

# Template Incident Action Plan (IAP)

## University of Iowa Critical Incident Management Plan Annex: Public Health Emergency

Oct. 12,  
2009

The overarching purpose of this comprehensive emergency plan is to provide guidelines for effective leadership, organization, coordination and unified response during a public health emergency. A public health emergency exists with the emergence of a serious illness that threatens to overwhelm public and private health systems.

## Pandemic Influenza Response Plan

## EXECUTIVE SUMMARY

The full University of Iowa Pandemic Influenza Response Plan found at <http://provost.uiowa.edu/docs/reports/PanFluResponsePlan.pdf> (hereinafter “plan”) is a manual for the University community to use when preparing for and subsequently responding to a public health emergency, specifically an influenza pandemic. This plan is designed to supplement the University of Iowa’s Critical Incident Management Plan (CIMP). The primary purpose of this 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 University of Iowa community members, their families and the community at large.

The plan highlights the requirement that University actions align with other organizations at the local, state and national levels that are similarly committed to assuring the health of the public. As with any preparedness plan, the University must continue to study the health threat posed by an influenza pandemic, the efforts to interdict its development and spread as well as the continuing and multi-jurisdictional work now underway to prepare our nation.

### BACKGROUND INFORMATION: H1N1

Novel H1N1 influenza emerged in April 2009. The novel influenza virus spread rapidly and the World Health Organization (WHO) continued to escalate their pandemic levels until Level 6, a full pandemic, was declared in early June 2009. The WHO pandemic phases are not calibrated to examine the severity of a novel outbreak; they merely look at transmission rates (how fast the virus spreads). As of September 10, 2009, the WHO considers the severity of novel H1N1 influenza to be moderate. The current circulating novel H1N1 influenza strain results in a typical illness similar to seasonal influenza. However, it is rapidly transmitted and there is no vaccine available. Vaccines may be available as soon as October 2009, but will be in limited supply and subject to priority protocols established by the Centers for Disease Control and Prevention (CDC). It is anticipated that sufficient vaccine will be available for the entire population as soon as January 2010.

At this time, novel H1N1 influenza is not a reportable disease and individual cases (persons confirmed to be infected with H1N1 through laboratory testing) are not reported; only cases where the resulting illness is serious enough to warrant hospitalization or death are reported. Though the virus spreads rapidly, the resulting illness is typically mild to moderate in severity.

Severity of a virus can change due to a number of factors. A virus may drift, in which case small changes occur over a longer period of time. A virus may shift, in which case a sudden single large change occurs. Finally, a virus may recombine with another strain, creating something new. In all three cases, the changes may cause a virus to become more or less virulent, causing more or less severe illness, or none at all. History has shown that the second wave of infection with a novel virus may be more severe than the first wave. This occurred in the case of the 1918-1919 influenza pandemic, which resulted in the most fatalities worldwide from an influenza pandemic in recent history.

The University of Iowa Critical Incident Management Team (CIMT) was activated in early May 2009 to begin discussions of preparations in the event that novel H1N1 influenza would severely impact the campus. Cases were confirmed in Johnson County, Iowa beginning in early May 2009. New cases continue to occur. Virality continues to follow the pattern of mild to moderate illness. The first death from H1N1 in Iowa occurred in August 2009. In August 2009, the CIMT met to discuss development of an Incident Action Plan (IAP) and formed several subcommittees to address specific topics relevant to The University of Iowa community. Additional subcommittees continued to be created under the jurisdiction of the CIMT; their individual Action Plans are attached at the end of this IAP.

