The overarching purpose of this comprehensive emergency plan is to provide guidelines for effective leadership, organization, coordination and unified response during a public health emergency. A public health emergency exists with the emergence of a serious illness that threatens to overwhelm public and private health systems.
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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 be a single case of hepatitis A in a food handler, a few cases of meningitis, or 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 Johnson County Public Health (JCPH) and the Iowa Department of Public Health (IDPH). A comprehensive emergency plan provides a framework for organizing and executing a coordinated response to a public health emergency.

This plan should be exercised on a regular basis to ensure its practicality, relevance, and completeness. Although this plan was originally written to respond to a pandemic caused by influenza, the plan itself can be used in the event of nearly any public health emergency. Persons expected to carry out 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 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 UI community has an opportunity to participate in an ongoing public health emergency planning process.
2. Build collaborative networks between the public health and health service systems of the University and the surrounding community.
3. Define relationships, responsibilities and communication expectancies among the UI and other organizations at the local, state and regional levels.
4. Assure that appropriate legal authorities are in place and understood for an emergency.
5. Obtain the necessary support and resources, in advance of an emergency, from the Iowa Board of Regents, UI administration, faculty, staff, and students as well as community partners, stakeholders, lawmakers, and decision makers.
6. Focus on actions most crucial to an effective public health emergency response as it affects or is affected by the UI. At a minimum these actions include the following:
   a. Devise and articulate a 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 vaccines and/or pharmaceuticals;
   c. Develop a comprehensive communications plan for effective interactions with the media, the medical community, students, faculty, staff, the general public, neighboring jurisdictions, and state government;
   d. Develop contingency plans designed to ensure the maintenance of essential services (e.g. “human infrastructure”), including:
      i. Providing adequate medical care when primary delivery systems are diminished, disrupted, or destroyed;
ii. Devising strategies for protecting key functions related to the UI’s teaching, research and service missions;
iii. Assessing the readiness of resources (people, facilities, capital) likely to be mobilized by the UI or external agencies in the event of a pandemic; and
iv. Proposing additional measures as required to promote readiness.

E. Develop infectious disease prevention and mitigation strategies, including:
   i. Contingency plans for augmenting personnel delivering essential services [or performing essential functions]; and
   ii. Contingency plans, developed in conjunction with the appropriate authorities, for closing campus facilities, suspending academic classes and canceling or postponing UI events.

Plan Authorization

___________________________________________
Wallace Loh, J.D., Ph.D.
Executive Vice President and Provost

DATED: _________________________________

This plan will be incorporated into the UI Critical Incident Management Plan.
II. EXECUTIVE SUMMARY

The University of Iowa Pandemic Influenza Response Plan (hereinafter “plan”) is a manual for the University community to use when preparing for and subsequently responding to a public health emergency, specifically an influenza pandemic. This plan is designed to supplement the University of Iowa’s Critical Incident Management Plan (CIMP). The primary purpose of this plan is to create a self-contained manual with all of the relevant information necessary to reduce the impact of interruptions caused by a public health emergency in order to protect the life, health, integrity and welfare of University of Iowa community members, their families and the community at large.

Despite annual vaccinations, the United States faces a burden from influenza that results in approximately 36,000 deaths and 200,000 hospitalizations each year. A pandemic could result in significantly higher numbers of illness, hospitalizations, and mortalities than any regular influenza season. An influenza pandemic or other public health emergency would affect the University of Iowa differently than a natural disaster or terrorist activity. During a pandemic, most buildings and physical structures would remain intact provided that they continue to receive maintenance. However, personnel absences due to personal illness, perceived illness or caretaker responsibilities would limit the ability of the University to continue offering full, regular services. Therefore, this plan adopts the concept that during a pandemic the University of Iowa will reduce services to “essential” services. Essential services are defined narrowly to those services necessary to protect health and safety of University community members and avoid irreparable damage to University property. The plan was drafted with careful attention paid to the University’s academic, health care and research missions.

The plan is composed of five Sections:

- Plan Structure, Development, Coordination, and Evaluation (Section A)
- Public Health: Surveillance, Epidemiology and Disease Control (Section B)
- Health Care Services (Section C)
- Continuity of Operations (Section D)
- Communications (Section E)

Sensitive information such as locations of stockpiled items or other potential security concerns are not contained within this plan. Personnel requiring access to information not contained within this plan should follow existing protocol or contact a supervisor.

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

(a) PURPOSE

The overarching charge to the Pandemic Influenza Preparedness Task Force is to develop and test a clear and explicit pandemic influenza response plan that can be rapidly and effectively executed to guarantee that the University of Iowa fulfills its commitments to teaching, research and service missions as well as ensures the health and safety of all members of the University community.

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 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

The University of Iowa will use this plan for a public health emergency response to pandemic influenza or a similar, transmissible public health emergency. This plan is written from the perspective of The University of Iowa and it focuses primarily on describing expected actions of and coordination among University and locally based governmental and private sector entities, particularly those responsible for public health, health care and emergency response. The University of Iowa is prepared to act in a consulting capacity to internal and external constituencies (including the Board of Regents, State of Iowa, other Regents institutions, and other academic institutions in the State) regarding response to an influenza pandemic.

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 in concert with the University’s Critical Incident Management System. Every effort was 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 Presidential Directive (HSPD)-5 directed the Department of Homeland Security to develop and administer a National Incident Management System (NIMS), which provides a nationally consistent 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 during emergencies or disasters 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. This plan incorporates NIMS components, principles and policies
including planning, training, exercise, response, evaluation, and corrective actions.

The services rendered to the UI 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. IDPH 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) 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 section.

(e) LIST OF ABBREVIATIONS

BOR—Board of Regents
CDC—United States Centers for Disease Control and Prevention
DOHS—United States Department of Homeland Security
FEMA—Federal Emergency Management Agency
FSS—UI Faculty and Staff Services
HAN—Health Alert Network
HHS—United States Department of Health and Human Services
HICS—Hospital Incident Command System
HR—Human Resources
ICS—Incident Command System
IDPH—Iowa Department of Public Health
IMU—University of Iowa Memorial Union
ITS—Information Technology Services
JCPH—Johnson County Public Health
NIMS—National Incident Management System
PHO—Public Health Official
PIO—Public Information Officer
PPE—Personal Protective Equipment
SHL—State Hygienic Laboratory at The University of Iowa
SHS—University of Iowa Student Health Service
UCS—University of Iowa Counseling Services
IV. BASIC PLAN

(a) PRINCIPLES UPON WHICH THE PLAN IS BASED

1) The UI Public Health Emergency – Pandemic Influenza Response Plan will be an Annex to the University’s Critical Incident Management Plan as published in the University Operations Manual, and maintained by the Department of Public Safety.

2) A public health emergency such as an influenza pandemic represents a low to moderate probability of occurring. However, an influenza pandemic could be a high-consequence event. This makes planning more challenging than for more conventional threats that, by comparison, are higher probability but lower consequence.

3) Pandemic influenza planning activities should serve as a catalyst for broader all-hazards emergency planning. Many of the activities underway to maximize pandemic influenza preparedness and response will also enhance capabilities for other threats including but not limited to natural disasters, errors from human mistakes and intentional terrorist acts.

4) Coordinated pandemic influenza planning must occur across the University of Iowa in:
   a. Central Administration
   b. UIHC
   c. All Colleges
   d. All Departments, Units and Offices essential to protect the health and security of persons and structures

5) The plan utilizes an organizational framework compatible with the National Incident Management System (NIMS) and the Hospital Incident Command System (HICS).

6) The plan utilizes a phased approach to disease emergence referencing models developed by the World Health Organization (WHO), Department of Homeland Security (DOHS), Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (DHHS). The phases are:

   Alert/Standby: A virus with pandemic potential present somewhere in the world

   Limited Services: Effective transmission of a virus with pandemic potential from one person to another anywhere in the world

   Full Services: Local effective transmission person to person

   Recovery/Preparation for Next Wave: Dramatic reduction in new reported cases of illness

7) The plan will be coordinated with state and local public health and emergency management officials.

8) The UI will have a plan for continuity of operations as an employer, as an educational institute, and as a health care provider.
9) A comprehensive educational plan is necessary to educate students, faculty, staff, and their families about:
   a. Individual responsibility to limit the spread of infection if they or their family members become ill.
   b. Nonpharmaceutical measures to limit infection, including social distancing.
   c. Preparedness planning at the University, county, state, and federal levels.

(b) ASSUMPTIONS: PANDEMIC INFLUENZA

1) A virus with pandemic potential anywhere represents a risk to populations everywhere. Source: http://www.whitehouse.gov/homeland/nspi.pdf.

2) As shown during 1918-1919, an influenza pandemic may create several waves of acute health crises with each wave lasting for approximately three months.

3) An influenza pandemic might not follow traditional seasonal influenza patterns.

4) The first wave of a pandemic would have the greatest health consequences.

5) The first pandemic outbreak of influenza could occur anywhere in the world, including within the borders of the United States or North America, as was the case with the 2009 H1N1 influenza outbreak.

6) Once a confirmed pandemic influenza case is reported in the United States, federal and state officials will respond quickly to isolate and control; this plan assumes those attempts will be unsuccessful, resulting in impact to Iowa and the UI.

7) The UI will be expected to provide health care services needed by its faculty, staff and students during a pandemic.

8) During a pandemic, individuals will seek health care services closest to their residence. The UIHC as well as UI-sponsored triaging facilities may receive individuals seeking care who are not UI community members.

9) UI resources would be considered community and state assets in responding to a pandemic.

10) Vaccines may not be available for several months (i.e. six months) following specific identification of the virus causing the pandemic.

11) Antivirals will be in limited supply throughout the pandemic and subject to use restrictions imposed by state and federal authorities.
12) Based on National (CDC) estimates during a severe pandemic or high consequence pandemic:
   - 35% of Students, Staff and Faculty will be ill
   - 15% of Students, Staff and Faculty will require treatment
   - 2% mortality rate

   [http://www.flu.gov/professional/community/commitigation.html#IV]

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

14) Absenteeism may reach as high as 40% due to personal illness, family caretaking responsibilities
    or voluntary absenteeism due to concerns of contracting influenza.

15) Utilization of UI health care resources may be subject to a priority needs protocol set by State or
    Federal authorities, which may raise security and ethics issues.

16) International and domestic travel may be restricted.

17) Social distancing strategies including the imposition of quarantine and isolation may be
    employed.

18) Quarantine and isolation strategies will most likely be voluntary and require serious community
    efforts to be effective.

19) Personal protective equipment will need to be available on a wide basis, especially for anyone
    exposed to greater health risks than the general public. Personal protective equipment may be in
    short supply during a pandemic and subject to priority needs protocols.

20) Internal and external communications will need to be intensified, coordinated and rapid.

21) Decisions will need to be made rapidly using limited or incomplete information.

22) Services providing for fundamental human needs may be in short supply.

23) During each wave of contagion, there may be significant economic disruption, including
    inventory shortages, shipment delays, and reduced business activities.

24) There will be widespread circulation of conflicting information, misinformation, and rumors,
    highlighting the need for coordinated communications.

25) Faculty and staff are likely to remain on campus and available for work unless authorities close
    the Regents Universities or impose quarantine measures.

26) Students are likely to remain on campus or in the immediate community and will want to
    continue to work toward their degrees.
27) Contagious employees will come to work, both asymptomatic employees and symptomatic employees who feel compelled to work. Steps need to be taken to minimize this risk. Source: [www.flu.gov/professional/community/commitigation.html](http://www.flu.gov/professional/community/commitigation.html)

28) Closure of the campus or suspension of classes may be achieved through a variety of ways including a joint decision involving the UI, IDPH and JCPH; order from the Governor; order from a public health agency; or order from the Board of Regents.

29) At the Alert/Standby phase, the incident command team, including persons with medical knowledge and experience, will be activated to plan how best to educate the UI community and provide available resources to mitigate the impact of a pandemic.

30) Demand from faculty, staff, students and families for medical treatment and advice will increase.

31) All public information will be coordinated and disseminated by University Relations staff with assistance from other departments and/or personnel. The incident command team will include a public information officer (PIO) to disseminate information to the public.

32) Effective communications are a critical element within all aspects of the plan. The audiences for communications are varied and diverse, including faculty, staff and students; family members of these groups; local media; city and county community members; other higher education institutions in the State; and the general public.

33) After the first wave has passed, resumption of normal activities in private and public sectors will be difficult. There will be grieving for the deceased, especially in a high consequence wave of influenza and concerns over the next pandemic wave (in the event that an effective vaccine is not developed during the first wave). Mental health services will need to be made available for staff, as well as provide training for supervisors to identify the signs of stress among staff.
V. CONCEPT OF OPERATIONS

The protection of the health and welfare of the University community will be managed by the University. JCPH, IDPH, and other agencies when appropriate, as well as the CDC, will provide technical assistance when requested or in cases where emergency needs exceed the capability of response resources. In extreme circumstances, such as the incapacitation of UI 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 National Response Framework, for obtaining resources and other assistance from the federal government.

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

1. Management of epidemiologic surveillance and response activities, including contact tracing and the selection and implementation of disease control and prevention measures, such as vaccine/pharmaceutical administration for prophylactic or treatment purposes.

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

3. Maintenance of health care and other essential functions during periods of high absenteeism.
VI. ORGANIZATION AND RESPONSIBILITIES

The University will perform the following functions:

1) Establish provisions for notification;
2) Develop and maintain this plan in collaboration with other agencies;
3) Identify resources (personnel, supplies, reference materials) to carry out an emergency vaccination or medication dispensing/administration (“triaging”) clinic;
4) Obtain information from neighboring jurisdictions, as needed to develop and maintain this plan;
5) Coordinate emergency exercises to test this plan as needed;
6) Conduct or otherwise arrange to provide emergency related training as need.

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.
VII. PLAN REVIEW AND MAINTENANCE

This plan will be reviewed and updated as necessary, such as after an exercise or an actual disease outbreak, but not less than annually. The Plan Coordinator to receive edits and updates for any materials within this plan is Shari Heick, shari-heick@uiowa.edu.

