CURIE Protecting Our Universities

Risk Management Newsletter

Canadian Universities Reciprocal Insurance Exchange

March 2009 Vol. 20 Issue 01

The Inspector

By Philip Chandler

Question: *How long does it take for your local fire department to respond to a fire alarm on the third floor of U-Name-It Hall?*

Would you be surprised to hear times like twelve minutes, twenty minutes, or believe it or not, even longer? Recorded response times are in any case altogether misleading. A fire department's response time represents the time it takes from its initial dispatch to the time the first piece of apparatus arrives on campus. It does not reflect the actual time it takes for a crew of competent interior firefighters to get into fire attack position. Of course, long response times are often the norm on campuses served by volunteer departments. But even paid departments that boast of average response times of three minutes or so are not accurately taking into account how long it will actually take them to put the proverbial "wet stuff on the red stuff." In all cases, true response times are actually much longer than we are comfortable in contemplating.

Far be it from me to beat up on the fire service. Whether paid or volunteer, firefighters do the best they can with ever-dwindling resources. Yet the fact remains that, frequently, a long time elapses between the first report of fire and an effective fire department response. The time gap is even greater when one adds

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Changes to Engineering Services

As of January 1, 2009 FM Global is no longer part of the CURIE program. CURIE is actively pursuing replacement engineering services and we will make our subscribers aware of new services as they become available. If you have any questions regarding engineering services at your campus, please contact John Breen at <jbreen@curie.org>.

In this issue…

Serving Our Members

We understand that the increasingly broad and complex scope of university operations can present you and your colleagues with many, and sometimes unusual, risk and claim-related questions. It's most likely, however, that the CURIE staff, through its dealings with the other 58 CURIE subscribers, have encountered issues like yours. If not, we're highly experienced in finding answers through our network of contacts.

Don't hesitate to call or e-mail us if you have a question. We are here to help you manage your risks and protect your university – and we are always looking for ways to serve you, our valued members, better.

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the time from first ignition to detection. One is reminded of the key principle of fire growth and development that we recite in all of our freshman orientation spiels: fire doubles in size every thirty seconds. Therefore, what we do during a campus fire's incipient stage is crucial in ensuring a satisfactory outcome.

The importance of a quick response is understood by all. We all do our part in providing for rapid detection, notification and evacuation. These are, for the most part, our stock in trade. However, we can and should do more. First of all, we need to call a spade a spade and recognize that on the campus, the true first responders are not always the ones arriving on shiny red trucks. (Or any other colour, painful as it is to imagine!) Our public safety officers, and yes, our maintenance staff as well, are very often our real first responders. Moreover, they are just as likely to be the ones actually discovering an incipient fire in the first place. It is the actions of these folks that might ultimately make or break the outcome. Yet are we doing enough to prepare them for successfully and safely dealing with the fire that they might one day encounter?

Consider the following incident. Note all of the particulars, especially the time sequence. At each turn in the narrative, ponder all the various possibilities and consider how, with one zig here or a zag there, how different the end result might be.

7:45 AM. It's Monday morning and the campus public safety department has received a complaint of a strange odour on the third floor of, you guessed it, U-Name-It Hall. Public Safety Officer 12 is dispatched to investigate. No big deal, the officer thinks, fully expecting to find a student smoking a cigarette or two before the first class of the day, or maybe just a pair of gym socks left on the radiator over the weekend. Yet her initial incident size-up that began with the first dispatch assignment, something she has been well trained to perform, allows for the possibility of encountering an entirely different scenario, including that of fire. She is not lulled into complacency by the absence of a fire alarm activation, even though in this building, just saying "hairdryer" triggers an alarm.

Officer 12, just to be on the safe side, avoids taking the elevator to the third floor and instead takes the stairs. She knows too well the possible consequences of taking an elevator to a fire floor.

