early May led to the identification of the exact virus strain; so that by the end of the month, samples of the virus were available to vaccine manufacturers.
- The pandemic touched all corners of the world within six months. As was the case in 1918, the first wave of the pandemic caused fewer deaths than the second wave.
- An estimated 2 million people died during the pandemic. Unlike the situation in 1918, deaths were primarily among the elderly.
- As is the case now, one of the major stumbling blocks to producing sufficient amounts of the vaccine was the lack of manufacturing capacity.

C. The Pandemic of 1968-1969
The last pandemic of the 20th century was the least severe of the three. The following are some of the characteristics of the 1968-1969 pandemic:
Symptoms were much milder, and the mortality rate was much lower than with the 1957 pandemic: possibly because it was a similar strain to that virus. Since only 11 years had passed between the two pandemics, many people were alive who had been exposed to the 1957 flu and, thus, had received some level of natural protection.

The pandemic led to about 1 million deaths.

D. **Hong Kong Flu**

In 1997, an outbreak of influenza among poultry in Hong Kong was traced to the H5N1 virus strain. The outbreak was accompanied by 18 cases of human infection; six of those people died. There was immediate apprehension among world health officials, as this was the first time an avian flu virus was known to have infected humans. An aggressive response, in which more than 1.5 million chickens and other fowl were destroyed, helped stem the 1997 outbreak; and the threat disappeared—temporarily.

E. **SARS**

In late 2002, SARS began to work its way around the world. By the time the outbreak ended in July 2003, about 800 people in 26 countries had died from the disease, just under 10 percent of those believed to have been infected. The vast majority of SARS cases were reported in Asia, although 38 people in Canada also died and 75 cases were reported in the United States. Concerns about the disease led to severe travel restrictions in some countries, closure of premises by government authorities, quarantines, and other business disruptions. The Asian Development Bank estimated the total lost business revenue at about $60 billion.

Although SARS provides a recent case study for ideas in planning for avian flu, SARS was mild compared to the potential impact of an influenza pandemic.

The impact of an actual pandemic cannot be predicted precisely, as it will depend on the virulence of the virus, how rapidly it spreads, the availability of vaccines and antiviral medications, and the effectiveness of medical and non-medical containment measures.

Projected global impacts of an avian flu pandemic include:

- Between 7 and 350 million deaths will occur worldwide (World Health Organization)
- Between 89,000 and 207,000 deaths will occur in the US (Centers for Disease Control)
- 25% of all infected employees will be ill for between 5 to 20 days. (UK Department of Health)
- 800 billion in world wide economic damages (The World Bank)

2.2 **Pandemic vs. Other Natural Disasters**
Pandemics are widespread and generally affect at least 25% of the world. Other natural disasters, by comparison, are usually more localized affecting one or two cities or countries connected geographically and not disruptive to the entire state or country.

Pandemics can last weeks, months or years and have multiple events or waves. Other natural disasters generally last seconds or minutes.

In a global pandemic, there are few places to turn for assistance. In other natural disasters goods, services, supplies and people can be flown in and treatment of ill or injured persons can be transferred to nearby facilities.

Pandemics are about people. Campus facilities and equipment will not be damaged or destroyed.

2.3 Campus Community

The 346 acre CSUDH campus consists of 46 permanent buildings including 24 residential units. CSUDH is a highly diversified community. In a typical semester there are approximately 12,000 students on campus. Of this number, there are students from other counties in California, from other states and U.S. territories and from foreign countries.

On-campus employment includes full time and part time faculty; full time and part time staff employees of CSUDH. In addition, there are campus auxiliary organizations including the CSUDH Foundation, the Associated Students, Inc., and University Student Union full-time staff employees.

CSUDH has two child related programs including the Child Development Center (operated by the Associated Students, Inc.) which cares for children between ages 2 years 9 months to pre-kindergarten on a full day or drop-in basis as well as children in the school age program which provides after school care for children from kindergarten to 10 years. Additionally, the CSUDH Infant-Toddler Development Center (operated through the College of Education) is a program for children with developmental delays from 14 to 36 months of age who are referred by the Regional Centers for the Developmentally Disabled. The children range from the severely and profoundly disabled to those at risk for developmental delays. The center is open 5 days a week, 12 months a year, and offers two sessions. The center also serves as a practicum site for students at CSUDH and other colleges and uses a trans-disciplinary approach to teaching.

During the summer months (June, July, August) there are youth participating in various academic and athletically related summer programs.

The California Academy of Mathematics and Science (CAMS) is located on the CSUDH campus. This Long Beach School District high school has students, faculty and staff. CSUDH coordinates pandemic activities with CAMS and District plans.

Campus facilities, primarily the University Theatre, Edison Studio Theatre and sporting events at various locations are used extensively throughout the year for
large scale activities. The Home Depot Center is an independently operated facility which is located on CSUDH property which hosts very large scale events (up to 27,000 attendees per event).

2.4 Pandemic Risks and Opportunities

Pandemics present both risks and opportunities which must be considered and addressed.

