



Annex H - Health and Medical Services

PVAMU Annex H - Health and Medical Services

Record of Changes

Change #	Date	Part Affected	Date Posted	Who Posted

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A. Purpose

The purpose of the Prairie View A&M University Health and Medical Services Annex is to provide guidelines for an effective response to infectious diseases that will help ensure the health, safety, and well-being of the university community. This annex is intended to provide a strategy for identifying the resources needed and how those resources should be deployed, while establishing effective communication and response of all the relevant on campus and off campus entities to support a coordinated response. This Annex does not replace the responsibility for specific departments involved in responding to an infectious disease emergency to develop appropriate policies and procedures for that response.

B. Scope

All content within this annex apply to PVAMU students, faculty, staff and visitors, while knowing that major outbreaks occurring within the university campus, will most likely influence surrounding communities. The Infectious Disease Response Team (IDRT) is the university's responsible authority to direct the response and actions associated with an on campus disease outbreak and will serve as a liaison with the Harris County Health Department and the Department of State Health.

- Senior Vice President Business, Affairs
- Vice President, Student Affairs
- Provost & Vice President, Academic Affairs
- Chief, University Police Department
- Dean, College of Nursing
- Executive Director, Health Services
- Director, Risk Management
- Director, Campus Planning & Space Management
- Executive Director, Procurement & Disbursement Services

C. Situation and Assumptions

1. Situation Overview:

- a. An infectious disease is any medical illness that is caused by microscopic organisms or their toxins. Invading microorganisms include viruses, fungi, bacteria, and parasites. Sources for these organisms include the environment, animals, insects, and other mammals, including humans. Transmission usually occurs by: Inhalation, Ingestion, Direct contact, or by bites by a contaminated vector.
- b. Many infectious diseases can cause outbreaks and epidemics. For this reason, identification, evaluation, and mitigation of infectious diseases are essential to protect public health. Infectious diseases can occur naturally, through human error (e.g. airborne or food borne illness), or through deliberate acts of bioterrorism.

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D. Threat and Vulnerability

An infectious disease knows no boundaries; therefore, an outbreak associated with an infectious disease could present a serious risk on a college campus where there are a large number of students, faculty, and staff. In addition to the large concentration of individuals, university faculty members are engaged in research to study various biological agents, while other activities may present infectious disease threats such as food preparation and service, or athletics. Unlike most emergencies that a university campus may face, many disease outbreak situations may require a long-term response and the allocation of substantial university resources that can stretch from days to months.

E. Capability and Mitigation Overview

1. In general, campus community environments provide challenges for the control of infectious diseases such as:
 - a. A young adult population that may or may not have received immunizations for vaccine preventable diseases. In addition, waning immunity to previous vaccinations is an increasing problem for such diseases as mumps and pertussis.
 - b. The close living quarters of dormitories may facilitate the spread of such diseases as seasonal influenza, pandemic influenza, and bacterial meningitis.
 - c. Large food service operations such as cafeterias have the opportunity for outbreaks of food borne illnesses.
 - d. Diverse student and faculty population from foreign countries where diseases not commonly found in the United States are endemic, such as tuberculosis.

F. Planning Assumptions

The university's response to an infectious disease is rapid and can be accelerated dependent upon whether the disease is communicable or life threatening. The university must contend with infectious disease outbreaks that threaten its students, faculty, staff, and/or visitors. Advanced planning for critical operations and coordinated response is essential to assuring an immediate and effective response to and recovery from an infectious disease outbreak. Assumptions specific to this annex are:

- a. Typical emergency response efforts may not be appropriate or effective in dealing with an outbreak. A more appropriate response may be to bring together a small multi-disciplinary group of university officials with health and medical stakeholders to work together over time to resolve the outbreak.
- b. Most infectious disease emergencies follow some recognizable build-up period during in which actions may be taken to achieve an appropriate state of readiness.
- c. Infectious disease outbreaks may be "asymmetrical" in that time of the outbreak may be days to weeks, even months with no clear-cut geographical boundaries.