7:49 AM. Upon leaving the stairwell, she at once observes a light smoke condition and reports this condition to the dispatcher, who in turn notifies the municipal 911 call centre. She further advises that she will be investigating the source. The dispatcher further assigns additional public safety officers to escort arriving fire department resources to the building, to provide door access and to assist in an orderly evacuation. Officer 12 also immediately activates the closest pull-station. Determining that the smoke is still close to the ceiling, thereby allowing reasonable visibility and adequate breathable air, she ventures down the hallway, staying low, banging on doors of sleeping students as she proceeds to the apparent source of the smoke, room 305. She grabs a fire extinguisher off the wall on her way.

7:50 AM. Officer 12, now on her knees, feels the door, noting that it is warm, though not hot to the touch. Again, she radios her findings. She then slowly opens it just enough to peer inside, never relinquishing her grip on the door handle. Officer 12 is able to discern that there is indeed a fire in this room, so far confined to a wastebasket. She instantly pulls the pin on the ABC extinguisher, aims the nozzle at the base of the fire, squeezes the trigger, and sweeps the stream to and fro until the fire is out. She then radios dispatch that the fire has been knocked down.

7:51 AM. Before closing the door, our intrepid safety officer takes one last glance into the room. To her shock, she observes a motionless figure on the floor in the corner of the room; it is that of an unconscious male. She immediately reports her findings, requesting immediate assistance. Without hesitation Officer 12 skillfully slips her arms under the shoulders of the victim, grabs

his wrists, and with all of her remaining strength, drags the hulking mass out of the still hot and smoky room down the hallway to the safety of the stairwell.

7:51 AM. The local volunteer fire department receives the call. Due to the time of day, there are few firefighters available to respond, and those that are able to respond are impeded by rush-hour traffic. The lone firefighter in the station acknowledges the call and informs the dispatcher that they will advise when they have a crew able to respond.

7:52 AM. The municipal dispatch centre puts out an additional set of tones for mutual aid companies to respond to the scene of a now confirmed structure fire with a possible victim. EMS is also dispatched.

7:53 AM. Officer 12 determines that the victim is not breathing. She repositions his airway and delivers two breaths via the pocket mask she carries in her fanny pack. She looks for a pulse and upon not finding one, transmits the victim's status to the dispatcher and begins chest compressions.

7:54 AM. Officer 43 arrives in the stairwell carrying the AED from the lobby where he was assisting with the evacuation. Together they continue CPR, preparing the AED for use at the end of the fifth cycle.

7:56 AM. The victim suddenly coughs and reaches up and grabs the arms of Officer 43 as he is about to deliver one last set of compressions. The skillfully delivered CPR was sufficient to revive the victim without using the already attached AED. They turn the victim on his side and continue to monitor his status.

7:57 AM. The first engine calls in route with three firefighters.

7:58 AM. A second piece of apparatus from a neighbouring department with four firefighters calls in route, as does an ambulance and paramedic unit.

8:03 AM. The first engine arrives on the campus and establishes command. The officer in charge directs the other two firefighters to take their primary EMS bag to the fire floor to assist with patient care. He further directs the next due company to hit a hydrant, connect to the FDC, and deploy their high-rise pack upon arrival.

8:06 AM. The second engine arrives and is informed of hydrant and standpipe locations by Public Safety Officer 14.

8:20 AM. The fire attack crew arrives at room 305 ready to go to work. Fortunately all that remains is some clean-up and ventilation.

8:12 AM. EMS arrives on the scene and assumes responsibility for the patient.

Postscript

The cause of the fire was determined to be improper disposal of smoking material. The strange odour was that of the plastic waste container melting. The smoke detector was covered by multiple layers of aluminum foil, preventing activation when the student smoked in his room (which was against building rules). Taking no chances, the student also covered the lone sprinkler head in the room, shielding it from the heat. There were no smoke detectors in the corridor. The student was hospitalized for three days and released. His case is awaiting judicial review.

Please believe me when I tell you the above narrative is not at all far-fetched. Elements of this scenario repeat themselves over and over again with alarming frequency. One is reminded of the famous Clint Eastwood line: "Are you feeling lucky today?"