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

1. Community notification and alerting lists, including 24/7 contact information for personnel who perform essential functions.
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 Pandemic Influenza Planning Task Force chair to coordinate the review and maintenance of this plan. The Task Force chair is appointed by the Executive Vice President and Provost. Other 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 or as necessary.
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 Pandemic Influenza Planning Task Force chair is responsible for maintaining a list of plan holders and ensuring that plan changes are disseminated in a timely manner.
5. The most current version of the plan will be posted on the website of the Executive Vice President and Provost.
SECTION A
PLAN STRUCTURE, DEVELOPMENT, COORDINATION AND EVALUATION

I. PURPOSE

The purpose of the Pandemic Influenza Response Plan is to provide 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 biological emergencies. 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 public health emergencies and natural disasters is the potential for widespread adverse effects on human health but negligible effects on physical infrastructure. Catastrophic health effects caused by a public health emergency may disrupt critical human infrastructure. A public health emergency is not typically focused on a geographically discrete “incident scene,” but is understood gradually as a result of the expertise and efforts of trained epidemiologists.

The UI, 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 UIHC, as one of the state’s primary providers of health services.

III. RESPONSE PARTNERS NEEDED TO IMPLEMENT THIS PLAN

In order to effectively implement the Public Health Emergency Response Plan, partners from both the University and community are essential in providing expertise to assist in addressing the types of response required for each situation. These partners include:

1) UI offices and/or individuals
2) Community officials
3) Community health care providers
IV. ROLES AND RESPONSIBILITIES

a. Role of the President

The chief executive officer is responsible for protecting the health and safety of staff, faculty, students and visitors during an emergency. Specific responsibilities as applied to a public health emergency may include:

1. Being prepared to answer the following questions during an emergency:
   a. Who is the Incident Commander for the UI? Who is the Public Information Officer? Who will populate the University’s NIMS chart?
   b. What is the overall situation (e.g., areas affected, number of people affected, and number of fatalities)?
   c. Does the UI have enough resources to respond to the incident? If not, who has these resources? How will they be obtained?
2. Considering the need for a local emergency declaration in consultation with the JCPH 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. 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 an Incident Command System

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

1. Determining response strategies;
2. Selecting response objectives;
3. Jointly planning tactical activities and their application;
4. Ensuring integrated planning and application of operational requirements, including emergency measures and vaccine management/pharmaceutical dispensing;
5. Ensuring that span of control remains within acceptable limits (in general this means 5-7 people under direct management of the next level in the organizational structure);
6. Maximizing effectiveness of available resources and tracking their use throughout the incident period; and
7. Ensuring dissemination of accurate and consistent information.
A proposed incident command organizational chart, following a NIMS framework, is found in Attachment A-IV.

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

Recommended Training for Individuals on the NIMS Chart:

1. Become familiar with the Pandemic Influenza Response Plan, especially Job Action Sheets.

2. Take Intro to NIMS, IS 700: [http://training.fema.gov/emiweb/is/is700a.asp](http://training.fema.gov/emiweb/is/is700a.asp) and Introduction to the Incident Command System, IS 100: [http://training.fema.gov/emiweb/is/is100a.asp](http://training.fema.gov/emiweb/is/is100a.asp). Read through the course materials and complete the post-exam. Each takes 3-4 hours, is no-cost and can be completed anywhere with an internet connection.

3. In addition, IS-200: [http://training.fema.gov/emiweb/is/is200a.asp](http://training.fema.gov/emiweb/is/is200a.asp) is recommended to be completed by Chiefs of the Planning, Operations, Logistics and Finance Sections; each member of the Incident Command Group and at least two alternates for each position.

d. Responsible University Authority

The UI President, in conjunction with the Executive Vice President and Provost, is the lead authority for the preparation, response and recovery from a public health emergency. The President may appoint an Incident Commander. In conjunction with the Incident Commander, the President may appoint a Safety Officer, Liaison Officer, Public Information Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance and Administration Section Chief. Appointments may be predetermined prior to a public health emergency.

Depending upon the size of an incident on campus, the President as Incident Commander may find it necessary to activate the incident command system (ICS) organizational chart, Attachment A-III. Necessary ICS positions may be a Public Information Officer, Safety Officer, Liaison Officer, Academic and Research Mission Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance & Administration Section Chief. Job action sheets for officer and section chief positions are found in Attachment A-IV.
e. Responsible Local Agency

JCPH is the lead local agency for responding to a public health emergency. The director of JCPH, or a designee, is responsible for the development and implementation of the county plan. The UI will appoint a liaison to JCPH to interact directly and report back to the Incident Commander.

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 departments, including information on prevention and control.

g. UI Activities by Response Level

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

Tracking of the severity of an influenza virus will occur through SHS and UIHC. All other Johnson County cases will be reported to JCPH.

Alert/Standby: An influenza virus with pandemic potential is identified anywhere in the world, including Johnson County and the UI (no human-to-human transmission)

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

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

**Full Services: Pandemic virus identified in Iowa (based on the variation of severity of an influenza virus, not all measures should be taken and recommendations regarding severity should be directed through the epidemiology and surveillance of the pandemic influenza)**

1. Suspend non-essential business/academic/research/service activities including classes, events, and gatherings.
2. Implement full social distancing measures as identified by CDC [http://www.pandemicflu.gov/plan/community/commitigation.html](http://www.pandemicflu.gov/plan/community/commitigation.html).
3. Anticipate mass absences of personnel due to illness, worried well, caring for ill family members, caring for dependent children and family members due to school/elder care closures.

**Recovery/Post-Pandemic**

1. Evaluate response during pandemic. Conduct an after-action review and report successes as well as lessons learned.
2. Gradually return to normal, pre-pandemic business/academic/research/service activities.
3. Assess losses, both in terms of loss of lives and financial losses. Provide counseling services to University community members.
4. In the event that an effective vaccine is not developed during the initial pandemic wave, prepare for subsequent waves.
5. Identify any aspects of this plan that could not be executed, or that were inadequate in responding to the emergency, and amend the plan to reflect response lessons learned.
The UI community has established practices related to public health events, which will continue in the event of pandemic influenza. Disease control measures must be consistent and in conjunction with county, state, and national policy. Established disease control measures will be followed until appropriate adjustments are needed to address an evolving pandemic. New measures will be implemented as identified by federal, state, and county policy development.

I. Alert/Standby Period

A. Surveillance and Epidemiology

Surveillance and disease reporting responsibilities of the medical community within the University will continue as required by Iowa Code (Chapter 139A). The University medical community will increase surveillance activities in response to requests from the IDPH, either directly or through JCPH. Heightened surveillance will include increased attention to symptoms indicative of influenza-like illness and disease in persons who have engaged in travel to affected area(s). JCPH will issue medical alerts to the greater community, utilizing the existing Public Information Officer function at the department and the existing communication system for the medical community. Messages will be reinforced to the University medical services through internal communication mechanisms. Epidemiologic follow-up activities will follow the established model (IDPH Epi Manual) and may expand by direction of the state health department or federal government. The UI medical community will continue to provide follow-up for their employees and JCPH will follow patients and non-medical staff, faculty, and students. SHS will be an active participant in gathering epidemiologic information from students seen in their clinical setting.

1. Notifications

Staff of the UI, State Hygienic Laboratory and UIHC who participate in the Iowa Health Alert Network (HAN) will immediately provide information to the Incident Commander regarding human-to-human transmission and resulting implications for the University.

2. Disease Tracking

   a. Laboratory

   The State Hygienic Laboratory will provide public health laboratory services consistent with and in consultation with IDPH. The Lab will disseminate messages for the medical community regarding instruction on the collection and submission of influenza...
specimens. UIHC and SHS will provide specimens to the Lab from persons with symptoms indicative of influenza as indicated for clinical care, disease identification and outbreak response.

b. Contact tracing

Policies and procedures (IDPH Epi Manual and UIHC internal policies and procedures) regarding contact tracing for pandemic influenza response will be reviewed with IDPH and JCPH. Contact tracing will be conducted consistent with the guidelines provided by IDPH and federal agencies, including the CDC. UIHC Epidemiology staff will prepare to conduct contact tracing for medical facility staff and JCPH will prepare to conduct contact tracing for persons who are not part of the medical community. SHS will gather information from students seen in clinical settings as appropriate.

B. Vaccine Distribution

Vaccine will be acquired through the IDPH by a joint request of the community hospitals and JCPH. It will then be distributed following IDPH guidance and priority protocols. The vaccine distribution within UIHC will utilize the existing employee health system. The UIHC will identify high-risk clinical staff within the University hospital employee health system for inclusion in vaccine distribution to health care providers. Student vaccination will be conducted by the SHS. University-related persons (such as volunteers) who are neither UIHC employees nor students will be provided vaccine through the JCPH community vaccination distribution plan.

C. Antiviral Pharmaceutical Distribution and Use

Antiviral pharmaceuticals will be acquired through the IDPH by a joint request of the community hospitals and JCPH and will be distributed following IDPH guidance and priority protocols. The pharmaceutical distribution within UIHC will utilize the existing employee health system. The UIHC will identify high-risk clinical staff for inclusion in pharmaceutical distribution to health care providers within the University hospital employee health system. Student pharmaceutical distribution will be provided by the SHS. University-related persons (such as volunteers) who are neither UIHC employees nor students will be provided pharmaceuticals through the JCPH community pharmaceutical distribution plan.

D. Psycho-Social

UIHC, SHS, University Counseling Service (UCS), UI Faculty and Staff Services (FSS), and JCPH will contact psycho-social health providers on campus and within Johnson County to alert them regarding the status of the pandemic. Information will be passed along to the provider community as it becomes available. SHS, UCS and FSS will identify and collect appropriate patient education materials pertaining to expected psycho-social issues and prepare for dissemination through clinic and electronic venues.
SHS and UCS will convene a meeting of psycho-social health providers to discuss and plan for collaboration throughout the pandemic situation.

E. Disease Control

1. Clinical Guidelines

UIHC, SHS, and JCPH will incorporate evolving variations on the existing guidelines (IDPH Epi Manual) and/or new guidelines from CDC and IDPH as they become available.

2. Personal Protective Equipment (PPE)

UIHC, SHS and JCPH will follow CDC and IDPH guidelines (IDPH Epi Manual) regarding respiratory protection. The provider community will be alerted to the need for respiratory protection for patients with an index of suspicion for influenza.

3. Social Distancing

Public service announcements will provide the University community with social distancing guidance, including planning for reduction of in-person meetings and encouraging use of communication technology to reduce exposure. All information and announcements will be coordinated and released through the Office of University Relations or designee.

4. Travel

Travel to areas with influenza activity will be discouraged. Guidance will be provided in accord with CDC and IDPH recommendations for necessary travel. Mandatory isolation and quarantine can be implemented under county, state, or federal rule contingent on the geographical distribution of the affected population.

II. Limited Services Period

A. Surveillance and Epidemiology

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

1. Notifications

Staff of the UI, State Hygienic Laboratory and UIHC who participate in the Iowa Health Alert Network (HAN) will immediately provide information to the Incident Commander regarding human-to-human transmission and resulting implications for the University.

2. Disease Tracking

   a. Laboratory

   The State Hygienic Laboratory will provide public health laboratory services consistent with and in consultation with IDPH. The Lab will disseminate messages for the medical community regarding instruction on the collection and submission of influenza specimens. UIHC and SHS will provide specimens to the Lab from persons with symptoms indicative of influenza as indicated for clinical care, disease identification and outbreak response.

   b. Contact tracing

   Policies and procedures (IDPH Epi Manual and UIHC internal policies and procedures) regarding contact tracing for pandemic influenza response will be reviewed with IDPH and JCPH. Contact tracing will be conducted consistent with the guidelines provided by IDPH and federal agencies, including the CDC. UIHC Epidemiology staff will conduct contact tracing for medical facility staff and JCPH will conduct contact tracing for persons who are not part of the medical community. SHS will gather information from students seen in clinical settings as appropriate.

B. Vaccine Distribution

Vaccine will be acquired through the IDPH by a joint request of the community hospitals and JCPH. It will then be distributed following IDPH guidance and priority protocols. The vaccine distribution within UIHC will utilize the existing employee health system. The UIHC will identify high-risk clinical staff within the University hospital employee health system for inclusion in vaccine distribution to health care providers. Student vaccination will be conducted by the SHS. University-related persons (such as
volunteers) who are neither UIHC employees nor students will be provided vaccine through the JCPH community vaccination distribution plan.

C. Antiviral Pharmaceutical Distribution and Use

Antiviral pharmaceuticals will be acquired through the IDPH by a joint request of the community hospitals and JCPH and will be distributed following IDPH guidance and priority protocols. The pharmaceutical distribution within UIHC will utilize the existing employee health system. The UIHC will identify high-risk clinical staff for inclusion in pharmaceutical distribution to health care providers within the University hospital employee health system. Student pharmaceutical distribution will be provided by the SHS. University-related persons (such as volunteers) who are neither UIHC employees nor students will be provided pharmaceuticals through the JCPH community pharmaceutical distribution plan.

D. Psycho-Social

UIHC, SHS, UCS, FSS, and JCPH will contact psycho-social health service providers to alert them regarding the status of the pandemic. Information regarding expected psychological reactions to pandemic, coping resources, and services available will be made available to all psycho-social service providers on campus and within Johnson County. Patient information regarding psychological reactions to pandemic, coping strategies, and resources for support will be made available through clinical and electronic venues. UIHC and SHS providers will be given information regarding screening and referral of individuals being seen for vaccine and anti-viral distribution who might also exhibit a need for psycho-social evaluation and/or support. Providers on campus will be informed regarding the probability of increased demand for psycho-social screenings, referrals, and treatment. All information and announcements will be coordinated and released through the Office of University Relations or designee.

E. Disease Control

1. Clinical Guidelines

UIHC, SHS, and JCPH will incorporate evolving variations on the existing guidelines (IDPH Epi Manual) and/or new guidelines from the CDC and IDPH as they become available.

2. Personal Protective Equipment (PPE)

UIHC, SHS and JCPH will follow CDC and IDPH guidelines (IDPH Epi Manual) regarding respiratory protection. The provider community will be alerted to the need for respiratory protection for patients with an index of suspicion for influenza.
3. Social Distancing

Public service announcements will provide the University community with social distancing guidance, including planning for reduction of in-person meetings and encouraging use of communication technology to reduce exposure. All information and announcements will be coordinated and released through the Office of University Relations or designee.

