



UNIVERSITY OF
TEXAS
ARLINGTON

**Biological Incident Plan
Support Document to Annex H
Student Health & Medical Services**

Table of Contents

Biological Incident Plan

I.	AUTHORITY	1
II.	PURPOSE	1
III.	ACRONYMS.....	1
IV.	SITUATION & ASSUMPTIONS	2
V.	CONCEPT OF OPERATIONS.....	4
VI.	ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES	5
VII.	CONTINUITY OF OPERATIONS.....	7
VIII.	ADMINISTRATION & SUPPORT	8
IX.	DEVELOPMENT & MAINTENANCE	9
X.	TRAINING, TESTING & EXERCISES.....	10
XI.	RECOVERY	10
XII.	REFERENCES	15

This appendix supersedes and rescinds all previous versions of this document.

BIOLOGICAL INCIDENT PLAN

I. AUTHORITY

This plan is a support document to University of Texas (UT Arlington) Annex H Student Health & Medical Services. This plan is a stand-alone document which has been approved by the provost and vice president for academic affairs and the president of UT Arlington and was developed by the Pandemic Taskforce Planning Committee.

The committee consist of representatives from Environmental Health & Safety (EH&S), Health Services, UT Arlington Police Department, Office of Student Affairs, UT Arlington Office of Emergency Management, Apartment & Resident Life, Office of International Education, and Tarrant County Public Health pursuant to Homeland Security Presidential Directive 21.

The directors of Health Services and EH&S are designated as the officials responsible for directing and coordinating UT Arlington public health response to a biological incident or any infectious situation (pandemic influenza). UT Arlington Office of Emergency Management will assist with supporting efforts.

Please note, that during an incident (biological, pandemic, etc.) situation, the judgment of local, state, or federal public health leadership may alter the strategies outlined.

II. PURPOSE

The purpose of this plan is to help UT Arlington maintain essential operations and services during a biological event. UT Arlington is committed to the health and safety of its students, faculty, staff, and all other individuals who depend on this institution in one way or another. To successfully meet its obligations, UT Arlington, as an organization, recognizes its responsibility to plan for contingency situations.

This plan contains guidance for UT Arlington departments on steps to prepare for and operate during a large-scale event affecting a large number of people. It is not intended to provide all the answers. The key to an effective response is flexibility within the parameters of pre-determined guidelines. This plan provides guidelines in relation to managing a biological event. It is not a cookbook, it is an evolving document subject to on-going revision as new information is published and lessons are learned by regularly exercising and testing the provisions of this plan.

III. ACRONYMS

DSHS	Department of State Health Services (Texas)
EH&S	Environmental Health & Safety
EOC	Emergency Operations Center
IC	Incident Command
ICS	Incident Command System
NIMS	National Incident Management System
NPIs	Non-Pharmaceutical Interventions
UT Arlington	University of Texas at Arlington

IV. SITUATION & ASSUMPTIONS

A. Situation

Although timing is not certain, the occurrence of a biological incident in the future can be predicted with a fair degree of certainty. The situation being used in this plan will be a pandemic influenza. Three conditions must be met for an incident to occur:

- a new influenza virus subtype must emerge;
- the virus must infect humans; and
- the virus must be suited to large scale human to human transmission.

The avian or bird flu (subtype H5N1) continues to receive much publicity as a potential pandemic. Bird flu, found mainly in Asia at present, meets the first two conditions, but is not yet capable of large scale human to human transmission. The situation could change. Flu viruses as a class generally undergo mutations on a frequent basis. The possibility of bird flu virus undergoing mutation and thereby meeting all three criteria for pandemic is a real threat. If this occurs, a pandemic event will ensue and progress rapidly around the world. Whether the pandemic is caused by H5N1 or some other unknown flu strain is not of great importance. Scientists agree that a pandemic will happen, and society in general is not prepared for such a crisis. These are concerns that must be addressed.

