

University of Idaho Infectious Diseases Response Protocol

**University of Idaho
July 17, 2015**

University of Idaho Infectious Diseases Response Team

Student Health Services
Public Health-Idaho North Central District
Gritman Medical Center
Facilities Management
International Programs Office
Fraternity and Sorority Life Office
Public Safety and Security
Department of Athletics
University Communications and Marketing
University Housing and Residence Life
Counseling & Testing Center
Human Resources
WWAMI-University of Idaho Medical School
Campus Dining Services

Table of Contents

IDRT Purpose	3
IDRT Goals	3
Statement of Principle for UI Infectious Disease Response Protocol.....	3
Family Educational Rights and Privacy Act (FERPA) Restrictions	4
Training.....	4
Isolation/Quarantine Protocols for UI Students Living in Group Facilities.....	5
Residence Hall	5
Fraternity and Sorority Life	6
Emergency and Non-Emergent Transportation Guidelines	6
Procedures for Cleaning Infectious Disease Patient Care Areas	7
Protocols for Faculty & Staff.....	7
Communication Plan	8
Appendices	12
Appendix 1	12
General Isolation and Quarantine Information.....	12
Isolation: For People Who Are Ill	12
Quarantine: For People Who Have Been Exposed But Are Not Ill.....	12
Appendix 2	13
Idaho Reportable Diseases and Conditions.....	13
Seasonal Influenza Virus Talking Points.....	14
Some Basics.....	14
Prevention	14
Treatment.....	15
Additional Information.....	15
Avian and Pandemic Influenza Talking Points.....	15
Some Basics.....	15
Prevention	16
Treatment.....	17
Appendix 4	18
Contaminated Food Recalls	18
Appendix 5	19
Infectious Disease Response Team Contacts	19
University of Idaho.....	19
Community	19

IDRT Purpose

We collaboratively develop and implement strategies for response to and prevention of communicable diseases in the University of Idaho community.

IDRT Goals

- To identify communicable disease threats and issues for the University of Idaho community.
- To determine and coordinate actions for prevention of, education about, and/or control of communicable diseases on campus.
- To design and implement appropriate protocols and communication plans.
- To develop relationships and improve communications with other health care stakeholders in the community.

Statement of Principle for UI Infectious Disease Response Protocol

Control of communicable diseases is not an exact science and each outbreak presents a unique set of challenges. Epidemiologic evidence is often incomplete and uncertain. Variations in the environment, season, individual susceptibility, specific pathogen, and numerous other factors require that authoritative medical resources list risks as ranges of probability rather than absolute limits.

Nevertheless, when faced with an actual outbreak, local authorities may be required to use absolute limits to determine when to institute isolation, quarantine, vaccination and other methods of infection control to protect the public health and safety. They must always balance the implementation of such limits with an awareness of the public's rights to liberty.

This protocol recommends employing the most conservative authoritative medical and epidemiological evidence when faced with a range of possible actions. This statement is based upon the principle that lack of scientific certainty or consensus must not be used to postpone preventive action in the face of a threat to public health or safety.

Family Educational Rights and Privacy Act (FERPA) Restrictions

FERPA prohibits university officials from releasing information about students other than directory information. One of the exceptions allows release of protected information in a health or safety “emergency.” In a 2002 opinion from the US Department of Education (DOE), the interpretation of public health “emergency” seemed to be less strict than previous interpretations. DOE advised that a school district in Pennsylvania was able to emergently disclose student information to the health department after learning that six students had died in the previous year.

It is preferable to get a student's consent prior to releasing protected information in a public health emergency if this can be done without having a negative impact on contact tracing or treatment. However, we recognize the importance of responding promptly to public health emergencies and our past experience has taught us that students generally are not concerned about having information released to the health department if they understand the reason for the disclosure.

Requests made by the public health district for student information should be addressed to Student Health Services. If they are unable to reach a representative from Student Health Services, other department heads may be contacted. All department heads are listed with the Office of Public Safety on campus (see contact list).