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- d. Response situations may be “symmetrical” in that they are limited by time and space. Time is defined in hours or days and space is usually confined to a specific geographic area.
- e. A communicable biological threat (man-made or natural) can occur in any season or any location, with or without advance notice.
- f. Biological threats may be introduced into the population, and spread via food, water, air, infected animals, infected insects, surfaces, or through person-to-person contact.
- g. A communicable disease from abroad or in the United States can be introduced to Texas through use of rapid transportation of people, commodities, and through mass food production.
- h. Non-pharmaceutical preventive measures may be required to limit the spread of a contagious biological agent including social distancing (avoiding close contact and public gatherings), isolation, and universal precautions (hand washing, gloves, respiratory protection around infected individuals).
- i. In cases of a notifiable infectious disease, it is critical to have surveillance systems in place to detect the disease, report the illness to proper public health authorities, and institute control and prevention strategies.
- j. The university, in collaboration with local, state, and federal public health officials, will be responsible for the dissemination of accurate and timely information to the students, staff, and faculty. Effective communication will be critical in mitigating a major disease outbreak.
- k. It is possible that local and state jurisdictions, in addition to hospitals and urgent care facilities will become overwhelmed during a large prolonged outbreak, therefore support to ensure provision of all requested essential commodities and services to the university might be difficult.
- l. Depending upon the infectious agent, any age group within the population may be at risk, with some population groups being considered high risk.
- m. Quarantine may be an extreme measure available to the university for managing some outbreaks.
- n. Medication may not be available or effective to limit the impact of the disease. If medication is available, the supply may be limited due to country/global-wide impacts.
- o. When local pharmaceuticals and other medical supplies are limited, the Strategic National Stockpile (SNS) may be requested by the state.

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G. Concept of Operations

1. General: Information located in this section is designed to give an overall picture of incident management relating to health, food borne and intentional exposures. It is the responsibility of the university to protect life and property from the effects of disasters within its own jurisdiction. PVAMU has the primary responsibility for initial emergency management activities onsite. It will primarily clarify the purpose, and explain the university's overall approach to a health and medical services incident (i.e., what should happen, when, and at whose direction) to include the division of local, state, federal, and any intermediate inter-jurisdictional entities. Top priorities for incident management relating to health, food borne and intentional exposures are to:
 - a. Save lives and protect health and safety of students, faculty, staff, visitors, responders and recovery workers
 - b. Collaborate and coordinate with local, state and federal stakeholders regarding a potential health or medical threat
 - c. Protect and restore critical infrastructure and key resources
 - d. Protect property and mitigate damages and impacts to individuals, the community and the environment
 - e. Facilitate recovery of individuals
 - f. Recover operations
2. Infectious Disease Emergency Planning and Incident Management: The Health and Medical Services Annex also employs key areas of emergency planning and incident management that include mitigation, preparedness, response and recovery. Key examples of medical actions pertaining to infectious disease, food borne illness or intentional exposures are noted as follows:
 - a. Mitigation - Examples of activities that support mitigation include:
 - i. Infectious Disease Clinics offer vaccine
 - ii. Preparedness Materials: Distribution of printed materials, such as "Wash Your Hands" and "Cover Your Cough" posters
 - iii. Website references and suggested videos
 - iv. Distribution of hand sanitizers
 - v. Literature distributed by the university on communicable diseases
 - vi. Collaboration and coordination between law enforcement, public health and environmental officials

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- vii. Investigation and surveillance
- viii. Information sharing and early notification to and collaboration with appropriate agencies
- b. Preparedness: Examples of activities that support the preparedness include:
 - i. On-going training of the PVAMU EMP.
 - ii. Multi-jurisdictional exercises continue to be designed, executed, and analyzed on an on-going basis.
- c. Response - Examples of activities that support response include:
 - i. Early notification to and collaboration with appropriate local, regional, private sector, volunteer and state agencies
 - ii. Campus communications to include mass email, Panther Alert, listservs, etc., to students, faculty, staff and parents
 - iii. Prepare an Incident Action Plan (IAP), if applicable
 - iv. Activate the Continuity of Operations Plan (COOP), if applicable
- d. Recovery - Some examples of activities that support recovery are:
 - i. Medical reporting and continuing epidemiological surveillance and investigation
 - ii. Analyze data collected during the response
 - iii. Hold debriefing session with response staff in preparation for the development of an After Action Report (AAR) and Improvement Plan (IP)
 - iv. Student Affairs Critical Incident Response Team (CIRT) team activities to support student and family needs during and after an outbreak
- 3. Infectious Disease Readiness Levels
 - a. Level 4 (Lowest Readiness Level): The term “Level 4” will be used to denote a situation that causes a higher degree of readiness than is normally present. Employees should review emergency plans and check supplies and equipment. “Level 4” actions will be triggered by the suspected case(s) of infectious disease.
 - b. Level 3: The term “Level 3” will be used to refer to a situation, which presents a greater potential threat than “Level 4,” but poses no immediate threat to life and/or property. This level includes situations of multiple cases of probable or confirmed non-life threatening disease. “Level 3” actions could be generated with the international or national outbreak of infectious disease.