## BASIC PLAN

### (a) PRINCIPLES UPON WHICH THE PLAN IS BASED

- 1) A public health emergency such as severe influenza pandemic represents a low to moderate probability of occurring. However, a severe influenza pandemic would be a high-consequence event. This makes planning more challenging than for more conventional threats that, by comparison, are higher probability but lower consequence.
- 2) Pandemic influenza planning activities should serve as a catalyst for broader all-hazards emergency planning. Activities underway to maximize pandemic influenza preparedness and response will also enhance capabilities for other threats including but not limited to natural disasters, errors from human mistakes and intentional terrorist acts.
- 3) Coordinated pandemic influenza planning must occur across the University of Iowa.
- 4) The plan utilizes an organizational framework compatible with the National Incident Management System (NIMS) and the Hospital Incident Command System (HICS).
- 5) The plan utilizes a phased approach to disease emergence referencing models developed by the World Health Organization (WHO), Department of Homeland Security (DOHS), Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (DHHS). The phases as they relate to preparedness at The University of Iowa are:
  - a. **Alert/Standby**: A virus with pandemic potential present somewhere in the world
  - b. **Limited Services**: Effective transmission of a virus with pandemic potential from one person to another anywhere in the world
  - c. **Full Services**: Local effective transmission person to person
  - d. **Recovery/Preparation for Next Wave**: Dramatic reduction in new reported cases of illness
- 6) The plan will be coordinated with State and Local Public Health and Emergency Management officials.

- 7) The University will have a plan for continuity of operations as an employer, as an educational institute, and as a health care provider.

**(b) ASSUMPTIONS: PANDEMIC INFLUENZA**

- 1) As shown during 1918-1919, an influenza pandemic may create several waves of acute health crises with each wave lasting for approximately three months.
- 2) An influenza pandemic might not follow traditional seasonal influenza patterns.
- 3) During a pandemic, individuals will seek health care services closest to their residence. The University of Iowa Hospitals and Clinics as well as University-sponsored triaging facilities may receive individuals seeking care who are not University community members.
- 4) University resources would be considered community and state assets in responding to a pandemic.
- 5) Vaccines may not be available for the first six months following specific identification of the virus causing the pandemic.
- 6) Antiviral medications will be in limited supply throughout the pandemic and subject to use restrictions imposed by state and federal authorities.
- 7) Based on National (CDC) estimates during a severe pandemic:
  - o 35% of Students, Staff and Faculty will be ill
  - o 15% of Students, Staff and Faculty will require treatment
  - o 2% mortality rate
- 8) Health care workers and other essential service providers will encounter an attack rate similar to the general population.
- 9) Absenteeism may reach as high as 40% due to personal illness, family caretaking responsibilities or voluntary absenteeism due to concerns of contracting influenza.
- 10) Utilization of University health care resources may be subject to a priority needs protocol set by State or Federal authorities, which may raise security and ethics issues.
- 11) International and domestic travel may be restricted.
- 12) Social distancing strategies including the imposition of quarantine and isolation may be employed. Quarantine and isolation strategies will most likely be voluntary and require serious community efforts to be effective.

- 13) Personal protective equipment will need to be available on a wide basis, especially for anyone exposed to greater health risks than the general public. Personal protective equipment may be in short supply during a pandemic and subject to priority needs protocols.
- 14) Internal and external communications will need to be intensified, coordinated and rapid.
- 15) Decisions will need to be made rapidly using limited or incomplete information.
- 16) There will be widespread circulation of conflicting information, misinformation, and rumors, highlighting the need for coordinated communications.
- 17) Closure of the campus or suspension of classes may be achieved through a variety of ways including a joint decision involving the University of Iowa, Iowa Department of Public Health and Johnson County Public Health; order from the Governor; order from a public health agency; or order from the Board of Regents.
- 18) All public information will be coordinated and disseminated by University Relations staff with assistance from other University departments and/or personnel. The incident command team will include a Public Information Officer (PIO) to disseminate information to the public.
- 19) Effective communications are a critical element within all aspects of the plan. The audiences for communications are varied and diverse, including University faculty, staff and students; family members of these groups; local media; city and county community members; other higher education institutions in the State; and the general public.

## **CONCEPT OF OPERATIONS**

The protection of the health and welfare of the University community will be managed by the University. Johnson County Public Health (JCPH), the Iowa Department of Public Health (IDPH), and other agencies when appropriate, as well as the Centers for Disease Control and Prevention (CDC), will provide technical assistance when requested or in cases where emergency needs exceed the capability of University response resources.

With assistance from county, state and federal agencies, the University will be responsible for:

1. Management of epidemiologic 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.
2. Communication of information to students, staff and faculty regarding prevention and control measures and the local effects of a disease.