Training

To ensure members of the campus community are ready to respond to an infectious disease, the IDRT will conduct ongoing trainings and table-top exercises with staff and student-staff who would be involved in the response to an infectious disease. The training plan is as follows:

1. Public Health – Idaho North Central District will conduct a *modified* Blood Borne Pathogens training with staff and students who may come in contact with an infectious disease. This training will allow for dialogue and a discussion of situations that the trainees may encounter. Trainings will be conducted on an annual basis during the fall semester to the following groups:
 - a. University Housing & Residence Life professional live-in staff, student-staff, and custodial staff
 - b. Fraternity and Sorority Life advisors and chapter presidents
 - c. Members of the Infectious Disease Response Team
 - d. Facilities and USS Facilities staff
 - e. Other groups, faculty, staff or students as needed
2. IDRT will engage in an annual table-top exercise to practice coordination and communication activities among campus officials and staff in the event of an infectious disease outbreak. Exercises will be facilitated by Public Health – Idaho North Central District and conducted during the fall semester of the academic year.

Isolation/Quarantine Protocols for UI Students Living in Group Facilities

Residence Hall

1. Student Health Services (SHS), in consultation with the Public Health – Idaho North Central District (PH-INCD), makes a recommendation either to quarantine one or more individuals who have been exposed but are without symptoms, or to isolate any individual who has been exposed and has symptoms.
2. SHS contacts the Public Health – Idaho North Central District Epidemiologist (see contact list) according to Idaho Public Health regulations in cases involving a reportable disease (Appendix 2).
3. University Housing & Residence Life (UHRL) will identify appropriate space at the beginning of each semester for emergency use.
4. SHS contacts the UHRL Professional on-call (see contact list) to make arrangements for use of a designated isolation or quarantine space and to get the room/hall keys. The UHRL Professional will arrange to have keys assigned to that student.
 - a. The UHRL Professional on-call will coordinate with UHRL Assignments staff to identify an appropriate space based on the student's needs and room availability.
 - b. The UHRL Professional on-call follows their protocol in contacting UHRL leadership to inform them of the situation
 - c. The UHRL Professional on-call will document the situation as appropriate.
5. The room/hall key is issued to the student by an authorized UHRL employee.
6. The student occupies the room for the duration of time specified by SHS staff in consultation with Public Health-North Central District and the Idaho Department of Health and Welfare.
7. The student is provided with information contained in this document and is given parameters about contact with others. SHS and PH-INCD advises UHRL staff on specific precautions the student must take, dining preparations, and custodial training, etc.
8. UHRL works with the individual to gather necessary belongings from her current room and provide meals and/or accommodations for meals. UHRL will provide linen when necessary.
9. Students who do not have a housing contract with UHRL will be charged for room use and food/board costs on a prorated basis for the duration of the use of the facilities.
10. SHS will coordinate arrangements with UHRL, as necessary, for skilled home health care for care of residents with acute illnesses not requiring hospitalization.

Fraternity and Sorority Life

1. SHS in consultation with the PH-INCD, makes a recommendation to either quarantine an individual who has been exposed and is asymptomatic or isolate an individual who has been exposed and is symptomatic.
2. SHS contacts the Public Health – Idaho North Central District Epidemiologist (see contact list) according to Idaho Public Health regulations in cases involving a reportable disease (Appendix 2).
3. The Office of Fraternity and Sorority Life contacts the Chapter President and Alumni Advisor to determine if an isolation or sick room is available. An isolation room is required to have a window, a door that can close, and access to a private bathroom. This room may house more than one individual with the same illness (to be determined by a clinician at SHS or by PH-INCD).
4. If an isolation room is unavailable in the fraternity or sorority, SHS and PH-INCD will work with The Office of Fraternity and Sorority Life to find suitable housing.

