

University of Iowa  
Pandemic Influenza  
Planning Task Force

FY 2008 Status Report

9/1/2008

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## **Executive Summary**

The FY 2008 Pandemic Influenza Planning Task Force was charged to deliver the FY 2008 University of Iowa Critical Incident Management Plan Annex: Public Health Emergency, Pandemic Influenza Response Plan (Response Plan) to both the University of Iowa President and University of Iowa Provost and Executive Vice President on or before September 1, 2008.

### ***History***

The threat of an influenza pandemic made apparent the need for the UI to develop new plans and strategies to address the possibility of a public health emergency on campus. The UI's all-hazards Critical Incident Management Plan (CIMP), maintained by the UI Department of Public Safety, was crafted to respond to traditional public safety concerns such as weather related crises or response to criminal activities and did not contemplate a public health emergency such as a pandemic. The Task Force began in January 2006 as an initiative of the Office of the Provost.

### ***Structure***

The Task Force includes many individuals from across campus, the local community and state agencies. During the initial planning period, the Task Force developed a structure relying upon the Centers for Disease Control and Prevention Checklist for Universities, with five subcommittees: Basic Plan; Communications; Continuity of Operations; Health Care Services; and Public Health.

### ***Previous Activities***

The preliminary UI Pandemic Influenza Response Plan (Response Plan) was presented to Provost Hogan in June, 2006, with recommendations identifying further work needed. Based upon the work plan, the administration extended the work of the Task Force through June 2007.

During April 2007, the Task Force hosted a pandemic influenza planning tabletop exercise and in June 2007 a pandemic influenza planning workshop for Regents institutions. As a result, a number of questions were raised requiring serious discussion and consideration. Through a charge delivered by Interim Executive Vice President and Provost Lola Lopes in December 2007, the Task Force subcommittees were directed to complete a number of planning activities in FY 2008, building upon issues raised through previous planning activities.

### ***Ongoing Activities***

Ongoing activities include updates to contact information, training to familiarize administrative officials with the Response Plan, and review of individual responsibilities. Continuous reevaluation of the Response Plan is necessary to ensure coordination with the plans of various agencies that will be partners in responding to a public health emergency. Due to uncertainties of when a pandemic or other public health emergency may occur, it is necessary that the UI continues to monitor pandemic planning documents and developments at the local, state and federal levels.

### ***Flood 2008 Crossover Relevancy***

The University of Iowa experienced a severe 500 year flood during FY08 which began affecting campus on approximately June 6, 2008. Word was received that planning for an influenza pandemic helped greatly when responding to the flood. Units were able to more efficiently determine essential functions, identify personnel to maintain essential functions, and coordinate responses thanks in part to some of the many “what if” questions that were posed along the lines of pandemic planning.

### **FY 2008 Pandemic Influenza Response Plan Improvements**

The primary purpose of the Response Plan is to create a self contained manual with all of the relevant information necessary to reduce the impact of interruptions caused by a public health emergency in order to protect the life, health, integrity and welfare of UI community members and their families.

New additions to the FY 2008 Response Plan include the following:

- (1) Attachment A-II: Glossary of Terms
- (2) Attachment A-III: UI Pandemic Influenza Planning Task Force Organizational Chart
- (3) Attachment A-IV: NIMS/ICS Organizational Chart: Public Health Emergency
- (4) Attachment A-V: NIMS/ICS Job Action Sheets
- (5) Attachment A-VI: General Pandemic Web-Based Resources
- (6) Attachment B-I: Educational Materials
- (7) Attachment C-V: Influenza Pandemic Communication Template
- (8) Attachment C-IX: Standard Protocol and Guidance for Medical and Non-Medical Environments
- (9) Attachment D-I: College of Education Continuity Plan
- (10) Attachment D-II: College of Public Health Continuity Plan
- (11) Attachment D-IV: Department of Public Safety Continuity Plan
- (12) Attachment D-VIII: Finance & Operations: Accounting Services & PMO Continuity Plan
- (13) Attachment D-IX: Finance & Operations: Business Manager Continuity Plan
- (14) Attachment D-XI: Finance & Operations: Grant Accounting Continuity Plan
- (15) Attachment D-XIV: Finance & Operations: Purchasing, Accounts Payable, Travel Continuity Plan
- (16) Attachment D-XVI: Finance & Operations: Senior Vice President and Treasurer Continuity Plan
- (17) Attachment D-XXII: Human Resources – Employee and Labor Relations Continuity Plan
- (18) Attachment D-XXIII: University Relations Continuity Plan