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- c. Level 2: The term “Level 2” will be used to signify hazardous conditions in which there is the potential and probability of causing loss of life. This Level will include confirmed cases and/or clusters of life threatening infectious disease in the State or an adjacent jurisdiction.
 - d. Level 1 (Highest Readiness Level): The term “Level 1” will be used to signify that hazardous conditions are imminent. This Level denotes multiple confirmed cases of a life threatening infectious disease or a widespread outbreak of non-life threatening cases of a food borne illness. This is a level where campus resources are expected to be or have been exhausted.
- 4. Health and Medical Services Annex Activation: Risk Management and Safety and Student Health Services, in collaboration with senior university administration will determine the need to activate the PVAMU EMP and contents thereof in response to a public health incident.
- 5. Notification and Warning: The Executive Director of Marketing and Communications will address external communication and coordination. Early notification to local, state, and federal stakeholders during a potential health threat is desirable to expedite the recovery process.
- 6. Surveillance and Monitoring
 - a. The Waller County Health Department, in collaboration with state public health officials, will establish a case definition of the disease to be used in differentiating the disease in question. Student Health Services personnel will assist in identifying university populations who have been affected.
 - b. Tracking of status of confirmed cases: Student Health Services will provide support for surveillance and tracking efforts to identify the extent of the outbreak among students. Departments will report absenteeism rates up their chain, if directed by university administration.
 - c. Laboratory reporting: Initial disease case reports from non-university laboratories, physicians or hospitals will be reported to Waller County Health Department where the initial investigation will be coordinated. The Waller County Health Department will communicate and coordinate with the university as needed.

H. Organization and Assignment of Responsibilities

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

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- b. The Waller County Health Department has regulatory authority and responsibility, and will investigate all suspected and confirmed serious infectious disease cases in coordination with Student Health Services. The response may require the assistance of outside agencies or other emergency response organizations.
2. University Position Roles and Expected Actions
- a. Risk Management & Safety
 - i. Promptly investigate to determine nature of illness or exposure and simultaneously contact appropriate medical personnel for assistance. RMS will notify Student Health Services medical personnel and will coordinate actions and activities as necessary.
 - ii. Support the efforts of Harris County Health Department, or Texas Department of State Health Services, as appropriate.
 - iii. Assist in the investigation of the situation if applicable.
 - b. Marketing and Communications
 - i. Activate the communication plan and collaborate with emergency responders and the President.
 - ii. Support the efforts of Harris County Health Department or Texas Department of State Health Services.
 - c. University Police Department
 - i. Investigate any incident that could involve criminal acts.
 - ii. Support the efforts of Harris County Health Department or Texas Department of State Health Services.
 - d. Student Health Services
 - i. Promptly contact RMS and coordinate activities accordingly.
 - ii. Adhere to reporting requirements of illnesses as required by the Texas Department of State Health Services.
 - iii. Coordinate vaccination efforts for student population.
 - iv. Provide accurate public education in coordination with Marketing & Communications.