Emergency and Non-Emergent Transportation Guidelines

1. Persons who are seriously ill with a contagious respiratory infection and in need of critical medical care will be transported via ambulance by the Emergency Medical System (EMS) responders. The EMS is activated by calling 911.
2. Persons who are not in need of immediate medical attention but who require transportation to a medical facility may be transported by one of the medical transport companies on the list kept by Student Health Services. These services have an associated cost.
3. A patient with a known diagnosis of an infectious disease (such as measles or chicken pox) who is not in need of immediate medical attention may be transported by private car by an individual who is immune to the disease. After transport the car should be left vacant for a period of time determined by health care personnel at Student Health Services or Environmental Health and Safety based on the guidelines for the specific disease.
4. Staff members who are arranging transportation for the patient must inform all transporters and destinations (such as clinics or hospitals) of the patient's status prior to transport.
5. Transport should be limited as much as possible and be determined by the condition of the patient. To minimize possible exposures, only necessary personnel should be involved with the patient.
6. The patient should not use public transportation nor travel with unexposed or unimmunized (if applicable) persons.

7. Instruct the patient with an airborne illness to don a surgical mask if tolerated. If not tolerated, or if a mask is not available, have patient cover the mouth/nose with a tissue when coughing and then sanitize the hands.

Note: In the event of an epidemic outbreak situation, medical transportation may not be available due to increased demands on the emergency medical system and non-emergent transportation alternatives. Public health officials may issue recommendations regarding medical care for individuals that may include staying at home or not going to the hospital.

Procedures for Cleaning Infectious Disease Patient Care Areas

Cleaning and disinfecting environmental surfaces are important components of infection prevention and control in healthcare/living facilities. Cleaning and disinfecting procedures, use of personal protective equipment (PPE), and medical waste disposal procedures are dependent on the scope and nature of the infectious disease or disease outbreak. Proper procedures and guidance will be advised by SHS, INDC, and Environmental Health & Safety.

Protocols for Faculty & Staff

For employment related issues regarding infectious disease among faculty and staff, contact Human Resources.

Communication Plan

Introduction

This communication plan is specific to a communicable disease situation and is intended to function as an adjunct to the broad University of Idaho Crisis Communication Plan (*draft*).

When the possibility of an infectious disease incident involving UI students, faculty, staff or visitors first arises, the Dean of Students will be the initial contact. The Dean of Students will inform other members of the IDRT as necessary, including, but not limited to, Student Health Services, and Public Safety & Security. Student Health Services, leaders of other appropriate campus organizations (depending on the nature of the incident) and representatives of the Public Health-Idaho North Central District will assess the threat and determine its validity. If it appears that there is an incident, or there is a legitimate threat of an outbreak, or the rumor level is sufficient to create media interest, the Assistant Vice Provost for Student Affairs will contact UI Communications and Marketing to determine and implement a communication plan.

Philosophy and Descriptions

As a public institution, UI operates in an open manner. Yet the privacy of our students and employees, as dictated by legal and ethical guidelines, also influences our willingness and ability to share information.

All information released from UI about specific outbreaks of infectious diseases, individual cases, actions to address the problem and various impacts on the university MUST be approved by the SHS Clinical Director, AVP for Student Affairs and UI Communications and Marketing or designee who will work in consultation with the PH-INCD and the Idaho Department of Health and Welfare.

In most cases, the SHS Clinical Director will be the primary spokesperson to the news media on the medical aspects of these events. If the Clinical Director is unavailable, they will appoint a designee. In some instances, the spokesperson for the medical aspects of the event may be a representative of the appropriate county, state or federal government agency. UI Communications and Marketing or designee will serve as spokesperson for the university on all non-medically related aspects of the situation. (See contact list)

Types of Situations Requiring a Communication Plan

The communication plan should serve as a general guideline. Each case must be evaluated on its own merits. Situations that have occurred within the past few years, or could occur in the future, include cases of:

1. Measles
2. Salmonella
3. E. coli
4. Ebola Virus Disease
5. Novel Influenza or Coronaviruses (e.g. SARS, MERS)
6. Meningococcal disease
7. Norovirus
8. Mumps
9. Pertussis

Communicating Internally

The nature of an outbreak will dictate which campus units need to be informed. While updates designed for the news media should come from UI Communications and Marketing – with the approval of the SHS Clinical Director or and the UI Communications and Marketing – other leaders will need to answer questions from students, employees, visitors, parents and other members of the public. To ensure that people answer questions accurately and restrict their comments to certain areas, there must be regular communication to the appropriate groups, including possible scripts and referrals for more information. In the event of an infectious disease outbreak or situation, the following areas and/or people will be contacted, consulted and/or instructed as needed. SHS and PH-INCD will develop guidelines for appropriate communication or action on a case-by-case basis. This flow of information, and appropriate targets, should be decided by the SHS Clinical Director and/or UI Communications and Marketing, or their designees.

