This supersedes and rescinds all previous versions of this document.

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# Contents

**RECORD OF CHANGE** ............................................................................................................. 7  
A. **AUTHORITY** ....................................................................................................................... 9  
B. **PURPOSE** .......................................................................................................................... 9  
C. **SCOPE** ............................................................................................................................. 9  
D. **SITUATION** ....................................................................................................................... 9  
E. **PANDEMIC PERIODS** ........................................................................................................ 11  
F. **UNIVERSITY LEVELS OF ACTION AND PLANNING AND INCIDENT RESPONSE LEVEL CRITERIA** ........................................................................................................... 12  
G. **RESPONSIBILITIES** .......................................................................................................... 12  
H. **UNIVERSITY COMMAND AND CONTROL AND PLANNING GROUPS** ....................... 14  
I. **LOCAL, STATE, AND FEDERAL ASSUMPTIONS** ............................................................... 14  
J. **UNIVERSITY ASSUMPTIONS** ........................................................................................... 15  
K. **PREPAREDNESS PLAN RESOURCE GUIDANCE** ............................................................. 16  
L. **PLAN DEVELOPMENT AND MAINTENANCE** ................................................................. 24  
M. **REFERENCES** .................................................................................................................. 25  

**APPENDICES** .......................................................................................................................... 26  

**APPENDIX A. ACRONYM LIST** .............................................................................................. 28  

**APPENDIX B. Pandemic Influenza (PI) Response Plan-Incident Level Responsibilities** ............ 29  

**APPENDIX C: Infectious Disease Preparedness Tasks and Status** ............................................. 44  

**APPENDIX D: The University of Texas at Austin Social Distancing Guidelines** ....................... 45  

**APPENDIX E: Guidelines for Hand Sanitation** ....................................................................... 48  

**APPENDIX F: The University of Texas at Austin Procedures for Severe Acute Respiratory Syndrome (SARS)** .............................................................................................................. 49  

**APPENDIX G: The University of Texas at Austin Procedures for Mumps** ................................. 53  

**APPENDIX H: Personal Protective Equipment** ......................................................................... 55
## RECORD OF CHANGE

<table>
<thead>
<tr>
<th>Change #</th>
<th>Entered By</th>
<th>Date Entered</th>
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<tbody>
<tr>
<td>Appendix B, Update Travel &amp; International Office Task</td>
<td>David Cronk</td>
<td>December 09, 2014</td>
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<tr>
<td>Appendix C, Update Preparedness Task and Status</td>
<td>David Cronk</td>
<td>December 09, 2014</td>
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<td>Appendix I, Addition of PPE Guidelines</td>
<td>David Cronk</td>
<td>December 09, 2014</td>
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<tr>
<td>C, Change in Scope</td>
<td>David Cronk</td>
<td>December 10, 2015</td>
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<tr>
<td>Updated University population statistics to reflect Fall, 2015</td>
<td>Jonathan Robb</td>
<td>November 11, 2016</td>
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<tr>
<td>Minor changes and updates from review by University Health Services Staff</td>
<td>Jonathan Robb</td>
<td>November 11, 2016</td>
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A. AUTHORITY
This plan has been approved by the President and the Senior Vice President and CFO of The University of Texas at Austin and was developed by the associate vice president for Campus Safety & Security (CS&S). The AVP of CS&S is designated as the official responsible for directing and coordinating The University of Texas at Austin emergency public health response to any infectious disease situation. During such a situation, the direction of local, state, or federal public health authority may alter the strategies that are outlined in this plan.

B. PURPOSE
The purpose of The University of Texas at Austin Infectious Disease Annex is to reduce the morbidity, mortality, and social and economic disruption caused by an outbreak of an infectious disease on the students, staff, and faculty of The University of Texas at Austin community. This plan provides a framework for infectious disease preparedness and response activities and serves as a foundation for further planning, drills, and emergency preparedness activities.

C. SCOPE
This plan is limited to preparedness and response for the main campus, Pickle Research Campus (PRC), and other UT Austin facilities as designated. Additionally, the Infectious Disease Plan Annex includes the university’s “Pandemic Influenza Plan,” which serves as the model plan for infectious disease and provides the basic structure and guidance to planning and coordinating, monitoring and assessment, prevention and control, health systems response, communications, and public education. This plan also includes The University of Texas at Austin “Pandemic Influenza Response Plan—Incident Level Responsibilities” chart, social distancing and hand sanitation guidelines, and procedures for SARS, mumps, and other infectious diseases. These documents are included as appendices to this plan. Concurrently, this plan is an appendix of The University of Texas at Austin Emergency Management Plan.

D. SITUATION
A significant and recurring risk to the university is that of an infectious disease outbreak. One common example, influenza, also known as the flu, is a disease that infects the respiratory tract (nose, throat, and lungs). Influenza usually comes on suddenly and may include fever, headache, dry cough, sore throat, nasal congestion, and body aches. Although the seasonal flu is not usually fatal, complications can arise. The seasonal flu kills an average of 36,000 U.S. citizens every year, sends some 200,000 to the hospital, and causes countless lost days of school and work. Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness against which most people lack immunity. During the 20th century, there were three such pandemics, the most notable of which was the 1918 Spanish influenza responsible for 20 million deaths throughout the world. A new strain of influenza, resulting from antigenic drift, is the form of pandemic disease most likely to affect The University of Texas at Austin. The impact of an actual pandemic cannot be predicted precisely, as it will depend on the virulence of the virus, how rapidly it spreads, the availability of vaccines and antivirals, and the effectiveness of medical and non-medical containment measures. Experts predict that a highly virulent strain of pandemic influenza would disrupt all aspects of society and severely affect the economy.
## The Difference Between Seasonal Flu and Pandemic Flu

<table>
<thead>
<tr>
<th>Seasonal Flu</th>
<th>Pandemic Flu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreaks follow predictable seasonal patterns. They occur annually, usually in winter, and in temperate climates.</td>
<td>Occurs rarely (four times in 20th century – last on June 11, 2009, the World Health Organization declared that a pandemic of 2009 H1N1 flu was underway)</td>
</tr>
<tr>
<td>Usually some immunity built up from previous exposure</td>
<td>No previous exposure, little or no pre-existing immunity</td>
</tr>
<tr>
<td>Healthy adults usually not at risk for serious complications; the very young, the elderly, and those with certain underlying health conditions at increased risk for serious complications</td>
<td>Healthy people may be at increased risk for serious complications</td>
</tr>
<tr>
<td>Health systems can usually meet public and patient needs</td>
<td>Health systems may be overwhelmed</td>
</tr>
<tr>
<td>Vaccine developed based on known flu strains and available for annual flu season</td>
<td>Vaccine probably would not be available in the early stages of a pandemic</td>
</tr>
<tr>
<td>Adequate supplies of antivirals are usually available</td>
<td>Effective antivirals may be in limited supply</td>
</tr>
<tr>
<td>Average U.S. deaths since 1976 range from 3,000 to as high as 49,000 per year.</td>
<td>Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 675,000)</td>
</tr>
<tr>
<td>Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia</td>
<td>Symptoms may be severe and complications more frequent</td>
</tr>
<tr>
<td>Generally cause modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)</td>
<td>May cause major impact on society (e.g., wide-spread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)</td>
</tr>
<tr>
<td>Manageable impact on domestic and world economy</td>
<td>Potential for severe impact on domestic and world economy</td>
</tr>
</tbody>
</table>

For additional information on seasonal flu, visit [www.cdc.gov/flu](http://www.cdc.gov/flu)
E. PANDEMIC PERIODS

The World Health Organization (WHO) has defined periods and phases of pandemic activity to assist those responsible for public health and medical and emergency preparedness to respond to threats and occurrences of pandemic influenza.

**Interpandemic Period**

**Phase 1:** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.

**Phase 2:** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

[NOTE: The distinction between phases 1 and 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.]

**Phase 3:** Human infection(s) with a new subtype but no human-to-human spread, or, at most, rare instances of spread to a close contact.

**Phase 4:** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well-adapted to humans.

**Phase 5:** Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (which would make it a substantial pandemic risk).

[NOTE: The distinction among phases 3, 4, and 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered, including rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.]

**Pandemic Period**

**Phase 6:** Increased and sustained transmission in general population.

**Subsided Period**

The Subsided Period is the term used for the period that may occur between waves of the pandemic.

**Postpandemic Period**

The Postpandemic Period is the term for the end of the Pandemic Period and return to Interpandemic Period.
F. UNIVERSITY LEVELS OF ACTION AND PLANNING AND INCIDENT RESPONSE LEVEL CRITERIA

**Level 0**: Identification of avian influenza or other newly emergent virus but no human-to-human transmission worldwide.

*Emergency plan response level*: Pre-event assessment and planning.

*Emergency plan incident response level criteria*: No current hazard to persons.

**Level 1**: First confirmed case of human-to-human transmission of the virus worldwide.

*Emergency plan response level*: Intense University planning and preparation.

*Emergency plan incident response level criteria*: Minimal immediate hazard to students, faculty, and staff. The emergency can be resolved with minimal outside agency assistance.

**Level 2**: First confirmed case of human-to-human transmission of the virus in the U.S., Canada, or Mexico.

*Emergency plan response level*: University preparing to suspend classes.

*Emergency plan incident response level criteria*: Possibly endangers students, faculty, and staff and requires coordination with outside agencies.

**Level 3**: First confirmed case of human-to-human transmission of the virus in Texas.

*Emergency plan response level*: University suspends classes for 4-8 weeks.

*Emergency plan incident response level criteria*: Greater risk to students, faculty, and staff and requires substantial coordination with outside agencies.

**Level 4**: First confirmed case of human-to-human transmission of the virus in Austin, Travis County, or central Texas.

*Emergency plan response level*: No class activity; sustained activity for those remaining.

*Emergency plan incident response level criteria*: Likely risk to students, faculty, and staff and requires substantial coordination with outside agencies.

G. RESPONSIBILITIES

1. **Federal Responsibilities**
   - Detect the earliest cases of disease in the country
   - Utilize Influenza Risk Assessment Tool (IRAT)
   - Coordinate national and international virus surveillance, monitoring health impacts, and providing laboratory support
• Direct and fund research on influenza virus, vaccine, and antiviral drugs
• Evaluate, license, and provide liability programs for vaccine
• Develop a national clearinghouse for vaccine availability, distribution, and redistribution
• Lead communication with states and other public health agencies
• Provide policy guidance on pandemic response activities
• Manage the Strategic National Stockpile (SNS), which caches influenza antiviral drugs
• Assist state and local authorities to make decisions on what actions to take at what times during a pandemic

2. **State of Texas Responsibilities**
• Enhance disease surveillance to ensure early detection of the first cases of pandemic flu in their jurisdiction
• Distribute stocks of drugs and vaccines and provide local physicians and hospital administrators with ongoing guidance on clinical management and infection control
• Prevent local disease transmission using a range of containment strategies
• Provide ongoing communication to the public about the response
• Provide psychological and social support services to emergency field workers and other responders
• Implement and maintain community resources like hotlines and Web sites and, in coordination with medical personnel, obtain and track local case data to include in media messages
• Provide services for counties without health departments

3. **Austin Travis County Health and Human Services Department (ATCHHSD) Responsibilities**
• Lead local preparedness activities
• Enhance disease surveillance to ensure early detection of the first cases of pandemic flu in their jurisdiction
• Distribute stocks of drugs and vaccines and provide local physicians and hospital administrators with ongoing guidance on clinical management and infection control
• Prevent local disease transmission using a range of containment strategies
• Provide ongoing communication to the public about the response
• Provide psychological and social support services to emergency field workers and other responders
• Facilitate cooperation among all local involved parties (e.g., government officials, emergency responders, health experts, businesses, and the public)
• Coordinate medical volunteers
• Collaborate with health care providers to provide information about access to health care

4. **University of Texas at Austin Responsibilities**
• Enhance disease surveillance to ensure early detection of the first cases of pandemic flu in the university community
• Distribute stocks of drugs and vaccines
Infectious Disease Plan Annex

- Prevent local disease transmission using a range of containment strategies
- Provide ongoing communication to the university community about the response
- Provide psychological and social support services to university emergency field workers and other responders
- Facilitate cooperation among all university involved parties (e.g., government officials, emergency responders, health experts, businesses, and the public)
- Prepare educational campaigns to explain how individual actions and university community actions reduce disease spread

H. UNIVERSITY COMMAND AND CONTROL AND PLANNING GROUPS

1. Core Crisis Management Team (CCMT)
2. University Leadership Council (ULC)
3. Critical Incident Response Team (CIRT)
4. Pandemic Influenza Assessment Team (PIAT)
5. University of Texas Command and Control Centers:
   - Emergency Command Center (ECC; Stark Library)
   - Emergency Operations Center (EOC)
6. Incident Command (IC)

I. LOCAL, STATE, AND FEDERAL ASSUMPTIONS

1. There will be no warning period of a coming pandemic.
2. There will be no vaccine available until one month before a pandemic hits the U.S. and Texas.
3. Two doses of a vaccine (administered 30 days apart) will be required to develop immunity to a novel virus.
4. Once the vaccine is available, it will take five months to produce an adequate supply of vaccine for the entire U.S. population (approximately 20% of the vaccine will be produced per month).
5. The federal government will purchase the first 20% of the vaccine produced that will be distributed to states.
6. In Texas, 4,701,556 persons could receive two doses of vaccine from the federal supply (based on the estimated Texas population of 23,507,783 from the U.S. Census Bureau, 2006).