4. Travel

Travel to areas with influenza activity will be discouraged. Guidance will be provided in accord with CDC and IDPH recommendations for necessary travel. The University will consult with JCPH regarding the need to implement isolation and quarantine utilizing voluntary and/or mandatory measures. Mandatory isolation and quarantine can be implemented under county, state, or federal rule contingent on the geographical distribution of the affected population.

III. Full Services Period

A. Surveillance and Epidemiology

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

1. Notifications

Staff of the UI, State Hygienic Laboratory and UIHC who participate in the Iowa Health Alert Network (HAN) will immediately provide information to the Incident Commander regarding human-to-human transmission and resulting implications for the University.
2. Disease Tracking

   a. Laboratory

   The State Hygienic Laboratory will provide public health laboratory services consistent with and in consultation with IDPH. The Lab will disseminate messages for the medical community regarding instruction on the collection and submission of influenza specimens. UIHC and SHS will provide specimens to the Lab from persons with symptoms indicative of influenza as indicated for clinical care, disease identification and outbreak response.

   b. Contact tracing

   Policies and procedures (IDPH Epi Manual and UIHC internal policies and procedures) regarding contact tracing for pandemic influenza response will be reviewed with IDPH and JCPH. Contact tracing will be conducted consistent with the guidelines provided by IDPH and federal agencies, including the CDC. UIHC Epidemiology staff will conduct contact tracing for medical facility staff and JCPH will conduct contact tracing for persons who are not part of the medical community. SHS will gather information from students seen in clinical settings as appropriate.

   B. Vaccine Distribution

   Vaccine will be acquired through the IDPH by a joint request of the community hospitals and JCPH. It will then be distributed following IDPH guidance and priority protocols. The vaccine distribution within UIHC will utilize the existing employee health system. The UIHC will identify high-risk clinical staff within the University hospital employee health system for inclusion in vaccine distribution to health care providers. Student vaccination will be conducted by the SHS. University-related persons (such as volunteers) who are neither UIHC employees nor students will be provided vaccine through the JCPH community vaccination distribution plan.

   C. Antiviral Pharmaceutical Distribution and Use

   Antiviral pharmaceuticals will be acquired through the IDPH by a joint request of the community hospitals and JCPH and will be distributed following IDPH guidance and priority protocols. The pharmaceutical distribution within UIHC will utilize the existing employee health system. The UIHC will identify high-risk clinical staff for inclusion in pharmaceutical distribution to health care providers within the University hospital employee health system. Student pharmaceutical distribution will be provided by the SHS. University-related persons (such as volunteers) who are neither UIHC employees nor students will be provided pharmaceuticals through the JCPH community pharmaceutical distribution plan.
D. Psycho-Social

UIHC, SHS, UCS, FSS, and JCPH will contact psycho-social health service providers to alert them regarding the status of the pandemic. Information regarding expected psychological reactions to the pandemic, coping resources, and services available will be made available to all psycho-social service providers on campus and within Johnson County. Patient information regarding psychological reactions to pandemic, coping strategies, and resources for support will be made available, as appropriate, through clinical and electronic venues. Psycho-social providers will provide screenings and triage of individuals who request support and will respond to referrals from UIHC, SHS and other health care personnel who are providing medical care to affected persons. At vaccination and anti-viral distribution settings, psycho-social providers will assist health care personnel with group patient education sessions and triage and referral services. All information and announcements will be coordinated and released through the Office of University Relations or designee.

E. Disease Control

1. Clinical Guidelines

UIHC, SHS, and JCPH will incorporate evolving variations on the existing guidelines (IDPH Epi Manual) and/or new guidelines from CDC and IDPH as they become available.

2. Personal Protective Equipment (PPE)

UIHC, SHS and JCPH will follow CDC and IDPH guidelines (IDPH Epi Manual) regarding respiratory protection. The provider community will be alerted to the need for respiratory protection for patients with an index of suspicion for influenza. Public service announcements will be provided to the public regarding creation of respiratory protective devices from available materials, in the event of respirator shortages.

3. Social Distancing

Public service announcements will provide the University community with social distancing guidance, including planning for reduction of in-person meetings and encouraging use of communication technology to reduce exposure. All information and announcements will be coordinated and released through the Office of University Relations or designee.

4. Travel

Travel to areas with influenza activity will be discouraged. Guidance will be provided in accord with CDC and IDPH recommendations for necessary travel. The University will consult with JCPH regarding the need to implement isolation and quarantine utilizing voluntary and/or
mandatory measures. Mandatory isolation and quarantine can be implemented under county, state, or federal rule contingent on the geographical distribution of the affected population.

IV. Recovery Period

A. Surveillance and Epidemiology

Surveillance and disease reporting responsibilities of the medical community within the University will continue as required by Iowa Code (Chapter 139A). The University medical community will return surveillance activities to normal, pre-pandemic levels in response to direction by IDPH, either directly or through JCPH. Utilizing the existing Public Information Officer function of JCPH and the existing communication system for the medical community, the county health department will issue medical updates to the greater community and the messages will be reinforced to the University medical services through internal communication mechanisms. Epidemiologic follow-up activities will return to normal, pre-pandemic levels. The medical community will return to normal, pre-pandemic disease response patterns for their employees and JCPH will return to normal, pre-pandemic follow up for patients and non-medical staff, faculty, and students. SHS will return to normal, pre-pandemic response regarding students seen in their clinical setting.

1. Notifications

Staff of the UI, State Hygienic Laboratory and UIHC who participate in the Iowa Health Alert Network (HAN) will immediately provide information to the Incident Commander regarding human-to-human transmission and resulting implications for the University.

2. Disease Tracking

   a. Laboratory

   The State Hygienic Laboratory will provide public health laboratory services consistent with and in consultation with IDPH. The Lab will disseminate messages for the medical community regarding instruction on the collection and submission of influenza specimens. UIHC and SHS will provide specimens to the Lab from persons with symptoms indicative of influenza as indicated for clinical care, disease identification and outbreak response.

   b. Contact tracing

   Policies and procedures (IDPH Epi Manual and UIHC internal policies and procedures) regarding contact tracing for pandemic influenza response will be reviewed with IDPH and JCPH. Contact tracing will be conducted consistent with the guidelines provided by IDPH and federal agencies, including the CDC. UIHC Epidemiology staff will conduct
contact tracing for medical facility staff and JCPH will conduct contact tracing for persons who are not part of the medical community. SHS will gather information from students seen in clinical settings as appropriate.

B. Vaccine Distribution

Vaccine distribution will continue through normal health care facility systems consistent with recommendations from IDPH.

C. Antiviral Pharmaceutical Distribution and Use

Antiviral pharmaceutical distribution will continue through normal, pre-pandemic health care facility systems consistent with recommendations from IDPH.

D. Psycho-Social

UIHC, SHS, UCS, FSS, and JCPH will contact psycho-social health providers on campus and within Johnson County to update them regarding the status of the pandemic. Information will be passed along to the provider community as it becomes available. SHS, UCS and FSS will continue to identify and collect appropriate patient education materials pertaining to expected psycho-social issues and prepare for dissemination through clinic and electronic venues. Depending upon the magnitude of mortality as a result of pandemic, UCS and FSS will coordinate responses to the need for grief counseling for individuals and assist in coordinating any community responses to losses as a result of pandemic. All information and announcements will be coordinated and released through the Office of University Relations or designee.

E. Disease Control

1. Clinical Guidelines

UIHC, SHS, and JCPH will incorporate evolving variations on the existing guidelines (IDPH Epi Manual) and/or new guidelines from CDC and IDPH into the response plan as they become available.

2. Personal Protective Equipment (PPE)

UIHC, SHS and JCPH will incorporate CDC and IDPH guidelines (IDPH Epi Manual) regarding respiratory protection into existing plans. The provider community will be reminded of the ongoing need for respiratory protection for patients with an index of suspicion for influenza.
3. Social Distancing

Public service announcements will be provided to the University community regarding the discontinuance of recommendations regarding social distancing. All information and announcements will be coordinated and released through the Office of University Relations or designee.

4. Travel

Travel recommendations will be consistent with CDC and IDPH. The University will consult with JCPH regarding the need to implement isolation and quarantine utilizing voluntary and/or mandatory measures. Mandatory isolation and quarantine can be implemented under county, state, or federal rule contingent on the geographical distribution of the affected population.

A specific plan to collect epidemiologically significant information on all University employees and students related to specific health symptoms indicative of influenza has not been formalized to date, although existing collaborative practices will support that goal. For example, information gathered at the SHS lab from rapid influenza test results (which would seem to indicate the start of a pandemic wave) will be shared, as always, with the State Hygienic Laboratory, for identification of predominant strains. The information will also be shared with JCPH. In addition, the UIHC’s new EPIC Electronic Health Record (EHR) may support identification of daily patterns in diagnosis codes at SHS and the Quick Care clinics as an “early warning” system for influenza-like illness when the numbers are out of range from previous years. However, this potential application of EPIC will take several years to develop a reference database.

Community-based public health activities initiated by JCPH will not include sick care clinics (public health nursing services will continue as appropriate). JCPH 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 during a public health emergency, although a survey prior to onset of a public health emergency is possible. The Johnson County Emergency Operations Center will be open to facilitate communication between all parties. A Joint Information Center operation will assure consistent messaging.
SECTION C
HEALTH CARE SERVICES

I. Introduction and Assumptions

This section of the Plan has been structured to ensure that the UI, operating in collaboration with community partners, will be able to effectively screen, triage, quarantine, and refer ill and worried students, staff, faculty and members of the community to definitive care sites during an influenza pandemic. It is based on the assumptions presented in the Basic Plan and, in particular, those listed below:

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

2. Some students might elect to leave campus before the full force of a severe or high consequence pandemic occurs. However, unless the UI would be closed, 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.

3. 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 cannot be precisely projected. However, it is likely that the UIHC would receive many of the most severely ill patients who would require intensive care. The CDC estimates that patients requiring admission in a severe or high consequence pandemic, 15% will need Intensive Care Unit (ICU) care. Given the above expectations on hospital admissions, ICU admissions could range from approximately 850 to 1,500 in the six- and 12-week periods respectively. The UIHC has almost half the reported ICU/critical care bed capacity in the service area. And it would be reasonable to project that half of the patients requiring ICU care, or from 325 to 750 in the six- and 12-week periods respectively, would be referred here.

4. Funding will be available to procure supplies, equipment, furniture, pharmaceuticals and other resources specified in this Plan.
II. Phases of Implementation

The UI Plan, including the plan for Health Care Services, will be implemented in four phases: an “Alert/Standby” phase,” which covers the pre-pandemic period, a “Limited Services” phase,” a “Full Services” phase and a “Recovery” phase. Actions that would be taken in each of these phases are discussed in the following section.

(a) Alert/Standby Phase – Pre-pandemic Phase

The “Pre-pandemic Phase” encompasses active planning for pandemic influenza through confirmation of sustained human to human transmission of a potential pandemic strain of 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 UIHC, Mercy Hospital, and the VAMC, including the development of a “Mutual Aid Memorandum of Understanding;”
- 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;
- Developing staffing assignments and identifying/recruiting volunteers to supplement assigned staff; and
- Confirmation of sustained human-to-human transmission of a potential pandemic strain of influenza (e.g. pandemic influenza) in any part of the world.

(b) Limited Services – Phase A

The “Limited Services – Phase A” of the “Health Care Services” plan will be implemented upon issuance of a directive by the University President or Incident Commander. Possible factors that could prompt issuance of the directive include:

- 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 IDPH surveillance within the State of Iowa suggesting the possible presence of pandemic influenza cases;
- Request from IDPH to initiate pandemic influenza plans across the state; or
- “Small cluster(s) [of pandemic 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”
1. Services Provided

The “Limited Services – Phase A” 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 and/or supportive care; 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:

i. 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 websites will be established for students and staff and faculty members; and they will be administered by the SHS and UEHC respectively. The UIHC, Mercy, the VAMC and community physicians may establish similar screening/triage mechanisms.

ii. Screening/triage conducted at the SHS and UEHC 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.

iii. Pandemic Influenza Data Collection and Reporting, which will be initiated as presented in Attachment C-I.

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

Based on information supplied by the Directors of SHS and UEHC or their designees, 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. The Director of Material Services will order items through UIHC Procurement Services and the UI Purchasing Department, if necessary. These items will include:

i. Personal protective equipment
ii. Medical instruments and supplies required for screening functions and care of quarantined individuals
iii. Equipment to support emergency fit-testing capability
iv. Infection control supplies (e.g. liquid hand sanitizer)
v. Other items (e.g. facial tissue)

Directors will also request that equipment/furniture for each screening site be delivered to the respective sites (responsibility for obtaining, storing and delivering the noted equipment remains to be determined).
The Director of Pharmaceutical Care at the UIHC, in consultation with the Directors of the SHS and UEHC and others that may be indicated, will verify the availability of needed medications and procure or assure the availability of additional quantities if necessary.

3. 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 a pandemic flu strain) that should prompt students, staff, faculty and others in the community to seek screening and the options for doing so will be provided to University Relations, Health Science Relations, and UIHC Marketing and Communications. This information will be distributed through multiple sources and be available as “Hotline” messages. The multiple channels through which this information would be available is presented in the “Influenza Pandemic Communication Template” which is presented in Attachment C-II.

- Each day, SHS and UEHC will report on persons screened and the disposition of those screened to the University President, Incident Commander or designee.

(c) Limited Services - Phase B

The “Limited Services – Phase B” will be implemented upon issuance of a directive by the University President or Incident Commander. 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”

1. Services Provided

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

- Screening, triage and referral would continue as specified in the “Limited Services – Phase A” section.

- Predetermined sites for mass screening, triaging and vaccination at the IMU on the East Campus will be readied for use under the direction of the SHS Director. This site can be prepared for screening
and triaging between 600 and 700 persons per day. Plans for opening other sites for mass screening, triaging and vaccinations would be reviewed so that they could be readied for use if and when the IMU screening, triage and vaccination site reaches full capacity. Those other sites are listed below and would be opened in the following order:

- West High School
- City High School
- Northwest Junior High School

- Predetermined sites for isolating and quarantining exposed and/or ill students at the Halsey Gymnasium and the UI Tennis Center on the Hawkeye Campus would be readied for temporary occupancy under the joint direction of the SHS and University Housing Directors. A notice will also be sent to residents of the Mayflower Hall that it may be necessary for them to vacate their rooms so that the entire facility could be used for isolation and quarantining other students.

