



# **Pandemic Influenza Response Plan**

**Texas A&M University**

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**Table of Contents**

**I. AUTHORITY..... 1**  
**II. PURPOSE ..... 1**  
**III. DEFINITIONS..... 1**  
**IV. SITUATION AND ASSUMPTIONS..... 3**  
**V. TAMU ACTION LEVELS ..... 6**  
**VI. DIRECTION AND CONTROL..... 11**  
**VII. CONCEPT OF OPERATIONS..... 12**  
**VIII. ORGANIZATION AND RESPONSIBILITIES ..... 22**  
**IX. ADMINISTRATION AND SUPPORT ..... 26**  
**X. DEVELOPMENT AND MAINTENANCE..... 26**

**Appendices**

**APPENDIX A (H1N1-SPECIFIC RESPONSE)..... A-1**

## Basic Plan

### I. Authority

See the Texas A&M University Crisis Management Plan, Section 1.

### II. Purpose

The purpose of the Texas A&M University Pandemic Influenza Response Plan is to provide organized, comprehensive guidelines for an effective response to an influenza pandemic that helps **ensure the health, safety, and well-being of the University community**. This document addresses how Texas A&M University will maintain continuity of operations, while providing medical support to those affected by a pandemic influenza based on certain assumptions and uncertainties of the situation.

This document is in support of the Brazos County's efforts to plan for and respond to a possible influenza pandemic.

### III. Definitions

#### Acronyms

ARC – American Red Cross  
BCHD – Brazos County Health Department  
CDC – Center for Disease Control  
CEOC – Brazos County Community Emergency Operations Center  
CMP – Texas A&M University Crisis Management Plan  
DHS – Department of Homeland Security  
DSHS – Texas Department of State Health Services  
EMC – Emergency Management Coordinator  
EMD – Emergency Management Director  
EOC – Emergency Operations Center  
FEMA – Federal Emergency Management Agency  
HSC - Texas A&M University System Health Science Center  
IC – Incident Commander  
ICS – Incident Command System  
NIMS – National Incident Management System  
PIO – Public Information Officer  
SRPH – Texas A&M University School of Rural and Public Health  
TAMU - Texas A&M University  
TAMUS - Texas A&M University System  
WHO – World Health Organization

#### Definitions

- 1) Confirmed Case – A laboratory-confirmed influenza virus infection in a person with influenza-like illness.
- 2) Community Containment Measures – The separation of infected or exposed people from non-infected people by use of quarantine or other restrictions on movement and activities.
- 3) Community Emergency Operations Center – The EOC that includes representatives from Brazos County, City of Bryan, City of College Station and Texas A&M University.
- 4) Contact – A person who has been exposed to an influenza case in some way during the infectious period.
- 5) Control Measures – Standard emergency containment practices in public health that aim to control exposure to both infected and potentially infected people.
- 6) Epidemic – An excessive occurrence of a disease.
- 7) Incubation Period – The time from exposure to an infectious disease to symptom onset. The incubation period for influenza is usually 2 days but can vary from 1 to 5 days.
- 8) Infection Control Measures – Actions taken to decrease the risk for transmission of infectious agents.
- 9) Isolation – The separation and restriction of movement of people with a specific communicable disease to contain the spread of that illness to susceptible people.
- 10) Pandemic – An epidemic on a world-wide scale.
- 11) Personal Protective Equipment (PPE) – Barrier protection to be used by an individual to prevent disease transmission.
- 12) Prophylactic Drugs – Drugs used to prevent disease, such as vaccines and antivirals.
- 13) Quarantine – The separation and restriction of movement of well people who may have been exposed to an infectious agent and may be infected but are not yet ill.
- 14) Ice Days – A time in which all community non-essential personnel are asked to avoid work or other outside activities.
- 15) Surge Capacity – The accommodation to transient sudden rises in demand for services following an incident. It is the ability of a health system to expand beyond normal operations to meet a sudden increased demand for service.
- 16) Surveillance – The systematic collection, analyzing, interpretation and dissemination of health data on an ongoing basis.

## IV. Situation and Assumptions

### A. Situation

Pandemic flu is not a new medical condition. During the last century alone, three pandemics and several “pandemic threats” occurred. The pandemic flu of 1918, known as the Spanish Flu, has been cited as the most devastating epidemic in recorded world history and is suspected of killing more than **20 million** people-- more than the total number killed during World War I. It is believed that 20-40% of the world’s population was infected with this virus. Within the B/CS community, the Spanish Flu occurred mainly on the TAMC campus (which constituted College Station). The following was reported locally during the height of the Spanish Flu: the hospital in Bryan was overwhelmed with patients; the TAMC campus was quarantined; medics were dispatched from San Antonio to assist in providing care to students on campus; the number of people reporting flu symptoms on campus jumped from 150 to 1500 in a 24-hour period; and 5-10 persons were dying each day. It should be remembered that at this time the TAMC student population was less than 5000.

Seasonal flu, avian flu, and pandemic flu are not the same. A pandemic flu can be described as a strain of influenza occurring over a wide geographic area and affecting an exceptionally high proportion of the population. This type of flu is easily transmitted from one human to another. It will most likely be transmitted through touch and the aerosolization of lung and nasal fluids, i.e. coughing and sneezing. The factors that separate a pandemic flu from ordinary flu are the level of virulence and number of persons infected. During a pandemic flu, it is likely that about one-third of the population may be infected at any one time. Of those infected, it is predicted that the mortality rate may approach 50%.

It is known that pandemic flu normally begins with a strain of flu that primarily occurs in animals, and is transmitted to humans through animal contact, such as the Avian Flu. The progression from an animal flu to a pandemic flu occurs when the flu virus mutates to a strain that can be transmitted from one human to another. Once the flu virus mutates to a human-to-human transmissible variety, the flu spreads rapidly in the human population in terms of numbers and geography.

The Avian (or Bird) Flu is currently receiving considerable media attention. At this time, Avian Flu is rarely being transmitted from human-to-human; it is mainly contracted by humans who have had close contact with infected birds through the improper handling/cooking of infected birds or poultry. Avian Flu is not a pandemic flu, because there has been no sustained human-to-human transmission of the disease. However, with a mortality rate reaching 50% among infected humans, the concern is that Avian Flu or H5N1 could evolve into a virus capable of sustained human-to-human transmission.

The medical community believes that once an animal flu mutates into a pandemic flu, currently available flu vaccines will not be effective. It is very likely that the only treatment medication available will be anti-virals like Tamiflu that do not prevent

infection, but **may** lessen the symptoms. The amount of available Tamiflu is very limited in comparison to the population that would need it. Once the pandemic flu strain is isolated, a vaccine will be developed; however initial production will take several months and it is likely the initial amount produced will not be enough to cover even those individuals determined to be “Essential Personnel”.