7. In a given community, the pandemic waves will last about one month and peak at two weeks.

8. Two waves of pandemic influenza will affect Texas. The second wave will strike six months after the first wave.

9. The first wave could potentially have the following effects on the general population in Austin, based on the estimated 2002 Metropolitan population 1,306,627:
   - Influenza-like illness attack rate of 25%
   - 326,657 people will get the disease (illness duration 7 to 10 days)
   - Hospitalization rate of 4% ~13,067 people
   - Case fatality rate of 1.7% ~ 5,553 deaths

10. The second wave could potentially have the following effects on the general population in Austin, based on the estimated 2002 Metropolitan population of 1,306,627:
    - Influenza-like illness attack rate of 5%
    - 65,332 people will get the disease (illness duration 7 to 10 days)
    - Hospitalization rate of 4% ~2,614 people
    - Case fatality rate of 1.7% ~ 1,111 deaths

J. UNIVERSITY ASSUMPTIONS

1. The first wave could potentially have the following effects on the general population of The University of Texas at Austin, based on Fall 2015 enrollment of 50,950 students and 22,450 faculty and staff:
   - Influenza-like illness attack rate of 25%
   - 12,738 students and 5,613 faculty/staff will get the disease (illness duration 7 to 10 days)
   - Hospitalization rate of 4% ~ 509 students, 225 faculty/staff
   - Case fatality rate of 1.7% ~ 217 students, 95 faculty/staff

2. The second wave could potentially have the following effects on the general population of The University of Texas at Austin, based on Fall ’05 enrollment of 50,950 students 22,450 faculty and staff:
- Influenza-like illness attack rate of 5%
- 2,548 students and 1,123 faculty/staff will get the disease (illness duration 7 to 10 days)
- Hospitalization rate of 4% ~ 101 students, 45 faculty/staff
- Case fatality rate of 1.7% ~ 43 students, 19 faculty/staff

3. Activities identified in any given pandemic phase are not necessarily assumed completed during that phase; activities started in one phase may continue into subsequent phases.

4. Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccines and/or antiviral medications are available.

5. The university may take actions described in this plan and/or activate its emergency management organization without a declaration of local, state, or health emergency. Depending on the situation, the university may activate all or portions of the plan.

6. The emotional impact of a pandemic will test individual and community coping skills. There will be a need for stress management support for all parties.

7. The most important step in preparedness and response is to disseminate timely, consistent, and accurate information.

K. PREPAREDNESS PLAN RESOURCE GUIDANCE

Interpandemic: Phases 1-2

1. Planning and Coordination
   - The Core Crisis Management Team (CCMT) will organize an Incident Command System (ICS) structure to be implemented upon substantiation of a credible imminent threat to the university.
   - The Pandemic Influenza Assessment Team (PIAT) will meet regularly to review the “Pandemic Influenza Plan” or will call special meetings for urgent issues.
   - The PIAT will determine the need for training exercises or drills.
   - The university will work with Austin Travis County Health and Human Services Department (ATCHHSD) and the Texas Department of State Health Services (DSHS) to develop a system for the university’s public health needs.
The university has the following personnel and other resources to assist in pandemic influenza response:

- Disease control and prevention: physicians, nurse practitioners, registered nurses, data entry/analysis, and other professional staff
- Environmental Health & Safety
- Planning and regulations: faculty/staff with expertise in state/federal laws
- Immunization: nurses, pharmacists
- University Health Services
- Laboratory: microbiologists, laboratory technicians, and other staff
- School of Nursing
- Dell Medical School
- Stress management and crisis counseling: Employee Assistance Program and other professional staff

The “Pandemic Influenza Plan” will be exercised alone or in conjunction with other federal, state, or local plans.

2. Situation Monitoring and Assessment

- The university will conduct systematic surveillance for respiratory illness or influenza-like illness (e.g., work/school absenteeism).
- The university will monitor the influenza situation nationally and internationally.
- The university will maintain communications with ATCHHSD and DSHS concerning influenza surveillance.

3. Prevention and Containment

- The University of Texas at Austin prepandemic activities are designed to develop infrastructure, strategies, and collaborative relationships during the Interpandemic Period and prepare for a pandemic. They include the following strategies:
  - Cancellation of classes
  - Cancellation of public events
  - Quarantine measures for suspected/actual cases
  - Personal protective strategies (personal protective equipment, seasonal influenza vaccinations, hand washing, respiratory hygiene, and cough etiquette)
  - Pharmaceutical intervention
  - Provide influenza vaccines and/or antiviral medications to first responders and health care providers and the general population based on CDC recommendations
  - Estimate the amount of vaccine/antiviral supplies needed for priority groups
  - Monitor and track vaccine and antiviral supplies and distribution and patient compliance
  - In the event of vaccine/antiviral shortages, plan for alternatives to ordering and distribution
4. **Health System Response**
   - Update and/or inventory medical supplies in coordination with local facilities and services
   - Develop and coordinate recommendations on health issues related to pandemic influenza
   - Consult with infectious disease and influenza experts on health-related issues
   - Estimate the impact of a pandemic on essential services
   - Inventory the following services and/or items:
     - Pharmacists
     - Personal protective equipment
     - Specimen collection and transportation of materials
     - Sources of medical supplies
   - Determine surge capacity
   - Identify locations for overflow patient care
   - Determine a list of essential personnel whose absence would impede response efforts

5. **Communications**
   - Identify target audiences for messages
   - Develop educational/informational materials regarding self-care, hand-washing, respiratory hygiene, and cough etiquette
   - Develop messages for phone hotlines and e-mails with up-to-date information
   - Maintain resource lists to facilitate communication with media, and public and private sector stakeholders
   - Establish and update informational pandemic influenza Web site
   - Utilize Web-based communication systems to communicate with regional offices and health care professionals

### Pandemic Alert Period: Phases 3-5

**Trigger for Phase 3**: Identification of avian influenza but no human-to-human transmission worldwide

**Trigger for Phase 4**: Confirmation of a case of human-to-human avian influenza transmission worldwide

**Trigger for Phase 5**: Confirmation of a case of human-to-human avian influenza in the U.S., Canada, or Mexico

1. **Planning and Coordination**
   - **Phase 3**
     - Confirm availability of resources to support pandemic response
     - Consider activating the EOC
     - Begin tracking response expenses
     - Begin enhanced surveillance and communication
     - Activate “Pandemic Influenza Response Plan” actions at the Pandemic Alert Phase 3
Phase 4
- Regular contact among decision makers and local and state health authorities
- Activate EOC when the first human infection in North America is identified (could occur in phases 4-6)
- Determine communication needs and alert and/or mobilize necessary resources and organizations as needed
- Meet with ATCHHSD Unified Command Team to discuss the scenario-specific triggers for school and business closures
- Activate “Pandemic Influenza Response Plan” actions at the Pandemic Alert Phase 4

Phase 5
- Continue surveillance
- Continue to collaborate with local emergency management coordinators
- Meet with departments to review the critical elements and expectations of the Infectious Disease Plan Annex and “Pandemic Influenza Response Plan”
- Activate guidelines for prevention and control measures
- Activate “Pandemic Influenza Response Plan” actions at the Pandemic Alert Phase 5

2. Situation Monitoring and Assessment
   Phase 3 and 4
   - Continue influenza surveillance
   - Request that all patients with influenza-like illness submit a specimen for viral culture; especially critical are those who recently traveled to regions where the virus is present
   - Submit emergency notification to health authorities if avian influenza (or another virulent subtype) is identified
   - Coordinate assistance for specimen transport to labs with DSHS Laboratory Services Section as per protocol
   - Maintain enhanced communication with ATCHHSD, DSHS, and CDC

   Phase 5
   - Continue influenza surveillance

3. Prevention and Containment
   Phase 3 and 4
   - Expedite completion of interpandemic preparations
   - Implement non-pharmaceutical interventions (personal protective strategies) as appropriate, following guidelines from ATCHHSD, DSHS, and CDC
   - Review the vaccine and/or antiviral ordering and distribution plans
   - Determine the appropriate use of the limited antiviral supply
   - Review, reprioritize, and/or prioritize within high-risk vaccine and antiviral priority groups as needed
- Coordinate with ATCHHSD and DSHS regarding the availability and distribution of vaccine/antiviral medications and guidelines
- Receive vaccine guidelines from DSHS

**Phase 5**
- Continue to implement non-pharmaceutical interventions as appropriate
- Review logistics and human resources
- Prepare for delivery of vaccines/antiviral medications
- Ensure appropriate policies, protocols, and Memorandums of Understanding (MOUs) are in place

**4. Health System Response**

**Phase 3 and 4**
- Collaborate with local emergency management coordinators to maintain a high level of awareness and preparedness among emergency responders and health care providers, including mental health professionals
- Coordinate notification of appropriate agencies, infection control practitioners, local laboratories, and emergency rooms
- Receive from ATCHHSD updated case definitions, protocols, and algorithms to assist with case finding, management, infection control, and screening criteria

**Phase 5**
- Continue Phase 3 and 4 guidance above
- Follow health care setting prevention and control procedures implemented by UHS

**5. Communications**

**Phase 3 and 4**
- Continue to receive health alerts from ATCHHSD and DSHS
- Continue interpandemic period communications
- Update university Web pages, fact sheets, flyers, and frequently asked questions (FAQS) sheets as needed
- Educate the university community on personal protection against infection, self-care, and general preparedness through some or all of the following: local media, e-mails, Web sites, and hotline(s). Provide information in Spanish
- Confine communications with the media to designated spokesperson

**Phase 5**
- Continue to receive and deliver health alerts
- Issue news release(s) as warranted
- Update Web page and hotline messages daily
- Continue restricted release of information through designated spokesperson only
Pandemic: Phase 6


1. Planning and Coordination
   - Make policy related decisions through Incident Command (IC) at the EOC
   - Activate IC if not already activated in Pandemic Alert Period
   - Monitor staffing needs, request additional staff, and re-assign personnel as necessary through IC
   - Determine communication needs and alert and/or mobilize necessary resources and organizations as necessary through IC
   - Continue communication with ATCHHSD and DSHS
   - Continue documenting expenses
   - Activate the pandemic phase of the “Pandemic Influenza Response Plan”