### ***Public Health Emergency Leadership Organizational Structure***

The draft University of Iowa Pandemic Influenza Planning Task Force National Incident Management System (NIMS)/Incident Command System (ICS) Organizational Chart for Public Health Emergencies continues to inspire discussions. The draft NIMS/ICS organizational chart

was created upon referencing existing models, applying guidance from ICS-100 and ICS-700 courses developed by the Federal Emergency Management Agency (FEMA).

One of the features of a public health emergency that will distinguish it from traditional emergencies is that the primary attack will be on the health of individuals, as opposed to buildings, landmarks, etc. Federal projections for a severe pandemic state that as many as 35% of the population could be ill, with 10% requiring medical attention and a 2% mortality rate. In addition, many individuals may be faced with caretaking responsibilities, further reducing the pool of personnel available to report for work duties performed either remotely or on site. Therefore, it is insufficient to designate only one individual to a Section Chief or Officer position on the draft NIMS/ICS Org Chart. At a minimum, three persons should be identified for each Officer and Section Chief position. Training recommendations will be developed for each position. The resulting product will be cross-applicable to a wide range of emergencies that may occur on the UI campus, greatly strengthening all-hazards preparedness efforts.

## Basic Plan Coordination Subcommittee Update

The Basic Plan subcommittee is composed of the chairs of the Communications, Continuity of Operations, Health Care Services, and Public Health subcommittees. Representatives from Finance & Operations are also included in the Basic Plan subcommittee.

In October 2007, members of the Basic Plan subcommittee assisted Student Health Service in the annual campus-wide seasonal influenza vaccination campaign for students. As part of the campaign, the University of Iowa Public Health Emergency Student Volunteer Advanced Registry (UI-PHESVAR) was created. Modeled as a scaled back version of the national Medical Reserve Corps (MRCs), the UI-PHESVAR was piloted as a database that the UI community can turn to during a public health emergency when local volunteers are needed. Volunteers could perform a variety of functions including staff a hotline, run messages across campus if electronic communication systems failed, or deliver prepared meals to quarantined/isolated students.

Throughout the seasonal influenza vaccination season, students who signed up to become a member of the UI-PHESVAR received a gratis vaccination. Upon receipt of the vaccination, students were then asked to complete a no-charge four part online training course, through the Prepare Iowa Learning Management System ([www.prepareiowa.com](http://www.prepareiowa.com)). Students who completed all four parts of the training course and successfully passed post-tests were enrolled as full members of the UI-PHESVAR. At the end of the 2007-2008 academic year, approximately twenty students were fully enrolled members.

During FY08, the Health Care Services and Public Health subcommittees collaborated to develop standard protocol and guidance for medical and non-medical environments (such as classroom, dining halls, residence halls) including personal protective equipment (PPE) and nonpharmaceutical interventions (NPI). The subcommittees assumed that classes were suspended and the UI was moving to operations of only essential functions utilizing minimal staffing.

Upon review of existing continuity of operations plans as well as projected estimates using similar assumptions from areas that have not submitted plans, the subcommittees determined that up to four thousand employees may need to report to physical work locations (as opposed to working remotely from home). The PPE projections estimated the amount of N-95 masks, surgical masks, non-latex gloves, and personal hand hygiene gel that would be required for these employees to be at work for a two week time period, and submitted the recommendations to the Basic Plan subcommittee.

Using funds remaining from allocations to the Task Force by central administration, the Task Force worked with a University of Iowa Hospitals and Clinics (UIHC) materials supervisor to order the recommended items for stockpiling purposes. These stockpiled items are the property of the UI, available for any future emergency. The items have an extremely long shelf life and can be stored almost indefinitely.