- Operational plans prepared under the direction of the Directors of the SHS, UEHC, University Housing and the IMU. These plans include staffing assignments for the screening/triage and vaccination sites, facility layout and set-up details and requirements for consumable supplies, equipment and pharmaceuticals. Prior to their distribution during the “Limited Services - Phase B” period, they will be reviewed by the Directors of the UEHC, the SHS 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 have been prepared under the direction of the Directors of the SHS, the UEHC and UI Housing. This attachment features a standard protocol on setting up the Mayflower Residence Hall as an Alternate Care Facility to serve students who must be quarantined or isolated. This attachment also specifies other facilities that would be used if the Mayflower is not available for some reason. Prior to distribution during “Limited Services – Phase B,” the plans presented in Attachment C-VII will be reviewed by the Directors of these 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.

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

- Needed supplies for operating the screening, triage and vaccination sites sponsored by the University of Iowa and the isolation 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.

- Needed pharmaceuticals will be identified and made ready for movement to screening, triage and vaccination 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 have been prepared by staff from the SHS, UEHC, UIHC Materials Services, Procurement Services and Pharmaceutical Services. Lists of consumable supplies, equipment and pharmaceuticals that will be required in subsequent weeks will be submitted by the Director of Procurement Services at the UIHC 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.

3. Communications/Reports

• The communications and reports initiated during “Limited Services - Phase A” will be continued.

• In addition, the Directors of the SHS, UEHC and University Housing will submit daily reports to the University President, Incident Commander or designee on the status of readying screening, triage, mass care and quarantine sites.

4. 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 and vaccination sites
• Isolation/quarantine/care site at Mayflower Hall
• University students and others who are isolated/quarantined in their own residences

(d) Full Services Phase

The “Full Services Phase” will be implemented upon issuance of a directive by the University President or Incident Commander. Possible factors that could prompt issuance of the directive include:

• The daily requirements for screening/triage exceed the capacities of the SHS, UEHC 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]”
1. Services Provided

At such time as the directive for the “Full 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 B” that have not been implemented will be completed as soon as possible.

- The site at the IMU that has been readied for mass screening and triaging will be activated under the direction of the SHS. Staff and volunteers assigned to this site will be contacted and asked to report to their assigned work locations at a time that will be specified by the Director of the SHS.

- Isolation and quarantine sites that have been readied for use at the Halsey Gymnasium and UI Tennis Center will be activated and the residents at Mayflower Hall will be asked to store their possessions (at a site to be determined) and to vacate the Residence Hall within 48 hours. If they are unable to return home, they will be provided with temporary housing at Burge Residence Hall. 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 SHS and University Housing.

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

The UIHC Director of Procurement Services 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 IDPH for immediate acquisition and distribution from the Strategic National Stockpile. However, request from the SNS may not be granted, therefore the University will need to work with the local community health partners (e.g. UIHC, Mercy) to effectively and ethically compile and distribute supplies and pharmaceuticals as they are available.

3. Communications/Reports

The communications and reports initiated during “Limited Services – Phases A and B” will be continued. In addition, the Directors of the SHS, UEHC and University Housing will submit daily reports on the operation of the mass screening, triage and vaccination facilities, mass care sites and isolation-quarantine sites to the University President or Incident Commander/designee.

4. Other Arrangements

- UIHC, Mercy Hospital and the VAMC will implement their own bio-emergency plans for addressing the needs of large numbers of patients afflicted with the virus.
• The performance of the mass screening, triage and vaccination sites and isolation and quarantine services at Mayflower Hall will be monitored by the Directors of SHS, UEHC and UI 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 or Incident Commander. Reports on hospitalized influenza patients will also be provided to designated family members and significant others by the individual hospitals in accord with the Memorandum of Understanding between Mercy, UIHC and the VAMC (under development).

• Throughout the Pandemic, all personnel involved in the response will follow “Personal Protective Equipment (PPE) Guidelines.” In addition, “Non-Pharmaceutical Interventions (NPI)” will be observed by all personnel where applicable. These, along with recommendations applying to personnel and PPE supply needs, are presented in the “Standard Protocol and Guidance for Medical and Non-medical Environments.”

(e) Recovery Phase

The “Recovery Phase” will be implemented upon issuance of a directive by the University President or Incident Commander. Possible factors that could prompt issuance of the directive include:

• The number of individuals coming to screening, triage and vaccination sites has declined to a level that can be accommodated at SHS, UEHC and other health care sites within the community.

• The number of individuals referred from screening, triage and vaccination sites to hospitals and to the residential/outpatient care isolation and quarantine units has declined to a level experienced during “Limited Services – Phase B.”

• Pandemic influenza patients are being discharged in large numbers on a daily basis from hospitals and care sites and surge capacity arrangements for serving exceedingly large numbers of patients are no longer needed.

• Students and staff are asking when classes will resume and when work on what had been deemed non-essential functions can begin.

• Vaccines are now available for preventing the spread of the pandemic influenza strain that has afflicted large numbers of individuals within the University of Iowa and greater Iowa City.
communities and it is possible to administer those to individuals who have not been afflicted through customary sites for providing health care services.

1. Curtailment of Pandemic Influenza Services

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

• Screening, triage and vaccination sites will be reduced to no more than one and then closed when volumes have decreased to a level that can be accommodated within customary care sites

• Space within the Mayflower Hall or other alternative care site used to accommodate isolation patients and to quarantine exposed individuals will be reduced to a single floor or unit and then ultimately closed for use as isolation and quarantine facilities following the discharge of all students in those units. All facilities will then be cleaned and prepared for return of former residents.

2. Other Actions

• All equipment that had been used at the screening, triage and vaccination sites and moved to the Mayflower Hall and any other care, isolation and/or quarantine sites will be returned to the units within or outside the University that provided them. If any items have been damaged, they will be repaired prior to return and, if not salvageable, arrangements will be made to seek compensation for these losses through the FEMA claims process, if funding through this source is available.

• All unused PPE, medical and other supplies that are still usable will be returned to UIHC Material Services. Records on the usage of these items will be completed for submission through the FEMA claims process, if funding through this source is available.

• All pharmaceutical supplies that are in usable condition will be returned to the UIHC Department of Pharmaceutical Care and records will be finalized on the use of these items for submission as part of a FEMA claim if such funds are available.

• After-Action Reports will be prepared by all operating units within the Health Care Services Section and where indicated, the “Health Care Services” Plan will be revised for use during the next wave of the pandemic.

• Letters of thanks to all staff and volunteers who served at screening, triage and vaccination sites and in care sites and the isolation and quarantine sites will be distributed.
III. Organizational Structure

The Health Care Services Plan will be implemented with other components of the University of Iowa’s Pandemic Influenza Plan through an all-hazards incident command structure that is based on the National Incident Management System (NIMS). The Health Care Services component of this organizational structure is depicted in Attachment C-III; and preliminary Job Action Sheets for each of the Health Care Services positions are presented in Attachment C-IV.
SECTION D
CONTINUITY OF OPERATIONS – BUSINESS CONTINUITY

I. CONTINUITY OF OPERATIONS HISTORY

Beginning in 2006, the Continuity of Operations Subcommittee directed development of contingency plans that focused primarily on continuity during a public health emergency. The COOP Subcommittee created a template for continuity planning that asked departments and units to focus on four areas:

- Decision making, including specific chain of command with designated individuals who could make unit-level decisions;
- Communications, including methods to obtain and disseminate information;
- Essential Functions, including both identification of tasks and individuals who could perform those tasks. Originally, ‘essential functions’ were defined as those functions that must be carried out, irrespective of whether classes are suspended and a large proportion of personnel are unable to work, to avoid endangering the lives, well-being, or safety of people or animals relying on the University or to prevent irreparable damage to University property.

Many departments on campus consulted their original pandemic continuity of operation plans during the historic June 2008 flooding that impacted multiple facilities on campus. Numerous plans were created or updated following the emergence of novel influenza H1N1 in April 2009. Following recommendations to make the Plan more navigable and secure, individual department pandemic plans were removed in summer 2010. Department pandemic plans submitted prior to October 2009 were archived and are available by contacting elizabeth-hosmanek@uiowa.edu in the Department of Risk Management.

Although business continuity plans ideally address all hazards that can be encountered by an organization, both natural and man-made, additional considerations are necessary for response to a public health emergency. Whereas incidents such as flooding or fire tend to impact a specific geographical area, usually limited to one or a few facilities in all but the most catastrophic scenarios, a public health emergency lacks physical boundaries. Pandemics directly impact the people who perform processes rather than the physical locations where individuals work. Direct impacts to the workforce during a public health emergency may arise from isolation due to individual illness; leave for family caretaking responsibilities; concern about exposure to illness in public areas followed by hesitancy to report to work; institutional or governmentally imposed social distancing measures; or quarantine following exposure.

Physical facilities may be directly impacted if a pandemic is severe enough that environmental maintenance becomes impossible due to lack of available personnel. One example of a situation that may arise during a severe pandemic in winter would be burst water pipes in a building caused by lack of heating that went undetected because the building was unoccupied due to active social distancing measures enacted. Facilities that do not have adequate air circulation and cooling in warm summer
months for an extended period of time may experience issues with mold. These types of cascading consequences should be considered by departments engaged in public health emergency preparedness planning. If a department is unable to re-enter a facility following a public health emergency due to safety reasons, a solid all-hazards business continuity plan will support a return to normal operations.

II. BUSINESS CONTINUITY

After researching business continuity planning structures from numerous academic institutions throughout FY 2010, the University of Iowa chose Kuali Ready as the primary business continuity planning tool to assist departments. Kuali Ready is a business continuity planning tool specifically developed for institutions of higher education to increase institutional ability to maintain operations in the face of disruptive events. Based on the premise that planning for resilient operations must engage all subunits of the campus, Kuali Ready employs a self-guided, easy to use methodology. Training and support will be provided by the Department of Risk Management. Approved users will log in using their HawkID and password to create and update departmental business continuity plans.

Steps to create a continuity plan through Kuali Ready include: Department Identification; Critical Functions; Information Technology; Faculty Preparedness; Key Resources; and an Action Item Summary. More information on Kuali Ready can be found online at http://www.kuali.org/ready.

According to the Kuali Release Manual¹, Kuali Ready is designed on the premise that post-disaster conditions are so variable that step-by-step “recovery” plans are seldom useful. When faced with a crisis, organizational leaders analyze the situation and then act based on the present facts available. Kuali Ready stores information that might aid a leader’s decision making process, such as a prioritized list of critical functions, or aid implementation, such as contact information to reach vendors.

Continuity plans created using Kuali Ready will be accessible by approved individuals from any computer with an internet location.

Should UI units want to immediately engage in business continuity planning prior to availability of Kuali Ready, the Disaster Recovery Business Continuity Planning (DR-BCP) tool was developed by the IT Security Office and is available online at http://cio.uiowa.edu/itsecurity/resources/drbcp.shtml. This is an Excel spreadsheet tool developed to mirror the questions asked in UC Ready, the pre-cursor to Kuali Ready.

III. CRITICAL FUNCTIONS

Within Kuali Ready, the word *critical* replaces *essential* when referring to functions and tasks. After a department enters a function, they must determine a level of criticality for the function:

- **Critical 1**: Must be continued at normal or increased service load; cannot pause. Necessary to life, health, security.
- **Critical 2**: Must be continued if at all possible, perhaps in reduced mode. Pausing completely will have grave consequences.
- **Critical 3**: May pause if forced to do so, but must resume in 30 days or sooner.
- **Deferrable**: May pause and resume when conditions permit.

Information entered into the “Key Resources” tab identifies staff basics; who can work from home; teams; skills; staffing requirements; staff of other units; stakeholders; document summary (for critical documents); equipment and supply needs; temporary facility locations and transportation logistics.

IV. PLANNING AND POLICY RELATED TO THE ACADEMIC MISSION

The Office of the Provost will consult with the Critical Incident Management Team\(^2\), College Deans, faculty groups, and public health experts during the pandemic alert period to develop policies about the suspension of classes, grading of students, and the suspension of academic-related venues and events as needed to minimize possible transmission of the virus in accordance with accepted social distancing measures. The Office of the Provost will oversee development of plans by colleges and other units reporting to the Office of the Provost. Continuity planning will be based on the following principles related to the University’s academic mission:

a. Classes will continue unless they are officially suspended University-wide by the Provost. A Dean, in consultation with and with the approval of the Provost, may decide to suspend classes in their respective College before a University-wide decision has been made.

b. Due to patient caretaking responsibilities, critical health sciences activities such as clinical rotations may continue even if classes are suspended University-wide.

c. Individual classes may be postponed by an individual professor in the event of the professor’s illness or unavailability.

 d. The line of succession related to academic decision making will be Provost, Senior Associate Provost, Associate Provost for Faculty, Associate Provost for Academic Administration.

V. UNIT PANDEMIC PREPAREDNESS PLANS

One of the key goals of the University of Iowa Pandemic Preparedness Task Force was to engage departments across the campus in planning for the continuity of their operations in the event of a

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\(^2\) The University of Iowa Critical Incident Management Plan (CIMP) is available online at [http://www.uiowa.edu/~pubsfty/cimp.pdf](http://www.uiowa.edu/~pubsfty/cimp.pdf). Critical Incident Management Team (CIMT) members are outlined on page 10.
widespread pandemic that might result in substantial absenteeism and/or loss of life. The dual purpose of continuity planning was to ensure the safety and well-being of members of our community, while delivering resources and services related to essential functions. The Task Force recognized that as information about a possible pandemic (including state and federal planning and research) is forthcoming, further planning may be needed, so each unit’s continuity plan is considered iterative and dynamic.

Kuali Ready is intended to be used for all hazards planning. Continuity planning is intended to increase University of Iowa readiness for incidents of all types and sizes. Kuali Ready plans are accessible from any computer with an internet connection. Access to unit plans are granted and can be revoked by the Kuali Ready administrator, which will be an individual in the Department of Risk Management. Units and departments should designate at a minimum one primary and two secondary contacts for their continuity plan.
The pandemic flu response strategies related to communications are based on the following assumptions:

- The University’s Critical Incident Management Plan provides the framework of the Communications plan. The chain of command for communications will follow the UI Critical Incident Management Plan, and include UIHC and Public Health authorities.
- University Relations serves as the authorized spokesperson for the University. All public information regarding any campus response to a pandemic influenza event will be coordinated and disseminated by University Relations staff with assistance from other departments and/or personnel.
- Effective communications are a critical element within all aspects of the Plan. As such, the audiences for communications are varied and diverse. These audiences include 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.