Each year the United States health care system faces a routine influenza outbreak resulting in an average of 200,000 patients requiring hospitalization and 36,000 deaths from flu and/or secondary complications. During a pandemic, the level of illness and death increases dramatically. The impact on the local economy and business processes could be devastating. It is estimated that 15-35% of the entire United States population will be ill at some time during the crisis. There is a potential for high levels of hospitalizations and deaths, as well as significant disruption to our social infrastructure.

The anticipated level of illness and death brought on by a pandemic event prompted the Department of Health and Human Services Center for Disease Control and Prevention to develop a pandemic severity index based on the number of deaths in the 2006 United States population, assuming a 30% illness rate and unmitigated pandemic without interventions.

B. Planning Assumptions

For planning purposes, the worst-case scenario is projected. If this scenario does not fully develop, the response can be adjusted. The following assumptions are made:

1. Pandemic influenza at UT Arlington will present an overwhelming challenge of the emergency preparedness system. Advance planning for UT Arlington's emergency response could save lives and prevent substantial economic loss, and lessen disruptions to campus operations.
2. Although pandemic influenza strains have emerged mostly from areas of Eastern Asia, variants with pandemic potential could emerge at UT Arlington.
3. Susceptibility to the pandemic influenza subtype initially will be universal.

4. Efficient and sustained person-to-person transmission signals an imminent pandemic.
5. The typical incubation period (interval between infection and onset of symptoms) for seasonal influenza is an average of two days. The specific incubation period for a novel virus is unknown, but may approach 2-10 days.
 - a. Persons who become infected may shed virus and transmit infection for up to one day before becoming ill.
 - b. Viral shedding and risk for transmission will be the greatest during the first two days of illness but can continue throughout the illness.
 - c. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
 - d. On average, infected person(s) will transmit infection to approximately two other people.
6. Risk groups for bird flu, for example, include all ages. For conventional influenza, the risk groups commonly include infants, the elderly, pregnant women, and persons with chronic medical conditions.
7. Of those who become ill with influenza, 50% will seek outpatient medical care.
8. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.
9. A pandemic outbreak could last 6-8 weeks, and occur in at least two waves.
10. Many geographic areas within Tarrant County and its neighboring jurisdictions may be affected simultaneously, thus UT Arlington will need to rely on its own resources.
11. A pandemic will pose significant threats to human infrastructure responsible for critical community services (health and non-health sectors) due to widespread absenteeism.
12. Effective preventive and therapeutic measures (vaccines and antiviral medications) may be in short supply.
13. There may be critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of bodies, and other resources.
14. Health Services will take the lead in distributing influenza vaccine. Health Services and the College of Nursing will work in partnership with local health care providers to facilitate distribution.
15. Surveillance reports of influenza disease and virus provided by Health Services will provide information critical to an effective response.
16. The vice president for communications will direct all external media communications regarding emergency response.

V. CONCEPT OF OPERATIONS

A. Intervention

In the event of an actual pandemic crisis, the Department of State Health Services (DSHS) in conjunction with Tarrant County Public Health, city of Arlington, and UT Arlington Health Services will decide the severity level and trigger the appropriate mitigation strategy to organizations throughout the immediate area. Therefore, close working relationships with these organizations are important, current, and on-going. This plan is based on the mitigation strategies of non-pharmaceutical interventions (NPIs).

NPIs were selected as initial mitigation strategies as it is highly unlikely the most effective tool for mitigating a pandemic (e.g., a well-matched pandemic strain vaccine) will be available when a pandemic begins. Following this assumption, the use of NPIs as directed by Tarrant County Public Health and city of Arlington must be the cornerstone of UT Arlington's initial biological incident plan.