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- v. Support the efforts of Harris County Health Department or Texas Department of State Health Services.
- e. Facilities Services
 - i. Facility decontamination as directed in accordance with health department or CDC guidance.
 - ii. Support the efforts of Harris County Health Department or Texas Department of State Health Services.
- f. Human Resources
 - i. Provide guidance for absenteeism and leave policies.
 - ii. Data collection of absenteeism information.
 - iii. Support the efforts of Harris County Health Department or Texas Department of State Health Services.
- g. Information Technology
 - i. Support telecommunications and IT resources.
 - ii. Support the efforts of Harris County Health Department or Texas Department of State Health Services.
- h. Student Affairs
 - i. Advise on planning to include student activities and events.
 - ii. Support the efforts of Harris County Health Department or Texas Department of State Health Services.
- 3. Emergency Communications
 - a. All departments will maintain their existing equipment and procedures for communicating with their field units.
 - b. Telephones, cellular or landline, are the primary means of communications for contacting key emergency responder or departments.
- 4. Emergency Public Information: Timely warnings of outbreak or exposure conditions are essential to preserve the health and safety and security of the university community and critical to an effective response and recovery.

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

I. Direction and Control

1. Local, regional, or state public health agencies most often have the professionals and expertise to conduct an appropriate investigation. The university will support the health and medical community's operational priorities that include:
 - a. Maintain the health and well-being of the campus community while communicating with local health authorities
 - b. Protect the campus from outbreaks of disease that occur in the community
 - c. Allocate appropriate university resources to support the surveillance, investigation and intervention necessary to control the outbreak
 - d. Maintain business continuity in university operations
2. General departmental actions are detailed in the appropriate sections of these guidelines; however, it is acknowledged that infectious disease or food borne incidents are unique occurrences, which require specific actions dependent upon the type, nature, and extent of the emergency. In this regard, this document is not all-inclusive, nor does it limit or restrict reasonable or prudent actions.

J. Administration and Support

Refer to the Administration and Support section of the PVAMU EMP.

K. Annex Development and Maintenance

The Health and Medical Services Annex utilizes existing program expertise and personnel to provide prevention, protection, mitigation, preparedness, response, and recovery efforts of post incident consequences. Primary responsibility for health and medical services functions is assigned to the Administrator of Health Services who will prepare and maintain the Health and Medical Services Annex and supporting SOPs.

Pandemic Response

A. Purpose

The purpose of the Prairie View 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 Prairie View A&M University will maintain continuity of operations, while providing medical support to those affected by pandemic

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influenza based on certain assumptions and uncertainties of the situation. This document is in support of the Waller and Harris County's efforts to plan for and respond to a possible influenza pandemic.

B. Definitions

1. Acronyms

- a. ARC – American Red Cross
- b. CDC – Center for Disease Control
- c. DHS – Department of Homeland Security
- d. DSHS – Texas Department of State Health Services
- e. EMC – Emergency Management Coordinator
- f. EMD – Emergency Management Director
- g. EOC – Emergency Operations Center
- h. FEMA – Federal Emergency Management Agency
- i. HC – Prairie View A&M University Health Center
- j. IC – Incident Commander
- k. ICS – Incident Command System
- l. NIMS – National Incident Management System
- m. PIO – Public Information Officer
- n. TAMUS - Texas A&M University System
- o. WHO – World Health Organization

2. Terms

- a. Confirmed Case – A laboratory-confirmed influenza virus infection in a person with influenza-like illness.
- b. 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.
- c. Community Emergency Operations Center – The EOC that includes representatives from Waller County, Harris County, Prairie View (city), and Prairie View A&M University.
- d. Contact – A person who has been exposed to an influenza case in some way during the infectious period.
- e. Control Measures – Standard emergency containment practices in public health that aim to control exposure to both infected and potentially infected people.
- f. Epidemic – An excessive occurrence of a disease.

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- g. 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.
- h. Infection Control Measures – Actions taken to decrease the risk for transmission of infectious agents.
- i. Isolation – The separation and restriction of movement of people with a specific communicable disease to contain the spread of that illness to susceptible people.
- j. Pandemic – An epidemic on a world-wide scale.
- k. Personal Protective Equipment (PPE) – Barrier protection to be used by an individual to prevent disease transmission.
- l. Prophylactic Drugs – Drugs used to prevent disease, such as vaccines and antivirals.
- m. 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.
- n. Ice Days – A time in which all community non-essential personnel are asked to avoid work or other outside activities.
- o. 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.
- p. Surveillance – The systematic collection, analyzing, interpretation and dissemination of health data on an ongoing basis.

C. Situation and Assumptions

1. Situation

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.

