

EMERGENCY MANAGEMENT PLAN



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Environmental Health and Safety

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Emergency Management Plan

The University of Texas Health Science Center at Houston (UTHealth) seeks to protect its personnel, property, and the community from the effects of spontaneous and predictable emergency situations by establishing methodologies and procedures to assist employees, students, and visitors in responding to emergency situations.

The purpose of the Emergency Management Plan is to provide a protocol and corresponding support mechanism to protect UTHealth's individuals and assets, to avoid injury to individuals, to limit or contain the extent of damage to facilities and property, to permit communication systems to function despite suspension of normal operating conditions, and to enable the institution to respond in a safe, orderly, and efficient manner.

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INTRODUCTION

Purpose

The University of Texas Health Science Center at Houston (UTHealth) seeks to protect its personnel, property, and the community from the effects of spontaneous and predictable emergency situations by establishing methodologies and procedures to assist employees, students, and visitors in responding to emergency situations.

The purpose of the Emergency Management Plan is to provide a protocol and corresponding support mechanism to protect UTHealth's individuals and assets, to avoid injury to individuals, to limit or contain the extent of damage to facilities and property, to permit communication systems to function despite suspension of normal operating conditions, and generally, to enable the institution to respond in a safe, orderly, and efficient manner.

Scope

The UTHealth Emergency Management Plan is a multi-hazard plan that addresses the mitigation, preparedness, response, and recovery either directly or through reference to other specific plans or appendices such as the Business Continuity Plan, IT Disaster Recovery Plan, Employee Assistance Program Plan, or departmental plans.

The scope of this plan is to define emergency situations, to categorize levels of emergencies, and to provide procedures to prevent, prepare, respond, and mitigate emergency situations in a safe, orderly and efficient manner across our entire campus. The Harris County Psychiatric Center and The University of Texas Physicians maintain specific emergency management plans for their operations, but are included in UTHealth emergency communications, the emergency operations command as applicable, and in executive team decision making as applicable.

Harris County Psychiatric Center

The Harris County Psychiatric Center (HCPC) which includes the Dunn Behavioral Sciences Center, has developed a site-specific Emergency Management Plan to aid HCPC and its staff to successfully respond to various emergency situations as a hospital. All HCPC administrative staff members and departmental directors must be aware of the details in the HCPC Emergency Management Plan and must ensure that their employees understand their role in the program. The HCPC hospital administrator is responsible for communicating an emergency situation at HCPC with the UTHealth Executive Team.

The University of Texas Physicians

The University of Texas Physicians (UTP) has developed a specific Emergency Management Plan to aid UTP and its staff to successfully respond to various emergency situations. The responsibility for declaring a state of emergency and the appropriate response for UTP rests with the UTP Executive Team. The UTP Executive Team is responsible for communicating an emergency situation impacting UTP to the UTHealth Executive Team.

Mitigation

UTHealth is committed to programs that mitigate or prevent emergency situations. Facilities, Planning & Engineering (FPE) and Auxiliary Enterprises (AE) are engaged in proactive maintenance of building systems and infrastructure. Information Technology has procedures in place for maintaining the institution's network infrastructure and critical data. The University of Texas Police Department (UTPD) proactively patrols UTHealth properties and investigates suspicious and criminal behavior, while monitoring for emergency situations. Environmental Health & Safety (EHS) conducts routine surveillance, fire system testing, and safety training to individuals on campus.

Preparedness

This emergency management plan is a multi-hazard plan that is available to all UTHealth personnel through the UTHealth web site, and hard copies are provided to all Executive Team members and the Emergency Control Team. Each department is required to develop specific plans that address their unique needs and potential situations. UTHealth conducts drills at least annually that exercise this plan that assists employees and students in understanding how to respond to emergencies.

Response

Response actions for the highest ranking items on the UTHealth's potential emergency situations risk assessment matrix are included within this plan. Information included assists employees, students, and visitors in responding to emergency situations and evacuating to a safe location when necessary.

Recovery

UTHealth has established business continuity plans (BCP) for each of the key units/services that provide the necessary infrastructure for the institution to continue to have critical processes function in the event of an emergency or return to operation as soon as possible. In addition to the BCP's, the institution has pre-established contracts with local vendors that provide hazard response and mitigation services, a mutual-aid agreement exists with the other University of Texas institutions for assistance, and insurance coverage where available and financially feasible.

Psychological Distress

Some emergency situations can induce significant short term and long-term psychological distress. After any immediate emergency situation is mitigated, the UT Employee Assistance Program (UT EAP) or Student Counseling Services can be engaged to provide services such as:

1. Providing a clinical staff person (counselor) to go onsite to assist in identifying emotional and traumatic needs among those involved or witnessing an emergent event. This would normally take place after the event and after the risk of physical danger has passed.

2. Possibly assign a clinical staff member to the Emergency Control Team as needed to act as a consultant in developing a plan to meet the emotional needs of those involved in the situation or event.
3. Make both internal staff and satellite network providers available to conduct Critical Incident Stress Debriefings (CISD) for UTHHealth staff.
4. Educating supervisors about being observant for changes in behavior in a staff member following an event so that the appropriate UT EAP referral may be made

Because each emergency situation is different, the UT EAP and Student Counseling Services will customize its responses so that they may address the specific needs for each situation. Additional information on UT EAP's internal plan of operations to provide support in the aftermath of an emergency event can be obtained from the UT EAP at 713-500-3327 or <https://www.uth.edu/uteap/about-us.htm>. Additional information on Student Counseling Services can be obtained at 713-500-5171 or <https://www.uth.edu/studenthealth/student-counseling-services/about.htm>

DEFINITIONS

Controlled access – A state of limited access to university facilities declared by the Executive Control Team during which access controls similar to after-hours or holidays will be implemented so that only authorized UTHHealth personnel may gain access to institutional buildings. All personnel will be required to enter the facility using their institutional identification badge.

Emergency – Any occurrence, or threat thereof, whether natural, technological, or manmade, which results or may result in substantial injury or harm to the population or substantial damage to or loss of property and is outside UTHHealth normal operations capabilities.

Executive Control Team – A group of personnel from Administration, Auxiliary Enterprises, Environmental Health & Safety, Facilities, Planning, and Engineering, Information Technology, and UTPD who assess emergency situations and coordinate the responses to those situations. Generally, these people will be management level personnel.

Emergency Level – A classification of an emergency based on degree of severity, the extent of the area involved, and the potential loss of life or property, that assists in facilitating the appropriate response.

Essential Personnel – Essential employees are those designated by their department heads as essential to the continued performance of their department for the protection of university assets during an emergency. Essential employees will be required to report to their designated work site even when the university has issued a controlled access status due to adverse conditions. Essential personnel are comprised of two categories:

Category 1: Executive Control Team members; Advisory Call personnel; Environmental Health & Safety (EHS) personnel; Facilities, Planning, and Engineering personnel; The University of Texas Police - Houston (UTPD); Information Technology personnel; Office of Public Affairs personnel; Auxiliary Enterprises Maintenance staff; and Animal Care personnel.

Category 2: Departmental personnel who will be the last to leave their area during an evacuation, and the first to reenter when the facility is cleared. Category 2 personnel are responsible for securing property (i.e., controlled substances, placing perishables in refrigerators, turning off equipment, covering sensitive property, etc.) prior to evacuation.

Executive Team – A group of UTHealth executives that lead the decision-making process during emergencies and act as the incident commander. The Executive Team of UTHealth consists of the following members:

1. UTHealth President
2. Executive Vice President and Chief Academic Officer
3. Sr. Executive Vice President, Chief Operating Officer
4. Sr. Executive Vice President, Chief Financial Officer
5. Vice President of Facilities, Planning, and Engineering
6. Vice President of Environmental Health and Safety
7. UTPD Chief of Police

National Incident Management System (NIMS) – NIMS is a standardized approach to incident management and response that was developed by the Department of Homeland Security and released in March 2004. It establishes a uniform set of processes and procedures that emergency responders at all levels of government will use to conduct response operations. It includes the use of the Incident Command System (ICS).

Non-essential Personnel – Employees that are not classified as “essential personnel” are not initially required during an emergency. However, they cannot leave their work site until released by their supervisors, and they must return to work as usual, after the emergency condition has ended or as requested by their supervisor. It is the responsibility of all employees to monitor radio, television, telephone hot lines, or the UTHealth website to receive instructions regarding the state of the emergency and return to work notification. See Annex H, Personnel Policy Guidelines for more information.

REPORTING AN EMERGENCY

For identified security, fire, and medical emergencies **call 911** and provide the requested information.

For other emergencies contact UTPD at 713-500-HELP (4357) and provide the following information:

1. Your name

2. Your location and telephone extension
3. Type of emergency
4. Special directions (if any)

It is important to note that if a person dials 911 from a UTHealth desk phone then UTPD will know that person's exact location. If a person were to dial 911 from a cell phone then the person will have to first let the operator know that they are on the UTHealth campus and then give additional specific information (e.g. building address, building name, room number).

RESPONSE TO AN EMERGENCY

There are several groups at the university that play a key role in emergency response.

1. UTPD
2. Facilities, Planning, and Engineering
3. Environmental Health and Safety
4. Center for Laboratory Animal Medicine and Care
5. Information Technology
6. Office of Public Affairs
7. Auxiliary Enterprises

Each group has specific responsibilities under the plan which can be found throughout the plan. A general description of these responsibilities is listed below. See Annex A for the incident command system flowchart and Annex B for the implementation of the plan flowchart.

1. **UTPD** – Maintains the police department dispatch center. Monitors for emergency situations and receives notification of emergencies through the dispatch center and will contact the appropriate response personnel. UTPD will secure the area, control the scene, and provide communication, as needed.
2. **Facilities, Planning, and Engineering** – Assists in monitoring for emergency situations. Once notified of an emergency, will report to the scene of the emergency and assist with evacuations, mechanical shutdowns, damage assessment, and inform, update, and make recommendations to the Vice President of FPE and Environmental Health and Safety.
3. **Environmental Health & Safety** – Once notified, will report to the scene of an emergency and assist with evacuations, survey the affected area to ascertain the presence of any chemical, radiological, biological, or physical hazards, handle hazardous materials, assist in securing the area, and make recommendations to the appropriate level of authority, as needed.
4. **Center for Laboratory Animal Medicine and Care** – CLAMC is responsible for

the health and well-being of laboratory animals used for the institution's biomedical research programs. The Director of CLAMC will enact the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) emergency response plan when the institutions' animal resources are at risk.

5. **Office of Public Affairs** – Once notified, the Office of Public Affairs will update information sources as necessary. Will update and inform the Executive Team as necessary.
6. **Information Technology** – Once notified, will protect and backup information resources as necessary as prescribed in the IT disaster plan. IT has established VPN capability to allow stakeholders to work remotely if needed.
7. **Auxiliary Enterprises** – Once notified of an emergency at one of the buildings under AE management, will report to the scene of the emergency and assist with evacuations, mechanical shutdowns, assess damage, and inform, update, and make recommendations to the Vice President of AE and Environmental Health and Safety.

Emergency Levels

Level 1 – A portion of one floor or laboratory, office area or mechanical area.

The assignment of response Level 1 emergencies will be made on the authority of any of the following parties: the Executive Team; Facilities, Planning, and Engineering (FP&E); Auxiliary Enterprises (AE), UTPD, or Environmental Health and Safety.

