

MEMORIAL UNIVERSITY
Faculty of Medicine H1N1 Preparedness Plan

Introduction:

Memorial University is anticipating that the university community will be affected by the H1N1 pandemic this fall and possibly winter. The university's *Academic Subcommittee on Emergency Preparedness* has been working on an institution-wide plan to address the anticipated absentee rate of 15-35% for students, faculty and staff. Absenteeism is expected due to illness, concerns regarding personal safety, caring for sick family members and/or lack of availability to child care due to closure of schools and daycare facilities. In preparation for the development of unit level plans, the emergency preparedness subcommittee has drafted H1N1 Planning Objectives and Assumptions (see Appendix A). Academic units in the university have been asked to develop unit-level plans to address these planning objectives.

The goals of planning are: (a) to ensure the safest possible environment for students, faculty and staff; (b) to minimize disruptions to teaching, research and business activities; and (c) to return to a state of normalcy as quickly as possible.

This plan is based on the principles adopted by all Deans and Directors in that it reflects:

- Fairness to Students;
- Academic Integrity;
- Open and Timely Communication.

The following outlines the ***Faculty of Medicine's*** plan to meet these goals. This plan is congruent with the university's planning objectives and assumptions, appropriate for implementation across programs and clinical sites.

As indicated in the preparedness plan, interventions target pandemic level I (mild, <15% absenteeism), pandemic level II (moderate, 15-35% absenteeism), and pandemic level III (severe, >35% absenteeism). The goal of the university is to remain open across all three levels of the pandemic.

*In addition to the Planning Assumptions of the University, the **Faculty of Medicine** planning includes the following assumptions:*

- a. *Clinical Services normally provided under the Post-graduate Medical Education program will continue*
- b. *Undergraduate Medical Education may be affected by clinical faculty assuming more clinical responsibilities in addition to absenteeism as a result of Influenza like illness (ILI)*
- c. *Unless the university is closed, every effort will be made to continue normal education programs however special consideration will be given to clinical placements. **Medical Student Exposure to Extraordinary Infectious or Environmental Hazards policy** will apply.*
- d. *Special communication related to clinical placements will be required.*
- e. *Medical Students who may have a clinical placement must be fit-tested for masks.*

- f. *The Faculty of Medicine will not facilitate students volunteering for special health services such as mass immunization. Students are not permitted to volunteer for involvement in any clinical activities without the approval of the Assistant Dean*
- g. *Scheduling of clinical placements will be done to minimize risk exposure for pregnant students.*

Objective #1: Ensure the safest possible environment for students, faculty and staff.

- A. Educate students, faculty and staff concerning signs and symptoms of H1N1 and preventive measures **(Level I)**.
 - a. *Signs detailing appropriate procedures to minimize the spread of the H1N1 virus to be posted in the Faculty of Medicine*
 - i. *Clean – wash hands thoroughly*
 - ii. *Cover - cover your coughs and sneezes*
 - iii. *Contain – stay at home*
 - b. *Signs detailing H1N1 symptoms to be posted*
 - *Abrupt onset (few hours)*
 - *Fever (greater than 37.8)*
 - *Body Aches*
 - *Nasal congestion*
 - *Cough*
 - *Sore Throat*
 - *Headache*
 - *Fatigue*
 - c. *A Townhall on H1N1 for all faculty, staff and students was done Sept. 17, in addition a special session with emphasis on personal protection in clinical settings was delivered to all undergraduate medical students on Sept. 21. Students will be advised to stay at home if they have influenza like illness.*
 - d. *A memo will be prepared for all postgraduate residents and a meeting was held with PAIRN members and Eastern Health to discuss responsibilities and expectations of residents.*

B. Vaccinate students, faculty and staff against H1N1 and seasonal flu (Level I).

As information becomes available faculty, staff and students will be updated regarding vaccination for H1N1 and seasonal flu. Immunization programs will be coordinated through Public Health. The University will work collaboratively with Public Health to provide access to space, where possible, to facilitate an immunization program. *All students, staff and faculty of the **Faculty of Medicine** will be encouraged to take advantage of vaccination. Faculty and students in clinical placements will receive vaccines at their clinical site when the vaccine is available. Students, faculty and staff in non-clinical settings should participate in the mass immunization program as provided by public health in collaboration with the university.*

Objective #2: Minimize disruptions to teaching, research and business activities.