2. Assumptions

- a. A pandemic will result in the rapid spread or infection throughout the world.
- b. The pandemic spread will occur in multiple waves.
- c. Each wave may last from six to eight weeks.

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- d. The pandemic attack rate will likely be 30% or higher among the university population.
- e. Of those who become infected, the hospitalization rate may be as high as 8% and a mortality rate as high as 1%.
- f. Some infected may not develop clinically significant symptoms. Symptoms may not develop until 2-14 days after being infected.
- g. The number of ill requiring medical care will likely overwhelm the local health care system.
- h. The number of fatalities will overwhelm the medical examiners' office, hospital morgues, and funeral homes.
- i. The demand for home care and social services will increase dramatically and without available resources.
- j. Vaccines will not be available for 4-6 months following the emergence of a novel strain. Other prophylactic drugs, e.g. TamiFlu, may not be fully effective against a pandemic.
- k. Absenteeism may be as high as 40% (or higher in certain professions).
- l. There is likely to be a significant disruption of public and privately owned critical infrastructure including transportation, businesses, utilities, public safety, and communications.
- m. External resources may be exhausted; therefore, Prairie View A&M University may be required to operate in a self-sufficient manner.
- n. The implementation of isolation and quarantine may be declared by local, state, or federal government officials.
- o. Recommended travel restrictions may be enforced by local, state, or federal government/agencies.
- p. For the purpose of this plan, three scenarios will be assumed:
 - i. Most students have gone home (left PVAMU) except for those who cannot or chose not to travel home. This will consist of 100-200 students housed on campus.
 - ii. Students are virtually all here and an order has been issued to shelter in-place, i.e., no gatherings including classrooms, dining halls, etc. This will consist of approximately 4300 students housed on campus and 120 in university managed off campus housing. This does not account for students who reside within the 5 mile radius in privately owned properties.

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- iii. Significant illness and absence among faculty and staff but campus still open.

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D. WHO Phases & PVAMU Action Levels

	Descriptions	Confirmed Internationally	Confirmed in the US	Confirmed in Texas	Confirmed in Waller County
Phase 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.				
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.				
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.				
Phase 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	PVAMU Level 1	PVAMU Level 2	PVAMU Level 3	PVAMU Level 4
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.	PVAMU Level 2	PVAMU Level 3	PVAMU Level 4	PVAMU Level 4
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.	PVAMU Level 3	PVAMU Level 4	PVAMU Level 4	PVAMU Level 4

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

1. Travel 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, and
7. Transportation systems closing/decreasing intrastate and interstate mobility.

General Actions and Considerations

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 by providing Lysol wipes and spray as well as disinfectant hand sanitizers.
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.
5. Follow recommended vaccinations and protocols as prescribed by Federal and State agencies as it applies to pandemic situations.
6. Risk Management and Safety, Health Services and Public Relations will provide regular updates and communication with the Campus. Some examples are reminders to take precautionary measures (proper hand washing, disinfecting common areas, proper cough etiquette (e.g. in a disposable tissue washing hands immediately after or in the inner elbow).

PVAMU Level 1 Actions to Consider

1. Monitor the transmission of pandemic influenza.
2. Communicate with the Health Department and other relevant health organizations.

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3. Review and update a response plan with the relevant university officials and personnel.
4. Issue communications to the campus community regarding the status of disease spread, self-protection steps and the 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 and maintain the PVAMU website with current information for faculty, staff, and students.

PVAMU Level 2 Actions to Consider

1. Continue Level 1 actions.
2. The university should consider adjusting, reducing, limiting or suspending classes and special events.
3. Initiate planning for closure of research facilities.
4. Isolate and monitor suspected cases of pandemic influenza.
5. Initiate triage and isolation for students experiencing influenza-like symptoms.
6. Coordinate emergency medical transportation.
7. The university will review infection control procedures, make sure that the campus has adequate supplies of medical and hazardous personal protective equipment (PPE).
8. Procure appropriate disinfectants.
9. Adjust procedures for cleaning public areas to respond to an influenza pandemic.
10. Provide necessary communications regarding the status of university operations.

PVAMU Level 3 Actions to Consider

1. Continue all level 1 & 2 actions.
2. If not already enacted, reconsider adjusting, reducing, limiting or suspending classes and special events.
3. Consider discontinuation of routine health care.