Level 2 – One or more floor(s) of a facility.

Level 3 – An entire complex, or two or more entire structures.

The assignment of response Level 2 and 3 emergencies will be made on the authority of the Executive Team.

Emergency situations that are considered immediately life-threatening or threaten the destruction of major portions of UTHealth property or equipment will automatically be assigned a response Level 3 by the Executive Team or Emergency Control Team as appropriate.

Building Evacuation

Any decision to evacuate the building will be made by the Executive Team. If the emergency is immediately life-threatening or threatens to damage a significant portion of UTHealth property, a member of the Emergency Control Team may make the decision to evacuate. In certain emergency situations, evacuation may not be the best action; instead building occupants may be instructed to shelter in place. Shelter in place means selecting

a small, interior room, with no or few windows, and taking refuge there. More on shelter in place:

<https://www.ready.gov/shelter>

Upon the decision to evacuate a UTHealth facility, occupants may be notified by the building fire alarm system or through direct communication by any of the following parties: Area Safety Liaisons, EHS personnel, UTPD, Auxiliary Enterprises or Facilities, Planning, and Engineering personnel.

Employees should secure their work area. Laboratory personnel should turn off equipment and compressed / natural gas, if applicable. Employees should take all personal belongings with them when they evacuate the building, as reentry may not be allowed for an extended period of time. Building occupants shall move to a safe location away from the affected building. Occupants should contact their Area Safety Liaison or consult their departmental emergency plan for designated emergency evacuation meeting locations. A listing of Area Safety Liaisons, by building, is available on Environmental Health and Safety's website.

Status reports concerning the building will be made to the Emergency Operations Center by Facilities, Planning, and Engineering, Auxiliary Enterprises, Environmental Health and Safety, Office of Public Affairs, and/or UTPD.

Emergencies at Adjacent Facilities or Regional Campuses

When UTHealth is notified of an emergency in an adjacent facility or institution that may affect UTHealth personnel and/or buildings, communications will be established with the facility or the Texas Medical Center to determine the exact nature of the emergency and the control measures being taken. This will be the responsibility of the Vice President of Facilities, Planning, and Engineering, Vice President of Auxiliary Enterprises, EHS, UTPD or designee.

For disasters/incidents at the UTHealth's regional campuses the regional deans will have the authority to make status decisions regarding changes to operational status, delay opening or possibly moving classes to another location. While the regional campuses are linked to the respective "host" UT component campus emergency systems (those UT components in close proximity to the UT Health SPH regional campus), the regional campus is in no way compelled to make the same status decisions, and as such, can rely on host campus decisions or notifications as an advisory and then execute a subsequent decision for the regional campus.

Information regarding the emergency will be provided to the Executive Team, who will declare the appropriate emergency response level.

EMERGENCY OPERATIONS CENTER

An Emergency Operations Center (EOC) will be established for Level 2 and 3 emergencies as necessary. The EOC will be manned by the appropriate Emergency Control Team members. Once established, the EOC location will be communicated to the Emergency Control Team and Executive Team.

The primary EOC locations for weather-related emergencies will be OCB 1.330 and the conference room at UCT-820. EOC information for non-weather emergencies follows.

The EOC for Level 2 and 3 emergencies will be established at the entrance to the main lobby of the affected facility if possible. Communications will be established with the UTPD dispatcher; Facilities, Planning, and Engineering, Auxiliary Enterprises, Environmental Health and Safety; the Office of Public Affairs; and the Executive Team, as necessary. All emergency activities will be coordinated through the EOC. If the lobby cannot be used, either an alternate area of the building will be selected as the EOC, another UTHealth building, or the EOC will be setup at UCT-820 or OCB 1.330. If no other EOC location is suitable the EOC will be at UTPD PPB 1.106 at the UTPD Headquarters on Knight Rd.

Emergency situations will be managed based on the Direction and Control outline found in Annex D.

COMMUNICATIONS

Public Communications

The Assistant Vice President for the Office of Public Affairs (OPA) or his/her designee is responsible for managing all external and internal communications before, during, and immediately after an emergency. OPA will be responsible for communicating the emergency information on the UTHealth emergency information website (<http://www.uthealthemergency.org/>). This will include the status of each building, school and information system related to UTHealth. OPA will also be responsible for the information given out over the emergency information phone lines (713) 500-9996, (713) 500-7999, and (866) 237-0107, the UTHealth emergency twitter feed (@UTHEmergency), and the UTHealth Facebook page (UTHealth). OPA will also contact the local media to provide updates on the status of UTHealth.

NOTE: Local television and radio stations are not obligated to provide the information to their viewers or listeners.

Departmental Communications

All UTHealth supervisors should ensure that the contact information (home and cell numbers) for the employees in their department is up to date, especially during hurricane season. Employees should have the home and cell numbers of their supervisors, so that two-way communication is possible. During weather emergencies, these phone numbers are crucial to ensure that all UTHealth employees are aware of the personnel needs for the institution and for employees to communicate barriers to their availability (i.e.:

mandatory evacuation, flooding blocking access).

Local, State, and Federal Agencies

Some emergency situations will warrant communicating with local, state, and/or federal agencies. The decision to contact these agencies will be made by the incident commander of the emergency, and the appropriate department head will be assigned to contact the respective agency (i.e. UTPD contacts the Houston Police Department, EHS contacts the Houston Fire Department). The process that should be used for contacting these agencies can be found in Annex M. The University of Texas System will be the primary conduit for State level communications.

UTHealth ALERT

The UTHealth emergency communication system has the ability to send out mass notifications to students, faculty and staff during an emergency. These mass notifications will only be used in immediate threatening situations such as an active shooter in or around campus or an imminent weather-related emergency such as a tornado. The three departments that have the capability of sending out these messages are UTPD, EHS, and OPA. These mass notifications will go out via text messages. The text messages will give a basic description of the emergency and will let people know where to find additional information and an “All Clear” message will be sent out when the event is over.

In contrast to Emergency Notifications, Timely Warnings are specifically issued to aid in the prevention of additional crimes. Timely Warnings may be issued in response to reports of crime on campus or immediately adjacent public property that, in the judgement of the Chief of Police or his designee, is considered to constitute a continuing threat to university community members.

For Emergency Notifications, the UTHealth Alert text-based communication system will be operated by UT Police for security related emergencies and EHS for weather related emergencies. Public Affairs will serve as a backup for the UTHealth Alert system on behalf of UT Police and/or EHS when necessary. The institution will, without delay, and taking into account the safety of the university community, determine the content of the notification and initiate the notification system, unless issuing a notification will, in the professional judgement of responsible authorities, compromise efforts to assist a victim or to contain, respond to or otherwise mitigate the emergency.

The UTHealth Alert mass notification system will be tested semi-annually and students, faculty and staff are encouraged to update their contact information every 6 months or whenever there is a change in phone numbers or email address.

LABORATORY AND OFFICE PREPARATIONS

Securing and protecting research and critical equipment is important in the event of an emergency. Guidance documents have been developed to help employees in preparing

their laboratories and offices for an emergency. The laboratory preparation information can be found in Annex I. Office preparations are located in Annex J.

PERSONAL REFUGE

UTHealth is not equipped to serve as a shelter during a hurricane or other emergency situation although during immediate threats UTHealth people may be asked to shelter in place. During certain emergencies such as hurricanes, a ride-out team may be formed which would include personnel whose job responsibilities require their presence on a 24-hour basis (Facilities, Planning, and Engineering personnel, Auxiliary Enterprises, EHS, Animal Care, UTPD, Office of Public Affairs, and Information Technology). A list of ride-out team members shall be provided to EHS and UTPD prior to any ride out. Family members and pets will not be permitted to shelter at any UTHealth facility during a hurricane or other emergency situation. Essential personnel shall have home emergency plans that recognize they will likely need to report to work in the event of a disaster. These home emergency plans should include provisions for the care of families and pets in the absence of essential personnel.

Volunteers

At this time UTHealth does not have any organized volunteer groups who have agreed to provide any emergency services, supplies, etc.

Work Place Violence

Threat Management Unit: A team of professionals authorized to investigate, make determinations and work with management to take action to prevent and/or resolve incidents of violence. The Team is comprised of representatives from The University of Texas at Houston Police Department (UTPD), Legal Affairs, UT Counseling & Work Life Services, and Human Resources. The Team has the authority to include, as needed, representatives from other areas.

Reporting of Incidents: All incidents, threats of violence, suspicious behavior or violent acts must be reported to the STOP Line at 713-792-7867 (713-792-STOP).

1. Imminent Threats: In the event of a threat of imminent bodily harm, injury or use of a weapon, the reporting individual should seek protective cover and call 911 immediately. Once the situation is safe, the reporting individual must report the incident to the supervisor. If the supervisor is unavailable, the individual should report the incident to the STOP Line.

2. Non-Imminent Threats: Incidents or acts of violence not involving imminent bodily harm, injuries or weapons should be immediately reported to the supervisor. The supervisor is responsible for reporting the incident to the STOP Line (713-792-STOP).

UTPD will report all STOP Line reports and the outcome, if known, to the Behavioral Assessment Team. The Behavioral Assessment Team will conduct an investigation of the

complaint if: 1) the supervisor failed to make a report to the STOP Line or 2) the report is not being adequately addressed by the management within the department where the incident occurred. In such cases, the Behavioral Assessment Team will contact the supervisor(s) and work with the supervisor(s) to assess, investigate, determine violations and make recommendations.

If requested, UT Counseling and Work Life Services will perform a critical incident stress debriefing with employee(s) affected by any incidence of violence or threat of violence.

Examples of situations in which faculty, students or staff may need to call the STOP Line include, but are not limited to:

- A faculty member may come across an essay containing comments that suggest a student is experiencing serious emotional issues.
- A student may be concerned that she has not seen or heard from his/her roommate in over a week during a busy time in the semester.
- A staff member may be unsure of the appropriate protocol after hearing rumors about potentially volatile comments made by another employee.
- Students may notice that their teaching assistant's behavior is unpredictable — sometimes the TA does not show up for class, is perhaps not making much sense during lectures, or the TA seems to have stopped caring about his appearance.
- A person may appear to be distressed and his/her behavior is somewhat out of the ordinary.
- A person may not be acting like himself.
- A person notices that a co-worker has been yelling at people and seems angry all the time.

Active Shooter/Hostile Intruder Response Checklist (Employee Actions)

If you see or hear a sound similar to gunfire, do not hesitate to protect yourself. Do not pull the fire alarm as this will endanger everyone in the building. Remain calm and take the following actions:

- Figure Out:**
 - Decide how will you respond and what course of action you will take

- Get out & Call Out:**
 - Move quickly and leave belongings behind
 - Do not wait for others to validate your decision
 - When you reach a safe location, call 911

- Hide Out:**

- If you are unable to get out, find a location where you are not exposed
- Avoid places that will restrict your movement; hiding in a room that can be locked and has plenty of large items to hide behind may be your best option

Keep Out:

- Block a door or entry point with heavy furniture
- Silence noise-producing devices such as cell phones
- Call 911

Spread Out:

- Do not huddle together with others
- Develop a plan of action in case you become cornered

Take Out:

- If no other options exist, be prepared to take out the threatening person

UTPD will send out a mass notification text message to the University once receiving notice of an armed subject for the TMC area. Further instructions if warranted shall be provided by utilizing all available means of communications.