B. Strategies

NPIs are intended to slow the spread of disease. NPIs consist of the following:

- Social distancing – Actions taken to discourage close social contact between individuals (e.g., cancellation of classes, sporting events, worship services, and other social events). This practice is most effective early on in a pandemic. (See Support Document 5)
- Isolation – Involves separating individuals with illness from the general population and restricting their movement until they are no longer contagious.
- Quarantine – The separation and restriction of movement of those who are not ill but believed to be exposed. Enforcement of quarantine is difficult.
- Protective sequestration – Involves efforts taken to protect a healthy population from infection by isolating the community from the outside world.
- Public health education to include accurate, clear information regarding:
 - reducing personal risk
 - role of quarantine
 - transmission
 - symptoms
 - treatment
 - when to seek care
 - where to seek care
 - how to seek care
 - promoting health
 - community efforts to assist those in need

The function of public health education is critical to empowering the public and decreasing panic and despair.

C. Crisis Management

UT Arlington has adopted the National Incident Management System (NIMS) for responding to disasters and emergencies as per state of Texas Executive Order RP-40, February 23, 2005.

As recommended by the Texas Department of Public Safety, Texas Division of Emergency Management and the Federal Emergency Management Agency, faculty and staff will function under the NIMS system using incident command (IC) structure and forms described in the Basic Plan under Direction and Control.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

1. IC System Structure

Figure 1 — Incident Command System Structure



For biological incidents, the following *might be* the configuration of the Command and General staff roles.

ICS (Incident Command System) Positions	Roles and/or Unit Positions	Departments
IC (Unified Command)	(Representative(s) manages objectives and direction to resolve issues)	President, vice presidents, directors, campus police, etc.
Safety	Evaluates safety of response	EH&S/police
Public Information Officer	Media coverage	Communications
Liaison	Any department or agency (external or internal) with resources and interest in the resolution of the event	Any department or agency (university, local, county, state, federal)
Operations Section	Section Chief	Facilities Management
	Law Enforcement Division	University Police
	Buildings & Grounds Division	Supervisor of Maintenance
	Medical Division	Health Services/College of Nursing
	Biosafety Division	EH&S
	Quarantine Division	Student Affairs
Planning Section	Section Chief	Facilities Management
	Resource Status Unit	Department Safety Liaisons

	Situation Status Unit	Key Control and Career Services
	Documentation	Department Safety Liaisons
Logistics Section	Chief	Housing & University Center
	Human Resources Unit	Human Resources
	Staff Unit	Human Resources
	Volunteer Unit	Human Resources
	Communications Unit	Information Technology/Telecommunication Services
	Outside Contractor Unit	TBA by Assistant Vice President for Facilities & Campus Operations
	Facilities Unit	Facilities Management
	Supplies and Equipment	Facilities Management
	Ordering Manager	Facilities Management
Finance	Section Chief	Business Affairs
	Time Unit	Business Affairs
	Procurement	Business Affairs
	Compensation	Business Affairs
	Cost	Business Affairs

2. General Roles of the University

- Identification of department, public and private sector partners needed for effective planning and response.
- Communicate and coordinate with University of Texas System (UT System) as appropriate.
- Maintain and exercise the Basic Plan, Annex H, Student Health & Medical Services, and Point of Distribution plans.
- If available, continue to emphasize annual influenza vaccine and the use of pneumococcal vaccine during the preparation phases of the pandemic.
- Identify priority groups for vaccination and develop a system to estimate the number of persons for vaccination.
- Assure the security of influenza vaccine during storage and delivery when it becomes available. Planning for civil unrest due to pandemic should be considered.
- Maintain the Information Management Standard Operating Guide and ensure coordination with local emergency management coordinators, hospitals, and special populations in their area.
- Maintain media relations at the local Joint Information Center.
- Maintain a 24/7 contact list of key health department staff, local partners, and the media.

3. General Roles and Responsibilities within the University

UT Arlington Roles and Responsibilities:

- Maintain continuity plans.
- Provide resources for training and testing.
- Ensure proactive and reactive communication systems work and contingency plans for other back-up systems are functional.
- Develop guidance on protecting sensitive information.
- Provide for contingency hiring and cross-training in departments.