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4. Employ every available resource to reduce the spread of illness and provide services to those who are impacted by the disease.
5. The university should alter administrative activities except those deemed to be essential.
6. All departments should review and ensure that they can activate Business Continuity Plans.
7. Evaluate ability to provide enhanced IT support to accommodate increased telecommunications and, if necessary, start procuring needed IT support items.
8. Human Relations should communicate and distribute policies regarding leave and essential/non-essential personnel.
9. Risk Management and Safety and Health Services will meet to discuss and make recommendations as to whether the EOC should be activated.

PVAMU Level 4 Actions

1. Continue all level 1, 2 and 3 actions.
2. Maintain frequent communications with appropriate Health Departments.
3. Activate the EOC, if that has not already been done.
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 medical support to accommodate increased isolation.
6. Activate the point(s) of medical supply distribution.
7. Initiate planning for recovery as needed.

General Actions for Suspension of University Functions

1. Initiate the EMP to ensure that essential duties are performed as necessary.
2. Students remaining in on campus and university managed properties due to travel constraints will be consolidated per ACC and Residence Life protocols.
3. Support will be provided to students remaining on campus.
4. Dining Services operations will be adjusted per their protocols.
5. Alternate forms of instruction will be utilized in lieu of face-to-face instruction to the extent possible.

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6. Increased security will be provided for facilities as they are vacated.
7. Essential financial operations will be maintained.

Recovery Actions and Principles

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.

Direction and Control

The President of the university retains authority for making decisions affecting the university. All decisions 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.

Decision-Making Process

Decision priorities may change as the situation develops.

- a. Issuance of travel advisories
- b. Cancellation of special events
- c. Cancellation of classes
- d. Initiation of telecommuting
- e. Suspension of research activities
- f. Suspension of university operations
- g. Resumption of normal operations

Decision-Making Timeline

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).

Screening, Triage, Isolation – Screening, triage, and isolation should be implemented as deemed necessary by Health Services but should not continue past PVAMU Level 3 due to increased

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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 Prairie View A&M University to employ long term; therefore, voluntary quarantine should be considered as the first 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.

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:

- i. Decreased morbidity or mortality rate,
- ii. Decreased rate of disease spread,
- iii. Other universities and schools in the region resuming operations,
- iv. Transportation systems resuming normal operations, or
- v. Availability of sufficient staff and faculty to support resumption of normal teaching and research activity.

Lines of Succession will follow the established progressions.

Concept of Operations

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 a 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 a pandemic response. The basic order of operational priorities is:

- a. Promoting the health, safety and well-being of the campus community,
- b. Maintaining continuity of operations,
- c. Maintaining critical infrastructure or facilities, and
- d. Resuming normal university operations.

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Essential Duties

- a. Security
- b. Health and Safety
- c. IT Support
- d. Human Resources
- e. Financial Operations
- f. Campus Housing
- g. Food Services
- h. Maintaining Critical Infrastructure
- i. Teaching
- j. Research

Essential Personnel

- a. 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.
- b. 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.

Employee Well-being and Support

The response to a 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 unfeasible 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:

- a. Establishing a call rotation for employees to check on co-workers, and/or
- b. Establishing a departmental call center for employees to call in and report status.

Business Continuity

- a. Business Continuity planning is critical before a pandemic. Maintaining business continuity will mitigate disruptions to critical services and infrastructure caused by a pandemic. As well as these mitigating disruptions, Business Continuity planning enhances the recovery efforts caused by a pandemic.
- b. Services critical to university operations are financial services, human resources, safety and security, medical services, food services, educational services, etc. Critical infrastructure,

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being the infrastructure essential to providing critical services, includes utilities, water, information technology, telecommunications, road services, etc.

- c. 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:
 - i. Identify the number of essential personnel.
 - ii. Identify the number of shifts (if applicable) and the number of personnel per shift.
 - iii. Identify alternate locations for work.
 - iv. Identify how many personnel must report to campus for work.
 - v. Identify how many must interact with other people on campus.
- d. Departments will identify other departments that are critical to maintain their respective essential services.
- e. 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.
- f. 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.
- g. The university will develop policies and procedures for payroll services, expedited supply purchases, and infrastructure maintenance.
- h. The university will develop policies to address the cancellation of university operations and lecture/research operations.
- i. All departmental business continuity plans and contact lists will remain on file in the Department of Risk Management & Safety.