3. Maintenance of health care and other essential University functions during periods of high absenteeism.

## **PLAN REVIEW AND MAINTENANCE**

### **I. PURPOSE**

The purpose of the University of Iowa Pandemic Influenza Response Plan is to provide effective leadership, coordination and unified response during a public health emergency.

### **II. ROLES AND RESPONSIBILITIES**

#### **a. Use of an Incident Command System**

During a public health emergency of any size, direction, control, and coordination of all aspects of the response is a major determinant of success and becomes essential when the response includes multiple jurisdictions and/or agencies. The National Incident Management System (NIMS) is a widely used and accepted incident command system that is appropriate for use during a public health emergency. A basic premise of NIMS is that agencies with jurisdictional responsibilities and authority at an incident will contribute to the process of:

1. Determining response strategies;
2. Selecting response objectives;
3. Jointly planning tactical activities and their application;
4. Ensuring integrated planning and application of operational requirements, including emergency measures and vaccine management/pharmaceutical dispensing;
5. Ensuring 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);
6. Maximizing effectiveness of available resources and tracking their use throughout the incident period; and
7. Ensuring dissemination of accurate and consistent information.

#### **b. Responsible Local Agency**

Johnson County Public Health (JCPH) is the lead local agency for responding to a public health emergency. The Deputy Director of JCPH, Tricia Kitzmann, is the Incident Commander for Johnson County agencies. The University of Iowa liaison to Johnson County interacts directly with the JCPH.

#### **c. Responsible State Agency**

The Iowa Department of Public Health (IDPH) is the lead state agency for response to a public health emergency. IDPH will disseminate information concerning an emergency to county public health departments, including information on prevention and control.

## RESPONSE PHASES

[Based on IDPH delineation of the World Health Organization (WHO) threat model]

As of September 10, 2009, the University of Iowa is in the “Limited Services” Phase

*Alert/Standby: An influenza virus with pandemic potential is identified anywhere in the world*

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.
4. Routinely test the plan through exercises.
5. Develop policies to address anticipated mass absences of personnel during an extended incident.
6. Identify essential functions and develop continuity plans to maintain essential functions during an extended event.
7. Identify non-pharmaceutical interventions that may be effective in containing and reducing transmission of disease during a public health emergency.

*Limited Services: Effective human-to-human transmission of a virus with pandemic potential anywhere in the world*

1. Develop and activate the communications plan.
2. Initiate and manage the jurisdiction’s epidemiologic response.
3. Begin vaccine administration/pharmaceutical dispensing, if selected as a control and prevention measure and such pharmaceuticals are available. If vaccine, pharmaceuticals or other medical supplies are to be obtained through the Strategic National Stockpile (SNS) program, coordinate with IDPH through JCPH.
4. Notify key government officials and legislators of the need for additional monetary resources.
5. Begin heightened surveillance through SHS and UIHC.
6. Coordinate activities with neighboring jurisdictions.
7. Track all emergency-related expenses throughout the incident period. These records are important for future planning and for obtaining reimbursement.

*Full Services: Pandemic virus identified in Iowa*

1. Suspend non-essential business/academic/research/service activities including classes, events, and in-person gatherings.
2. Implement full social distancing measures as identified by the CDC February 2007 publication, <http://www.pandemicflu.gov/plan/community/commitigation.html>.

3. Anticipate mass absences of personnel due to illness, worried well, caring for ill family members, caring for dependent children and family members due to school/elder care closures.

### ***Recovery/Post-Pandemic***

1. Evaluate response during pandemic. Conduct an after-action review and report successes as well as lessons learned.
2. Gradually return to normal, pre-pandemic business/academic/research/service activities.
3. Assess losses, both in terms of loss of lives and financial losses. Provide counseling services to University community members.
4. In the event that an effective vaccine is not developed during the initial pandemic wave, prepare for subsequent waves.
5. Identify any aspects of this plan that could not be executed, or that were inadequate in responding to the emergency, and amend the plan to reflect response lessons learned.

## **Action Plans for Specific University Functions**

*All groups will continue to follow guidance set forth by Johnson County Public Health, the Iowa Department of Public Health and the Centers for Disease Control and Prevention.*

### 1. Communications / Public Information Officer (PIO)

The Communications group will continue to respond to media requests and develop all external communications regarding influenza for The University of Iowa. Internal communications will continue to be addressed at the departmental or college level, although it is requested the Public Information Officer be copied on such communications.