2. Situation Monitoring and Assessment
   - Continue ongoing surveillance
   - Enhance surveillance (estimates of staffing levels, number of deaths, syndrome surveillance)
   - Promote the use of self-screening tools
   - Provide data to ATCHHSD and DSHS

3. Prevention and Containment
   - Continue non-pharmaceutical interventions as appropriate
   - Coordinate vaccination and antiviral ordering with the state
   - Receive notification from ATCHHSD of the delivery/distribution plans for vaccines and antivirals
   - Safely store and maintain security for vaccines and antiviral medications
   - Develop specific standing orders for vaccine administration and treatment of adverse reactions

4. Health System Response
   - Coordinate notification of appropriate agencies, infection control practitioners, local laboratories, and emergency rooms
   - Establish an alternative care facility for the treatment of non-acute cases, in accordance with the city of Austin’s Special Needs Shelter Plan in the event that UHS surge capacity is exceeded by the number of presenting influenza patients.
     (NOTE: Pandemic influenza-specific admittance criteria and standards of care for this facility are located in the “Influenza-Related Shelter Planning Considerations” annex of the city of Austin Preparedness and Response Plan for Pandemic Influenza)
   - Notify health authorities that an outbreak of influenza-like illness is occurring at the university
• Provide stress management and crisis counseling services for responders and survivors
• Serve as a supplemental medical facility to the community if necessary

5. Communications
• Continue to receive health alerts
• Continue to provide messages to the university community in accordance with ATCHHSD, DSHS, and CDC guidance
• Maintain backup and redundant communication systems
• Update Web site and hotline(s) on a daily basis
• Continue to use designated spokesperson in media relations

Subsided Period

1. Planning and Coordination
• Review procedures from the first wave and make adjustments as necessary
• Continue vaccination efforts
• Determine the need for obtaining and maintaining essential personnel, facilities, equipment, and supplies
• Continue to document expenses

2. Situation Monitoring and Assessment
• Adjust situation monitoring response as needed
• Increase and maintain surveillance activities

3. Prevention and Containment
• Encourage the maintenance of personal protective strategies
• Continue to educate on self-care and non-pharmaceutical interventions including hand washing, respiratory hygiene, and cough etiquette

4. Health System Response
• Collaborate with ATCHHSD and DSHS to evaluate response to previous wave and make adjustments as necessary
• Respond to subsequent waves as in Phase 6 with adjustments as necessary

5. Communications
• Continue to receive health alerts from ATCHHSD and DSHS
• Continue to update students, faculty and staff through regular updates to the Web site, hotline(s), and through other media as needed
• Continue to use designated spokesperson with media relations

Postpandemic Period

1. Planning and Coordination
• Convene The University of Texas at Austin Pandemic Influenza Assessment Team (PIAT) to debrief from response activities
• Communicate the status of the response to ATCHHSD, DSHS, and stakeholders
• Update the “Pandemic Influenza Plan” and the “Pandemic Influenza Response Plan” to account for any deficiencies noticed during the pandemic
• Continue to document and analyze costs and expenses
• Generate and disseminate after action reports appropriately
• Deactivate ICS

2. Situation Monitoring and Assessment
• Assist state and local medical teams with providing a detailed characterization of the pandemic
• Assess the efficacy of protective action recommendation and emergency management strategies
• Assess the social and economic impact to the university

3. Prevention and Containment
• Encourage the continuation of non-pharmaceutical interventions, such as hand washing, respiratory hygiene, and cough etiquette as a regular practice
• Discontinue antiviral distribution and return vaccines to appropriate vendor sources
• Complete all medical distribution, tracking, and compliance record keeping
• Complete after-action reports and make modifications to the plan as necessary
• Evaluate interventions related to coverage, processes, efficiency, effectiveness, and health outcomes

4. Health System Response
• Change status to postpandemic period per ATCHHSD and/or DSHS direction
• Analyze the pandemic response and record lessons for future pandemic situations
• Begin rebuilding of essential services
• Continue crisis counseling services for at least one-year post pandemic

5. Communications
• Conduct after-action analysis of communications systems
• Evaluate public information dissemination and assess effectiveness of messages
• Continue to inform the public in coordination with the CDC information
• Continue to update the Web page and hotline messages
• Evaluate when to reinstate regular media policies
L. PLAN DEVELOPMENT AND MAINTENANCE

1. Plan Development
The associate vice president for Campus Safety and Security is responsible for the overall development and completion of The University of Texas at Austin Infectious Disease Plan Annex, including appendices. All university departments and agencies are responsible for approving and promulgating this annex.

2. Distribution of Planning Documents
The associate vice president for Campus Safety and Security shall determine the distribution of this plan and its appendices. In general, copies of this plan and its appendices should be distributed to those individuals, departments, agencies, and organizations tasked in this document. Copies should also be set aside for the university EOCs, local EOC, The University of Texas System, and other emergency facilities.

This plan shall be distributed to the members listed on the distribution list that indicates who receives copies of the plan. In general, individuals who receive appendices to this plan shall also receive a copy of the basic plan because the basic plan describes crucial operational concepts.

3. Review
This plan and its appendices shall be reviewed annually by all appropriate university officials. The associate vice president for Campus Safety and Security will establish a schedule for annual review of planning documents by those tasked with them.

4. Update
This plan will be updated based upon deficiencies identified during actual emergency situations and exercises and when changes in threat hazards, resources and capabilities, or government structure occur.

This plan and its appendices must be revised or updated by a formal change at least every five years. Responsibility for revising or updating the plan is assigned to the associate vice president for Campus Safety and Security. Each appendix will be revised or updated by the department, section, or group that the appendix refers to. Changes to appendices must be conveyed to the associate vice president for Campus Safety and Security. The associate vice president for Campus Safety and Security is responsible for distributing all revised or updated planning documents to all departments, agencies, and individuals tasked in those documents.
M. REFERENCES


Austin/Travis County Health and Human Services Department. Preparedness and Response Plan for Pandemic Influenza, February, 2006: 2-59.

The Texas Department of State Health Services. Texas Department of State Health Services Pandemic Influenza Preparedness Plan, October 24, 2005: 3—126.
APPENDICES
# APPENDIX A. ACRONYM LIST

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ATCHHSD</td>
<td>Austin Travis County Health and Human Services</td>
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<tr>
<td></td>
<td>Department</td>
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<tr>
<td>CCMT</td>
<td>Core Crisis Management Team</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
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<tr>
<td>CIRT</td>
<td>Critical Incident Response Team</td>
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<tr>
<td>CMHC</td>
<td>Counseling and Mental Health Center</td>
</tr>
<tr>
<td>CS&amp;S</td>
<td>Campus Safety &amp; Security</td>
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<tr>
<td>DOS</td>
<td>Dean of Students</td>
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<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
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<tr>
<td>ECC</td>
<td>Emergency Command Center</td>
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<tr>
<td>ECS</td>
<td>Emergency Communication System</td>
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<tr>
<td>EDPSYCH</td>
<td>Department of Educational Psychology</td>
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<tr>
<td>EHS</td>
<td>Environmental Health and Safety</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<tr>
<td>FAQ</td>
<td>Frequently Asked Questions</td>
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<tr>
<td>HFS</td>
<td>Housing and Food Services</td>
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<tr>
<td>HR</td>
<td>Human Resources</td>
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<tr>
<td>IC</td>
<td>Incident Command</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>IRAT</td>
<td>Influenza Risk Assessment Tool</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>LA</td>
<td>Legal Affairs</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MRC</td>
<td>Medical Reserve Corp</td>
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<td>OPA</td>
<td>Office of Public Affairs</td>
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<tr>
<td>PHARM</td>
<td>College of Pharmacy</td>
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<tr>
<td>PI</td>
<td>Pandemic Influenza</td>
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<tr>
<td>PIAT</td>
<td>Pandemic Influenza Assessment Team</td>
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<tr>
<td>POD</td>
<td>Point of Distribution, a site for the mass</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>PRC</td>
<td>Pickle Research Campus</td>
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<td>SA</td>
<td>Student Affairs</td>
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<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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<td>SNS</td>
<td>Strategic National Stockpile</td>
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<td>SSW</td>
<td>School of Social Work</td>
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<td>TDSHS / DSHS</td>
<td>Texas Department of State Health Services</td>
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<tr>
<td>UHS</td>
<td>University Health Services</td>
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<tr>
<td>ULC</td>
<td>University Leadership Council</td>
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<tr>
<td>UTPD</td>
<td>University of Texas Police Department</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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APPENDIX B. Pandemic Influenza (PI) Response Plan-
Incident Level Responsibilities

This plan is presented by the Associate Vice President for Campus Safety and Security (CS&S) of The University of Texas at Austin. This document incorporates planning and response advice from various sources, including other universities, the CDC, public health officials, etc.

Levels of Action and Planning

**Level 0**
Homeostasis: Identification of Avian Flu but no human-to-human transmission worldwide

**Level 1**
Activated upon the first confirmed case of human-to-human Avian Flu transmission worldwide

**Level 2**
Activated upon the first confirmed case of human-to-human Avian Flu in the U.S., Canada, or Mexico

**Level 3**
Activated upon the first confirmed case of human-to-human Avian Flu in Texas

**Level 4**
Activated when there is a case of human Avian Flu in Austin, Travis County, or Central Texas

University Emergency Command System

- Core Crisis Management Team (CCMT)
- Critical Incident Response Team (CIRT)
- Emergency Command Center (ECC)
- Emergency Operations Centers (EOC)
- Incident Command (IC)
- University Leadership Council (ULC)

Pandemic Influenza Assessment Team (PIAT)