1. UI Communications and Marketing
 - a. Web Communications
 - b. News and Research Communications
2. President and Provost Offices
 - a. Enrollment Management
 - b. International Programs Office
3. VP of Student Affairs Office
 - a. Office of the Dean of Students
 - b. Campus Recreation
 - c. Counseling & Testing Center
4. Office of Human Resources
 - a. Environmental Health and Safety
 - b. Facilities Maintenance Operations
 - c. Public Safety
 - i. UI Alert system
 - ii. Telecommunications Office and Campus Operator
 1. Telephone call bank operations if available.

5. University Housing
6. Campus Dining Services
7. Office of Fraternity and Sorority Life
8. Athletics
9. Campus Vendors
10. Others as needed

Other communication strategies, including the use of e-mail, University of Idaho News, news releases, etc., will be implemented on a case-by-case basis after a mutual decision is made by the SHS Clinical Director and the UI Communications and Marketing, or their designees.

Communication Guidelines

The SHS Clinical Director in consultation with the UI Communications and Marketing, will determine the appropriate level of communication both on and off campus. These decisions will be made in consultation with the Public Health-North Idaho Central District and/or the Idaho Department of Health and Welfare.

In cases of inter-agency consultation, a teleconference is recommended and should be called by the SHS Clinical Director. The UI Communications and Marketing will also participate. If the two administrators should disagree on an issue, there will be an immediate consultation with the Provost and Executive Vice President.

Other Communication Guidelines:

1. All e-mails sent to the aforementioned list should include a warning in boldface that the material is confidential, might include student information and should not be forwarded under FERPA.
2. All patient status information **MUST** come directly from the SHS Clinical Director or PH-INCD. If the patient is hospitalized, the appropriate staff member(s) from that hospital would provide that information.
3. If there is a criminal investigation, information about the investigation will only be discussed by the appropriate leader or designee of the investigating law enforcement agency.
4. Oral or written communication about communicable disease scenarios should be factual, avoid making assumptions, be limited to appropriate audiences, be clear and concise, and be timely.

***Possible sample messages:**

Message Header:

This e-mail contains confidential student information. Further disclosure may be a violation of FERPA. Do not forward or copy this message.

Message Footer:

This E-mail (including attachments) is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521, is confidential and may be privileged. If you are not the intended recipient, please be aware that any retention, dissemination, distribution, or copying of this communication is prohibited. Please reply to the sender that you have received the message error; then delete it. Thank you for helping to maintain privacy.

Media Contacts

All inquiries from the news media about infectious/communicable diseases should be referred to the SHS Clinical Director or UI Communications and Marketing. Contact information can be found in the contact list.

Communication DOs and DON'Ts

- Do: Put in bold print at the beginning of emails that it contains student information and that disclosure might violate FERPA.
- Do: Keep appropriate individuals informed.
- Do: Clarify with the UI Communications and Marketing and Central Administration what specific information they want to know.
- Don't: Forward any e-mail communication.
- Don't: Send emails too broadly: Keep the send list as small as possible – see communication plan for appropriate personnel communication links.
- Don't: Give out medical information (this function will be delegated to someone in SHS or PH-INCD).
- Don't: Talk about investigations.
- Don't: Make medical assumptions that aren't confirmed.
- Don't: Waste time - keep people informed as soon as you have information.

Translators

For information regarding possible on-campus translators contact International Programs Office. Use of a language translation telephone service through SHS is another option.

Appendices

Appendix 1

General Isolation and Quarantine Information

Both isolation and quarantine are common practices in public health and both aim to control exposure to infected or potentially infected individuals. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to people who are known to have an illness and quarantine applies to those who have been exposed to an illness, are suspected to be susceptible to infection, but who may or may not become infected.

