

University of Iowa

Critical Incident Management Plan ANNEX: PUBLIC HEALTH EMERGENCY

PANDEMIC INFLUENZA RESPONSE PLAN

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University of Iowa
PUBLIC HEALTH EMERGENCY
Pandemic Response Plan

I. PLAN AUTHORIZATION

A public health emergency exists with the emergence of a serious illness that threatens to overwhelm public and private health systems. A public health emergency can vary from a single case of hepatitis A in a food handler, a few cases of meningitis, or cause illness in 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 the Johnson County Health Department 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.

As part of the ongoing maintenance, this plan should be exercised on a regular basis (at least once a year) to ensure its practicality, relevance, and completeness. Those people expected to carry out the activities described in the plan should routinely receive training sufficient to carry out 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.

The goals of this plan are to:

1. Ensure that the University community has an opportunity to participate in an ongoing planning process.
2. Build collaborative networks between the 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 Regents, University Administration, Faculty, Staff, Students as well as community partners, stakeholders, lawmakers, and decision-makers in advance of an emergency.
6. Focus on actions that are most crucial to an effective bio-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 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; and
- 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; and
 - Contingency plans, developed in conjunction with the appropriate authorities, for closing campus facilities and canceling large University events.

Plan Authorization

President

DATED: _____

Draft Date

Plan version Date of issue

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

II. INTRODUCTION

a. PURPOSE

The purpose of the University of Iowa Public Health Emergency – Pandemic Influenza Response Plan is to provide an organized, comprehensive statement of the University’s intended response to a possible influenza pandemic. The plan also serves as a written 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.

The ultimate objectives of the response efforts outlined in this plan are 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.

b. SCOPE

This plan is written from the perspective of The University of Iowa and it focuses primarily on describing expected actions of, as well as coordination among, University and locally-based governmental and private sector entities, particularly those responsible for public health, health care, and emergency response.

The basic elements of an emergency response, as addressed in this plan, are: 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.

The plan has been designed to work either in concert with or as a part of the University’s Critical Incident Management System. Every effort has been made to maintain consistency with existing authorities, planning assumptions, systems, procedures, and organizational structures. Interface with other levels of government is also addressed.

c. 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 coordinated 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 standards, 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.

The services rendered to the University and the community as a result of implementing this plan will be delivered without regard to race, religion, ethnicity, socio-economic status, or sexual orientation. To the fullest extent practical, all reasonable accommodations will be made, in both the development and implementation of this plan, to meet the needs of groups of people whose situations or characteristics require considerations other than those afforded to the general population. The Iowa Department of Public Health identifies members of this class as: “Any individual, group, or community whose circumstances create barriers not experienced by the general population, to obtaining or understanding information, or preparing for, and reacting to emergencies. Circumstances or disabilities that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, cultural, ethnic, religious, language, citizenship or socio-economic status.”

d. APPLICABILITY

The University of Iowa will use this plan for a public health emergency response to Pandemic Influenza.

e. 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.

f. LIST OF ABBREVIATIONS

BOH Board of Health (County)
BOR Board of Regents
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
JCPH Johnson County Public Health
PIO Public Information Officer
SNS Strategic National Stockpile

III. BASIC PLAN

a. PRINCIPLES UPON WHICH THE PLAN IS BASED

The Board of Regents will make the determination regarding the opening or closing of the University or any of its components.

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 utilizes a phased approach to disease emergence based upon the model established by the World Health Organization. These phases are:

- Interpandemic (WHO phases 1 and 2);
- Sustained human to human transmission in the world (WHO phase 4)
- Sustained human to human transmission in the United States (WHO phase 5)
- Efficient and sustained human transmission (WHO phase 6)
- Recovery/Post pandemic

The Plan will be coordinated with State and Local Public Health and Emergency Management Officials.

The Plan will be developed in coordination with the UIHC pandemic plan.

The Public Health Emergency Response Plan for Pandemic Influenza Preparedness (Plan) will be an Annex to the University's Critical Incident Management Plan as published in the University Operations Manual.

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 represents*:

1,713 Faculty
12,103 Staff
29,642 Students

(* figures based on University of Iowa Fact Book, accessed May 15, 2006)

b. ASSUMPTIONS: PANDEMIC INFLUENZA

The University would be the first Iowa institution to experience the onset of a pandemic.

A Pandemic would create several waves of acute health crises 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 would have the greatest health consequences.

The University would be responsible for the health services needed by its faculty, staff and students during a pandemic.

The University would be considered a community and/or state asset in responding to a pandemic.

Vaccines would not be available for the first six months following the specific identification of the virus causing the Pandemic.

Antivirals will be in short or limited supply.

Based on national (CDC) estimates:

- 35% of Students, Staff and Faculty will be ill (approx. 15,000)
- 15% of Students, Staff and Faculty will require treatment (approx. 6,500)
- 02% mortality rate (Approx. 860)

Health care workers, and other essential service providers, will encounter an attack rate similar to the general population.

Utilization of the University's health care resources will be utilized according to a priority needs protocol (raises issues of security and ethics).

International travel would be restricted.

Social distancing strategies, including the imposition of quarantine and isolation, would be employed.

Personal protective equipment will need to be available on a wide basis.

Internal and external communications will need to be intensified and coordinated.

Services providing for fundamental human needs, such as food service, would be in short supply.

There will be widespread circulation of conflicting information, misinformation, and rumors.

IV. CONCEPT OF OPERATIONS

The protection of the health and welfare of the University community will be managed by the University. The 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. 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 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 regarding prevention and control measures and the local effects of a disease to students, staff and faculty, their families, health care providers, the media, and the general public.
3. 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, comments, etc.;
- 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 needed;
- 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.

JCPH and the State of Iowa will provide assistance to the University as provided for in state statute 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. The University Public Health Official will provide each proposed update to the President or designee to review and approve prior to including it in the plan.

Those items that should be reviewed include, but are not limited to:

1. Community notification and alerting lists, including 24/7 contact information for appropriate personnel.
2. Inventories and/or identified sources of critical equipment, supplies, and other resources.
3. Facility and community-specific functions and procedures.

The following policies apply to the review and maintenance of this plan.

1. It is the responsibility of the University Public Health Official to coordinate the review and maintenance of this plan. Those other University officials, departments, facilities, and others who have a role in emergency response under the plan will provide support.
2. The plan must be reviewed on an annual basis.
3. Departments, agencies and facilities that maintain sections and/or procedures that are a part of this plan should review the portions of the plan pertaining to their function on an annual basis.
4. The University Public Health Official is responsible for maintaining a list of plan holders and ensuring that plan changes are disseminated in a timely manner.

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PUBLIC HEALTH EMERGENCY
Pandemic Response Plan

SECTION A - PLAN STRUCTURE, DEVELOPMENT, COORDINATION AND EVALUATION

I. PURPOSE

To provide for effective leadership, coordination, and unified response during a public health emergency.

II. SITUATION

All Iowa counties are required by Chapter 29C of Iowa Code to develop and maintain multi-hazard emergency response plans to cope with major disasters such as tornadoes, floods, airplane crashes, and dangerous hazardous materials releases. These 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 response elements that are relevant to bioemergencies. However, public health emergency planning requires the consideration of factors not normally addressed in the jurisdiction's multi-hazard emergency response plan.

One of the main differences between most public health emergencies and other natural disasters is the potential for widespread adverse effects on human health, along with disruption of critical human infrastructure brought about because of these health effects. Another noteworthy difference is that a public health emergency is 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 call to 911.

Adding to the possible complication in emergency response, the University of Iowa, while operating within a county jurisdiction, is established both as an entity within state government with reporting responsibilities to the Board of Regents and, through the University of Iowa Hospitals and Clinics, as one of the state's primary providers of health services. This plan is intended to identify the cross jurisdictional responsibilities the legal structure may present.

III. RESPONSE PARTNERS NEEDED TO IMPLEMENT THIS PLAN¹

In order to effectively implement the University's Public Health Emergency Response Plan, partners from both the University and community are essential in providing the

¹ This is a general list containing typical categories. Attachment A-I contains community specific information for each applicable category.

appropriate expertise to assist in addressing the types of response required for each situation. These partners include:

- University offices and/or individuals
- Community officials
- Community health care providers

IV. ROLES AND RESPONSIBILITIES

a. Role of the President

The chief executive officer of the University is responsible for protecting the health and safety of the University's staff, faculty, students and visitors during an emergency. Specific responsibilities include:

1. Being prepared to answer the following questions during an emergency:
 - a. Who is the University Public Health Official?
 - b. Who is the public information officer?
 - c. What is the overall situation (e.g., areas affected, number of people affected, and number of fatalities)?
 - d. Does the University have enough resources to deal with the problem? If not, who has these resources? How will they be obtained?
2. Considering the need for a local emergency declaration in consultation with the County Public Health Director and the County Emergency Management Coordinator.
3. Obtaining copies of all press releases and summaries of all statements provided to the media in live or taped broadcasts.
4. Scheduling time with the University Public Health Official or a designee, to receive regular situation updates.
5. Participating in press conferences, in collaboration with state or local officials.

b. Internal and External Initial Notifications

The threat or actual occurrence of an emergency requires prompt notification of those individuals and agencies that may play a role in effecting a response.

c. 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 of:

1. Determining overall 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.

d. Responsible University Authority

The Office of the President of the University (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 Infectious Disease Task Force and the President will designate a University Public Health Official to chair this Task Force. The University Public Health Official will serve as Lead Incident Commander and, with the Task Force, will be responsible for the ongoing development, implementation and review of this plan.

e. Responsible Local Agency

The Johnson 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.

f. Responsible State Agency

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

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

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 of magnitude of the threat.
3. Assess training levels and remedy deficiencies.