### 2. Incident Command (chart, Job action sheets to be updated in full sized pandemic plan)

The Incident Command team met several times to finalize the Incident Command Organizational Chart and communicate with individuals who will populate the chart. Next steps will be continuing to organize institutional-wide meetings on campus to discuss planning activities and working towards developing the Incident Action Plan (IAP).

Should the influenza situation escalate, necessitating activation of the University Emergency Operations Center, Incident Command will hold an orientation meeting for individuals identified on the Incident Command Organizational Chart and distribute updated Job Action Sheets.

Incident Command will continue to develop the Incident Action Plan template with support provided by the Pandemic Planning Advisor.

### 3. Academics

Planning with Academics will continue to be centered on the absence threshold necessary to suspend classes.

### 4. Athletics

Athletic events will continue to be held unless directed to do otherwise by Johnson County Public Health. In the event of an outbreak of illness on a team, Athletics will follow established procedures to report the outbreak.

## 5. Human Resources

Human Resources will continue to work with campus on the newly issued guidelines regarding not requiring medical certification for influenza-like-illnesses. Continuing to work with the Board of Regents regarding our proposed pay and leave policies for addressing what may become large numbers of employee absences. Human Resources will continue to review their recently published guidelines on addressing absences related to influenza-like-illnesses on a monthly basis to determine the need for their continuation.

## 6. Non-Academic Student Life

Student Services staff will remain vigilant and up-to-date on the H1N1 situation on campus. Staff will be prepared to work with student leaders and student organizations to appropriately advise those groups regarding their scheduled programs, particularly those that involve the congregation of a large amount of people and those that house students (i.e., Greek chapters). Staff will follow the advice and directives of the UI administration and Johnson County Department of Health in determining when to advise groups to postpone or suspend activities. Critical staffing (full-time and/or student volunteer staffing) shortages may also impact programming of student organizations. That staffing will be considered in any advice given.

## 7. Research

Research completed discussions about what parts of the VPR must remain operational should staff resources be depleted. Staff absences will continue to be monitored.

## 8. Student Health

Continued action items shall address guidance measures if students develop influenza like illness symptoms. Vaccine campaigns will continue as soon as full shipment of seasonal influenza vaccine arrives.

## 9. University Housing

Housing will continue to provide food deliveries to students living in residence halls who have influenza-like-illness. In addition, Housing will continue to offer temporary housing for roommates of students who have influenza-like-illness if requested.

## **Summary of Job Action Sheet Generic Responsibilities**

### **Incident Commander**

The Incident Commander (IC) serves as the lead person during an emergency and has ultimate responsibility for all operations, communications and inquiries. The IC organizes and directs the Emergency Operations Center (EOC), as well as appoints Officers and Section Chiefs (which may be pre-established).

### **Liaison Officer**

Function as the incident contact person for representatives from other agencies. Position is activated when incidents are multi-jurisdictional or have several agencies involved. There may be multiple Liaisons assigned to work directly with different agencies.

### **Safety Officer**

Monitor and maintain authority over the safety of incident operations and hazardous conditions. Develop and recommend measures for assuring personnel safety.

### **Public Information Officer (PIO)**

Serve as the central information source from the incident command team to external media. Coordinate with other agencies to ensure consistent and unified releases. Develop material for use in media briefings.

### **Operations Section Chief**

Manage tactical operations at the incident site directed toward reducing the immediate hazard, saving lives and property, establishing situation control, and restoring normal conditions. Activate and manage all operations in accordance with the Incident Action Plan.