I. INTERNAL COMMUNICATIONS

Prior to a pandemic influenza emergency, a website will be established that includes the Plan, as well as related resources such as links to prevention and public health information. The website will be publicized to faculty, staff and students, parents of students, and area media. These audiences will be informed that the website will be a primary communications platform in the event of a pandemic influenza emergency.

Prior to a pandemic emergency, a plan will be in place (and needed communications technologies confirmed) to continue communications efforts with reduced staff or with staff confined to their homes.

Prior to a pandemic emergency, contact lists will have been created 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 influenza emergency is declared by the administration, critical information will be disseminated to the campus and concerned constituencies as quickly as possible, using one or all of the following methods:

1. The Mass E-Mail System, which will transmit information using the University e-mail system to all faculty, staff, and student e-mail accounts.
2. The University of Iowa website, (http://www.uiowa.edu), where prominent links will connect site users to the most current information, with links to the Critical Incident Management Pandemic Influenza site. The Pandemic Influenza website 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. Both the UI homepage site and the Pandemic Influenza site will be maintained by University Relations staff, in cooperation with Information Technology Services, Health Science Relations, JCPH, and other agencies.

3. News releases and direct media contact, providing the most current information for students, parents, staff, faculty, and the general public.

4. (In the event that Internet communications are deemed ineffective) University Relations radio stations, KRUI, KSUI, and WSUI, and the use of faxed releases sent telephonically to news media to disseminate information.

II. COMMUNITY
The first external link in the event of an outbreak will be with JCPH. The University pandemic influenza website will be the primary communications platform for community. University Relations will also issue updated issue news releases to the news media.

III. REGENTS INSTITUTIONS AND OTHER HIGHER EDUCATION INSTITUTIONS
University Relations will issue updated issue news releases and advisories directly to counterparts in Regents Institutions and other select higher education institutions.
ATTACHMENT A-I
UNIVERSITY AND COMMUNITY CONTACT LIST

UNIVERSITY OF IOWA PRESIDENT AND EXECUTIVE VICE PRESIDENT AND PROVOST’S OFFICE

Sally Mason, President
Phone: (319) 335-3549
Email: sally-mason@uiowa.edu

Mark Braun, Special Assistant to the President
Phone: (319) 335-3549
Email: mark-braun@uiowa.edu

Wallace Loh, Executive Vice President and Provost
Phone: (319) 335-3565
Email: wallace-loh@uiowa.edu

Jonathan Carlson, Senior Associate to the President
Phone: (319) 335-1759
Email: jonathan-c-carlson@uiowa.edu

UI OFFICE OF UNIVERSITY RELATIONS
Website: http://news.uiowa.edu/

Steve Pradarelli, Assistant Director
Phone: (319) 335-0552
Email: steven-parrott@uiowa.edu

HAWK ALERT NETWORK
Website: http://hawkalert.uiowa.edu/

STATE HYGIENIC LABORATORY AT THE UNIVERSITY OF IOWA
Website: http://www.uhl.uiowa.edu

Christopher Atchison, Director
Phone: (319) 335-4259
Fax: (319) 335-4555
Email: chris-atchison@uiowa.edu

Patricia Blake, Public Information Officer
Phone: (319) 335-4177

Updated September 2010
Email: patricia-blake@uiowa.edu

Bonnie Rubin, Associate Director (Planning and Development)
Phone: (319) 335-4500
Email: bonnie-rubin@uiowa.edu

Michael Pentella, Associate Director (Disease Control Division)
Phone: (319) 335-4765
Email: michael-pentella@uiowa.edu

Michael Wichman, Associate Director (Environmental Division)
Phone: (319) 335-4479
Email: michael-wichman@uiowa.edu

JOHNSON COUNTY PUBLIC HEALTH (JCPH)
Website: http://www.johnson-county.com/publichealth/index.shtml
Contact local public health authorities BEFORE contacting state or federal public health authorities.

First contact: Douglas Beardsley, Director
Phone: (319) 356-6028 extension 104
Email: dbeardsley@co.johnson.ia.us

Second Contact: Trisha Kitzmann, Deputy Director
Phone: (319) 356-6040 extension 110
Email: tkitzmann@co.johnson.ia.us

Third contact: Becky Mills, Business Manager
Phone: (319) 356-6040 extension 103
Email: bmills@co.johnson.ia.us

If no response, proceed to:
Becky Mills - home phone: (319) 627-2600
JCPH pager: (319) 341-1130
JOHNSON COUNTY EMERGENCY MANAGEMENT AGENCY
Website: http://www.johnson-county.com/dept_emergency_home.aspx?id=737

Dave Wilson, Emergency Manager
Phone: (319) 356-6761
Email: dave.wilson@jecc-ema.org

IOWA DEPARTMENT OF PUBLIC HEALTH
Website: http://www.idph.state.ia.us/

Polly Carver-Kimm, Public Information Officer
Phone: (515) 281-7689
Email: pcarver@idph.state.ia.us

Patricia Quinlisk, State Epidemiologist
Phone: (515) 281-4941
Email: pquinlisk@idph.state.ia.us

John Satre, Iowa Disease Surveillance System (IDSS) Coordinator
Phone: (515) 242-5090
Email: jsatre@idph.state.ia.us

IOWA DEPARTMENT OF HOMELAND SECURITY
David Miller, Administrator, (515) 725-3231
Bret Voorhees, Communications and Technology Bureau Chief, (515) 725-3207
Kara Berg, Communications and Technology Public Affairs, (515) 725-3271
Lucinda Robertson, Communications Manager, (515) 725-3239
Dave Hempen, Chief Training Officer, (515) 725-3281

HEALTH CARE FACILITIES

UNIVERSITY OF IOWA HOSPITALS AND CLINICS (UIHC)
UI Health Access (24 hour source for health information)
Phone: (319) 384-8442
General/Patient Information
Phone: (319) 356-1616
UNIVERSITY OF IOWA STUDENT HEALTH SERVICE
Ann Laros, Interim Medical Director
General Phone: (319) 335-8370
Nurseline: (319) 335-9704
Fax: (319) 335-7247

MERCY HOSPITAL
General Phone: 319-339-0300

Mercy Community Relations
Phone: (319) 339-3658

Mercy On-Call, Healthcare Hotline operating 7 a.m. – 12 midnight, 7 days a week
Phone: (319) 358-2767
Toll free: (800) 358-2767

VETERANS AFFAIRS MEDICAL CENTER (VAMC)
General Information: (319) 338-0581
Fax: (319) 339-7171

LAW ENFORCEMENT

UNIVERSITY OF IOWA DEPARTMENT OF PUBLIC SAFETY
Phone: (319) 335-5022
Fax: (319) 335-5800
Email: police@uiowa.edu

IOWA CITY POLICE DEPARTMENT
Non-emergency phone: (319) 356-5275
Fax: (319) 356-5449
Public Information Officer, (319) 356-5293

JOHNSON COUNTY SHERIFF
Routine Business Phone: (319) 356-6020
Civil Department: (319) 356-6030
Fax: (319) 339-6122

Lonnie Pulkrabek, County Sheriff
Email: lpulkrab@co.johnson.ia.us
IOWA DEPARTMENT OF PUBLIC SAFETY
Phone: (515) 281-5261
Email: dpsinfo@dps.state.ia.us

FBI
All Iowa counties are covered by the Omaha, Nebraska field office:
Phone: (402) 493-8688
Email: omaha@ic.fbi.gov

EXTERNAL NOTIFICATIONS

BOARD OF REGENTS
Robert Donley, Executive Director
Phone: (515) 281-6426
Fax: (515) 281-6420
Email: bdonley@iastate.edu

Thomas A. Evans, General Counsel
Phone: (515) 281-6527
Fax: (515) 281-6420
Email: taevans@iastate.edu

Timothy Cook, Policy & Operations Officer/Associate Counsel
Phone: (515) 281-6422
Fax: (515) 281-6420
Email: timcook@iastate.edu

HEALTH ALERT NETWORK
HAN Messages Archive: http://www2a.cdc.gov/HAN/ArchiveSy/
**Disclaimer:** The definitions included herein are for advisory purposes only and should not be detrimentally relied upon as some may be subject to change based on policy or state of the science or divergence in common usage. Websites consulted for references included the Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), numerous medical facilities, and numerous publicly posted emergency plans from various organizations.

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**Absenteeism:** The percentage of an organization or institution’s absence rate due to personal illness, caretaking responsibilities, uncertainty about reporting to work, or other reasons.

**After-Action Report (AAR):** A report created after an incident, event or exercise to summarize procedures, actions and lessons learned. The AAR is integral to future preparedness planning and should be drafted as close to the event as possible to preserve information and provide opportunities for improvement.

**All-hazards:** Any incident, natural or manmade, that warrants action to protect life, property, environment, public health or safety, and minimize disruptions of government, social, or economic activities. Hazards may include severe weather, violence scenarios, acts of terrorism, releases of chemical or biological agents, or any other incident.

**Alternate Care Facility:** A location separate from traditional medical facilities where medical care can be provided, usually as a result of an incident that would quickly overwhelm available facilities. An alternate care facility in the context of a university setting may be a re-purposed dormitory or athletic facility.

**Annual influenza:** see “seasonal influenza”.

**Antiviral drugs:** Medications used specifically to treat viral infections, such as influenza. Drug resistance may result as the pathogens evolve to survive exposure to the treatment; therefore caution should be exercised when administering antivirals.

**Attack rate:** The incidence of illness in a group of people over a period of time, defined as the number of exposed persons infected with the disease divided by the total number of exposed persons. For example, if 100 persons were exposed to a disease and 64 became ill, the attack rate would be 64%.
**Case definition:** The method by which public health professionals define which persons are included as a case (i.e. a person considered directly affected by an outbreak). As investigations proceed, a case definition may be expanded or narrowed based on the dynamic nature of outbreak investigations.

**Centers for Disease Control and Prevention (CDC):** An agency of the United States Department of Health and Human Services. The CDC works to protect public health and safety by providing information to enhance health decisions and it promotes health through partnerships with state health departments and other organizations. The CDC focuses national attention on developing and applying disease prevention and control (especially infectious disease), environmental health, occupational safety and health, health promotion, prevention, and education activities designed to improve the health of the people of the United States.

**Communicable:** A disease that is infectious. An infectious disease is a clinically evident disease that damages or injures the host from the presence or one or more pathogen microbial agents including viruses, bacteria or fungi and is easily spread from one person to another.

**Contact tracing:** The identification and diagnosis of persons who may have come into contact with an infected person. For highly virulent diseases such as pandemic influenza or tuberculosis, contact tracing would require thorough information regarding even casual contacts.

**Contagious disease:** An infectious disease that is capable of being transmitted from one person to another. Contagious diseases are often spread through direct contact with an infected individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual contaminated.

**Core functions:** See “essential services.”

**Critical Incident Management Plan (CIMP):** The all-hazards emergency plan for the University of Iowa, maintained by the Department of Public Safety and available online at http://www.uiowa.edu/~pubsfty/cimp.pdf.

**Diagnostics:** The process of identifying a medical condition or disease by its signs, symptoms, and from the various diagnostic procedures. Diagnosis has two distinct dictionary definitions, the first being “the recognition of a disease or condition by its outward signs and symptoms,” whereas the second is “the analysis of the underlying physiological/biochemical causes of a disease or condition.”

**Disease tracking:** Epidemiological monitoring, passive surveillance and active surveillance of a disease once it is identified and assigned a case definition. This function is to learn lessons and possible interventions to reduce spread and prevent illness.

**Droplet precautions:** Precautions used to reduce the risk of infectious disease from droplets, most commonly generated from coughing, sneezing or talking to an ill person. Generally the precaution is use of a surgical mask.
**Emergency Operations Center (EOC):** The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g. fire, law enforcement, medical services), by jurisdiction (e.g. Federal, State, regional, county, city, tribal), or some combination thereof.

**Emergency Operations Plan (EOP):** The “steady-state” plan maintained by various jurisdictional levels for responding to a wide variety of potential hazards.


**Enforced:** Used interchangeably with “involuntary.”

**Epidemic:** An outbreak of a disease within a determined geographical boundary; i.e. an outbreak that is localized.

**Epidemiology:** The study of factors affecting wellness and illness within human populations which serves as the foundation of interventions made in the interest of public health and preventive medicine. A cornerstone methodology that identifies risk factors for disease and determines optimal treatment approaches to clinical practice. Epidemiological work could include outbreak investigation, study design, data collection, and analysis including development of statistical models to test hypotheses.

**Essential services:** Defined narrowly as those services necessary to protect the health and safety of University community members and avoid irreparable damage to University property. Used synonymously with “core functions.”

**Event:** A planned, nonemergency activity (e.g. exercise, sporting event, concert, etc.)

**Exercise:** A planned testing of an emergency plan or parts thereof. Exercise events include drills, workshops, tabletops, functional, and full-scale exercises.

**Exposed:** A description of the condition where a person may have been in contact with an ill person and therefore should be observed, generally through a process called quarantine, to ensure that person does not develop symptoms of illness.

**Health Alert Network (HAN):** A nationwide, high-speed, secure, internet-based program to establish the communications, information, distance learning, and organizational structure for a new level of
defense against health threats, including the possibility of bioterrorism. The HAN links local health
departments to one another and to other organizations critical for preparedness and response: community
first responders, hospital and private laboratories, state health departments, the Centers for Disease
Control and Prevention (CDC), and other federal agencies. The HAN is used to ensure that each
community has rapid and timely access to emergent health information; a cadre of highly trained
professional personnel; and evidence-based practices and procedures for effective public health
preparedness, response, and service on a 24/7 basis. The HAN home page can be found at
http://www2a.cdc.gov/han/Index.asp.

**Hospital Incident Command System (HICS):** A comprehensive incident command system for
hospitals to implement in both emergent and non-emergent situations such as moving the facility,
dispensing medications to hospital staff, or planning for a large hospital or community incident. HICS
was developed by a National Work Group of 20 hospital subject matter experts from across the United
States. Ex officio members were included to ensure consistency with governmental, industrial and
hospital accreditation planning efforts and requirements.