Pandemic Alert (WHO phases 3-5)

1. Activate the jurisdiction's communications plan (see SECTION E).
2. Initiate and manage the jurisdiction's epidemiologic response (see SECTION B).
3. Begin vaccine administration/pharmaceutical dispensing, if selected as a control and prevention measure. If vaccine, pharmaceuticals, or other

medical supplies are to be obtained through the 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 and UIHC.
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)

Recovery/Post-Pandemic

1. Review the 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, and amend the plan to reflect response lessons learned. If due to inadequate training, equipment, or personnel, seek authority and funding to remedy the situation.

ATTACHMENT A-1

UNIVERSITY AND COMMUNITY CONTACT LIST

UNIVERSITY PUBLIC HEALTH OFFICIAL

Name/Department

Work Phone

Cell Phone

Pager

Home Phone

JOHNSON COUNTY PUBLIC HEALTH AGENCY CONTACTS

1st contact Ralph Wilmoth, Director, JCPH 356-6040 Ext. 104

2nd contact Kot Flora, JCPH 356-6040 Ext. 110

3rd contact Becky Mills, JCPH 356-6040 Ext. 103

If no response, contact (in this order):

Ralph Wilmoth Home Phone: 629-4361

Kot Flora, Home Phone: 351-6891

Becky Mills, Home Phone: 627-2600

JCPH Pager 341-1130

Ralph Wilmoth Cell Phone: 530-8575

IOWA DEPARTMENT OF PUBLIC HEALTH

HEALTH CARE FACILITIES

UIHC

Mercy Hospital

VAMC

LAW ENFORCEMENT

University Police Department

Iowa City Police Department

Johnson County Sheriff

Iowa Department of Public Safety

FBI

INTERNAL NOTIFICATIONS

President's Office

EXTERNAL NOTIFICATIONS (WILL VARY DEPENDING ON CIRCUMSTANCES)

Board of Regents

Hospitals, Clinicians, EMS providers and other health care providers- Physicians Alert System

Laboratories

Johnson County Emergency Management Coordinator
Local Law Enforcement- via Johnson County Sheriff
Media- media alert system
County Board of Supervisors and other local elected officials
Parents
Public

University of Iowa
PUBLIC HEALTH EMERGENCY
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SECTION B - PUBLIC HEALTH: SURVEILLANCE, EPIDEMIOLOGY AND DISEASE CONTROL

I. ASSUMPTIONS

- The University is responsible for public health services needed by students, faculty, and staff during a pandemic;
- Some University of Iowa students might elect to leave the community before the full force of the pandemic occurs, but, the majority will stay, along with faculty and staff;
- Closure of the campus will be a joint decision involving the University and state and local health departments;
- Campus closure will include quarantine of residential hall students; and
- University resources are viewed as a community asset to a wide ranging segment of the state in the event of any emergency

II. PUBLIC HEALTH RESPONSE

Inter-pandemic period

The University community has established practices related to public health events. These established practices will continue in the event of pandemic influenza.

A. Surveillance and Epidemiology

Surveillance and disease reporting responsibilities of the medical community within the University continue as required by Iowa Code (Chapter 139A). The University medical community increases surveillance activities in response to requests from the Iowa Department of Public Health (IDPH), either directly or through Johnson County Public Health (JCPH). Heightened surveillance includes increased attention to symptoms indicative of influenza like illness and disease in persons who have engaged in travel to the affected area(s). Johnson County Public Health issues medical alerts to the greater community and the messages are reinforced to the University medical services through internal communication mechanisms. Epidemiologic follow up activities follows the established model (IDPH Epi Manual) and may expand by direction of the state health department or federal government. The medical community continues to provide follow up for their employees and JCPH provides follow up for patients and non-medical staff, faculty, and students. Student Health Service is an active participant in gathering epidemiologic information from students seen in their clinical setting.

1. Notifications e.g. Health Alert Network (HAN)

University of Iowa (Christopher Atchison and James Merchant) and University of Iowa Hospitals and Clinics (UIHC) (Eric Dickson, Loreen Herwaldt, John Kemp,

Chuck Kupka, John Staley) staff who participate in Iowa Health Alert Network (HAN) immediately provide information to University Public Health Official regarding human to human transmission and the implications for the University.

2. Disease Tracking

a. Laboratory

The University of Iowa Hygienic Laboratory (UHL) is included in University medical community communication. UHL prepares for the provision of public health laboratory services consistent with and in consultation with IDPH. UHL disseminates messages for the provider community regarding the collection and submission of influenza specimens. UIHC and Student Health Service provides specimens to UHL from persons with symptoms indicative of influenza as indicated for clinical care, disease identification and outbreak response.

b. Contact tracing

Review policies and procedures (IDPH Epi Manual and UIHC internal policies and procedures) regarding contact tracing for pandemic influenza response with IDPH and JCPH. Conduct contact tracing consistent with the guidelines provided by IDPH and federal agencies. UIHC Epidemiology staff prepares to conduct contact tracing for medical facility staff and JCPH prepares to conduct contact tracing for persons who are not part of the medical community. Student Health Service gathers information from students seen in clinical settings as appropriate.

B. Vaccine Distribution

The vaccine distribution systems for UIHC employees, the Student Health Service, and University related persons who are neither UIHC employees nor students (such as volunteers) are reviewed by the respective parties (JCPH Response Plan). UHL will identify high risk clinical staff for inclusion in vaccine distribution to health care providers.

C. Antiviral Drug Distribution and Use

The antiviral drug distribution plan for UIHC employees, the Student Health Service, and the persons who are neither UIHC employees nor students (such as volunteers) are reviewed by the respective parties (JCPH Response Plan). UHL will identify high risk clinical staff for inclusion in antiviral distribution to health care providers.

D. Psycho-Social

UIHC, Student Health Service, and JCPH contacts psycho-social health service providers to alert them regarding the status of the pandemic. Information is passed along to the provider community as it becomes available.

E. Disease Control

1. Clinical Guidelines

UIHC, Student Health Services, and JCPH incorporate evolving variations on the existing guidelines (IDPH Epi Manual) and/or new guidelines from the Centers for Disease Control and Prevention (CDC) and IDPH as they become available.

2. Personal Protective Equipment (PPE)

UIHC, Student Health Service and JCPH follow CDC and IDPH guidelines (IDPH Epi Manual) regarding respiratory protection. Alert provider community to the need for respiratory protection for patients with an index of suspicion for influenza.

3. Social Distancing

Provide public service announcements to the University community regarding the future implementation of social distancing guidance. Guidance includes planning for reduction of in-person meetings and encouragement of the utilization of communication technology to reduce exposure.

4. Travel

Travel to areas with influenza activity is discouraged. Provide guidance in accordance with CDC and IDPH recommendations for necessary travel.

Pandemic Alert Period

A. Surveillance and Epidemiology

Provide information to University communications contacts for distribution to all media outlets informing the public of the presence and risk of influenza with messages regarding how to respond if symptoms occur. Surveillance and disease reporting responsibilities of the medical community within the University continue as required by Iowa Code (139A). The University medical community increases surveillance activities in response to requests from the IDPH, either directly or through JCPH. Heightened surveillance includes increased attention to symptoms indicative of influenza like illness and disease in persons who have engaged in travel to the affected area(s). JCPH issues medical alerts to the greater community and this message is reinforced to the University medical services through internal communication mechanisms. Epidemiologic follow up activities follows the established model (IDPH Epi Manual) and may expand by direction of the state health department or federal government. The medical community continues to provide follow up for their employees and JCPH provides follow up for patients and non-medical staff, faculty, and students. Student Health Service is an active participant in gathering epidemiologic information from students seen in their clinical setting.

1. Notifications e.g. HAN

University of Iowa (Christopher Atchison and James Merchant) and University of Iowa Hospitals and Clinics (Eric Dickson, Loreen Herwaldt, John Kemp, Chuck Kupka, John Staley) staff who participate in Iowa Health Alert Network immediately provide information to University Public Health Official regarding human to human transmission and the implications for the University.