Isolation: For People Who Are Ill

Isolation of people who have a specific illness separates them from healthy people and restricts their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or at designated health care facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases. In most cases, isolation is voluntary; however, in Idaho local public health authorities have legal authority (at <http://www.idaholaws.org/ors/chapter/431> and <http://www.idaholaws.org/ors/chapter/433>) to compel isolation of sick people to protect the public.

Quarantine: For People Who Have Been Exposed But Are Not Ill

Quarantine, in contrast, applies to people who have been exposed and may be infected but are not yet ill. Separating exposed people and restricting their movements is intended to stop the spread of that illness. Quarantine is medically very effective in protecting the public from disease. Idaho empowers local public health authorities with this power as well at <http://www.idaholaws.org/ors/chapter/431> and <http://www.idaholaws.org/ors/chapter/433>. The Centers for Disease Control and Prevention (CDC), through its Division of Global Migration and Quarantine, is also empowered to detain, medically examine, or conditionally release individuals suspected of carrying certain communicable diseases. This authority derives from section 361 of the Public Health Service Act (42 U.S.C. 264), as amended.

Appendix 2

Idaho Reportable Diseases and Conditions

Health care providers, laboratorians, and hospital administrators are required, according to the Idaho Reportable Diseases Rules (IDAPA 16.02.10), to report communicable diseases and conditions to their local health district or the Epidemiology Program within the Office of Epidemiology, Food Protection, and Immunization (OEFI). Reports must be made within three (3) working days of identification or diagnosis unless otherwise noted. The complete and current list of reportable diseases and timeline to report can be found at <http://www.epi.idaho.gov>.

After-hours reporting can be done through the State Communications public health paging system (State Comm) at (800) 632-8000. A public health official will be paged immediately to assist with the report.

Seasonal Influenza Virus Talking Points

Some Basics

1. Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Different viruses cause the common cold.
2. Both illnesses share similar symptoms, but flu can be more severe. Typical symptoms of influenza include high fever, headache, muscle aches, cough, fatigue and runny nose. Vomiting and diarrhea are symptoms rarely found in adults with influenza. Colds are characterized by a runny nose, mild aches, mild cough, sore throat and sometimes a slight fever.
3. Influenza can sometimes lead to death, most commonly in the very young or elderly.
4. Complications of influenza can include bacterial pneumonia, ear infections, sinus infections, dehydration or worsening of chronic medical conditions such as diabetes, asthma or congestive heart failure.
5. The typical flu season in Idaho occurs from December until March but can occur at any time. Flu season occurs at different times in other countries. Influenza is one of the most common illnesses contracted by travelers.
6. Influenza is contracted through the air from people who are coughing or sneezing or by touching contaminated surfaces and then touching their nose or mouth.
7. The incubation period for influenza ranges from one to four days.
8. People with influenza are contagious from one day before, up to seven days after, the onset of symptoms.
9. In most years, 5-20% of the population gets influenza, resulting in 36,000 deaths in the United States from influenza and its complications.

Prevention

1. Cough into your sleeve or cover your nose and mouth with a tissue when coughing or sneezing. Use tissues only once.
2. Do not touch your nose, eyes or mouth. This can move germs into the body and make you sick.
3. Wash your hands with soap and water several times a day, especially before eating and after using the toilet.
4. If you are sick, stay away from others as much as possible and stay home from work or school.
5. Get a flu vaccination annually. This contains the three strains of influenza thought most likely to circulate in the United States that year.
6. Contact your medical provider if you have been exposed to influenza and are considered at high risk for complications of influenza due to underlying chronic medical conditions or are elderly. Antiviral drugs are sometimes prescribed for prevention in these situations.
7. Stay informed, develop a healthy lifestyle, eat a balanced diet, get sufficient sleep and stop smoking.
8. Make a plan in case you or someone in your home gets the flu.
9. Have supplies of fever and pain medicines (acetaminophen, ibuprofen or aspirin) on hand.
10. Stock up on soup, juice, and tissue so you can stay home if you get sick.
11. Ask someone in your neighborhood to be your flu buddy and go get food or supplies for you if you can't leave the house.