Pandemic Risks include:

- Unpredictable timelines – The seasonality or appearance of pandemic influenza cannot be predicted with certainty.
- Indeterminate duration – In an affected community, a pandemic will last about 6 to 8 weeks. Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months.
- Unavailability of pharmaceutical interventions – Vaccine is considered the first line of defense for reducing the excess morbidity and mortality that invariably accompany pandemics. For several reasons, no country will have adequate supplies of vaccine at the start of a pandemic and for many months thereafter. Large-scale commercial vaccine production is not expected to commence until about three to six months following the emergence of a pandemic virus. As pandemic vaccine needs to be a close match to the actual pandemic virus, commercial production cannot begin prior to emergency characterization of the pandemic virus. On current trends, most developing countries will have no access to a vaccine during the first wave of a pandemic and perhaps throughout its duration. Antiviral drugs are expected to be useful for prophylaxis (prevention of illness) or treatment purposes. The World Health Organization (WHO) is expected to have a stockpile of antiviral drugs, sufficient for 3 million treatment courses, by early 2006. These drugs are strictly reserved for use in the first areas affected by an emerging pandemic virus. Recent studies, based on mathematical modeling, suggest that these drugs could be used prophylactically near the start of a pandemic to reduce the risk that a fully transmissible virus will emerge or at least to delay its international spread, thus gaining time to augment vaccine supplies. The success of this strategy, which has never been tested, depends on several assumptions about the early behavior of a pandemic virus, which cannot be known in advance.
- Major disruption of public transportation, health and other public services
- Disruption of normal life and business activities

Pandemic opportunities include:

- Planning and responding in a caring, compassionate and prudent manner
- Reducing transmission and spread through non-pharmaceutical interventions – At the start of the pandemic and for many months thereafter, all countries will face inadequate supplies of vaccines and
antiviral drugs. Accordingly, the use of non-pharmaceutical measures may be the only response available to reduce influenza transmission and prevent, or at least delay, further spread. The measures currently being recommended by the World Health Organization (WHO) include rapid detection and isolation of infected persons, restriction of movement of persons in and out of the initially affected areas, and tracing of close contacts during the patient’s first two weeks of illness and voluntarily quarantine of symptomatic persons for one week.

- Delivering essential university services to allow the campus to continue in its important and vital mission.

### 3.0 PLANNING ASSUMPTIONS

#### 3.1 General

- Susceptibility to a pandemic influenza virus will be universal.
- 75% of Americans will reduce or avoid travel if a human outbreak occurs.
- 71% of Americans will stop attending public events if a human outbreak occurs.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Of those who become ill with influenza, 50% will seek outpatient medical care.
- Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic.
- In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
- Certain public health measures (closing school, quarantining household contacts of infected individuals, terminating public transportation) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- On average, infected persons will transmit infection to approximately 2 other people.
- In an affected community, a pandemic outbreak will last about 6 to 8 weeks.
3.2 Campus Specific

Between 20% and 40% of the University’s faculty, staff and students would be unable or unwilling to come to work or go to school (best case). A recent study by the Harvard School of Public Health suggests that up to 68% of faculty, students and staff would be unable or unwilling to work, go to school or have their children attend school (worse case) therefore:

- Approximately 4,800 students and 400 faculty and staff may become ill and will be unable to attend classes or report to work for 7-14 days during a 6 to 8 week period.
- Approximately 8,000 students and 700 faculty and staff employees may be unable or unwilling to come to campus.
- Campus may close but some students will be unable to leave.
- Demand on Student Health Services may exceed ability to provide services or may require 24/7 service.
- There will be limited law enforcement assistance through existing mutual aid agreements.
- There will be an increase in campus crime activity.
- The campus may have to establish a quarantine facility. Enforcement activities (keeping people in and out of the quarantine facility) will exceed University Police capabilities.
- Existing communication systems will be challenged.
- Traditional methods of instructional delivery will not be adequate.
- Concerns about salary will be paramount to employees.
- Procedures and processes to enable critical staff to work from home are not currently in place.
- Sufficient quantities of critical supplies are not currently maintained by the campus.
- System wide policies and procedures to address student issues regarding course credit, tuition and fee refunds and graduation are not in place.
- Without proper maintenance, some facility, instructional or research equipment will fail.
- Campus related travel of faculty, staff and students to foreign countries will be curtailed.
- Campus child care facilities may close impacting many employees and students whose children are cared for in these facilities.
- There will be an increased need for psychosocial services.
- Some facility, instructional and research equipment will fail/be damaged due to a lack of resources to maintain all equipment and research.
- Trash collection and mail delivery will be sporadic.
- Rumors will be prevalent and add to the source of panic.
- The Internet and e-mail will remain operational. The University’s Internet site and e-mail system will remain functional.
- The University will be depended upon to store bodies of those who die while on campus for up to one week.
- Family members will attempt to stay with residents in the residence halls.
- Utilities (electricity, telephone service) will remain functional.
- University’s heating and cooling systems will remain functional.
• Elevator service will be sporadic.
• University will receive a high volume of calls/Internet hits from employees, students, parents.
• Telephones and cellular phones will work.

4.0 PANDEMIC MANAGEMENT PHASES

The CSUDH Pandemic Emergency Plan identifies four (4) pandemic phases occurring before and after a pandemic. Each phase is associated with a series of actions to be taken by the University. These phases are based on the pandemic phases created by the World Health Organization (WHO). (See below). The WHO identified phases are the 1) Inter-pandemic/Planning Phase; 2) Pandemic Alert Phase; 3) Pandemic Phase, and Post-pandemic Phase. Changes from one phase to another are triggered by several factors, which include the epidemiological behavior of the disease and the characteristics of circulating viruses. The decision on when to move from one phase to another is made by the Director-General of WHO. Following the WHO phase structure, the CSUDH pandemic management phases have been identified as follows:

Planning Phase
In this phase, no new virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Phase
In this phase there is evidence of human infection with a new virus subtype. This phase ranges from no human-to-human spread of disease or at most, rare instances of spread to a close contact to localized human-to-human spread, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible. In this phase, there are no cases of infection on campus or in the local community.