Communication

- a. General: Pandemics impose 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).

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- b. A reliable and redundant communication 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.
- e. Communication with member(s) of the university community traveling in affected regions must consider:
 - i. 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.
 - ii. 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 Travel Office. All contact information obtained through voluntary registration will be recorded in the International SOS software/database.
 - iii. 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.

Communicating University Closures:

Any announcements regarding closures or cessation of university events will be communicated via the PVAMU home web page, Panther Alert System, email, television/radio announcements, or any other available means. All announcements to be posted on the PVAMU home web page will be routed through the Vice President of Business Affairs. All television and radio announcements will be routed through Public Media and Communications Office.

Internal Communication

- a. General university Community – General information regarding a pandemic 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.

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b. Essential Personnel

1. Unit Control Centers (UCC) 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.

External Communication

The modes of external communications are specified in the EOP and any MOUs.

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 PVAMU website, Panther Alert System and television/radio announcements. Other means for communication will be utilized as deemed appropriate.

Surveillance and Health Monitoring

- a. Surveillance and health monitoring will be provided by the Health Department and PVAMU Health Services.
- b. Surveillance and health monitoring includes increased attention to symptoms indicative of disease in persons who have engaged in travel to the affected area(s) or been in contact with a person diagnosed as positive with the disease. Disease tracking will be provide through a laboratory setting and contact tracing led by the Texas State Department of Health.

Containment Measures:

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

- a. CDC, WHO and Texas Department of State Health Services 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 Prairie View A&M University, the university may only have to institute isolation for the individuals that were asymptomatic while passing through the points-of-entry.
- b. Infection control measures such as respiratory etiquette, hand hygiene, the use of personal protective equipment and/or social distancing.

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- c. 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 classes and meetings, staggering of work shifts, limiting access to spaces etc.).

Health Care

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 Medical Director and Administrator for Health & Counseling Services in conjunction with Texas Department of State Health Services (DSHS) and Center for Disease Control (CDC).
- b. Medical Services along with the Texas Department of State Health Services will have primary responsibility for the health care services needed by PVAMU faculty and staff during a pandemic.
- c. Outpatient health care will be provided under the direction of the Texas Department of State Health Services.
 - i. 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 coordinated by the Texas Department of State Health Services. As determined medically necessary, students, staff or faculty will be tested for presence of the illness. If positive, the specimen will be forwarded to the DSHS lab or CDC lab, as per DSHS protocol at the time.
 - ii. Isolation: 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 transport the students to the nearest medical facility accepting patients. HCS will coordinate with Housing and Residential Life Staff to provide appropriate services.
 - iii. Quarantine: The initial implementation of quarantine will be on a voluntary basis. Individuals that may have been exposed to pandemic disease through travel or other means should self-quarantine.

Medical Supply Distribution

- a. Vaccines, medicine and medical supplies necessary to administer the vaccine or medication will be supplied by or arranged for by the Department of State Health Services as per the Inter-local Agreement between PVAMU and the State of Texas DSHS, Public Health Region 6/5 South.

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- b. All vaccines, medicine and medical supplies provided directly to PVAMU by the DSHS, CDC or any other health organization will be distributed under the supervision and by the recommendations of Health Services.

Points of Distribution (POD)

- a. Through MOU's established with Texas Department of State Health Services, the university has been designated as the primary point of distribution (POD) for the Waller County area. The university will establish other points of distribution on the campus as needed.
- b. In any instances that the POD(s) are activated for county or university purposes, operations will be directed by Health Services under the supervision of the DSHS.

Epidemic Unique to PVAMU

In event of an epidemic is unique to PVAMU, the university will provide or arrange for or refer to appropriate health care providers. HS will maintain a medical supply inventory to treat up to 15% of the student, staff and faculty population.

Mass Fatalities Management:

The management of mass fatalities will be under the direction and authority of the Texas Department of State Health Services.

