

# 2009 Flu Season and H1N1 Pandemic: Key Considerations for Colleges and Universities

Throughout the summer months the H1N1 virus has continued to spread and the onset of the traditional flu season could impact an already difficult economic environment. While it appears that the H1N1 virus will not be the killer virus everyone feared with the 'bird flu' or even when H1N1 first appeared in Mexico, it could create the risk of some serious complications that you should consider.

It is estimated that millions of people will become ill with the H1N1 virus over the next 4-6 months. While this will probably not result in the closing of any country, state, or even city, it will create an additional burden on the economy and health care systems to say nothing of productivity and education as millions of people miss 5-10 days of work or school due to illness or caring for others. This memo outlines some considerations for higher education institutions to help you address H1N1, not as a doomsday scenario, but as a realistic risk to education as usual.



## 1. Taking a Medical Position

The controversy over H1N1 vaccination of the general population and thus of students, faculty, and staff has begun. This adds to the increasingly difficult medical decisions already facing organizations, such as stock piling antivirals or sponsoring flu shot programs. In the United States especially, these decisions will become part of the debate over the role or responsibility of colleges and universities in the wellness of their students, faculty, and staff. It is further complicated by what appears to be a growing expectation on the part of faculty/staff that the college or university will clarify the confusing flow of information from global, national, and local health agencies and, of course, the media. Key questions to be answered include:

- What position should your organization take on antivirals and a vaccination program?
- Are you comfortable that the advisories from the Centers for Disease Control and Prevention (CDC) and

the World Health Organization (WHO) will meet your needs? Will they be clear enough for your students, faculty, and staff to understand?

- What are the arguments in favor of your university supporting or sponsoring wellness efforts such as providing antivirals or sponsoring vaccination clinics? Does your historical position on wellness still make sense for your college or university?
- Will your university establish quarantine centers for students so as to avoid undue spread of H1N1 in dormitories? What sanitary measures need to be put in place to limit H1N1 outbreaks?

## 2. Increased Absenteeism

H1N1, the regular flu season, and normal health concerns promise to dramatically increase absenteeism through the end of the year. Absenteeism, whether due to faculty, staff, or student illness or tending to a sick family member or friend, is likely to rise dramatically

as well as the second wave of H1N1 sweeps North and Central America. As this wave of H1N1 will occur late in most organizations' annual benefits calendar, absences are likely to come at a point when many faculty/staff have exhausted or nearly exhausted their normal sick leave for the year. As faculty/staff use up their sick leave benefits, many will be inclined to come to work rather than chance losing pay. This may aggravate the spread of the virus within the college or university and increase the probability that the campus will experience academic interruptions. Adjustments in benefits and related policies may be critical to protecting the health of your students and faculty/staff:

- What is your organization's policy on sick leave and pay under circumstances like a pandemic?
- How will your campus deal with increased absences related to H1N1?
- Will you encourage faculty/staff to stay at home if they are ill or have been exposed regardless of their available leave balance?
- How will you change or enforce your sick leave policy?
- When and how should your policy be communicated to faculty/staff?
- What does all this mean for the next several years if there are additional H1N1 waves in 2010 and beyond?

### 3. Sporadic Academic and Business Interruptions

Even if H1N1 becomes just another flu strain, and remains relatively mild, it is unique because there is little immunity in the general population and the broad availability and effectiveness of a vaccine is still unknown. While business, government, education, and infrastructure interruptions may not be as severe as originally feared, they will happen in some cases purely as an epidemiological oddity. The real threat comes when an organization has only a few people who are qualified to perform critical functions and those individuals work in a common physical environment—or when there are no pre-defined alternatives for critical personnel who become ill. At a minimum, a thorough review of operational continuity plans that are focused on the loss of personnel (more so than the

loss of physical assets or systems) seems appropriate as the flu season approaches. Many organizations are using a triage approach to identify critical operational functions and processes that may be negatively affected by shortages of key personnel, and adjusting plans to accommodate the more severe scenarios.

- Do your continuity plans identify those functions that are critical and/or those with a limited number of personnel who can perform them? How and when will your organization trigger these plans?
- What, if any, advance continuity planning specific to H1N1 can be done?
- How is your organization incorporating the most recent guidance on outbreak prevention measures and school closures into its business continuity plans?
- How will your organization monitor progress of the disease within the campus community over the coming months in order to identify potential interruptions?
- If not already established, should faculty be encouraged to develop video/online curriculum in case of high absenteeism or school closure?

