



by Lesley McBain

As colleges and universities prepare for another academic year, the prospect of an unprecedented—and potentially deadly—flu season looms for presidents and senior campus leadership.

The H1N1 flu virus (commonly referred to as the Swine flu) was declared a public health emergency in the United States on April 26, 2009 and a worldwide pandemic on June 11, 2009. The Centers for Disease Control and Prevention (CDC) estimated more than 1,000,000 people in the United States contracted H1N1 from April–June 2009.¹ The CDC also “anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States over the summer and into the fall and winter.”²

College campuses are vulnerable by nature to pandemics. The recently released National Campus Safety and Security Project survey reported that 75.6 percent of respondents covered pandemics in emergency preparedness plans.³ Part of emergency preparedness is risk management. But what risk management principles apply to a pandemic on campus?

Risk Management and H1N1

University leaders should not underestimate the risks posed by H1N1. In a text published by the National Association of College and University Business Officers (NACUBO), the authors declared, “The exposure to risk at colleges and universities is limitless.”⁴ Generally, risks fall into five categories: operating risk, legal/regulatory risk, financial risk, political and reputational risk, and technological risk.⁵ Risk exposures vary by institution, but basic risk management involves identifying risk(s), finding feasible options to mitigate/avoid risk(s), implementing said options, and monitoring them over time.

Risks associated with H1N1 might present themselves as follows:

- *Operating risk*: offices with intensive student contact (e.g., residence life, campus security, health services, facilities, and custodial services) could find themselves drastically understaffed during a widespread outbreak, affecting both ill and healthy students
- *Operating risk*: key employees (faculty, administration, staff, vendors) or students may be incapacitated or die; classes could be cancelled due to ill faculty
- *Operating risk*: health services might be overwhelmed with sick and “worried well” patients
- *Financial risk*: cash flow might be interrupted due to widespread absenteeism of personnel administering internal and external sources of revenue
- *Legal risk*: if institutions are asked to administer H1N1 vaccines, there might be legal risk if adverse reactions occur
- *Technological risk*: if many classes are moved online to limit face-to-face contact, institutions’ IT systems might falter under the strain
- *Political and reputational risk*: affected institutions might suffer reputational or political risk if their response is considered insufficient or incompetent by the public and/or lawmakers

Risk assessment becomes more complicated in an H1N1 scenario because multiple risks intertwine for potentially lengthy periods. Federal planning assumptions for a severe influenza outbreak project multiple waves of epidemics over 2–3 months, each wave lasting 6–8 weeks at a time, causing an estimated 40 percent work absenteeism rate at each peak.⁶

Undertaking the following actions may mitigate these risks:

- Prioritize disaster planning and plan for worst-case scenarios from the outset
- Coordinate planning efforts with local, regional (including other institutions), state, and federal authorities *prior to*

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a crisis and establish agreements *before* they are needed (particularly in terms of resource-sharing, access to personnel and equipment, and data)

- Emphasize clear, calm communication with all stakeholders *prior* to a crisis
- Train multiple backups for key individuals—possibly in different offices—to keep infrastructure running (Homeland Security Secretary Janet Napolitano specifically mentioned keeping payroll functioning at the 2009 Flu Summit, but other key areas include academic administration/teaching, IT, student housing and health services, food services, and custodial services)
- Plan for cash flow interruption as a worst-case scenario if it is not already included in existing emergency planning scenarios
- Strongly encourage self-isolation for infected individuals
- Use “social distancing” to keep personnel physically separated as well as implementing flexible/staggered work hours and telecommuting; for faculty, this could include teaching online
- Factor care giving issues into continuity of operations planning (employees may be absent caring for others)
- Assure continuity of communications between institutions and staff as well as between institutions and students/parents and use multiple media (print, radio, Web, TV) to communicate

Federal Guidance and Resources

Formal guidance on H1N1 for colleges and universities was released by the CDC as this article went to press. See <http://www.flu.gov/plan/school/higheredguidance.html>.

The CDC’s interim guidance for colleges as of August 1, 2009 does *not* recommend cancelling classes or events. It recommends people practice self-isolation—i.e., remaining at home or in a dormitory, contacting medical providers by telephone or other remote methods before physically seeking care, only going out for medical care or necessities, and keeping their nose/mouth covered when coughing or sneezing—until

Historical Perspective

A historical look at how one public college, Washington State University, coped with the 1918 flu epidemic—including accusations of neglect that prompted the governor to personally investigate—can be found at http://content.wsulibs.wsu.edu/cdm4/index_wsu_flu.php

at least 24 hours after their fever is gone without medicinal aid. This recommendation differs from previous CDC guidance.

The CDC also recommends colleges consult state/local health officials in the event of confirmed H1N1 cases, particularly in the case of health professions schools.

Sources for up-to-the-minute guidance and resources include:

- www.flu.gov/ (Federal one-stop information site)
- www.cdc.gov/flu/ (CDC flu site)
- www.dhs.gov/files//programs/swine-flu.shtm (Homeland Security flu site)
- www.hhs.gov/ (U.S. Health and Human Services flu site)
- www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html (U.S. Department of Education flu site)

Challenge for Leaders

While the potential for widespread H1N1 outbreaks is serious, federal and state government agencies are committing significant resources to planning and mitigation efforts—most noticeably the effort to quickly develop and distribute an H1N1 vaccine. The challenge for institutional leaders is to balance worst-case scenario planning behind the scenes with clear communication and reassurance for students, parents, employees, and the local community so that if an H1N1 outbreak does occur on campus, institutions will be prepared. **P**

Endnotes

- ¹ The Centers for Disease Control and Prevention (CDC). *Novel H1N1 flu: Facts and figures*. Retrieved August 13, 2009 from <http://www.cdc.gov/h1n1flu/surveillanceqa.htm>
- ² The Centers for Disease Control and Prevention (CDC). *Novel H1N1 flu: Background on the situation*. Retrieved August 13, 2009 from www.cdc.gov/h1n1flu/background.htm
- ³ National Campus Safety and Security Project. (2009). *Results of the National Campus Safety and Security Project*. Downloaded August 13, 2009 from www.nacubo.org/Documents/Initiatives/CSPPSurveyResults.pdf
- ⁴ Adair, R. L., Carmichael, E. J., Jacquin, J. C., Klinksiek, G., Murphy, J. D., & Watson, J. E. (2000). Risk management and insurance. In *College & University Business Administration* (6th ed.) (p. 16-9). Washington, DC: National Association of College and University Business Officers (NACUBO).
- ⁵ Adair et al., 2000, p. 16-9.
- ⁶ U.S. Department of Homeland Security. (2006). *Pandemic influenza preparedness, response, and recovery: Guide for critical infrastructure and key resources*. Downloaded August 13, 2009 from www.pandemicflu.gov/plan/pdf/cikrpandemicinfluzaguide.pdf.

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