Based on a combination of historical evidence and modern computer modeling, pandemic flu is likely to spread across the U.S. in waves, probably starting in a major hub/port city such as Los Angeles, Houston, Denver, Dallas, St. Louis, Miami, Chicago or New York. Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 6-8 weeks. These waves of infection could continue for a period of 9 months to 2 years, with each successive wave infecting a smaller percentage of the population. The percentage of infected persons will go down with each successive wave because of developed immunity (those people who survived previous waves) and the administration of a vaccine once it is manufactured in sufficient quantities. There is an uncertainty as to the appropriate level of infection control measures (e.g., social distancing, cancellation of mass gatherings, etc.) between waves of infection.

## **B. Assumptions**

1. A pandemic influenza will result in the rapid spread or infection throughout the world.
2. The pandemic influenza will occur in multiple waves.
3. Each wave may last from six to eight weeks.
4. The pandemic influenza attack rate will likely be 30% or higher among the University population. Illness rates will likely be higher with school-aged children and middle aged adults (18-40) and the elderly.
5. Of those who become ill with influenza, the hospitalization rate may be as high as 8% and a mortality rate as high as 1%, possibly higher.
6. Some persons will become infected but not develop clinically significant symptoms. Symptoms may not develop until 2-7 days after being infected.
7. The number of ill requiring medical care will overwhelm the local health care system.
8. The number of fatalities will overwhelm the medical examiners’ office, hospital morgues, and funeral homes.
9. The demand for home care and social services will increase dramatically and will not be available.

10. Vaccines will not be available for 4-6 months following the emergence of a novel strain of influenza. Other prophylactic drugs, e.g. TamiFlu, may not be fully effective against a pandemic influenza.

11. Absenteeism may be up to 40% (or higher in certain professions).

12. There is likely to be a significant disruption of public and privately owned critical infrastructure including transportation, businesses, utilities, public safety, and communications.

13. External resources may be exhausted; therefore, Texas A&M University may have to be self-sufficient.

14. The implementation of isolation and quarantine will be the decision of the federal or state government.

15. Recommended travel restrictions will come forth from the federal and state government.

16. For the purpose of this plan, two scenarios will be assumed:

a. Most students have gone home (left College Station) except for those who cannot or chose not to travel home. This will consist of 1500-2000 students housed on campus.

b. Students are virtually all here and we are advised to shelter in-place, i.e., no gatherings including classrooms, dining halls, etc. This will consist of 7000+ students housed on campus.

V. TAMU Action Levels

A. WHO Phases and TAMU Action Levels

WHO Phases		Description	Confirmed internationally	Confirmed in US	Confirmed in Texas	Confirmed in Brazos Valley
Interpandemic Phase	Phase 1	No new influenza virus subtypes detected in humans. An Influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.				
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.				
Pandemic Alert Phase	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.				
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	TAMU Level 1	TAMU Level 2	TAMU Level 3	TAMU Level 4
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	TAMU Level 2	TAMU Level 3	TAMU Level 4	TAMU Level 4
Pandemic Phase	Phase 6	Pandemic: increased and sustained transmission in general population.	TAMU Level 3	TAMU Level 4	TAMU Level 4	TAMU Level 4

Other criteria should be considered in determining TAMU levels as well. These should include, but not limited to:

1. Morbidity and/or mortality rate
2. Rate/speed of disease spread
3. Local/state/and federal public health recommendations to decrease/cancel public activities in county or state
4. Falling class attendance, students leaving campus
5. Rising employee absenteeism
6. Other regional schools/school systems closing
7. Transportation systems closing/decreasing interstate travel

**B. General Actions and Considerations – These actions are to be taken during all levels of a pandemic influenza response.**

1. Provide counseling services to students, faculty, and staff.
2. Provide and maintain communication for any member of the University while traveling abroad.
3. All departments will provide well-being support for its employees.
4. Mandatory quarantine is a more difficult strategy to employ as a disease containment measure because of its resource-intensive nature and the incubation period of the influenza virus. Therefore, the use of voluntary quarantine as a containment measure is recommended.

**B. TAMU Level 1 Actions**

1. Monitor the transmission of pandemic influenza.
2. Communicate with Brazos County Health Department and other relevant health organizations.
3. Review and update response plan with the Executive Committee and Pandemic Influenza Planning Committee as the situation evolves.
4. Issue communications to campus community regarding status of disease spread, self protection and university response.

5. Issue travel advisories for affected areas, international and domestic.
6. Consider voluntary isolation of close contacts, especially those returning from affected areas. Implement screening mechanisms for voluntarily isolated individuals.
7. The University will inform employees of campus policies regarding working from home, travel, using sick leave, and other human resources policies as applicable.
8. Update the TAMU Pandemic Influenza website with current information for faculty, staff, and students.

### **C. TAMU Level 2 Actions**

1. *The University should consider suspending classes and special events.*
2. Initiate planning for closing of research facilities. (A list of critical facilities is located \_\_\_\_\_)
3. Issue travel advisories for affected areas, international and domestic.
4. Consider voluntary isolation of close contacts, especially those returning from affected areas. Implement screening mechanisms for voluntarily isolated individuals.
5. Isolate and monitor suspected cases of pandemic influenza.
6. Initiate triage and isolation for students experiencing influenza-like illnesses.
7. Provide emergency medical transportation.
8. The university will review infection control procedures, make sure that personnel have adequate supplies of personal protective equipment (PPE).
9. Distribute appropriate disinfectants (e.g. hand sanitizers).
10. Procedures for cleaning public areas will be adjusted to respond to an influenza pandemic. (Procedures are located \_\_\_\_\_)
11. Provide necessary communications regarding the status of the University.

### **D. TAMU Level 3 Actions**

1. Continue all Level 2 actions.

2. If not already enacted, suspend all university classes and special events.
3. Consider voluntary isolation of close contacts, especially those returning from affected areas. Implement screening mechanisms for voluntarily isolated individuals.
4. Continue triage and isolation of students experiencing influenza-like illnesses.
5. Discontinue (or minimize) routine health care.
6. Provide emergency medical transportation.
7. Every available resource should be employed to reduce the spread of illness and provide services to those who are impacted by the disease.
8. The University should suspend administrative activities except those deemed essential.
9. All departmental business continuity plans are activated to ensure essential duties are performed.
10. All research facilities are closed, except those that are deemed critical (e.g., animal care).
11. Provide enhanced IT support to accommodate increased telecommunications.
12. Close and secure non-essential buildings.
13. Maintain critical infrastructure and services.
14. Enact policies regarding leave and essential/non-essential personnel.
15. Provide necessary communications regarding the status of the University.
16. Initiate planning to activate the point(s) of distribution.
17. Distribute personal protective equipment (to essential personnel).
18. Activate the EOC.

#### **E. TAMU Level 4 Actions**

1. Continue all Level 2 and Level 3 actions.
2. Maintain constant communication with the Brazos County Health Department.