Treatment

1. Take non-prescription fever and pain medicines (acetaminophen, ibuprofen or aspirin) as needed. Do not give aspirin to children.
2. There are several prescription antiviral drugs that provide some benefit for influenza patients. They work best if taken within the first 48 hours of symptoms. These medications may decrease the duration and severity of illness.
3. Take all prescription medications only as prescribed by your doctor.
4. Do not share prescription medications with others.
5. Antibiotics work only against bacteria. Antibiotics don't work against the flu because the flu is caused by a virus.
6. Influenza can lead to bacterial infections, including pneumonia. Contact your health care provider if you do not get better in 5-7 days.

Additional Information

<http://www.cdc.gov/flu/>

<http://healthandwelfare.idaho.gov/Health/DiseasesConditions/Influenza/tabid/2505/Default.aspx>

Avian and Pandemic Influenza Talking Points

Some Basics

1. Avian influenza (bird flu) is a disease caused by a virus that infects domestic poultry and wild birds (geese and ducks and shorebirds). Each year there is a bird flu season just as there is for human influenzas. Some forms of the bird flu are worse than others.
2. Pandemic influenza is a global "super-epidemic" of a highly virulent influenza. It is not the same as bird flu. It could evolve as a mutation from a bird flu virus. It is now believed that a mutated bird flu virus caused the 1918 influenza pandemic.
3. The highly pathogenic (high-path) H5N1 strain of bird flu has been found in Europe, Asia and Africa. As of March 2011, no high-path H5N1 has been found in any wild or domestic birds in North America.
4. At present, the high-path H5N1 strain is primarily a disease of birds. Low-path H5N1 has been documented for years in North America. It and high-path H5N1 are two of 144 strains of avian influenza viruses that have been identified. Most strains of bird flu cannot infect humans.
5. There have only been a few hundred confirmed cases of bird flu in humans but a high percentage (60%) of them has been fatal.
6. Most human cases have occurred as a result of extensive direct contact with infected birds. There have been only a few possible cases of human-to-human transmission of bird flu.
7. In rural areas of Asia many households keep small poultry flocks. These birds often roam freely, sometimes entering homes or sharing outdoor areas where children play. Because many households in Asia depend on small flocks of ducks or chickens for income and food, many families sell or slaughter and consume birds when signs of illness appear in a flock. Exposure to bird flu appears to be most likely during slaughter, de-feathering, butchering or preparation of sick or dead poultry for cooking.

8. It is considered likely the high-path H5N1 strain will spread to the Americas at some time. Federal, state and local governments are taking steps to prepare for and minimize the potential impact of bird flu.
9. Detection of the highly pathogenic H5N1 virus in birds alone does not signal the start of a human pandemic.
10. State and federal wildlife agencies are working together to test and monitor wild birds for the earliest possible detection. In addition, USDA monitors U.S. domestic bird populations. Monitoring is conducted in three key areas: live bird markets, commercial flocks and backyard flocks.
11. As a primary safeguard, USDA maintains trade restrictions on the importation of poultry and poultry products from countries where the H5N1 HPAI strain has been detected in commercial or traditionally raised poultry.
12. No one is known to have caught this virus from eating properly cooked birds, either domestic or wild.
13. If a highly pathogenic H5N1 were detected in the U.S., the chance of infected poultry entering the human food chain would be extremely low. Even if it did, proper cooking kills this virus.
14. Idaho has been preparing for pandemic influenza for several years and recently revised its pandemic influenza preparedness plan.
15. Preparations include ongoing surveillance and the ability of the Idaho State Public Health Laboratory to test for highly pathogenic H5N1.
16. Idaho also is working with federal, state and local response partners to prepare and to encourage communities, schools, businesses, religious and other organizations to make plans for coping with pandemic influenza.
17. The U.S. Department of Health and Human Services is aggressively working to ensure that the public health is protected. More information about the efforts of the federal government is available at www.pandemicflu.gov.

