

The University of Texas Health Science Center at Houston Pandemic Influenza Response Matrix, July 2009

	Incident Command Team	Environmental Health & Safety	IT/ Communications	Facilities/Energy	Auxiliary Enterprises	Executive Leadership	Animal Care	Public Affairs	Employee/ Student Health including EAP	Human Resources including Payroll	UT Police	Clinical Support
WHO Phase 1: low risk of human cases (no engagement of UTHSC-H EMP)												
	No action required	Routine Activities 1. Conduct table top exercise	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Education and Planning
WHO Phase 2: higher risk of human cases (no engagement of UTHSC-H EMP)												
	No action required	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Routine Activities	Education and Planning
WHO Phase 3: no or very limited human-to-human transmission (equates to preparation phase for support of UTHSC-H EMP)												
	No action required	1. Monitor national situation 2. Assess respiratory protection plan and resources 3. Obtain additional respirators and PPE 4. Review institutional preparedness 5. Provide awareness training to the university 6. Review university overall emergency response inventory 7. Communicate w/ Public Relations for distribution of information to the	1. Identify essential staff that will maintain the university communications systems. 2. Update the university's web page as appropriate	1. Identify essential staff that will maintain the university's facilities and operations	1. Identify essential staff	1. Recommend restricted travel of university members to the affected regions 2. Ensure Pandemic Influenza policy guidelines are shared with management/staff 3. Review/update institutional preparedness	1. Determine critical personnel list and responsibilities	1. Relay official university announcements 2. Update informational Postings 3. Assist in posting Advisories	1. Monitor national situation 2. In-service training for staff 3. Communicate w/ Public Relations for distribution of information to the university 4. Review current WHO and CDC guidelines	No action required	No action required	1. Individual departments schedule discussions for local accommodations

		university 8. Brief Executive Leadership 9. Benchmark other universities 10. Update EMP 11. Review current WHO and CDC guidelines										
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WHO Phase 4: evidence of increased human-to human transmission (equates to Level 3 of the UTHSC-H EMP)												
1. Closely monitor situation and prepare for activation of Emergency Operations Center	1. Train and brief EH&S Staff 2. Prepare for extended duty 3. Review essential personnel requirements 4. Update the university and provide Town Hall sessions 5. Advise Deans and Departmental Units on preparedness 6. Ensure that university plans harmonize with Federal and Local Government advisories	1. Advise Deans and Departmental Units on telecommuting options 2. Deploy website volunteer system	1. Verify ventilation systems and adjust as needed	1. Formulate plans for quarantine of students 2. Initiate influenza awareness training 3. Report suspicious illnesses to Employee or Student Health	1. Evaluate the impact of Level 3 to the university and establish university goals and priorities	1. Determine critical personnel list and responsibilities	1. Post university update info 2. Establish frequency for community update notices to be delivered, compiled and reported	1. Post signage that students/employees with flu-like symptoms who have been out of the country should notify employee / student health immediately 2. Isolate exam rooms of patients with flu- like symptoms 3. Respiratory protection equipment available 4. Follow local guidance for evaluation and treatment 5. Monitor health care workers 6. Develop and implement hand washing and additional infection control measures as appropriate campaign	1. Begin tracking absenteeism by department in order to determine pandemic effect on the university	1. EHS train police, security, parking and dispatchers on pandemic influenza 2. Security considerations for vaccine and prophylaxis storage and distribution locations	1. Post signage at UT clinics 2. Rapid triage for respiratory symptoms 3. Initiate communication with hospitals regarding staffing 4. Widespread in-service training for hospital staff	

									7. Formulate plans for quarantine of students 8. Ensure that university plans harmonize with Federal and Local Government advisories			
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WHO Phase 5: evidence of significant human-to human transmission: (equates to Level 3 of stage of UTHSC-H EMP)

NOTE: CDC will initiate the release of guidance on the Pandemic Severity Index in preparation for WHO Phase 6. UTHSC-H will stay abreast of the recommendations from the CDC and modify current matrix as necessary