A. Undergraduate Medical Education

a. Course delivery:

The major portion of current academic programming in Years 1 and 2 is delivered via lecture. Most presentation material, notes and resource materials are currently available on D2L. Planning is underway to facilitate, where feasible, the capture and online delivery of lecture materials. Opportunities will be provided to students for Q & A sessions to address issues that have been generated through online delivery of materials. As the medical curriculum is not bound to a semester format it is also possible to compensate for the loss of significant blocks of material by the addition of a block of time at the end of the year. Clinical Skills opportunities may be affected by the availability of clinical faculty and patients. The gaps which may be created in these learning experiences will have to be addressed for individual students. Processes already exist for addressing individual illness and extended absences. These will apply to individuals who experience significant absences.

*Years 3 and 4 comprise the clinical clerkship. This is primarily a clinical based learning experience, the possibility of a disruption will depend on the prevalence of H1N1 disease in the particular placement setting. Decisions about continuing the placement will have to be made on an individual basis considering the circumstances at the time. In the event of a significant outbreak, the policy **“Medical Student Exposure to Extraordinary Infectious or Environmental Hazards”** will be applied. The Assistant Dean for Undergraduate Medical Education will convene a group to regularly review the situation in each location and make a determination about the continuation of a clinical placement. If a student placement is not feasible or if a placement is terminated early an alternative will be sought at the time, if this is not possible the year can be extended to accommodate placements at another time.*

b. Evaluation:

Evaluations are generally of the MCQ type or observation. It is felt they can be adapted to the timing of delivery of the course material. Processes currently in place for the deferral of exams will apply to individuals with prolonged absences. Attendance is required only for Clinical Skills and alternative sessions will be arranged to meet minimum requirements

B. Post Graduate Medical Education

Post graduate Medical Education is primarily a clinical program. Residents are employed by Eastern Health. They are governed both by Eastern Health and Memorial University policy. Residents will be expected to continue their normal work duties during a pandemic.

a. Course Delivery and evaluation

The Academic program of Post-graduate Medical Education is flexible; training, courses and evaluations can be rescheduled Absences for any individual can be accommodated in the program over the period of their residency, subject to regulations of the governing Colleges i.e. RCPSC or CFPC, including extensions of training if necessary.

Rescheduling of resident rotations will be accommodated for individuals who self identify, indicating they believe they are in a high risk category ex. pregnancy etc. and are scheduled to rotate through a high risk clinical setting(s), including ER (Adult and Pediatrics), ICU (Adult and Pediatrics) and any other area(s) where there would be significant procedures with aerosolized waste.

Residents who believe they fall in a high risk category are encouraged to reschedule rotations for high risk clinical areas, as early as possible, through the office of the Program Director.

In any event, all trainees are required to fulfill prescribed training goals and objectives, in accordance with requirements outlined by the credentialing college for their program. In certain cases, extensions to training programs may be necessary but will be assessed and accommodated on an individual basis, with minimal disruption to timely completion of training programs.

C. Research and Graduate Studies

a. Course Delivery and Evaluation

The graduate program offers about 60 courses throughout the year and 60 faculty members are supervising approximately 240 graduate students in Masters, PhD, MD-PhD or diploma programs. A disruption in program could have a significant impact on teaching however it is anticipated that disruption to courses and support for students could be minimized through electronic communication. Class schedules and content could be adapted to ensure all material is addressed. Evaluations are also flexible both in the method and timing of delivery.