- Campus Safety & Security (CS&S)
- College of Pharmacy (PHARM)
- Counseling and Mental Health Center (CMHC)
- Dean of Students (DOS)
- Department of Educational Psychology (EDPSYCH)
- Environmental Health & Safety (EHS)
- Housing and Food Service (HFS)
- Human Resources (HR)
- Legal Affairs (LA)
- Nursing School
- Office of Public Affairs (OPA) / Director of Communications / University Operations (ECS)
- School of Social Work (SSW)
- Student Affairs (SA)
- University Health Services (UHS)
- University of Texas Police Department (UTPD)
<table>
<thead>
<tr>
<th>Levels</th>
<th>Level 0</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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<tbody>
<tr>
<td><strong>Location of Outbreak</strong></td>
<td><strong>Homeostasis:</strong> Identification of Avian Flu, but no human-to-human transmission worldwide</td>
<td>Activated upon the first confirmed case of human-to-human Avian Flu transmission worldwide</td>
<td>Activated upon the first confirmed case of human-to-human Avian Flu in the U.S., Canada, or Mexico</td>
<td>Activated upon the first confirmed case of human-to-human Avian Flu in Texas</td>
<td>Activated when there is a case of human Avian Flu in Austin, Travis County, or Central Texas</td>
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<tr>
<td><strong>UT Response Level</strong></td>
<td>Level 0: Pre-event assessment and planning</td>
<td>Level 1: Intense university planning and preparation</td>
<td>Level 2: University preparing to suspend classes</td>
<td>Level 3: University suspends classes for 4-8 weeks</td>
<td>Level 4: No class activity; sustained activity for those remaining</td>
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<tr>
<td><strong>Incident Response Level Criteria</strong></td>
<td>No current risk to persons</td>
<td>Minimal immediate risk to students, faculty and staff; requires minimal outside agency assistance</td>
<td>Increased risk to students, faculty, and staff, and requires coordination with outside agencies</td>
<td>Significant risk to students, faculty, and staff, and requires substantial coordination with outside agencies</td>
<td>Significant risk to students, faculty, and staff, and requires substantial coordination with outside agencies</td>
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<td><strong>Corresponding World Health Organization Phase</strong></td>
<td>Phase 3: Pandemic Alert Period</td>
<td>Phase 4: Pandemic Alert Period</td>
<td>Phase 5: Pandemic Alert Period</td>
<td>Phase 6: Pandemic Period</td>
<td>Phase 6: Pandemic period</td>
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<td><strong>Situation</strong></td>
<td>Human infections with a new subtype, but no identified human-to-human spread</td>
<td>Human infections with a new subtype, with first confirmed human-to-human spread</td>
<td>Large clusters, but still localized</td>
<td>Increased and sustained transmission in the general U.S. population</td>
<td>Increased and sustained transmission in the general U.S. population</td>
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<td></td>
<td>-Small, highly localized clusters anywhere in the world with limited human-to-human transmission</td>
<td>-Public health authorities urge to prepare for social distancing</td>
<td>-Confirmation of a high rate of infectiousness and/or mortality</td>
<td>-Confirmation of a high rate of infectivity and/or mortality</td>
<td>-Confirmation of a high rate of infectivity and/or mortality</td>
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<td>• International travel advisories begin</td>
<td>-International travel warnings, restrictions, and passenger screenings begin</td>
<td>-Immediately preceded by falling class attendance, students leaving campus and local public health recommendations to curtail/cancel public activities in Texas</td>
<td>-Rising employee absenteeism</td>
<td>-Rising employee absenteeism</td>
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<tr>
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<td>-Virus characterized as having a high rate of transmissibility and/or mortality</td>
<td>-Rising employee absenteeism</td>
<td>-International travel restrictions</td>
<td>-International travel restrictions</td>
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<td>-Concerns about resources</td>
<td>-Fluctuating infection levels</td>
<td>-Only essential employees must report to work</td>
<td>-Only essential employees must report to work</td>
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<td>Levels</td>
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| **Pandemic Influenza Assessment Team** | - Review PI Response Plan  
- Joint review of plans with The University of Texas at Austin and Travis County Health Department  
- Track preparedness tasks and accomplishments  
- Identify essential functions and personnel campus-wide  
- Encourage departments to draft, and/or update Business Continuity Plans for Pandemic Influenza  
- Develop and stockpile flu kits for essential personnel | - Assess threat and implement appropriate Level 1 activities  
- Bring in Housing and Food for quarantine planning  
- Implement hand sanitation procedures  
- Develop a point of distribution (POD) for vaccines/prophylaxis | - Assess threat and implement appropriate Level 2 activities  
- Advise on activation of CCMT, Emergency Command Center, and/or Emergency Operations Centers  
- Plan for recovery in post-pandemic period | Pandemic Influenza Assessment Team dissolves when CCMT is activated | Coordinate all actions with Austin/Travis EOC |
| **CCMT / EOC** | - Post Avian/Pandemic Influenza Website  
- Initiate and approve Level 1 pandemic influenza communications  
- Plan for general information (non-health) call center  
- Assess and stock essential personnel PPE needs | - Issue Level 1 communications (educations campaign, self-protection information, hand washing, promote seasonal flu vaccination, university response)  
- Select technical expert spokespersons for internal and media communications  
- Initiate and approve Level 2 communications  
- Consider activating UHS answer service if call volume is high | - Issue Level 2 communications (protocol for suspected cases, preparations for social distancing)  
- Initiate and approve Level 3 communications, including script for UHS answering service  
- Develop post-pandemic communications (medical clearance, recovery)  
- Authorize distribution of PPE and flu kits to designated members | - Issue Level 3 communications (self-protection, social distancing, etc.)  
- Initiate and approve Level 4 communications  
- Receive calls 24/7 through UHS answering service | - Initiate and approve Level 4 communications  
- Ensure that each group’s function is covered |
<table>
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<tr>
<th>Levels</th>
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<tr>
<td>Incident Command AVP CS&amp;S and IEOC/IC Participants</td>
<td>Identify essential personnel and inform them of their responsibilities -Assess and stock for PPE needs of essential personnel -Communicate with other universities -Brief emergency operations group on a regular basis -Develop tabletop exercises and implement exercises as appropriate</td>
<td>Implement The University of Texas at Austin’s Emergency Plan -Coordinate response with The University of Texas at Austin, and Austin and Travis County Health Department -Advise CCMT/ULC -Issue travel warning; monitor faculty/staff traveling in effected region(s) -Provide influenza awareness training (about symptoms and hygiene) for dispatchers, security, and police -Provide essential personnel with respiratory protection and education/training from EHS</td>
<td>Gather information on number of suspected cases on campus and in Travis County -Advise CCMT/ULC •Communicate with campus faculty, staff, students and parents -Review pod responsibilities -Distribute PPE and flu kits to members</td>
<td>Essential personnel must report to work -Gather number of cases on campus and in county; report to CCMT/ULC -Direct EOC when activated -Consider activation of EOC -Advise CCMT/ULC •Communicate with campus faculty, staff, students and parents -Review pod responsibilities -Distribute PPE and flu kits to members</td>
<td>Compile number of cases on campus and in county; report to CCMT and ULC -Recommend temporary closure/quarantine of buildings -Notify families of fatalities •Secure buildings</td>
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<tr>
<td>EOC/IC Group</td>
<td>Assess and stock for PPE needs of essential personnel</td>
<td>Provide essential personnel with respiratory protection and education/training from EHS</td>
<td>Distribute PPE to members -Consider activation of Operations Group (CCMT) -Verify succession plan for leaders of essential departments</td>
<td>When Operations Group is activated, direct tactical emergency operations, and implement Level 3 activities</td>
<td>Direct tactical emergency operations; implement Level 4 activities</td>
</tr>
<tr>
<td>University Leadership Council (ULC) and Core Crisis Management Team (CCMT)</td>
<td>Endorse The University of Texas at Austin Pandemic Influenza Response Plan -Draft, review and endorse “UT Pandemic Influenza Social Distancing Guidelines” -Assess and stock for PPE needs of essential personnel -Develop ethical and administrative distribution guidelines for limited vaccine, medicine, and supplies (review ACIP and NVAC recommendations)</td>
<td>Activate CCMT/ULC group -Distribute PPE to members -Evaluate influenza pandemic effects, and reevaluate response plan and priorities -Draft succession plan for The University of Texas at Austin leadership</td>
<td>Authorize implementation of “Pandemic Influenza Social Distancing Guidelines” -Plan for postpandemic recovery and resumption of normal university operations</td>
<td>Plan for post-pandemic recovery and resumption of normal university operations</td>
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<td>Levels</td>
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<td>Identify a UHS personnel and inform them of their responsibilities&lt;br&gt;- Assess PPE needs of essential personnel; obtain PPE stock&lt;br&gt;- Develop training modules for awareness, self-care, and self-protection with UHS&lt;br&gt;- Continue surveillance of patients with acute respiratory illness&lt;br&gt;- Determine instructions to give students who are seeking care at UHS with flu symptoms and prepare subsequent web information, signage, etc.&lt;br&gt;- Promote and implement seasonal influenza vaccines&lt;br&gt;- Provide in-service training on pandemic flu for UHS staff&lt;br&gt;- Determine the feasibility of UHS offering a location in SSB for distributing vaccine and/or antiviral drugs&lt;br&gt;- Determine appropriate levels of staffing and actions to take for managing phones, triage, and patient care at Levels 3 and 4&lt;br&gt;- Plan for temporary clinic modification (Influenza Illness Clinic) to isolate potential cases of Pandemic Flu at Level 2&lt;br&gt;- Develop progress note for Influenza Illness Clinic&lt;br&gt;- Hold table top exercise on pandemic flu for UHS staff&lt;br&gt;- Develop scenarios and training for use of volunteers during a pandemic&lt;br&gt;- Revise/review UHS policy on “Emergency Recall of Staff”&lt;br&gt;- Determine After Hours Nurse Advice “Script”&lt;br&gt;- Continue Surveillance, work with Health Dept. partners</td>
<td>Promote and implement seasonal influenza vaccines&lt;br&gt;- Review PPE needs and inventory&lt;br&gt;- Train and educate essential personnel in respiratory protection using PPE&lt;br&gt;- Review UHS P&amp;P on “Emergency Recall of Staff” with all UHS staff&lt;br&gt;- Review pandemic influenza surveillance and plan with all UHS staff&lt;br&gt;- Prepare to implement mass dispensing site if directed by public health authorities&lt;br&gt;- Initiate poster, e-mail campaign on self-care/protection/hand-washing</td>
<td>Distribute PPE to essential UHS personnel&lt;br&gt;- Report suspected cases daily to Incident Command as directed by public health authorities&lt;br&gt;- Review (as developed in Level 0) with UHS staff appropriate levels of staffing and actions to take for managing phones, triage, and patient care at Levels 3 and 4&lt;br&gt;- Evaluate phone/in-person triage staffing and systems and review procedures in light of a potential increased demand&lt;br&gt;• Open influenza illness clinic (ILI clinic); direct all patients with ILI and potential pandemic flu to limited area of UHS&lt;br&gt;- Begin using ILI Clinic Visit Form&lt;br&gt;- Use antivirals and vaccines as directed by public health authorities&lt;br&gt;- Report cases daily to Incidental Command as directed by public health authorities&lt;br&gt;- Assist with investigation of suspected cases and contact tracing as directed by public health authorities&lt;br&gt;- Increase UHS staff on phones and in clinic as needed to meet patient demand&lt;br&gt;- Begin to utilize volunteers, if available&lt;br&gt;- Use antivirals and vaccines as directed by public health authorities&lt;br&gt;- Consider canceling routine appointments as patient volume increases in Influenza Illness clinic</td>
<td>Report to work if essential personnel&lt;br&gt;- Report cases daily to Incident Command as directed by public health authorities&lt;br&gt;- Assist with investigation of suspected cases and contact tracing as directed by public health authorities&lt;br&gt;- Increase UHS staff on phones and in clinic as needed to meet patient demand&lt;br&gt;- Use antivirals and vaccines as directed by public health authorities&lt;br&gt;- Consider canceling routine appointments as patient volume increases in Influenza Illness clinic</td>
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**University Health Services (See University Health Services Pandemic Flu Appendix)**
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<th>Levels</th>
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<tr>
<td></td>
<td>Identify essential personnel and inform them of their responsibilities</td>
<td>Train and educate essential personnel in respiratory protection through EHS</td>
<td>Distribute PPE to essential personnel - Provide social, psychological, pharmaceutical and medical support as necessary - Implement means of counseling services other than face-to-face</td>
<td>Report to work if essential personnel - Provide social, psychological, pharmaceutical and medical support as necessary - Implement service delivery plan (including means other than face-to-face) - Implement collaborative crisis support plan with other campus departments (EAP, SW, Counseling &amp; Clinical Psych) - Implement Telephone Counseling Expansion</td>
<td>Report to work if essential personnel - Provide social, psychological, pharmaceutical and medical support as necessary</td>
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<tr>
<td></td>
<td>- Assess and stock for PPE needs of essential personnel</td>
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<td>- Provide in-service training for pandemic flu</td>
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<td>- Develop service delivery plan for psychiatry and counseling</td>
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<td>- Develop means of counseling services other than face-to-face</td>
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<td>- Plan for expansion of Telephone Counseling as CMHC/UHS support</td>
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<td>- Contact EAP, Social Work, Clinical, &amp; Counseling Psych MOU</td>
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<td>Identify essential personnel and inform them of their responsibilities</td>
<td>Plan for delivery of Level 3 meals - Identify alternate suppliers - Train and educate essential personnel in respiratory protection through EHS - Enact planning for quarantine of students - Train essential personnel on risks and response - Inform students of Social Distancing Guidelines; ask them to plan for leaving campus if classes are suspended - Train support staff on hygiene, Level 3 plans, and symptom recognition - Review Level 3 Business Continuity Plan to support students/families who remain when classes are suspended</td>
<td>Distribute PPE to essential personnel - Order and stock Level 3 meals to support students - Notify current occupants in spaces that will be needed of the potential or need for them to move</td>
<td>Report to work if essential personnel - Set up H&amp;F command center - Enact plan for quarantine of students - Provide Level 3 meals to students and DHFS employees who remain on campus - Activate emergency locator tracker on housing website for use by displaced students to report their temporary addresses - Implement housing aspects of &quot;The University of Texas at Austin Pandemic Influenza Social Distancing Guidelines&quot;, ask students to leave campus - Support all who remain in The University of Texas at Austin residences</td>
<td>Report to work if essential personnel - Provide Level 3 meals to students and DHFS employees who remain on campus - Support international students, families and others who remain in The University of Texas at Austin residences</td>
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<td>- Identify suppliers and alternates for Level 3 meals</td>
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<td>- Assess and stock for PPE needs of essential personnel</td>
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<td>- Identify potential rooms and/or buildings to be used for quarantined students. (Update by semester)</td>
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<td>- Advise on housing aspects of &quot;The University of Texas at Austin Pandemic Influenza Social Distancing Guidelines&quot;</td>
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<td>Division of Housing and Food Services</td>
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| Environmental Health & Safety (See Environmental Health & Safety Pandemic Flu Appendix) | - Identify essential personnel and inform them of their responsibilities  
- Draft guidelines for on-campus mass dispensing site (POD)  
- Determine roles for Emergency Coordinators  
- Create PPE policy for PI essential personnel  
- Assess and stock for PPE needs of essential personnel  
- Review chemicals used by custodial staff  
- Develop plan for increased volumes of infectious waste  
- Develop hand sanitation procedures  
- Develop training modules for awareness, self-care, and self-protection with UHS | - Train and educate essential personnel in respiratory protection through EHS  
- Promote self-care, awareness, and hand washing w/UHS  
- Review cleaning procedures with housekeepers  
- Update Pandemic Influenza website; link to The University of Texas at Austin homepage  
- Provide appropriate resources if POD is activated; solicit volunteers via Emergency Coordinators | - Distribute PPE to essential personnel  
- Update Pandemic Influenza Web site  
- Provide instructions to Building Emergency Coordinators | - Report to work if essential personnel  
- Arrange for additional medical waste pickups  
- Assist public health officers with investigation of suspected cases  
- Update Pandemic Influenza website | - Report to work if essential personnel  
- Arrange for additional medical waste pickups  
- Assist public health officers with investigation of suspected cases  
- Update Pandemic Influenza website  
- Assist UHS |
| UTPD                        | - Identify essential personnel and inform them of their responsibilities  
- Assess and stock for PPE needs of essential personnel  
- Develop reduced manpower security plan | - Train dispatchers, security, and officers on pandemic flu  
- Alert UHS if encountering individuals with flu symptoms  
- Train and educate essential personnel in respiratory protection through EHS | - Distribute PPE to essential personnel  
- Provide security for UHS, EOC, HFS, and general campus | - Report to work if essential personnel  
- Implement policy with UHS on transporting individuals to hospitals (this may not be feasible due to staffing shortages)  
- Provide security for UHS, EOC, HFS, PODS and general campus | - Report to work if essential personnel  
- Secure buildings and parking and post signage  
- Assist UHS  
- Provide security for UHS, EOC, HFS and general campus |
| Utilities and Energy Management | - Identify essential personnel and inform them of their responsibilities  
- Assess and stock for PPE needs of essential personnel | - Train and educate essential personnel in respiratory protection through EHS | - Distribute PPE to essential personnel  
- Maintain building systems as necessary | - Report to work if essential personnel  
- Maintain building systems as necessary | - Report to work if essential personnel  
- Maintain building systems as necessary |
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<tr>
<th>Levels</th>
<th>Level 0</th>
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</table>
| Facilities Services | - Identify essential personnel and inform them of their responsibilities  
- Conduct a needs assessment for housekeeping supplies  
- Assess and stock for PPE needs of essential personnel  
- Train housekeepers in hygiene and cleaning of personal contact surfaces (e.g., doorknobs) | - Train and educate essential personnel in respiratory protection through EHS  
- Identify building ventilation systems  
- Prepare a plan to shut down building systems  
- Implement system to transport supplies and personnel to secondary facilities | - Distribute PPE to essential personnel  
- If point of distribution is activated, provide appropriate resources  
- Identify alternate care sites | - Report to work if essential personnel  
- Change housekeeping procedures to prioritize essential personnel areas, remaining students/families, and cleaning of personal contact surfaces  
- Stand by to shut down building systems | - Report to work if essential personnel  
- Change housekeeping procedures to prioritize essential personnel areas, remaining students/families, and cleaning of personal contact surfaces  
- Stand by to shut down/maintain critical building systems |
| Fire Safety | - Identify essential personnel and inform them of their responsibilities  
- Assess and stock for PPE needs of essential personnel  
- Determine potential safety issues and plan for prevention | - Train and educate essential personnel in respiratory protection through EHS  
- Implement system to transport supplies and personnel to secondary facilities | - Distribute PPE to essential personnel  
- Stand by for life safety expertise and emergency inspections  
- Work with state and local agencies as needed | - Report to work if essential personnel  
- Stand by for life safety expertise and emergency inspections  
- Work with state and local agencies as needed | - Report to work if essential personnel  
- Stand by for life safety expertise and emergency inspections  
- Work with state and local agencies as needed |
| Financial Affairs | - Identify essential personnel and inform them of their responsibilities  
- Assess and stock for PPE needs of essential personnel  
- Establish system to maintain payroll, accounts payable, and purchasing | - Train and educate essential personnel in respiratory protection through EHS  
- Identify funds for business continuation  
- Identify sources of funds for recovery | - Distribute PPE to essential personnel  
- Activate system to maintain payroll, accounts payable, and purchasing | - Report to work if essential personnel  
- Consider allowing off-campus access to financial planning, budgets and payroll information systems to allow staff to work from home | - Report to work if essential personnel  
- Ensure business continuity through financial means |
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<tr>
<td>Human Resources</td>
<td>-Identify essential personnel and inform them of their responsibilities -Consider &quot;PI Essential Personnel Policy&quot; -Advise on HR aspects of The University of Texas at Austin &quot;Pandemic Influenza Social Distancing Guidelines&quot; -Review teleworking policy</td>
<td>-Discuss with departments plans for providing substitutes for essential personnel</td>
<td>-Inform campus of policies for teleworking, social distancing and essential personnel -Direct employees to counseling services</td>
<td>-Report to work if essential personnel -Implement HR aspects of The University of Texas at Austin &quot;Pandemic Influenza Social Distancing Guidelines&quot; -Consider allowing off-campus access to HR information systems to allow work from home for HR staff -Gather employee absenteeism data -Direct employees to counseling services</td>
<td>-Report to work if essential personnel -Gather employee absenteeism data -Direct employees to counseling services -Assist with death benefit</td>
</tr>
<tr>
<td>Information Technology Services and Telecommunications</td>
<td>-Identify essential personnel and inform them of their responsibilities -Review IT needs for increased teleworking and distance learning -Facilitate and support the development of distance learning -Assess and stock for PPE needs of essential personnel -Assess supplemental telecom/computing hardware/software needs for UHS, SA, OPA, CMHC, HR, etc. -Assess needs for Web page support -Develop plans for adding volunteers to public e-mail addresses</td>
<td>-Plan for general information (non-health) call center -Train and educate essential personnel in respiratory protection through EHS</td>
<td>-Distribute PPE to essential personnel -Assist with implementation of distance learning -Purchase/contract for supplemental telecom/computing hardware/software needs -Arrange for emergency telephone lines to be established at EOC and quarantine areas</td>
<td>-Report to work if essential personnel -Support distance learning -Support general information (non-health) call center, if implemented -Provide appropriate resources for pods if activated -Add additional phone lines to EOC, quarantine areas, and functional groups -Publish messages from Public Relations on Web front page -Assist with e-mail distribution -Set up media center -Provide guidance for forwarding phones</td>
<td>-Report to work if essential personnel -Support distance learning -Support general information (non-health) call center, if implemented</td>
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### Infectious Disease Plan Annex

