

University of
Northern Iowa

Critical Incident Management Plan

Public Health Emergency

PANDEMIC INFLUENZA
RESPONSE PLAN

Revised July 2009

University of Northern Iowa Public Health Emergency

Pandemic Response Plan

I. PLAN AUTHORIZATION

A public health emergency exists when the emergence of a serious illness threatens to overwhelm public and private health systems. A public health emergency can exist due to a single case of hepatitis found in a food handling, a few cases of meningitis or thousands of people infected as a result of an influenza pandemic or bioterrorist attack. Public health emergencies include not only these types of infectious diseases but also diseases caused by non-infectious agents of a biological nature, such as botulinum toxin. The initial response to the health and societal consequences of an emergency will generally occur at the university level, with close monitoring and assistance from Black Hawk County Health and the Iowa Department of Public Health. A comprehensive emergency plan provides a framework for organizing and executing a coordinated response to a public health emergency.

To ensure the ongoing maintenance of this planning process, a yearly exercise should be conducted to provide the plan's practicability, relevance and completeness. Also, those people expected to carry out the activities outlined in this planning effort should receive training sufficient to fulfill their responsibilities in a safe and professional manner. Training levels should be assessed at least annually to identify knowledge/skill gaps resulting from turnover, regulatory changes or changes in this plan or related emergency plans and procedures.

Plan Goals:

1. Ensure the university community has an opportunity to participate in an ongoing planning process.
2. Build collaborative networks between public health and health service systems of the university and the community.
3. Define relationships, responsibilities and communication among the university and other organizations at the local, regional and state levels.
4. Assure that appropriate legal authorities are in place and understood for an emergency.
5. Obtain the necessary support and resources from the Board of Regents, State of Iowa, university administration, faculty, staff and students as well as community partners, stakeholders, lawmakers and decision-makers in advance of any emergency.

6. Focus on actions that are most critical to an effective emergency response as it affects or is affected by the university. Include the following actions, at a minimum:
 - a. Devise and articulate a realistic concept of operations (i.e., the command structure and lines of authority and communication for managing activities during an emergency);
 - b. Develop policies and procedures for distributing and monitoring coverage of vaccines and/or pharmaceuticals;
 - c. Develop a comprehensive communications plan for effective interactions with the media, the medical community, students, faculty, staff, parents/families and the general public, neighboring jurisdictions and state government;
 - d. Develop contingency plans designed to ensure the maintenance of essential community services (e.g. “human infrastructure”), including the provision of adequate medical care, when primary delivery systems have been diminished, disrupted or destroyed;
 - e. Develop infectious disease prevention and mitigation strategies, including:
 - An initiative to increase annual influenza vaccination coverage for all currently recommended at-risk groups;
 - Contingency plans, for augmenting essential-services personnel;
 - Contingency plans, developed in conjunction with the appropriate authorities, for closing campus facilities and cancelling university events.

President Benjamin Allen

Dated: _____

Initial Draft date: June 16, 2006

Plan revised: July 2009

This plan will be incorporated into the University of Northern Iowa Incident Management Plan.

II. INTRODUCTION

PURPOSE

The purpose of the University of Northern Iowa Public Health Emergency - Pandemic Influenza Response Plan - is to ensure the university has an organized, comprehensive statement of the university's intended action to a possible influenza pandemic. The plan serves as a basis for agreement among all parties with significant statutory and/or contractual responsibility to take action in the event of such an emergency and identifies emergency response organizations, facilities and other resources that can be utilized during a public health emergency.

Overall, this plan is intended to minimize transmission, morbidity and mortality resulting from such a public health emergency, and to maintain public health, health care and other essential community services during periods of high absenteeism due to illness.

SCOPE

This plan is designed to work as an annex of the University of Northern Iowa's Critical Management Plan. The basic elements of this plan are designed to address the assignment of roles and responsibilities, direction, control, and coordination; crisis communications; disease surveillance and detection; epidemiologic investigation; implementation of disease control/prevention measures; patient transport and health services; and continuity of operations.