INCLEMENT WEATHER

Severe Weather Preparedness

A weather alert system will be maintained at UTPD Dispatch. It is the responsibility of UTPD to monitor all severe weather conditions, and to notify Facilities, Planning, and Engineering (FPE) of situations that may affect the operational status of UTHealth.

The Texas Medical Center (TMC) also monitors severe weather and provides updates via the TMC radio system and email. TMC radios are held by:

- Work Control (UCT Engine Room)
- UTPD (Dispatch Knight Rd.)
- OPA (UCT 18th Floor East)
- EHS (OCB 1.330)
- HCPC (1A60A)

If the National Weather Service identifies a severe weather condition, UTPD will notify FPE's Work Control, which will begin tracking the weather condition and providing updates to the Vice President of Facilities, Planning, and Engineering and Environmental Health and Safety. EHS or the VP of FPE will contact the Executive Team and Emergency Control Team as appropriate.

The Vice President of EHS will provide information and updates to the Executive Team as conditions change. When a severe weather watch or warning is issued, the Inclement Weather response may be implemented as warranted by the weather conditions.

HURRICANE

UTHealth will begin general preparations when a named storm enters, or forms in the Gulf of Mexico. The Emergency Control Team will hold periodic meetings to discuss the storm’s path, intensity, preparation activities for the institution, and inform the Executive Team. The Executive Team will direct The Office of Public Affairs to communicate necessary information to the UTHealth community.

At the beginning of each hurricane season, each UTHealth department should consider the following checklist for emergency preparedness.

- Reaffirm essential personnel
- Update lists of critical supplies/equipment and their locations
- Review departmental call down list
- Develop or review departmental communication plans and hierarchy of decision makers
- Develop or review process for backing up computer systems
- Develop or review process for protecting critical equipment and research (equipment on emergency power, dry ice requirements, move equipment away from window, cover equipment, etc.)

Hurricane Response Summary

Specific preparations will be implemented depending on the storm’s estimated time to landfall in the Houston-Galveston area by the Emergency Control Team, Facilities, Planning, and Engineering, Auxiliary Enterprises, Environmental Health and Safety, the Office of Public Affairs, the Center for Laboratory Animal Medicine and Care, UTPD, and Deans, department heads, and other management staff. A table that summarizes these preparations is below.

Storm Status	Responsible Person(s)	Action
Hurricane Watch 96 Hours	VP-- FPE, VP—AE, VP-EHS	Activate EMP
	VP--OPA	Activate weather emergency communications plan Advise department heads and others to start preparation in accordance with departmental plans
	EHS, FPE, UTPD, CLAMC, OPA, AE	Assign personnel to Prep, Ride-out, and Recovery Teams

Hurricane Watch 72 Hours	VP—FPE, VP--EHS	Update Executive Team on storm status
	VP--OPA	Update emergency communication
	Deans, department heads, and other management staff	Complete preparation in accordance with departmental plan
	IT	Activates IT disaster recovery plan, ensures VPN capabilities

Storm Status	Responsible Person(s)	Action
Hurricane Warning 48 Hours	Executive Team	Consider moving to Controlled Access
	VP--OPA	Update emergency communication
	Deans, department heads, and other management staff	Secure vehicles and work areas (see Annex J for information on preparing offices for hurricanes) Provide UTPD with list of essential employees authorized for access, Release non-essential personnel if instructed via OA communication; Direct essential personnel to work location for storm
	EHS, FPE, UTPD, OPA, CLAMC, AE	Provide UTPD with list of essential employees, including Ride-out team members authorized for access Release Prep team offsite to prepare personal property for storm

Hurricane Warning 24 Hours	Emergency Control Team	Order Controlled Access of buildings
	UTPD	Begin Controlled Access security to buildings
	EHS, FPE, UTPD, OPA, CLAMC, AE	Close flood doors, Ride-out team arrives and reports to assigned work location

FLOODING

UTPD and the Texas Medical Center (TMC) continuously monitor weather conditions. The TMC utilizes a Color Alert System for warning TMC institutions of impending flooding conditions. The TMC Alert system is as follows.

Green Flooding possibility minimum to none

Yellow “Flood Caution” – Flooding conditions possible. Heavy storms expected and could produce flow in Brays Bayou of over 16,000 cfs. 10-20% chance of flooding.

Orange “Flooding Possible” – Water level high in Brays Bayou, with heavy rains expected in the western portion of the watershed. 40-50% chance of flooding, if storms persist. Flow in bayou expected to reach 20,000 cfs. Stay in touch with emergency personnel.

Red “Flooding Probable” – Water levels very high in Brays Bayou, with heavy rains expected to continue in western portion of the watershed. 80-90% chance of flooding with flow rates reaching over 24,000 cfs.

Flooding Response Summary

Specific preparations will be implemented depending on the TMC’s Alert Status or National Weather Service warnings by the Emergency Control Team, Facilities, Planning, and Engineering, Auxiliary Enterprises, Environmental Health and Safety, the Center for Laboratory Animal Medicine and Care, UTPD, and Deans, department heads, and other management staff. A table that summarizes these preparations is below. Some UTHealth facilities are not located in the TMC jurisdiction, so they do not follow the TMC Alert System, but rather the National Weather Service warnings. A table summarizing preparations follows.

The table below applies to buildings within the Texas Medical Center water shed.

TMC Color Code	Responsible Department	Action
Yellow	FPE, AE, EHS	Set up Emergency Operations Center Communicate with Emergency Control Team Check water clean-up supplies Test sump pumps Check emergency generators Mobilize sand bags to specified locations Check roof and storm drains
	OPA	Activate weather emergency communications plan Review class schedules Verify contact information for staff
	Deans	Move all UT vehicles to higher ground Implement departmental plans
Orange	FPE, AE	Close flood doors, install flood gates. Shut down and secure non-essential equipment Communicate with Emergency Control Team
	OPA	Update emergency communication

All departments	Secure laboratories and offices If instructed by Emergency Control Team, release non-essential personnel
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Red	Emergency Control Team	Order Controlled Access
	FPE, AE	Put ride-out teams in place
	All departments	Release non-essential personnel, if not already released

The following table applies to buildings not located within the TMC water shed and therefore do not follow the Rice/TMC flood alert system.

National Weather Service Condition	Responsible Department	Action
Flash Flood or Severe Weather Watch	FPE/AE	Closely monitor weather situation Prepare to dispatch FPE/AE personnel to assist with preparations if weather situation does not improve
Flash Flood or Severe Weather Warning	FPE/AE	FPE/AE personnel consider installation of sand bags at possible water intrusion points as necessary Notify building occupants of potential flooding

Departments

Move UT Vehicles to
higher ground as
necessary

TORNADOS

In the event of a tornado, building occupants should follow the same self-preservation steps as they would in their homes.

1. Move away from windows.
2. Go to an internal area of the building such as an internal office or stairwell.
3. Remain in that area until the threatening conditions pass.

The Office of Public Affairs will post emergency information on the UTHealth webpage and send out a mass alert to the University as feasible once receiving notice of a National Weather Service warning for the TMC area. Immediate notification if warranted shall be provided by utilizing the UTHealth Alert emergency notification system and other available communication avenues as appropriate. The National Weather Service will send out alerts to people in areas where the weather can pose a threat and those alerts are different from the UTHealth Alert text messages.

MEDICAL EMERGENCIES

For injuries/illnesses which appear to be life threatening, contact 911 or UTPD at 713-500-HELP (4357) and provide the dispatcher with:

1. Your name
2. Your location
3. Name of injures/ill person
4. Nature of injury/illness, if known
5. Special directions (if any)

It is important to note that if a person dials 911 from a UTHealth desk phone then UTPD will know that person's exact location. If a person were to dial 911 from a cell phone then the person will have to first let the operator know that they are on the UTHealth campus and then give additional specific information (e.g. building address, building name, room number).

For serious injuries, the injured individual should be transported by ambulance to the appropriate health care facility. Remain with the injured person until Emergency Medical Services arrive on scene.

For cardiac events an AED (automated external defibrillator) may be used. UTHealth has placed one AED per floor in each UTHealth non-residential building. Generally, the AEDs are located near an elevator in a central location on every floor. The exact location of the

AED nearest you can be found on the EHS webpage. For AED maintenance issues please call EHS at 713-500-8100. For AED use procedures see Annex R on page 73.

For severe bleeding events, UTHealth has placed bleeding control kits inside the AED cabinets which are generally located near an elevator in a central location on every floor across campus.

The supervisor or instructor must prepare a Supervisors First Report of Injury once the emergency situation is under control. The form can be found on the UTHealth website by searching “First Report of Injury” or accessing the Risk Management and Insurance webpage. If internet access is not possible, the supervisor/instructor should collect as much information about the injury as possible (date, time, type of injury, body part injured, location where injury occurred, medical treatment sought, etc.) in order to complete the First Report of Injury form as soon as possible.

For minor injuries and illnesses, medical attention can be provided through UTHealth, the supervisor/instructor should call the UT Employee Health Services (713-500-3267) or Student Health Services (713-500-5171) as appropriate to set an appointment for the injured individual. For all injuries/illnesses the supervisor/instructor must prepare a First Report of Injury form. The form can be found on the UTHealth website by searching “First Report of Injury”.

An injured individual may request to see his/her health care provider*. An employee utilizing his/her personal physician should refer the physician to Risk Management and Insurance (713-500-8100) for Workers’ Compensation verification and billing instructions. *Note – The employee’s health care provider must be on the Texas Workers’ Compensation Commission’s approved doctor list.

Employees, Residents, and Students must take a copy of the Supervisor’s First Report of Injury with him/her to the health care provider they visit.

Should a room on campus such as a patient care clinic need a thorough decontamination, UTHealth EHS has equipment available and/or contractors with the ability to perform this service.

Patients / Visitors

For injuries/illnesses which appear to be life threatening, contact 911 or UTPD at 713-500-HELP (4357) and provide the dispatcher with:

1. Your name
2. Your location
3. Name of injures/ill person
4. Nature of injury/illness, if known
5. Special directions (if any)

It is important to note that if a person dials 911 from a UTHealth desk phone then UTPD will know that person’s exact location. If a person were to dial 911 from a cell phone then

the person will have to first let the operator know that they are on the UTHealth campus and then give additional specific information (e.g. building address, building name, room number).

The individual should be transported by ambulance to the appropriate health care facility. UTHealth personnel should not transfer the injured/ill individual. Remain with the injured person until Emergency Medical Services arrive on scene.

Risk Management and Insurance shall be notified with the information related to the patient or visitor injury/illness at 713-500-8100.

FIRE / EXPLOSION

Fire emergency procedures should be followed if you see smoke, flames, or smell something burning. Remember the acronym **RACE** to respond appropriately.

Report the situation by dialing 911 or UTPD at 713-500-HELP (4357) and provide the following information:

1. Location of the fire (building, floor, and room number)
2. Type of fire if known (electrical, flammable liquid, trash, etc.)
3. Your name and telephone number (preferably your cell number due to evacuation)

Activate the fire alarm system by pulling the nearest fire alarm pull station, which will be located at stairwells and exits. If you can, safely, notify all personnel in the area of the emergency.