**Incident Command System (ICS):** A standardized on-scene emergency management construct
specifically designed to provide for the adoption of an integrated organizational structure that reflects
the complexity and demands of single or multiple incidents, without being hindered by jurisdictional
boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications
operating within a common organizational structure, designed to aid in the management of resources
during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and
complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private,
to organize field-level incident management operations.

**Incident Commander (IC):** The individual responsible for all incident activities, including the
development of strategies and tactics and the ordering and the release of resources. The IC has overall
authority and responsibility for conducting incident operations and is responsible for the management of
all incident operations at the incident site.

**Infectious:** The state where an individual is capable of transmitting a disease, regardless of whether they
are symptomatic.

**Infectious Disease:** An illness capable of transmission from one person to another.

**Influenza A:** A genus of the family of viruses called Orthomyxoviridae in virus classification that is
hosted by birds but also infects several species of mammals including humans and pigs.

**Investigation:** In epidemiology, the process by which a disease’s characteristics are observed and
identified.
**Involuntary:** Relying upon state law to require a person to comply with public health recommendations that benefit the population at large.

**Iowa Department of Public Health (IDPH):** The state governmental agency in Iowa whose mission is to promote and protect the health of Iowans. IDPH is organized into the Director’s office and six divisions: Acute Disease Prevention and Emergency Response; Administrative and Professional Licensure; Behavioral Health; Environmental Health; Health Promotion and Chronic Disease Prevention; and Tobacco Use Prevention and Control.

**Isolation:** Separation of an ill individual from the general population to reduce the spread of illness.

**Job Action Sheet (JAS):** A document distributed to employees describing their expected duties and responsibilities, generally during an emergency situation where staff may be moved from one division to support another with little advanced notice. The JAS provides a description of the job, qualifications, and may contain a mission statement.

**Johnson County Public Health (JCPH):** The local governmental public health agency in Johnson County, Iowa. JCPH would be the lead agency for local government’s response to a public health emergency. It is governed by the Board of Health and has authority to impose isolation and quarantine.

**Mitigation:** The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may also include zoning and building codes, floodplain buyouts, and analysis of hazard related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses and the public on measures they can take to reduce loss and injury.

**Mortality rate:** The number of people dying from a disease during a given time interval, divided by the total number of people in the population.

**National Incident Management System (NIMS):** A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to and recover from domestic incidents, regardless of cause, size or complexity. To provide for interoperability and compatibility, NIMS includes a core set of concepts, principles and terminology.
These include the Incident Command System (ICS), multiagency coordination systems, training, identification and management of resources (including systems for classifying types of resources), qualification and certification, and the collection, tracking and reporting of incident information and incident resources.

**National Response Framework (NRF):** Part of the National Strategy for Homeland Defense that presents the guiding principles enabling all levels of domestic response partners to prepare for and provide a unified national response to disasters and emergencies.

**Nonpharmaceutical interventions/measures (NPIs):** Public health measures that do not rely on antivirals or vaccinations (pharmaceutical measures) to reduce the spread of illness in a population of persons. Nonpharmaceutical interventions outside of healthcare settings focus on measures to 1) limit international spread of the virus (e.g., travel screening and restrictions); 2) reduce spread within national and local populations (e.g., isolation and treatment of ill persons; monitoring and possible quarantine of exposed persons; and social distancing measures, such as gathering information and closure of schools); 3) reduce an individual’s risk for infection (e.g. hand hygiene); and 4) communicate risk to the public.

**Pandemic:** A global outbreak of a particular disease; an epidemic that spreads worldwide.

**Personal Protective Equipment (PPE):** Refers to protective clothing, face masks, gowns, gloves, or other items designed to protect the wearer against infection from a contagious disease.

**Point of Dispensing/Distribution (POD):** A staging area for mass dispensing of emergency response materials. A POD should be capable, within 48 hours, of distributing a substantial amount of product, whether it is vaccinations, antivirals, food, or water, to that POD’s entire designated service area.

**Preparedness:** The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

**Prophylaxis:** In medical terms, application of antivirals or other treatments given before a person is ill with the expectation that such treatment will prevent the person from developing an illness, or will reduce the impact of the illness if a person does contract it. In one instances, prophylaxis may be given to passengers on a plane who were on a flight for four or more hours with a person later discovered to have an illness.
**Public Health Emergency**: Exists with the emergence of a serious illness that threatens to overwhelm public and private healthcare systems. The situation could vary from a single case of hepatitis A in a food handler to thousands of people infected due to an influenza pandemic or bioterrorist event.

**Public Health Officer (PHO)**: The Director of the local public health agency (JCPH) appointed by the county Board of Health. The PHO applies preventive and public health techniques to reduce and control the incidence of communicable diseases and other threats to the health of the general public.

**Public Information Officer (PIO)**: The member of incident command staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements.

**Quarantine**: Separation of a person who is not symptomatic but may have been exposed to an ill person, to reduce the spread of illness. The reasoning applied is that asymptomatic persons may be a carrier of the disease. A number of diseases may incubate for a period of time lasting up to several days where the host is not yet ill but capable of transmitting the disease.

**Recovery**: The development, coordination and execution of service and site-restoration plans; the reconstitution of government operations and services; individual, private sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incident.

**Redundancy**: Development of duplicative procedures, particularly in the area of communications, to protect against complete collapse of a system in the event that one technology fails. Communication redundancies may include electronic mail, telephone systems, courier services, or the use of the United States Postal Service.

**Seasonal influenza**: Non-pandemic influenza viruses that infect humans, most actively during the months of November through April. Common symptoms of the disease are fever, sore throat, muscle pains, severe headache, coughing, weakness, and general discomfort. In more serious cases, influenza causes pneumonia, which can be fatal. Approximately 36,000 Americans die each year from influenza and complications associating with influenza. Seasonal vaccinations are the most effective way of preventing influenza.

**Social distancing**: A group of non-pharmaceutical interventions that includes limiting group activities and contact with other persons to reduce the transmission of illness.

**Standard precautions**: Refers to standard medical precautions that are developed and followed based upon the particular characteristics of a disease.
**Specimen:** An individual, plant, animal or microorganism representative of the whole population of that species.

**Stockpile:** A reserve or store of items that may be used during an emergency.

**Surge capacity:** A facility’s ability to increase its capacities to serve a larger population than the organization was designed to serve and actually does serve during its normal course of business.

**Surveillance:** The monitoring of a disease or public health related indicators; prior to a pandemic this would include watching populations for a change in behavior or health indicating that a novel threat is present.

**Susceptibles:** An individual who is a member of a population at risk of becoming infected by a disease if they are exposed to the infectious agent. Susceptibles have not been exposed to the disease or a vaccination and therefore have not developed immunity to the disease.

**Symptom:** A physical or otherwise outward condition which indicates that a person is suffering from a particular illness. The plural, symptoms, refers to the list of physical conditions that indicate a particular disease.

**Tabletop Exercise (TTX):** A discussion-based exercise involving key personnel discussing hypothetical scenarios in an informal setting. This type of exercise can be used to assess plans, policies and procedures or to assess the systems needed to guide the prevention of, response to and recovery from a defined incident. TTXs typically aim at facilitating understanding of concepts, identifying strengths and shortfalls, and achieving changes in the approach to a particular situation. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem solving, rather than the rapid, spontaneous decision making that occurs under actual or simulated emergency conditions. The effectiveness of a TTX is derived from the energetic involvement of participants and their assessment of recommended revisions to current policies, procedures and plans. TTX methods are divided into two categories: basic and advanced. In a basic TTX, the situation established by the scenario materials remains constant. It describes an event or emergency incident (i.e., scenario) and brings discussion participants up to the simulated present time. Players apply their knowledge and skills to a list of problems presented by the leader/moderator; problems are discussed as a group; and the leader generally agrees on and summarizes the resolutions. In an advanced TTX, play revolves around delivery of pre-scripted messages to players that alter the original scenario. The exercise controller (or moderator) usually introduces problems one at a time in the form of a written message, simulated telephone call, videotape, or other means. Participants discuss the issues raised by the simulated problem, applying appropriate plans and procedures.

**Transmission:** The act of passing an illness to an uninfected person.
**Triage:** A system of sorting patients according to need when resources are insufficient for all to be treated. Simple triage is used in a scene of mass casualty or epidemic, in order to sort patients into those who need critical attention and immediate transport to a hospital and those with less serious injuries or illness. In advanced triage, medical professionals may determine that some seriously injured or ill people will not receive advanced care because they are unlikely to survive, therefore allocating advanced care to those with less severe injuries or illness. Advanced triage has ethical implications and is used only in drastic circumstances to divert scarce resources away from patients with little chance of survival in order to increase the chances of survival of others.

**Vaccine:** An antigenic preparation used to establish immunity to a disease.

**Voluntary:** An action that does not require intervention from a government organization, but rather stems from an individual’s desire to comply with recommendations.

**Wave (of disease transmission):** A period of active illness in a community, characterized by a peak of illness prior to decline.

**Worried well:** Unaffected individuals concerned that they are ill and/or believe themselves to be particularly susceptible to contracting illness.
Summary of Job Action Sheet Generic Responsibilities

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

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

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

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

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

**Planning Section Chief**
Develop the Incident Action Plan (IAP). To do this, collect, analyze and display situation information; prepares periodic situation reports; distribute the IAP and facilitate action planning meetings to update the IAP; provides technical support services to the various sections and branches; and documents and maintains files on all EOC activities.
Logistics Section Chief
Provide facilities, services and material in support of the incident. Organize and direct those operations in support of the incident response; including those associated with maintenance of the physical environment and supplies to support the incident objectives.

Financial/Administration Section Chief
Manage all financial aspects of an incident. Monitor the utilization of financial assets and the accounting for financial expenditures to support incident response. Supervise the documentation of expenditures and cost reimbursement activities.
INCIDENT COMMANDER (IC)

Position assigned to:

Deputy:

Second Deputy:

Support:

Report to:

Command Center:______________________________________________

Telephone:____________________________________________________

Summary of Position Responsibilities:

The Incident Commander (IC) serves as the lead person during an emergency and has ultimate responsibility for all operations, communications and inquiries. The IC organizes and directs the Emergency Operations Center (EOC), as well as appoints Officers and Section Chiefs (which may be pre-established). A Deputy and support for those positions should also be established. The IC will develop the incident objectives on which subsequent incident action planning will be based. The IC will approve the Incident Action Plan (IAP) and all requests pertaining to ordering and releasing incident resources. The IC is directly responsible for ensuring that all functional area activities are directed toward accomplishment of
the strategy outlined in the IAP. The IC gives overall direction for operations and if needed, authorizes evacuation, cancellation of events, or suspension of campus gatherings and closure of campus buildings.

Immediate Duties:

1. Initiate the Incident Command System by assuming role of the Incident Commander.

2. Read this entire Job Action Sheet.

3. Appoint Section Chiefs (Finance/Administration, Planning, Logistics, and Operations) and Officers (Safety, Liaison and Public Information); distribute Job Action Sheets. (Appointments may be pre-established.)

4. Announce a status/action plan meeting of all Section Chiefs and Officers.

5. Assign someone as Documentation Recorder/Aide.

6. Receive status report and discuss an Incident Action Plan (IAP) with Section Chiefs and Officers. Emphasize proactive actions within the Planning Section.

7. Determine appropriate level of services during immediate aftermath.

8. Obtain patient census and status from Planning Section Chief.

9. Call for a county-wide projection report for 4, 8, 24, and 48 hours from the time of incident onset, if applicable. Adjust projections as necessary.

10. Assure that contact and resource information has been established with outside agencies through the Liaison Officer.
11. Direct media inquiries to the Public Information Officer (PIO). Provide PIO with restrictions/guidance on content to release. Determine whether media releases should be submitted by PIO prior to release.

12. Obtain aides as necessary from volunteers in Planning Section or human resources in Finance/Administration Section.

**Ongoing Duties:**

1. Authorize resources as needed or requested by Section Chiefs and Officers.

2. Designate routine briefings with Section Chiefs and Officers to receive status reports and update the Incident Action Plan regarding the continuance and termination of the IAP.

3. Communicate status to President of the Board of Regents or their designee.

4. Consult with Section Chiefs on needs for student, staff, physician, and volunteer responder food and shelter. Consider needs for dependents. Authorize plan of action.
Extended Duties:

1. Approve media releases submitted by Public Information Officer (PIO).

2. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Mental Health Support Unit. Provide for staff rest periods and relief.

3. Be prepared to provide input during the debriefing meeting and review the after-action report.
## LIAISON OFFICER

Position assigned to:

Deputy:

Second Deputy:

Support:

Report to:

Command Center:______________________________________________

Telephone:____________________________________________________

### Summary of Position Responsibilities:

Function as the incident contact person for representatives from other agencies. Position is activated when incidents are multi-jurisdictional or have several agencies involved.

### Immediate:

1. Receive appointment from the Incident Commander.

2. Read this entire Job Action Sheet and review incident command organizational chart.
3. Receive status report and discuss an Incident Action Plan (IAP) with Section Chiefs and Officers.

4. Determine appropriate level of service and project involvement of other agencies during immediate aftermath.

5. Create and maintain a list of assisting and cooperating agencies and agency representatives. Establish contact with liaison counterparts of each assisting and cooperating agency.

6. Direct media inquiries to the Public Information Officer (PIO).

7. Obtain aides as necessary.

8. Monitor incident operations to identify current or potential inter-organizational issues.

**Ongoing Duties:**

1. Designate routine briefings with Section Chiefs and Officers to receive status reports and update the Incident Action Plan regarding the continuance and termination of the IAP.

2. Keep governmental Liaison Officers updated on changes and development of University of Iowa response to incident.

3. Disseminate information from the Public Information Officer through the Health Alert Network (HAN) and other public health channels, as appropriate.
Extended Duties:

1. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Mental Health Support Unit. Provide for staff rest periods and relief.

2. Inventory any material resources which may be sent upon official request and method of transportation, if appropriate.

