



**UNC PEMBROKE
PANDEMIC PLAN**

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I. Purpose

The purpose of this plan is to prompt UNC Pembroke community professionals to action in either leading or assisting in the development of pandemic preparedness plans in their division in the event of a pandemic. A significant and recurring risk to the university is that of pandemic influenza. Also known as the flu, influenza is a disease that infects the respiratory tract (nose, throat, and lungs). Influenza usually comes on suddenly and may include fever, headache, dry cough, sore throat, nasal congestion, and body aches. Although the seasonal flu is not usually fatal, complications can arise. As noted in the National Strategy for Pandemic Influenza Plan, the seasonal flu kills an average of 36,000 U.S. citizens every year, sends some 200,000 to the hospital, and causes countless lost days of school and work. Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness against which most people lack immunity. There were three such pandemics during the 20th century. The most notable of which was the 1918 Spanish influenza responsible for 20 million deaths throughout the world. A new strain of influenza virus is the form of pandemic disease most likely to affect UNCP.

Also, planning is the most effective response to any public health emergency, and should a pandemic from influenza arise, there will be little time to act once the event starts. This document is not intended to offer detailed information about the nature of viruses or strains of influenza, but rather to assist UNC Pembroke personnel in engaging in thoughtful discourse with partners on campus in the formulation of a flexible, adaptive response plan that is tailored to the needs and resources of UNC Pembroke.

The first part of this document will offer an overview of the pandemic threat, the importance of pandemic preparedness planning and how to get started. Once a pandemic virus emerges, it is too late to begin planning so we must plan ahead and develop a well thought out and effectively communicated plan. The second part of this document will outline the specific areas that should be included in planning, starting first with planning to meet the health care needs of students and then, addressing planning for the broader campus-wide response. This plan should not be considered as a stand-alone document but assumes a concurrent development of response plans by campus, county and state public health officials. Discussions with outside agencies are ongoing and federal guidance will prevail, thus, such guidance may affect implementation of this plan.

This Pandemic Plan shall be located online on the Student Health Services' webpage at www.uncp.edu/shs, where it will be maintained and updated. Individual representatives from each department are required to update this information quarterly. Individual departments and the overall university's crisis plans are also be located and maintained on this site.

II. Background

A pandemic is an epidemic (an outbreak of an infectious disease) that spreads worldwide, or at least across a large region. There have been 10 recorded pandemics over the past 300 years, three of which occurred in the last century in 1918, 1957 and 1968. The deadliest of the three was the influenza pandemic of 1918, which killed over 20 million people worldwide. Public health authorities generally believe that pandemic will occur again although it is not known exactly when or which strain of a novel virus will rise to the occasion.

If a virus would gain sustainable, efficient transmissibility, the public health strategy would focus on slowing the spread because it would be virtually impossible to stop it. Slowing the spread of disease would allow for better allocation and more even use of limited resources by flattening the surge of cases. Pandemic influenza would have rapid, global spreading among humans, with no predictable pattern or seasonal preference as with seasonal influenza. It could come in waves with a total duration of a year or more and potentially cause millions of deaths. A significant concern as well is that there is a short window for critical decision-making. In 1918, it crossed the United States in 3-4 weeks.

A. Characteristics of a Pandemic Influenza

Seasonal influenza generally peaks between December and March in North America. It causes approximately 36,000 deaths and 200,000 hospitalizations per year in the United States. A pandemic influenza can occur at any time of the year and resurges in waves that can last from 18 months to two years. Therefore, planning should include recovery and response to more than one wave.

The Center for Disease Control (CDC) in Atlanta and the World Health Organization (WHO) based in Switzerland support large surveillance programs to monitor and detect influenza activity around the globe, including the emergence of new strains or possible pandemic strains of influenza. There are currently 113 national centers in 84 countries tracking and analyzing over 200,000 samples per year.⁴

The WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment (January 26, 2006) addresses the two traditional strategies being used currently to address the threat of an international pandemic: (1) attempts to contain outbreaks of the virus in poultry; and (2) intensifying the world's preparedness to cope with a pandemic. This document also discussed the draft protocol for a third strategy—rapidly detecting and potentially containing an emerging pandemic virus near the start of the pandemic.⁵

⁴ www.who.int/csr/outbreaknetwork/en/

⁵ www.who.int/csr/disease/avian_influenza/guidelines/rapidresponse_27%2001.pdf

Most experts agree that it is not a question of whether there will be a pandemic, but when it will occur. The severity of the next pandemic cannot be predicted, but modeling suggests that the impact on the United States of a severe epidemic in the absence of any control measures (vaccines or antiviral drug therapies) could include 30% of the population becoming ill, 10 million hospitalized and almost 2 million deaths.⁶ The estimated economic impact could be \$71.3 to \$166.5 billion, excluding disruptions to commerce and society.⁷

High absenteeism will affect the delivery of services and goods, nationally and internationally, as transportation staff and manufacturing staff call in due to illness. High absenteeism will also present challenges to campus leadership and delivery of services as human resources are strained in all aspects of the operation. Campus leaders will not be spared the possibility of succumbing to illness. Planning needs to consider issues of depth charting for leadership positions, cross training personnel and all forms of electronic and digital communication that allows university employees to work remotely.

B. Vaccines and Antivirals

Because a vaccine needs to closely match an influenza virus, it is unlikely that a vaccine would be available early in a pandemic and, due to current production techniques, quantities would be limited once the vaccine is developed. An effective vaccine may be available to more adequately address second or third waves but, even then, there may not be enough to vaccinate everyone. Research is underway to develop improved vaccine technologies that would allow for more rapid production of vaccine.