3. Establish a Joint Information Center to coordinate press releases and manage news teams and interviews, etc.
4. Medical assistance, housing, telecommuting, and other assistance should be fully utilized to reduce infection and support those who are ill, while maintaining essential university operational duties.
5. Enhance the medical support to accommodate increased isolation.
6. Activate the point(s) of distribution.
7. Provide necessary communications regarding the status of the University.
8. Initiate planning for recovery as needed.

#### **F. General Actions for Suspension of University Functions**

1. Initiate Continuity of Operations plans to ensure essential duties are performed, as necessary.
2. Students remaining on campus due to travel constraints will be consolidated per the Department of Residence Life protocols.
3. Support will be provided to students remaining on campus.
4. The operations of Dining Services will be adjusted per Dining Services Protocols.
5. Conduct alternate forms of education to the extent possible (e.g., internet classes).
6. Provide increased security for the on-campus housing and non-critical facilities as they begin to shut down.
7. Maintain a essential financial operation.

#### **G. Recovery**

1. Provide necessary communications regarding the status of the University.
2. Follow federal, state, and local recommendations regarding recovery.
3. Resume normal administrative functions.
4. Resume normal academic/research functions.

## VI. Direction and Control

### A. General

The President of the University retains authority for making decisions affecting the University. All decisions to be made should be based on federal, state, and/or local recommendations/mandates. These decisions may include issuing travel advisories, suspending mass gatherings (including classes), suspending research, suspending normal university operations, and resumption of university operations.

### B. Decision-Making Process

The priorities of decisions may change as the situation evolves.

1. Issuance of Travel Advisories
2. Cancellation of Special Events
3. Cancellation of Classes
4. Initiation of Telecommuting
5. Suspension of Research
6. Cancellation of University Operations
7. Resumption of Normal Operations

### C. Decision-Making Timeline

1. Travel Advisories – Advisories regarding voluntary travel restrictions should coincide with federal, state, and/or local recommendations as the situation evolves (e.g. travel advisories should be issued to voluntarily restrict travel to affected regions).
2. Screening, Triage, Isolation – Screening, triage, and isolation should be implemented as soon as possible (i.e. *TAMU Level 1 or earlier*), but should not continue past *TAMU Level 3* due to increased transmission and extensive resources needed to maintain these functions. Past experiences with SARS and other biological incidents have demonstrated quarantine to be ineffective. The implementation of mandatory quarantine has also been deemed too resource-intensive for Texas A&M University to employ; therefore, voluntary quarantine should be considered as a containment measure. **Isolation is recommended to be voluntary. Due to extensive legal constraints, only under extreme measures should mandatory isolation be implemented.** Beyond the point to maintain screening, triage, and isolation, social distancing measures should be employed.
3. Special Events/Mass Gatherings (to include classes) – Suspension of special events and mass gatherings (including suspension of classes) should occur at *TAMU Level 2*.

4. Suspension of Research/Normal University Operations – The University should begin implementing the suspension of research and normal university operations at *TAMU Level 2* with full implementation by *TAMU Level 3*.

5. Resumption of Normal Operations should be predicated on the recommendations of federal, state, and/or local health authorities. Other factors for university resumption should be:

1. Decreased morbidity and/or mortality rate
2. Decreased rate/speed of disease spread
3. Other regional schools/school systems resuming operations
4. Transportation systems opening/increasing interstate travel
5. Availability of sufficient faculty and staff to support resumption of classes and research

#### **D. Lines of Succession**

The lines of succession for university officials will follow normal succession.

#### **E. Incident Command System – Emergency Operations Center Interface**

The EOC will not be physically activated in response to social distancing measures in place during an influenza pandemic. However, the EOC will be activated in concept as stated in the TAMU Crisis Management Plan. All command and control functions of the EOC will be coordinated through a web-based software program, WebEOC®.

VII. Concept of Operations
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#### **A. General**

The basis of the University response is the **preservation of health, safety, and the well-being of the campus community**. It is paramount that the University tends to the campus community to foster a healthy environment during an influenza pandemic.

Maintaining economic stability and feasibility is secondary to the health, safety, and the well-being of the campus community. Every action will be taken to minimize adverse health effects and minimize negative economic disruptions.

All employees (essential and non-essential) may be tasked to perform other duties, essential duties, as a result of an influenza pandemic response.

The basic order of operational priorities is:

- 1) Maintaining the health, safety and well-being of the campus community.
- 2) Maintaining business continuity to minimize negative economic disruptions.
- 3) Maintaining critical infrastructure and/or facilities to support remaining campus residents and other essential duties and personnel.
- 4) Resume normal University operations.

All emergency operations for responding to an influenza pandemic shall be within the framework of the National Incident Management System (NIMS).

## **B. Essential Duties**

1. Security
2. Campus Health and Safety
3. IT Support
4. Human Resources
5. Financial Operations
6. Campus Housing
7. Food Services
8. Maintaining Critical Infrastructure
9. Lecture
10. Research

## **C. Essential Personnel**

1. In general, if employees' job duties affect the security, safety, or physical operation of the University (including providing services to students) they may be employed in a position that is considered "essential" during these closings, as defined by Human Resources.
2. Department heads are familiar with the commitments and requirements of their areas of responsibility within the University and are uniquely positioned to make the decision as to who needs to work as an "essential person" during these times.

## **D. Employee Well-being and Support**

The response to an influenza pandemic will pose substantial physical, personal, social, and emotional challenges to employees of the university. Therefore, it is imperative for the University to provide employee well-being and support. It is infeasible for the University to operate a university-wide phone bank because of the increased resources to staff and maintain such a phone bank. For this reason, each department is encouraged to check on the well-being of its employees and to provide

support as necessary. Departments are encouraged to monitor the health and emotional status of its employees by any number of mechanisms. These mechanisms may be in the form of (but not limited to) the following:

1. Establishing a calling rotation for employees to check on co-workers.
2. Establishing a departmental Call Center for employees to call in and report well-being status.

#### **E. Business Continuity**

1. Business Continuity planning is critical before an influenza pandemic. Maintaining business continuity will mitigate disruptions to critical services and infrastructure caused by pandemic influenza. As well as these mitigating disruptions, Business Continuity planning enhances the recovery efforts caused by pandemic influenza.

2. Services critical to university operations are financial services, human resources, safety and security, medical services, food services, educational services, etc. Critical infrastructure, being the infrastructure essential to providing critical services, includes utilities, water, information technology, telecommunications, road services, etc.

3. To maintain Business Continuity, departments will identify essential services or duties and who they serve to maintain University operations. After developing a written list of essential duties and services, each department will determine essential personnel to perform these duties. Each department will:

- a. identify the number of essential personnel.
- b. identify the number of shifts (if applicable) and the number of personnel per shift.
- c. identify alternate locations for work, e.g. telecommute.
- d. identify how many must report to campus for work.
- e. identify how many must interact with other people on campus.