Confine the fire by closing doors, if possible.

DO NOT LOCK THE DOORS to allow Fire Department access for a quick response
If possible, shut off all non-essential oxygen, gas, and electrical appliances in the area and secure any hazardous materials.

Evacuate the building using the nearest enclosed stairway or ground exit when advised or if you think it is necessary. **ELEVATORS SHOULD NEVER BE USED DURING A FIRE.**

Fire Drills

EHS is responsible for conducting fire drills on campus. Fire drills will be announced as such and all other alarms should be considered real events. The drills are performed with the assistance of the Area Safety Liaisons of the facility.

UTPD is contacted to put the panel at the appropriate building into test mode. Depending on the size of the building and the number of EHS staff available to assist with the drill, several floors are set into alarm at once. A member of the EHS staff ensures that the

building occupants respond appropriately, while Area Safety Liaisons respond to their designated areas. The fire alarm devices such as strobes, exit signs, maglock doors, and alarm speakers are all checked for their operational status. When all of the floors have been tested, the staff reports back to the fire drill coordinator with the results of the drill. UTPD is called to take the panel out of test mode and deficiencies are reported to the appropriate personnel.

Each of the high rise buildings has a fire drill conducted bi-annually. Low rise buildings have fire drills conducted annually, with the exception of the CDC building, which has a drill performed monthly.

Fire Protection System Coverage

Each of the buildings on campus is covered by various fire warning and protection systems, including sprinklers, smoke detectors, and alarm systems in accordance with fire code requirements. The details of the fire alarm systems and sprinkler coverage for the buildings are available from EHS. There are various types and models of the devices that are part of each system, the details of which are available upon request through EHS or in the red fire department informational binder available at each building fire panel.

HAZARDOUS MATERIALS

Chemical Spills

Methods for detecting chemical spills include: visual, odor, sound, and by the occurrence of symptoms, such as a burning sensation, difficulty breathing, etc. Personnel who witness or discover a hazardous material release/spill should do the following.

1. Move to a safe distance from the release/spill.
2. Notify other personnel in the area of the release/spill to move to a safe distance from the release/spill.
3. Do not take any steps in the release/spill area to control the spill until after the EHS response team is on the scene.
4. From a safe distance, determine if anyone is injured or exposed.
 - a. In the event the hazardous substance release/spill incident involves injury to personnel and the injury appears to be life threatening dial 911 or UTPD dial 713-500-HELP (4357), and provide them with:
 1. Your name
 2. Your location and extension
 3. Type of emergency - Chemical
 4. Special directions (if any)
5. Contact the Environmental Health and Safety main number (713-500-8100) or safety hotline at (713-500-5832) and an EHS representative will respond and assist as needed.

6. For minor injuries or exposures resulting from a hazardous substance release/spill, immediately contact UTPD dial: 713-500-HELP (4357) for assistance and provide them with the necessary information.
7. For exposure to chemicals (other than water reactive chemicals), immediately remove contaminated clothing and decontaminate the victim with running water for at least 15 minutes or until medical assistance arrives.
8. If the injured employee chooses to seek medical attention through UTHealth, the supervisor should call the UT Health Services (713-500-3267) to set an appointment for the injured employee.
9. The injured employee may request to see his/her personal physician. An employee utilizing his/her personal physician should refer the physician to Risk Management & Insurance (713-500-8100) for verification and billing instructions.

In the event the employee is transported to a health care facility due to injuries sustained from a hazardous substance release/spill incident send the label name from the bottle of the chemical and/or Safety Data Sheet (SDS) with the victim to the health care facility. If this information is not readily available, contact the EHS Chemical Safety Program (713-500-5832) and request an SDS be emailed/faxed to the health care facility.

For chemical incidents where no injury occurs, immediately contact UTPD at 713-500-HELP (4357) and provide them with the following information:

1. Your name
2. Your location and extension
3. Type of emergency - Chemical
4. Special directions (if any)

Contact Environmental Health and Safety at 713-500-5832 / 713-500-8100.

- Avoid breathing vapors or dust from the spilled material.
- If spilled material is flammable, turn off all ignition and heat sources, if possible.
- Leave any contaminated material (i.e. lab coats, gloves, etc.) in laboratory or area of spill.
- If the spill occurs in a laboratory, close the door. Post a "Do Not Enter, Chemical Release/Spill" sign on the door.
- If the release/spill occurs in a corridor, elevator or other public area: remain in the vicinity, determining a safe distance from the release/spill and keep others away from the spill until assistance arrives to barricade the affected area.

For additional information on releases of hazardous substances or waste where the spilled volume exceeds a state or federal reportable quantity refer to the UTHealth Spill Prevention Control and Countermeasures Plan, Hazardous Material, and Hazardous Waste Contingency Plan or contact Environmental Health and Safety at 713-500-8100.

Biological Spill

Personnel who witness or discover a biological spill should:

1. Move to a safe distance from the release/spill.
2. Notify other personnel in the area of the release/spill to move to a safe distance and close off the area to pedestrian traffic.
3. From a safe distance, determine if anyone is injured or exposed.
4. Allow aerosols to settle before any clean up and decontamination.
5. Clean up small spills using proper personal protective equipment (PPE), disposal absorbent towels and an appropriate disinfectant such as 10% bleach solution (<1 month old). Reference the Biological Safety Manual for additional instructions if needed.
6. In the event of a large quantity spill, call Environmental Health and Safety at 713-500-8100 or 713-500-5832. If the event is after hours, please notify UTPD by calling 713-500-HELP (4357).
7. In the event the biological spill incident involves injury to personnel and the injury appears to be life threatening dial 911. Be prepared to advise the dispatcher with a street address, building name, floor, room number and biological agent involved.
8. For minor injuries or exposures resulting from a biological release/spill, immediately contact UTPD dial: 713-500-HELP (4357) for assistance and provide them with the necessary information.
9. For skin exposure to a biological agent, immediately decontaminate with soap and water for at least 15 minutes or until medical assistance arrives.
10. If the injured employee chooses to seek medical attention through UTHealth, the supervisor should call UT Health Services 713-500-3267 to set an appointment for the injured employee.
11. The injured employee may request to see his/her personal physician. An employee utilizing his/her personal physician should refer the physician to Environmental Health and Safety's Risk Management & Insurance program at 713-500-8100 for verification and billing instructions.

Radioactive Material Spill

Methods for detecting radioactive substance spills are limited to electronic detection equipment e.g. Geiger counters and liquid scintillation counters. Radiation does not produce a smell, sound, have a distinctive color, or produce immediate symptoms at low levels. Personnel who witness, discover, or suspect a radioactive material release should:

1. Clear the area of all persons not involved in the spill.
2. Prevent the spread of the materials by covering the spill with absorbent pads. Do not try to clean up the spill.

3. Confine the movement of all personnel potentially contaminated so that the contamination is not spread further.
4. During normal working hours: Call Environmental Health and Safety's Radiation Safety Program for assistance at 713-500-5840 or 713-500-8100. After hours call UTPD dial: 713-500-HELP (4357).
5. Contaminated clothing should be removed and isolated for further evaluation. If the spill is on the skin, flush thoroughly and wash with mild soap and lukewarm water.
6. If the spill occurs in a laboratory, close and lock the door. Post a "Do Not Enter, Radioactive Spill" sign on the door.
7. If the spill occurs in a corridor, elevator or other public area: Remain in the vicinity, determine a safe distance from the release/spill and keep others away from the spill until assistance arrives to barricade the affected area.

In the event the radioactive material release/spill incident involves injury to personnel and the injury appears to be life threatening immediately contact:

1. UTPD at 713-500-HELP (4357) or 911 for assistance and provide them with the necessary information. Be prepared to provide the dispatcher with a building name, floor and room number. Specifically inform UTPD that radioactive materials are involved in the event.
2. Contact the Environmental Health and Safety's main number (713-500-8100) or Environmental Health and Safety's Radiation Safety Program at (713-500-5840) and an EHS representative will respond and assist as needed.

Important Emergencies involving radiation should be treated as any other emergency with respect to bodily injuries, fires, and explosions. Any radiation exposures and contamination will be addressed after the physical hazards are contained. **Do Not Panic** - when properly handled, almost any accident or emergency occurring at UTHealth involving radiation will add little or no immediate danger to the situation.

For minor injuries or exposures resulting from a radioactive material release/spill: During normal working hours: Call Environmental Health and Safety's Radiation Safety Program for assistance at 713-500-5840 or 713-500-8100. After hours call UTPD dial: 713-500-HELP (4357). Flush contaminated area with running water and soap (do not scrub contaminated area). Cover with a sterile dressing.

If the injured employee chooses to seek medical attention through UTHealth, the supervisor should call the UT Health Services (713-500-3267) to set an appointment for the injured employee.

The injured employee may request to see his/her personal physician. An employee utilizing their personal physician should refer the physician to Risk Management & Insurance (713-500-8100) for verification and billing instructions.

In the event the employee is transported to a health care facility due to injuries sustained: indicate that radiation was involved and when possible, provide the name of the isotope being used, an estimate of the quantity being used at the time, and attempt to mark areas that may have been contaminated. Send the label name from the bottle of the radioactive material and/or Safety Data Sheet (SDS) with the victim to the health care facility. If this information is not readily available, call Environmental Health and Safety's Radiation Safety Program (713-500-5840) and request an SDS be emailed/faxed to the health care facility.

FACILITY FAILURE EMERGENCIES

Elevator Malfunction

In non-emergency situations, the following steps shall be taken:

1. The elevator car telephone or call button will put the elevator passenger in direct contact with UTPD Dispatch Center.
2. If the passenger fails to make contact, UTPD dispatch shall be notified by calling 713- 500-HELP (4357).
3. Facilities, Planning, and Engineering's Work Control shall be notified by UTPD by calling 713-500-3498 (FIXT).
4. Facilities, Planning, and Engineering's Work Control will contact the elevator service company or the on-site elevator technician under FPE.
5. Response time will be no longer than one hour.
6. A Facilities, Planning, and Engineering's representative and a UTPD officer will stand by the elevator and remain in constant communication until all individuals are released by the elevator service personnel.
7. Only the elevator service technician is allowed to attempt a rescue.
8. If the elevator technician cannot release the trapped individuals, the Houston Fire Department shall be notified by UTPD.

In Emergency Situations, the following steps will be taken:

1. If UTPD personnel determine the situation to be an emergency, the Houston Fire Department shall be notified immediately. Examples constituting an emergency include but are not limited to:
 - a. No response from the passenger.

- b. The passenger has become hysterical and there is fear for his/her well-being.
2. UTPD dispatch shall contact Facilities, Planning, and Engineering at 713-500-FIXT (3498).
3. Facilities, Planning, and Engineering and UTPD personnel will stand by to assist the fire department.

Power Failure

Contact Facilities, Planning, and Engineering at 713-500-FIXT (3498) or call UTPD at 713-500-HELP (4357). Provide them with the following information:

1. Your name
2. Your location and extension
3. Type of emergency - Power Failure
4. Special directions (if any)

If the entire facility is without power, all personnel should follow their department's Emergency Evacuation Plan (securing controlled substances, placing perishables in refrigerators, close fume hood sashes, then exit the building per their plan, as soon as possible).