This tale, considering the alternative, had a satisfactory ending. But it did so only as a result of the exceptional professionalism of Officer 12 in particular and her fellow officers. Of course a good measure of bravery helps, but in the final analysis, it was the right training, lots of it, that saved the day.

There are those out there, and I expect to hear from them, that will suggest that there is only one course of appropriate action when encountering fire: activate the fire alarm and exit the building at once, leaving the rest to the fire department. What if that was the operable policy here? Would we like the outcome?

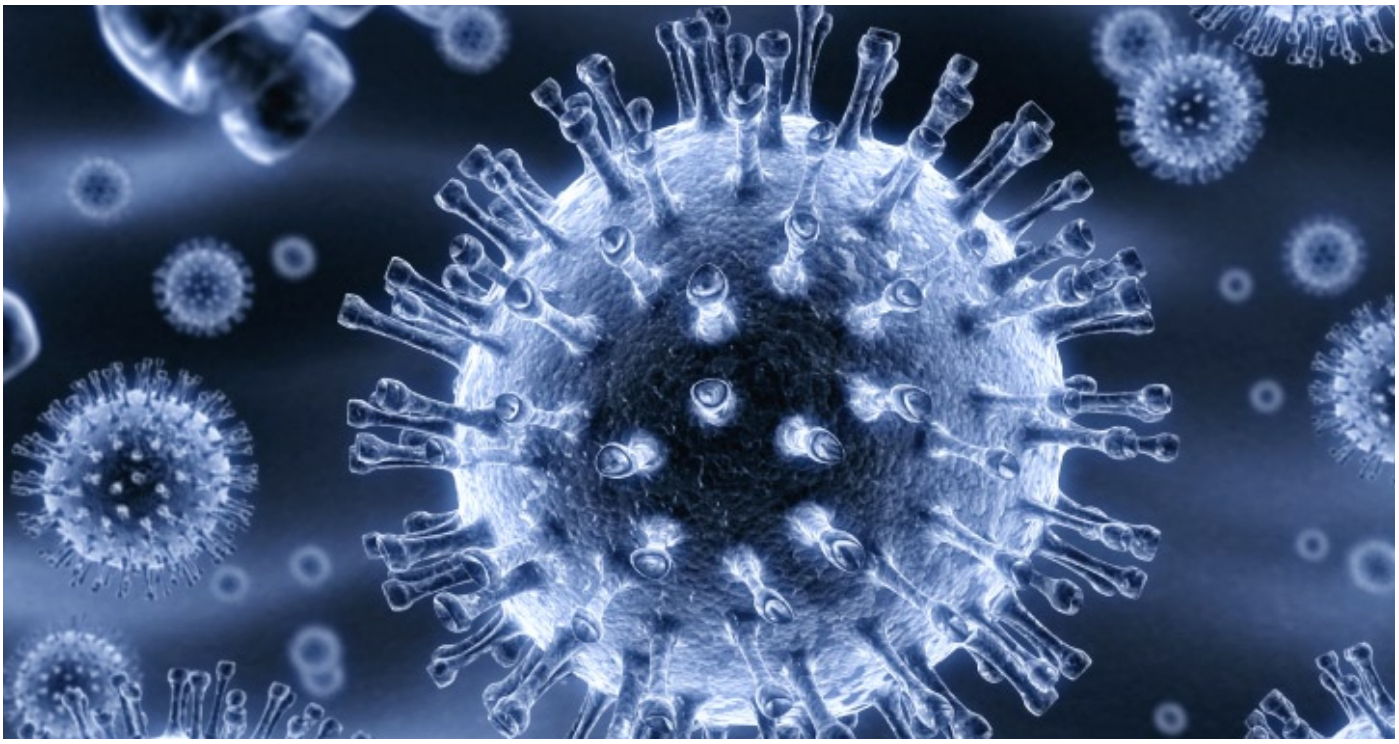
Are we doing enough to prepare them for successfully and safely dealing with the fire that they might one day encounter?