Supervisory Roles and Responsibilities:

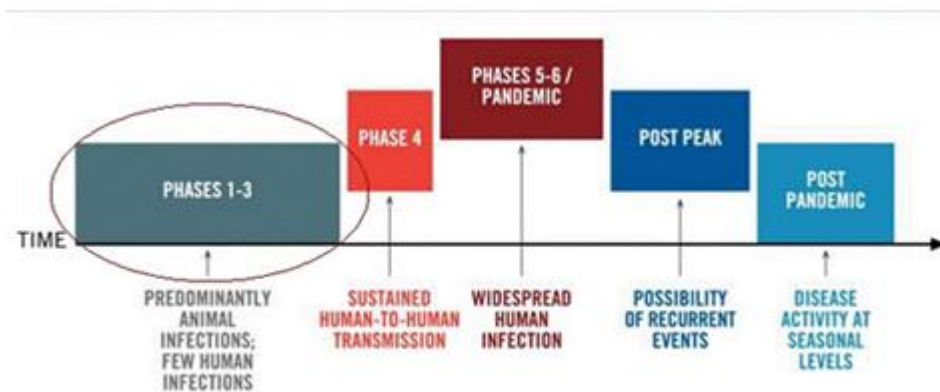
- Plan for short and long term disruptions.
- Stay in constant touch with employees and leadership.
- Know where to find information and help on human resource issues.

Employee Roles and Responsibilities:

- Be ready for alternative work arrangements/assignments.
- Protect sensitive information.
- Stay in constant touch with management.

4. Plan Levels

This plan uses three levels as a system to launch progressively more intense actions to prevent the spread of disease. This system is based upon the World Health Organization’s (WHO) six levels of pandemic alert to international communities indicating the current seriousness of threat. For our purposes, certain phases are combined for specific response efforts.



Support Document 8 contains the responsible group(s) and what actions to initiate.

VII. CONTINUITY OF OPERATIONS

1. UT Arlington will provide a consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of the university’s facility, staff and students by operating under the principles and protocols outlined in the NIMS.

2. Health Services is the local agency primarily responsible for the day-to-day provision of many health and medical services for the university. This department also serves as the health authority for UT Arlington.
3. This plan is based upon the concept that the emergency functions of the medical services provided will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will be employed in both cases. Some day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency and the resources that would normally be committed to those functions will be redirected to the accomplishment of emergency tasks.
4. Provisions must be made for the following:
 - a. Establishment of a medical command post at UT Arlington.
 - b. Coordinating health & medical response team efforts.
 - c. Triage of the sick, if appropriate.
 - d. Medical care and transport for the affected.
 - e. Identification, transportation, and disposition of the deceased.
 - f. Holding and treatment areas for the affected.
 - g. Isolating, decontaminating, and treating victims of hazardous materials or infectious diseases, as needed.
 - h. Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
 - i. Issuing health & medical advisories to the public (e.g., issues as drinking water precautions, waste disposal, cough etiquette, hand washing, the need for immunizations, and food protection techniques.)
 - j. Conducting health inspections of congregate care and emergency feeding facilities.
 - k. Coordination with support health services departments (e.g., College of Nursing, Counseling Services, and School of Social Work.)

VIII. ADMINISTRATION & SUPPORT

A. Reporting

1. In addition to reports that may be required by their parent organizations, health & medical elements participating in emergency operations should provide appropriate situation reports to the IC, or the IC has not been established, to the Medical Group in the Emergency Operations Center (EOC). The field IC will forward periodic reports to the EOC.
2. Pertinent information from all sources will be incorporated into the initial emergency report and the periodic situation report that is prepared and disseminated to key officials, other affected jurisdictions, and state agencies during major emergency operations. The essential elements of information for the initial emergency report and the situation report are outlined in Support Documents to Annex N, Direction and Control.