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<tbody>
<tr>
<td><strong>International Office</strong></td>
<td>-Identify essential personnel and inform them of their responsibilities</td>
<td>-Issue advisories for students, faculty and staff planning international travel</td>
<td>-Advise, communicate with overseas students, faculty and staff</td>
<td>-Activate remote work protocols across office.</td>
<td>-Continue remote work protocols across office.</td>
</tr>
<tr>
<td></td>
<td>-Assess and stock for PPE needs of essential personnel</td>
<td>-Issue advisories for students, faculty, staff, and visitors arriving from affected regions</td>
<td>-Communicate with international students and scholars on campus about immigration status.</td>
<td>-Essential personnel may need to report to campus</td>
<td>-Continue to advise and communicate with overseas students, faculty and staff</td>
</tr>
<tr>
<td></td>
<td>-Review policies and procedures for recalling students from affected regions</td>
<td>-Issue travel warnings</td>
<td>-Issue travel warnings</td>
<td>-Continue to advise, communicate with overseas students, faculty and staff</td>
<td>-Continue to advise and communicate with overseas students, faculty and staff</td>
</tr>
<tr>
<td></td>
<td>-Assists Travel with monitoring student travelers entering from affected regions</td>
<td>-Coordinate /assist with communication to international students, scholars and their families</td>
<td>-Distribute PPE and any necessary health kits to essential personnel that will work on campus</td>
<td>-Support overseas students, faculty and staff who are unable to return</td>
<td>-Continue to advise and support international students and scholars locally</td>
</tr>
<tr>
<td></td>
<td>-Work closely with University Health Services for necessary protocols and communications</td>
<td>-Convene the International Crisis Advisory Team (ICAT), as necessary</td>
<td>-Convene ICAT, as necessary, likely through Teleconferencing</td>
<td>-Keep in active communication with local international students and scholars to support and maintain immigration status; keeping apprised of federal immigration guidance</td>
<td>-Convene ICAT, as necessary, likely through Teleconferencing</td>
</tr>
<tr>
<td></td>
<td>-Train and educate essential personal in respiratory protection through EHS</td>
<td>-Train and educate essential personnel in respiratory protection through EHS</td>
<td>-Convene ICAT, as necessary, likely through Teleconferencing</td>
<td>-Continue remote work protocols across office.</td>
<td>-Continue remote work protocols across office.</td>
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**Travel Management Services (TMS)**