I tend to believe that most warm-blooded folks, finding themselves in similar circumstances, would choose to ignore any SOP to the contrary and intervene to the best of their ability. If that is the case, wouldn't it make a whole lot of sense to equip college staff that are likely to find themselves in such a predicament with the tools needed to adequately assess the situation, protect themselves, and perhaps save a life or two?

Philip Chandler is a long-time firefighter and a fulltime government fire marshal working extensively in the college environment – from large public university centres to small private colleges. Reprinted with permission from The Center For Campus Fire Safety, www.campusfiresafety.org.

Pandemic Planning

By Gayle Mitcham



In the last few newsletters we have provided you with an overview of Business Continuity Management and looked at Business Continuity, Disaster Recovery and Crisis Management Planning in more detail. In this issue, we will outline for you the risks associated with a pandemic and how Pandemic Planning fits into your Business Continuity Management Program.

The pandemic risk

A human influenza pandemic represents the extreme end of what risk managers call a low-frequency/ high-severity event. As with hurricanes, tsunamis and earthquakes, we know the risk of a pandemic exists. And as with all catastrophes, we won't know the severity of a pandemic until it is over. But unlike hurricanes, tsunamis and earthquakes, a pandemic may not limit its damage to one or a few countries, or even a single geographic region. A pandemic may have worldwide consequences, which could include:

- more than seven million deaths from even a mild pandemic, according to the WHO (death estimates vary wildly—some top 350 million—and will ultimately depend on the virulence of a pandemic strain);
- 25% or more of countries' workers needing to take between five and 20 days of sick leave, according to the United Kingdom Department of Health;
- $800 billion in worldwide economic damage, according to the World Bank;
- major disruptions to every industry, particularly those with strong ties to travel, tourism, sports and entertainment, lodging and health care.

The hardest-hit organizations are likely to be those with worldwide operations, global supply chains and/or international customers. Already, some local and national governments are setting in place plans to curtail travel, close public schools, quarantine individuals and communities, and ban public gatherings. Such measures, while necessary to help slow the spread of the pandemic disease and allow time for medical efforts to ramp up, may impede commerce.

Are you prepared?

Risk managers and business continuity executives should consider the following before a pandemic occurs:

- Understand the nature of avian influenza, and the potential means by which it could directly or indirectly affect operations, resources, reputations and financial fitness.
- Review existing corporate-preparedness plans, procedures and policies, including business continuity plans, risk management controls, human resource policies, communication capabilities,

critical suppliers and vendors and potential sales impacts. All existing plans should be reviewed and tested based on the threat posed by a pandemic.

- Regularly contact governments, international agencies, and industry groups and associations about the availability of guidance from which the company and its stakeholders could benefit.
- Know what to do and whom to inform, should a suspected case of avian influenza be identified among employees, contractors and visitors.
- Re-examine the supply chain, and assess what additional risks avian influenza presents to the continuation of service from suppliers and vendors.
- Review or develop employee and student health procedures to minimize the potential for transmission of infectious diseases to other workers.
- Issue periodic news releases to employees and students to educate them about the disease and what health care precautions they need to take at home and in the workplace.
- Test operations continuity plans regularly. If an organization believes that avian influenza presents a significant risk, it should consider running a rehearsal using various outbreak scenarios to test the plan's effectiveness.
- Try to ensure that senior management (especially at the site level) has the skills necessary to manage such an event before it becomes a crisis.

Beyond fears over the possible loss of life, avian influenza has raised concerns about governments' and businesses' readiness to deal with a crisis on an enormous scale. However, there is still time to prepare a contingency. Now is the time to check your organization's preparedness for handling a pandemic crisis.

Pandemic planning

The objective of pandemic planning is to enable an organization to be prepared to recognize and manage an avian influenza (or any other infectious disease) pandemic. We recommend that organizations use an approach to pandemic planning that will fit into their crisis management framework. In addition, pandemic response plans at the business unit level should also be developed. The following framework is one approach to planning that will ensure that all areas are addressed.