4. Departments will identify other departments that are critical to maintain their respective essential services.

5. Departments will identify, train and prepare ancillary workers to assist in areas needing augmented staffing (e.g. non-essential staff, contractors, retirees). In addition, individuals with similar job duties from other departments should be identified to augment staffing.

6. Departments are responsible for maintaining and updating their department business continuity plans on an annual basis, or as to reflect personnel changes or changes to essential services, policies, or duties.

6. The University will develop policies and procedures for payroll services, expedited supply purchases, and infrastructure maintenance.

7. The University will develop policies to address the cancellation of university operations and lecture/research operations.

8. All departmental business continuity plans and contact lists will remain on file in the Office of Safety & Security.

## **F. Communication**

### 1. General

a. Pandemic influenza imposes extra difficulties on communication. Therefore, it is of great importance to know who to contact and how to contact them. Effective communication is comprised of redundant communication systems, effective internal communication (communication among the University community) and effective external communication (communication with external agencies and the general public).

b. A reliable and redundant communications system is essential to obtain the most complete information on emergency situations and to direct and control resources responding to those situations.

c. In an emergency, one or more communication strategies/systems can become disabled or ineffective. Therefore, it is critical that planning takes into consideration the need for backup communication modes, diversity of communication modes and redundancy. Diverse and redundant communication systems will include, but are not limited to, email, internet, and phone lines (land or cellular).

d. Communication should happen early and often. All communication should be easily understood and culturally appropriate.

### 2. Communication with member(s) of the university community traveling in affected regions must consider:

a. Members of the University community that are traveling to affected regions as part of a university-sanctioned event will provide contact information before departure to the leading department and/or the Study Abroad Office per existing university policies.

b. Members of the university community that are traveling to affected regions not in capacity of a university-sanctioned event will be encouraged to voluntarily register through the Division of Finance. All contact information obtained through voluntary registration will be recorded in the International SOS software/database.

c. Primary modes of communication for all individuals will vary depending on the type of communication services available in the travel destination. Registered individuals will indicate the primary modes of communication. However, generally, the primary modes are telephone or email.

### 3. Communicating University Closures

a. Any announcements regarding closures or cessation of university events will be communicated via the TAMU home web page, email, television/radio announcements, or any other available means. All announcements to be posted on the TAMU home web page will be routed through Computing and Information Services (CIS). All television and radio announcements will be routed through Marketing and Communications. Scripted announcements can be found in Attachments # - #.

### 4. Internal Communication

a. General University Community – General information regarding pandemic influenza will be distributed in the form of public service announcements (PSAs) through any and all available modes of communication (i.e., internet, email, telephone, radio, television, etc.) as appropriate. Scripted PSAs can be found in Attachment #.

#### b. Essential Personnel

1) Multiple departments currently have Unit Control Centers (UCC) as stated in the Crisis Management Plan. The existing UCCs should be the communication hub for contacting departmental employees. Departments that do not have a UCC are encouraged to establish a type of communications center. This may be as simple as assigning the departmental administrative office as the communications center.

2) All departments will utilize multiple modes of communications and calling trees as established in departmental business continuity plans.

3) In general, the primary modes of communication are landline telephones, email, and 800MHz radios for all university employees.

#### 5. External Communication

The modes of external communications are specified in the CMP and the Brazos County Interjurisdictional Emergency Management Plan.

#### 6. Resumption of University Operations

Resumption of university operations will be communicated through multiple means. Primary means for communicating the resumption of university operations will be via the Texas A&M University website and television/radio announcements. Other means for communication will be utilized as deemed appropriate.

### **G. Surveillance and Health Monitoring**

1. Surveillance and health monitoring will be provided by the Brazos County Health Department and the University health community (SHS, SRPH, TVMDL, etc.) Therefore, surveillance and health monitoring will be coordinated with the Brazos County Health Department as described in Appendix 3 to Annex H of the Brazos County Interjurisdictional Emergency Management Plan (Brazos County Pandemic Influenza Plan).

2. Surveillance and health monitoring includes increased attention to symptoms indicative of influenza-like illness and disease in persons who have engaged in travel to the affected area(s). Disease tracking will be provide through a laboratory setting and contact tracing.

### **H. Containment Measures**

The University will employ disease containment measures to slow the transmission of disease on campus. Containment measures may include:

1. HHS and DSHS will institute isolation and quarantine at points-of-entry into the United States and Texas, respectively. With the majority of students, faculty and staff traveling through the major points-of-entry (e.g., Houston and Dallas) before arriving at Texas A&M University, the University may only have to institute isolation for the individuals that were asymptomatic while passing through the points-of-entry.

2. Infection control measures such as respiratory etiquette, hand hygiene and/or the use of personal protective equipment.

3. Reduction in routine University-related activities as part of “ice days” strategy and social distancing strategies for employees who must work because their function is deemed essential (e.g. cancellation of face-to-face meetings, staggering of work shifts, etc.).

Refer to Section VII.I (Health Care) below.

## **I. Health Care**

### **1. Medical Support**

a. The University will have primary responsibility for the health care services needed by students during a pandemic. Medical support will be under the direction of the director for Student Health Services as described in SHS departmental protocols.

b. The Brazos County Health Department will have primary responsibility for the health care services needed by TAMU faculty and staff during a pandemic. Medical support provided by Brazos County will be in accordance with Appendix 3 to Annex H of the Brazos County Interjurisdictional Emergency Management Plan (Brazos County Pandemic Influenza Plan).

c. Plans to monitor and provide outpatient health care for faculty and staff under isolation conditions are described in Appendix 3 to Annex H of the Brazos County Interjurisdictional Emergency Management Plan (Brazos County Pandemic Influenza Plan).

### **2. Screening/Triage**

The WHO Phase 4 medical recommendations may initiate patient screening, triage and referral of ill or worried students, staff or faculty for follow-up tests. When necessary, referrals will operate through normal channels of care at the Student Health Services, area hospitals, etc. The screening and triage functions would be conducted, using standard criteria, through the following mechanisms: phone- and web-based screening/triage and screening/triage at Beutel Health Center. If the situation warrants, a mass screening/triage will be established at Beutel Health Center under the direction of the director of Student Health Services as described in departmental protocols. Additional triage locations may be established as required by the director of SHS.

### **3. Isolation**

a. During the early stages of a pandemic, people known to be infectious with pandemic influenza will be advised to isolate themselves from others, typically in their own homes. For infectious students housed on campus

and unable to be isolated at home, the University will isolate students with influenza-like illnesses in the Northside modular dorms.

b. Plans to monitor and provide outpatient health care for students on campus under isolation conditions will be under the direction of the director of Student Health Services.

c. It may be impractical to isolate known cases during the WHO Phase 6 (Pandemic Phase) because of the overwhelming number of health care support needed for isolation.

#### 4. Quarantine

The implementation of quarantine will be on a voluntary basis. Individuals that may have been exposed to pandemic influenza, through travel or other means, should self-quarantine.