1. Prepare for activation of the Emergency Operations Center 2. Assess offsite staging area options	1. Receive refresher respirator training and respirators 2. Stage PPE 3. Prepare university for restricted access status 4. Begin Fit testing 5. Review institutional preparedness and supplies	1. Provide support to clinical staff website 2. Plan for alternative phone system support	1. Review custodial housekeeping practices and cleaning chemicals 2. Receive respirator training and respirators	1. Receive respirator training and respirators 2. Provide information to students	1. Prepare to activate the Emergency Operations Center and Incident Command Team 2. Consider cancellation of public functions 3. What aspects of the university are open?	1. Formulate plans for animal well-being during restricted access stage 2. Receive respiratory protection training	1. Update list of SMEs (and contact information) who will speak to UTHSC issues and to the public	1. Isolate suspected cases 2. Receive respirator training and respirators 3. Initiate vaccination or prophylaxis as appropriate	1. Disseminate information to university on leave policies during crisis events 2. Continue to monitor absenteeism	1. Receive respirator training and respirators 2. Ensure police, security, parking, and dispatch critical personnel are briefed	1. Command center to staff hospitals 2. Assess current capabilities for assisting city and local needs. 3. Determine critical personnel and responsibilities. 4. Assess safety concerns related to potential intake of affected deceased 5. Receive respiratory training and respirators
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WHO Phase 6: evidence of sustained human-to human transmission: (equates to Level 3 of stage of UTHSC-H EMP)

*All departments who will maintain staff during the controlled access period must provide a critical employee roster to IC

Initiation of US Government Stages 3-5 and Pandemic Severity Index 1-5
UTHSC-H will follow all recommendations from the CDC specific to local or regional situation and modify current matrix as necessary to supplement this plan.
Further information can be found at www.pandemicflu.gov

	<ol style="list-style-type: none"> 1. Consider restricting building access 2. Implement EMP 3. Consider skeleton crew staffing 4. Update Executive Leadership 5. Continue media communications 5. Consider the order of controlled access to buildings 6. Designate offsite staging areas as needed 	<ol style="list-style-type: none"> 1. Initiate the EMP 2. Train and brief critical personnel 3. Assist in entry building screening and PPE distribution as needed 4. Provide PPE and infection control training to critical employees as needed 5. Provide decontamination of personnel and equipment as needed 6. Develop Mgmt plan for the control and disposal of increased volumes of infectious waste as needed 	<ol style="list-style-type: none"> 1. if necessary, stage critical personnel 2. Provide assistance in facilitating telecommuting as needed 	<ol style="list-style-type: none"> 1. Prepare the buildings so that they can be maintained w/ minimal staffing as needed 2. Assist in preparing building for restricted access if ordered 	<ol style="list-style-type: none"> 1. Activate plans to quarantine students in conjunction with Health Department Guidance as needed 2. Assist with parent / student concerns 3. Review CDC policies 4. Consider the closure of the Child Development Center utilizing CDC and Health Dept guidance. 	<ol style="list-style-type: none"> 1. Coordinate with Deans on school policies 2. If necessary, activate Emergency Response Center and Incident Command Team 3. Determine the university's status 	<ol style="list-style-type: none"> 1. Review critical crew requirements 	<ol style="list-style-type: none"> 1. Update university hotline and webpage as needed 2. Communicate university status via hotline, webpage, email 	<ol style="list-style-type: none"> 1. If necessary, establish phone triage lines 2. If necessary, establish screening protocol 3. Post trained screeners by building entrances if necessary 4. Arrange for counseling services as needed 	<ol style="list-style-type: none"> 1. Provide info to employees who are instructed to stay away from work as necessary 2. Continue to monitor absenteeism 	<ol style="list-style-type: none"> 1. Secure buildings as directed by IC 2. Review shift schedules to avoid shortfalls 3. Implement controlled access if directed by IC. 5. Assist in screening entering personnel 	<ol style="list-style-type: none"> 1. Continue to assess current capabilities for assisting city and local needs. 2. Monitor supply of respirators and keep adequate stock on hand.
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Recovery: Local health department lifts restrictions based on two incubation periods with no new cases							Corresponds with US Government Stage 6: Recovery and Preparation for Subsequent Waves UTHSC-H will stay abreast of the recommendations from the CDC and modify current matrix as necessary					
<ol style="list-style-type: none"> 1. Review national, state, and local advisories to make university wide decisions to restore normal 	<ol style="list-style-type: none"> 1. Assist with any disinfection directives for re-opening 2. Recover and inventory PPE. 3. Assist in 	<ol style="list-style-type: none"> 1. Re-establish IT systems university wide 2. Ensure systems ready for surge use 	<ol style="list-style-type: none"> 1. Re-establish normal operating systems 2. Assist in opening buildings 	<ol style="list-style-type: none"> 1. Prepare for return of occupants. 2. Provide information to occupants and 	<ol style="list-style-type: none"> 1. Establish time table for university personnel returning to work 	<ol style="list-style-type: none"> 1. Resume normal operations 	<ol style="list-style-type: none"> 1. Communicate any new university status. 	<ol style="list-style-type: none"> 1. Continue to monitor for active disease in university population 	<ol style="list-style-type: none"> 1. Evaluate and provide instructions for absentee personnel 	<ol style="list-style-type: none"> 1. Control activities related to university re-opening. 2. Reestablish building 	<ol style="list-style-type: none"> 1. Command center to monitor and provide assistance where necessary. 	