2. Disease Tracking

a. Laboratory

The University of Iowa Hygienic Laboratory is included in University medical community communication. UHL prepares for the provision of public health laboratory services consistent with and in consultation with IDPH. UHL disseminates messages for the provider community regarding

the collection and submission of influenza specimens. UIHC and Student Health Service provides specimens to UHL from persons with symptoms indicative of influenza as indicated for clinical care, disease identification and outbreak response.

b. Contact tracing

Review policies and procedures (IDPH Epi Manual and UIHC internal policies and procedures) regarding contact tracing for pandemic influenza response with IDPH and JCPH. Conduct contact tracing consistent with the guidelines provided by IDPH and federal agencies. UIHC Epidemiology staff prepares to conduct contact tracing for medical facility staff and JCPH prepares to conduct contact tracing for persons who are not part of the medical community. Student Health Service gathers information from students seen in clinical settings as appropriate.

B. Vaccine Distribution

The vaccine distribution systems for UIHC employees, the Student Health Service, and University related persons who are neither UIHC employees nor students (such as volunteers) are reviewed by the respective parties (JCPH Response Plan). UHL will identify high risk clinical staff for inclusion in vaccine distribution to health care providers.

C. AntiViral Drug Distribution and Use

The antiviral drug distribution plan for UIHC employees, the Student Health Service, and the persons who are neither UIHC employees nor students (such as volunteers) are reviewed by the respective parties (JCPH Response Plan). UHL will identify high risk clinical staff for inclusion in antiviral distribution to health care providers.

D. Psycho-Social

UIHC, Student Health Service, and JCPH contacts psycho-social health service providers to alert them regarding the status of the pandemic. Information is passed along to the provider community as it becomes available.

E. Disease Control

1. Clinical Guidelines

UIHC, Student Health Services, and JCPH incorporate evolving variations on the existing guidelines (IDPH Epi Manual) and/or new guidelines from the Centers for Disease Control and Prevention and IDPH as they become available.

2. Personal Protective Equipment (PPE)

UIHC, Student Health Service and JCPH follow CDC and IDPH guidelines (IDPH Epi Manual) regarding respiratory protection. Alert provider community to the need for respiratory protection for patients with an index of suspicion for influenza.

3. Social Distancing

Provide public service announcements to the University community regarding the future implementation of social distancing guidance. Guidance includes planning

for reduction of in-person meetings and encouragement of the utilization of communication technology to reduce exposure.

4. Travel

Travel to areas with influenza activity is discouraged. Provide guidance in accordance with CDC and IDPH recommendations for necessary travel.

Pandemic Period

A. Surveillance and Epidemiology

Provide information to University communications contacts for distribution to all media outlets informing the public of the presence and risk of influenza with messages regarding how to respond if symptoms occur. Surveillance and disease reporting responsibilities of the medical community within the University continue as required by Iowa Code (Chapter 139A). The University medical community increases surveillance activities in response to requests from the IDPH, either directly or through JCPH. Heightened surveillance includes increased attention to symptoms indicative of influenza like illness and disease in persons who have engaged in travel to the affected area(s). JCPH issues medical alerts to the greater community and this message is reinforced to the University medical services through internal communication mechanisms. Epidemiologic follow up activities adjust as directed by the state health department or federal government. The medical community continues to provide follow up for their employees and JCPH provides follow up for patients and non-medical staff, faculty, and students. Student Health Service is an active participant in gathering epidemiologic information from students seen in their clinical setting. Daily and weekly reports of cases are distributed to the community including descriptive details as appropriate to each audience.

1. Notifications e.g. HAN

University of Iowa (Christopher Atchison and James Merchant) and University of Iowa Hospitals and Clinics (Eric Dickson, Loreen Herwaldt, John Kemp, Chuck Kupka, John Staley) staff who participate in Iowa Health Alert Network immediately provide information to University Public Health Official regarding human to human transmission and the implications for the University.

2. Disease Tracking

a. Laboratory

The University of Iowa Hygienic Laboratory is included in University medical community communication. UHL provides public health laboratory services consistent with and in consultation with IDPH. UHL disseminates messages for the provider community regarding the collection and submission of influenza specimens. UIHC and Student Health Service provides specimens to UHL from persons with symptoms indicative of influenza as indicated for clinical care, disease identification and outbreak response as directed.

b. Contact tracing

Conduct contact tracing consistent with the guidelines provided by IDPH and federal agencies. UIHC Epidemiology staff conducts contact tracing

for medical facility staff and JCPH conducts contact tracing for persons who are not part of the medical community. Student Health Service gathers information from students seen in clinical settings and assists with contact tracing activities as appropriate.

B. Vaccine Distribution

Implement vaccine distribution systems for UIHC employees, the Student Health Service, and University related persons who are neither UIHC employees nor students (such as volunteers) (JCPH Response Plan). UHL will identify high risk clinical staff for inclusion in vaccine distribution to health care providers.

C. Antiviral Drug Distribution and Use

Implement antiviral drug distribution plan for UIHC employees, the Student Health Service, and the persons who are neither UIHC employees nor students (such as volunteers) are reviewed by the respective parties. UHL will identify high risk clinical staff for inclusion in antiviral distribution to health care providers.

D. Psycho-Social

In consultation with psycho-social health care provider community, UIHC, Student Health Service, and JCPH implements psycho-social health service plan including public service announcements related to mental health issues (JCPH Response Plan).

E. Disease Control

1. Clinical Guidelines

UIHC, Student Health Services, and JCPH incorporate evolving variations on the existing guidelines (IDPH Epi Manual) and/or new guidelines from the Centers for Disease Control and Prevention and IDPH as they become available.

2. Personal Protective Equipment (PPE)

UIHC, Student Health Service and JCPH follow CDC and IDPH guidelines (IDPH Epi Manual) regarding respiratory protection. Alert provider community to the need for respiratory protection for patients with an index of suspicion for influenza. Provide public service announcements to the public regarding creation of respiratory protective devices from available materials.

3. Social Distancing

Provide public service announcements to the University community regarding the implementation of social distancing. Implement plan for reduction of in-person meetings and utilization of communication technology to reduce exposure.

4. Travel

Travel to areas with influenza activity is discouraged. Provide guidance in accordance with CDC and IDPH recommendations for necessary travel.

ATTACHMENT B-I.

ISSUES TO BE ADDRESSED

The subsets of the University community and plans to address the public health needs of these subsets must be clearly identified (students, student family members, health care providers, health care staff, non-health care faculty and staff).

Because some members of the University community identify with multiple societal roles, they may not respond as University community members.

Community based public health activities will not include sick care clinics (public health nursing services will continue as appropriate).

Effective communication between the state, county and University is critical.

Clear delineation of responsibility for disease investigation must be established.

The interface between University sponsored clinics and the supply of vaccine and preventive medications must be established.

Responsibility for psycho-social support must be clearly identified.

Disease control measures must be consistent and in conjunction with county, state, and national policy.

Johnson County Public Health maintains a listing of licensed health care professionals with a mailing address in Johnson County. There is no mechanism to determine if these licensed professionals are available or capable to assist.

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SECTION C - HEALTH CARE SERVICES

I. INTRODUCTION AND ASSUMPTIONS

The “Health Care Services” plan has been structured to ensure that the University will be able to effectively screen, triage, quarantine and refer ill and worried students, staff and faculty to definitive care sites during an influenza pandemic. It is based on the assumptions presented in the Basic Plan, section III.b and, in particular, those that are listed below:

The University would be responsible for the health care services needed by its faculty, staff and students during a pandemic

Some University students might elect to leave campus before the full force of the pandemic occurs. However, unless the Board of Regents closes the University, the majority of students will stay on campus or at least in the Iowa City area, along with faculty and staff. It is also possible that the student population could be quarantined and prohibited from leaving the campus.

Based on national (CDC) estimates concerning the incidence of a pandemic flu strain, it is projected that:

- 35% of students, staff and faculty will be ill
- 15% of students, staff and faculty will require treatment

Based on the Flu-Surge Program developed by the CDC, hospitals within the UIHC’s Primary, Secondary and Tertiary Service areas will likely need to admit:

- 4,200 patients in a six-week period (“Best Case”)
- 9,800 patients in a 12-week period (“Worst Case”)

The level of admissions to various hospitals is not known at this time. Efforts to estimate the numbers of patients who would likely be referred to the UIHC and possibly other hospitals for critical care services are underway. At such time as these estimates are available, they will be added to this plan.

The University would be considered a “community asset” in responding to a pandemic.

II. PHASES OF IMPLEMENTATION

The plan for “Health Care Services” will be implemented in four phases: “Pre-Pandemic,” “Initial Response,” “Limited Services” and “Full Scale Services.” Actions that would be taken in each of these phases are discussed in the following sections.

