

ANNEX H HEALTH AND MEDICAL SERVICES

ANNEX H - HEALTH AND MEDICAL SERVICES

PROMULGATION STATEMENT

Annex H: Health and Medical Services, and contents within, is a guide to how the University conducts a response specific to an infectious disease or food borne illness incident. The Annex is written in support of the Texas A&M University (TAMU) Emergency Operations Plan (EOP) and shall be considered an interactive support document to the EOP.

APPROVAL AND IMPLEMENTATION

The University's Assistant Vice President for Safety and Security shall be responsible for annex oversight and coordination with applicable stakeholders. The annex is flexible in that part of the plan, or the entire plan, may be activated based on the specific emergency and decision by University executive management.

This Annex and its supporting contents, are hereby approved, supersedes all previous editions, and effective immediately upon the signing of all signature authorities noted below.

Approved: Signature on File Date: 8/17/2016

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SECTION I: PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

A. PURPOSE

The purpose of the Texas A&M University Health and Medical Services Annex is to provide guidelines for an effective response to infectious diseases that will help ensure the health, safety, and well-being of the University community. This annex is intended to provide a strategy for identifying the resources needed and how those resources should be deployed, while establishing effective communication and response of all the relevant on campus and off campus entities to support a coordinated response.

This document is in support of the Brazos County Health Department's effort to plan for and respond to communicable disease outbreaks. Brazos County Health Department will be an important partner in the investigation, surveillance, and response to an outbreak associated with an infectious disease or food borne illness.

Additionally, these guidelines will:

- Provide guidance for emergency response operations and the utilization of all available TAMU and government resources for the protection of lives, property, and the continuance of university operations in the event of an outbreak.
- Outline the duties and responsibilities of TAMU departments.
- Represent the flexible timeline associated with an infectious disease or food borne illness outbreak, the response to an outbreak, through the resumption of normal operations.

B. SCOPE

All contents within this annex apply to TAMU students, faculty, staff, and visitors, while knowing that major outbreaks occurring within the University campus, will most likely influence surrounding communities. The Infectious Disease Response Team (IDRT) is the University's responsible authority to direct the response and actions associated with an on campus disease outbreak and will serve as a liaison with the Brazos County Health Department and the Department of State Health Services. The IDRT will collaborate with the Assistant Vice President for Safety and Security for the University and if indicated by the incident, the Brazos County Health Department or CEOC Manager.

The IDRT will be led by the Associate Vice President for Safety & Security and may consist of, but is not limited to the following departments:

- Office of Safety and Security
- Division of Marketing and Communications
- University Police Department
- Student Health Services
- Environmental Health and Safety
- Facilities Services (SSC Service Solutions)
- Division of Human Resources and Organizational Effectiveness
- TAMU IT
- University Dining (Chartwells)
- Division of Student Affairs

C. SITUATION OVERVIEW

An infectious disease is any medical illness that is caused by microscopic organisms or their toxins. Invading microorganisms include viruses, fungi, bacteria, and parasites. Sources for these organisms include the environment, animals, insects, and other mammals, including humans. Transmission usually occurs by:

- Inhalation
- Ingestion
- Direct contact, or by bites by a contaminated vector.

Many infectious diseases can cause outbreaks and epidemics. For this reason, identification, evaluation, and mitigation of infectious diseases are essential to protect public health. Infectious diseases can occur naturally, through human error (e.g. airborne or food borne illness), or through deliberate acts of bioterrorism.

D. THREAT AND VULNERABILITY

An infectious disease knows no boundaries; therefore, an outbreak associated with an infectious disease could present a serious risk on a college campus where there are a large number of students, faculty, and staff. In addition to the large concentration of individuals, University faculty members are engaged in research to study various biological agents, while other activities may present infectious disease threats such as food preparation and service, or athletics.

The University is at constant risk for exposure to infectious diseases. An infectious disease outbreak can range from involving a relatively small number of individuals in a limited area, mild disease with little morbidity and mortality, and simple epidemiological investigation to involving a large number of people over wide geographical area, severe disease with high mortality, and complicated epidemiology. Infectious disease outbreaks may differ from other types of emergencies because they can last for days to months, requiring ongoing local, state, and federal resources before resolution.

A unique feature of the wide variety of infectious agents that may affect a college environment is the different characteristics of the various diseases. For instance, there can be abrupt onset of illness (e.g., 6-24 hours for norovirus) or delayed onset from exposure (e.g., 27 days for Hepatitis A). This variation in time from exposure to symptoms presents significant challenges in the management of the outbreak, surveillance for cases and intervention. Finally, unlike most emergencies that a university campus may face, many disease outbreak situations may require a long-term response and the allocation of substantial university resources that can stretch from days to months.