3. Be prepared to provide input during the debriefing meeting and review the after-action report.
SAFETY OFFICER

Position assigned to:

Deputy:

Second Deputy:

Support:

Report to:

Command Center:______________________________________________

Telephone:____________________________________________________

Summary of Position Responsibilities:

Monitor and maintain authority over the safety of incident operations and hazardous conditions. Develop and recommend measures for assuring personnel safety. Anticipate hazardous and unsafe situations. Organize and enforce scene/facility protection, traffic security, respond to requests for security. Distribute protocol for personal protective equipment recommendations, where applicable. Exercise emergency authority to stop, suspend, alter, and prevent unsafe acts.
Immediate Duties:

1. Receive appointment from Incident Commander.
2. Read this entire Job Action Sheet and review NIMS organizational chart.
3. Obtain a briefing from Incident Commander.
5. Determine supply needs (computers, printers, fax machines, copiers, internet access, etc.) and enter request through Logistics Section.
6. Obtain personal protective equipment (PPE) recommendations from the Operations Section.
7. Brief staff on current situation; outline action plan and designate time for next briefing.
9. Implement the facility’s disaster plan emergency lockdown policy and personnel identification policy.
10. Remove unauthorized persons from restricted areas.
11. Establish ambulance entry and exit routes in cooperation with the Logistics Section, if applicable.
12. Secure closed buildings; recommend closure of additional facilities to Incident Commander, as applicable.
13. Obtain aides as necessary.

**Ongoing Duties:**

1. Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.

2. Secure and post non-entry signs around unsafe areas. Keep staff alert to identify and report all hazards and unsafe conditions.

3. Initiate contact with fire, police and public health agencies through the Liaison Officer, when necessary.

4. Communicate frequently with Incident Commander.

5. Advise the Incident Commander and Section Chiefs immediately of any unsafe, hazardous or security related concerns.

6. Ensure all media contacts are referred to the Public Information Officer.

7. Inform Public Information Officer of the physical areas which media have access to and those which are restricted.

8. Ensure all resource needs are coordinated through the Logistics Section.

9. Based on field reports, recommend changes to the Incident Action Plan to the Incident Commander and coordinate changes with general staff.

10. Request assistance as needed.
Extended Duties:

1. Document actions and decisions on a continual basis. Inform staff to document all actions and observations.

2. Observe staff for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide staff rest periods and relief.

3. Direct calls from those who wish to volunteer to Planning Section.

4. Assist Planning Section with credentialing/screening process of volunteers. Prepare to manage large numbers of potential volunteers, including directing volunteers who show up unannounced at the incident site.

5. Secure food, water, medical, and other resources, including stockpile sites, where applicable.

6. Establish routine briefings with staff.

7. Be prepared to provide input during the debriefing meeting and review the after-action report.
PUBLIC INFORMATION OFFICER (PIO)

Position assigned to:
Deputy:
Second Deputy:
Support:
Report to:
Command Center:______________________________________________
Telephone:____________________________________________________

Summary of Position Responsibilities:
Serve as the central information source from the incident command team to external media. Coordinate with other agencies to ensure consistent and unified releases. Develop material for use in media briefings; obtain Incident Commander approval of media releases when necessary. Arrange for tours and other interview or briefings that may be required.

Immediate Duties:

1. Receive appointment from Incident Commander.
2. Read this entire Job Action Sheet and review NIMS organizational chart.
3. Obtain a briefing from Incident Commander.

4. Identify restrictions in contents of news release information from Incident Commander, if any.

5. Establish the appropriate level of staffing within the PIO office, continuously monitoring the effectiveness and modifying accordingly.

6. Establish Joint Information Center away from the Emergency Operations Center and patient care activity (including alternate care facility as well as triage & screening sites).

7. Determine supply needs (computers, printers, fax machines, copiers, internet access, etc.) and enter request through Logistics Section.

8. Brief staff on current situation; outline action plan and designate time for next briefing.


10. Reference the Incident Action Plan when responding to media inquiries.

11. Ensure that the Planning Section is provided with frequent status reports as appropriate.

12. Obtain aides as necessary.
Ongoing Duties:

1. Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
2. Communicate frequently with Incident Commander.
3. Issue incident information reports to the news media.
4. Inform on-site media of the physical areas which they have access to and those which are restricted. Coordinate with Safety Officer.
5. Contact at-scene agencies to coordinate released information.
6. Ensure that all resource needs are coordinated through the Logistics Section.
7. Continuously monitor sufficiency of communications, messages and audience responses. Determine adequacy of progress. Determine need for additional resources.
8. Based on field reports, recommend changes to the Incident Action Plan to the Incident Commander and coordinate changes with general staff.
9. Report special incidents/accidents involving staff. Coordinate with the Safety Officer.
10. Request assistance as needed.
Extended Duties:

1. Document actions and decisions on a continual basis.

2. Observe all staff for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide staff rest periods and relief.

3. Obtain progress reports from Section Chiefs as appropriate.

4. Direct calls from those who wish to volunteer to Planning Section. Contact Planning Section to determine requests to be made to the public via the media.

5. Be prepared to provide input during the debriefing meeting and review the after-action report.
PLANNING SECTION CHIEF

Position assigned to:

Deputy:

Second Deputy:

Support:

Report to:

Command Center:

Telephone:

Summary of Position Responsibilities:

The primary function of the Planning Section is to develop the Incident Action Plan (IAP). To do this, the Planning Section Chief collects, analyzes, and displays situation information; prepares periodic situation reports; distributes the IAP and facilitates action planning meetings to update the IAP; provides technical support services to the various sections and branches; and documents and maintains files on all Emergency Operations Center (EOC) activities. Information is needed to understand the current situation, predict the probably course of incident events, and prepare alternative strategies for the incident.
Immediate Duties:

1. Receive appointment from Incident Commander.
2. Read this entire Job Action Sheet and review NIMS organizational chart.
3. Obtain a briefing from Incident Commander.
4. Establish the appropriate level of organization for the Planning Section.
5. Brief unit leaders on current situation; outline action plan and designate time for next briefing.
6. Obtain aides as necessary.

Ongoing Duties:

1. Establish and maintain a position log which chronologically describes actions taken during your shift.
2. Chair planning meetings and participate in other meetings as required.
3. Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
4. Communicate frequently with Incident Commander.
5. Obtain needed supplies with assistance of the Finance Section Chief.
6. Supervise the development of daily action plan including information collection, plan approval and distribution.
Extended Duties:

1. Document actions and decisions on a continual basis.

2. Observe all staff for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

3. Be prepared to provide input during the debriefing meeting and review the after-action report.
OPERATIONS SECTION CHIEF

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<th>Position assigned to:</th>
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<td>Telephone:</td>
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Summary of Position Responsibilities:

The Operations Section is responsible for managing tactical operations at the incident site directed toward reducing the immediate hazard, saving lives and property, establishing situation control, and restoring normal conditions. The Operations Section Chief activates and manages all operations in accordance with the Incident Action Plan. They ensure that all operational objectives and assignments identified in the Incident Action Plan are carried out effectively.

During a public health emergency, the Operations Section will have at least two branches: Public Health Operations and Medical Operations.
Immediate Duties:

1. Receive appointment from Incident Commander.
2. Read this entire Job Action Sheet and review NIMS organizational chart.
3. Obtain a briefing from Incident Commander.
4. Establish the appropriate level of staffing within the Operations Section, continuously monitoring the effectiveness and modifying accordingly.
5. Brief branch directors and division supervisors on current situation; outline action plan and designate time for next briefing.
6. Assist in formulating the Incident Action Plan and direct its execution.
7. Ensure that the Planning Section is provided with frequent status reports as appropriate.

Ongoing Duties:

1. Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
2. Communicate frequently with Incident Commander.
3. Obtain needed supplies with assistance of the Finance Section Chief.
4. Ensure all media contacts are referred to the Public Information Officer.
5. Ensure that all resource needs are coordinated through the Logistics Section.
6. Continuously monitor field operations. Determine adequacy of progress. Determine need for additional resources.

7. Based on field reports, recommend changes to the Incident Action Plan to the Incident Commander and coordinate changes with general staff.


9. Request assistance as needed.

Extended Duties:

1. Document actions and decisions on a continual basis.

2. Observe all staff for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

3. Be prepared to provide input during the debriefing meeting and review the after-action report.
LOGISTICS SECTION CHIEF

Position assigned to:
Deputy:
Second Deputy:
Support:
Report to:
Command Center:______________________________________________
Telephone:____________________________________________________

Summary of Position Responsibilities:

Provide facilities, services and material in support of the incident. Organize and direct those operations in support of the incident response; including those associated with maintenance of the physical environment, adequate levels of food and shelter and supplies to support the incident objectives. This includes providing communication and transportation services, supporting information technologies, acquiring equipment, supplies, personnel (including all human resources), and facilities.
**Immediate Duties:**

1. Receive appointment from Incident Commander.
2. Read this entire Job Action Sheet and review NIMS organizational chart.
3. Obtain a briefing from Incident Commander.
4. Establish the appropriate level of staffing within the Logistics Section, continuously monitoring the effectiveness of the organization and modifying as required.
5. Brief personnel on current situation; outline action plan and designate time for next briefing.
6. Identify service and support requirements for planned and expected operations.
8. Direct media inquiries to the Public Information Officer.
9. Obtain aides as necessary.

**Ongoing Duties:**

1. Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
2. Communicate frequently with Incident Commander.
3. Obtain needed supplies with assistance of the Finance Section Chief; determine level of purchasing authority and purchasing process.

4. Coordinate closely with the Operations and Planning Section Chiefs to establish priorities for resource allocation during the response.

5. Ensure that position logs and other necessary files are maintained.

6. Meet regularly with section staff and work to reach consensus on section objectives for forthcoming operational periods.

7. Develop necessary documentation as requested by Planning Section Chief prior to planning meetings.

8. Ensure food/shelter requirements for responders and displaced faculty, staff and students are addressed.

Extended Duties:

1. Document actions and decisions on a continual basis.

2. Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

3. Be prepared to provide input during the debriefing meeting and review the after-action report.
FINANCE/ADMINISTRATION SECTION CHIEF

Position assigned to:

Deputy:

Second Deputy:

Support:

Report to:

Command Center:______________________________________________

Telephone:____________________________________________________

Summary of Position Responsibilities:
The Finance/Administration Section Chief manages all financial aspects of an incident. Monitor the utilization of financial assets and the accounting for financial expenditures to support incident response. Supervise the documentation of expenditures and cost reimbursement activities. Track and assemble all information for eligible activities that may be reimbursed by state or federal agencies following a declaration of emergency.
Immediate Duties:

1. Receive appointment from Incident Commander.

2. Read this entire Job Action Sheet and review NIMS organizational chart.

3. Obtain a briefing from Incident Commander.

4. Determine appropriate staffing needs for the Finance/Administration for the duration of the incident; appoint staff.

5. Brief unit leaders on current situation; outline action plan and designate time for next briefing.

6. Participate in Incident Action Plan preparation, briefings and meetings as needed. Ensure that the Incident Action Plan is within financial limits established by the Incident Commander. Provide guidance to determine financial limits, if applicable.

7. Provide cost implications of incident objectives.

8. Determine if any special contractual arrangements/agreements are needed.

9. Obtain aides as necessary.

Ongoing Duties:

1. Obtain information and updates regularly from unit leaders and officers; maintain current financial status of all areas.

2. Communicate frequently with Incident Commander.
3. Document all key activities, actions and decisions on a continual basis.

4. Monitor staff ability to meet workload demands, staff health and safety, resource needs, and documentation practices.

Extended Duties:

1. Document actions and decisions on a continual basis.

2. Observe all staff for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.

3. Maintain cash reserves on hand.

4. Consult with local, state and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared according to guidance received.

5. Be prepared to provide input during the debriefing meeting and review the after-action report.
ATTACHMENT A-V
GENERAL PANDEMIC WEB-BASED RESOURCES:

Centers for Disease Control and Prevention
  • www.cdc.gov
  • www.flu.gov

Iowa Department of Public Health
  • http://www.idph.state.ia.us/
  • http://www.idph.state.ia.us/h1n1/

Johnson County Public Health
  • http://www.johnson-county.com/dept_health.aspx?id=4485
  • http://www.johnson-county.com/dept_health.aspx?id=6718

University of Iowa
  • Home page: www.uiowa.edu
  • Influenza page: www.uiowa.edu/flu
  • State Hygienic Laboratory at The University of Iowa: www.uhl.uiowa.edu
  • Student Health Service: http://studenthealth.uiowa.edu/ and http://studenthealth.uiowa.edu/flu.shtml
  • Task Force documents: http://provost.uiowa.edu/work/pandemic.htm

FEDERAL GOVERNMENT RESOURCES, NATIONAL ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS

CDC: Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States:

CDC: Flu Activity: Reports and Surveillance in the United States:
  http://www.cdc.gov/flu/weekly/fluactivity.htm

CDC: Pandemic Flu leadership blog: http://blog.pandemicflu.gov/

CDC: travel advisory website: http://www.cdc.gov/travel/


United States Department of Health and Human Services National Vaccine Program Office:
  http://www.hhs.gov/nvpo/pandemics/
United States Department of Homeland Security National Incident Management System (NIMS)

United States Department of Homeland Security National Response Framework website:
http://www.fema.gov/emergency/nrf/

United States Department of Office Personnel Management (OPM) Pandemic Influenza Information Page:
http://www.opm.gov/pandemic/

United States Department of State fact sheet How to Prepare for “Sheltering-in-Place”:
http://travel.state.gov/travel/tips/health/health_3096.html

United States Department of State travel site: http://travel.state.gov/


White House National Strategy for Pandemic Influenza:
http://www.whitehouse.gov/homeland/pandemic-influenza.html

World Health Organization (WHO): National plans submitted by all countries:
Attachment C-I

Pandemic Influenza Data Collection and Reporting

GOAL: Creation of data collection tool(s) that will:

- Provide means for screening individuals in the community for illness
- Provide education to individuals based on responses to screening questions (prevention, home care, symptom monitoring, when to seek care)
- Direct individuals to appropriate level of healthcare if treatment is needed (Emergency Treatment Center, any lower-level treatment centers that may be set up)
- Allow for surveillance capabilities (report of how many individuals have specific symptoms, are symptomatic and still at home, are seeking care/hospitalized, etc)
- Track vaccinations and antivirals distributed, with ability to download/interface with electronic medical records (EMRs)

DESCRIPTION: Screening tool should be electronic, and accessible from the UI, the websites of the SHS, UEHC, and JCPH. For individuals and families in the community without computer access, would need dedicated phone lines to utilize this tool with callers (data entered in database). For those without phone or computers, would have to utilize local media (TV, radio) but would lose electronic capture of these individuals (IDPH could utilize the Educational Channel and provide continuous education, briefings, screening tool). Triage sites could use the same screening tool. The UEHC would need to use the tool for screening hospital employees for clearance to come to work.