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<tr>
<td><strong>POD Resources including limited dispensing of medicines/other items to essential personnel</strong></td>
<td>-Identify POD first responders and inform them of their responsibilities</td>
<td>-Issue advisories for students, faculty and staff planning international travel</td>
<td>-Advise, communicate with overseas students, faculty and staff</td>
<td>-Activate remote work protocols across office.</td>
<td>-Report to work if essential personnel</td>
</tr>
<tr>
<td></td>
<td>-Train POD first responders</td>
<td>-Issue advisories for students, faculty, staff, and visitors arriving from affected regions</td>
<td>-Communicate with international students and scholars on campus about immigration status.</td>
<td>-Essential personnel may need to report to campus</td>
<td>-Maintain dispensing sites</td>
</tr>
<tr>
<td></td>
<td>-Conduct POD exercise</td>
<td>-Issue travel warnings</td>
<td>-Issue travel warnings</td>
<td>-Continue to advise, communicate with overseas students, faculty and staff</td>
<td>-Ensure availability of essential items at dispensing sites</td>
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<td></td>
<td></td>
<td>-Coordinate /assist with communication to international students, scholars and their families</td>
<td>-Distribute PPE and any necessary health kits to essential personnel that will work on campus</td>
<td>-Support overseas students, faculty and staff who are unable to return</td>
<td>-Continue to advise and support international students and scholars locally</td>
</tr>
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<td>-Work closely with University Health Services for necessary protocols and communications</td>
<td>-Convene the International Crisis Advisory Team (ICAT), as necessary</td>
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<td>-Convene ICAT, as necessary, likely through Teleconferencing</td>
</tr>
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<td></td>
<td></td>
<td>-Train and educate essential personal in respiratory protection through EHS</td>
<td>-Convene ICAT, as necessary, likely through Teleconferencing</td>
<td>-Continue remote work protocols across office.</td>
<td>-Continue remote work protocols across office.</td>
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<td></td>
<td>-Continue to advise and communicate with overseas students, faculty and staff</td>
<td>-Continue to advise and communicate with overseas students, faculty and staff</td>
<td>-Continue to advise and support international students and scholars locally</td>
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<td></td>
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<td></td>
<td>-Support overseas students, faculty and staff who are unable to return</td>
<td>-Continue to advise and support international students and scholars locally</td>
<td>-Continue to advise and support international students and scholars locally</td>
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<td>-Continue remote work protocols across office.</td>
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</table>
| Office of the Provost | -Identify essential personnel and inform them of their responsibilities  
                  -Encourage distance learning  
                  -Lead drafting of “The University of Texas at Austin Pandemic Influenza Social Distancing Guidelines”  
                  -Assess and stock for PPE needs of essential personnel  
                  -Develop alternative procedures to assure continuity of instruction (e.g., Web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures | -Train and educate essential personnel in respiratory protection through EHS | -Distribute PPE to essential personnel | -Report to work if essential personnel - Implement “The University of Texas at Austin Pandemic Influenza Social Distancing Guidelines” | -Report to work if essential personnel |
| Research   | -Identify essential personnel and inform them of their responsibilities  
                  -Assess and stock for PPE needs of essential personnel  
                  -Review plans and impacts to lab animal care | -Train and educate essential personnel in respiratory protection through EHS | -Distribute PPE to essential personnel | -Report to work if essential personnel - Support laboratory animals - Consider allowing off-campus access to information systems to allow staff to work from home | -Report to work if essential personnel |
| School of Nursing, Pharmacy | -Identify essential personnel and inform them of their responsibilities  
                  -Assess and stock for PPE needs of essential personnel  
                  -Provide in-service training for pandemic flu  
                  -Review/develop MOU with city/county  
                  -Develop means of counseling services other than face-to-face | -Train and educate essential personnel in respiratory protection through EHS | -Distribute PPE to essential personnel - Provide social, psychological, pharmaceutical and medical support as necessary - Implement means of counseling services other than face-to-face - Provide support to UHS | -Report to work if essential personnel - If available, provide POD support - Provide social, psychological, pharmaceutical, and medical support as necessary - Provide support to UHS | -Report to work if essential personnel - Provide social, psychological, pharmaceutical, and medical support as necessary - Provide support to UHS |
<table>
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<th>Levels</th>
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<tbody>
<tr>
<td><strong>Office of the Dean of Students</strong></td>
<td>- Identify essential personnel and inform them of their responsibilities</td>
<td>- Ask students to plan for leaving campus if classes are suspended</td>
<td>- Distribute PPE to essential personnel</td>
<td>- Communicate with parents and families</td>
<td>Report to work if essential personnel</td>
</tr>
<tr>
<td></td>
<td>- Assess and stock for PPE needs of essential personnel</td>
<td>- Train and educate essential personnel in respiratory protection through EHS</td>
<td></td>
<td>- Communicate with students/families remaining in Austin, Texas: student and family housing, and other off-campus housing</td>
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<tr>
<td></td>
<td>- Ask fraternities, sororities and other student organizations to heighten awareness of Pandemic Influenza</td>
<td></td>
<td>- Communicate death notices in conjunction with DOS protocol</td>
<td>- Identify student events that confirmed patients have attended</td>
<td>- Communicate death notices</td>
</tr>
<tr>
<td></td>
<td>- Assess and stock for PPE needs of essential personnel</td>
<td></td>
<td>- Identify student events that confirmed patients have attended</td>
<td>- Report to work if essential personnel</td>
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<tr>
<td></td>
<td>- Prepare an and update the university’s emergency webpage</td>
<td>- Train and educate essential personnel in respiratory protection through EHS</td>
<td></td>
<td>- Communicate death notices</td>
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<td></td>
<td>- Develop educational materials (web and printed) on pandemic flu and hand sanitization</td>
<td>- Write scripts for phone tree with approval from Advisory Group Coordinator</td>
<td>- Report to campus that faculty and staff and their families to report all flu cases</td>
<td>- Identify recovered students for support</td>
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<td></td>
<td></td>
<td>- Plan for a Media Relations Center: coordinate press releases, and manage news teams and interviews, etc.</td>
<td>- Organize phone banks, if necessary</td>
<td></td>
<td>- Plan for Media Relations Center: coordinate press releases, and manage news teams and interviews, etc.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Establish a Media Relations Center: coordinate press releases, and manage news teams and interviews, etc.</td>
<td></td>
<td>- Disseminate alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) during college/university closures</td>
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<td></td>
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<td>- Distribute educational materials, post on web</td>
<td>- Maintain Media Relations Center</td>
</tr>
<tr>
<td><strong>OPA, VPECS</strong></td>
<td>- Identify essential personnel and inform them of their responsibilities</td>
<td>- Train and educate essential personnel in respiratory protection through EHS</td>
<td>- Distribute PPE to essential personnel</td>
<td>- Request to campus that faculty and staff and their families to report all flu cases</td>
<td>Report to work if essential personnel</td>
</tr>
<tr>
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<td>- Assess and stock for PPE needs of essential personnel</td>
<td>- Write scripts for phone tree with approval from Advisory Group Coordinator</td>
<td></td>
<td>- Organize phone banks, if necessary</td>
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<td></td>
<td>- Prepare and update the university’s emergency webpage</td>
<td>- Plan for a Media Relations Center: coordinate press releases, and manage news teams and interviews, etc.</td>
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<td>- Maintain Media Relations Center</td>
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<tr>
<td></td>
<td>- Develop educational materials (web and printed) on pandemic flu and hand sanitization</td>
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<td>- Update Web page/hotline information as needed</td>
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<td></td>
<td>- Maintain Media Relations Center</td>
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Report to work if essential personnel
- Communicate with parents and families
- Communicate with students/families remaining in Austin, Texas: student and family housing, and other off-campus housing
- Communicate death notices
- Identify recovered students for support

Report to work if essential personnel
- Update Web page/hotline information as needed
- Maintain Media Relations Center
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<tr>
<td><strong>Responsibilities of Other Offices, Units, and Departments</strong></td>
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</tr>
<tr>
<td><strong>All Departments and Units</strong></td>
<td>- Draft, update Business Continuity Plan for Pandemic Influenza - Instructional departments should consider developing distance learning - Confirm stock of effective disinfectants</td>
<td>- Ensure influenza awareness training is received all employees - Coordinate training for essential personnel with EHS - Train staff with PPE and Disinfectants</td>
<td>- Prepare to activate Business Continuity Plans - Plan distancing measures for essential personnel Make sure essential personnel receive PPE - Begin to work with School of Nursing and Pharmacy Staff</td>
<td>- Activate Business Continuity Plans - Report absent employees to HR - Report to work if essential personnel</td>
<td>- Report absent employees to HR - Report to work if essential personnel</td>
</tr>
<tr>
<td><strong>Building Emergency Managers</strong></td>
<td>- Recruit for POD personnel</td>
<td>- Make sure influenza awareness training (symptoms and hygiene) is in place</td>
<td>- Monitor campus communications and disseminate information - Remain available for further instructions - Make sure essential personnel receive PPE</td>
<td>- Disseminate information to departments and units - Maintain communications - Assist where needed - Report to work if essential personnel</td>
<td>- Report to work if essential personnel - Disseminate information to departments and units - Assist where needed</td>
</tr>
<tr>
<td><strong>Risk Management</strong></td>
<td>- Assist campus departments with their individual Business Continuity Plans - Identify risk exposures for which insurance can and cannot be obtained including associated Financial impact - Identify steps that must be taken to monitor and protect insurance coverage - Benchmark risk management response and insurance coverage options with peer universities</td>
<td>- Assist campus departments with their individual Business Continuity Plans</td>
<td>- Communicate with insurance carriers on evolving campus issues</td>
<td>- Assess actual risk/insurance claim issues - Report to work if essential personnel</td>
<td>- Assess actual risk/insurance claim issues - Report to work if essential personnel</td>
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## Levels

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<tr>
<td><strong>Critical Interfaces with Other Entities</strong></td>
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</table>
| **Austin/Travis County Health & Human Services Department** | - Coordinate plans and preparedness  
- Monitor and assess situation  
- Provide Pharmaceutical Interventions  
- Update and/or inventory medical supplies in coordination with local facilities and services  
- Plan for pod  
- Recruit for Medical Reserve Corps  
- Implement the Health Alert Network (HAN) | - Train Medical Reserve Corps  
- Plan for Joint Information Command (JIC)  
- Meet with schools and major employers to discuss school and business closures | - Coordinate communications  
- Activate EOC  
- Convene ICS to determine next steps  
- Continue influenza surveillance | - Activate Pandemic Period of the plan through Incident Command  
- Continue monitoring needs through ICS  
- Continue active surveillance and reporting  
- Continue non-pharmaceutical interventions - Continue to monitor and maintain communications through HAN staff | - Activate Pandemic Period of the Plan through Incident Command  
- Continue monitoring needs through ICS  
- Continue active surveillance and reporting  
- Continue non-pharmaceutical interventions - Continue to monitor and maintain communications through HAN staff |
| **Suppliers and Vendors** | - Review plans and service impacts  
- Verify continuity of supply chain  
- Establish/review MOUS  
- Identify suppliers and vendors necessary to perform business operation  
- Consider alternative suppliers and vendors in the event of loss | - Develop a platform for communicating to vendors and suppliers  
- Establish a method for accounting for suppliers and vendors | - Maintain contact with vendors and suppliers | - Maintain contact with vendors and suppliers | - Maintain contact with vendors and suppliers |
| **City of Austin, Travis County Texas** | - Review plans and service impacts for mass transit  
- Establish/review MOUs | - Consider implementing essential and/or critical services based on staffing  
- Consider reducing or temporarily discontinuing non-essential services  
- Consider implementing alternative business practices/processes (i.e. travel restrictions, telecommuting, etc.) | - Consider implementing essential and/or critical services based on staffing  
- Consider reducing or temporarily discontinuing non-essential services  
- Consider implementing alternative business practices/processes (i.e. travel restrictions, telecommuting, etc.) | - Consider implementing essential and/or critical services based on staffing  
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- Consider implementing alternative business practices/processes (i.e. travel restrictions, telecommuting, etc.) | - Consider implementing essential and/or critical services based on staffing  
- Consider reducing or temporarily discontinuing non-essential services  
- Consider implementing alternative business practices/processes (i.e. travel restrictions, telecommuting, etc.) |

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Updated: 05.27.2006
Preparedness Plan Review 2006
Original: 06.18.2004

### Suppliers and Vendors

- Review plans and service impacts
- Establish/review MOUs
- Identify suppliers and vendors
- Consider alternative suppliers and vendors

### City of Austin, Travis County Texas

- Review plans and service impacts
- Establish/review MOUs
- Consider implementing essential services
- Consider reducing or temporarily discontinuing non-essential services
- Consider implementing alternative business practices

---

**Austin/Travis County Health & Human Services Department**

- Coordinate plans and preparedness
- Monitor and assess situation
- Provide Pharmaceutical Interventions
- Update and/or inventory medical supplies
- Plan for pod
- Recruit for Medical Reserve Corps
- Implement the Health Alert Network (HAN)

**Suppliers and Vendors**

- Review plans and service impacts
- Verify continuity of supply chain
- Establish/review MOUs
- Identify suppliers and vendors
- Consider alternative suppliers and vendors