### **Planning Section Chief**

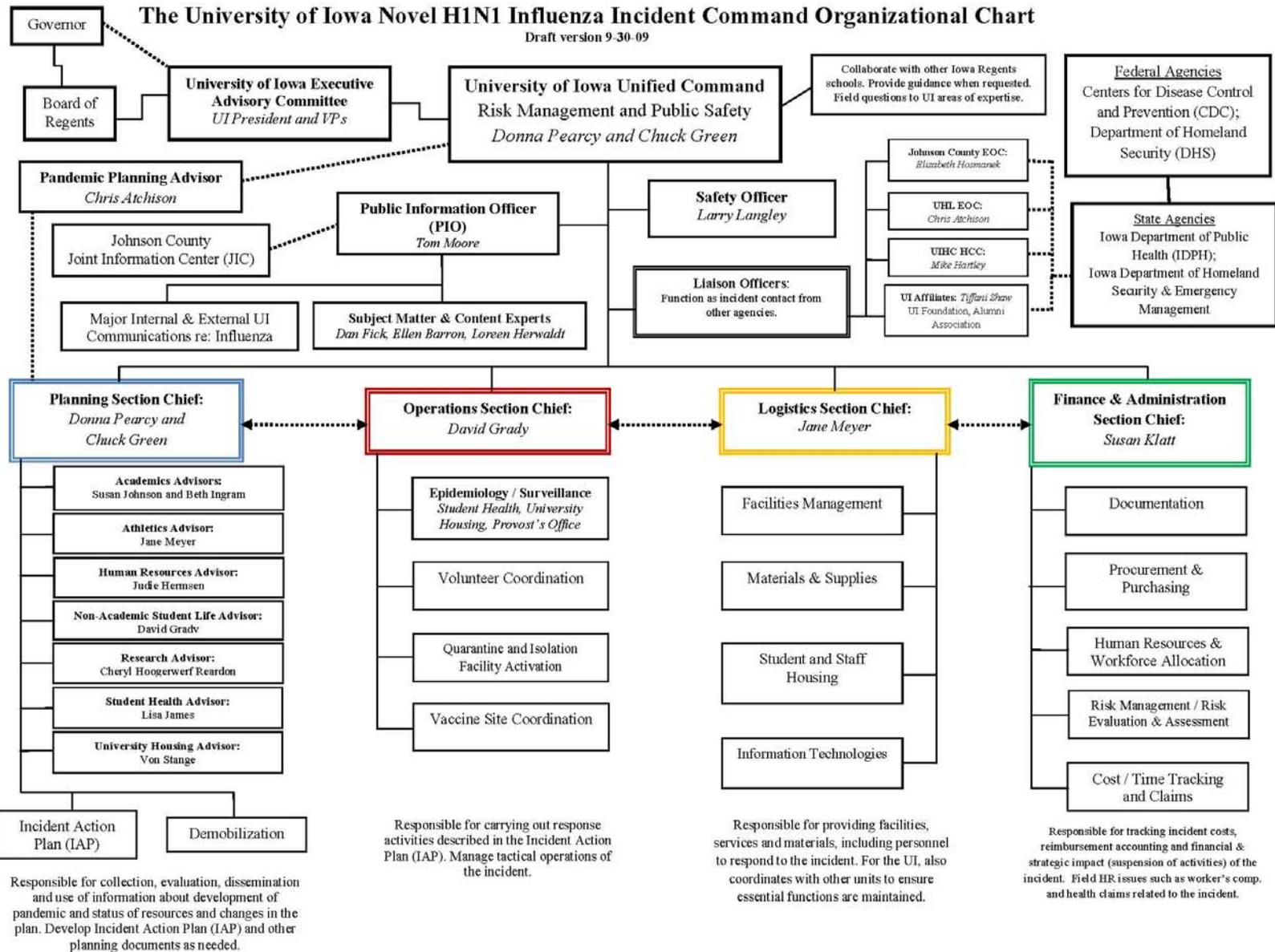
Develop the Incident Action Plan (IAP). To do this, collect, analyze and display situation information; prepares periodic situation reports; distribute the IAP and facilitate action planning meetings to update the IAP; provides technical support services to the various sections and branches; and documents and maintains files on all Emergency Operations Center (EOC) activities.

### **Logistics Section Chief**

Provide facilities, services and material in support of the incident. Organize and direct those operations in support of the incident response; including those associated with maintenance of the physical environment and supplies to support the incident objectives.

### **Financial/Administration Section Chief**

Manage all financial aspects of an incident. Monitor the utilization of financial assets and the accounting for financial expenditures to support incident response. Supervise the documentation of expenditures and cost reimbursement activities.