If vaccine and/or antivirals become available, it is unlikely there will be sufficient quantities to cover the entire population. Therefore, essential personnel including health care and police will receive priority consideration for vaccination. These are difficult ethical decisions that campus leadership will be required to make in a time of crisis with limited resources. Discussions with local and state health authorities regarding the distribution of stockpiled antivirals and manufactured vaccine will occur in advance to ensure that campus protocols are consistent with government guidelines.

Other treatment options would include the antivirals Oseltamivir or Zanamivir.⁸ In order for either of these to be effective, early detection with treatment is stressed. Recommendations on optimum dosing and duration of treatment are still ongoing. Unfortunately, either of these treatment options can be expensive and production capacity is limited. Lastly, antibiotics have been shown to be ineffective in treatment.

⁶ www.pandemicflu.gov/plan/panelplan.html

⁷ www.cdc.gov/ncidod/eid/vol5no5/meltzer.htm

⁸ www.carnegiemelon.edu

C. Pandemic Intervention Strategies (PIS)

Social distancing, isolation, quarantine, protective sequestration and public health education that include practices employed to reduce individual risk of contracting the disease (i.e. hand washing, cough etiquette) comprise the list of PIS that could be employed in a pandemic situation. While the effectiveness of any of these strategies for preventing the spread of illness is unknown, employment of a combination of PIS, may slow the spread of disease. The advantage to slowing the spread is important as it relates to the ability of health care resources to respond effectively. It is believed during a pandemic the number of individuals seeking medical care will “surge” and overwhelm the health care infrastructure. Any strategy that can mitigate this surge will help medical providers.

Social distancing refers to actions taken to discourage close social contact between individuals including cancellation of classes, sporting events, worship services and other social events. This intervention would be most effective when instituted early in the pandemic and before infection takes hold in a community. Given that the 1918 pandemic swept across the country in 3-4 weeks at a time when fewer people traveled and modes of transportation were more limited and slower, the window for taking action may be limited to a few days in today’s highly mobile society and with international air travel.

Isolation refers to separating individuals with illness from the general population and restricting their movement within the general population until they are no longer contagious. Plans for isolating ill students and providing care for them by either utilizing campus resources or assistance from community resources will be necessary, in that, some students may not be able to go home. Hospital resources will be strained and decisions for admission will be made based on assessment of those most in need. Provisions should be made to care for students who are not ill enough to require hospital care but are too ill to take care of themselves. The composition of the student body in terms of the number of international and out-of-state students, the number of commuters and the number of students residing in residence halls factored against the resources of the institution will affect the plans for isolation and other care.

Quarantine is the separation and restriction of movement of those who are not ill but believed to have been exposed. The duration of quarantine will be dependent upon the length of the incubation period and period of contagion prior to onset of symptoms. Both the incubation period and period of viral shedding are difficult to know prior to actual emergence of the pandemic virus. Currently, it appears that the incubation period for H5N1 is between 2-8 days. Persons are contagious for 1-3 days prior to onset of symptoms and can shed H5N1 for up to 16 days.

UNC Pembroke pandemic flu planners have discussed the issue of campus isolation and quarantine with representatives of the Robeson County Health Department. Because of the logistics of trying to isolate or quarantine an on-campus resident population living in residence halls and sharing dining facilities, the UNC Pembroke plan does not envision campus quarantine or isolation of large populations. The UNC Pembroke plan envisions that campus would close and only individuals who could not go home would remain on campus. In cases where university-affiliated personnel have traveled to countries, states or territories with sustained human-to-human transmission and these university personnel cannot go home, some selective isolation or quarantine techniques may be utilized on campus.

Protective sequestration involves efforts taken to protect a healthy population from infection by isolating the community from the outside world. Restricting entry of non-university-affiliated persons into the community and restricting reentry of those community members who choose to leave during the period of time when protective sequestration is in place are measures utilized in this intervention. It requires the community to stockpile resources and become self-sufficient for some period of time, in the case of a pandemic, a minimum of 8-12 weeks. Protective sequestration has high costs associated with it and is deemed impractical for UNC Pembroke. Therefore, this plan does not include provision for sequestration of individuals who cannot go home when campus closes.

Public health education that communicates accurate, clear information regarding reducing personal risk, the role of personal hygiene, transmission, symptoms, treatment, when to seek care and community efforts to assist those in need, is critical to empowering the UNC Pembroke community to control the spread of infection on campus. The messages should be consistent with those being issued by other public health authorities and crafted in advance to meet the needs/concerns of various campus audiences including students, staff, faculty, parents, and members of the surrounding community.

III. UNC Pembroke Planning Criteria

In the event of a pandemic, there will be three University Emergency Event Levels. These levels coincide with the World Health Organization (WHO) Pandemic Influenza Phases. The World Health Organization (WHO) has defined phases of a pandemic to assist in planning and response as indicated in the chart below.

Event Level Phase Title	Phase #	Description	UNCP Levels
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Inter-pandemic Phase	1	No animal influenza virus circulating among animals has been reported to cause infection in humans.	
	2	An animal influenza virus circulation in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.	
Pandemic Alert	3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.	0
	4	Human to Human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	1
	5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.	2
Pandemic	6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.	3

Planning for a pandemic will be continuous from the current WHO Phase Three/UNCP Event Level Zero, until an influenza pandemic occurs—if it does—but Event Level One will complete most of the planning. These plans will need testing and reevaluation as more characteristics of the pandemic become known, and as the reality of the consequences of a pandemic become clearer.