## Communications Subcommittee Update

The Communications subcommittee is chaired by Steve Parrott, Director of the Office of University Relations.

The UI Hawk Alert System debuted at the beginning of the 2007-2008 academic year as a tool to notify the campus community of threats to safety in emergency situations. Hawk Alert allows administrators to send recorded or electronic messages (“Hawk Alerts”) to students, faculty, and staff by mobile phone, home phone, office phone, and e-mail simultaneously. The entire campus community can be notified in about 15 minutes, whereas previously mass e-mails to the entire community required approximately two hours.

During FY 2008, the Communications subcommittee investigated the use of blogs as a communications tool during an emergency, as well as identifying individuals who should obtain remote access in order to be able to perform essential functions from home. The Hawk Alert has both MySpace and Facebook experimental accounts.

Updates were continuously made to the Task Force SharePoint website: <http://sharepoint.public-health.uiowa.edu/sites/cph/iphp/influenza/default.aspx>. The SharePoint page contains current and former drafts of the Response Plan, meeting minutes from Task Force and subcommittee meetings, and a wide array of pandemic planning materials. Planning materials include Power Point presentations delivered by Task Force members, pandemic plans from other agencies and academic institutions, and planning documents from federal and international agencies (organized by year of release). Regular maintenance is made to the contacts list, calendar of events, and Task Force subcommittee workspaces. To request access to the SharePoint site, individuals should contact [elizabeth-hosmanek@uiowa.edu](mailto:elizabeth-hosmanek@uiowa.edu).

As part of cross-subcommittee activities, the Communications subcommittee collaborated with the Health Care Services subcommittee to develop an “Influenza Pandemic Communication Template.” The template illustrates a range of possible external and internal communication avenues. The Task Force is focusing on issues requiring telecommunications expertise and the content of hotline messages.

The UI experienced severe 500 year flooding in June 2008, part of the state of Iowa's most destructive natural disaster in terms of property damage. Many communications tools utilized during the flood would be applicable during a pandemic. The blog established by University Relations proved a useful tool in coordinating efforts and ensuring a consistent message from all units of the UI to faculty, staff, students, family members from those categories, and community members. In addition to the blog, daily press conferences were held to answer media questions.

## **Continuity of Operations Subcommittee (COOPS) Update**

The Continuity of Operations subcommittee (COOPS) was led in FY08 by Dr. Barbara Eckstein, Associate Provost in the Office of the Provost.

The COOPS subcommittee worked throughout FY08 on developing a National Incident Management System (NIMS) organizational chart for the University of Iowa to implement during a public health emergency. Many of the features of the chart, with the exception of the Operations Section, would remain constant during a large scale emergency of any type. The COOPS subcommittee discussed academic issues and safety in teaching environments, particularly in large classrooms.

Colleges, units and departments across campus continue to develop their continuity of operations plans with guidance from the COOPS subcommittee. The "Unit Pandemic Planning Template" asks for identification of core activities, a unit decision tree, essential functions of the unit, essential function back-ups, essential function resources, and non-essential functions (i.e. what can be suspended during a public health emergency). Colleges were asked to provide input for potential grading policies in the event that classes were suspended due to a public health emergency.

The human resources representatives on the COOPS subcommittee continue to work to develop policies that could address previously unanswered questions. These policies would provide new alternatives in the event that nonpharmaceutical interventions (NPIs) such as social distancing were implemented.

## **Health Care Services Subcommittee Update**

The Health Care Services subcommittee is chaired by Dr. John Staley, a Senior Associate Director at the University of Iowa Hospitals and Clinics (UIHC). The Health Care Services subcommittee was charged with completing the following four activities during FY 2008:

- 1) Develop standard protocol to open an alternate care facility.
- 2) Develop standard protocol and guidance for medical environments.
- 3) Collaborate with the Communications Subcommittee to develop a plan for informational hotline.
- 4) Collaborate with the Public Health Subcommittee to develop standard protocols and guidance for non-medical environments.