E. CAPABILITY AND MITIGATION OVERVIEW

In general, campus community environments provide challenges for the control of infectious diseases such as:

- A young adult population that may or may not have received immunizations for vaccine preventable diseases. In addition, waning immunity to previous vaccinations is an increasing problem for such diseases as mumps and pertussis.
- The close living quarters of dormitories may facilitate the spread of such diseases as seasonal influenza, pandemic influenza, and bacterial meningitis.
- Large food service operations such as cafeterias have the opportunity for outbreaks of food borne illnesses.
- Diverse student and faculty population from foreign countries where diseases not commonly found in the United States are endemic, such as tuberculosis.
- The university conducts research on diseases that are not commonly found, and may result with exposure to the researchers and staff.

All of these factors call for increased vigilance of infectious diseases in the University setting for prevention, rapid detection, and a coordinated control by university and public health officials.

The University collaborates and participates in various infectious disease prevention, protection, mitigation, preparedness, and response and recovery efforts with local and state health officials, hospitals, community, and regional support systems in the following methods:

- Committees, meetings and workgroups
- Training and exercise opportunities
- Strategic planning sessions
- Awareness and intervention marketing and media campaigns
- Health risk continuing education

F. PLANNING ASSUMPTIONS

The University's response to an infectious disease is rapid and can be accelerated dependent upon whether the disease is communicable or life threatening. The university must contend with infectious disease outbreaks that threaten its students, faculty, staff, and/or visitors. Advanced planning for critical operations and coordinated response is essential to assuring an immediate and effective response to and recovery from an infectious disease outbreak. During such incidents, general guidelines, situations, and assumptions may apply, as enumerated in the Texas A&M University EOP (Section I: Purpose, Scope, Situation, and Assumptions). Assumptions specific to this annex are:

- Emergency response efforts such as standing up the CEOC, activating emergency support functions, etc., may not be appropriate or effective in dealing with an outbreak. A more appropriate response may be to bring together a small multi-disciplinary group of University officials with health and medical stakeholders to work together over time to resolve the outbreak.
- Most infectious disease emergencies follow some recognizable build-up period in which actions may be taken to achieve an appropriate state of readiness.
- Infectious disease outbreaks may be "*asymmetrical*" in that time of the outbreak may be days to weeks, even months with no clear-cut geographical boundaries.
- Response situations may be "*symmetrical*" in that they are limited by time and space. Time is defined in hours or days and space is usually confined to a specific geographic area.
- A communicable biological threat (man-made or natural) can occur in any season or any location, with or without advance notice.

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- Most outbreaks will be dealt with under the Advanced Readiness Levels found in Section III of this annex, as outlined in the Concept of Operations.
- Biological threats may be introduced into the population, and spread via food, water, air, infected animals, infected insects, surfaces, or through person-to-person contact.
- A communicable disease from abroad or in the United States can be introduced to Texas and the Brazos Valley region through use of rapid transportation of people, commodities, and through mass food production.
- Non-pharmaceutical preventive measures may be required to limit the spread of a contagious biological agent including social distancing (*avoiding close contact and public gatherings*), isolation, and universal precautions (*hand washing, gloves, respiratory protection around infected individuals*).
- In cases of a notifiable infectious disease, it is critical to have surveillance systems in place to detect the disease, report the illness to proper public health authorities, and institute control and prevention strategies.
- For most outbreaks of infectious disease, the Brazos County Health Department will be designated as the lead agency in the investigation of an outbreak with support from the IDRT, Department of State Health Services (DSHS) Region 7, and DSHS Austin.
- The University will support in the investigation efforts with information, personnel, subject matter experts, and other resources as available and needed by the investigators.
- The IDRT may be activated as deemed necessary by the severity and duration of the outbreak.
- The University, in collaboration with local, state, and federal public health officials, will be responsible for the dissemination of accurate and timely information to the students, staff, and faculty. Effective communication will be critical in mitigating a major disease outbreak.
- It is possible that local and state jurisdictions, in addition to hospitals and urgent care facilities will become overwhelmed during a large prolonged outbreak, therefore support to ensure provision of all requested essential commodities and services to the University might be difficult.
- Depending upon the infectious agent, any age group within the population may be at risk, with some population groups being considered high risk.
- The Brazos County Department of Public Health may recommend various methods of isolation to the general community population.