A. University Objectives

- Reduce risk of pandemic influenza to students, faculty, and staff.
- Reduce the rate of illness and loss of life.
- Provide information and family emergency planning assistance to students, faculty and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students who use Student Health Services facilities.
- Minimize the impact of ill staff in the nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the university closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the university.
- Minimize the economic impact on the community and state.

B. Essential Personnel Functions

In an Event Level Three, the university may suspend classes or close the university. If such action(s) are taken, the departments/units listed below are considered essential.

- Student Health Services: Provide health care for students.
- Counseling and Psychological Services: Provide counseling services to students.
- Dining Services: Provide food for remaining students on campus.
- Physical Plant: Provide housekeeping services for residence halls housing students and other facilities for essential personnel; provide maintenance and repair primarily for above facilities and also for other critical facilities.
- Housing and Residence Life: Provide monitoring and support for remaining students on campus.
- Human Resources: Provide staffing support for essential departments and maintain communications with all employees.
- Department of Information Technology: Maintain the technology and communication services for essential departments and personnel.
- Purchasing: Provide for the acquisition of goods and operate the storerooms.
- Office of the Controller: Provide accounting services, university receivables and payment to vendors and payroll management.
- Police and Public Safety: Provide security and safety for the remaining students on campus and essential departments and units.
- Student Affairs: Support remaining students on campus and provide continuing contact and communications with students and parents.
- International Programs: Provide support and communications to international and global students, and domestic students who are abroad.
- University Communications and Marketing: Provide communications to all internal and external publics, including media relations.

C. Class Suspension

The decision whether to suspend classes—or when to suspend classes—will be the most difficult and critical decision that the university leadership may make during a pandemic event. These policy decisions will be made and implemented based on information received from various entities including University departments/units, county, state and national authorities, and other advisories gathered during the pandemic.

The following decision points are only a guide to the decision-making process and may not be the only considerations. As the pandemic unfolds, new information may provide alternative choices.

Decision Points

- Transmissibility
- Morbidity
- Mortality
- Geographic spread
- Proximity of confirmed cases
- Robeson County Health Department recommendations
- University of North Carolina System and state of North Carolina guidance
- Closing of K-12 public schools
- Closing of Robeson County Community College
- Rising employee absenteeism
- Assessment of stake holder's risk perception

D. University Closing

The decision whether to close the university—or when to close—will also be a difficult and critical decision that university leadership may make during a pandemic event. This policy decision will be made and implemented based on information received from various entities including university departments/units, county, state and national authorities, and other advisories gathered during the pandemic.

The following decision points are only a guide to the decision-making process and may not be the only considerations. As the pandemic unfolds, new information may provide alternative choices.

Decision Points

- Transmissibility
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- Closing of Robeson County Community College
- Rising employee absenteeism
- Assessment of stake holder's risk perception

E. World Health Organization Criteria for Defining a Pandemic

The World Health Organization has established six phases of a pandemic (see Defining a Pandemic: WHO Phases).

Defining a Pandemic: WHO Phases⁹

Phase 1. No animal influenza virus circulating among animals have been reported to cause infection in humans.

Phase 2. An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.

Phase 3. An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.

Phase 4. Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.

Phase 5. The same identified virus has caused sustain community level outbreaks in two or more countries in WHO region.

Phase 6. In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.

F. UNC Pembroke Closure Planning Matrix

UNC Pembroke infectious disease decision points are based on WHO definitions of Pandemic Phases with travel restriction implementation at Phase 4, travel ban at Phase 5 and campus closure at Phase 6.

⁹ http://avianflu.futurehs.com/?page_id=30

Discussing triggers for taking action(s) based on certain key events are important to identify in advance. The economic and social ramifications of canceling classes, social and athletic events and closing research operations are significant.

As stated earlier, there will likely be a very short window for critical decision-making especially in regard to closing campus measures. Using the 1918 Pandemic as a basis for determining timing, it appears that implementing closing campus measures early, before infection enters the community, might be a better strategy for educational institutions. Once closed, then the decision to reopen must be addressed. It appears that to avoid a resurgence of infection, UNC Pembroke would need to close for a minimum of 8 to 12 weeks.

Reducing the number of students remaining on campus early in the pandemic may be the best strategy given the limited resources UNC Pembroke will have available to support those who remain. For example, if the decision is delayed to the point that many students fall ill, UNC Pembroke would be expected to provide the resources to care for those students through the pandemic which might be an unreasonable expectation given available resources. Even if the administration does not make the decision to cancel major aspects of the academic operation, the perception of risk and/or the presence of disease will result in high absenteeism from work and classes such that the decision is forced.

UNC PEMBROKE CLOSURE PLANNING MATRIX	
<p>Not North America (Phase 4)</p>	<p>No university travel to affected continents (conferences, etc.).</p> <p>If returning faculty or employee has traveled to an affected continent, they cannot come to campus for two weeks after return to N.C.</p> <p>If a returning residential student is returning from foreign travel to an affected continent, UNC Pembroke will provide a social distancing facility.</p>
<p>North America Continent (Phase 5)</p>	<p>No university travel—U.S. or international.</p> <p>If returning faculty or employee is returning to campus from travel to an affected state, they cannot return to campus for two weeks.</p> <p>If a returning residential student is returning from travel to an affected state UNC Pembroke will provide a social distancing facility.</p>
<p>North America (Phase 6)</p>	<p>Close campus per agreement between university departments/units, county, state and national authorities, and other advisories gathered during the pandemic. Send everyone home if possible.</p> <p>Consolidate in as few campus residential locations as practicable.</p>