### **J. Medical Supply Distribution**

1. All vaccines and prophylaxes being provided to TAMU through the Brazos County Health Department will be distributed in accordance with Appendix 3 to Annex H of the Brazos County Interjurisdictional Emergency Management Plan (Brazos County Pandemic Influenza Plan).

2. All vaccines and prophylaxes provided directly to TAMU by DSHS or any other health organization will be distributed under the supervision and by the recommendations of the Office of Safety and Security and SHS.

#### 3. Point(s) of Distribution

a. Through MOUs established with Brazos County, the University has designated Reed Arena as the primary point of distribution (POD). The University will establish other points of distribution as needed.

b. In any instances that the POD(s) are activated for county or university purposes, operations will be directed per sections VII.J.1 and 2 above, respectively.

### **K. Mass Fatalities Management**

The management of mass fatalities will be under the direction and authority of the Brazos County Health Department in accordance with Appendix 3 to Annex H of the Brazos County Interjurisdictional Emergency Management Plan (Brazos County Pandemic Influenza Plan).

### **L. Student Housing**

1. In the event that a portion of the student population remains on campus, Residence Life would consolidate the students and families to the least number of buildings possible to reduce the magnitude of essential duties. Students would be consolidated in the Southside modular dorms. Residents in the University Apartments will remain in the University Apartment buildings. These buildings provide for group feeding, group meeting and group communication when necessary, but also provide the best possible scenario for students and families to live in separate living quarters with semi-private or private baths to increase social distancing.

2. The consolidation of campus residences will be affected by the students' perception of the situation. That is, students may perceive the cancellation of classes (and subsequently, the closing of university operations) as a holiday, leaving a majority of personal belongings in campus housing. Under these circumstances, the consolidation of remaining campus residences may be revised.

#### **M. Feeding/Food Distribution**

1. Duncan Dining Hall will serve as walk-in facility for feeding of well students. This facility will be utilized per Dining Services departmental protocols.

2. Sbisa Dining Hall will serve as the food preparation and distribution for isolated students in the Northside modular dorms.

3. Dining Services will feed all residence hall students (anyone without a kitchen on campus) regardless of meal plan or lack of meal plan.

4. The residents of the University Apartments should shop and prepare their own food. Dining Services will provide food to the University Apartments in case of local food shortages.

5. Dining Services should have a 2-day supply of MREs and bottled water on hand. The distribution of MREs and bottled water will be in accordance with Dining Services protocols.

#### **N. Security**

1. The primary role of the Department of Security and University Police during any emergency operation is to provide for the safety and security of the campus community.

2. Many of the tasks required of the department during an influenza pandemic are simply an expansion of normal daily responsibilities including enforcing laws, maintaining order, protecting lives and property and traffic and crowd control.

3. In addition to their normal duty assignments, security departmental personnel may be called upon to protect and control access to key facilities, disseminate information to the public should primary systems be inoperative and provide security for vacated buildings on campus.

## **O. Academic**

1. Course Offerings – All course offerings will be in accordance with the Dean of Undergraduate Programs and Associate Provost for Academic Services.

### 2. Course Credits

a. If the “crisis” comes between semesters, suspend the beginning of classes and readjust the calendar to begin when safe conditions prevail.

b. If the “crisis” comes during the first 12 days of a long term or first 4 days of a summer term, suspend classes and readjust the calendar to begin when safe conditions prevail. At the time that classes begin again, allow time for a full semester (70 days).

c. If the “crisis” comes later in the semester so that only 12 days for a long term (or 4 days for a summer term) are lost at the end, declare it a “full semester” with credit assigned based on the work completed.

d. If the “crisis” comes any time in the long term between the first/last 12 days (or the first/last 4 days of a summer term), suspend classes until safe conditions prevail. Readjust the calendar to begin again when classes resume. This will effectively be a “time out” with course content resuming when classes resume.

### 3. Grades – Options to Consider

a. If the student has begun a course and classes are suspended, and the student returns when classes resume, the grade will be assigned at completion.

b. If the student has begun a course and classes are suspended, and the student chooses not to return, grade options for NG or W will be decided by the AOC Dean in the College providing the course.

c. If the semester must be terminated near the end of classes but before the last/final exams are given, grades may be affected. If this is a catastrophic situation, it may be appropriate for all grades for that semester be reported only as pass/fail rather than letter grades.

### 4. Refunds

If classes have begun and are completed at a later time, no refund is given.

#### 5. Communication

- a. Official course and semester calendar information will be provided by Neo email or any technology that students frequently use (text messages, etc.) For additional information, students will be directed to the Web to TAMU home page.
- b. A pre-recorded phone message on all campus phones will direct students (and parents and others) to messages on the Web on the TAMU home page.
- c. Specific messages concerning any classes will be posted on the University Web pages.

#### **P. Research**

UNDER DEVELOPMENT

#### **Q. Utilities**

Physical Plant can provide 20% of electricity needs to the campus with a focus on food, housing and critical research. UNDER DEVELOPMENT

#### **R. Recovery/Resumption of Normal Operations**

Emergency operating procedures for pandemic emergency conditions listed in this plan will cease when the campus returns to a Preparedness Phase or as recommended by federal, state, and/or local recommendations. Campus personnel will be notified by various means such as radio, television or university web page.

VIII. Organization and Responsibilities
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#### **A. General**

The departments listed within this section are the departments in which others are dependent on. Departments not referenced in this section are still essential for an influenza response. More detailed information is retained in individual departmental business continuity plans.

#### **B. Assignment of Responsibilities**

##### 1. Policy Group

- a. The Policy Group will make policy decisions on campus closure and other issues affecting the broader campus.
2. Pandemic Influenza Planning Committee
    - a. The Pandemic Influenza Planning Committee will serve as the advisory group for the President.
    - b. The Pandemic Influenza Planning Committee will identify the incident commander, monitor the transmission of pandemic influenza, assess the threat and implement appropriate activities and coordinate all actions with the CEOC.
3. Contract Administration
    - a. Review and negotiate business and service contracts for TAMU.
4. Dining Services
    - a. Feed the remaining student body and essential campus personnel.
5. Employee Services
    - a. UNDER DEVELOPMENT
6. Environmental Health and Safety
    - a. Provide emergency response for all hazardous materials, gas, and fire incidents.
    - b. Support EOC functions and coordinate with local emergency responders.
    - c. Maintain hazardous and radioactive waste shipping operations, as necessary.
    - d. Provide support for emergency shelter operations.
    - e. Direct personal protective equipment (PPE) distribution.
    - f. Provide PPE training, including respiratory protection training.
7. Financial Management Operations
    - a. Maintain vendor payments.
    - b. Maintain financial security.
    - c. Give approval to access reserves and account overrides.
    - d. Maintain wire transfers and approving security changes.
    - e. Maintain cash management.
8. Logistics (Division of Finance)

- a. Receive, sort, and deliver incoming campus mail.
- b. Process and deliver outgoing mail to United States Post Office.
- c. Central Receiving will receive and re-deliver to the departments with the incoming freight changing from office supplies to emergency supplies.