Pandemic Phase
Increased and sustained transmission of infection in the general population. In this phase, there are cases in the local community.

Post-Pandemic Phase
This is a partial, incremental or total return to normal operations
According to WHO, as of spring 2006 the world is at stage 3 or pandemic alert.

5.0 PANDEMIC MANAGEMENT

In the event that the pandemic influenza significantly impacts campus operations, the campus will implement specific response processes and measures and will use the combined Standardized Emergency Management Systems (SEMS) National Incident Management System (NIMS) structure to manage campus response activities.

Adoption of NIMS as the standard for incident management is mandated by HSPD-5 for all Federal, State, local, and tribal governments as a condition of qualification for preparedness assistance. Chancellor’s Office Executive Order 1056 mandates the use of NIMS as the standard for incident management by all California State Universities. In keeping with these directives the CSU Dominguez Hills President has decreed that the California State University Dominguez Hills shall fully adopt NIMS as its incident management system.

The Incident Command System structure has been modified to address pandemic management and campus operations continuity planning. Management at the earliest phase of a pandemic is most critical and a structured exchange of information will enable the campus to devise the most appropriate response strategy. The following elements are critical to effective pandemic management:

**Operations Group**
The CSU Dominguez Hills strategic response to a pandemic incident will be directed by the campus Operations Group which is comprised of:

- The President,
- Special Assistant to the President,
- Vice President for Administration and Finance,
- The Provost,
- The Vice President for Student Affairs,
- The Vice President for University Advancement.

**Management Section**
The Management Section is responsible for overall emergency policy as well as coordination of response efforts. The Management Section Staff, which is headed by the Director of Emergency Services, is responsible for providing advice to the Director on policy matters. The Management staff will also assist the Director of Emergency Services in the development of overall strategy and the formulation of rules, regulations, policies, etc. The Management Section includes the following staff functions to support the Management function:

- Influenza Manager
- Public Information Officer
- Liaison Officer
- Safety Officer
• Academic Programs
• International Programs
• Athletics
• Faculty Personnel
• Staff Personnel

Operations Section
The Operations Section’s primary responsibility is to manage the operations of the various response elements involved in the pandemic. These elements include but are not limited to:

• Law Enforcement
• Facilities Management
• Student Activities
• Medical Services
• Counseling and Psychological Services
• Grants and Contracts

Logistics Section
The Logistics Section’s primary responsibility is to ensure the acquisition and mobilization of resources to support the pandemic response effort. This section is responsible for providing communication services, acquiring equipment and supplies, as well as arranging for food, lodging, and other support services as required. The Logistics Section includes, but is not limited to:

• Care and Shelter
• Supply
• Communication.

6.0 PANDEMIC RESPONSE FUNCTIONAL ROLES

The CSUDH Pandemic response organizational structure is provided as Attachment A.

A list of functional roles is provided as Attachment B.

A functional responsibility guide for each function is included in this Plan as Appendix A.

7.0 CAMPUS CLOSURE

The impact of a pandemic on the campus community cannot be pre-determined; however, the planning and execution of the campus Business Continuity Plan can minimize the impact of the pandemic on campus operations. Unfortunately, when absentee rates threaten safe continuity of campus operations, the university may close. It is important to recognize that closure may be directed by any one of the following:
The California Department of Health Services acting through city and county Public Health offices, may invoke isolation, quarantine or social distancing requirements.

The CSU Chancellor may direct specific campus closures and shutdown of all but critical functions.

The President or his designee may order the cancellation of classes and cessation of all but critical functions of the University.

Campus Closure notification will be made in accordance with the campus Emergency Plan and any evacuation of the campus will be made in accordance with the Campus Closure Notification and Evacuation Plan (which is in development).

8.0 RECOVERY PROCESS

Recovery efforts may be thwarted by an unknown duration of the pandemic and factors including the number of faculty, staff and students that will be able to return to the campus. The campus Operations Group shall determine when and whether partial, incremental or full return to normal operation is most appropriate.
9.0 PANDEMIC MANAGEMENT – CAMPUS ROLES

Director of Emergency Services
Primary: Vice President, Administration and Finance, Vacant
Alternate: Associate Vice President, Administration and Finance, Vacant
2nd Alternate: Chief of University Police, Carlos Velez

Influenza Manager
Primary: Director, Risk Management and EHOS, Jeff Wood
Alternate: Chief, University Police, Carlos Velez
2nd Alternate: Director Student Health Services, Janie Macharg

Public Information Officer
Primary: Dir. Communications & Public Affairs, Brenda Knepper
Alternate: Media Relations Specialist, Amy Bentley-Smith
2nd Alternate: Vice President, University Advancement, Carrie Stewart

Safety Officer:
Primary: Environmental Compliance Specialist, Orson Faynor
Alternate: On-Duty Corporal, University Police Officer
2nd Alternate: Next Highest University Police Officer

Academic Programs
Primary: Provost Academic Affairs, Ellen Junn
Alternate: Dean, College of Natural & Behavioral Sciences, Rod Hay