A. PRE-PANDEMIC PHASE (WHO Phases 1-3)

The “Pre-Pandemic Phase” encompasses active planning for pandemic influenza. It includes:

- work underway through the Pandemic Influenza Preparedness Task Force;
- work underway within the UIHC, Mercy and the VAMC to amend/develop bio-emergency plans that include preparations for an influenza pandemic;
- “Collaborative Hospital Planning for an Influenza Pandemic” that involves all three hospitals;
- addressing issues that are identified in all planning forums;
- developing operational policies and procedures for implementing plans;
- identifying the need for and securing required consumable supplies, equipment and pharmaceuticals;
- developing needed informational materials and any information systems enhancements to incorporate forms and reports that will be needed during an influenza pandemic; and
- developing staffing assignments and identifying/recruiting volunteers to supplement assigned staff.

B. INITIAL RESPONSE PHASE (WHO Phase 4)

The “Initial Response Phase” of the “Health Care Services” plan will be implemented upon issuance of a directive by the University President. Possible factors that could prompt issuance of the directive include:

- Confirmation of sustained human-to-human transmission of a potential pandemic strain of influenza (e.g. pandemic influenza) in any part of the world;
- Confirmation of the first human-to-human transmission case of a potential pandemic strain of Influenza (e.g. pandemic influenza) in the United States;
- Results of Public Health surveillance within the State of Iowa suggesting the possible presence of pandemic influenza cases;
- Request from the Iowa Department of Public Health to initiate pandemic influenza plans across the state; or
- “Small cluster(s) [of influenza patients] with limited human-to-human transmission [have been identified] but spread is highly localized, suggesting that the virus is not well adapted to humans” (WHO Phase 4 indicator).

a. Services Provided

The “Initial Response Phase” will involve commencement of patient screening, triage and referral of ill or worried students, staff, faculty and members of the community for follow-up tests; when necessary, referral through normal channels for care at the UIHC, Mercy Hospital or, if appropriate, the VAMC; and confirming the availability of supplies and pharmaceuticals that may be needed if additional influenza cases are detected and it is determined the other phases of this plan need to be implemented. The screening and triage functions would be conducted, using standard criteria, through the following mechanisms:

1. Phone- and Web-based screening/triage, which will provide information on symptoms associated with a pandemic influenza and guidance on whether to seek professional assistance. The expertise for preparing this information will be drawn from physicians in Epidemiology

and Infectious Disease. Specific phone numbers and URLs will be established for students and staff and faculty members; and they will be administered by the Student Health Service and the Employee Health Clinic respectively. The UIHC, Mercy, the VAMC and community physicians may establish similar screening/triage mechanisms.

2. Screening/triage conducted at the Student Health Service and the University Employee Health Clinic for students and staff/faculty respectively. Screening and triage may also be conducted at other sites where University students, staff and faculty and members of the community routinely receive health care, including ambulatory clinics at the UIHC, Mercy Hospital, the VAMC and physician's offices within the community.

b. Provisions for Meeting Consumable Supply, Equipment and Pharmaceutical Needs

Based on information supplied by the Directors of the Student Health Service and the Employee Health Clinic, the Director of Material Services at the UIHC will assess inventory levels of supply items that may be needed if future phases of this Plan are implemented and order items through UIHC Procurement Services and the UI Purchasing Department, if necessary. These items will include:

1. Personal protective equipment
 - Disposable N95, surgical and procedure masks
 - Face shields (disposable or reusable)
 - Gowns
 - Gloves
 - PAPRs, including supplies
2. Medical instruments and supplies required for screening functions and care of quarantined individuals
3. Equipment to support emergency fit-testing capability
4. Infection control supplies (e.g. liquid hand sanitizer)
5. Other items (e.g. facial tissue)

The Director of Pharmaceutical Care at the UIHC, in consultation with the Directors of the Student Health Service and the Employee Health Service and others that may be indicated, will verify the availability of needed medications and procure or assure the availability of additional quantities if necessary.

c. Communications/Reports

- Information on signs and symptoms (i.e. fever, muscle and joint aches, shortness of breath) and circumstances (e.g. contact with and/or exposure to someone diagnosed with an incident of a pandemic flu strain that should prompt students, staff and faculty to seek screening for and the options for doing so will be provided to University Relations, Health Science Relations, and UIHC Marketing and Communications.

- Each day, the Student Health Service and the Employee Health Clinic will report on persons screened and the disposition of those screened to the University President or designee.

C. LIMITED SERVICES PHASE (WHO Phase 5)

The “Limited Services Phase” will be implemented upon issuance of a directive by the University President. Possible factors that would prompt issuance of the directive would include:

- Detection of the first case of a pandemic flu strain among the University of Iowa student, staff or faculty populations, or within the greater Iowa City area community;
- Detection of several cases of a pandemic flu strain in other parts of Iowa and/or bordering states; or
- “Larger cluster(s) [of influenza patients have been identified] but human-to-human spread, including cases in the Midwest, are still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible” (WHO Phase 5 indicator).

a. Services Provided

When the directive is issued to commence the “Limited Services Phase” of this plan, the following steps will be taken:

- Screening, triage and referral would continue as specified in the “Initial Response” phase.
- Predetermined sites for mass screening and triaging at the Iowa Memorial Union on the East Campus and the Recreation Building and Indoor Practice Facility on the West Campus will be readied for use under the direction of the Student Health Service and Employee Health Clinic Directors respectively. Each site would be prepared for screening and triaging up to 500 persons per day.
- Predetermined sites for quarantining exposed and/or ill students would be readied for occupancy under the joint direction of the Student Health Service and University Housing Directors. The specific facilities that will be used for these purposes are yet to be determined.
- Operational plans prepared under the direction of the Directors of the Student Health Service, the Employee Health Clinic and University Housing, including staffing assignments for the screening/triage and quarantine sites, facility layout and set-up details and requirements for consumable supplies, equipment and pharmaceuticals are presented as Attachments C-I and C-II. Prior to their distribution during the “Limited Services Phase,” they will be reviewed by the Directors of the Employee Health Clinic, the Student Health Service and University Housing and if necessary revised; and then distributed to University staff and volunteers who will serve at these sites.
- Plans to monitor and provide outpatient health care for students and others housed on campus under isolation and/or quarantine conditions will be prepared by the Directors of the Student Health Service and the Employee Health Clinic and are presented as Attachment C-III. Prior to distribution in the “Limited Services Phase,” they will be reviewed by the Directors of

these two units and revised if necessary. They will then be distributed to staff and volunteers assigned duties for monitoring and providing care to isolated/quarantined individuals on campus.

b. Provisions for Meeting Consumable Supply, Equipment and Pharmaceutical Needs

- Needed supplies for operating the triage and quarantine sites over a seven-day period will be delivered to those locations by the UIHC's Hospital Stores so they will be available for use upon activation of the sites. These items will include those enumerated in the "Initial Response" section.
- Needed pharmaceuticals will be identified and made ready for movement to screening/triage sites by the UIHC Department of Pharmaceutical Care.
- Lists of consumable supplies, equipment and pharmaceuticals that will be needed at these sites during the initial week of operation will be prepared by the Directors of the Student Health Service and Employee Health Clinic and are presented in Attachments C-IV, C-V and C-VI respectively. Lists of consumable supplies, equipment and pharmaceuticals that will be required in subsequent weeks will be submitted by the Director of Purchasing as requests for supplies, equipment and pharmaceuticals from the Strategic National Stockpile to the Johnson County Emergency Management office so they may be amalgamated with other requests and then submitted to the IDPH when and if needed.

c. Communications/Reports

- The communications and reports initiated during the "Initial Response Phase" will be continued.
- In addition, the Directors of the Student Health Service, Employee Health Clinic and University Housing will submit daily reports to the University President or designee on the status of readying screening, triage, mass care and quarantine sites.

d. Other Arrangements

An orientation program will be provided by University and Hospital Human Resources for volunteer faculty, staff and students in the Colleges of Medicine, Nursing, Dentistry, Public Health and Pharmacy who will perform duties at or in support of:

- Mass screening/triage sites
- Mass quarantine/care sites
- University students and others who are isolated/quarantined in their own residences

D. FULL SCALE SERVICES PHASE (WHO Phase 6)

The "Full Scale Services Phase" will be implemented upon issuance of a directive by the University President. Possible factors that could prompt issuance of the directive include:

- The daily requirements for screening/triage exceed the capacities of the Student Health Service, the Employee Health Clinic and other clinics; and/or
- The capacity to care for new patients exceeds the operating bed capacities of the UIHC, Mercy Hospital and the VAMC;
- “Pandemic increased and sustained transmission [of influenza] in general population [has been identified]” (WHO Phase 6 indicator).

a. Services Provided

At such time as the directive for the “Full Scale Services Phase” is issued, the following steps will be taken to initiate and operate services established for University students, staff and faculty:

- Any items listed for the “Limited Services Phase” that have not been implemented will be completed as soon as possible.
- The sites at the IMU and the Recreation Building/Indoor Practice Facility that have been readied for mass screening and triaging will be activated under the direction of the Student Health Service and the Employee Health Clinic respectively. Staff and volunteers assigned to these sites will be contacted and asked to report to their assigned work locations at a time that will be specified by the Directors of the Student Health Service and Employee Health Clinic.
- Quarantine sites that have been readied for use will be activated. Staff and volunteers assigned to these units will be contacted and asked to report to their duty site at a time specified by the Directors of the Student Health Service and University Housing.

b. Provisions for Meeting Consumable Supply, Equipment and Pharmaceutical Needs

The Director of the University Purchasing Department will contact the Johnson County Emergency Management office and ask that the University’s lists of needed supplies and pharmaceuticals for operation of the mass screening/triage and quarantine sites be submitted to the Iowa Department of Public Health for immediate acquisition and distribution from the Strategic National Stockpile.

c. Communications/Reports

The communications and reports initiated during the “Initial Response Phase” will be continued. In addition, the Directors of the Student Health Service, Employee Health Clinic and University Housing will submit daily reports on the operation of the mass screening and triage facilities, mass care sites and quarantine sites to the University President or designee.

d. Other Arrangements

- The University of Iowa Hospitals and Clinics, Mercy Hospital and the Veterans’ Affairs Medical Center will implement their own bio-emergency plans for addressing the needs of large numbers of patients afflicted with the virus. For reference purposes, the UIHC’s “Bio-Emergency Preparedness Plan” is included as Attachment C-VII.

- The performance of the mass screening/triage and quarantine sites will be monitored by the Directors of the Student Health Service, Employee Health Clinic and University Housing. They will submit daily reports on the operation of these units as well as requests and recommendations for actions, other than those related to facility, supply and staffing issues, to the University President.
- Hospitals will provide information on admissions, discharges and deaths of University students, staff or faculty on a daily basis through their respective liaison officers within their own Incident Command structures to the University President. Reports on hospitalized influenza victims will also be provided to designated family members and significant others by the individual hospitals in accord with the Mutual Aid Agreement between Mercy, UIHC and the VAMC (to be developed).

ATTACHMENT C-I.

OPERATIONAL PLANS FOR STUDENT HEALTH SERVICE AND UIHC EMPLOYEE HEALTH CLINIC

Will be added as developed

ATTACHMENT C-II.

OPERATIONAL PLANS FOR UNIVERSITY HOUSING

Will be added as developed

ATTACHMENT C-III.

PLAN TO MONITOR AND PROVIDE OUTPATIENT HEALTH CARE FOR STUDENTS AND OTHERS HOUSED ON CAMPUS UNDER ISOLATION AND/OR QUARANTINE CONDITIONS

Will be added as developed

ATTACHMENT C-IV.

CONSUMABLE SUPPLIES

Will be added as developed

ATTACHMENT C-V.

EQUIPMENT

Will be added as developed

ATTACHMENT C-VI.

PHARMACEUTICALS

Will be added as developed

ATTACHMENT C-VII.

BIO-EMERGENCY PREPAREDNESS PLAN

Will be added as developed

ATTACHMENT C- VIII.

ISSUES TO BE ADDRESSED

Do the Student Health Service and the University Employee Health Clinic have the staff and other resources to provide and supervise screening/triaging services and perform other functions identified above? If not, what arrangements could be made to augment staff and other resources needed to provide these services within these units?

What resources are or will be available to finance the provision of screening and triage services, mass care sites, quarantine sites and services and the provision of durable supplies, equipment and pharmaceuticals?

Ideally, all of the data collection and reporting should be done electronically and thus the screening questionnaires, forms and reports need to be developed for real-time use. Who should undertake this work and is funding available for this purpose?

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SECTION D - CONTINUITY OF OPERATIONS: EDUCATION, HEALTH SERVICES AND RESEARCH

I. INTRODUCTION

The Continuity of Operations subcommittee agreed that contingency plans need to be developed now; however, implementation will most likely be incremental based on confirmed cases, the rate of new cases and their geographical proximity relative to the State of Iowa and the University of Iowa.

The plan would be designed to respond in proportion to the threat. We have outlined five periods or levels in our plan and defined them in relation to the IDPH Pandemic Influenza Response Annex set forth in the basic plan. The five periods for this portion of our plan are:

Pre-pandemic: This corresponds to WHO Phases 1, 2, 3 and 4 (no new influenza virus subtypes in humans through small clusters of human to human transmission, highly localized and outside the US, suggesting virus is not well adapted to humans).

Pandemic alert: This corresponds to WHO Phase 5 (human to human spread still localized and outside the US, virus increasingly better adapted to humans, but not yet fully transmissible).

Pandemic level 1: This corresponds to WHO phase 6 (sustained transmission in general population) outside the United States.

Pandemic level 2: WHO phase 6, but present in the United States.

Pandemic level 3: WHO Phase 6, but present locally (Iowa City and campus)

II. GENERAL ASSUMPTIONS

- a. There will be a special critical incident management team to deal with pandemic flu concerns. This team will include persons with medical knowledge and experience
- b. At WHO phase 5, the special critical incident management team will be activated in order to plan how best to educate the University community and provide available resources to mitigate the impact on the University. It is assumed that at this stage, we will know more about how the virus is spread.
- c. If a confirmed case is reported in the U.S., it is assumed that federal and state officials will respond quickly to isolate and control; this plan assumes those attempts will fail and the State and the University will be impacted.

- d. UIHC and SHS will experience increased demand for medical treatment and advice from faculty, staff, and students. (Note: some assume that faculty and staff will turn to their local providers and that students will do the same. But for many students, the provider is a doctor in the home town, not in Iowa City. The need for immediate attention and fear of the pandemic will likely increase student demand locally. And many faculty and staff, especially those in CHP plans, may turn to UIHC assuming there will be more expertise there.)
- e. The majority of faculty and staff will remain on campus and available for work, unless the authorities close the Regents' Universities or the authorities require everyone to remain in their homes for a period of time.
- f. The majority of undergraduate students will leave campus as soon as they and their families learn of incidences of flu. (Note: This is an assumption that will lead us to consider temporary suspension of classes earlier rather than later.)
- g. The majority of professional and graduate students will remain on campus or in Iowa City and will be interested in continuing to work toward their degree so long as the University remains open.
- h. Faculty and staff will wish to remain in pay status during any time away from the workplace.
- i. The University will be considered a "community asset" and a "state asset" in responding to a pandemic.

III. ESSENTIAL TASKS AND LINES OF SUCCESSION

We attempted to identify the most essential tasks of a number of units. We concluded that core academic activities, such as classes and lectures and arts events could all be temporarily suspended. Large public gatherings should be cancelled or postponed and classes should be temporarily suspended in order to avoid spreading the disease. However, Public Safety, Human Resources, Facilities Management, and Information Technology could not close down, even temporarily. Student Health Services would work closely with UIHC and other health care providers.

Even if buildings are closed and locked down, Public Safety will need to remain active to ensure their security. In addition, if shortages of drugs and medical care occur, Public Safety may be called on to maintain order.

HR staff will need to be available to provide information for all employees, but it is assumed that much of this work can be done from home by telecommunications if office sites need to be closed to prevent spread of the virus. HR could begin making contingent plans for staffing functions via telecommunicating from home and review those as part of its regular review of its plan.

Facilities Management's primary essential task will be to maintain utility service to the buildings, even those that are locked down. For example, we wouldn't want extreme temperatures to harm valuable art work in the Museum. In addition, demand for custodial services will continue. If extra staff needs to be cross-trained to ensure continued operation at the peak of a pandemic, plans for that should begin now.

Information Technology will need to ensure that web communications and email are operating and that data can continue to be accessed. If many people are working from home, partnerships with local providers like Quest and South Slope will be important. Discussions about these partnerships should begin now.

Each unit was asked to identify a line of succession. If 40% of the workforce is likely to be absent at one time, we thought it made sense to identify at least two people in each unit who would serve as head of the unit if the current head were to be unavailable.

The issues and lines of succession for the four units that worked on this portion of the plan are outlined below in the following order:

- Public Safety
- Human Resources
- Office of the Provost
- Student Health Services

In Attachments D I-IV, a matrix is provided that outlines the most recent thinking of these units about these issues. The matrix for the Office of the Provost identifies the need for continued operations in Facilities Management and Information Technology. These charts identify the primary activities that will need to occur at each of the different levels of alert.

Most of the questions about policy (e.g., how to grade students once classes are suspended, how to continue paying employees if they are not at work and are ineligible for any type of paid leave) have yet to be answered. Human Resources, Facilities Management, Information Technology, and Office of the Provost are discussing their issues regularly at staff meetings and hope to develop policies that will be in place when needed. This is part of our Pre-Pandemic planning process.