Return to work when power is restored, or as directed by your supervisor.

Water Leak / Intrusion

Contact Facilities, Planning, and Engineering at 713-500-FIXT (3498) or call UTPD at 713-500-HELP (4357). Provide them with the following information:

1. Your name
2. Your location and extension
3. Type of emergency - Power Failure
4. Special directions (if any)

Do not attempt to enter water damaged areas without proper precautions (i.e. power shutdown to room/area). If possible, move property (office equipment, lab equipment, etc.) away from water leaks/intrusion after necessary precautions have been taken.

Facilities, Planning, and Engineering or Auxiliary Enterprises will notify Environmental Health & Safety to assist in assessing the water damage and appropriate response and cleanup. Water damaged areas should be dried out within 48-72 hours to limit the potential for mold growth.

Loss of Water

Contact Facilities, Planning, and Engineering at 713-500-FIXT (3498) if your area or building experiences a water outage. Depending on the severity and the anticipated length of the outage a Loss of Water/Boil Water plan may go into effect.

If a water outage or water boil mandate is issued by the City of Houston or other authority impacting any of our campus facilities, communication to those facilities will be initiated by Facilities and/or EHS. Basic needs within any affected buildings will be assessed and temporary measures will be implemented – for example bottled drinking water will be provided, portable toilets if a water outage impacts the ability to flush toilets in any building, and hand sanitizer will be deployed as necessary to help ensure sanitary conditions are maintained. The Emergency Management team will make decisions regarding the need to close any buildings based on the circumstances or a water outage or water boil scenario.

During a long term water outage, Facilities will monitor break tanks feeding building fire sprinkler suppression systems. Any fire sprinkler system impairments will be communicated as necessary.

Upon reestablishment of water service or lifting of a water boil mandate, Facilities and EHS will work together to verify safety of the water supply system which may include but is not limited to flushing water lines and conducting water quality testing. Communications will be distributed as necessary to campus stakeholders regarding when it is safe to resume normal consumption and use of building water supplies.

See Annex ‘S’ for addition measures and considerations to take during a water outage or water boil scenario.

BOMB / CYBER / TERRORIST THREATS OF HARM COMMUNICATED IN PERSON, BY PHONE, OR IN WRITTEN FORM

For Emergency Control Team Members see Annex 5, Bomb Threat Protocol on page 100.

Follow these steps:

Consider the preservation of evidence if applicable. Be calm, courteous, LISTEN, and do not interrupt the caller. If possible, have a co-worker inform your supervisor that you are on the phone with a bomb/terrorist threat.

Be familiar with Bomb/Terrorist Threat Report (see form below) and write down actual words used by caller and general description of caller's voice and mannerisms. These threats can also be sent via email or social media.

Immediately contact UTPD 713-500-HELP (4357), 713-792-2890 or 911 when caller hangs-up or after receiving emailed or social media threat and provide police with the information outlined on Bomb/Terrorist Threat Report (see form below).

UTPD will contact the Executive Team with a recommendation for building evacuation, building search while occupied, or that the threat has been deemed not credible. The Executive Team will decide upon the desired action.

Building evacuation, if ordered, will be accomplished by utilizing the UTHealth Alert emergency notification system and any other available communications avenues as appropriate.

Additional information regarding bomb or terroristic threats is available from the UTPD.



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BOMB THREAT GUIDE

IF A BOMB THREAT IS RECEIVED BY PHONE

In response to a bomb threat, employees should consider the following actions:

- Be calm, courteous, and do not interrupt the caller.
- Keep the caller on the phone as long as possible and do not hang up.
- Signal to someone near you to alert a supervisor.
- Write down everything the caller tells you.
- Ask the caller as many questions as possible. Refer to page 2, the *Bomb Threat Phone Call Checklist form*, to record any impressions from the call (tone of voice, background noise).
- Immediately notify UT Police of the bomb threat by dialing 713-792-2890 or call 911.**

IF A BOMB THREAT IS RECEIVED BY EMAIL

- Immediately notify UT Police of the bomb threat by dialing 713-792-2890 or call 911.**
- Print a copy of the email for UT Police at Houston.
- Do not delete the message.

IF A BOMB IS SEEN/RECEIVED ON CAMPUS

- If you find a device or suspicious package, DO NOT move or touch the device or package.** Immediately retreat, leave the area to a safe location, and notify UT Police of its location and description.
- Immediately notify UT Police of the bomb threat by dialing 713-792-2890 or call 911.**

IF AN EVACUATION IS ACTIVATED BY EMERGENCY RESPONSE PERSONNEL

- Remove patients, visitors and employees from immediate danger as instructed by UT Police.
- Account for the people and patients under your direct supervision who were evacuated and verify that everyone has left the affected area(s) as instructed by UT Police.
- When evacuating patients, ensure the following are accounted for:
 - Tracking records
 - Personal items
 - Identification bracelet
 - Medical records
 - Family and visitors



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BOMB THREAT PHONE RECORD FORM

In case of bomb threat, provide the original of this form to the University of Texas Police at Houston.

Log Call

Date reported: _____
Time reported: _____
How reported: _____
Exact words of caller: _____

Ask Questions

When is the bomb going to explode? _____
Where is the bomb right now? _____
What kind of bomb is it? _____
What does it look like? _____
Why did you place the bomb? _____
Where are you calling from? _____
What is your name? _____

Identify Characteristics

Description of caller's voice: _____
 Male Female Young Middle-aged
 Old Accent

Tone of voice: _____
 Intoxicated Speech Problem Hostile

Background noise? _____
Time caller hung up: _____
Remarks: _____

Recipient/Call-taker

Name of recipient: _____
Address of recipient: _____
Phone number of recipient: _____

Threat of physical harm communicated by e-mail

- Do not respond to the e-mail
- Do not click on any links
- Notify UT Police by phone – do not forward the e-mail to anyone unless instructed by law enforcement to do so
- Do not delete the message
- UT Police will assess the threat and may involve UTHealth Information Technology Security regarding its source, legitimacy, and extent of distribution
- Depending on the characteristics of the threat, the STOP Team may be engaged by UT Police
- UT Police will provide a threat assessment to the UTHealth Emergency Management Executive Team regarding recommendations. As a reminder, any final decision rests with the President or members of the Executive Team
- In cases where the threat is limited to a single school or unit the Executive Team shall notify the Dean or Director regarding the need for an immediate decision

Threat of physical harm encountered on a social media outlet

- Do not respond to the social media post
- Do not click on any links
- If possible, capture a screen image of the social media post to document it
- Notify UT Police by phone – do not forward the social media link or screen image capture to anyone unless instructed by law enforcement to do so
- UT Police will assess the threat and may involve UTHealth Information Technology Security regarding its source and legitimacy
- Depending on the characteristics of the threat, the STOP Team may be engaged by UT Police
- UT Police will provide a threat assessment to the UTHealth Emergency Management Executive Team regarding recommendations. As a reminder, any final decision rests with the President or members of the Executive Team
- In cases where the threat is limited to a single entity, the Executive Team shall notify the Dean or Director regarding the need for an immediate decision

Homeland Security Information

The Nation requires a Homeland Security Advisory System to provide a comprehensive and effective means to disseminate information regarding the risk of terrorist acts to federal, state, and local authorities and to the American people. Such a system would provide warnings in the form of a set of graduated "Threat Conditions" that would increase as the risk of the threat increases. At each threat condition, federal departments and

agencies would implement a corresponding set of "Protective Measures" to further reduce vulnerability or increase response capability during a period of heightened alert.

This system is intended to create a common vocabulary, context, and structure for an ongoing national discussion about the nature of the threats that confront the homeland and the appropriate measures that should be taken in response. It seeks to inform and facilitate decisions appropriate to different levels of government and to private citizens at home and at work.

For more information on this system, see Annex N, Homeland Security Advisory System.

GUIDELINES FOR ADDRESSING SUSPICIOUS MAIL

The following guidelines have been adapted from the Centers for Disease Control and Prevention (www.cdc.gov) and the United States Postal Services (www.usps.gov) specifically for UHealth.

Do Not Panic. *Bacillus anthracis* can cause infection in the skin, gastrointestinal system, or the lungs. To do so the organism must be in contact with abraded skin, swallowed, or inhaled as a fine, aerosolized mist. For *Bacillus anthracis* to be effective as a covert agent, it must be aerosolized into very small particles. This is difficult to do, and requires a great deal of technical skill and special equipment. The disease anthrax can be prevented after exposure to the infectious spores by early treatment with effective antibiotics. The anthrax disease is not contagious or spread from one person to another person. Other items such as Ricin have also been known to be placed in mail for nefarious purposes.

How to Identify Suspicious Packages and Letters

Some characteristics of suspicious packages and letters include the following:

- Excessive postage
- Handwritten or poorly typed addresses
- Incorrect titles
- Title, but no name
- Misspellings of common words
- Oily stains, discolorations or odor
- No return address
- Excessive weight
- Lopsided or uneven envelope

- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Marked with restrictive endorsements, such as “Personal” or “Confidential”
- Shows a city or state in the postmark that does not match the return address
- Powdery substance on the outside

Suspicious Letter or Package Procedure:

1. Do not shake or empty the contents of any suspicious envelope or package.
2. Cover the envelope or package with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover.
3. If powder is present or spills out of a letter or package, do not try to clean up the powder. Cover the contents immediately with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover.
4. Then leave the room and close the door and section off the area to prevent others from entering.
5. Wash your hands with soap and water to prevent spreading any powder.
6. Call UTPD at 713-500-HELP (4357) and the Environmental Health and Safety’s 24-hour hotline at 713-500-5832.
7. If visible powder was present from the suspicious letter/package, remove contaminated clothing as soon as possible and place in a plastic bag, or some other container that can be sealed. This clothing bag should be given to the Environmental Health and Safety responders for proper handling. Shower with soap and water as soon as possible. Do Not Use Bleach Or Other Disinfectant On Your Skin.
8. List all people who were in the room or area, especially those who had actual contact with the powder. Give this list to the UTPD.

Civil Disruption

Civil disruption, or civil unrest, is typically defined as a mass act of civil disobedience (such as a demonstration, riot, or strike) in which the participants become hostile toward authority, and authorities incur difficulties in maintaining public safety and order, over the disorderly crowd. Even though these events are extremely unlikely, recent examples of civil disruptions on college and university campuses have resulted in the need to prepare for such occurrences.

What to do?

If you observe such disturbances:

- Call the police. Dial 911, use an Emergency Call Box, or call UTPD at 713-792-2890
- Provide the address, location, and any details available to the dispatcher.
- Do not provoke or become part of the disturbance.
- Secure your work area, log off computers and secure sensitive files, if safe to do so.
- Remain inside and away from doors and windows if the disturbance is outside.