International Programs and International Student Services
Primary: Coordinator, International Student Services, Vacant
Alternate: Director, American Language and Cultural Programs, Vacant
2nd Alternate: Outreach Officer, International Recruitment

Athletics
Primary: Director of Athletics, Vacant
Alternate: Assistant Athletics Director, Mel Miranda
2nd Alternate: Asst. Sports Information Director

Personnel
Primary (Staff): Director of Human Resources, Gus Martin
Alternate: Human Resources Manager of Benefits and Staff, Donelle George

Primary (Faculty): Assistant Vice President, Academic Affairs, Kaye Bragg
Alternate: Office Manager, Faculty Affairs, Ormond Rucker
10.0 PANDEMIC OPERATIONS – CAMPUS ROLES

Law Enforcement
Primary: Chief, University Police, Carlos Velez
Alternate: Sgt. on Duty, University Police Officer
2nd Alternate: Highest Ranking Officer on Duty

Facilities Management
Primary: Director, Physical Plant, Jonathan Scheffler
Alternate: Associate Director, Physical Plant, John Epps

Student Activities
Primary: Associate Director, Office of Student Life, Lui Amador
Alternate: Executive Director, Loker Student Union, Cecilia Ortiz

Medical Services
Primary: Chief of Medical Services, Dr. Irina Gaal
Alternate: Director, Student Health & Psychological Services, Janie Macharg
2nd Alternate: Staff Physician, Student Health Services, Sophia Momand

Counseling/Psychological Services
Primary: Director, Student Health & Psychological Services, Janie Macharg
Alternate: Staff Psychologist, Janet Niederman
2nd Alternate: Psychologist, Tiffany Herbert

Grants and Contracts
Primary: Acting Associate Vice President, Research and Funded Projects, Laura Robles
Alternate: Associate Director,
2nd Alternate: Grants and Contract Specialist, Clementine Sessoms

11.0 PANDEMIC LOGISTICS – CAMPUS ROLES

Care and Shelter
Primary: Director, Housing and Residential Life, Eric Rollerson
Alternate: Associate Director, Housing and Residential Life, Marco Dowell

Supply
Primary: Director of Procurement, Contracts, Logistical & Support Services, Vacant
Alternate: Asst. Director PCLASS, Francisco Quinonez
2nd Alternate: Contract Specialist III, Adelbert Baylis

Communication
Primary: Vice President, Information Technology, Chris Manriquez
Alternate: Director, Enterprise Applications, Bill Chang
2nd Alternate: Director, Network. Telecommunications Services, Danny Lujan
Name of Function: Director of Emergency Services
Section: Management
Primary: Vice President, Administration and Finance
Alternate: Associate Vice President, Administration and Finance
2nd Alternate: Chief of University Police

Responsibilities:

**Pandemic Planning Phase**
Coordinate review of the Plan on annual basis.
Facilities planning and readiness for possible isolation/quarantine.
Coordinate Public Safety planning for possible isolation/quarantine.
Transportation planning for supplies.
Coordinate communications plan.
Coordinate the development and dissemination of the plan and other educational materials.
Coordinate the development of websites and resource links.
Coordinate annual training.
Coordinate baseline efforts of entire campus community.

**Pandemic Alert Phase**
Monitor situation daily or weekly as needed. Sources: CDC, WHO, DHHS, LADHS
Advise all units of potential activation of response plan.
Contact LADHS to activate open communication. Request notification if cases appear in the Los Angeles Metropolitan area.

**Pandemic Phase**
Activate Pandemic Response Plan.
As indicated, advise President to activate Emergency Operations Center (EOC).
Coordinate response plan activities with Emergency Operations Center and Influenza Manager.
Name of Function: Influenza Manager/Risk Management and EHOS
Section: Management
Primary: Director, Risk Management and EHOS
Alternate: Chief, University Police
2nd Alternate: Director, Student Health & Psychological Services

Responsibilities:

**Pandemic Planning Phase**
The Influenza Manager is responsible for monitoring the global status of the pandemic flu and advising the Vice President, Administration and Finance of any change in status that would impact the campus community.

Develop and deliver information sessions to the campus community regarding campus preparedness for pandemic influenza.

Develop an on-line Notification Intake form for suspected influenza cases at work and an on-line reporting procedure for periodic collection of suspected influenza cases from campus managers, faculty, or other sources.

Serve as the conduit between the campus and the Chancellor's Office for information concerning pandemic influenza planning and preparedness.

**Pandemic Alert Phase**
Notify the Vice President, Administration and Finance of a World Health Organization (WHO) status change from the Pre-Pandemic to the Pandemic Alert Phase. Continues to monitor the global status of the pandemic flu to provide current and accurate information to the Vice President, Administration and Finance and other administrators as appropriate.

Serve as a member of the pandemic management team responsible for the operationalization of the campus Pandemic Emergency Plan.

Assist the Public Information Officer by providing updated information for inclusion in campus pandemic influenza communication.

Advise campus managers, faculty or other personnel as deemed appropriate of the requirements of the Notification Intake form for suspected influenza cases at work and the campus on-line reporting procedures.

**Pandemic Phase**
Alert the Vice President, Administration and Finance of the change in pandemic status. Make recommendations concerning social distancing measures to be initiated on campus.

Receive periodic information concerning the number of faculty and staff unable or unwilling to report to work and the number of students absent from class. Communicate this information to the pandemic management team.

Continue to monitor the global status of the pandemic and assist the Public Information Officer by providing updated information for inclusion in campus influenza communication.