The current state of pre-pandemic planning by four units is reflected in the grids that are included at Attachments D I-IV. These will be updated regularly. Similar grids should be prepared and discussed by other units, including University Housing, Facilities Management, Information Technology, and Athletics.

A. PUBLIC SAFETY

Public Safety Issues (Pandemic Level 1)

- a. UIDPS personnel (Administration, Crime Prevention Officer) would be utilized to assist in communicating the University Pandemic Influenza Response Plan (UIPIRP) to the University community to be led by the Director of University Relations.
- b. DPS Administration would contact/meet with appropriate Federal and State representatives as well as area law enforcement and emergency management officials to inform them of UIPIRP/subsequent actions; review related plans and ascertain when joint plans will be activated if applicable.
- c. Establish multi contact lists (federal, state, local, University) .

Public Safety Issues (Pandemic Level 2)

- a. UIDPS would be part of the CIMP Team to discuss next steps upon confirmed U.S. case utilizing the University Pandemic Influenza Response Plan (UIPIRP).
- b. DPS personnel would assist in national and state tracking and reporting efforts to continually provide updates to selected University personnel.
- c. Communicate with federal and state officials to ascertain DPS' role in the fed/state response plans.
- d. Relocation of University Police officers to address joint state efforts.
- e. PPE and other equipment needs.
- f. Contingency plans to address reduced DPS staffing levels.
- g. Limiting exposure to DPS staff.

Public Safety Issues (Pandemic Level 3)

- d. Ascertain role if statewide quarantine becomes necessary and martial law is declared.
- e. Riot control response.
- f. Addressing personnel who have been infected.
- g. Assist in providing security for vaccination stations and storage areas.
 1. Possible vaccinations for emergency responders
 2. Appropriate PPE for emergency responders
- h. Assist in enforcing county/campus quarantine efforts.
 - b. How to address violators
 - c. Modified Johnson County jail intake procedures
 - d. Patrol/security issues for selected facilities housing the sick
- i. Assist in addressing students who are determined to leave and arriving parents.
- j. Patrol and assist in monitoring and securing University properties/buildings which may require restricted access or complete lockdown.
- k. Staff shortages.
- l. Modify walking and driving tours for DPS Guards and Police Officers.
- m. Campus wide communications.
- n. Partnerships with county, local police and emergency responders to address response.
- o. Meet with General Counsel and County Attorney's office to address violations of law.

B. HUMAN RESOURCES

See the Human Resources grid in Attachment D-II for a breakdown of actions that will be taken during the pandemic period, levels 1, 2, and 3. Some of the planning issues listed below will occur during the pre-pandemic and pandemic alert periods. The grid will be reviewed and updated regularly at HR staff meetings.

Issues for HR

- a. Work with the Iowa Department of Administrative Services (DAS) and the State of Iowa Board of Regents to develop expectations regarding pay status in the event of employee illness, family member's illness, closing the workplace, or mandated home stay.

1. Evaluate current policies that address absences to determine the need for possible revision in the case of a pandemic.
 2. Some employees may wish to remain home when the expectation continues that they be at the workplace.
 3. Some employees may wish to remain in the workplace when the expectation is that they remain away from the workplace.
- b. Identify essential functions within University HR and a succession of essential persons/roles for performance of those essential functions.
1. Identify needs for cross-training and its implementation.
 2. Identify third-party vendors critical to these essential functions and means to maintain those relationships.
 3. Identify which essential functions can continue to be performed in the event of the institution closing or persons required to remain at home.
 4. Identify equipment needs for employees to be able to perform essential functions away from the workplace.
 5. Proposed succession = Sue Buckley, Kevin Ward, Laura Reed, Richard Saunders, Judie Hermsen.
- c. Collaborate with University Relations to develop and implement communication plans
1. Prevention of influenza spread at the workplace.
 2. Expectations regarding absence from the workplace in the event of a known exposure to the illness.
 3. Expectations regarding absence from the workplace in the event of an individual's illness.
 4. Expectations regarding a return to the workplace for a previously-ill employee.
 5. Maintaining communication with ill employees.
 6. Broadcast of closing of the institution or a mandate that employees remain at home.
 7. Maintaining communication with employees in the event of a closing of the institution or a mandate that employees remain at home.
- d. Implement guidelines to modify the frequency and type of face-to-face contact (e.g., hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers.
- e. Expect employing units to identify employees with special needs, and incorporate the requirements of such persons into the preparedness plan.
- f. Ensure that all plans delineate accountability and responsibility for achieving desired outcomes; and that plans include timelines, deliverables and performance measures.
- g. Line of succession: Sue Buckley, Kevin Ward, Laura Reed, Richard Saunders, Judie Hermsen.

C. OFFICE OF THE PROVOST

The Office of the Provost will consult with Deans and faculty groups during the pre-pandemic and pandemic alert periods to develop policies about the suspension of classes, grading of students, and the closing of academic-related venues and events as needed to minimize possible transmission of the virus. The Office of the Provost will also consult

with Vice President for Research and Research Deans to develop policies for maintaining research activities in the event parts of the campus are closed down in response to the pandemic.

Issues for the Academic Mission

- a. It is assumed that classes will continue unless they are officially suspended University-wide by the Provost. However, if a dean wishes to suspend classes before a University-wide decision has been made, that should be possible so long as the Provost is consulted and approves.
- b. Class absences: Classes will almost certainly be temporarily suspended if a pandemic occurs on campus or in the Iowa City area. Individual classes can be cancelled (or postponed) by an individual professor in the event of the professor's illness or unavailability. Presumably, unless classes are officially suspended by the Provost, it is expected that those classes will be made up just as they would be under current rules.
- c. Student withdrawal due to fear of pandemic: It is anticipated that before classes are officially suspended, students may wish to withdraw, or may simply leave the campus to return home to be with families. We need to develop guidelines for a uniform policy on withdrawal which will assure students of no harm to their records if withdrawal is a result of an actual or feared pandemic.
- d. Need to involve faculty in the colleges in some of these discussions as we plan and develop policies with respect to options about how to complete courses and how to grade students.
- e. Is there any impediment to continuing to pay employees even though classes and departments are closed?
- f. At what point do we return tuition payments?
- g. Can faculty claim sick leave if their classes are closed but they are not sick?
- h. If faculty are able to do research from home and their classes are cancelled, do they remain on the payroll without claiming sick leave or vacation leave?
- i. Do we need to develop alternative means for instruction if teachers are ill but students are not? Or, if students are quarantined and instruction could be delivered to the dorms (or wherever they are quarantined)?
- j. Research Mission: need to consult with Vice President for Research and Research Deans to institute a plan for maintaining the security and viability of labs that may be closed down. Ensure that plans are in place to provide ongoing care for animals.
- k. Closure of public venues other than classes: When should public spaces like the museum and cafeterias be closed? Presumably we should close those (as well as Cambus) if we suspend classes. Decisions to close these venues will not be made by the Provost, but rather by the President in consultation with the Critical Incident Management Team. If public events need to be closed (e.g., athletic events), we will need to consider the effect on revenues.
- l. Line of Succession: Provost, Vice Provost, Associate Provost for Undergraduate Education.

D. STUDENT HEALTH SERVICES

Student Health Service Issues

- a. Disseminate infection control information and provide campaign on self-care.
- b. Initiate a surveillance program for early identification of cases, i.e. resident assistants in University housing, faculty, e-mail, etc.
- c. Adjust operation of clinic to meet the needs of acute care patients, including transitioning to triage clinic only.
- d. Work with public health to decide issues such as isolation, contact tracing, quarantine, etc. Also provide recommendations for students wishing to leave the University.
- e. Work with public health to provide mass immunization clinics and/or mass antiviral dispensing clinics for students.
- f. Identify critical supplies - for clinic and campus.
- g. Plan for decreased staffing and arrange for alternative decision makers.
- h. Provide for dedicated counseling/psychiatric care for family/friends of the deceased.

ATTACHMENT D-I.