POLICIES

The President of the United States, in Homeland Security Directive (HSPD)-5 directed the Department of Homeland Security to develop and administer a National Incident Management System (NIMS), which provides a consistent nationwide approach for a consolidated response to any emergency, regardless of cause, size or complexity. In order to facilitate the most efficient and effective incident management it is critical that any responding organization utilize standardized terminology, standardized organizational structures, interoperable communications, consolidated action plans, unified command structures, uniform personnel qualification, uniform standards for planning, training and exercising, comprehensive resource management and designated incident facilities during emergencies or disasters. This plan incorporates NIMS components, principles and policies including: planning, training, response, exercise, equipment, evaluation, and corrective actions into this plan, sections, attachments and processes.

PLAN ORGANIZATION

This plan is organized along functional lines. Information pertaining to all applicable response functions is included in the main body of the plan, and is called the basic plan. The basic plan follows this introductory section. More detailed information pertaining to

each of the response functions is contained in the “sections” that follow the basic plan. Greater detail, such as the identification of lead authority and critical resources, will be contained in “attachments” to each function section.

LIST OF ABBREVIATIONS

- BOH - Board of Health (County)
- BOR - Board of Regents, State of Iowa
- CADE - Iowa Department of Public Health – Center for Acute Disease
Epidemiology
- CDC - U.S. Centers for Disease Control and Prevention
- HAN - Health Alert Network
- IDPH - Iowa Department of Public Health
- B.H. Co. PH - Black Hawk County Public Health Department
- PIO - Public Information Officer
- SNS - Strategic National Stockpile

III. BASIC PLAN

PRINCIPLES UPON WHICH THE PLAN IS BASED

- The university will follow the directives of state and county health officials relative to decisions regarding the opening/closing of the university or any of its components. University officials will work with the Board of Regents to follow those directives.
 - In the event that decision making is at the discretion of the university, officials will work with and consult the Board of Regents regarding the opening or closing of the university or any of its components.
 - University decisions regarding pandemic preparedness and response will be made based on the best interest of the university as a whole and all units will be expected to adhere to such decisions.
 - The plan will utilize an organizational framework compatible with the National Incident Management System (NIMS) and the Hospital Emergency Incident Command system (HEICS).
 - The plan will utilize the WHO Phases Model to Guide Preparedness, Response and Recovery Activities.
 - The plan will be coordinated with state and local public health and emergency management officials.
 - The Public Health Emergency Response Plan for Pandemic Influenza Preparedness (Plan) will be an appendix to the University of Northern Iowa's **Incident Management Plan** and will be utilized as a guide while retaining flexibility to meet evolving needs.
 - The University will have a plan for continuity of operations as an employer, as an educational institution and as a health care provider.
 - The University of Northern Iowa represents*:
 - **1,850 total work force**
 - **856 faculty**
 - **12,908 Students**
- *figures based on University of Northern Iowa fact book, 2008-2009

ASSUMPTIONS: PANDEMIC INFLUENZA

- A pandemic may create several waves of acute health crisis with each wave lasting for approximately a three-month period.
- A pandemic might not follow traditional seasonal influenza patterns.
- The first wave of the epidemic may have the greatest health consequences.
- The university may be responsible for the health services needed by its faculty, staff and students during a pandemic.
- The university may be considered a community and/or a state asset in responding to a pandemic.
- Vaccines may not be immediately available following the specific identification of the virus causing the pandemic.
- Antivirals may be in short or limited supply.
- Based on national (CDC) estimates a pandemic such as avian flu may result in:
 - 35 percent of students, faculty and staff may be ill (approximately 5,165)
 - 15 percent of students, faculty and staff may require treatment (approximately 2,213)
 - 2 percent mortality rate (approximately 295)
 - Note: other pandemics may have differing rates
- Health care workers, and other essential service providers, may encounter an attack rate similar to the general population.
- Utilization of the university's health care resources may be utilized according to a priority needs protocol, which raises issues of security and ethics.
- International travel, including inbound and outbound, may be restricted.
- Social distancing strategies, including the imposition of quarantine and isolation, may be employed.
- Personal protective equipment may need to be available on a wide basis and could likely be difficult to obtain in an acute pandemic situation.
- Internal and external communications will need to be intensified and coordinated.
- Services provided for fundamental human needs, such as food service, may be in short supply.