<i>Specialization</i>	<i>Number of Diploma</i>	<i>Number of Masters</i>	<i>Number of PhD (including MD-PhD)</i>
<i>Applied Health¹ Services</i>		7	
<i>Community Health¹</i>	8	26	21
<i>Public Health¹</i>		20	
<i>Clinical Epidemiology²</i>	35	35	10
<i>Human Genetics²</i>		12	7
<i>Cancer³</i>		12	11
<i>Cardiovascular-Renal³</i>		4	3
<i>Immunology and Infectious Diseases³</i>		9	5
<i>Neuroscience³</i>		9	9

¹ Primarily Community Health and Humanities Faculty members: Dr. Shree Mulay

² Primarily Faculty members in Clinical Disciplines: Dr. Patrick Parfrey

³ Primarily BioMedical Sciences Faculty members: Dr. Karen Mearow

b. Research

*There are approximately 130 faculty members in the **Faculty of Medicine** engaged in some form of research supported through operating grants (approximately 115) or contracts (approximately 100). Research includes rural and community populations, clinical programs (some with contact with patient populations), animal based research and research using cell lines and primary cultures. The research community relies on animal care services and laboratory services such as dry ice, water and glass washing. Cell lines and cultures require attention on a daily basis. The responsibilities for the research infrastructure rest with the units.*

Individual Faculty members are responsible for developing plans to manage research programs during an H1N1 pandemic. Individual faculty will be directed to make plans to address significant absences. Arrangements should include procedures to address contractual research. Special requests for support must be communicated to and approved by the appropriate Associate/Assistant Dean. Dr. Penny Moody Corbett, Dr. Karen Mearow, Dr. Shree Mulay, Dr. Pat Parfrey.

D. Health Sciences Information Management Systems (HSIMS)

Essential Services:

- 1. Email communications.*
- 2. Room booking for teaching facilities. (Can be on an “ad hoc” basis if necessary)*
- 3. Audio Visual support. (Some rooms have AV built in; they can operate with minimal support for 7 days).*
- 4. eLearning and Instructional Design services.*
- 5. Computer support (Repair of user computers). This operates at minimum for 7 days. Server support. (Keeping all the Faculty of Medicine’s computer servers running)*

There are 3 staff members that work on each of these individual essential functions. It is believed there is sufficient support to manage a potential vacancy of 35%.

E. Health Sciences Library

Essential Services:

Circulation - checkin/checkout, reserve, renewals - in person and by phone, holds, new patrons

Reference Service – by appointment and/or request

Mediated Computer Searching – by appointment and/or request

Instruction – maintain curriculum based instruction, cancel optional sessions

Computer labs and library commons computer workstations

Photocopiers

Remote access to databases and electronic resources

Access to study space – individual and group study areas

There are a large number of other services not listed as core that would be affected at varying levels depending upon the timing of an influenza outbreak and which staff were impacted.

Proposed Reduced Library Hours (if more than two circulation staff are off and all support staff are assigned primarily to circulation duties)

Monday - Thursday: 0900 - 2100

Friday 0900 - 17:15

Saturday Closed

Sunday 1400 - 2100

Library services would be significantly affected by an absenteeism rate of 35%

F. PDCS

Essential Services

Given existing contractual obligations many of our services while not essential to the operation of the Faculty of Medicine are essential in maintaining service to our clients both internal and external to Memorial. We have a staff of 24 people and it is believed there is sufficient support to manage critical business activities given a potential vacancy of 35 per cent.