PUBLIC SAFETY GRID

Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
<p>UIDPS personnel (Administration, Crime Prevention Officer) would be utilized to assist in communicating the UIPIRP to the University community to be led by the Director of University Relations</p>	<p>UIDPS would be part of the CIMP Team to discuss next steps upon confirmed U.S. case utilizing the University of Iowa Pandemic Influenza Response Plan (UIPIRP)</p>	<p>Ascertain role if statewide quarantine becomes necessary and martial law is declared</p>
<p>DPS Administration would contact/meet with appropriate Federal and State representatives as well as area law enforcement and emergency management officials to inform them of UIPIRP/subsequent actions; review related plans and ascertain when joint plans will be activated if applicable</p>	<p>DPS personnel would assist in national and state tracking and reporting efforts to continually provide updates to selected University personnel</p>	<p>Assist in providing security for vaccination stations and storage areas</p> <p>--Possible vaccinations for emergency responders</p> <p>--Appropriate PPE for emergency responders</p>
<p>Establish multi contact lists (federal, state, local, University)</p>	<p>Communicate with federal and state officials to ascertain DPS' role in the fed/state response plans.</p>	<p>Riot control response</p>
	<p>Relocation of University Police to address joint state efforts</p>	<p>Assist in enforcing county/campus quarantine efforts</p> <p>How to address violators</p> <p>Modified Johnson County jail intake procedures</p>

Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
		Patrol/security issues for selected facilities housing the sick
	PPE and other equipment needs	Assist in addressing students who are determined to leave and arriving parents
	Contingency plans to address reduced DPS staffing levels	Addressing personnel who have been infected
	Limiting exposure to DPS staff	Patrol and assist in monitoring and securing University properties/buildings which may require restricted access or complete lockdown
		Staff shortages
		Modify walking and driving tours for DPS Guards and Police Officers
		Campus wide communications
		Partnerships with county, local police and emergency responders to address response

	Pandemic Level 1	Pandemic Level 2	Pandemic Level 3	
			Meet with General Counsel and County Attorney's office to address violations of law	

ATTACHMENT D-II.

HUMAN RESOURCES GRID

	Pandemic, Level 1	Pandemic, Level 2	Pandemic, Level 3
What	1) International and/or domestic travel tracked.	1) All travel monitored; determine whether restrictions are necessary	1) Additional considerations regarding travel
	2) Identify essential functions and roles, with consideration for continuum of level of University operation	2) Identify specifically who and succession thereof related to essential functions/roles	2) Implement essential functions/roles to report to work
	3) Review of attendance/absence policies in light of various infection and operations scenarios	3) Employees want to stay home or need to (daycare, ill family member, etc)	3) Employees told whether expected to be at home or work and related consequences
	4) Maintaining employees in work status	4) Org/dept makes decision regarding telecommuting and/or isolating employees in the workplace	4) For employees expected to be at home, who is expected to be working
	5) Consideration for those involved as First Responders, National Guard, Red Cross volunteers	5) Persons notify the University of their need to serve	5) Persons notify the University of their need to serve
	6) Plan communication(s) to employees regarding benefit policies (health insurance, long term disability, unemployment, workers compensation) and other HR resources such as EAP. Evaluate need for 800#, hotline.	6) Communicate with employees re specified benefits. Implement training for HR Unit Reps regarding crisis intervention and when to refer. Establish new resources for communication.	6) Communicate with employees re specified benefits. Continue training. Evaluate communications strategy and revise as needed.
How	1) Create means to track international	1) Require use of created tool to record travel. Consult with	1) Review restrictions, if any, to determine

	travel, possibly electronically	authorities on need for restrictions.	whether new or additional ones need to be instituted.
	2) Identify for each campus unit and identify cross-training that should begin now. Consult University disaster planning web resources at http://cio.uiowa.edu/itsecurity/resources/documents/Enterprise-IT-Disaster-Plan.pdf and http://cio.uiowa.edu/itsecurity/resources/documents/Sample-DRP-Forms.doc	2) Review previously established essential functions/roles. Determine succession of persons and need for additional cross-training. Use isolation and other methods to limit spread such as wearing face masks or direct contact. Close non-essential facilities for public and/or employee use (e.g., cafeterias, athletic events and other large venues)	2) Use isolation and other methods to limit spread such as wearing face masks or direct contact. Consider further closing of facilities/services (e.g., Campus)
	3) Review current policies, their application and whether any need to be revised specific to a pandemic	3) Consult with DAS/BOR regarding policies and the University's desire to revise, if any	3) Communicate policies to campus.
	4) Identify work that could be performed from employees' homes and equipment/services needed	4) See University HR web resources on telecommuting	4) Implement plans for isolation and/or telecommuting.
	5) Review related policies.	5) Communicate related policies to DDDEO's and HR Unit Reps	5) Communicate related policies to DDDEO's and HR Unit Reps
	6) Determine what information employees will need/want at each of next 2 levels and best delivery option(s) for same.	6) Deliver appropriate communication per Level 1 planning.	6) Deliver appropriate communication per Level 1 planning.
Who	1) Build centrally and provide for	1) Employees and third parties record travel.	1) Designated University officials.

	entry at local level	Designated University officials determine restrictions.	
	2) Unit=>Dept=>DD DEO=>VP/Provost =>President	2) Unit=>Dept=>DDDEO=>VP /Provost=>President	2) Unit=>Dept=>DDDEO =>VP/Provost=>President
	3) University Human Resources/Office of the Provost	3) University Human Resources/Office of the Provost	3) University Human Resources/Office of the Provost
	4) Unit=>Dept=>DD DEO=>VP/Provost =>President	4) Unit=>Dept=>DDDEO=>VP /Provost=>President	4) Unit=>Dept=>DDDEO =>VP/Provost=>President
	5) University Human Resources/Office of the Provost	5) University Human Resources/Office of the Provost	5) University Human Resources/Office of the Provost
	6) University Human Resources	6) University officials and University HR	6) University officials and University HR

ATTACHMENT D-III.

ACADEMIC MISSION (TEACHING/RESEARCH) GRID

Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
<p><i>Issue: Continuation of classes</i></p> <p>What: distance education alternatives explored</p> <p>How: Email/DEO meetings</p> <p>Who: Provost/Continuing Ed</p>	<p>What: Monitor class attendance</p> <p>How: Professor to DEO to Dean to Provost</p> <p>Who: Professors, DEOs, Deans and Provost</p>	<p>What: Monitor class attendance</p> <p>How: Professor to DEO to Dean to Provost</p> <p>Who: Professors, DEOs, Deans and Provost</p>
<p><i>Issue: Temporary Cancellation of classes</i></p> <p>What: Educate Professors and DEOs of what to look for in terms of making decisions about temporary cancellation of classes.</p> <p>How: Email/ DEO meetings</p> <p>Who: Provost and Critical Incident Management Team</p>	<p>What: No action</p>	<p>What: Decide to cancel/suspend for period of time</p> <p>How: Decision by Professor if ill.</p> <p>Decision by DEO if Departmental space is too infected (in consultation with Dean and Provost)</p> <p>Decision by Dean if Collegiate space is too infected (in consultation with Provost)</p> <p>Decision by Provost if too much of entire campus is infected</p>

Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
<p data-bbox="235 233 630 302"><i>Issue: Closure of Departments and Colleges</i></p> <p data-bbox="235 342 451 373">What: No action</p>	<p data-bbox="665 342 873 373">What: no action</p>	<p data-bbox="1015 342 1323 373">What: Decision to close</p> <p data-bbox="1015 415 1344 632">How: DEO can decide to close departments if sufficiently widespread infection (reports to dean, who reports to Provost).</p> <p data-bbox="1015 674 1334 852">Dean can decide to close college if sufficiently widespread infection (reports to Provost)</p> <p data-bbox="1015 894 1365 993">Provost can decide to close all Colleges if sufficiently widespread infection.</p>
<p data-bbox="235 1003 634 1142"><i>Issue: Closure of nonacademic space that is not essential to academic mission</i></p> <p data-bbox="235 1184 613 1365">What: List all such spaces (e.g., spaces in Union where students gather, non-essential cafeterias; sporting events)</p> <p data-bbox="235 1407 626 1514">How/Who : Critical Incident Management Team consults with VP Group</p>	<p data-bbox="665 1184 899 1253">What: continue to review list</p>	<p data-bbox="1015 1184 1354 1253">What: Closure of all nonessential public spaces</p> <p data-bbox="1015 1295 1352 1402">How: Announcements via email and web page</p> <p data-bbox="1015 1444 1365 1583">Who: President, upon advice of Critical Incident Management Team and VP Group.</p>

Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
<p><i>Issue: Maintaining research</i></p> <p>What: Identify labs that cannot close down for several weeks without severe damage</p> <p>What: Identify who will maintain lab in absence of PIs – line of succession for each lab</p> <p>How: Inquiry to PIs</p> <p>Who: Provost and VPR</p>	<p>What: Update lists and identify essential personnel to keep labs safe (especially those that rely on animals)</p> <p>What: Confirm lines of succession</p>	<p>What: Closure of labs except for essential functions.</p> <p>How and who: Decision by PI or successor</p>
<p><i>Issue: Maintenance of essential services to buildings</i></p> <p>What: Identify lines of succession in FM for maintaining utilities and cleaning of buildings (and any other identified essential functions) should staff decrease by one-third</p> <p>How: FM discussions in staff meetings</p> <p>Who: FM</p>	<p>What: Continue to review lines of succession and cross train as necessary</p>	<p>What: Maintain buildings even if University is closed.</p> <p>How: continue to provide utilities and cleaning.</p> <p>Who: FM</p>
<p><i>Issue: Maintain IT operations for communications.</i></p> <p>What: Create partnerships with local providers</p> <p>How/Who: IT</p>	<p>What: Readiness for staff and faculty to work from home</p> <p>How/Who: IT and partners</p>	<p>What: Support staff and faculty who are working from home</p> <p>How/Who: IT and Partners</p>

ATTACHMENT D-IV.