- Quarantine may be an extreme measure available to the university for management of some outbreaks.
- Medication may not be available or effective to limit the impact of the disease. If medication is available, the supply may be limited due to country/global-wide impacts.
- When local pharmaceuticals and other medical supplies are limited, the Strategic National Stockpile (SNS) may be requested by the state.

SECTION II: CONCEPT OF OPERATIONS

A. GENERAL

Information located in this section is designed to give an overall picture of incident management relating to health, food borne and intentional exposures. It is the responsibility of the University to protect life and property from the effects of disasters within its own jurisdiction. TAMU has the primary responsibility for initial emergency management activities onsite. It will primarily clarify the purpose, and explain the University's overall approach to a health and medical services incident (i.e., what should happen, when, and at whose direction) to include the division of local, state, federal, and any intermediate inter-jurisdictional entities.

Top priorities for incident management relating to health, food borne and intentional exposures are to:

- Save lives and protect health and safety of students, faculty, staff, visitors, responders and recovery workers
- Collaborate and coordinate with local, state and federal stakeholders regarding a potential health or medical threat
- Protect and restore critical infrastructure and key resources
- Protect property and mitigate damages and impacts to individuals, the community and the environment
- Facilitate recovery of individuals
- Recover operations

B. KEY AREAS OF EMERGENCY PLANNING AND INCIDENT MANAGEMENT PERTAINING TO INFECTIOUS DISEASE

The Health and Medical Services Annex also employs key areas of emergency planning and incident management that include mitigation, preparedness, response and recovery, with detailed references found in Section II: Concept of Operations of the TAMU EOP. Key examples of medical actions pertaining to infectious disease, food borne illness or intentional exposures are noted as follows:

- **Mitigation:** Examples of activities that support mitigation include:
 - Infectious Disease Clinics offer vaccine
 - Preparedness Materials: Distribution of printed materials, such as “Wash Your Hands” and “Cover Your Cough” posters
 - Website references and suggested videos
 - Distribution of hand sanitizers
 - Literature distributed by the University and the Brazos County Health Department on communicable diseases
 - Collaboration and coordination between law enforcement, public health and environmental officials
 - Investigation and surveillance
 - Information sharing and early notification to and collaboration with appropriate agencies
- **Preparedness:** Examples of activities that support the preparedness include:
 - On-going training of the TAMU EOP.
 - Multi-jurisdictional exercises continue to be designed, executed, and analyzed on an on-going basis.
- **Response:** Examples of activities that support response include:
 - Activation of the IDRT
 - Early notification to and collaboration with appropriate local, regional, private sector, volunteer and state agencies
 - Campus communications to include mass email, Code Maroon, listservs, etc, to students, faculty, staff and parents, as appropriate
 - Prepare an Incident Action Plan (IAP), if applicable

- Activate Annex J: Institutional Continuity Plan of the TAMU EOP, if applicable
- **Recovery:** Some examples of activities that support recovery are:
 - Medical reporting and continuing epidemiological surveillance and investigation
 - Analyze data collected during the response
 - Hold debriefing session with response staff in preparation for the development of an After Action Report (AAR) and Improvement Plan (IP)
 - Student Affairs Critical Incident Response Team (CIRT) team activities to support student and family needs during and after an outbreak

C. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) AND THE INCIDENT COMMAND SYSTEM

As outlined in the TAMU EOP, NIMS and the use of the Incident Command System (ICS) will be applied in accordance with the U.S. Department of Education (ED) guidance. More information on NIMS can be found in Attachment 1 NIMS Summary of the EOP.

D. RESOURCE DESIGNATION AND INFECTIOUS DISEASE ADVANCED READINESS LEVELS

Resource Designation Levels

Information regarding the Resource Designations Levels can be found in Section II: Concept of Operations of the TAMU EOP.

Advanced Readiness Levels

These levels are a guide to increasing readiness to be used as a means of delineating the university alert posture during an infectious disease incident.

- **Level 4 (Lowest Readiness Level)**

The term “Level 4” will be used to denote a situation that causes a higher degree of readiness than is normally present. Employees should review emergency plans and check supplies and equipment. “Level 4” actions will be triggered by the suspected case(s) of infectious disease.

- **Level 3**

The term “Level 3” will be used to refer to a situation, which presents a greater potential threat than “Level 4,” but poses no immediate threat to life and/or property. This level includes situations of multiple cases of probable or confirmed non-life threatening disease. “Level 3” actions could be generated with the international or national outbreak of infectious disease.