#### 9. Physical Plant

- a. Provide building operations for the university.
- b. Provide clean up, disinfection and waste removal.
- c. Provide water, sanitary sewer-waste water treatment, solid waste, electricity, thermals for comfort, heating hot water, domestic hot water, chilled water and steam to the campus.

#### 10. Residence Life

- a. Consolidate and maintain housing for students remaining on campus.
- b. Other duties necessary to maintain the aforementioned duty.

#### 11. Strategic Sourcing

- a. Assist departments providing essential services with articulating their critical needs.
- b. Determine the source which offers the best value.
- c. Issue purchase orders to “best value” sources.
- d. Expedite deliveries to assure timely arrival.

#### 12. Student Health Services

- a. Provide appropriate levels of support for medical services, triage, emergency medical services, infection control and custodial services.

#### 13. Transportation Services

- a. Assist in emergency transportation as needed.
- b. Provide signage and barricades as needed.
- c. Provide vehicular services as needed.

#### 14. University Police Department

- a. Provide security and law enforcement as necessary for the safety of the campus community.

#### 15. Information Technologies (APIT)

UNDER DEVELOPMENT

## **B. Task Assignments**

1. The Office of the President will perform the duties as stated in the Texas A&M University Crisis Management Plan.
2. Emergency Management Director and Emergency Management Coordinator will:
  - a. In conjunction with the Director of Student Health Services, monitor health conditions and state emergency notices regarding pandemic influenza activity or other events that could result in the activation of this plan.
  - b. Coordinate the public health response efforts with Brazos County and state emergency operations.
  - c. Request support from Brazos County emergency management if University resources are insufficient.
  - d. Coordinate resource and staffing support for a public health response.
3. The Director of Student Health Services will provide appropriate levels of support for medical services, triage, emergency medical services, infection control and custodial services.
4. The Director of Environmental Health and Safety will:
  - a. Provide PPE consultation and training.
  - b. Provide disposal for all hazardous waste.
  - c. Coordinate departmental response actions.
  - d. Support emergency shelter operations, as necessary.
5. The Director of Transportation Services will:
  - a. Maintain a transportation plan for transportation of medical patients as necessary.
  - b. Arrange transportation for equipment, medical or otherwise.
6. The Executive Director of Marketing and Communications will:

a. Provide information to the public on university operations as approved by the Emergency Management Coordinator, the Director of Student Health Services and the Office of the President.

b. Coordinate media inquires regarding the university relief operations.

7. The Assistant Vice President for Physical Plant will, to the extent possible, ensure power, water supply and sanitary services are operable for critical campus facilities.

8. The Chief of Police will provide security and law enforcement as necessary for the safety of the campus community.

## IX. Administration and Support

### **A. Reporting and Maintenance/Preservation of Records**

The University is responsible for establishing administrative controls necessary to manage expenditure of funds and to provide reasonable accountability and justification for federal reimbursement in accordance with established guidelines.

### **B. Post Incident Review**

Following the conclusion of any significant emergency event, incident, or exercise, the Office of Safety and Security will coordinate a critique of the group activities during the event, incident, or exercise. Support agencies will provide written and/or oral inputs for this critique, and the Office of Safety and Security will consolidate all inputs into a final written report and submit it in accordance with established guidelines.

### **C. Exercises**

The testing of this plan will be accomplished through different forms of exercises, or an actual event, annually. Reporting and post incident review activities are stated above.

**D. Resources** (Need to list supporting agencies and required resources. Will be included as an attachment.)

## X. Development and Maintenance

A. This plan will be reviewed and updated as necessary, such as after an exercise or an actual event, but not less than annually. The Office of Safety and Security will provide each proposed update to the Executive Committee to review and approve prior to including it in the plan. Revisions will reflect changes in implementation procedures,

improved capabilities, changes in rules and regulations, and correction of deficiencies identified in exercises and actual events.

B. Divisions, departments, 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.

C. This plan will be made available via the web at <http://ehsd.tamu.edu/>.

#### Attachments

1. University Contact List
2. PSAs (UNDER DEVELOPMENT)
3. Departmental Lines of Succession
4. PPE Protocols (UNDER DEVELOPMENT)
5. Essential Personnel Policy (UNDER DEVELOPMENT)
6. Policy on Leave and Pay (UNDER DEVELOPMENT)
7. Resource Conservation Plan (UNDER DEVELOPMENT)
8. Triage Procedures (UNDER DEVELOPMENT)
9. Point(s) of Distribution Procedures (UNDER DEVELOPMENT)
10. Resumption of Operation Procedures (UNDER DEVELOPMENT)

#### Appendices

- A. H1N1-Specific Response

## Appendix A (H1N1-Specific Response)

### I. Purpose

The purpose of this appendix is to provide university response actions specific to the novel H1N1 virus. The severity of the H1N1 virus today is markedly less than the severity of the illness upon which the rest of the Pandemic Influenza Response Plan is based. For that reason, this appendix is written to provide for response actions that are appropriate for the H1N1 virus and the H1N1-specific guidance provided by the Centers for Disease Control and the Texas Department of State Health Services.

There is a significant risk that the virus will genetically mutate and, if so, the severity of the symptoms, the mortality rates and the demographics of those most impacted by the illness may change. Therefore, this appendix is written to primarily focus on the H1N1 virus and its characteristics as it is known to be on this date, September 1, 2009. If the virus changes, the actions described herein will be reevaluated and adjusted as necessary to protect health and safety of faculty, staff and students.

### II. Definitions

See Section III (Definitions) of the Pandemic Influenza Response Plan

### III. Situation and Assumptions

#### A. Situation

##### 1. Current conditions

- a. The H1N1 virus is a novel virus and only those individuals who have contracted the illness have any known degree of immunity. Genetic mutation of the virus may effect the immunity of those who have already recovered from the illness.
- b. The virus is readily transmitted between individuals, principally by large droplets and surface contamination that is touched by others.
- c. The World Health Organization (WHO) has declared the virus to be a global pandemic (Phase 6). This is based upon the widespread nature of the illness, not the severity.
- d. The virus is present in the population to a sufficient extent that extraordinary measures to prevent spread, e.g. isolation, quarantine, ring vaccinations and/or travel restrictions are of little to no value.