Initiate implementation of the on-line Notification Intake form and reporting procedures; collect and compile data to be reported in various statistical formats. Provide periodic reports to others as required on the number of suspected influenza cases involving campus faculty, staff, and students.
Name of Function: Public Information Officer
Section: Management
Primary: Director, Communications & Public Affairs
Alternate: Media Relations Specialist
2nd Alternate: Associate Vice President University Development

Responsibilities:

Pandemic Planning Phase
Prepare Communications Plan
Draft internal and external announcements in conjunction with Pandemic Committee

Pandemic Alert Phase
Remain available to serve as resources regarding the latest news and updates on a possible pandemic

Pandemic Phase
Work with the CAT to craft University messages as per the CCICP.
Write and record bulletins and updates on the University Website and on the designated call-in phone number.
Communicate with families and the media regarding campus status.
California State University, Dominguez Hills
Pandemic Emergency Plan
Functional Responsibility Guide

Name of Function: Safety Officer/Environmental Health and Occupational Safety
Section: Management
Primary: Environmental Compliance Specialist
Alternate: Emergency Management & Preparedness Coordinator
2nd Alternate: On-Duty Corporal

Responsibilities:

The Safety Officer is responsible for monitoring and assessing potentially unsafe situations and for developing measures to ensure safe environmental working/learning conditions on campus for CSU Dominguez Hills faculty, staff, students, and the public.

**Pandemic Planning Phase**
The Safety Officer is responsible for identifying opportunities and supplies/equipment to improve the public health infrastructure of the campus (i.e., recommending cleaning products with high efficacy in reducing bacterial and viral counts on hard services; personnel protective supplies and other barrier devices; and other protective measures including the use of hand-washing/sanitizing procedure.)

Review campus Respiratory Protection Plan and amend as necessary. Identify employee classifications or duties requiring respiratory protection. Identify respiratory protection types for core personnel and surgical masks for faculty/staff as appropriate. Coordinate with occupational medical provider to confirm ability to provide required physical assessment and ensure that campus process to obtain assessments is current and appropriate. Identify alternate occupational medical provider in the event that primary provider is unable to conduct assessments.

Actively participate in the campus Pandemic Influenza Communication Plan Committee to develop the campus Communication Plan.

**Pandemic Alert Phase**
Verify the inventory of necessary supplies/equipment and take immediate action to obtain required inventory levels.

Assess the production of medical waste on campus and notify campus medical waste provider of increased production and expectation of increase waste volume. Review existing medical waste removal contract and adjust terms and conditions if necessary. In coordination with the Assistant to the Director, SRM, ensure adequate budget to address increased medical waste service.

Continue assessment of public health infrastructure and advise the Influenza Manager of adequacy or inadequacy of existing measures. Recommend opportunities to improve or modify existing measures.

Coordinate required physical assessment for respiratory protection use of core personnel. Maintain accurate and current records of approved respirator users and provide Personal Protective Equipment (PPE) training and fit testing as appropriate.

Provide hygiene and other protective measures training to the campus community. Coordinate with the Public Information Officer to update information contained on the University Emergency web page.

**Pandemic Phase**
Continue to monitor the inventory of necessary supplies and equipment necessary to support the public health infrastructure and take immediate action to obtain additional supplies and equipment to maintain adequate levels.

Monitor and ensure appropriate use of PPE by campus personnel. Provide refresher training as needed to include appropriate disposal.

**Post-Pandemic Phase**
Provide appropriate training to personnel involved in facilities cleaning and sanitation to ensure a safe and health work operation. Ensure that employees involved in reactivating closed facilities are provided with required PPE and its appropriate use.
Name of Function: Academic Programs
Section: Management
Primary: Provost
Alternate: Dean of Graduate Studies

Responsibilities:
The Provost is responsible for determining adjustments in the academic calendar based on faculty and student absence rates and recommendations from the Pandemic Management Team and facilitation of implementation of the Business Continuity Plan within Academic Affairs.

Pandemic Planning Phase
Participate in the Pandemic Planning Committee to ensure Academic Affairs issues are addressed in the overall plan.

Educate self and identified alternates on the phases of a Pandemic and the response plan.

Facilitate the dissemination of information about Pandemic Flu especially focusing on prevention of transmission through hand washing and hygienic behaviors in public settings (for example, encourage faculty to provide class time for Health Educator presentations).

Develop a telephone tree for notification of Deans of potential activation of response plans and direct Deans to develop tree for notification of faculty and staff in each College.

Familiarize self and alternates with the requirements of the Notification Intake form for suspected influenza cases at work and the on-line reporting procedure for periodic collection of suspected influenza cases from campus Deans, Chairs, Faculty and staff.

Determine proactive ways faculty can anticipate classroom teaching disruptions with students, e.g. contingency syllabi changes for 2-3 weeks cessation of classes, placing materials online.

Pandemic Alert Phase
Serve as a member of the Pandemic Management Team responsible for operationalization of the campus Pandemic Influenza Business Continuity Plan.

Notify Alternates and Deans of a status change from Pre-Pandemic to Pandemic Alert Phase.

Disseminate alternative procedures to assure continuity of instruction via Blackboard, email, etc. in anticipation of change in Pandemic Phase.

Advise campus faculty or other personnel as deemed appropriate of the requirements of the Notification Intake form for suspected influenza cases at work and the campus on-line reporting procedures.