- There may be widespread circulation of information, misinformation and rumors.

IV. CONCEPT OF OPERATION

The protection of the health and welfare of the university community will be managed by the university. The Black Hawk County Public Health Department (B.H. Co. PH), the Iowa Department of Public Health (IDHP), and other agencies when appropriate, as well as the Center for Disease Control and Prevention (CDC), will provide technical assistance when requested or in cases where emergency needs exceed the capacity of university response resources. In certain circumstances, these agencies may have the authority to direct university response and resources. In extreme circumstances, such as the incapacitation of university officials, the state may move beyond an advisory role and assume direction and control responsibilities within the campus.

In a very large outbreak of disease, many or all communities will be affected and the state may not be able to meet all requests for assistance. Under these circumstances the state will use available mechanisms, including the Federal Response Plan, for obtaining resources and other assistance from the federal government.

With assistance from county, state and, in some instances, federal agencies, the university may be responsible for:

- Management of epidemiological surveillance and response activities, including contact tracing and the selection and implementation of disease control and prevention measures, such as vaccine/pharmaceutical administration for prophylactic or treatment purposes.
- Communication of information regarding prevention and control measures and the local effort of disease control to students, parents/families, staff, faculty, health care providers, the media and the general public.
- Maintenance of health care and essential community functions during periods of high absenteeism.

V. ORGANIZATION AND RESPONSIBILITIES

The university will perform the following functions:

- Establish provisions for notification, comment, communication and campus outreach to state officials (including Board of Regents), students, parents/families, faculty, staff and the general public;
- Develop and maintain this plan in collaboration with other agencies;

- Identify resources (personnel, supplies, reference materials) to carry out an emergency vaccination or medication dispensing/administration clinic;
- Obtain information from neighboring jurisdictions, as needed to develop and maintain this plan;
- Coordinate emergency exercises as necessary;
- Conduct, or otherwise arrange to provide, emergency-related training as needed.

Programs and offices with responsibilities under this plan will develop and maintain procedures for implementing this plan.

Black Hawk County Public Health and the state of Iowa will provide assistance to the university as provided for in-state statutes and the Iowa Emergency Response Plan.

VI. PLAN REVIEW AND MAINTENANCE

This plan will be reviewed and updated as necessary, such as after an exercise or an actual outbreak, but not less than annually.

University of Northern Iowa
Public Health Emergency

Pandemic Response Plan

SECTION-A – PLAN STRUCTURE, DEVELOPMENT, COORDINATION AND EVALUATION

I. PURPOSE

To ensure efficient and effective leadership, coordination and a unified response to a public health emergency.

II. SITUATION

Chapter 29C of the Iowa Code requires all Iowa counties to develop and maintain a multi-hazard emergency response plan to address major disasters including such events as flooding, chemical spills, weather related events such as tornados, and other incidents requiring emergency response. The plans address many aspects of planning, including command and control functions, descriptions and operation of emergency communication systems, public health and medical care resources and other key responsible elements that are relevant to bioemergencies. The multi-hazard planning did not include planning efforts that would address the issues presented in the case of a public health emergency incident.

Public health emergencies present a different set of issues not present in other natural disasters and that is the potential for widespread adverse effects on humans' health, along with disruption of critical human infrastructure brought about because of these health effects. Additionally, public health emergencies are not typically focused on a geographically discrete “incident scene”, but rather is understood gradually and as a result of the expertise and efforts of trained epidemiologists. Unlike many categories of emergencies, the response to a public health emergency will not usually be initiated through a 911 call.