Communications

- *Electronic and voicemail communication can be monitored and responded to remotely.*
- *Updates to appear on PDCS website, voicemail messages, and electronic distribution lists.*
- *Communication pieces drafted prior and ready to be rolled out as needed.*

Teleconference/Video Conference

- *Bookings can be done remotely – three people trained to do this.*
- *Off-site sessions can be facilitated remotely*
- *Technical support needed on-site for video conference set-up. Currently have five staff that could do this.*
- *Operators – We have three trained operators so this service could continue but could be scaled back depending on who is sick and the volume of on-site conferences.*

Meeting rooms

- *Scheduling can be done remotely.*
- *Any staff member could provide coverage re: access to rooms.*
- *Recording of meetings – can be provided*

Online Course Delivery

- *Help Desk Support – can be provided remotely. The turnaround time on requests may have to be extended from 48 hours to 72 hours.*

- *Maintenance of MDcme.ca – two people who could currently do this.*
- *Evaluation summaries and reports can be deferred.*

Online Course Development

- *Project work on new initiatives will continue subject to available resources.*
- *Communication to clients on impact to deliverables and timelines.*

Wednesday @ Noon

- *This will be impacted by the availability of Health Care Providers who are predominantly physicians. This will need to be scaled back and communications to participants can occur via the website and e-mail.*

On-site CPD events

- *These may have to be scaled back or re-scheduled depending on severity of outbreak*

National Conferences

- *Need to proceed. Staffing levels for these may be compromised depending on severity of outbreak.*

Research Initiatives

- *Some work can be done remotely and some can be deferred. Currently only one staff who does this so a risk to deadlines and deliverables.*

Reception – Currently have four staff that could provide coverage.

Administration–

- *HR – payroll, time sheets, etc Much of this needs to continue*
- *Registration for CPD events -*
- *Processing CME credits – can be deferred as necessary*
- *Finance - invoicing, purchasing, reporting*

G. Dean’s Administrative Offices

Essential Services:

Finance

Purchasing

Human Resources

All of these functions could be maintained at a reasonable level by employees working from home. A review is underway to assess current capacity for “remote desktop connection” and to facilitate it’s application for appropriate employees.

H. Communications

Communications (Levels I, II and III)

To ensure speedy access to information concerning health bulletins, students, faculty and staff will be instructed to consult the university H1N1 website and their @mun.ca email accounts.

- a. All faculty and staff and students will be referred to MUN H1N1 website for information (www.mun.ca/h1n1)
- b. Faculty
 - i. Faculty report class cancellations to **Leona McEvoy, Undergraduate Medical Education** via email, who in turn will copy the Office Coordinator and the Pre-clerkship or Clerkship coordinator, as appropriate. Notification should be given the day prior to the lecture if possible, but no later than 9 AM the day of the lecture. Class cancellations will be posted on the University website by Marketing and Communications as per normal procedures. **Leona McEvoy with Maureen Kent** as an alternate will be responsible for notification.
- c. Staff
 - i. A staff member who is absent due to H1N1 will be required to notify the **immediate supervisor** and complete forms as per the requirements of Human Resources. The immediate supervisor will notify **Jill Robinson or Corrine Hennessy**. All divisions will have the capacity to key-in absenteeism into the reporting system.
- d. Students
 - i. All students will be advised of the means of communication regarding H1N1 by posting and sending the following message:

The University is monitoring the potential and actual impacts of the H1N1 situation on our community. For H1N1 information, visit <http://www.mun.ca/h1n1/>. Also remember that the University will communicate with you through this website and directly with you at your @mun.ca account.
 - ii. For the fall semester, students are **not** required to produce a medical note for H1N1 illness in accordance with a ruling by the Senate Committee on Undergraduate Studies (SCUGS) on September 10, 2009.

- iii. Students will be able to self-report absences using the Banner system. They will be required to indicate if the absence is due to personal H1N1 illness or the absence is due to the need to care for someone with H1N1.
- iv. Students are required to self-report at the beginning of the illness. It is anticipated illness will last approximately seven days. Multiple reportings will be monitored by **Renee Perry***
- e. **Renee Perry** will track student absences in One45 and prepare a weekly student absence report.
- f. **Renee Perry** will prepare a weekly student absence report.

I. Academic Service

In the event that deadlines relating to P & T Committee matters cannot be met because of H1N1 illness of its members, the Director must be advised as early as possible in order to seek a variance so that a faculty member's review and progress is not adversely affected.

10/25/2009