B. Maintenance

1. Maintenance of Records. Health and medical operational records generated during an emergency will be collected and filed in an orderly manner by the Planning Section Chief. A record of events should be preserved for use in determining the possible recovery of

emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.

2. Documentation of Costs. Expenses incurred in carrying out health and medical services for certain hazards, such as biological incidents, radiological accidents or hazardous materials incidents, may be recoverable from the responsible party (department or agency that caused the incident). Hence, all departments and agencies should maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.

C. Preservation of Records

Vital health & medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency, professional assistance for preserving and restoring the records should be obtained as soon as possible.

IX. DEVELOPMENT & MAINTENANCE

A. Plan Development

The Pandemic Taskforce Planning Committee is responsible for the overall development and completion of the UT Arlington Biological Incident Plan. All university departments and agencies are responsible for acknowledging and promulgating this plan.

B. Distribution of Planning Documents

The Pandemic Taskforce Planning Committee should determine the distribution of this plan and its support documents. In general, copies of this plan and its support documents shall be available from a secure website. Those needing a copy may download it and distribute it to individuals, departments, agencies, and organizations tasked in this plan. Copies shall be set aside for the UT Arlington EOC, City of Arlington EOC, UT System, and other emergency facilities/departments designated by the Office of Emergency Management.

C. Review

This plan and its support documents shall be reviewed every two years by all appropriate UT Arlington officials. The established schedule for the biennial review is every even year beginning with 2008.

D. Update

This plan should be updated based on:

- deficiencies identified during actual emergency situations
- exercises
- changes in threat hazards
- resources
- capabilities or
- government structure changes

Responsibility for revising or updating this plan is assigned to the Office of Emergency Management and the director of Health Services. Each support check sheet will be revised or updated by the department, section, or group the support check sheet refers to. Changes to the support check sheets must be conveyed to the Office of Emergency Management.

The Office of Emergency Management is responsible for distributing all revised or updated planning documents to all departments, agencies, and individuals tasked in the plan.

X. TRAINING, TESTING, AND EXERCISES

Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by UT Arlington will periodically include health and medical services operations. Additional drills and exercises may be conducted by various agencies and services for the purpose of developing and testing abilities to make effective health and medical response to various types of emergencies.

XI. RECOVERY

A. Background

1. Recovery consists of measures and actions taken to repair and restore the university after an emergency and may include some mitigation actions.
2. Recovery generally focuses on the physical and psychosocial effects that arise as a result of an emergency; however, in a biological incident the primary impact will be on people, not infrastructure, and will therefore need to be heavily structured to deal with psychosocial aspects.
3. A number of resources are available to help individuals to adjust after an emergency experience including: family and friends, critical incident stress management professionals and programs, health care professionals, wellness programs, grief counselors, clergy, employee and family assistance programs, and volunteer agencies (e.g., Red Cross, Salvation Army, etc.).

B. Summary

1. Recovery from a biological incident will begin when determined by the president or designee of UT Arlington that adequate supplies, resources, and response system capacity exist to manage ongoing activities without continued assistance from biological response systems.
2. In consultation with vice presidents of UT Arlington, the president will recommend specific actions to take to return the health care system and campus functions to pre-event status.
3. Health Services and an assessment team will assess the impact of the incident on UT Arlington's community health as measured by morbidity, mortality, and report findings to all response partners.
4. Health Services staff should support partners in Tarrant County government, health care and business communities in assessing the economic impact of the incident.

5. The Office of Emergency Management along with all participating departments will conduct an after-action evaluation of the incident response. The evaluation will include recommendations for amendments to the Biological Incident Plan.
6. Contingency planners and response teams should assess how the different incident challenges in the response phase may affect their business and incorporate these into their plans and recovery actions. Unlike nearly all other disasters, pandemic recovery actions and investments must be tempered by priorities for pandemic preparedness for follow-on waves of the disease. Some examples of major recovery challenges are listed in the tables (A-C) on the next pages.