Pandemic Phase
Serve as a member of the Pandemic Management Team responsible for operationalization of the campus Pandemic Influenza Business Continuity Plan.

Convey accurate information about student and faculty absences to Influenza Manager. These absences may be due to illness or desire to protect selves from exposure.

Implement policy addressing academic concerns of students and faculty resulting from prolonged class absences.

Implement plan for students to continue instruction via on-line, email and/or consider postponing and/or canceling classes, programs.

Implement plan for provision of tutoring to students in quarantine or isolation.
Provide periodic information concerning the number of students, faculty and staff unable or unwilling to report to school/work to the pandemic management team. Comply with implementation of the on-line Notification Intake form and reporting procedures.

---

**Post Pandemic Phase**

Receive information about change in pandemic status and social distancing measures to be initiated on campus.

Communicate to Deans and appropriate staff the plan to implement plan for restoration of classes.
Name of Function: International Programs and International Student Services
Section: Management
Primary: Coordinator, International Student Services
Alternate: Director, American Language and Cultural Programs
2nd Alternate: Outreach Officer, International Students

Responsibilities:
Pandemic Planning Phase
Educate international students (all students attending CSUDH from countries outside the US) about the possibility of pandemic and campus planned response

Maintain contact information for all CSUDH students traveling outside of US.

Create updatable communications in all necessary languages to be sent as necessary at various stages of pandemic process.

Pandemic Alert Phase
Monitor WHO for pandemic status in countries where CSUDH student’s families reside as well as those in which CSUDH students are traveling and communicate that status as necessary.

Serve as a member of the Pandemic Management Team responsible for the operationalization of the campus Pandemic Influenza Business Continuity Plan.

Assist the PIO by providing updated information about the status of students traveling abroad.

Pandemic Phase
Report as requested the status of international students infected with influenza.

Assist international students in obtaining best possible information about how to slow the spread of influenza.

Monitor the status of boarder closures outside of US.
Name of Function: Athletics  
Section: Management  
Primary: Director, Athletics  
Alternate: Assistant Athletics Director  
2nd Alternate: Asst. Sports Information Director  

Responsibilities:  
Pandemic Planning Phase  
Educate student athletes on preparedness for pandemic influenza.  
Maintain contact information for all CSUDH student athletes.  
Create updatable communications to be sent as necessary at various stages of pandemic process.  

Pandemic Alert Phase  
Monitor student athlete travel to possibly infected areas.  
Communicate with student athletes on how to limit the spread of disease.  
Coordinate with University Housing for student athletes living on campus who have no where to go if campus closes and make necessary arrangements.  

Pandemic Phase  
Report as requested the status of student athletes infected with influenza.  
Work with campus and CCAA Conference officials to determine need to cancel or reschedule games due to illnesses of athletes.  
Communicate with student athletes about the status of campus closures.
<table>
<thead>
<tr>
<th>Name of Function:</th>
<th>Personnel (Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section:</td>
<td>Management</td>
</tr>
<tr>
<td>Primary:</td>
<td>Director of Human Resources</td>
</tr>
<tr>
<td>Alternate:</td>
<td>Manager of Benefits and Staff Human Resources</td>
</tr>
</tbody>
</table>

**Responsibilities:**

**Pandemic Planning Phase**
Combine lists of contacts for all staff positions (phone numbers, e-mails etc.).

Create phone trees based on organizational charts.

Develop an absence reporting plan with campus wide departments.

**Pandemic Alert Phase**
Begin reporting absences to Influenza Manager.

Manage absence reporting and report information to division Vice Presidents.

**Pandemic Phase**
Institute paid administrative leave at campus closure.

Maintain communications with employees through phone trees.
Name of Function: Personnel (Faculty)
Section: Management
Primary: Associate Vice President, Academic Affairs
Alternate: Assistant Vice President, Student Affairs
2nd Alternate: Administrative Analyst for the Associate Vice President for Academic Affairs

Responsibilities:
Pandemic Planning Phase
Combine lists of contracts for all staff positions (phone numbers, e-mails etc.).
Create phone trees based on organizational charts.
Develop an absence reporting plan with campus wide departments.

Pandemic Alert Phase
Begin reporting absences to Influenza Manager.
Manage absence reporting and report information to division Vice Presidents.

Pandemic Phase
Institute paid administrative leave at campus closure.
Maintain communications with employees through phone trees.
Name of Function: Law Enforcement
Section: Operations
Primary: Chief, University Police
Alternate: Sgt. on Duty, University Police Officer
2nd Alternate: Highest Ranking Officer on Duty

Responsibilities:

Pandemic Planning Phase
Coordinate training of dispatchers, security, and police on pandemic flu.

Coordinate training on respiratory protection from EH&S or SHC.

Pandemic Alert Phase
Alert Student Health Center if encountering individual(s) with flu-like symptoms.

Pandemic Phase
In case of emergency/closure, place signs at all campus entrances.
Close all information booths. Post information signs at booths.
Notify individual college satellite operations centers (HDC, CAMS etc.) via Academic Affairs Liaison (EOP organization structure.)
Work with EH&OS to activate building warden system. Building Wardens to notify building occupants of closure.
   Building wardens will identify individuals with disabilities and arrange for assistance to the evacuation area as needed.
Secure buildings.
Post signs on campus as necessary.
Back up notification and web and 800 line activation duties after business hours.
Name of Function: Facilities Management
Section: Operations
Primary: Director, Physical Plant
Alternate: Associate Director, Physical Plant

Responsibilities:
Pandemic Planning Phase
Identify building ventilation systems devise isolation areas.
Receive respirators & training on respiratory protection from EH&OS
Prepare to provide assistance with quarantine plan.
Determine need for specialized cleaning supplies.
Train staff that will clean affected areas on use of specialized products, waste handling and use of respirators

Pandemic Alert Phase
Purchase specialized cleaning supplies.
Inspect isolation areas.