Corporate policies

The first step is the development and/or review of corporate policies that may be required or impacted during a pandemic. A good example of the type of policy is employee compensation. Will the organization continue to pay staff that don't come to work during the pandemic period? There is a long list of policies of this type that may be impacted during a pandemic. Each of these policies needs to be reviewed and consideration given to any changes that are required. As part of this review process, current industry best practices should be considered.

Assumptions

Pandemic Plan development requires that info from health authorities be reviewed and customized to meet the needs of your organization. Once assumptions have been agreed to, they are documented and included in your plan, to ensure decisions reflect the values and principles of your organization, and that they are realistic. For example, you should document what level of absenteeism you are planning for.

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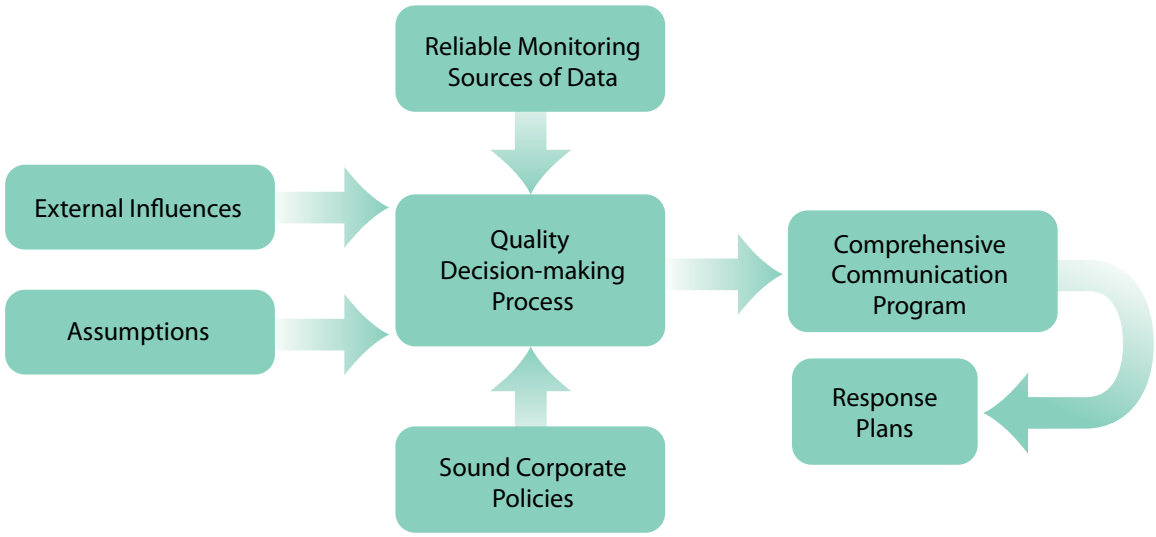

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External influences

All organizations will be impacted by government plans and actions. In order to determine the impact on your organization you should review the Pandemic Plans of the local municipal, regional, provincial and federal governments. Their plans are typically available on their websites. You also need to ensure that any critical suppliers or vendors have pandemic plans in place, and will have the ability to continue to support you during a pandemic.

Reliable monitoring and sources of data

It will be necessary for you to monitor the pandemic situation as it develops. It is recommended that a process be established for monitoring the progression of a pandemic. This process includes:

- Regular monitoring of appropriate external websites for avian flu risk alerts (e.g. World Health Organization [WHO], Centre for Disease Control, Health Canada, other government health authorities in the provinces where the organization has employees)
- Pre-travel notification and post-travel follow-up with business travellers
- Existing human resource processes for employee self-reporting of absence/illness expanded to check if absent/ill employees are reporting avian flu symptoms

The World Health Organization and, more recently, Health Canada have established a phased assessment of what the current status is. These phases will be adjusted as the situation changes.

The WHO phases are shown below		
1	Inter-pandemic phase	Low risk of human cases
2	New virus in animals, no human cases	Higher risk of human cases
3	Pandemic Alert New virus causes human cases	No or very limited human-to-human transmission
4	Pandemic Alert New virus causes human cases	Evidence of increased human-to-human transmission
5	Pandemic Alert New virus causes human cases	Evidence of significant human-to-human transmission
6	Pandemic	Efficient and sustained human-to-human transmission

Quality decision-making

All of the above components feed into your organization's ability to make quality decisions. You also need to ensure that your crisis management protocols will meet your requirements for decision-making during a pandemic crisis. Triggers should be established based on WHO or Health Canada phases that will guide your crisis management team through the decisions that need to be made at that time.