Adding to the possible complication of emergency response, the University of Northern Iowa, while operating within a county emergency jurisdiction, is established as an entity within state government with reporting responsibilities to the Board of Regents. This plan will identify the cross jurisdictional responsibilities the legal structure may present.

III. RESPONSE PARTNERS NEEDED TO IMPLEMENT PLANS

To effectively implement the University of Northern Iowa’s Public Health Emergency Response Plan, partners from both the University and the community are needed to provide their expertise in assisting the efforts to address the types of response required for each situation. These partners include:

- University offices and/or individuals
- Community officials
- Community health care providers
- County, state and federal agencies and officials

IV. ROLES AND RESPONSIBILITIES

a. Role of the President

The Chief executive officer of the University is responsible for having policies and procedures in place to protect the health and safety of the University's faculty, staff, students and visitors during an emergency. Specific responsibilities include:

- Be prepared to answer questions during an emergency;
 - Who is the university's public health official?
 - Who is the university's public information officer?
 - What is the overall situation (areas affected, number of people affected and number of fatalities)?
 - What resources are available to the university to handle the issues?
- Consider the need for a local emergency declaration in consultation with the county public health director and the county emergency management coordinator;
- Schedule time with the university's public health official or designee, to receive regular updates;
- Participate in news conferences, in collaboration with state or local officials.

b. Role of the Executive Vice President and Provost

The executive vice president and provost (provost), assisted by his/her staff, is responsible for the maintenance of the academic operations of the university. Thus, the provost, after appropriate consultation with deans and directors, will make all decisions about class cancellations and continuation of instruction using distance learning technologies, inbound and outbound student and faculty international travel related to academic programs, continuation of on-campus or off-campus events and alterations to academic policies and procedures such as grading standards and examination policies. In the event of serious emergencies, it may be impossible for the provost to consult extensively or at all with deans and directors so development of clear plans and delegations of authority in advance of an emergency are critical.

Prior to any emergency the provost will:

- Ensure that continuity of operations plans for each college are complete and up-to-date. The Provost will provide guidelines to colleges and other academic units for development of unit plans for continuity of operations and will approve and

maintain an updated emergency plan for each college and academic unit in the provost's office;

- Develop and annually update a plan for deploying appropriate instructional technology to continue student instruction;
- Provide resources for developing and supporting faculty in the development of technology based instructional materials and skills.
- Develop a plan for delegation of responsibilities and standards for decision-making in the event of the unavailability or incapacity of the provost;
- Communicate at least annually with provost's office staff, deans and directors about emergency plans.

c. Role of University Marketing and Public Relations (UM&PR)

UM&PR is responsible for communicating pandemic-related information and alerts before, during and after a pandemic with assistance from other critical university departments and personnel, including but not limited to UNI Public Safety and the Student Health Center.

UM&PR has the primary responsibility for internal and external communication. Primary audiences include UNI faculty, staff and students; and parents of students. Secondary audiences include Cedar Valley communities; Board of Regents and other state officials; UI, ISU and other higher education institutions in Iowa.

It's important that the university community speaks with one voice and with consistent information in crisis-communication situations. Therefore, all public messages should be provided by or approved by UM&PR.

Each university division or department must appoint a supervisor who will communicate with employees within that unit about specific expectations to fulfill critical services. For example, UM&PR will not have the ability to communicate about whether or not critical staff are required to report to work. Those communications must come from a departmental and unit level prior to the event if possible.