Pandemic Phase
Provide assistance with isolation.
Plan change air filters, as directed.
Shut off air handling systems as directed
Name of Function: Student Activities  
Section: Operations  
Primary: Director, Office of Student Life  
Alternate: Ex. Director, Loker Student Union

**Responsibilities:**  
**Pandemic Planning Phase**  
Educate students on preparedness for pandemic influenza.  
Create and maintain a list of all students participating off-campus in student life sponsored events.  
Create updatable communications to be sent as necessary at various stages of pandemic process.

**Pandemic Alert Phase**  
Establish guidelines for possible cancellation of events and create communication plans for such  
Communicate with students on how to limit the spread of disease.

**Pandemic Phase**  
Evaluate social distancing guidelines to limit the spread of disease and cancel events as necessary.  
Work with student organizations and event planners to communicate cancellation of events quickly.
Name of Function: Medical Services
Section: Operations
Primary: Chief of Medical Services
Alternate: Director, Student Health & Psychological Services
2nd Alternate: Physician, Student Health Services

Responsibilities:

Pandemic Planning Phase
Monitor CDC, DHHS, WHO and LADHS websites on weekly basis for info regarding infectious diseases
Communicate with LADHS regarding preliminary planning and surveillance.
Update website with information and links regarding detection, diagnosis and treatment of flu
Provide students with self-care guidelines for upper respiratory infections
Educational materials and outreach to assist students/staff understand differences in symptoms of colds vs. flu
Outreach to campus community with educational campaign to minimize germ transmission (i.e. hand washing, tissue use, sharing food, missing classes)
Update Emergency Action Plan and SHC Procedures with PC as situation evolves
Educational campaign regarding avoidance of disease transmission
Provide in-service training to SHC staff on pandemic flu and SHC procedures. Review respirators and PPE supplies and training.
Provide in-service training to first responders and other campus professionals on pandemic flu and SHC procedures as needed.

Pandemic Alert Phase
Post educational materials. Consider broadcast e-mail if cases in the community.
Post notice on website notifying patients with influenza profile who have traveled to (or have been visited by persons from) affected countries.
Follow State and County protocol for patient testing.
Review protocol for referral to local hospitals/ emergency departments. Update with LADHS.
Identify students at higher risk because of pre-existing conditions that present to the student health center.

Pandemic Phase
Communicate with LADHS.
Coordinate with Public Health authorities for accurate and timely diagnosis
Notify Housing & Dining of potential resident students that require isolation.
Coordinate care to students in residential buildings.
Ongoing communications with campus community regarding signs/symptoms, protocol for referral of suspected cases.
Provide care as able to affected/suspected students.
Identify contacts of suspected case. Report to LADHS
Communicate with parents of suspected cases and explain procedure.
Arrange for screening of students who have had contact. Advise others to seek screening.
Initiate prophylaxis of contacts based on strength of patient presentation.
Provide daily updates on case numbers to Influenza manager.
Communicate with area hospitals/EDs for protocols for admission. Coordinate transport of seriously ill students to hospitals/ emergency departments
Consult on the closure of building(s) and suspension of student and academic activities.
Contact Coroner’s office if necessary
Name of Function: Counseling/Psychological Services
Section: Operations
Primary: Director, Student Health and Psychological Services
Alternate: Staff Counseling Psychologist
2nd Alternate: Psychologist

Responsibilities:

Pandemic Planning Phase
Develop plan to address possible rumors, fear and distress.

Pandemic Alert Phase
Implement education plan and provide counseling resources for those in distress.

Pandemic Phase
Provide counseling to students as needed.
Provide counseling to employees as needed.
Provide counseling to families as needed.
Name of Function: Grants and Contracts
Section: Operations
Primary: Dean, Research and Funded Projects
Alternate: Assoc. Director, Research and Funded Projects
2nd Alternate: Grants and Contract Specialist

Responsibilities:
Pandemic Planning Phase
Determine applicability of electronic connection with granting agencies.
Determine and establish electronic submission capabilities with granting agencies.
Adapt campus authorization forms for electronic signatory approvals.

Pandemic Alert Phase
Assure granting agencies are operational.
Determine status of grant deadlines and operating timelines.
Request time extensions for grant and project deadlines.

Pandemic Phase
Transfer all department operations to “home” based electronic operation.
**Name of Function:** Care and Shelter  
**Section:** Logistics  
**Primary:** Director, Housing and Residential Life  
**Alternate:** Associate Director, Housing and Residential Life

**Responsibilities:**  
**Pandemic Planning Phase**  
Develop plan for assistance/monitoring of ill students in residence halls.

- Educate RD/RA’s on Pandemic Flu.
- Develop plan to educate students re: importance of appropriate room cleaning to minimize disease spread.
- Develop plan for housing ill or exposed students who are unable to leave campus, including isolation, food, supplies, and medication.
- Develop communications plan for parents of students in housing
- Display signage and materials for proper hand washing, discourage meal sharing.