If confronted by belligerent, or violent individuals, use the following steps:

- Remain calm and try not to raise your voice or escalate the situation.
- Be courteous and confident.
- Allow the opportunity for the person to express their feelings and concerns.
- Listen respectfully and objectively
- Alert the police immediately if a threat exists.
- Notify your supervisor and your department chair as soon as you are able.
- Follow instructions from UTPD or other authority that may be responding to the incident

Do not:

- Corner or crowd the hostile individuals.
- Attempt to touch the individuals.
- Do not engage in verbal confrontations
- Blame anyone.
- "Blow off" the hostile individuals.
- Engage in any other activities which could potentially escalate the situation

AUTO ACCIDENTS

Call 911 for Emergency Medical Services if anyone is injured. Call UTPD at 713-500-HELP (4357) or appropriate jurisdictional law enforcement agency and provide the following information:

1. Your name
2. Your location (Street and Block Number)
3. The type of emergency - Auto Accident
4. Special directions (if any)

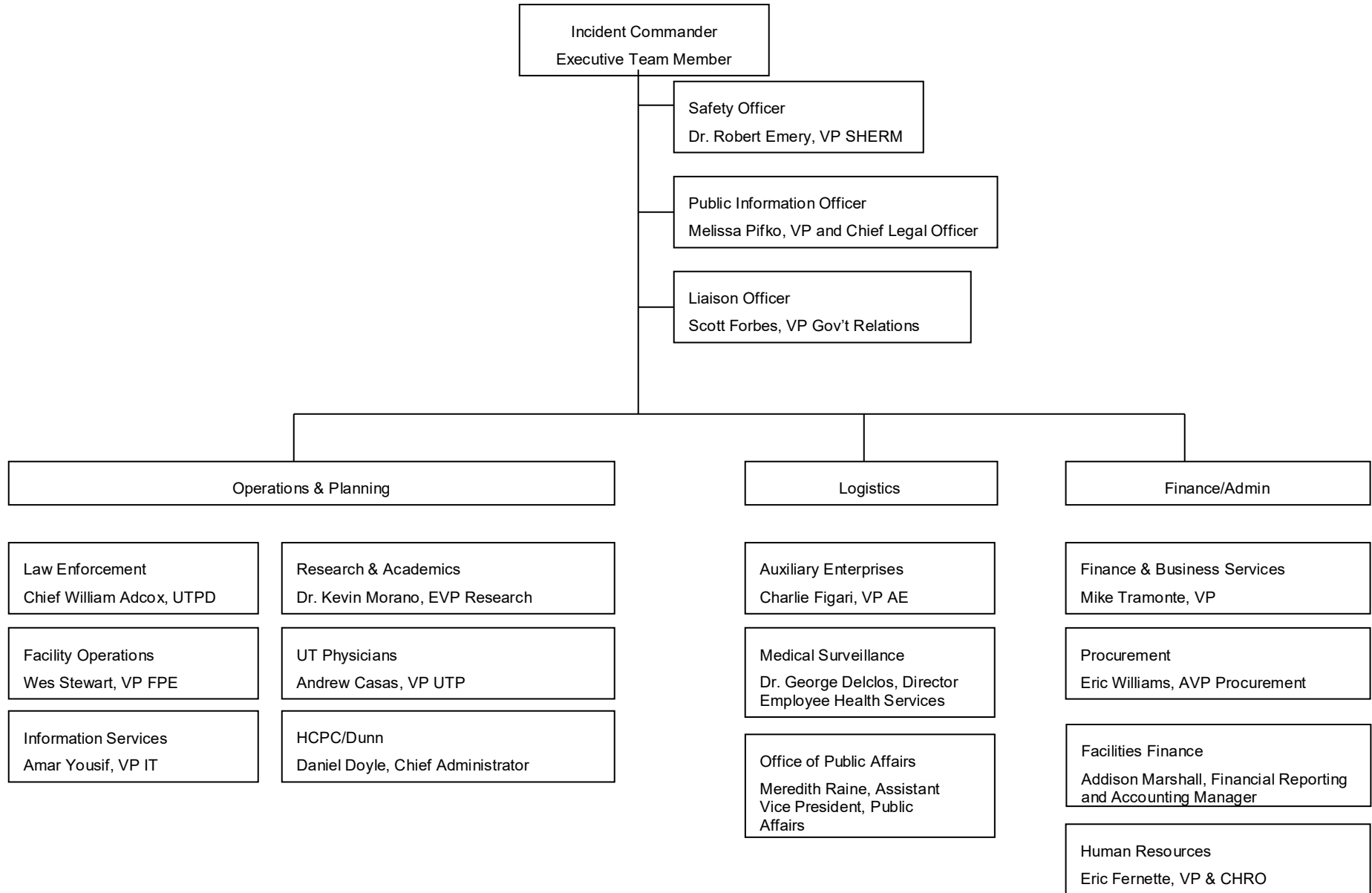
If there are no injuries and if the vehicle(s) can be safely moved, move the vehicle(s) to a safe location off the road or otherwise out of traffic. Be cognizant of distressed or possibly violent drivers after an accident and call police immediately to ensure safety.

Get the names of all witnesses, including occupants of other vehicle(s), and then retain all other information required on the Report of Accident Form which is located in the vehicle's glove box or contact Risk Management and Insurance 713-500-8100 within the Office of Environmental Health and Safety.

If towing is required, contact the number on the back of the voyager Card or call Environmental Health & Safety at 713-500-8100 and arrangements will be made.

ANNEX A

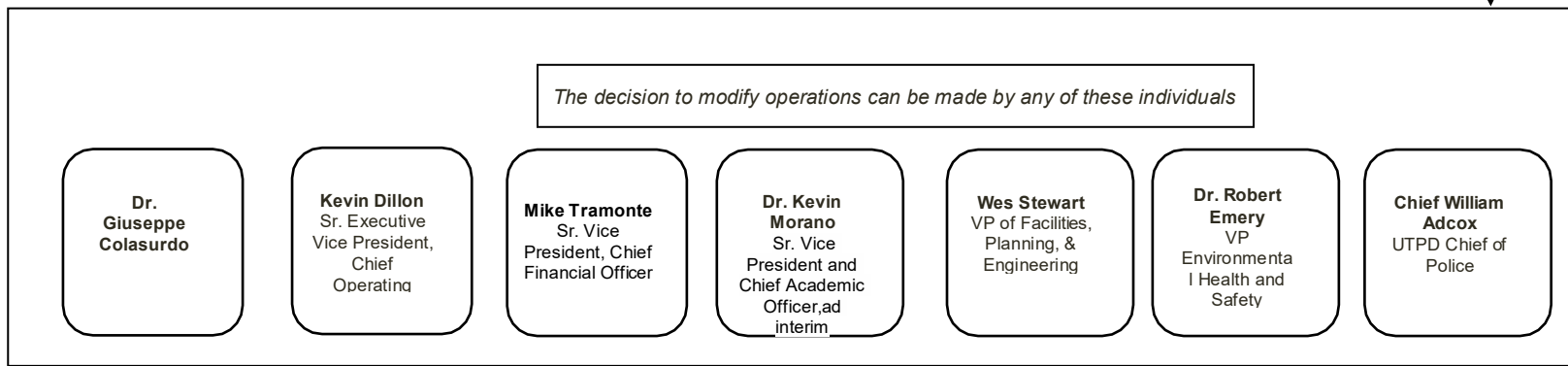
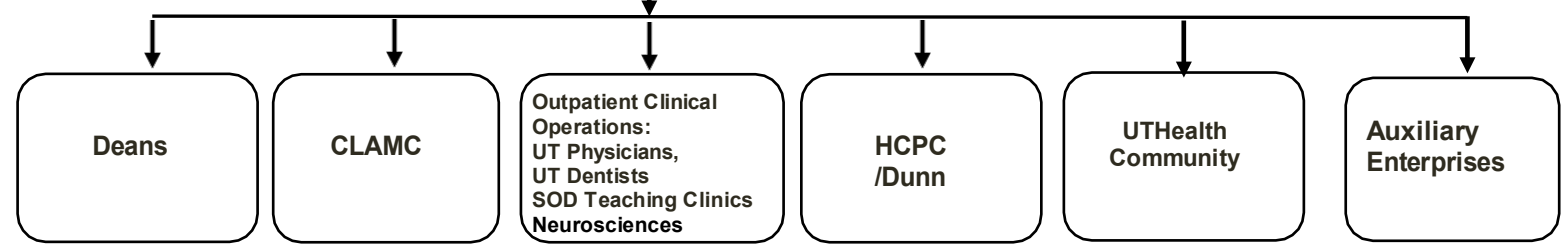
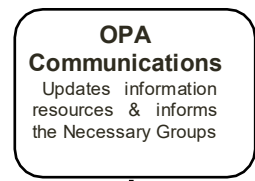
Incident Command System: Command Staff & General Staff



ANNEX B – IMPLEMENTATION OF THE PLAN

The UTHealth Executive Team designates mobilization authority. Authority, consistent with the level of emergency, will be provided to the control team leaders on an "as required" basis to mobilize necessary UTHealth staff and resources to effectively handle the situation.

LEVEL 2 and 3 UNIVERSITY PROCEDURE



ANNEX C

ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. Our normal emergency organization, described in Concept of Operations (Annex D), will carry out the direction and control function during emergency situations.
2. The organization of incident command operations will be pursuant to NIMS organizational principles. All personnel with roles in emergency management and incident response at all levels should be appropriately trained on the use of the National Incident Management System (NIMS).
3. The specific organizational elements to be activated for an emergency will be determined by the IC based on the tasks that must be performed and the resources available for those tasks.
4. The organization of the EOC is depicted in the flowchart located in Annex A. The EOC may be activated on a graduated basis. Department group EOC staffing requirements will be determined by the Emergency Control Team based on the needs of the situation.

B. Assignment of Responsibilities

1. All personnel assigned responsibilities in this plan are trained on NIMS concepts, procedures, and protocols.
2. The Executive Team will:
 - a. Establish general policy guidance for emergency operations.
 - b. Direct that the EOC be partially or fully activated.
 - c. When appropriate, terminate EOC operations.
3. The Safety Officer, or designee, will:
 - a. Activate the EOC when requested or when the situation warrants.
 - b. Serve as an EOC Supervisor.
 - c. Advise the Emergency Control Team on emergency management activities.
 - d. Coordinate resource and information support for emergency operations.
 - e. Coordinate emergency planning and impact assessment.

- f. Coordinate analysis of emergency response and recovery problems and development of appropriate courses of action.
4. The Incident Commander (IC) will:
- a. Establish an incident command post (ICP) and direct and control emergency operations at the scene.
 - b. Determine the need for and implement public warning and protective actions at and in the vicinity of the incident site.
 - c. Provide periodic situation updates to the EOC, if that facility is activated.
 - d. Identify resource requirements to the EOC, if that facility is activated.
5. Departments assigned responsibilities for ICP or EOC operations will:
- a. Identify and train personnel to carry out required emergency functions at the ICP and the EOC.
 - b. Provide personnel to staff the ICP and the EOC when those facilities are activated.
 - c. Ensure that personnel participating in ICP and EOC operations are provided with the equipment, resource data, reference materials, and other work aids needed to accomplish their emergency functions.