UM&PR manages the dissemination of accurate and consistent information and would:

- Inform president, cabinet, Board of Regents, other Regent institutions, issues group and deans, directors and department heads (DDDH) via e-mail and/or phone on a regular basis, if appropriate;
- Update UNI home page, if appropriate;
- Coordinate UNI Alerts with UNI Public Safety, if appropriate;
- Coordinate with ITS for campus-wide e-mail, if appropriate;
- Inform media via phone, fax, e-mail and news conferences, if appropriate;
- Coordinate necessary communication to parents, alumni and other external audiences, if appropriate;

- Help establish communication center, if appropriate;
- Communicate action/follow up to cabinet

d. Use of the Unified Command/Management System

During a public health emergency of any size and scope, direction, control and coordination of all aspects of the response is a major determinant of success, and becomes absolutely essential when the response includes multiple jurisdictions and/or agencies. “Unified Command/Management” is a widely used and well-accepted incident management framework that is appropriate for use during an emergency. A basic premise of Unified Command/Management, which is a variation of the Incident Management System, is that those agencies with jurisdictional responsibilities and authority at an incident will contribute to the process to:

- Determine overall response strategies;
- Select response objectives;
- Jointly plan tactical activities and their application;
- Ensure integrated planning and application of operational requirements, including emergency measures and vaccine management/pharmaceutical dispensing;
- Ensure that span of control remains within acceptable limits (in general this means 5-7 people under direct management of the next level in the organizational structure);
- Maximize effectiveness of available resources and track their use throughout the incident period;
- Ensure dissemination of accurate and consistent information.

e. Responsible University Authority

The office of the president (president) is the lead authority for the university’s preparation, response and recovery from a public health emergency. The President will be supported in this function by the university’s **Policy Group** (cabinet) and the university’s **Incident Management Group**, whose primary function is the direct management and coordination of an emergency response on campus. (The Policy Group and Incident Management Group members are identified in the University’s Incident Management Planning document).

f. Responsible Local Agency

The Black Hawk County Public Health Department is the lead local agency for responding to a public health emergency. The director of that agency, or a designee, is responsible for the development and implementation of the county plan.

g. Responsible State Agency

Iowa Department of Public Health is the lead state agency for response to a public health emergency. IDPH will disseminate information concerning an emergency to Black Hawk County Public Health, including information on prevention and control.

h. Activities by Response Level (Based on Iowa Department of Public Health delineation of the World Health Organization (WHO) threat model)

Note: Response presumes high lethality and widespread, localized infection in our immediate area. Due to severity of situation, actual responses may vary.

Interpandemic (WHO phases 1 and 2)

1. Meet with appropriate partners and stakeholders to review major elements of the plan.
2. Modify the plan as needed to address significant changes in the nature or magnitude of the threat.
3. Assess training levels and remedy deficiencies.

Pandemic Alert (WHO phases 3-5)

1. Activate jurisdiction's communications plan.
2. Initiate and manage the jurisdiction's epidemiological response.
3. Begin vaccination administration/pharmaceutical dispensing, if selected as a control and prevention measure. If vaccine, pharmaceuticals, or other medical supplies are to be obtained through Strategic National Stockpile program, coordinate with IDPH.
4. Notify key government officials and legislators of the need for additional monetary resources.
5. Begin heightened surveillance through student health.
6. Coordinate activities with neighboring jurisdictions.
7. Interface with appropriate counterparts at the state level.
8. Track all emergency-related expenses throughout the incident period. These records are important for future planning and for obtaining reimbursement.

Pandemic (WHO phase 6)

1. Continue medical management of campus community, including students, faculty and staff.
2. Continue heightened surveillance of symptoms and treatments of students, faculty and staff infected.
3. Implement continuity of operations plans -- academic and non-academic functions - as needed. Activate emergency operations center as needed.
4. Address the worried well.

Recovery/Post-Pandemic

1. Review response to the emergency.
2. Identify any aspects of this plan that could not be executed, or that were inadequate in responding to the emergency. Revise the planning document to reflect changes necessary to reflect the lessons learned. If changes are due to

inadequate training, equipment or personnel, seek authority and funding for corrective action.