- **Level 2**

The term “Level 2” will be used to *signify hazardous conditions in which there is the potential and probability of causing loss of life*. This Level will include confirmed cases and/or clusters of life threatening infectious disease in the State or an adjacent jurisdiction. This level may warrant activation of the Infectious Disease Response Team (IDRT) and designated CEOC personnel should be placed on standby. CEOC activation may be imminent.

- **Level 1 (Highest Readiness Level)**

The term “Level 1” will be used to signify that hazardous conditions are imminent. This Level denotes multiple confirmed cases of a life threatening infectious disease or a widespread outbreak of non-life threatening cases of a food borne illness. This is a level where campus resources are expected to be or have been exhausted. Departments will activate emergency personnel and respond to the situation, the CEOC may be activated, and non-essential services may be suspended.

E. HEALTH AND MEDICAL SERVICES ANNEX ACTIVATION

The Environmental Health and Safety, Office of BioSafety, or Student Health Services in collaboration with the Office of Safety and Security and executive management will determine the need to activate the TAMU EOP and contents within, to support a public health incident.

F. NOTIFICATION AND WARNING

The notification protocol for infectious diseases will, by necessity, vary from the emergency response notification process as described in the TAMU EOP, Annex A: Warning.

The IDRT will be a key point of contact working with other University Departments for internal communication and coordination for the University.

The IDRT with the support of Marketing and Communication will work closely with the Brazos County Health Department and the DSHS to address external communication and

coordination. Early notification to local, state, and federal stakeholders during a potential health threat is desirable to expedite the recovery process.

G. SURVEILLANCE AND MONITORING

Case Definition and Identification

- Brazos County Health Department in collaboration with state public health officials will establish a case definition of the disease to be used to differentiate the disease in question. The IDRT and Student Health Services (SHS) staff will assist in identifying University student populations who have been affected.
- Tracking of status of confirmed cases: Student Health Services will provide support for surveillance and tracking efforts to identify the extent of the outbreak among students. Departments will report up their chain to report absenteeism rates to the IDRT, if directed by university administration.
- Laboratory reporting: Initial disease case reports from non-University laboratories, physicians or hospitals will be reported to Brazos County Health Department where the initial investigation will be coordinated. The Brazos County Health Department will communicate and coordinate with the University as needed.

SECTION III: ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. ORGANIZATION

Upon implementation of the Health and Medical Services Annex, Texas A&M University departments and agencies will provide designated personnel as outlined in this annex. Response teams may be activated; team members may be relieved of all other duties, with the assigned emergency response duty becoming their primary responsibility during the incident.

The IDRT has the primary role for coordinating the University's response for all infectious disease incidents occurring on campus property. The Brazos County Health Department has regulatory authority and responsibility, and will investigate all suspected and confirmed infectious disease cases in coordination with SHS. The response may require the assistance of outside agencies or other emergency response organizations.

The TAMU EOP, Section III: Organization and Assignment of Responsibilities; along with the following specific guidelines will assist in staff duties during an infectious disease outbreak.

B. UNIVERSITY POSITION ROLES AND EXPECTED ACTIONS

Upon learning of an incident involving university facilities, students, faculty, staff, or events, the University Leadership will utilize the following position roles and expected actions as guidelines to implement:

- **Infectious Disease Response Team (IDRT)**
 - In the event of a suspected infectious disease incident or a national/international level threat, Advanced Readiness Levels 2-4 will activate the IDRT. Examine current University policies, plans, procedures, and guidelines as they relate to the incident in question.
 - Provide technical expertise to assist the University President and Assistant Vice President for Safety and Security in tailoring a coordinated response.
 - Support the collaborative efforts and communication flow between the University, Brazos County Health Department, and the Department of State Health Services as the situation warrants.
 - Ensure that information regarding a potential infectious disease case will flow through pre-existing lines of communication.
 - The IDRT is the University's primary coordinator for all external and internal communication and notification related to the outbreak, with guidance and support of Marketing and Communications.
 - A collective communication and coordinated effort will most likely occur to address the need to inform not only the University population, but the public as well, of important information or protective actions. Therefore, it is likely that a Joint Information System (JIS) will be utilized to coordinate information from the IDRT, Brazos County Department of Health, and other appropriate agencies or University Departments. Given the nature of the incident, state and federal agencies may decide to establish a Joint Information Center. (See TAMU EOP, Annex I, Public Information)
 - Additionally, the IDRT Departments may be called upon to support the operation with personal, department expertise, etc.