Prevention

1. Wash your hands with soap and water several times a day, especially before eating and after using the toilet.
2. Cough into your sleeve or cover your nose and mouth with a tissue when coughing or sneezing. Use tissues only once.
3. Do not touch your nose, eyes or mouth. This can move germs into the body and make you sick.
4. Stay away from others as much as possible if you are sick. Stay home from work and school if you are sick.
5. Get a flu vaccination every year. This may provide some cross immunity to pandemic flu. Flu vaccines take 6 months or more to manufacture, so an effective vaccine against the pandemic virus strain will most likely not be available in the early months of a pandemic.
6. Contact your medical provider if you have been exposed to pandemic influenza and are considered at high risk for complications of influenza due to underlying chronic medical conditions or are elderly. Antiviral drugs are sometimes prescribed for prevention in these situations.
7. Stay informed, develop a healthy lifestyle, eat a balanced diet, get sufficient sleep and stop smoking.
8. When working with birds:

9. Cook any birds, wild or store-bought, until they're done all the way through (at least to 165° F) before eating them.
10. Wash your hands and knife with soap and water after handling or cleaning any birds, or wear rubber gloves.
11. Prevent cross-contamination by keeping raw meat, poultry, fish, and their juices away from other foods and thoroughly cleaning cutting boards and utensils.
12. Do not handle birds that are obviously sick or birds found dead.
13. Report sick and dead wild birds to Idaho Department of Fish and Wildlife district biologists.

14. Storing supplies of water and food sufficient to last several weeks. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies such as power outages and disasters.
15. Storing a supply of prescription and nonprescription drugs and other health supplies, including pain relievers, stomach remedies, cough and cold medicines, and fluids with electrolytes.
16. Exchanging phone lists so those who are ill can contact others to do their shopping.
17. Talking with family members and loved ones about how they would be cared for if they got sick or what will be needed to care for them in your home.
18. Volunteering with local groups to prepare and assist with emergency responses.
19. Getting involved in your community as it works to prepare for an influenza pandemic.

Treatment

1. Take non-prescription fever and pain medicines (acetaminophen, ibuprofen or aspirin) as needed. Do not give aspirin to children.
2. Antiviral medications are prescription medications that are sometimes used to shorten the length and severity of flu.
3. Federal and State authorities are stockpiling antiviral medications in the hopes that they might be effective against a pandemic strain of flu virus.
4. Many health experts advise against personal stockpiles of antiviral medications.
5. Take all prescription medications only as prescribed by your doctor.
6. Do not share prescription medications with others.
7. Antibiotics work only against bacteria. Antibiotics don't work against the flu because the flu is caused by a virus.

For more Information visit <http://www.cdc.gov/flu>

Appendix 4

Contaminated Food Recalls

When a possible specific food related disease outbreak occurs or a recall is issued by the government or a food processor, Dining Services will remove all suspected foods from use until such time as the food in question has been determined to be non-contaminated. Foods determined to be contaminated will be returned to the vendor or destroyed. In addition, SHS may post known community food recalls on the SHS website.

Infectious Disease Response Team Contacts

University of Idaho

Department	Name	Work Number
Student Health Services	Greg Tatham, AVP for Student Affairs	208-885-2233
	Jeff Geier, CEO, Moscow Family Medicine	208-882-2011
	Dr. Kyrsten Stoops, Clinical Director SHS	208-885-6693
Housing and Residence Life	Dee Dee Kanikkeberg, Director	208-885-6571
	Corey Ray, Associate Director	208-885-5848
Public Safety and Security	Matt Dorschel, Executive Director	208-885-7209
Emergency Management	Todd Perry, Emergency Planning Manager	208-885-7179
Office of the Dean of Students	Blaine Eckles, Dean of Students	208-885-6757
Athletics	Barrie Steele, Director of Athletic Training Services	208-885-0212
Fraternity and Sorority Life	Vacant, Director	208-885-6757
International Programs Office	Susan Bender, Executive Director	208-885-2539
Health Education	Emily Tuschhoff, Program Coordinator	208-885-4146
University Communications and Marketing	Stefany Bales, Director Integrated Communications	208-885-6567
Human Resources	Greg Walters, Executive Director	208-885-3478
Facilities Management	Brian Johnson, Asst. Vice President	208-885-6246

Community

Organization	Name	Work Number
Public Health – Idaho North Central District	Carol Moehrle, Director	208-799-0344
	Mike Larson, Division Administrator	208-799-0381
	Anna Olson, Staff Epidemiologist	208-799-0387