**City of Austin, Travis County Texas**

- Review plans and service impacts
- Establish/review MOUs
- Consider implementing essential services
- Consider reducing or temporarily discontinuing non-essential services
- Consider implementing alternative business practices
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<tr>
<td>The City of Austin and Travis County Hospitals</td>
<td>- Coordinate plans and preparedness; discuss alternate care plans, including residential congregate care - Coordinate plans if pods are established - Assess Level 3 physician needs/availability for non-university functions - Continue surveillance for suspicious cases - Establish MOUs with local hospitals</td>
<td>- Continue surveillance for suspicious cases - Consult on plans for coordinating or facilitating communication among health care facilities - Discuss with local and state health departments how bed availability will be tracked during a pandemic - Establish contingency plans for situations in which primary sources of medical supplies become limited - Consult with the local and state health departments about access to the national stockpile during an emergency</td>
<td>- Consult with the state health department on plans for rapidly credentialing healthcare professionals during a pandemic - Report flu cases to state/county</td>
<td>- Establish alternate care facilities - Care for critically ill students - Report flu cases to state/county</td>
<td>- Report flu cases to state/county - Care for critically ill students</td>
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### APPENDIX C: Infectious Disease Preparedness Tasks and Status

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<tr>
<th>Task</th>
<th>Who</th>
<th>Status</th>
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<tbody>
<tr>
<td>Infectious Disease Response Team Meeting (includes city of Austin and Travis County Health Department)</td>
<td>CS&amp;S, EHS</td>
<td>Completed</td>
</tr>
<tr>
<td>Avian Influenza/Infectious Disease Web page on EHS Web site</td>
<td>CS&amp;S, EHS, UHS</td>
<td>Completed</td>
</tr>
<tr>
<td>Inventory current stock of flu kits</td>
<td>CS&amp;S, EHS</td>
<td>Completed</td>
</tr>
<tr>
<td>Flu kit needs assessment for essential personnel for 4-8 weeks</td>
<td>CS&amp;S, EHS</td>
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<tr>
<td>“Infectious Disease Social Distancing Measures and Business Continuation at The University of Texas at Austin” discussion document</td>
<td>CS&amp;S, UHS, EHS</td>
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<td>Review emergency and essential personnel, and applicable policies</td>
<td>CS&amp;S, HR, EHS</td>
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<tr>
<td>Review Teleworking Policy for implementation during Infectious Disease outbreak</td>
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<tr>
<td>PI Essential Personnel: List essential functions, departments and units</td>
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</tr>
<tr>
<td>POD 1: Draft The University of Texas at Austin operating guidelines for on-campus mass dispensing site (POD): location; layout; operation; first responder staffing and notification</td>
<td>CS&amp;S, EHS, UHS</td>
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<tr>
<td>Review The University of Texas at Austin ID Response Plan</td>
<td>CS&amp;S, EHS</td>
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</tr>
<tr>
<td>Draft The University of Texas at Austin Infectious Disease Social Distancing Guidelines (class suspension, employment, event cancellation, business continuity for instruction, etc.)</td>
<td>CS&amp;S, EHS, UHS, SA, Provost’s Office</td>
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<tr>
<td>Planning Leader: Level 3 Plan for Housing and Food Services</td>
<td>CS&amp;S, EHS, DHFS</td>
<td>Completed</td>
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<tr>
<td>The University of Texas at Austin ID Planning Conference</td>
<td>CS&amp;S, EHS</td>
<td>Completed</td>
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<tr>
<td>Update of The University of Texas at Austin Emergency Plan — infectious disease procedure</td>
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<td>Revise Policy Concerning Study, Travel, and Research in Countries Under Travel Warnings</td>
<td>CS&amp;S, Travel, Provost’s Office</td>
<td>Completed</td>
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<tr>
<td>POD 2: POD/First Responder/MRC volunteers</td>
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<td>Housekeeping supplies needs assessment to support remaining employees and students for 4-8 weeks</td>
<td>Facility Services, DHFS</td>
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<td>Hand sanitizer needs assessment for employees and students for 4-8 weeks</td>
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<td>POD 3: Identify other pod First Responders (volunteers)</td>
<td>CS&amp;S, EHS</td>
<td>Completed</td>
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<tr>
<td>POD 4: On-line Training for pod First Responders</td>
<td>CS&amp;S, EHS, ATCHHSD, etc.</td>
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<td>POD 5: Exercise The University of Texas at Austin operating guidelines for mass dispensing via fall seasonal flu vaccine</td>
<td>CS&amp;S</td>
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<td>ID Essential Personnel 1: Identify essential personnel</td>
<td>CS&amp;S</td>
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<tr>
<td>ID Essential Personnel 1: Draft “PI Essential Personnel policy” (or incorporate into existing Emergency Personnel Policy) including definition and responsibilities of ID essential personnel</td>
<td>CS&amp;S, HR</td>
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<td>CS&amp;S Emergency Planning/Business Continuity Web site for the campus</td>
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<td>Planning Leaders: Review plans with UHS and Utilities</td>
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<tr>
<td>Infectious Disease tabletop exercise</td>
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Full credit is given to Peter A. Reinhardt, Director, Department of Environment, Health & Safety, University of North Carolina, 212 Finley Golf.
APPENDIX D: The University of Texas at Austin
Social Distancing Guidelines

To better prepare for the possibility of pandemic influenza, The University of Texas at Austin would benefit from considering the following issues and, where possible, formulating policies to address them in the pre-event planning period. Responsible university personnel should use these guidelines to form social distancing policies for the departments and other entities in their charge. It would also be helpful to agree on the framework and process by which these decisions will be made.

A. SOCIAL IMPLICATIONS OF PANDEMIC INFLUENZA

The world’s first localized clusters of sustained human-to-human influenza transmission will likely begin in Southeast Asia but could occur anywhere. If this spreads to create a pandemic, its severity will depend on the transmissibility, morbidity and mortality of the influenza. Although influenza caused by the H5N1 strain appears to have a high rate of mortality. We cannot predict the severity of the next human pandemic, and the impact to The University of Texas at Austin may depend upon the regional distribution of the disease.

1. National and State Implications
   In the event a novel influenza strain reaches the U.S., a vaccine will not be available for the first period of contagion. The State of Texas will purchase a large quantity of Tamiflu (an antiviral medication), but that will only treat a percentage of the population. Tamiflu may be available only to priority groups (e.g., ill patients, doctors, and nurses) and priority essential personnel (e.g., water supply operators), but not the general population.

2. University Implications
   The potential exposure of an easily transmissible virus to a community where 6,700+ students live in close proximity and share facilities would pose a great risk. Caring for a large number of ill students would strain resources of the Department of Housing and Food Service, University Health Services, and the Austin health care system, especially if the community is similarly impacted and staff resources are similarly depleted.

   The university should expect to suspend classes for 4-8 weeks¹ if a severe pandemic occurs in Texas. In addition, the university should make the class suspension decision early in the period of contagion to allow residential students to return to a less-risky home environment. After the suspension of classes, the following may be assumed:

   - Approximately 3,500 students and student families will likely remain in Austin because of international travel restrictions or other travel difficulties, because they do not have a suitable alternative living option, or because their permanent address is in Austin
   - Approximately 2,000 students (e.g., international students of which there are ~4,546) will require support and remain in

¹ Time period assumption.
residence halls, but will be scattered in various locations and no longer living in close proximity
- Approximately 1,000 people in family housing/university apartments (there are 715 units) will be in close quarters and at relatively high risk
- Approximately 1,000 students will remain in off-campus housing (e.g., fraternity and sorority houses, and private dormitories)

B. UNIVERSITY CLASS SUSPENSION CRITERIA

Under the guidance of The University of Texas at Austin Emergency Plan and the CCMT, the University Leadership Council will make the decision to suspend classes. An agreement on the criteria for these decisions will aid the university’s preparedness and response. Suggested criteria for decision making are:

- World Health Organization Phase 6—Pandemic Period Guidelines

  Following confirmation of a high rate of infectivity, morbidity and/or mortality there will be:
  - Local public health recommendations to curtail/cancel public activities in Texas
  - Falling class attendance, followed by students leaving campus
  - Rising employee absenteeism

  Considerations for Interrupted Instruction
  - Consider the impact of a 4-8-week class suspension on instruction. Are there plans we can make now to mitigate those impacts?
  - What are the potential benefits of distance learning in this situation?
  - If distance learning will be significantly beneficial, are there things we can do now to facilitate distance learning?
  - After the period of contagion has passed, The University of Texas at Austin will need to reschedule its instructional calendar.
  - What other policy issues will be raised when classes resume and The University of Texas at Austin is recovering from the pandemic?

C. PUBLIC EVENT POSTPONEMENT VS. CANCELLATION CRITERIA

Public events should either be cancelled or postponed following the confirmation of a high level of infectivity, morbidity, and/or mortality in Texas. An individual or group should be designated to decide whether to cancel these events or reschedule them for a later date.

D. HUMAN RESOURCES PLANNING CRITERIA

Public health officials estimate there will be a 30% reduction in the total workforce in the event of a severe outbreak. This estimate includes employees who become ill, and employees who stay home for self-shielding or to care for ill family members. Because of this substantial shift in the number of employees who are available to report to work, the university should plan how to deal with the human resource issues of a pandemic outbreak, which may differ for exempt
and non-exempt employees. Suggested criteria to consider during human resource planning are:

1. Essential Personnel Guidelines
   - Essential/key personnel at The University of Texas at Austin during a period of suspended classes due to pandemic influenza² will include:
     - UT Police Department
     - Dispatchers and other personnel who support UTPD operations
     - UT’s 911 center staff
     - Facilities Services and Utilities workers (power, water and sewage)
     - Telecommunications staff
     - IT workers
     - UHS healthcare and EAP workers
   - Once classes are suspended, these personnel who support remaining university operations must report to work if they can
   - These personnel should follow “fitness for work” guidelines, if such guidelines exist

2. Non-essential Personnel Guidelines
   An individual or group should be designated to determine whether or not non-essential personnel should report to work in the event of class suspension. This determination should be made with the following considerations in mind:
   - Is administrative leave available to non-essential employees in this scenario, or should staff plan to use vacation time?
   - In the likely event that the university encourages teleworking, how will Human Resource Services account for teleworking time?
   - What will the university do if some employees exhaust their sick leave?
   - Should the university formulate “fitness for work” guidance for essential personnel?
   - Should the university formulate “return to work” guidance for sick or recovering employees?
APPENDIX E: Guidelines for Hand Sanitation

These guidelines should be standard practices at all times but they are critical in the event of an outbreak of a pandemic of an easily transmitted infectious agent (Avian flu, SARS, pandemic flu, etc.).

1. Begin education campaign on proper hand washing ASAP:
   - Place posters in all restrooms and in break rooms to remind everyone about hand washing. Posters will be in many different formats and modified as necessary to suit different situations (e.g. childcare facilities, food service areas, etc.)
   - Initiate an ad campaign and other communication efforts to educate the university community on the importance of proper hand sanitation.

2. Place garbage cans near exits to restrooms (can be outside or inside of exit door).

3. Request that Custodial Services include cleaning of all hand contact surfaces (handles, knobs, latches, pulls flush handles, door knobs, etc.) in their routine cleaning activities, and provide a training program and reminders. This is especially important in all restrooms.

4. Place wall mounted hand sanitation dispensers in locations throughout common areas. This would include all areas where food is sold or provided (this should be part of every catering package), libraries, computer labs, etc.
APPENDIX F: The University of Texas at Austin Procedures for Severe Acute Respiratory Syndrome (SARS)

A. SARS CORE MESSAGES

1. The university takes the threat of SARS on campus very seriously.
   - A SARS Task Force was formed in April 2003 to address campus-specific issues related to the SARS pandemic.
   - An educational university Web site (http://www.utexas.edu/news/sars) concerning SARS was launched in April 2003 with links to CDC and who for the most current-information.
   - The task force will continue to monitor the SARS situation worldwide. Should another SARS outbreak occur, the task force will pay particular interest to events happening with other universities.
   - The task force discourages travel to SARS affected areas.
   - Summer 2003 study abroad programs in SARS affected areas were cancelled. The International Office and SARS Task Force will consider cancelling study abroad programs should an outbreak of SARS occur again.