##### 2. Symptoms and Severity

- a. Flu-like symptoms include:
  - 1) Sudden onset of fever over 100 degrees F
  - 2) Sore throat and/or cough
  - 3) Nausea, vomiting and/or diarrhea
  
- b. In general, the severity of the illness has been no worse than seasonal flu. However several populations are believed at increased risk of complications:
  - 1) Children younger than 5 years old; esp. those less than 2 years old
  - 2) Adults 65 years of age and older
  - 3) Persons with the following conditions: Chronic pulmonary (including asthma) cardiovascular (except hypertension), renal, hepatic, hematological (incl. sickle cell disease), neurologic, neuromuscular, or metabolic disorders (incl. diabetes mellitus), immunosuppression (incl. that caused by medication or by HIV)
  - 4) Pregnant women
  - 5) Persons under 19 years of age who are receiving long-term aspirin therapy
  - 6) Resident of nursing homes and other chronic-care facilities

#### B. Assumptions

- 1. H1N1 is already here
- 2. Close social interaction typical of normal college campus activities will increase the risk of spread and large outbreaks
- 3. Little to no immunity exists within the campus community
- 4. Seasonal flu vaccine does not provide protection against H1N1
- 5. H1N1-specific vaccine will be available in limited quantities in beginning in late September and October, 2009
- 6. H1N1 is susceptible to antivirals including Tamiflu
- 7. There is an increase of cases, so there will be an increased strain on the healthcare system

#### IV. Direction and Control

- A. Refer to Section VI (Direction and Control) of the Pandemic Influenza Response Plan

1. Decision making trigger points are different for H1N1 virus than in Section VI of the primary pandemic plan due to the lesser severity of H1N1 symptoms.
2. Rather than develop new trigger points for interruption of normal activities and events, TAMU will monitor and use absenteeism in the classroom and the workplace along with guidance from federal, state and local health authorities.
3. Federal and state authorities have indicated that travel restrictions are unlikely due to the (already) world-wide spread of the illness. TAMU will continue to use guidance from these health authorities in formulating policies and guidance on travel.

B. Coordination with Local, State and Federal Health Authorities

1. The TAMU H1N1 Influenza Operations Planning Team will work with the Brazos County Health Department and the Texas Department of State Health Services to ensure that TAMU actions follow best guidance and practices. Coordination is accomplished through regular contact, attending training, attending conferences and monitoring/review of latest information.
2. Information vehicles commonly used include, but are not limited to
  - a. participation in state-wide conference calls on H1N1
  - b. DSHS listserv
  - c. monitoring DSHS, CDC, Texas Higher Education Coordinating Board (THECB) websites, etc.
  - d. county-wide coordinating meetings with Brazos County Health Department
  - e. webinars

V. Concept of Operations

A. Monitoring and Surveillance

1. Coordination Meetings / Conference Calls – see section IV
2. Surveillance of ILI-symptoms
  - a. Campus-wide surveillance of student and employees with ILI-symptoms is made difficult by the campus's size and decentralized organization

- b. For students:
  - 1) In classrooms where one or more students have been identified as having ILI, faculty should recommend that remaining students be self-vigilant for onset of symptoms.
  - 2) Those students who may have been exposed and have one or more risk factors as identified in section III.a.ii.2.a-f above should be encouraged to seek advice from Student Health Services or other health care provider regarding prophylaxis using antivirals and/or vaccinations.
- c. For employees:
  - 1) Each department should be urged to redouble efforts to monitor absenteeism and maintain contact with those not reporting for work.
  - 2) Those employees who may have been exposed and have one or more risk factors as identified in section III.a.ii.2.a-f above should be encouraged to seek advice from their health care provider regarding prophylaxis using antivirals and/or vaccinations.
- d. Departments experiencing high absenteeism due to flu-like illness in the workplace should report those absenteeism numbers through their HR liaisons or Department Heads to the Human Resources Operations Department at 862-1723 or 845-7995.
- e. Students who live on campus should report flu-like symptoms to their RA, Hall Director, or the Commandant's Office, as appropriate.
- f. Students who live off campus should report flu-like symptoms to the Student Health Center.

#### B. Education / Public Information

- 1. The primary website for information regarding H1N1 influenza at TAMU is <http://flu.tamu.edu>. The website is maintained by Student Health Services.
- 2. The H1N1 Influenza Operations Planning Team has primary responsibility for developing information to be distributed to the university community on proper protections and actions to be taken related to H1N1.
- 3. Marketing and Communications has primary responsibility to coordinate the information and effectively distribute that to the students, faculty and staff of TAMU.

#### C. Custodial

- 1. Expanded cleaning procedures for common areas

- a. Signage should be posted in all campus restrooms that reminds the campus community to wash hands frequently and thoroughly
  - b. As a preventative measure, custodians should be instructed to initiate special cleaning procedures aimed at surface decontamination as a priority. Refer to TAB 2 of this appendix.
2. Hand Sanitizers
- a. Hand sanitizer placement and maintenance should be a priority for the duration of the illness. The placement of hand sanitizer is in many restrooms and particularly in areas of large public gatherings. Placement of additional hand sanitization stations are encouraged as resources allow.
  - b. Most importantly, departments should be encouraged to buy their own hand sanitizer and for individuals to carry their own personal stocks.

#### D. Employee Leave / Student Absenteeism Policies Review

##### 1. Employee Leave

- a. Human Resources will work with TAMU System and State officials, as necessary, to adjust leave policies and to advise employees of the adjustments.
- b. Requirements for a doctor's note for absences longer than three days should be relaxed and supervisors authorized to exercise discretion in order to prevent strain on the medical system

##### 2. Student Absence

- a. Faculty should be encouraged to relax attendance requirements for classes.
- b. Faculty should be urged to temporarily suspend any requirement for a doctor's note for students who miss class in order to prevent strain on Student Health Services

#### E. Health Care

##### 1. Medical Care

- a. Students – primarily through Student Health Services (SHS)
  - 1) SHS will serve as the primary health authority for TAMU, working with the Brazos County Health Department on health issues concerning students.

- 2) SHS will coordinate purchase and distribution of antiviral medications and vaccine for students
  - 3) SHS will establish and manage flu clinics as needed to support students
  - 4) SHS will maintain situational awareness of local and state efforts to manage influenza
  - 5) SHS and the Division of Student Affairs will provide information to students on influenza prevention, treatment and care
- b. Faculty / Staff – primarily through primary care physician
- 1) Faculty and staff health care will continue to be primarily offered and managed through normal (individual) patient/physician relations.
  - 2) Information for faculty and staff will be accomplished through a collaborative effort between University Risk and Compliance, Human Resources and Marketing and Communications.
2. Vaccination Recommendations
- a. Priority for immunizations include
- 1) those individuals with increased risk factors as identified in Section III.a.ii.2.a-f above
  - 2) Health care workers
  - 3) First responders
- b. On-campus vaccination clinics should be considered for students (by SHS) or for employees (through local health care providers) as conditions and availability of vaccine allow
3. Use of Antivirals
- a. Antivirals may only be obtained by a doctor’s prescription.
- b. SHS will consider purchase and stocking of antivirals and will be responsible for prescribing same to students

F. Care for students in On-campus housing

1. On-campus housing considerations – alternate housing arrangements will be made, as resources allow, for ill students or roommates of ill students through the Department of Residence Life or the Commandant’s Office, as appropriate.
2. On-campus residents are responsible for notifying Resident Advisors/Hall Directors/Commandant’s Office if the resident becomes ill.