ANNEX D

CONCEPT OF OPERATIONS

A. General

1. Our direction and control structure for emergency operations is pursuant to the NIMS, which employs two levels of incident management structures.
 - a. All emergency responders will have had the minimum NIMS training which includes NIMS training courses 100, 200, 700, and 800.
 - b. The Incident Command System (ICS) includes a core set of concepts, principles, and terminology applicable to single or multiple incidents regardless of their scope.
 - c. Multi-agency Coordination Systems integrate a combination of facilities, equipment, personnel, procedures, and communications into a common framework, which allows for the coordination and support of incident management.
 2. An Incident Commander (IC) using response resources from one or two departments, will normally handle emergency level 1 and 2 situations. The EOC will generally not be activated.
 3. During major emergencies, or disasters, a Multi-agency Coordination System may be advisable. Central to this System is the Emergency Operations Center (EOC), which is the nucleus of all coordination of information and resources. The Incident Commander will manage and direct the on-scene response from the ICP. The EOC will mobilize and deploy resources for use by the Incident Commander, coordinate external resource and technical support, research problems, provide information to senior managers, disseminate emergency public information, and perform other tasks to support on-scene operations.
 4. For some types of emergency situations, the EOC may be activated without activating an incident command operation. Such situations may include:
 - a. When a threat of hazardous conditions exists but those conditions have not yet impacted the local area. The EOC may accomplish initial response actions, such as mobilizing personnel and equipment and issuing precautionary warning to the public. When the hazard impacts, an ICP may be established, and direction and control of the response transitioned to the Incident Commander.
 - b. When the emergency situation does not have a specific impact site, but rather affects a wide portion of the local area, such as a tornado.
- B.** For operational flexibility, both ICS and EOC operations may be sized according to the anticipated needs of the situation. The structure of ICS is specifically intended to provide a capability to expand and contract with the magnitude of the emergency

situation and the resources committed to it. The EOC may also be activated on a graduated basis.

C. Incident Command Operations

1. The first local emergency responder to arrive at the scene of an emergency situation will serve as the Incident Commander until relieved by a more senior or more qualified individual. The Incident Commander will establish an ICP, provide an assessment of the situation to executive management or local officials, identify response resources required, and direct the on-scene response from the ICP.
2. The Incident Commander is responsible for carrying out the ICS function of command – making operational decisions to manage the incident. The four other major management activities that form the basis of ICS are operations, planning, logistics, and finance/administration. For small-scale incidents, the Incident Commander and one or two individuals may perform all of these functions. For more serious emergency situations, individuals from various departments or agencies or from external response organizations may be assigned to separate ICS staff sections charged with those functions. For these serious emergency situations, it is generally desirable to transition to a Unified Command.
3. If the EOC has been activated, the Incident Commander shall provide periodic situation updates to the EOC.
4. In emergency situations where other jurisdictions or state or federal agencies are providing significant response resources or technical assistance, it is generally desirable to transition from the normal ICS structure to a Unified Area Command structure. This arrangement helps to ensure that all participating agencies are involved in developing objectives and strategies to deal with the emergency.

D. EOC Operations

1. The EOC may be activated to monitor a potential emergency situation or to respond to or recover from an emergency situation that is occurring or has occurred. The EOC will be activated at a level necessary to carry out the tasks that must be performed. The level of activation may range from a situation monitoring operation with minimal staff; to a limited activation involving selected departmental representatives, to a full activation involving all departments, agencies, volunteer organizations, and liaison personnel.
2. The principal functions of the EOC are to:
 - a. Monitor potential threats.
 - b. Support on-scene response operations.
 - c. Receive, compile, and display data on the emergency situation and resource status and commitments as a basis for planning.

- d. Analyze problems and formulate options for solving them.
- e. Coordinate among departments or local agencies and between the city, county, state and federal agencies, if required.
- f. Develop and disseminate warnings and emergency public information.
- g. Prepare and disseminate periodic reports.
- h. Coordinate damage assessments activities and assess the health, public safety, local facilities, and the local economy.
- i. Request external assistance from other departments, volunteer organizations, businesses, or from the State.

E. ICS - EOC INTERFACE

1. When both an ICP and the EOC have been activated, it is essential to establish a division of responsibilities between the ICP and the EOC. A general division of responsibilities is outlined below. It is essential that a precise division of responsibilities be determined for specific emergency operations.

2. The IC is generally responsible for field operations, including:
 - a. Isolating the scene.
 - b. Directing and controlling the on-scene response to the emergency situation and managing the emergency resources committed there.
 - c. Warning the population in the area of the incident and providing emergency instructions to them.
 - d. Determining and implementing protective measures (evacuation or in-place sheltering) for the population in the immediate area of the incident and for emergency responders at the scene.
 - e. Implementing traffic control arrangements in and around the incident scene.
 - f. Requesting additional resources from the EOC.
 - g. Keeping the EOC informed of the current situation at the incident site.

3. The EOC is generally responsible for:
 - a. Mobilizing and deploying resources to be employed by the IC.
 - b. Issuing community-wide warning.
 - c. Issuing instructions and providing information to the institution.
 - d. Organizing and implementing large-scale evacuation and coordinating traffic control for such operations.
 - e. Organizing and implementing shelter and mass care arrangements for evacuees.
 - f. Requesting assistance from the State and other external sources.

4. Transition of Responsibilities

- a. Provisions must be made for an orderly transition of responsibilities between the ICP and the EOC.
- b. From EOC to the ICP. In some situations the EOC may be operating to monitor a potential hazard and manage certain preparedness activities prior to establishment of an ICP. When an ICP is activated under these circumstances, it is essential that the IC receive a detailed initial situation update from the EOC and be advised of any operational activities that are already in progress, resources available, and resources already committed.
- c. From the ICP to the EOC. When an incident command operation is concluded and the EOC continues to operate to manage residual response and recovery activities, it is essential that the IC brief the EOC on any on-going tasks or operational issues that require follow-on action by the EOC staff.

5. Extended EOC Operations

- a. While an incident command operation is normally deactivated when the response to an emergency situation is complete, it may be necessary to continue activation of EOC into the initial part of the recovery phase of an emergency. In the recovery phase, the EOC may be staffed to compile damage assessments, assess long term needs, manage donations, monitor the restoration of utilities, oversee access control to damaged areas, and other tasks.

6. In some large-scale emergencies or disasters, emergency operations with different objectives may be conducted at geographically separated scenes, in which case it may be necessary to employ a Unified Area Command. In such situations, more than one incident command post may be established. In this situation occurs, it is particularly important that the allocation of resources to specific field operations be coordinated through the EOC.

F. Activities by Phases of Management

1. Mitigation/Prevention

- a. Establish, equip, and maintain an EOC.
- b. Identify required EOC staffing.
- c. Prepare and maintain maps, displays, databases, reference materials, and other information needed to support ICP and EOC operations.
- d. Identify and stock supplies needed for ICP and EOC operations.
- e. Develop and maintain procedures for activating, operating, and deactivating the EOC.

2. Preparedness

- a. Identify department/agency/volunteer group representatives who will serve on the EOC staff and are qualified to serve in various ICP positions.
- b. Pursuant to NIMS protocol, conduct NIMS training for department/agency/volunteer group representatives who will staff the EOC and ICP.
- c. Maintain maps, displays, databases, reference materials, and other information needed to support ICP and EOC operations
- d. Test and maintain EOC equipment to ensure operational readiness.
- e. Exercise the EOC at least once a year.
- f. Maintain a resource management program that includes identifying, acquiring, allocating, and tracking resources.

3. Response

- a. Activate an ICP and the EOC if necessary.
- b. Conduct response operations.
- c. Deactivate ICP and EOC when they are no longer needed.

4. Recovery

- a. If necessary, continue EOC activation to support recovery operations.
- b. Deactivate EOC when situation permits.
- c. Restock ICP and EOC supplies if necessary.
- d. For major emergencies and disasters, conduct a review of emergency operations as a basis for updating plans, procedures, and training requirements.

G. Direction and Control

1. General. Per the ICS chart, general guidance will be provided for the direction and control function, pursuant to NIMS protocols.
2. Incident Command Operations. The first responder on the scene will take charge and serve as the IC until relieved by a more senior or qualified individual or an individual designated per the ICS chart. An ICP (Incident Command Post) will normally be established at the incident scene; the IC will direct and control response forces from that command post.
3. EOC Operations
 - a. The Executive Team may request that the EOC be activated. A decision to activate the EOC is typically made on the basis of staff recommendations.
 - b. The Executive Team will normally determine the level of EOC staffing required based upon the situation, and also notify appropriate personnel to report to the EOC.

- c. Any department head dealing with a significant health or safety issue that requires inter-departmental coordination may request that the Executive Team activate the EOC to provide a suitable facility to work the issue.
- d. The Safety Officer, or designee, will serve as the EOC Supervisor.

H. Readiness levels

1. Level 0 -- Normal Conditions

- a. Routine surveillance and accident investigation occur at this normal business condition.

2. Level 1 -- Increased Readiness

- a. Check status of EOC equipment and repair or replace as needed.
- b. Check status of EOC supplies and restock as needed.
- c. Update EOC resource data.
- d. Alert staffs, determine personnel availability, and update EOC staff call lists.
- e. Consider limited activation of EOC to monitor situation.
- f. Consider situation briefings for senior staff.

3. Level 2 -- High Readiness

- a. Update EOC staffing requirements based on threat.
- b. Determine specific EOC staff assignments and alert staff.
- c. Monitor potential emergency situation and determine possible impact areas.
- d. Update maps, charts, displays, and resource data.
- e. Consider situation briefings for EOC staff.
- f. Consider partial activation of EOC if this has not already been accomplished.
- g. Check status of Alternate EOC.

4. Level 3 -- Maximum Readiness

- a. Summon EOC staff and activate the EOC.
- b. Monitor situation.
- c. Update maps, charts, displays, and resource lists.
- d. Arrange for food service if needed.
- e. Determine possible hazard impact areas and potential hazard effects.
- f. Conduct briefings for senior staff and EOC staff.
- g. Formulate and implement precautionary measures to protect the public.

Coordinate with adjacent jurisdictions that may be affected.

ANNEX E ADMINISTRATION & SUPPORT

A. Facilities & Equipment

1. EOC

- a. The UTHealth EOC is located at the conference room at UCT 820.
- b. The EOC is equipped with the following communication equipment necessary for conducting emergency operations:
 - 1) Telephone (713-500-0911, 713-500-0912)
 - 2) Network Connectivity
 - 3) Two-way Radio
- c. Food for the EOC staff will be provided by: Environmental Health & Safety in the form of Meals Ready to Eat (MRE's).

2. Alternate EOC's

- a. Should the primary EOC become unusable, the alternate EOC's, located at UCT 1505C or OCB 1.330, will be used to manage emergency operations.
- b. Communications available at this facility include:
 - 1) Land-line Telephone
 - 2) Network Connectivity
 - 3) Two-way Radio

B. Records

1. Activity Logs. The ICP and the EOC shall maintain accurate logs recording key response activities, including:
 - a. Activation or deactivation of emergency facilities.
 - b. Emergency notifications to other local governments and to state and federal agencies.
 - c. Significant changes in the emergency situation.
 - d. Major commitments of resources or requests for additional resources from external sources.

- e. Issuance of protective action recommendations to the public.
 - f. Evacuations.
 - g. Casualties.
 - h. Containment or termination of the incident.
2. Communications & Message Logs
- a. Communications facilities shall maintain a communications log. The EOC shall maintain a record of messages sent and received.
3. Cost Information
- a. Incident Costs. All departments shall maintain records summarizing the use of personnel, equipment, and supplies during the response to day-to-day incidents to obtain an estimate of annual emergency response costs that can be used in preparing future institutional budgets.
 - b. Emergency or Disaster Costs. For major emergencies or disasters, all departments participating in the emergency response shall maintain detailed of costs for emergency operations to include:
 - 1) Personnel costs, especially overtime costs
 - 2) Operation costs
 - 3) Costs for leased or rented equipment
 - 4) Costs for contract services to support emergency operations
 - 5) Costs of specialized supplies expended for emergency operations
 - 6) These records may be used to recover costs from the responsible party or insurers or as a basis for requesting reimbursement for certain allowable response and recovery costs from the state and/or federal government.