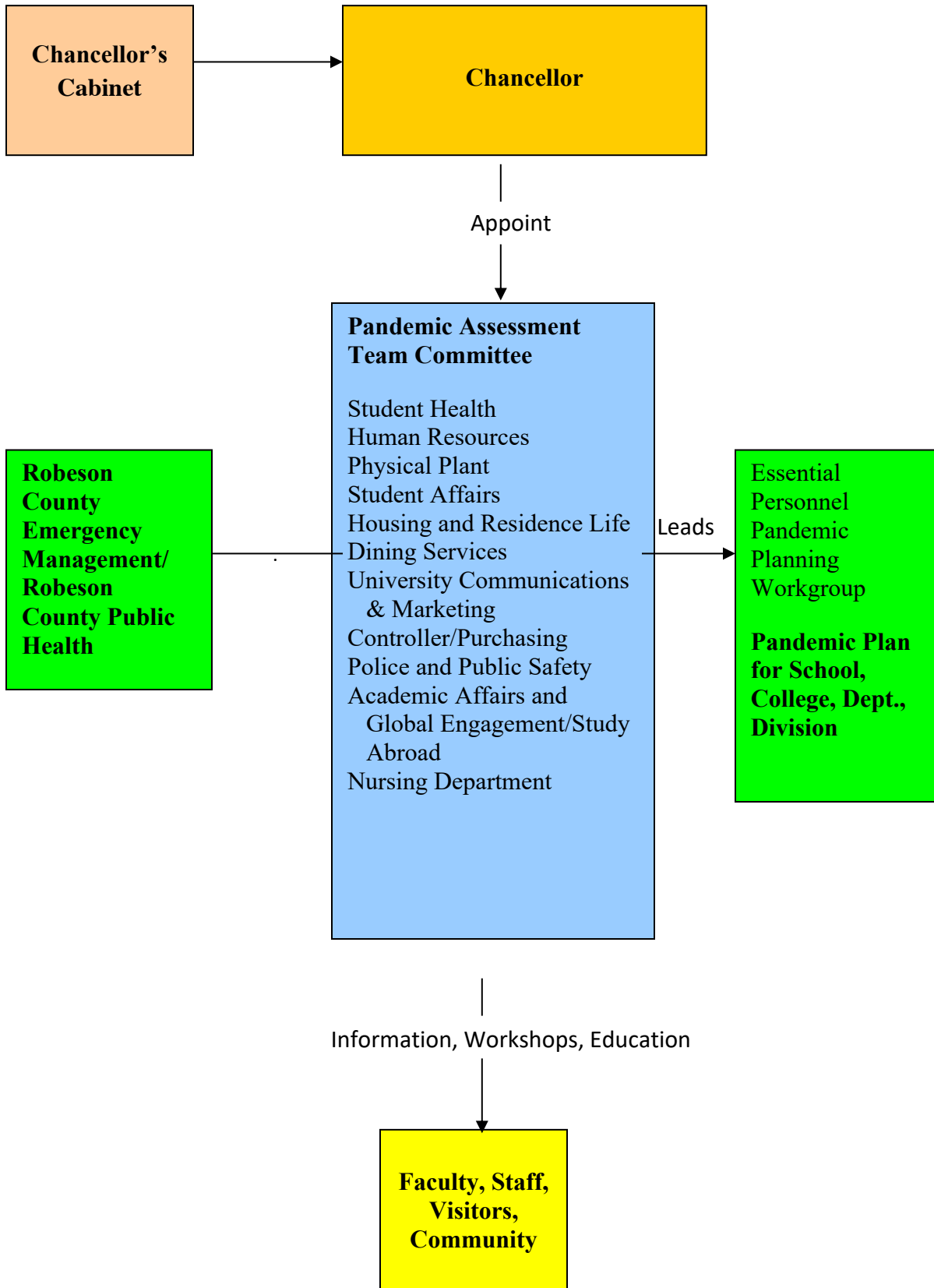
G. UNC Pembroke Planning Assumptions

- UNC Pembroke will close (see above matrix).
- 100 students (approx.) will remain in residence halls.
- Travel would cease (including but not limited to buses, shuttles, campus police escorts).
- Essential services will be provided for students remaining on campus and for essential personnel.
 - Food—It is assumed that the dining hall will remain open.
 - Residence halls—It is assumed consolidation of residents will occur to enable closure of as many residence halls as practicable.
 - Facility services—Services will be provided on a priority basis to residence halls, dining facilities and other facilities as resources allow.

- Security–Campus Police will be responsible for securing facilities and protecting essential assets.
- Medical–Student Health will provide medical services.
- Financial Services–Payroll, Purchasing and Accounts Payable will remain operational.
- Communications
 - Telephone services both landline and cell remain available.
 - Internet remains available and university website is accessible with news updates.
 - Because of limited resources, distance education will not be provided.
- Attack rate would be 25-50% (Based on clinical and sub clinical factors). ¹⁰
- Sickness rate would be 4-12%. ¹⁰
- Absenteeism would be 25-35% for 5-8 days over an approximately three-month period. ¹⁰