To complete each of these activities, several members of the Health Care Services subcommittee and selected members of the Public Health and Communications subcommittees organized into three small task forces. These individuals worked diligently and effectively to address issues associated with each activity.

**Activity 1: Develop standard protocol to open an alternate care facility.**

The task force developed a detailed plan along with required resources for establishing separate isolation and quarantine sites in the Mayflower dormitory and placing them in operation. Work is continuing on establishing criteria concerning specific students who would be admitted to these dormitory units and the manner in which critical items such as food service, medical supplies and other services would be provided to sustain the operation of the units during a pandemic. Due to the recent flood in June 2008, which resulted in closure of the Mayflower, the task force members are rethinking these plans and determining whether other sites should be selected. As an initial area for accommodating isolation and quarantine units prior to opening the Mayflower, the task force considered the Hawkeye Tennis and Recreation complex. The possibility of using this facility as a permanent site for isolation and quarantine will now be considered as will the possibility of using Hillcrest or the Rienow/Slater dormitories. Alternate care facilities will be an optional site for students who require medical care that may not rise to the level of hospitalization. During a public health emergency, such as an influenza pandemic, it is anticipated that traditional medical care facilities such as hospitals will rapidly reach full capacity. Therefore, it was necessary for the Health Care services subcommittee to consider viable alternatives for students remaining on campus who need access to quality medical care.

**Activities 2 & 4: Develop standard protocol and guidance for medical and non-medical environments in conjunction with the Public Health subcommittee.**

The task force addressed needs for both protocol and guidance for operation in a medical environment and also a non-medical environment. Their efforts culminated in develop of protocol included as attachments in both the Health Care Services and Public Health section of the Response Plan.

**Activity 3: Develop a plan for informational hotlines in conjunction with the Communications subcommittee.**

The task force initially focused on identifying potential avenues of communication and the types of information that could be disseminated through a hotline. An “Influenza Pandemic Communication Template” was developed to illustrate the range of possible external and internal communication avenues. The task force is now devoting attention to issues which require telecommunications expertise and the content of hotline messages.

One accomplishment of the Health Care Services subcommittee beyond activities charged to the group was coordination with other local health care providers to develop protocol to open a screening and triage site at the Iowa Memorial Union.

## Public Health Subcommittee Update

The Public Health Subcommittee in FY 2008 was chaired by Dr. David Braun, Director of Student Health Service.

In the recent year, this subcommittee completed a number of activities including the following:

- Developed disease prevention educational materials focusing on individual preparedness.
- Developed a supplement to explain organizational roles and responsibilities for first responders, volunteers and other individuals who will be expected to work with public health agencies during an emergency.
- Prepared a planning guidelines checklist specifically to assist college students.
- Prepared a glossary of terms to guide users of the Response Plan.
- Collaborated with the Health Care Services Subcommittee to develop standard protocol and guidance for non-medical environmental (such as classrooms, dining halls, residence halls), including personal protective equipment (PPE) and nonpharmaceutical interventions (NPIs).

Although the subcommittee did not develop an epidemiological plan for the University of Iowa to collect epidemiologically significant information on all employees and students related to specific health symptoms indicative of influenza, the subcommittee agreed to share information gathered at the Student Health Service lab from rapid influenza test results (there was strong consensus to indicated that this would pick up the start of a wave) during upcoming seasonal influenza periods.

In addition, Student Health Service will continue to collaborate with the University Hygienic Lab for identification of predominant strains and share information with Johnson County Public Health (JCPH). Consideration will be given to a campus wide e-mail when appropriate to discuss simple infection control measures and social distancing. As computing and billing systems are routinely updated, the new EPIC system may create ways to look for daily patterns in diagnosis at Student Health Service and Quick Care clinics as an “early warning” system for influenza like illness when numbers are out of range as compared to previous years.