- **Environmental Health and Safety**
 - Promptly investigate to determine nature of illness or exposure and simultaneously contact appropriate medical personnel for assistance. EHS will notify Student Health Services medical personnel and will coordinate actions and activities as necessary.
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - Assist in the investigation of the situation if applicable.
 - If the CEOC is activated, report to the primary location unless notified otherwise.
- **Office of Safety and Security**
 - Support the activities of the IDRT.
 - Support the efforts of the multi-agency health and medical planning group.
 - If the CEOC is activated, the University Emergency Management Director (Assistant Vice President of Safety and Security) may report to the primary location, and assume the role as CEOC Manager, in support of the IDRT and other CEOC staff.
- **Division of Marketing and Communications**
 - Activate the communication plan and collaborate with members of the IDRT and President.
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - If the CEOC is activated, report to the primary location unless notified otherwise.
- **University Police Department**
 - Investigate any incident that could involve criminal acts.
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - If the CEOC is activated, report to the primary location unless notified otherwise.
- **Student Health Services**
 - Promptly contact EHS and coordinate activities accordingly.

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- Adhere to reporting requirements of illnesses as required by the Department of State Health Services
- Coordinate vaccination efforts for student population
- Provide accurate public education in coordination with Marketing & Communications
- Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
- If the CEOC is activated, report to the primary location unless notified otherwise.
- **Facilities Services (SSC Service Solutions)**
 - Facility decontamination as directed in accordance with health department or CDC guidance.
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - If the CEOC is activated, report to the primary location unless notified otherwise.
- **Transportation Services**
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - If the CEOC is activated, report to the primary location unless notified otherwise.
- **Division of Human Resources and Organizational Effectiveness**
 - Provide guidance for absenteeism and leave policies
 - Data collection of absenteeism information
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - If the CEOC is activated, report to the primary location unless notified otherwise.
- **TAMU IT**
 - Support telecommunicating
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.

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- If the CEOC is activated, report to the primary location unless notified otherwise.
- **University Dining (Chartwells)**
 - Support efforts for feeding of isolated / quarantined on-campus students.
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - If the CEOC is activated, report to the primary location unless notified otherwise.
- **Division of Student Affairs**
 - Advise on planning to include student activities and events.
 - Support the efforts of Brazos County Health Department, Texas Department of State Health Services, or IDRT as appropriate.
 - If the CEOC is activated, report to the primary location unless notified otherwise.

C. EMERGENCY COMMUNICATIONS

All departments will maintain their existing equipment and procedures for communicating with their field units.

Telephones, cellular or landline, are the primary means of communications for contacting key emergency responder or departments. See TAMU EOP Annex B, Communications for more information.

D. EMERGENCY PUBLIC INFORMATION

Timely warnings of outbreak or exposure conditions are essential to preserve the health and safety and security of the University community and critical to an effective response and recovery. For detailed information about emergency public information, see TAMU EOP, Annex I, Public Information.

E. NON-EMERGENCY EXTERNAL COMMUNICATIONS

Generally, the Division of Marketing and Communications will work closely with University Offices to determine the appropriate target audience, communication materials and marketing strategy, and stakeholder collaboration and coordination.

SECTION IV: DIRECTION, CONTROL, AND COORDINATION

Local, regional, or state public health agencies most often have the professionals and expertise to conduct an appropriate investigation. The University will support the health and medical community's operational priorities that include:

- Maintain the health and well-being of the campus community while communicating with local health authorities
- Protect the campus from outbreaks of disease that occur in the community
- Allocate appropriate University resources to support the surveillance, investigation and intervention necessary to control the outbreak
- Maintain business continuity in University operations

General departmental actions are detailed in the appropriate sections of these guidelines; however, it is acknowledged that infectious disease or food borne incidents are unique occurrences, which require specific actions dependent upon the type, nature, and extent of the emergency. In this regard, this document is not all-inclusive, nor does it limit or restrict reasonable or prudent actions.

SECTION V: ADMINISTRATION, FINANCE, AND LOGISTICS

- Refer to TAMU EOP, Section V: Administration, Finance, And Logistics

SECTION VI: ANNEX DEVELOPMENT AND MAINTAINENCE

The Health and Medical Services Annex utilizes existing program expertise and personnel to provide prevention, protection, mitigation, preparedness, response, and recovery efforts of post incident consequences.

The University's Office of Safety and Security shall oversee or coordinate annex maintenance as described in the TAMU EOP, Section VI: Plan Development and Maintenance.