¹⁰ Personal communication from Anita Barkin, Carnegie Mellon University

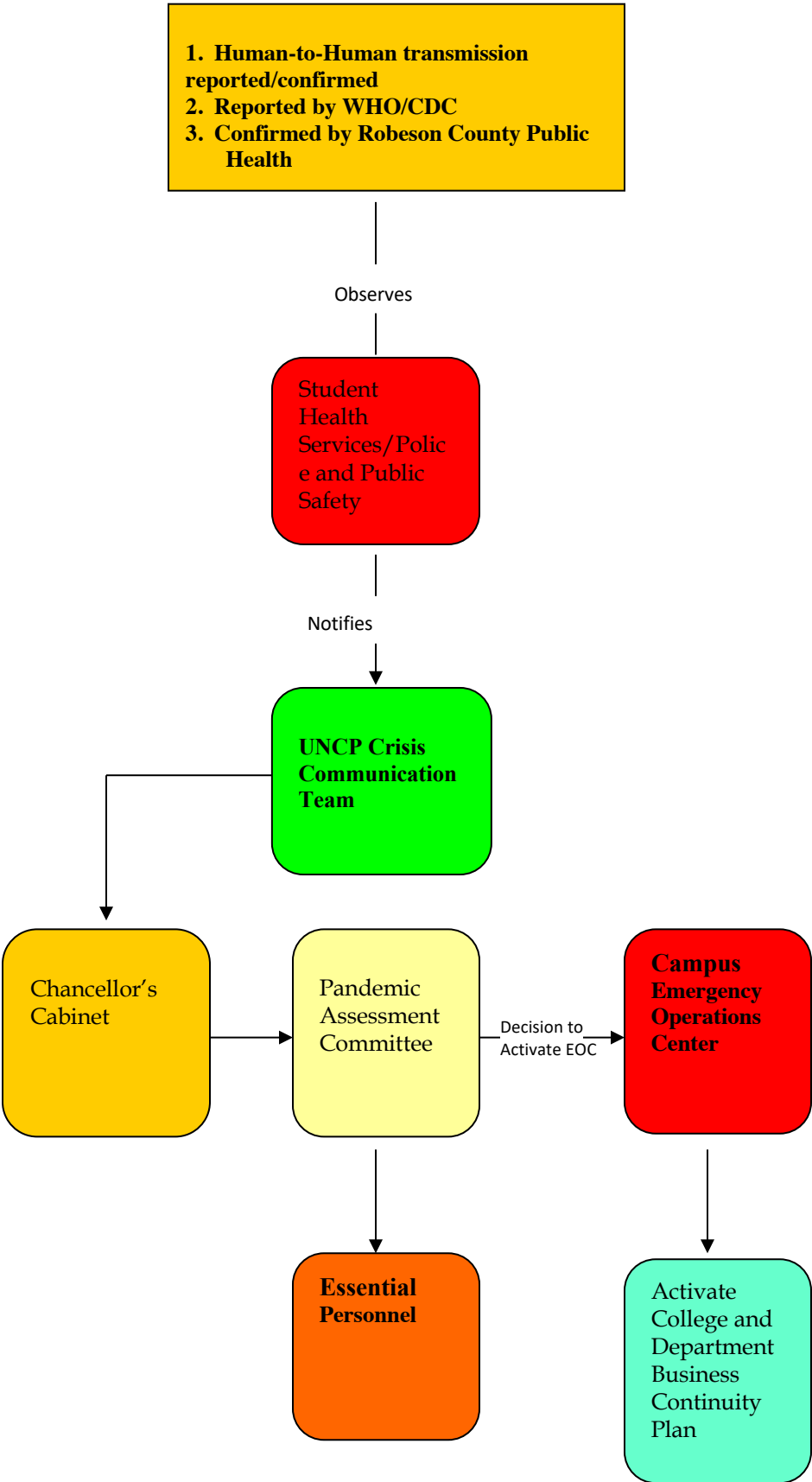
IV. UNC Pembroke Planning and Response Flow Chart



UNC Pembroke Pandemic Decision Matrix

Events/Triggers	Decision Makers	Action	Impacts	Financial Impacts
Sustained human-to-human transmission of H ₅ N ₁ on a continent other than North America	<ul style="list-style-type: none"> • WHO/CDC • Student Health Services • Chancellor/Provost 	Restrict international travel to affected continents	<ul style="list-style-type: none"> • No international travel • Recall study abroad programs 	<ul style="list-style-type: none"> • Refund tuition to all affected students? • Course credit?
Sustained human-to-human transmission of H ₅ N ₁ within the continental United States	<ul style="list-style-type: none"> • WHO/CDC • UNC Pembroke Student Health Services • Chancellor/Provost • Crisis Communication Team 	Restrict travel within continental United States	Travel restrictions	<ul style="list-style-type: none"> • Implement work-at-home where practicable • Internet access? • Equipment for telecommuting?
Sustained human to human transmission of H ₅ N ₁ (Decision for closure will be based on information received from various internal and external entities of UNCP)	<ul style="list-style-type: none"> • WHO/CDC • UNC Pembroke Student Health Services • Chancellor/Provost • Crisis Communication Team • Chancellor's Cabinet • Robeson County Health Department 	<ul style="list-style-type: none"> • Cease all nonessential campus services • Close the University 	<ul style="list-style-type: none"> • Students return home • Only pre-designated, essential employees work on campus 	<ul style="list-style-type: none"> • Tuition refund/credit? • Housing refund/credit? • Dining services refund/credit? • Fees refund/credit? • Course completion criteria? • Compensation for essential personnel? • Compensation for nonessentials?
Recovery Period	<ul style="list-style-type: none"> • Chancellor/Provost • UNC Pembroke Student Health Services • Robeson County Health Department 	Crisis communication team		<ul style="list-style-type: none"> • Begin class where we left off? • 8-12 weeks after closure to avoid illness resurgence? • Adjust semester time frame to start upon new calendar?