### 4. Special H1N1 Risks for Study Abroad Programs

There is little doubt that H1N1 may produce even more complicated risks to students in study abroad programs. Other countries may not have as effective monitoring and treatment capabilities, students could be living in or visiting potential H1N1 hot zones, and parents may be extremely concerned about the well-being and safety of their children.

- What, if any, travel restrictions should be imposed on your students studying abroad?
- Should quarantine and/or isolation policies and practices be put into effect in study abroad countries where your institution has its own facilities?
- What access should students be given to antivirals and/or vaccines prior to leaving for or in study abroad countries?
- What reassurances need to be provided to concerned parents of students studying abroad?

## 5. Government Versus Non-Government Interests

Little has changed in the last several months in how the WHO and CDC categorize and classify pandemic disease. Most pandemic plans that exist today are based on taking actions when the government issues certain warnings or classifies the threat at specific levels. Unfortunately, these classifications have little to do with what a college or university is facing. Any organization with plans based strictly on those categories would do well to reconsider how they have structured their plan. While the government's response to H1N1 is a critical factor, most organizations have already discovered that relying on it as the only basis for action or detailed planning simply does not work.

While pandemic planning should consider the government's position, it cannot rely solely on this to drive the organization's response. Plans cannot only consider the physical aspects of the pandemic, such as illness and absenteeism. They must also consider the academic and financial impact on the institution. By definition, that will mean involvement of additional players beyond medical and HR staff. For many colleges and universities that may necessitate the involvement of the college/university crisis management team, with direct planning input from key functions, including operations, legal, finance, student affairs, and communications.

- Has your management team educated itself on the theory and motivations of CDC and WHO on their classification processes and severity index?
- Does your planning rely solely on the WHO and CDC phases and evaluations?
- Do your current plans and capabilities focus on a realistic scenario for H1N1 or are they still focused on a more serious pandemic that involves more severe illness and much higher fatalities?
- When was the last time these plans were exercised? Were all relevant parties involved in this exercise?
- Have you considered the actual academic and financial consequences of the pandemic or just the physical repercussions of mass illness?

## How Marsh Can Help

### Real-Time Crisis Response

Managing a crisis and its consequences requires a clear understanding that it's no longer business as usual. The standard approaches or management structures that you rely on to make day-to-day decisions will no longer work.

Marsh's Real-Time Crisis Management team has extensive hands-on experience successfully supporting clients during some of the most severe, high-profile events—including both the physical impacts and non-physical consequences of H1N1. Our team can provide expert guidance in crisis management, communications, health and medical policy, business continuity, supply chain, and numerous other specialty areas that you need when responding to a contagious disease outbreak or pandemic.

Because H1N1 could affect your campus at any time, Marsh's consultants are available 24/7 to provide counsel and personalized support to your senior leaders. We can help you manage any actual outbreak of H1N1 that threatens to impact your organization; mitigate the potential damage; bolster confidence in your organization; protect your reputation; and, ultimately, safeguard your institution. We can be reached day or night via Marsh's Crisis Hotline: 1-877-24-MARSH (1-877-246-2774).

### Crisis Management Planning, Training and Exercising

Based on our experience with SARS, Avian Flu, and H1N1, Marsh can help you develop crisis management policies and procedures that address the issues discussed in this memo including developing your pandemic plan. We can also help you anticipate and respond to other complexities that you may face over the next several months. In addition, we can utilize our proven tabletop exercise approach to develop cost-effective strategies, policies, and procedures for managing these issues.



## Experienced Counsel, When and Where It Is Needed

Marsh brings a depth of resources unmatched by other firms. We understand the urgency of a crisis: the need to triage the situation quickly, to deploy resources effectively, and to execute flawlessly. By the same token, the need for an overarching strategy to guide your response and recovery cannot be lost. A crisis cannot be managed in a vacuum. While it is impossible to know when a crisis may occur, the appropriate insight, preparation and planning can help an organization survive an adverse event and, if properly managed, even gain competitive advantage.

To learn more about how Marsh can help with your pandemic planning and response, please contact:

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