	business	reopening buildings			concerned families 2. Assess special needs (i.e. child care center)						security systems	
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NOTE: In addition to the above matrix, the UTHSC-H will seek guidance from the US Government Stages (1-6) and CDC Pandemic Severity Index (1-5) to supplement the University preparation regarding social distancing, voluntary quarantine, school closures, isolation and treatment, and any other actions necessary to carry forward.

Due to the significant overlap between this matrix and the current US Government Stages and the CDC Pandemic Severity Index including the recommendations therein, the information has not been included in its entirety in this matrix. A brief description of the US Government Stages and the CDC Pandemic Severity Index can be found below.

CDC Pandemic Guidance online resources:

CDC Pandemic Flu Main Page <http://www.pandemicflu.gov/>

Pandemic Severity Index <http://www.pandemicflu.gov/plan/community/commitigation.html#IV>

CDC Planning Guide for Colleges and Universities <http://www.pandemicflu.gov/plan/community/commitigation.html#app7>

State of Texas Dept of State Health Services http://www.dshs.state.tx.us/idcu/disease/influenza/pandemic/Draft_PIPP_10_24_web.pdf

US Government Specific Pandemic Planning

The Pandemic Severity Index provides U.S. communities a tool for scenario-based contingency planning to guide pre-pandemic planning efforts. Upon declaration by WHO of having entered the Pandemic Period (Phase 6) and further determination of U.S. Government Stage 3, 4, or 5, the CDC's Director shall designate the category of the emerging pandemic based on the Pandemic Severity Index and consideration of other available information. However, once WHO has declared that the world has entered Pandemic Phase 5 (substantial pandemic risk), CDC will frequently provide guidance on the Pandemic Severity Index.

US Government Stages

Stage 0: New Domestic Animal Outbreak in At-Risk Country

Stage 1: Suspected Human Outbreak Overseas

Stage 2: Confirmed Human Outbreak Overseas

Stage 3: Widespread Human Outbreaks in Multiple Locations Overseas

Stage 4: First Human Case in North America

Stage 5: Spread throughout United States

Stage 6: Recovery and Preparation for Subsequent Waves

Triggers for Implementation of Mitigation Strategies by Pandemic Severity Index and U.S. Government Stages

Pandemic Severity Index	WHO Phase 6, U.S. Government Stage 3*	WHO Phase 6, U.S. Government Stage 4† and First human case in United States	WHO Phase 6, U.S. Government Stage 5‡ and First laboratory- confirmed cluster in State or region¶
1	Alert	Standby	Activate
2 and 3	Alert	Standby	Activate
4 and 5	Standby ^{**}	Standby/Activate ¶¶	Activate

Alert: Notification of critical systems and personnel of their impending activation.

Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.

Activate: Implementation of the community mitigation strategy.

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons† (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.