UNC Pembroke Pandemic Response Flowchart



Continuity of Operations Plan: Student Health Services
Plan Developer: Cora Bullard
Vice Chancellor of Division: Dr. Lisa Schaeffer

A. Student Health Services Continuity of Operations Objective

The mission of UNCP's Student Health Services during times of pandemic flu activity will be to provide essential medical care to those eligible for service and to those not usually eligible as required by the extraordinary circumstances of a pandemic. Those requiring care that is beyond the scope of Student Health will be directed to an appropriate community facility.

Specific Level 3 Responsibilities:

- Essential personnel must report to work.
- Maintain daily log of suspected cases.
- Provide health services to remaining students on campus.
- Consider residential visits for ill students.
- Arrange for transfer of remaining students on campus.
- Maintain stock of supplies.
- Plan for continuation of cleaning services.
- Arrange for counseling services.
- Continue distribution of PPE.
- Continue to monitor CDC/WHO Websites.

B. Essential Functions & Essential Personnel

Department Leader: Cora Bullard, Director of Student Health Services

*First Alternate: Jessica Locklear, RN, Staff Nurse

*Second Alternate: Belinda Smiling, LPN, Staff Nurse

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 9

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

No one can predict the extent or severity of a pandemic, but in past epidemics the influenza hit in waves of infection with a wave lasting from four to eight weeks. In order

to reduce the extent and severity of a pandemic, public health officials may request that the university take social distancing measures such as canceling public events, suspending classes and/or closing the university.

In the event that the university suspends classes or closes, there are 11 UNCP objectives:

- Reduce risk of pandemic influenza to students, faculty and staff.
- Reduce the rate of illness and loss of life.
- Provide information and family emergency planning assistance to students, faculty and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Student Health Services.
- Minimize the impact of ill staff in the nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the university closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the university.
- Minimize the economic impact on the community and state.

D. Assumptions

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

E. Scenario

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the university, except for essential personnel.

F. Special Considerations

Fit Testing of N-95 Masks

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person

will need to be fit-tested. This test requires Student Health Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the H1N1 event fit-testing program will be initiated.

Continuity of Operations Plan: Department of Nursing
Plan Developer: Chair, Department of Nursing
Vice Chancellor of Division: Dr. David Ward

A. Department of Nursing Continuity of Operations Objective

Department of Nursing staff and select students will assist in operating the Treatment Center, working in tandem with the Robeson County Health Department (RCHD). Staff and select students will provide essential medical care to those eligible for service and to those not usually eligible as required by the extraordinary circumstances of a pandemic. Those requiring care that is beyond the scope of Department of Nursing staff and students will be directed to an appropriate community facility.

Specific Level 3 Responsibilities:

- Essential faculty and students report to treatment site.
- Receive supplies from RCHD.
- Provide treatment per policy/procedure developed by Dept. of Nursing.
- Essential personnel must report to work.
- Maintain daily log of suspected cases.
- Provide health services to remaining students on campus.
- Consider residential visits for ill students.
- Arrange for transfer of remaining students on campus.
- Maintain stock of supplies.
- Plan for continuation of cleaning services.
- Arrange for counseling services.
- Continue distribution of PPE.
- Continue to monitor CDC/WHO Web sites.

B. Essential Functions & Essential Personnel

Department Leader: Dr. Cherry Beasley, Chair, Department of Nursing

*First Alternate: Pamela Morgan, RN, MSN

*Second Alternate Julia Harrison-Schwartz, RN, DNP, FNP

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 150 (This is the number of staff and students combined.)

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

No one can predict the extent or severity of a pandemic, but in past epidemics the influenza hit in waves of infection with a wave lasting from four to eight weeks. In order to blunt the extent and severity of a pandemic, public health officials may request that the university take social distancing measures such as canceling public events, suspending classes and/or closing the university.

In the event that the university suspends classes or closes, there are 11 UNCP objectives:

- Reduce risk of pandemic influenza to students, faculty and staff.
- Reduce the rate of illness and loss of life.
- Provide information and family emergency planning assistance to students, faculty and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Student Health Services.
- Minimize the impact of ill staff in the nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the university closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the university.
- Minimize the economic impact on the community and state.

D. Assumptions

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

E. Scenario

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the university, except for essential personnel.

F. Special Considerations

Fit Testing of N-95 Masks

Essential personnel are required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will be fit-tested. This test requires Student Health Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the H1N1 event fit-testing program will be initiated.

Continuity of Operations Plan: Counseling and Psychological Services
Plan Developer: LynnDee Horne
Vice Chancellor of Division: Dr. Lisa Schaeffer

A. Counseling and Psychological Services Continuity of Operations Objective

Counseling and Psychological Services will provide the usual services as long as they are relevant and it is practical to provide them. The focus, however, would gradually shift to providing personal counseling services to students addressing pandemic-related topics such as stress, emotional distress, loss, etc. during the emergency period.

Specific Level 3 Responsibilities:

- Essential personnel must report to work.
- Address the emotional needs of remaining students on campus.
- Be available for crisis response or referral.
- Have adequate services available daily from 8 a.m. to 5 p.m. through our center and adequate crisis coverage after 5 p.m.
- To have protocols available for service delivery using the telephone and internet, if necessary for safety reasons.

B. Essential Functions & Essential Personnel

Department Leader: LynnDee Horne, Director of Counseling and Psychological Services

*First Alternate: Charla Suggs, Associate Director of Counseling and Psychological Services

*Second Alternate: Kathryn Kelly, Counselor

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 15

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

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In the event that the university suspends classes or closes, there are 11 UNCP objectives:

- Reduce risk of pandemic influenza to students, faculty and staff.
- Reduce the rate of illness and loss of life.
- Provide information and family emergency planning assistance to students, faculty and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Student Health Services.
- Minimize the impact of ill staff in the nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the university closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the university.
- Minimize the economic impact on the community and state.