A comprehensive communications program

A comprehensive communications plan should be developed to address the informational needs of employees, students and any external partner organizations.

Response plans

The organization should utilize a series of progressively increasing responses to minimize the impact of a pandemic. These responses should be documented in the Pandemic Plan and Framework and should include:

- Measures to stop/prevent employees and students from becoming infected;
- Measures to contain/eradicate the spread of infection within the organization's locations;
- Measures for orderly shutdown of non-vital (and if warranted, vital) business functions during a pandemic;
- Measures for orderly re-start of the business when safe to do so (i.e., the pandemic has subsided and infection risk has decreased to acceptable levels).

The development of this framework will provide you with a sound basis for the development of your Pandemic Plan. As with all plans within your Business Continuity Program, it is important that your plan be tested on a regular basis to ensure that it continues to meet your needs.

No one knows when a pandemic will strike, but experts state that it is when and not if. So ensure that your organization has a plan in place to address this risk – it may save not only your business, but possibly lives as well.

...Watch for the next Newsletter when we will address How to Exercise Your Plans in more detail.

Gayle Mitcham is a Vice-President in the Business Continuity Practice for Marsh Consulting. If you have questions about this article or would like a quote from Marsh to provide assistance with your program, Gayle can be reached at 416-868-2748.

STATEMENT OF INCOME AND EXPENSES

For the twelve months ended December 31, 2008

	2008	2007
Written Premium	$ 20,532,221	$ 19,721,120
Earned Premium	20,532,221	19,721,120
Less Reinsurance Costs	1,204,320	563,071
Net Earned Premium	19,327,901	19,158,049
Net Incurred Claims	15,785,514	18,785,844
Net Loss Ratio	*81.67%*	*98.06%*
Underwriting Profit (Loss) Before Operating Expenses	**3,542,387**	**372,205**
Operating Expenses	3,182,142	2,830,732
Net Operating Expense Ratio	*16.46%*	*14.78%*
Combined Ratio	*98.14%*	*112.83%*
Underwriting Profit (Loss)	**360,245**	**(2,458,527)**
Income from Investment	3,271,001	2,521,277
Other Income	520,066	1,575
*Other Comprehensive Income (Loss)	(3,227,933)	253,042
NET PROFIT (LOSS)	**923,379**	**317,367**
Subscribers Equity (surplus)	**17,748,237**	**16,824,858**

*Other Comprehensive income (Loss) represents unrealized gains (losses) on available-for-sale securities.

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EVENTS to Mark in your Calendar

RIMS 2009 Annual Conference & Exhibition

April 19 - 23, 2009
Orlando, Florida

Student Risk Assessment – Two-Day Training Session

May 12 - 13, 2009
(Presented by Interuniversity Services Inc.)
Instructor: J. Kevin Cameron, Diplomat with the American Academy of Experts in Traumatic Stress

Park Plaza Hotel & Conference Centre,
Ramada Plaza
Dartmouth, Nova Scotia

Lab Safety Workshop

May 13 - 14, 2009
Instructor: Dr. James Kaufman

Park Plaza Hotel & Conference Centre,
Ramada Plaza
Dartmouth, Nova Scotia

CAUBO 2009 Annual Conference

"Embracing Cultures"
June 13 - 16, 2009
Ottawa, Ontario

CURIE University & College Risk Management Meeting

September 12 - 13, 2009
St. John's, Newfoundland

RIMS Canada Conference

September 13 - 16, 2009
St. John's, Newfoundland

ANNOUNCEMENT

Steve Pottle, York University's Insurance and Risk Analyst, has accepted the role of President of the Risk Insurance Management Society's Ontario Chapter (ORIMS).