RAs/HDs/Commandant's Office are responsible for monitoring the needs of ill residents.

3. Dining Services will provide a means for on-campus students who are ill or in self-isolation to identify themselves so that food may be delivered.
4. Students who have an ILI are encouraged to go home (leave campus) until they are recovered IF the student's home is reasonably close to College Station AND IF the ill student has someone who can assist them by driving them to their home.

#### G. Care for students in off-campus housing

1. Students in off-campus housing are encouraged to make plans in advance to use a buddy-system to care for roommates and friends
2. Students who have an ILI are encouraged to go home to stay with family until they are recovered - IF the student's home is reasonably close to College Station AND IF the ill student has someone who can assist them by driving them to their home.

### VI. Organization and Responsibilities

#### A. H1N1 Flu Operations Planning Team

1. Membership, department/representing:
  - a. Charley Clark, University Risk and Compliance, Chair
  - b. Sherylon Carroll, Marketing and Communications
  - c. Martha Dannenbaum, M.D., Student Health Services
  - d. Martyn Gunn, Academics
  - e. Cynthia Hernandez, Student Affairs
  - f. Tammy Hoskens, University Risk and Compliance
  - g. Alexander Kemos, President's Office
  - h. Liska Lusk, Texas A&M Foundation
  - i. Rodney McClendon, TAMU-Galveston
  - j. Brad McGonagle, TAMU-Galveston
  - k. Chris Meyer, Safety and Security
  - l. Jesse Parr, MD., Athletics
  - m. Anna Satterfield, Human Resources
  - n. Jane Schneider, Facilities
  - o. Kathy Symank, Finance
  - p. Peter Walsh, Computing and Information Services
2. Operations Planning Team Charge – Monitor and coordinate the University's response to the potential threat of H1N1 virus cases on campus

TABS:

Tab 1 – H1N1 Response Checklist

Tab 2 – Custodial Cleaning Instructions

Tab 1 – H1N1 Response Checklist

**TEXAS A&M UNIVERSITY H1N1 RESPONSE CHECKLIST**

<b>Item</b>	<b>Action to Consider</b>	<b>X</b>
1	Maintain communication with Brazos County Health Department (BCHD)	
2	Coordinate with Student Health Services	
2.a	Surveillance and Health Monitoring	
2.b	Medical Support	
2.c	Screening / Triage	
3	Campus communications regarding H1N1	
4	Voluntary isolation and monitoring of individuals experiencing ILI symptoms	
5	Update website with current information for faculty, staff and students	
6	Consider issuance of travel advisories	
7	Review infection control procedures and ensure that essential personnel have adequate supplies of personal protective equipment (PPE)	
8	Adjustment of procedures for cleaning public areas	
9	Consider suspension of special events	
10	Consider suspension of classes	
14	Communicate with students and faculty regarding	
14.a	Course Credits	
14.b	Course Offerings	
14.c	Grades	
14.d	Refunds	
14.e	Absences/Doctor's Excuses	
14.f	Exams	
15	Consider initiation of telecommuting	
16	Consider (planning for) closing of research facilities	
17	Implement departmental continuity plans	
18	Review / enact policies regarding leave and essential/non-essential personnel	
19	Coordinate planning of point(s) of distribution with BCHD	
20	Review procedures for students remaining on campus	
21	Review procedures for on-campus feeding	
22	Security considerations for campus	
23	Review alternate forms of educational delivery	
24	Resumption of normal administrative functions	
25	Resumption of normal academic / research functions	

Tab 2 – Custodial Cleaning Instructions

Routine Custodial Cleaning
<p><b>General cleaning of most surfaces using disinfectant cleaner. Follow cleaning frequency.</b></p>
<p><b>Restrooms – Thoroughly clean and disinfect daily and polce throughout the day.</b></p>
<p><b>Water Fountains – Thoroughly clean and sanitize daily; check and repeat as necessary.</b></p>
<p><b>Entrances – Clean and disinfect once a day and polce as needed.</b></p>
<p><b>Elevators – Clean and sanitize daily and polce as needed.</b></p>
<p><b>Classrooms – Thoroughly clean daily and polce throughout the day. Pull trash daily.</b></p>
<p><b>Labs – Sweep and damp mop floors daily; unless directed not to. Pull trash daily. Dust when requested.</b></p>
<p><b>Offices – Follow cleaning frequency. (Cleaning frequencies might have to be modified due to the time requirements of pandemic cleaning.)</b></p>

Pandemic Cleaning
<p><b>Wipe all surfaces using disinfectants. Empty trash daily.</b></p>
<p><b>Restrooms – Thoroughly clean and disinfect daily and polce throughout the day. Wipe down handles, all dispensers, partitions, doors (inside and outside) and door handles every 2 hours with disinfectant and sanitizing wipe. Air dry.</b></p>
<p><b>Water Fountains – Thoroughly clean and sanitize every 30 minutes. Air dry.</b></p>
<p><b>Entrances – Polce and sanitize throughout the day, thoroughly cleaning at least once a day. Every 2 hours wipe down door handles, glass doors and trim with sanitizing wipes.</b></p>
<p><b>Elevators – Every 2 hours, wipe the top and outside wall panels, including elevator buttons, with sanitizing wipes.</b></p>
<p><b>Classrooms – Wipe down desk tops, door knobs, and handles using sanitizing wipes between classes, and as much as possible after the final cleaning. Allow to air dry.</b></p>
<p><b>Labs – Sweep and damp mop floors daily; unless directed not to. Dust when time permits.</b></p>
<p><b>Offices – Use sanitizing wipes on telephones, chair arms, reception areas, tables, chairs, and office machines. Dust and vacuum when time permits.</b></p>
<p><b>Precautions to Take</b></p>
<p>Wear blue gloves when cleaning restrooms. Do not use gloves. Use a pink paper wipe to remove feces. Use a pink paper wipe to remove urine. Use a pink paper wipe to remove vomit. Use a pink paper wipe to remove blood. Use a pink paper wipe to remove any other bodily fluids. Use sanitizing wipes and gloves (medical masks, knee pads) throughout the entire shift. Change wipes and gloves frequently. Wash hands frequently throughout the shift. Do not touch your face, eyes, nose, mouth, or hands. Do not touch anyone else. Do not touch any surfaces. Do not touch any equipment. Do not touch any doors. Do not touch any windows. Do not touch any walls. Do not touch any floors. Do not touch any ceilings. Do not touch any furniture. Do not touch any equipment. Do not touch any doors. Do not touch any windows. Do not touch any walls. Do not touch any floors. Do not touch any ceilings. Do not touch any furniture. Do not touch any equipment.</p>