D. Assumptions

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

E. Scenario

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the university, except for essential personnel.

F. Special Considerations

Fit Testing of N-95 Masks

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Counseling and Psychological Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of

an Emergency Event Level Three. If this is not successful, then a reproduction of the H1N1 event fit-testing program will be initiated.

Continuity of Operations Plan: Physical Plant
Plan Developer: Assistant Vice Chancellor for Facilities
Vice Chancellor of Division: Virginia Teachey

A. Physical Plant Continuity of Operations Objective

Provide housekeeping services for residence halls housing students and other facilities for essential personnel; provide maintenance and repair primarily for above facilities and also for other critical facilities.

In case of a pandemic flu event, Physical Plant will provide essential staffing to maintain services (water, power, heat, cooling) to select housing, dining and health care facilities. To maintain this level of support, Physical Plant will work in concert with other university planning groups and outside contract support groups.

Specific Level 3 Responsibilities:

- Essential personnel must report to work.
- Provide appropriate resources in setting up the Treatment Center in the Auxiliary Gym.
- Change housekeeping procedures to prioritize essential personnel areas, remaining students/families and cleaning of personal contact surfaces.
- Set-up podium and microphones for media center at the University Center.
- Create flexible operating structure that can adapt to changing conditions.
- Minimize damage to and maximize the protection of facility assets.
- Establish a priority hierarchy for critical facilities.
- Work with Housing and Student Health/Technical Safety to identify needed ventilation systems and to provide negative pressure areas.
- Essential personnel will receive N95 respirators.
- Stand by to shut off utilities as directed by incident commander.

B. Background

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- Minimize the impact of ill staff in the nursing school.
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- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the university.
- Minimize the economic impact on the community and state.

C. Assumptions

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

D. Scenario

- Suspension of classes for a period of 4-8 weeks.
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E. Essential Functions & Essential Personnel

Department Leader: Annie Angueira, Assistant Vice Chancellor for Facilities

*First Alternate: Mark Vesely, Director of Operations & Maintenance

*Second Alternate: George Morales, Operations & Maintenance Superintendent

*Third Alternate: Lou Nelon, Operations and Maintenance Superintendent

**PPEs Needed: 50

**Personal Protective Equipment (number of staff who will need a PPE)

F. Special Considerations

Fit Testing of N-95 Masks

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**Continuity of Operations Plan: Student Affairs/
Housing and Residence Life
Plan Developer: Paul Posener
Vice Chancellor of Division: Dr. Lisa Schaeffer**

A. Student Affairs/Housing and Residence Life Continuity of Operations Objective

Student Affairs/Housing and Residence Life will provide housing for residents remaining on campus. University Housing will staff a designated office as the command center for housing operations, maintaining housing records and disseminating information to residents, staffs, campus partners and parents. In addition, each residential area used during a campus emergency will operate a 24-hour service desk.

Specific Level 3 Responsibilities:

- Communicate with parents and families.
- Communicate with students/families remaining in Pembroke (international students).
- Activate plan from Level 2 to quarantine students in conjunction with guidance from the Robeson County Health Department.
- Implement housing aspects of “UNCP Pandemic Influenza Social Distancing Policy”—ask students to leave campus.
- Essential personnel must report to work.
- Support international students, families, and others who remain in UNCP residences (100).
- Identify student events that confirmed patients have attended.
- Residential staff assists Student Health Services.
- Implement plan for continuation of cleaning and maintenance services.

B. Essential Functions & Essential Personnel

Department Leader: Paul Posener, Director of Housing and Residence Life

*First Alternate: Cynthia Redfearn, Associate Director for Residence Life

*Second Alternate: Ed Wittenberg, Associate Director of Housing

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 26

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

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- Provide information and family emergency planning assistance to students, faculty and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
- Minimize the impact of ill students at Student Health Services.
- Minimize the impact of ill staff in the nursing school.
- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the university closes.
- Reduce the risk of damage to critical infrastructure.
- Minimize financial loss to the university.
- Minimize the economic impact on the community and state.

D. Assumptions

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

E. Scenario

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
- Closing of the university, except for essential personnel.

F. Special Considerations

Fit Testing of N-95 Masks

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Student Affairs/Housing and Residence Life personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the H1N1 event fit-testing program will be initiated.

Continuity of Operations Plan: Dining Services
Plan Developer: Sodexo Manager
Vice Chancellor of Division: Virginia Teachey

A. University Dining Continuity of Operations Objective

University Dining will operate its dining hall to provide meals to essential employees and students remaining on campus during a campus emergency. University Dining will develop plans to help maintain continuity of food, water and other edible consumable supplies as required. University Dining will provide IDs for essential personnel and maintain the building's security.

Specific Level 3 Responsibilities:

- Essential personnel must report to work.
- Provide Level 3 meals to students and employees who remain on campus.
- Activate plan from Level 2 to quarantine students in conjunction with guidance from the Robeson County Health Department.

B. Essential Functions & Essential Personnel

Department Leader: Karen Swiney, Director of Auxiliary & Business Services

*First Alternate: Sodexo General Manager – Vacant (default to 2nd alternate)

*Second Alternate: Cassandra Lowery, Operations Manager

*Second Alternate: Janet Williams, Catering Manager

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 20

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

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- Provide information and family emergency planning assistance to students, faculty, and staff to minimize mental and emotional stress.
- Support remaining students on campus in the event classes are suspended.
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- Minimize instructional and academic credit loss.
- Maintain essential functions in the event the university closes.
- Reduce the risk of damage to critical infrastructure.
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- Minimize the economic impact on the community and state.