Student Housing

- a. In the event that a portion of the student population remains on campus, Housing and Residential Life should consolidate the students and families to the least number of buildings possible to reduce the magnitude of essential duties. These buildings would provide for the potential 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.
- b. 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.

Feeding / Food Distribution

- a. MSC Dining Hall will serve as grab-and-go facility for feeding of well students. This facility will be utilized per Dining Services departmental protocols.
- b. MSC Dining Hall will serve as the food preparation and distribution for isolated students.

Security

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- a. The primary role of the Department of Public Safety during any emergency operation is to provide for the safety and security of the campus community.
- b. Many of the tasks required of the department during a pandemic are simply an expansion of normal daily responsibilities including enforcing laws, maintaining order, protecting lives and property and traffic and crowd control.
- c. 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.

Academics

Course Offerings

All course offerings will be in accordance with the Provost and Associate Provost for Academic Services.

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.

Options for Grades

- 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 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.

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Refunds

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

Communication

- a. Official course and semester calendar information will be provided on the PVAMU web page, by email or any technology that students frequently use (text messages, etc.) For additional information, students will be directed to the Web to PVAMU home page.
- b. All staff and faculty will direct students (and parents and others) to messages on the Web on the PVAMU home page.
- c. Specific messages concerning any classes will be posted on the university Web pages.

Recovery and 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.

Organization and Responsibilities

1. 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.
2. Assignment of Responsibilities
 - a. Policy Group: The Administration will make policy decisions on campus closure and other issues affecting the broader campus advised by the Infectious Disease Response Team.

Infectious Disease Response Team

- a. The Infectious Disease Response Team (IDRT) will serve as the advisory group for the President.
- b. Health Services, Risk Management and Safety and/or the IDRT will monitor the transmission of pandemic illness, assess the threat and implement appropriate activities and coordinate all actions with the Texas Department of State Health Services.
 - i. Contract Administration: Review and negotiate business and service contracts for PVAMU.

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- ii. Dining Services: Feed the remaining student body and essential campus personnel.
- iii. Employee Services: Provided and managed through HR.

Risk Management 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.

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.

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.

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 disposal, electricity, hot water, chilled water, and steam to the campus.

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Housing and Residential Life

Consolidate and maintain housing for students remaining on campus, and associated duties.

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.

Expedite deliveries to assure timely arrival

- a. Student Health Services: Provide appropriate levels of support for medical services, triage, emergency medical services and infection control.
- b. Transportation Services
 - i. Assist in emergency transportation as needed.
 - ii. Provide signage and barricades as needed.
 - iii. Provide vehicular services as needed.
- c. University Police Department: Provide security and law enforcement as necessary for the safety of the campus community.
- d. Information Resource Management

Task Assignments

- a. The Office of the President will perform the duties as stated in the Prairie View A&M University Emergency Management Plan.
- b. The Emergency Management Coordinator will:
 - i. 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.
 - ii. Coordinate the public health response efforts with county and state emergency operations.
 - iii. Request support from county emergency management if university resources are insufficient.
 - iv. Coordinate resource and staffing support for a public health response.

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- c. The Director of Student Health Services will provide appropriate levels of support for medical services, triage, emergency medical services, and infection control.
- d. The Director of Risk Management and Safety will:
 - i. Provide PPE consultation and training.
 - ii. Provide disposal for all hazardous waste.
 - iii. Coordinate departmental response actions.
 - iv. Support emergency shelter operations, as necessary.
- e. The Director of Transportation Services will:
 - i. Maintain a transportation plan for transportation of medical patients as necessary.
 - ii. Arrange transportation for equipment, medical or otherwise.
- f. The Executive Director of Marketing and Communications will:
 - i. Provide information to the public on university operations as approved by the EMC, the Director of Student Health Services and the Office of the President.
 - ii. Coordinate media inquiries regarding the university relief operations.
- g. The Facilities Director will, to the extent possible, ensure power; water supply and sanitary services are operable for critical campus facilities.
- h. The Chief of Police will provide security and law enforcement as necessary for the safety of the campus community.

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 Risk Management and Safety 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.

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- d. Resources: Supporting agencies and required resources will be included as an attachment.

Annex 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 Risk Management and Safety Department will route each proposed update through the Office of the Senior Vice President for Business Affairs 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.