



Annex H - Health and
Medical Services

PVAMU Annex H - Health and Medical Services Annex

A. Authority

See the Emergency Management Plan.

B. Purpose

The purpose of this 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.

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. 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.
- b. 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.
- c. In general, campus community environments provide challenges for the control of infectious diseases such as:
 - i. 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.
 - ii. The close living quarters of dormitories may facilitate the spread of such diseases as seasonal influenza, pandemic influenza, and bacterial meningitis.
 - iii. Large food service operations such as cafeterias have the opportunity for outbreaks of food borne illnesses.

PVAMU Annex H - Health and Medical Services Annex

- iv. Diverse student and faculty population from foreign countries where diseases not commonly found in the United States are endemic, such as tuberculosis.
2. 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 listed below.
 - 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.
 - 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;

PVAMU Annex H - Health and Medical Services Annex

therefore, support to ensure provision of all requested essential commodities and services to the university might be difficult.

- l. Depending on 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.

D. 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, and
 - 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. Coordination of Vaccination Clinics to provide vaccinations,
 - ii. Public Health Public Service Campaigns,
 - iii. Distribution of medical personal protective equipment supplies (sanitizers, gloves, masks, etc.),
 - iv. Collaboration and coordination with law enforcement, public health and environmental officials,
 - v. Support in investigation and surveillance, and

PVAMU Annex H - Health and Medical Services Annex

- vi. Notification and communication with appropriate agencies.
 - b. Preparedness: Examples of activities that support the preparedness include:
 - i. On-going training of the PVAMU EMP;
 - ii. Risk management planned simulations and exercises designed, executed, and analyzed on an on-going basis.
 - c. Response: Examples of activities that support response include:
 - i. Early notification and collaboration with appropriate local, regional, private sector, volunteer and state agencies,
 - ii. Campus communications to include mass email, Panther Alert, RAVE Guardian Alerts, etc., to students, faculty, staff and parents,
 - iii. Prepare an Incident Action Plan (IAP), if applicable, and
 - iv. Activate the Business Continuity Plan (BCP), if applicable.
 - d. Recovery: 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
 - iv. Student Affairs sponsored 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.
 - 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.

PVAMU Annex H - Health and Medical Services Annex

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 Emergency Management, 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 in collaboration with local and state health official will provide support for surveillance and tracking efforts to identify the extent of the outbreak among students. Academic 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 the State Health Department where the initial investigation will be coordinated. The State Health Department and/or Waller County Office of Emergency Management will communicate and coordinate with the university as needed.

E. 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.
 - b. The State 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 the Waller County Office of Emergency Management and/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.

PVAMU Annex H - Health and Medical Services Annex

- ii. Support the efforts of the Waller County Office of Emergency Management 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 Waller County Office of Emergency Management 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 Department of State Health Services.
 - iii. Coordinate vaccination efforts for student population.
 - iv. Provide accurate public health promotion and education in coordination with Marketing & Communications.
 - v. Support the efforts of Waller County Office of Emergency Management 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 local 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 Waller County Office of Emergency Management or Texas Department of State Health Services.
 - g. Information Technology
 - i. Support telecommunications and IT resources.
 - ii. Support the efforts of Waller County Office of Emergency Management 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 Waller County Office of Emergency Management 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.
- 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.

PVAMU Annex H - Health and Medical Services Annex

F. 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, and
 - 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.

G. Administration and Support

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

H. 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.