D. Assumptions

- Up to 40% reduction in workforce.
- Greater risk of loss of key suppliers/providers.
- Likely illness exposure at work.
- Loss of UNC leadership to some degree.

E. Scenario

- Suspension of classes for a period of 4-8 weeks.
- Some students will remain on campus.
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F. Special Considerations

Fit Testing of N-95 Masks

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to be fit-tested. This test requires Dining Services personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the H1N1 event fit-testing program will be initiated.

Continuity of Operations Plan: Marketing and Communications
Plan Developer: Director of University Communications and Marketing
Director of Division: Jodi Phelps

A. Marketing and Communications

University Communications and Marketing (UCM) will provide regular updates before, during and after a pandemic flu event to the university community, media outlets and university stakeholders. UCM will coordinate with administrative units such as Student Health and Human Resources to create a climate of prevention within the university prior to a pandemic. UCM will test, maintain and update the Crisis Communication Plan.

Specific Level 3 Responsibilities:

- Issue Level 3 communications (self-protection, social distancing, etc.).
- Coordinate internal messages and external news releases.
- Manage media relations issues.

B. Essential Functions & Essential Personnel

Department Leader: Jodi Phelps, Chief Communications and Marketing Officer

*First Alternate: Dena Bolles, Assistant Director of UCM

*Second Alternate: Tabi Cain, Assistant to the Chancellor for Communications

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 8

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

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D. Assumptions

- Up to 40% reduction in workforce.
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- Loss of UNC leadership to some degree.

E. Scenario

- Suspension of classes for a period of 4-8 weeks.
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F. Special Considerations

Fit Testing of N-95 Masks

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Continuity of Operations Plan: Controller/Purchasing
Plan Developer: Director of Purchasing
Vice Chancellor of Division: Virginia Teachey

A. Purchasing Continuity of Operations Objective

Controller/Purchasing staff will primarily work through telecommuting with staff only on-site as needed for emergencies. Support will be provided for purchasing. Emergency purchasing procedures will be communicated to all appropriate personnel. A communications strategy will be developed to communicate information to vendors, suppliers, and customers.

Specific Level 3 Responsibilities:

- Essential personnel must report to work.
- To allow division staff to work from home, consider allowing off-campus access to Banner requisitioning and purchasing.
- Temporarily increase P-card dollar thresholds for university employee cardholders who have been identified as essential.

B. Essential Functions & Essential Personnel

Department Leader: Kimberly Locklear, Director of Purchasing

*First Alternate: Tommy McKenzie, Purchasing Agent

*Second Alternate: Tonya Sikes, Purchasing Agent

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 6

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

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D. Assumptions

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E. Scenario

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**Continuity of Operations Plan: Academic Affairs and
Global Engagement**
Plan Developer: Associate Vice Chancellor for Academic Affairs
Vice Chancellor of Division: Dr. David Ward

A. Academic Affairs and International Program/Study Abroad Continuity of Operations Objective

Academic Affairs and Global Engagement will provide direction and assistance to international students and faculty, domestic students and staff traveling abroad.

Specific Level 3 Responsibilities:

- Essential personnel must report to work.
- Continue to advise and communicate with overseas students, faculty and staff.
- When possible, support overseas students, faculty and staff who are unable to return.
- Implement “UNCP Pandemic Influenza Social Distancing Policy.”
- Work with university to serve needs of international students remaining on campus.
- Communicate with and advise international students who leave campus during level three.

B. Essential Functions & Essential Personnel

Essential Functions & Essential Personnel

Department Leader: Dr. Cathy Lee Arquino, Associate Vice Chancellor for Global Engagement

*First Alternate: Dr. Scott Billingsley, Associate Vice Chancellor

*Second Alternate: Alexander Brandt, Study Abroad Coordinator

*Name of individual who can assume the function as a back-up.

**PPEs Needed: 6

**Personal Protective Equipment (number of staff who will need a PPE)

C. Background

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D. Assumptions

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E. Scenario

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F. Special Considerations

Fit Testing of N-95 Masks

Essential personnel will be required to wear N-95 masks or surgical masks, as available. In order to ensure the correct fit and function of N-95 masks, each person will need to

be fit-tested. This test requires Academic Affairs and International Programs/Study Abroad personnel and approximately 30 minutes per test. In order to provide for the testing of all personnel, the department will attempt to fit-test all personnel in advance of an Emergency Event Level Three. If this is not successful, then a reproduction of the H1N1 event fit-testing program will be initiated.

Appendix – Credentialing and Identification

The **Human Resources Department** will maintain the names of essential personnel. It is the responsibility for planning groups to provide names of essential personnel with employee identification numbers. This list shall be updated as frequently as necessary. In the event of a foreseeable and impending situation, the list of essential employee names and identification numbers will be provided to the Brave Card Office for preparation of essential employee identification badges. In case of a declaration of campus closure, employees will be required to wear these identification badges, and only those wearing them will be permitted to access campus. Campus Police will enforce this requirement. These essential employee identification badges will be programmable for electronic card access.

These identification cards shall include the following: employee's photograph, name, department and an expiration date.

This publication is available in alternative formats upon request. Please contact the Accessibility Resource Center, D.F. Lowry Building, Room 107, or call 910.521.6695.