STUDENT HEALTH SERVICES GRID

	Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
<i>Infection Control Education</i>	<p>Who: SHS (Infection control officer, HI, docs) JCPH, Mercy, UIHC staff</p> <p>What: Staff education Student education: electronic (website), all media-TV, radio, lectures, flyers, posters across campus. Mask wearing/hand-sanitizer use</p> <p>What: Housing and Food Service-Adjustments Re: disposable utensils, dishes</p> <p>How: Access predetermined contacts-DI, Cambus, housing, frats/sororities</p>	<p>Continue and enhance</p> <p>Make adjustments in educational content based on droplet vs. airborne mechanism of transmission</p>	<p>Continue and Reinforce</p>
<i>Surveillance in University housing, classes, workplaces</i>	<p>Who: SHS & others?</p> <p>What: identifying sentinel reporters on campus and at SHS and point person – ?UIHC, EPI Set up database & electronic reporting system</p>	<p>What: Establish criteria for monitoring absenteeism, influenza-like illness in students</p>	<p>Who: RAs, faculty, HR staff, SHS, ETC, Mercy, JCPH/VNA</p> <p>What: Daily monitoring of absences & communication to central person (EPI?)</p> <p>How: Sentinel</p>

	Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
			people-gather information & enter in database – point person works with University officials to make decisions.
<i>Influx of sick patients</i>	<p>Who: SHS staff</p> <p>What: Review current policy</p>	<p>Who: SHS & UIHC EPI staff</p> <p>What: Establish clinical practice & triage guidelines/protocols</p>	<p>Who: SHS staff</p> <p>What: Monitor patient volume & acuity & make decision about discontinuing routine care; infection control in clinic & consider more portable negative pressure machines?</p> <p>How: Patient visit reports</p>
<i>Triage of ill, worried well in SHS clinic</i>	<p>Who: SHS, UIHC EPI staff</p> <p>What: Determine triage protocols for self-care vs. referral to hospitals, transportation to hospitals, consider options for alternate locations for SHS triage</p> <p>How: look at SARS policies</p>		<p>Who: SHS docs and nursing staff</p> <p>What: assess students for symptoms-segregate sick from worried well, triage according to guidelines →home→hospital</p> <p>How: follow guidelines</p>
<i>Managing ill and exposed</i>	<p>Who: SHS & EPI staff</p> <p>What: Determine</p>	<p>Who: VP for Student Services</p> <p>What: Inform</p>	<p>Who: SHS, JCPH, UIHC</p> <p>What: Implement</p>
<i>Recommendations</i>			

	Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
<i>for students who want to leave the University?</i>	availability & appropriateness of campus buildings for isolation, quarantine, develop operational plans for each site-staffing, cleaning, etc. How:	residents of plans for occupancy of certain dorms for quarantine (need to move)	plan-infrastructure-food provided How: Open quarantine and isolation locations
<i>Mass immunization and antiviral clinics</i>	Who: SHS What: Monitor vaccine & antiviral availability, determine location for clinics and medicine distribution (operational plans), plan for staffing	What: assess supplies	Who: SHS staff, students What: vaccinate students according to priority status and distribute antivirals per policy
<i>Supplies (PPE, laboratory influenza testing)</i>	Who: What: Determine who needs masks, gloves, N95s, hand sanitizer, gowns, FSG- anyone who contacts students campus wide, determine source of supplies and who pays? How:	What: make supplies available to staff, faculty & students on campus re: educate on infection control How:	Who: What: Maintain supplies of PPE in all needed areas.
<i>Plan for decreased staffing</i>	Who: What: Determine alternate decision makers –		

	Pandemic Level 1	Pandemic Level 2	Pandemic Level 3
	administrative tree-Dr. Khowassah, Lisa James, etc.)		
<i>Counseling Service – care for family/friends of deceased</i>	Who: SHS & UCS What: Plan for increased need.		Who: UCS & SHS psychiatrists What: Be accessible for increased counseling needs. Consider alternate methods of providing counseling (telephone)

ATTACHMENT D-V.

ISSUES TO BE ADDRESSED

Is there some way to monitor international travel of all members of the University community since not all travel plans go through the University for reimbursement? Or is this even worthwhile given the close proximity of town and gown?

If some buildings are quarantined, who will service those buildings? Do they need PPE and special training?

Drugs such as Tamiflu may need to be stored at undisclosed locations. Should we stockpile Tamiflu, gloves, masks, coal, anything?

How long can we survive financially if we continue to pay employees at a time when most functions are closed down?

Athletics and University Housing are two units that need to work on pandemic planning. They are not included in this portion of our report.

What steps should we be taking now in our negotiations with unions and other third parties? Should we be seeking any legislative changes that would help our planning?

University of Iowa
PUBLIC HEALTH EMERGENCY
Pandemic Response Plan

SECTION E - COMMUNICATIONS AND CONSULTATION

I. ASSUMPTIONS

The University's Critical Incident Management Plan provides the framework of the communications plan. The chain of command for communications will follow the University Critical Incident Management Plan, and include UIHC and Public Health authorities.

University Relations serves as the authorized spokesperson for the University. All public information will be coordinated and disseminated by University Relations staff with assistance from other University departments and/or personnel.

Effective communications are a critical element within all aspects of the University Pandemic Influenza Response Plan. As such, the audiences for communications are varied and diverse. These audiences include: University faculty, staff and students; parents of students; local media; Iowa City and Johnson County communities; Board of Regents and other state officials; ISU, UNI, and other higher education institutions in Iowa; and the general public.

II. INTERNAL COMMUNICATIONS

Prior to a pandemic flu emergency, establish a University website that includes the University Pandemic Influenza Response Plan, and related resources such as links to prevention and public health information. Publicize the website to University faculty, staff and students, parents of students, and area media. Inform audiences that the website will be a primary communications platform in the event of a pandemic flu emergency.

Prior to a pandemic emergency, create a plan and confirm communications technologies to continue communications efforts with reduced staff or with staff confined to their homes.

Prior to a pandemic emergency, create contact lists for key communications persons at University, collegiate, and departmental levels. Notify these contacts and explain their roles in the event of an emergency.

In the event a pandemic flu emergency is declared by University Central Administration, the University Emergency Notification System will be used to transmit critical information to a large segment of campus as quickly as possible. This will be accomplished by utilizing one or all of the following methods:

1. The Telephone Alert System Directory (TASD), which allows emergency messages to be placed in telephone voice mailboxes to those phones equipped with electronic voice mail.
2. The MASSMAIL System, which will transmit electronic information using the University e-mail system to computers connected to the University system.
3. The University home page web site, (<http://www.uiowa.edu>), where prominent links will connect site users to the most current information. Those links will connect students, faculty, staff, patients, parents of students, and the general public to specific, pertinent information about continuity of operations, advisories and notifications, health and safety information, and additional information as it becomes available. The site will be maintained by University Relations staff, in cooperation with Information Technology Services, Health Science Relations, JCPH, and other agencies.
4. News releases and direct media contact, providing the most current information for students, parents, staff, faculty, and the general public.

III. KEY COMMUNITY PARTNERS

Prior to a pandemic emergency, inform Johnson County Public Health and other key community partners about the University Pandemic Influenza Response Plan. Indicate that the University's pandemic website will be the University's primary communications platform for the community in the event of a pandemic flu emergency.

First external link in the event of an outbreak will be with JCPH.

University Relations will issue updated issue news releases to the news media.

IV. REGENTS AND OTHER HIGHER EDUCATION INSTITUTIONS

Prior to a pandemic emergency, inform counterparts at Regents Institutions and other higher education institutions about the University Pandemic Influenza Response Plan. Indicate that the University's pandemic website will be the University's primary communications platform in the event of a pandemic flu emergency.

University Relations will issue updated issue news releases and advisories directly to counterparts in Regents Institutions and select other higher education institutions.

V. STEPS TO BE TAKEN NOW

- Draft news release(s) on the University's pandemic plan.
- Draft news releases for potential outcomes.
- Draft copy for emergency phone, mass e-mails, other notifications.
- Draft specific staffing plan for University Relations obligations, including web presence and media contacts.
- Research locations of website information on prevention, treatment, etc.
- Create wire frame and design for website and test.

- Develop communications to familiarize campus, media, and the general public with the University Critical Incident Management Plan (fyi, HR Reps, etc.).
- Work with Regents, Regents institutions, other Higher Education Institutions to develop a specific communications plan.