## Activities

### *Purchase of Personal Protective Equipment: Completed*

Upon receipt of information from the Continuity of Operations, Health Care Services and Public Health subcommittees, the Task Force estimated the personal protective equipment (PPE) necessary to increase protection of the roughly 4,000 non-healthcare UI personnel identified as critical to UI operations during a public health emergency. The Task Force, in conjunction with UIHC purchasing, ordered a stockpile of masks, gloves, hand sanitizer, and other basic supplies necessary to protect the workforce.

### ***Public Health Emergency Volunteers: Pilot Completed***

The UI-PHESVAR pilot project was created to have a database of student volunteers. Lower than anticipated participation rates and attrition led to questions of the long term value of maintaining the standing database. An advanced registration system for volunteers on campus is not as useful as a system in place to coordinate volunteers “just in time.” In the event of a public health emergency, the Task Force can partner with local volunteer agencies to recruit and train volunteers. Recruitment through the UI flood blog and news releases produced large numbers of student, faculty and staff volunteers during the June flooding.

### ***Preparedness and Recovery Survey: In Progress***

To better receive a picture of all-hazards preparedness in general, the Task Force collaborated with the Institute for Rural and Environmental Health (IREH) to survey students post-flood in July 2008. The Task Force facilitator will provide logistical assistance to IREH as the survey is developed, distributed and analyzed. Originally, the survey was designed to be used as a tool to assess preparedness across the campus. Following the flooding in Iowa City and surrounding counties in June 2008, IREH proposed that the survey focus on the mental health component associated with disaster and recovery, focusing on the college aged student population.

### ***Pandemic Planning Information Accumulation and Dissemination: Ongoing***

A repository of pandemic planning documents and active collaboration to keep the UI community updated is an ongoing effort. Continued review of pandemic planning documents released by local, state and federal agencies will be conducted. As new materials are released, they will be uploaded to the Task Force SharePoint website:

<http://sharepoint.public-health.uiowa.edu/sites/cph/iphp/influenza/default.aspx>.

## **Recommendations**

Some activities by volunteers responding to the June 2008 flooding on campus resulted in feedback useful for organizing future volunteer efforts. During an emergency, volunteer check-in protocols and orientation are both necessary. A system to recruit volunteers in advance of a public health emergency should be coordinated with “just-in-time” recruiting efforts.

A tabletop exercise is being planned for FY09. Due to the severe flooding on the University of Iowa campus in June 2008 and continuing resources required for flood recovery efforts, the tabletop exercise will most likely occur in spring 2009. The exercise will analyze and test the FY08 Response Plan. The exercise will be a multidiscipline event developed to increase awareness of the Response Plan and its individual components, as well as test the public health emergency NIMS/ICS organizational chart. Following the exercise, it is estimated that a number of units and departments across campus will submit changes to the Response Plan. These changes will be included in the FY09 Response Plan to be submitted on or before July 1, 2009. To support the updated Response Plan, a FY09 Status Report will also be generated.

The Pandemic Influenza Response Plan will continue to require edits based on updated information and changes in contact information for personnel. In addition, the Response Plan should be exercised on a regular basis to ensure that administrative officials are familiar with the Plan and the roles that they may be asked to assume during a public health emergency. Due to complicating factors, an emergency preparedness exercise to test the Response Plan was not held in FY08. However, funds remain within those allocated to the Task Force in FY08 that will be applied to an exercise in FY09.

To meet long term preparedness needs of the UI, the Task Force recommends development of an office to coordinate emergency planning across campus. Proposed implementation of this office would begin in FY10. Suggested activities that the preparedness office would promote include a yearly multidisciplinary tabletop exercise to test current emergency response plan, outreach activities including coordination for emergency response training (to include training for the National Incident Management System, NIMS), soliciting updates to emergency response plans, cross-walking emergency response plans to ensure consistency, and review of emergency response materials as they are published. The suggested preparedness office would embrace all-hazards preparedness to assist campus officials in planning for a wide variety of incidents.

## Task Force and Subcommittee Members

The University of Iowa FY08 Pandemic Influenza Response Plan is the product of many hours of work from individuals across campus and the state of Iowa. The following contributors were members of the Task Force and/or a related subcommittee:

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