2. In the event of a SARS outbreak the university will implement as many reasonable precautions as possible to reduce the risk of SARS exposure on campus.
   - The university will follow CDC guidelines regarding SARS.
   - The university will ask all persons arriving from or through SARS affected areas to self-monitor for 10 days for fever greater than 100.4°F (38°C), and cough, or difficulty breathing.
   - The International Office will encourage students coming from the SARS-affected areas to arrive early for check-in/registration.
   - University Health Services will distribute SARS self-monitoring kits to students who have traveled from or through SARS-affected areas.
   - The university will offer temporary housing to students coming from SARS-affected areas who have university housing contracts. The temporary housing will be for the duration of the 10-day self-monitoring period.
   - If needed, the university will attempt to provide temporary housing for students with confirmed cases of SARS through the duration of the students’ illness.
   - A training module for custodial staff has been developed in the event we have a confirmed case that necessitates changes in custodial services.
3. University Health Services and the Austin/Travis County Health Department are prepared to take steps that will reduce campus-wide risk for the disease, should the University get a confirmed case of SARS.
   - The steps for reducing SARS risk after a confirmed case would be similar to steps we take with other infectious diseases (e.g., tuberculosis).
   - UHS has a very close working relationship with the Austin/ Travis County Health Department and EMS.
   - The UHS and Environmental Health and Safety have a team ready to educate co-workers and/or students, should we have a confirmed case.

4. To protect against SARS follow these guidelines:
   - Wash your hands often and well.
   - Cover your mouth and nose with tissue when you sneeze or cough.
   - Don’t share silverware, towels, or bedding.
   - Clean surfaces (counters and tabletops, door knobs, bathroom fixtures, etc.) with a household disinfectant used according to the manufacturer’s instructions. Wear disposable gloves during all cleaning activities. Throw these out when you are done. Do not reuse them.
   - Get a flu shot when they are offered. If you get a flu shot, it will be easier for your physician to rule out flu and consider the possibility of SARS should you begin to show symptoms. As with most diseases, early diagnosis and treatment for SARS will improve your potential health care outcome.

B. PROCEDURES FOR FACULTY AND STAFF RETURNING FROM SARS-AFFECTED AREAS

Should an outbreak of SARS occur anywhere in the world, the SARS Task Force recommends AGAINST travel to SARS-affected areas. Should you travel to a SARS-affected area for personal or business reasons, we request you carefully read the following and adhere to the guidelines outlined below.

SARS is a respiratory illness. The disease can be life threatening, and anyone who suspects they may be developing symptoms should seek medical care immediately. SARS begins with a fever of 100.4° F/38° C or higher, and is shortly followed by one or more of these symptoms: cough, shortness of breath, difficulty breathing and diarrhea. The only people who are considered to be at risk for SARS are those who have had close contact with someone known or suspected to have SARS or people who have traveled within the last 10 days to or through SARS affected areas.

If you have traveled to or through one of the SARS-affected areas less than 10 days prior to your arrival at the university you should monitor your health for at least 10 days from your arrival in the U.S. If you become ill with fever (100.4 F or greater), cough, or have difficulty breathing, please call your primary care physician before visiting his or her office. Your physician’s office staff will provide you with instructions. If you do not have a primary care physician, call 512-324-
1000 to reach a nurse triage call center immediately. The telephone operator at the nurse triage call center will connect you with someone who can evaluate your symptoms and, if warranted, assist you in arranging for a hospital visit.

Please do not stay on campus if you become ill. Notify your supervisor of your illness and follow the instructions of your health care provider.

C. UNIVERSITY PROCEDURES FOR STUDENTS ARRIVING FROM SARS-AFFECTED AREAS

CDC guidelines recommend that individuals traveling from or through SARS-affected areas self-monitor their health 10 days following their initial arrival in the United States for any of the following symptoms:

- Fever greater than 100.4°F (38°C) and
- Cough
- Difficulty breathing

On-Campus Residence Hall Students

International Students

If you are an international student who has traveled from or through a SARS affected area and you will be living on-campus in one of the university residence halls, the International Office encourages you to arrive early—at least 10 days prior to student check-in/registration. Upon arrival in Austin, you should check in with the International Office. [IO staff will confirm the number of days students have been in the US. Those students who have traveled from or through SARS affected areas and who have been in the U.S. less than 10 days will be directed to the International Office insurance advisor. The insurance advisor will give students a yellow instruction sheet and yellow Special Insurance Card, and tell the student to report to University Health Services (UHS) immediately. Students will be entered into a special database with the list of special enrollees sent to MEGA Life by e-mail daily. Payment to MEGA Life will be made sometime near the end of July or early August.] If you have been in the U.S. less than 10 days when you arrive in Austin, Housing and Food Services will arrange for temporary housing in a university apartment while you complete the 10-day self-monitoring period. [This initiative allows greater precaution by providing housing with individual air handling units.] If you are symptom free following the 10-day self-monitoring period, return to Housing and Food Services for your permanent housing assignment. Within 24 hours of arriving in Austin, you should check in with University Health Services (UHS). If you have been in the U.S. less than 10 days when you arrive in Austin, UHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily temperature log, and an emergency contact number to call if you become ill. UHS staff will advise you to self-monitor for the remainder of the 10-day period.
All Other Students

If you are a student who has traveled to or from one of the SARS-affected areas less than 10 days prior to your arrival at the university and you will be living on campus in one of the university residence halls, Housing and Food Services will arrange for temporary housing in a university apartment while you complete the 10-day self-monitoring period. If you are symptom free following the 10-day self-monitoring period, return to Housing and Food Services for your permanent housing assignment. Within 24 hours of arriving in Austin, you should check in with University Health Services (UHS). If you have been in the U.S. less than 10 days when you arrive in Austin, UHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily temperature log, and an emergency contact number to call if you become ill. UHS staff will advise you to self-monitor for the remainder of the 10-day period.

Off-Campus Residents

International Students

If you are an international student who has traveled from or through one of the SARS affected areas and you will be living off-campus, the International Office encourages you to arrive early—at least 10 days prior to student check-in/registration.

Upon arrival in Austin, you should check in with the International Office. [IO staff will confirm the number of days students have been in the US. Those students who have traveled from or through SARS affected areas and who have been in the U.S. less than 10 days will be directed to the International Office insurance advisor. The insurance advisor will give students a yellow instruction sheet and yellow Special Insurance Card and tell them to report to the UHS immediately. Students will be entered into a special insurance database with the list of special enrollees sent to MEGA Life by e-mail daily. Payment to MEGA Life will be made sometime in the end of July or early August.

Within 24 hours of arriving in Austin, you should check in with UHS. If you have been in the U.S. less than 10 days when you arrive in Austin, UHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily temperature log, and an emergency contact number to call if you become ill. UHS staff will advise you to self-monitor for the remainder of the 10-day period.

All Other Students

If you are a student who has traveled to or through one of the SARS-affected areas less than 10 days prior to your arrival at the university and you will be living off campus, you should check in with UHS within 24 hours of arriving in Austin. UHS will provide you with a SARS self-monitoring packet that includes a digital thermometer, hand sanitizer, a SARS guide, two masks, a daily temperature log, and an emergency contact number to call if you become ill. UHS staff will advise you to self-monitor for the remainder of the 10-day period.
SARS TASK FORCE

1. Office of Environmental Health & Safety
2. International Office
3. Office of the Vice President for Employee & Campus Services
4. Human Resource Services
5. Office of the Vice President for Institutional Relations and Legal Affairs
6. Travel Management Services
7. Campus Safety & Security
8. Facilities Services
9. Executive Vice President & Provost
10. Student Health Center
11. Counseling, Learning and Career Services
12. Division of Housing and Food Service

APPENDIX G: The University of Texas at Austin Procedures for Mumps

Mumps is a viral infection of the salivary glands that is spread through coughing, sneezing, and saliva. It can spread by sharing drinking glasses, kissing, sneezing, and coughing. Symptoms include swelling of the glands close to the jaw, fever, headache, and muscle aches. Mumps is a mild to moderate disease; however, mumps can cause serious complications including meningitis, miscarriage of whether infected during pregnancy, breast swelling, hearing loss, and sterility in men.

Who Is at Risk for Mumps

If you were born after 1956 and never had the mumps or haven’t received two (2) mumps shots, then you are considered at greater risk for being infected with mumps. Since 1989, 2 doses of the measles/mumps/rubella shot (MMR) have been recommended to prevent infection of the mumps virus. These typically are done initially around 15 months of age, and again when starting kindergarten or high school. Contact your doctor or check your old health/school records if you are unsure if you have had two (2) mumps shots.

Recommendation

If you are not sure you have had mumps or received your two (2) mumps shots, you should contact your primary care physician to get a mumps immunization.
Additional Ways to Prevent Mumps

Other things you can do to reduce the risk of being infected with the mumps virus is to wash your hands well and often with soap. Cover your mouth when you cough or sneeze-and discard used facial tissue (such as Kleenex) promptly. Eating utensils and beverages should not be shared. Surfaces that are frequently touched (toys, doorknobs, tables, counters, etc.) should also be regularly cleaned with soap and water or with cleaning wipes.

Exposure to Mumps

Not everyone who is exposed to someone with mumps will get sick. Exposed people who have been vaccinated with two doses of mumps vaccine are very unlikely to get mumps. However, a person who hasn't been vaccinated or had mumps disease may become sick if exposed to the mumps virus. Symptoms may appear 2-3 weeks after exposure. A person is contagious (able to spread the virus to others) from around 3 days before they develop symptoms to 9 days after the symptoms begin.

Mumps Symptoms and Diagnosis

Because of the contagious nature of the mumps virus, do not come to campus if you are experiencing mumps symptoms. Contact your doctor immediately. Your doctor will request laboratory testing to confirm your infection with the mumps virus. If you are diagnosed with mumps, we ask that you not return to campus unless you have received a release from your doctor to return to work.

Paid Leave upon Diagnosis of Mumps

Staff should use sick, annual, and compensatory time to cover absences connected with seeking medical advice and treatment concerning mumps. Upon your return to work and in addition to your release to work, you will be asked to provide a certification from your doctor verifying that you had the mumps.

Questions

If you have questions or comments about this memorandum, please contact Benefit Services at 471-4343 or at hrsbenefits@austin.utexas.edu

Additional Information Regarding Mumps

Additional information about mumps can be found at the following Centers for Disease Control link: http://www.cdc.gov/nip/diseases/mumps/mumps-faqs.htm
APPENDIX H: Personal Protective Equipment

The purpose of Personal Protective Equipment (PPE) is to minimize injury/exposure to University personnel through proper use and care. The program is most effective if administered and enforced by management or department where employee protection is required. It is designed to ensure that UT personnel receive the correct PPE that they need, in the right size or style, understand its care, use and disposal and that it is readily available to them.

**Hazard Evaluation**

Determination of PPE to be used by personnel will be determined by the agent and the risk of exposure by personnel. This evaluation will be done by the employee’s supervisor in conjunction with Environmental Health and Safety.

**PPE Selection**

The following factors will be considered when selecting PPE:

- Agent hazards
- Task requirements
- Potential for PPE failure
- Maintenance requirements
- Interferences
- PPE durability
- Duration of use
- Regulatory requirements/certification
- User’s size and physical abilities (for fit, comfort and individual needs)
- User acceptance

**Training**

Training will be provided by Environmental Health & Safety ([http://www.utexas.edu/safety/ehs/train/](http://www.utexas.edu/safety/ehs/train/)).
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