## Suggestions of Individuals to fill Novel H1N1 Influenza Incident Command Organizational Chart

### Joint Incident Commanders

1. Donna Pearcy and Chuck Green

### Safety Officer

1. Larry Langley
2. David Visin
3. Bill Searls

### Public Information Officer

1. Tom Moore
2. Steve Pradarelli
3. Lin Larson

### Liaison Officers

To Johnson County EOC:

1. Elizabeth Hosmanek
2. Risk Management alternate
3. Bruce McAvoy

To UHL EOC:

1. Chris Atchison
2. Bev Pennell

To UIHC EOC:

1. Mike Hartley

To UI Affiliates:

1. Tiffani Shaw

### Operations Section Chief

1. David Grady
2. Lisa James

### Joint Planning Section Chiefs

1. Donna Pearcy and Chuck Green

### - Research Advisor

1. Cheryl Reardon
2. Jim Walker
3. Rich Hichwa

### - Academic Advisor

1. Beth Ingram
2. Susan Johnson
3. Barbara Eckstein

### - Student Health Advisor

1. Lisa James
2. Ann Laros

### - University Housing Advisor

1. Von Stange
2. Kate Fitzgerald

### - Human Resources Advisor

1. Judie Hermsen
2. Joni Troester
3. Diana Leventry

### - Athletics Advisor

1. Jane Meyer
2. Paula Jantz
3. Fred Mims
4. Mary Curtis

### - Non-Academic Student Life Advisor

1. David Grady
2. Belinda Marner
3. Bill Nelson

### Logistics Section Chief

1. Jane Meyer
2. Rod Lehnertz
3. Steve Fleagle
4. Debby Zumbach
5. David Grady
6. Von Stange

### Finance and Administration Section Chief

1. Susan Klatt
2. Don Szeszycki
3. Debby Zumbach

### Pandemic Planning Advisor

1. Chris Atchison
2. Bev Pennell

### Other Names to Consider

- Jonathan Carlson
- Rick Klatt (communications)
- Paula Jantz (multi-tasker)
- Chuck Helms
- Mark Katsouros (communications)
- Hazel Kerr
- Ann Farland
- Steve McGuire
- Gay Pelzer
- Raul Curto
- Mark Armstrong (Administrative Fellow and DEO in CLAS)
- Steve Duck (Administrative Fellow and former DEO in Communication Studies)
- Karna Wieck (CLAS budget officer)
- Dave Ricketts
- Bill Hesson

### **Recommended Training for Individuals on the NIMS Chart:**

- (1) Become familiar with the UI Pandemic Influenza Response Plan, especially Job Action Sheets beginning on page 40:

<http://provost.uiowa.edu/docs/reports/PanFluResponsePlan.pdf>

- (2) Take Intro to NIMS, IS 700: <http://training.fema.gov/emiweb/is/is700a.asp> and Introduction to the Incident Command System, IS 100:

<http://training.fema.gov/emiweb/is/is100a.asp> . Read through the course materials and complete the post-exam. Each takes 3-4 hours, is no-cost and can be completed anywhere with an internet connection.

## RESOURCES

### Centers for Disease Control and Prevention

- [www.cdc.gov](http://www.cdc.gov)
- [www.flu.gov](http://www.flu.gov)

### Iowa Department of Public Health

- <http://www.idph.state.ia.us/>
- <http://www.idph.state.ia.us/h1n1/>

### Johnson County Public Health

- [http://www.johnson-county.com/dept\\_health.aspx?id=4485](http://www.johnson-county.com/dept_health.aspx?id=4485)
- [http://www.johnson-county.com/dept\\_health.aspx?id=6718](http://www.johnson-county.com/dept_health.aspx?id=6718)

### University of Iowa

- Home page: [www.uiowa.edu](http://www.uiowa.edu)
- Influenza page: [www.uiowa.edu/flu](http://www.uiowa.edu/flu)
- Student Health Service: <http://studenthealth.uiowa.edu/> and <http://studenthealth.uiowa.edu/flu.shtml>
- Task Force documents: <http://provost.uiowa.edu/work/pandemic.htm>