Ideally could function similar to the Integrated Call Center system of the UIHC, in which the algorithm is built into questions. Once an individual has answered questions and clicked “submit”, the system produces information based on the responses:

- **Individual has no symptoms**: would receive “prevention” infection control information (handwashing, social distancing, symptom monitoring, etc.)
- **Individual is only mildly ill**: would receive home care/symptom management information AND infection control information to limit spread to others in family and community (handwashing, masks, etc)
- **Individual is very ill and needs some level of treatment but not hospitalization**: would receive instructions on what to do, where closest treatment center is located based on address given,
Individual is critically ill: advice and directions to the nearest Emergency Treatment Center (ETC) or designated hospital access area, AND infection control information to limit spread to others in family and community (handwashing, masks, etc).

Possible reports that could be generated from responses:
- Population assessment—staff, faculty, student or community member
- Other limited demographics—age, gender (prevalence in age groups)
- Location of community “pockets” of illness
- How severe symptoms are in those still at home
- How many individuals need to seek low-level treatment
- How many directed to area hospitals
- Patients treated with antivirals (inventory management)
- Individuals vaccinated (inventory management)

This information would assist in reporting status of current situation to local, state and federal health officials and for media briefings. It would be utilized to assist with monitoring and implementing changes in The Plan (could identify the need for more triage sites, more treatment centers, more staff, etc).

WHO CAN DO THIS WORK: Will need strong ITS leadership in working with designated clinicians to create the format for this programming. Will need to consider potential interfaces/ ability to download to various EMRs or other central database (especially antiviral administration and vaccination documentation). Should be able to pull reports / view aggregate data on user-end.
ATTACHMENT C-II
Influenza Pandemic Communication Template
ATTACHMENT C-III
INCIDENT COMMAND SYSTEM
Organizational Chart

Health Care Services Group
Dr. P. Hartley

UI-Sponsored Screening,
Triage & Vaccination Site
(IMU)
Dr. Laros

UI-Sponsored Screening,
Triage & Vaccination Site
(West High School)
Dr. L. Fuortes

Medical Supplies
G. Hagen

Procurement
K. Drake

Pharmaceutical Supplies
M. Ross

Residential/Outpatient Care and
Isolation/Quarantine
Housing
V. Stange/L. James, R.N.
ATTACHMENT C-IV

INCIDENT COMMAND JOB ACTION SHEETS

UNIVERSITY OF IOWA INCIDENT COMMAND SYSTEM

Health Care Services Director

Position Assigned To: Patrick Hartley M.D.

You Report To: Operations Section Chief

Command Center: ___________________ Telephone: ___________________

Mission: Organize, prioritize and assign clinical staff and volunteers to areas where medical care is being delivered. Advise the Operations Section Chief on issues related to healthcare services

Time

Completed

Immediate

___ Upon receipt of call from the Incident Commander announcing that the Pandemic Influenza Preparedness Plan is being implemented, contact the Operations Section Chief to confirm availability to assume position.

___ Read this entire Job Action Sheet and review organizational chart on back.

___ Meet with Operations Section Chief and Medical Officer after initial command section briefing to assist with development of an initial action plan.

___ Assist and oversee the commencement of patient screening triage.

___ Document all clinical staff assignments; facilitate rotation of clinical staff. Where necessary, assist with staff orientation to triage and treatment areas.

___ Meet with Operations Chief and Medical Officer to plan and project triage and screening needs.

___ Develop and maintain communication with the UIHC, Mercy, and the VAMC to confirm availability of supplies and referrals per the mutual aid memorandum of understanding.

Intermediate

___ Meet with Operations Section Chief for appraisal of the situation regarding clinical staff and projected needs. Establish meeting schedule with Operations Chief if necessary.

___ Maintain communication with the Operations Section Chief to co-monitor the triage and screening of patients.
Extended

- Ensure maintenance of clinical staff time sheet; obtain clerical support if necessary.
- Meet with the Operations Section Chief to keep him/her apprised of current conditions.
- Regularly meet with the directors of triage/screening sites, medical supplies, procurement, pharmaceutical supplies and residential outpatient care to keep appraised of current conditions.
- Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
- Other concerns:
# Medical Supply Officer

Position Assigned To: Gary Hagen

You Report To: Patrick Hartley M.D. (Health Care Services Director)

Command Center: ___________________________ Telephone: ______________________

**Mission:** Organize and supply medical care equipment and supplies.

<table>
<thead>
<tr>
<th>Time Completed</th>
<th>Immediate</th>
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<tbody>
<tr>
<td></td>
<td>___ Receive appointment from Health Care Services Director.</td>
</tr>
<tr>
<td></td>
<td>___ Read this entire Job Action Sheet and review organizational chart on back.</td>
</tr>
<tr>
<td></td>
<td>___ Receive briefing from Health Care Services Director.</td>
</tr>
<tr>
<td></td>
<td>___ Meet with and brief medical supply personnel.</td>
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<tr>
<td></td>
<td>___ Establish and communicate the operational status of the medical supply pool to the Health Care Services Director, and Procurement Unit Leader.</td>
</tr>
<tr>
<td></td>
<td>___ Dispatch the pre-designated supply carts to triage and screening sites once these areas have been established. Enlist the assistance of the transportation officer</td>
</tr>
<tr>
<td></td>
<td>___ Collect and coordinate essential medical equipment and supplies.</td>
</tr>
<tr>
<td></td>
<td>___ Develop medical equipment inventory to include those items listed in attachment C-V in the University of Iowa Pandemic Influenza Response Plan.</td>
</tr>
<tr>
<td></td>
<td>___ Identify additional equipment and supply needs. Make requests/needs known through Health Care Services Director. Gain the assistance of the Procurement Unit Leader when indicated.</td>
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<thead>
<tr>
<th>Time Completed</th>
<th>Intermediate</th>
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<tbody>
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<td></td>
<td>___ Determine the anticipated pharmaceuticals needed with the assistance of the Health Care Services Director and Pharmaceutical Officer and determine if assistance is needed in procuring or delivery of the needed items.</td>
</tr>
<tr>
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<td>___ Coordinate with Security Officer and Public Safety to protect resources.</td>
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</tbody>
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<tr>
<th>Time Completed</th>
<th>Extended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>___ Observe and assist staff who exhibit signs of stress or fatigue. Report concerns to Psychological Support Unit Leader.</td>
</tr>
<tr>
<td></td>
<td>___ Other concerns:</td>
</tr>
</tbody>
</table>

Updated September 2010
Outpatient Health Care Manager

Position Assigned To: Lisa James R.N.

You Report To: Patrick Hartley M.D. (Health Care Services Director)

Command Center: ___________________________ Telephone: ___________________________

Mission:
Ensure the provision of outpatient health care services to students housed in quarantine and isolation sites.

Time
Completed

Immediate

___ Receive appointment for the Health Care Services Director
___ Read this entire Job Action Sheet and review organizational chart on back.
___ Receive briefing from the Health Care Services Director
___ Meet with University Housing Manager to discuss establishment of quarantine and isolation sites.
___ Determine supply needs and communicate those needs to the Medical Supplies Officer and Pharmaceutical officer.
___ Determine numbers of clinical and non-clinical staff and volunteers needed for outpatient care delivery

Intermediate

___ Ensure continued appropriate staffing at quarantine and isolation sites
___ Keep in communication with the University Housing Manager to ensure optimal delivery of care to students housed in these sites.
___ Assist with orientation program for those who will perform outpatient care in quarantine and isolation sites.
___ Monitor medical and non-medical supplies and inform the appropriate officer if further supplies are needed.

Extended

___ Meet with the Health Care Services Director to keep him/her apprised of current conditions.
___ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
___ Other concerns:

Updated September 2010
Pharmaceutical Supplies Officer

Position Assigned To: Mary Ross R.Ph., MBA

You Report To: Patrick Hartley M.D. (Health Care Services Director)

Command Center: ___________________ Telephone: ___________________

Mission: Ensure the availability of emergency, incident-specific, pharmaceutical and pharmacy services.

Immediate

____ Receive appointment from Health Care Services Director.
____ Read this entire Job Action Sheet and review the organizational chart on back.
____ Receive briefing from Health Care Services Director with other subsection unit leaders; develop a subsection action plan.
____ Assign Pharmacy personnel and assess medication supplies.
____ Identify any inventories which might be transferred upon request to another facility and communicate list to the Health Care Services Director.

Intermediate

____ Communicate with the Department of Pharmaceutical Care Purchasing staff to assure a smooth method of requisitioning and delivery of pharmaceutical inventories throughout the triage and housing sites.
____ Take inventory and secure residential outpatient drug supplies.
____ Communicate with UIHC, Mercy, and VAMC regarding possible transfers of pharmaceuticals where needed.
____ Consult with the directors of student health service and employee health service to verify the availability of needed medications and procure or assure the availabilities of additional quantities if necessary.
____ Consult and communicate with the Outpatient Health Care Manager regarding pharmaceuticals needed for individuals in both quarantine and isolation.
Extended

____ Provide for routine meetings with Health Care Services Director.
____ Observe and assist staff who exhibit signs of stress and fatigue. Report any concerns to Ancillary Services Director. Provide for staff rest periods and relief.
____ Offer available support to Public Health in coordinating efforts to prepare and dispense medications/vaccines.
____ Other concerns:
Procurement Officer

Position Assigned To: Kelly Drake

You Report To: Patrick Hartley M.D. (Health Care Service Director)

Command Center: ________________________________ Telephone: ____________________

Mission: Responsible for administering accounts receivable and payable to contract and non-contract vendors.

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<tr>
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<tr>
<td>___</td>
<td>Receive appointment from Health Care Services Director.</td>
</tr>
<tr>
<td>___</td>
<td>Read this entire Job Action Sheet and review organizational chart on back.</td>
</tr>
<tr>
<td>___</td>
<td>Obtain briefing from Health Care Services Director; assist in the development of the section action plan.</td>
</tr>
<tr>
<td>___</td>
<td>Ensure the separate accounting of all contracts specifically related to the emergency incident; and all purchases within the enactment of the emergency incident response plan.</td>
</tr>
<tr>
<td>___</td>
<td>Establish a line of communication with the Medical Supplies Officer.</td>
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<tr>
<td>___</td>
<td>Obtain authorization to initiate purchases from the Health Care Services Director, or authorized representative.</td>
</tr>
<tr>
<td>___</td>
<td>Obtain information for Rx buyers to purchase/order IV fluids.</td>
</tr>
</tbody>
</table>

| Intermediate | Forward a summary accounting of purchases to the Cost Unit Leader every eight hours. |

| Extended     | Prepare a Procurement Summary Report identifying all contracts initiated during the declared emergency incident. |
|--------------| Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief. |
|              | Other concerns: |
Residential Housing Manager

Position Assigned To: Von Stange

You Report To: Patrick Hartley M.D. (Health Care Services Director)

Command Center: ___________________________ Telephone: ___________________________

Mission:
Establish, organize and maintain housing on campus for students in quarantine and isolation.

Time
Completed

Immediate
____ Receive appointment for the Health Care Services Director
____ Read this entire Job Action Sheet and review organizational chart on back.
____ Receive briefing from the Health Care Services Director
____ Meet with Health Care Services Director and Screening Site Medical Director to discuss the need to close dormitories and to establish quarantine and isolation sites.
____ If appropriate, establish predetermined sites for quarantine and isolation.
____ Ensure that students vacate residence halls to be used for these sites in the predetermined timeframe.

Intermediate
____ Ensure appropriate staffing at quarantine and isolation sites for delivery of outpatient services.
____ Provide food service delivery to students housed in isolation and quarantine.
____ Keep in communication with the outpatient health care manager to ensure optimal delivery of care to students housed in these sites.
____ Communicate with public safety regarding procedures and policies for students isolated or quarantined.
____ Assist with orientation program for those who will perform duties in support of quarantine and isolation sites.

Extended
____ Meet with the Health Care Services Director to keep him/her apprised of current conditions.
____ Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Report concerns to Psychological Support Unit Leader. Provide for staff rest periods and relief.
____ Other concerns:
Screening Site Medical Director

Position Assigned To: Laurence Fuortes M.D. & Ann Laros, M.D.

You Report To: Patrick Hartley M.D. (Health Care Services Director)

Command Center: __________________________ Telephone: ______________________

Mission: Sort casualties according to severity of illness, and assure their disposition to the proper treatment area.

**Time Completed**

**Immediate**

- Receive appointment from Health Care Services Director.
- Read this entire Job Action Sheet and review organizational chart on back.
- Receive briefing from Health Care Services Director with other Health Care Services unit leaders.
- Establish the university patient screening and triage Areas. Consult with the directors of student health services and employee health clinic regarding responsibility and staffing of those triage areas.
- Ensure sufficient transport equipment and personnel for triage and screening sites.
- Determine resource needs based on severity of pandemic
- Contact the Medical Supplies Officer and Pharmaceutical supplies officer to request needed resources
- Assign clinical staff and volunteers to run the triage and screening sites.

**Intermediate**

- Contact Safety and Security Officer of security and traffic flow needs in the Triage Area. Inform Health Care Services Director of action.
- Keep in communication with UIHC, Mercy and the VAMC regarding patient referrals
- Ensure daily reporting from the student health service and employee health clinic on persons screened and the disposition of those screened to the Health Care Service Director.
- Monitor performance of the triage and screening sites and submit daily reports on the operation of these units as well as requests and recommendations for actions.
Report emergency care equipment needs to Materials Supply Unit Leader. Inform Treatment Areas Supervisor of action
Keep Health Care Services Director apprised of status, number and severity of illness in the triage area or expected to arrive there.
Observe and assist staff who exhibit signs of stress and fatigue. Report concerns to Health Care Services Director. Provide for staff rest periods and relief.
Review and approve the area documenter's recordings of actions/decisions in the Triage Area. Send copy to the Treatment Areas Supervisor.
Other concerns:
LAST PAGE

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