**Pandemic Alert Phase**  
Initiate steps to prepare for isolation/quarantine of students.

- Help disseminate relevant information to residents.
- Educational campaign to minimize spread of infection in residence.
- Education and support to prepare units for assuring communication with individuals with disabilities who are in facilities on campus
- Building wardens will identify individuals with disabilities and arrange for assistance to the evacuation area as needed halls

**Pandemic Phase**  
Arrange for isolation of suspected case(s) in conjunction with the SHC and LADHS.

- Collaborate with the SHC to coordinate care for these students.
- Arrange for monitoring/delivery of medications, meals, and other goods and services to isolated cases.
- Communicate with parents and families regarding students
Name of Function: Supply
Section: Logistics
Primary: Director of Procurement, Contracts, Logistical & Support Services
Alternate: Asst. Director, PCLASS
2nd Alternate: Contract Specialist III

Responsibilities:
Maintain supply and procurement, care, shelter, transportation, facilities and human resources functionality.

Pandemic Planning Phase
Purchase supplies: hand soap, disposable gloves, tissue, tissue dispensers located at doors, extra trash bags, surgical masks, hand sanitizer.
Maintain database of primary, alternate and 2nd alternate suppliers of materials and goods.
Cross train all procurement contacts, facilities, logistical and support staff.
Determine procedures for volunteers.

Pandemic Alert Phase
Discontinue renting and/or leasing of campus facilities.
Maintain inventories as needed.

Pandemic Phase
Maintain inventories as needed.
Name of Function: Communication  
Section: Logistics  
Primary: Associate Vice President, Information Technology Services  
Alternate: Director Administrative Information Systems  
2nd Alternate: Director Network Telecommunications Systems  

Responsibilities:

Pandemic Planning Phase
Work with Public Information in the preparation of the Communications Plan.

Pandemic Alert Phase
Remain available to serve as resources regarding the latest news and updates on a possible pandemic.

Pandemic Phase
Disseminate messages from Public Relations as above via broadcast voice mail and e-mail.

Activate 800- telephone lines.
14.0 NOTIFICATION INVESTIGATION REPORT:
SUSPECTED INFLUENZA CASE AT WORK

Background of Ill Individual:

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>____________________________</th>
<th>Relationship:</th>
<th>☐ Staff ☐ Faculty ☐ Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>____________________________</td>
<td>Job Title:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Home Address:</td>
<td>____________________________</td>
<td>(Street)</td>
<td>(City, State)</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>____________________________</td>
<td>(Home)</td>
<td>(Cell)</td>
</tr>
</tbody>
</table>

Evaluation of Ill Individual:

<table>
<thead>
<tr>
<th>Fever:</th>
<th>Yes</th>
<th>No</th>
<th>Fatigue:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Fever Onset:</td>
<td>____________________________</td>
<td>Headache:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Dry Cough:</td>
<td>Yes</td>
<td>No</td>
<td>Cold:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Body Aches:</td>
<td>Yes</td>
<td>No</td>
<td>Other:</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Sore Throat:</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any Family Member Ill with Influenza?

| ☐ Yes | ☐ No | Relationship: | ____________________________ |
| ☐ Yes | ☐ No | Relationship: | ____________________________ |
| ☐ Yes | ☐ No | Relationship: | ____________________________ |
| ☐ Yes | ☐ No | Relationship: | ____________________________ |

Recent Travel of Ill Individual:

| Countries Visited: | ____________________________ |
| Flight #’s Taken: | ____________________________ | Departure City: | ____________________________ | Arrival City: | ____________________________ |
| Flight #’s Taken: | ____________________________ | Departure City: | ____________________________ | Arrival City: | ____________________________ |
| Flight #’s Taken: | ____________________________ | Departure City: | ____________________________ | Arrival City: | ____________________________ |
| Flight #’s Taken: | ____________________________ | Departure City: | | Arrival City: | ____________________________ |

Please include a contact list of traveling companions on the reverse side of this report.

Details of Reporting Party:

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>____________________________</th>
<th>Relationship:</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>____________________________</td>
<td>Job Title:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>____________________________</td>
<td>(Home)</td>
<td>(Cell)</td>
</tr>
</tbody>
</table>
15.0 SCREENING CHECKLIST FOR DETECTION & MANAGEMENT OF SUSPECTED FLU CASES

PROCESS:

1. The Influenza Manager receives a call from a person suspecting they may have influenza.
2. DO NOT VISIT the person if this can be avoided – manage the process over the phone.
3. Follow the flowchart below:

   Ask the person if they have any of the following symptoms:
   - High Fever (or feel feverish and hot)
   - Headache
   - Fatigue and weakness
   - Sore throat, cough chest discomfort, difficulty in breathing
   - Muscle aches and pains
   - Been overseas within the last two weeks
   - Been in contact with someone diagnosed with influenza

   If YES, to TWO OR MORE of symptoms described above:

   Person should be considered as possible case of influenza.

   Fill in Influenza Intake Form over the phone.

   Take names of contacts (those working within three (3) feet or in an enclosed place for more than 60 minutes.

   Advise them where they can find a surgical mask and ask them to leave work immediately and stay there until they have received further advice.

   Advise them to call their personal physician to advise that they have been in contact with a suspected influenza case.

   Arrange for clean up of person’s workstation.

If LESS THAN TWO symptoms as described above:

Unlikely to be influenza -
   - Reassure
   - Advise person to contact their personal physician if symptoms persist.