C. Reports

- 1. Initial Emergency Report
 - a. An Initial Emergency Report should be prepared and disseminated for major emergencies and disasters where state assistance may be required. This short report is designed to provide basic information about an emergency situation.
- 2. Situation Report

- a. For major emergencies and disasters where emergency response operations continue over an extended period, a Situation Report should be prepared and disseminated daily. This report is designed to keep emergency response personnel and other agencies or contractors providing resource support for emergency operations informed about the current status of operations.

D. Agreements & Contracts

1. Should our local resources prove to be inadequate during an emergency; requests will be made for assistance from other neighboring UT components, other agencies, and industry in accordance with existing mutual aid agreements and contracts.

E. EOC Security

1. Access to the EOC will be limited during activation. All staff members will sign in upon entry.
2. Individuals who are not members of the EOC staff will be identified and their reason for entering the EOC determined.

F. Media

1. Media relations will be conducted pursuant to the NIMS, by the Office of Public Affairs.

G. Development

1. The Safety Officer is responsible for the development and maintenance of this Emergency Management Plan and all of its Annexes.
2. The Safety Officer is responsible for the development and maintenance of EOC Standard Operating Procedures.

H. Maintenance and Review

1. The Emergency Management Plan will be reviewed annually, after each drill, and after actual emergency situations. Soon after incident or disaster (during recovery phase), a committee made up of all key emergency management personnel shall meet to perform a review of the emergency operations. This committee will evaluate effectiveness and correct deficiencies in the planning and execution of the four phases of emergency management (preparation, mitigation, response, recovery). The corrective actions, lessons learned and identified improvements will be made within 60 days of the review. The annual review of the plan will be completed by the Risk Manager and approved by the Director of Environmental Health and Safety.

ANNEX F SITUATION & ASSUMPTIONS

A. Situation

1. Our community is vulnerable to many hazards, which threaten public health and safety and public or private property.
2. Our direction and control organization must be able to activate quickly at anytime day or night, operate around the clock, and deal effectively with emergency situations that may begin with a single response discipline and could expand to multidiscipline requiring effective interdepartmental coordination. These emergency situations include:
 - a. Incident. An incident is a situation that is limited in scope and potential effects. These situations are typically classified as Emergency Level 1. Characteristics of an incident include:
 - 1) Involves a limited area and/or limited population.
 - 2) Evacuation or in-place sheltering is typically limited to the immediate area of the incident.
 - 3) Warning and public instructions are provided in the immediate area of the incident, not community-wide.
 - 4) Typically resolved by one or two local response departments acting under an incident commander.
 - 5) Requests for resource support are normally handled through departmental channels.
 - 6) May require limited external assistance from other local response contractors.
 - b. Emergency. An emergency is a situation larger in scope and more severe in terms of actual or potential effects than an incident. These situations are typically classified as Emergency Level 2 or 3. Characteristics include:
 - 1) Involves a large area, significant population, or important facilities.
 - 2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
 - 3) May require community-wide warning and public instructions.
 - 4) Requires a sizable multi-departmental response operating under an Incident Commander. The EOC may be activated.
 - 5) May require some external assistance from other local response agencies, contractors, and limited assistance from state or federal agencies.
 - c. Disaster. A disaster involves the occurrence or threat of significant casualties and/or widespread property damage that is beyond the capability of UTHealth to handle with its organic resources. Characteristics include:
 - 1) Involves a large area, a sizable population, and/or important facilities.

- 2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
- 3) Requires community-wide warning and public instructions.
- 4) Requires a response by most or all local response agencies. The EOC and one or more incident command posts (ICP) may be activated.
- 5) Requires significant external assistance from other local response agencies, contractors, and extensive state or federal assistance.

B. Assumptions

1. Many emergency situations occur with little or no warning. If warning is available, alerting the UTHHealth community, recommending suitable protective actions, taking preventative measures, and increasing the readiness of and deploying emergency response forces may lessen the impact of some emergency situations.
2. We will use our own resources to respond to emergency situations and, if needed, request external assistance from outside contractors, institutions, or agencies pursuant to mutual aid agreements or from the State. Since it takes time to summon external assistance, it is essential for us to be prepared to carry out the initial emergency response on an independent basis.
3. Emergency operations will be directed by local officials, except where state or federal law provides that a state or federal agency must or may take charge or where local responders lack the necessary expertise and equipment to cope with the incident and agree to permit those with the expertise and resources to take charge.
4. Effective direction and control require suitable facilities, equipment, procedures, and trained personnel. Direction and control function facilities will be activated and staffed on a graduated basis as needed to respond to the needs of specific situations.
5. UTHHealth has adopted the National Incident Management System (NIMS) and we have implemented all of the NIMS procedures and protocols, which will allow us to effectively work with our mutual aid partners, and state and federal agencies during any type of incident response.

C. UTHHealth Disaster and Emergency Event Risk Assessment

1. The following table shows the projected probability of occurrence and scope of impact of possible events that may affect the institution.
2. The data is based on experience and recent trends.

Potential Scope of Impact	High	HL <ul style="list-style-type: none"> • Terrorist attack/random shooter • Pandemic • Tornado • Aircraft collision • Regional utility outage 	HH <ul style="list-style-type: none"> • Hurricane • Flooding
	Low	LL	LH <ul style="list-style-type: none"> • Bomb threat • Fire/explosion in single building • Spill of hazardous material • Localized flooding • Vehicle accident
		Low	High
		Probability of Occurrence	

ANNEX G CODE AND REGULATORY COMPLIANCE

A. Federal

1. Robert T. Stafford Disaster Relief & Emergency Assistance Act, (as amended), 42 U.S.C. 5121
2. Emergency Planning and Community Right-to-Know Act, 42 USC Chapter 116
3. Emergency Management and Assistance, 44 CFR
4. Hazardous Waste Operations & Emergency Response, 29 CFR 1910.120
5. Homeland Security Act of 2002
6. Homeland Security Presidential Directive. HSPD-5, Management of Domestic Incidents
7. Homeland Security Presidential Directive, HSPD-3, Homeland Security Advisory System
8. National Incident Management System
9. National Response Plan
10. National Strategy for Homeland Security, July 2002
11. Nuclear/Radiological Incident Annex of the National Response Plan
12. National Fire Protection 101, Section 4.8 (Emergency Plan)
13. NFPA 3000 (Active Shooter/Hostile Event Response)

B. State

1. Government Code, Chapter 418 (Emergency Management)
2. Government Code, Chapter 421 (Homeland Security)
3. Government Code, Chapter 433 (State of Emergency)
4. Government Code, Chapter 791 (Inter-local Cooperation Contracts)
5. Government Code, Subchapter E, Chapter 51, Education Code, Section 51.217 (HB 1831)
6. Health & Safety Code, Chapter 778 (Emergency Management Assistance Compact)
7. Executive Order of the Governor Relating to Emergency Management
8. Executive Order of the Governor Relating to the National Incident Management System
9. Administrative Code, Title 37, Part 1, Chapter 7 (Division of Emergency Management)
10. The Texas Homeland Security Strategic Plan, Parts I and II, December 15, 2003
11. The Texas Homeland Security Strategic Plan, Part III, February 2004

ANNEX H PERSONNEL POLICY GUIDELINES

Personnel

Availability of all faculty, staff and students with clinical duties have a professional obligation and commitment to be available for work during periods of emergency conditions. Essential employees are also required to report to their designated work site during their appointed work schedule even if the institution has moved to a controlled access status or during an emergency.

Clinical personnel and essential employees are **not** authorized to leave their work due to weather conditions **or** the activation of any phase of this Plan without specific approval of their department head or supervisor. Likewise, all clinical and essential employees at home have an obligation to make every effort to contact their supervisor or report to work for their scheduled shift.

Evacuation of personnel shall follow state and local emergency response officials. UTHealth will follow all evacuation and repopulation guidelines before and after the event.

Clinical and essential personnel who fail to report for scheduled work because of weather conditions without approval of their department head or supervisor will be taking an unauthorized absence and is subject to discipline up to and including termination. See HOOP #85 (<https://www.uth.edu/hoop/policy.htm?id=1448018>)

During an emergency, the following guidelines apply:

Employees leaving without official release will be denied any administrative leave and will be docked or charged earned time (vacation or comp time) for all workdays until their return.

For the first two workdays of an emergency, employees will be granted paid, administrative leave in-lieu of scheduled workdays.

If the emergency exceeds two workdays, and the employee was not designated as an essential employee, excess time may be charged to the employee's earned time (vacation or comp time).

Essential employees who are required to work through the emergency period will be granted their paid administrative leave at a time approved by their supervisor following resumption of normal operations.

Essential employees on vacation, sick leave or other approved leave at the time of the emergency are expected to return to work to fulfill their roles unless otherwise approved by the person who would supervise them during an emergency.

Non-essential employees who volunteer and are accepted by formal process will not be paid for services rendered and will not receive any other form of compensation.

Leave After the Emergency

Emergency administrative leave for handling serious personal problems *after* normal operations are resumed, e.g., extensive home damage, will be granted on an individual basis by forwarding requests to their supervisor.

Policy Modifications

These policies may be modified based on the length, severity and character of the emergency and the timing of the emergency during the work-week. Such modifications will be based on maintaining adequate staff to carry out a limited mission.

ANNEX I LABORATORY PREPARATION FOR AN EMERGENCY

Waiting until an emergency is occurring is the wrong time to determine the best way to safely secure and protect your research from the event. In an emergency situation, you may be asked to evacuate, and depending on the extent of the situation (i.e. hurricane), you may not be able to re-enter your laboratory for several days.

Your laboratory may be without regular power during this time, and there is also the risk that emergency power becomes compromised.

Environmental Health & Safety has developed a list of items that should be considered before an emergency, so that you have a plan in place to quickly secure your laboratory and make it safe to “ride out” the emergency.

- ✓ Ensure contact information on your lab door is updated.
- ✓ Critical equipment connected to emergency power.
- ✓ Computers, supplies, and containers are off of the floor.
- ✓ Sensitive and critical equipment covered and unplugged if possible
- ✓ Research samples stored in duplicate and ideally in another location.
- ✓ Dry ice ordered for freezers containing critical samples (see Annex K).
- ✓ Hazardous chemicals secured and stored properly (segregated, in secondary containment, tightly closed).
- ✓ Flammable chemicals stored in flammable storage cabinets or under the chemical fume hood.
- ✓ Radioactive material secured and stored properly.
- ✓ Solid and LSC vial waste disposed in regional alcove.
- ✓ EH&S notified to remove liquid radioactive wastes.
- ✓ Unnecessary items removed from chemical fume hoods and sash closed.
- ✓ Hazardous waste secured and stored properly, in closed containers and labeled.
- ✓ Secure door upon evacuation.

NOTE: The list above is not all inclusive of the preparatory actions you may need to take for your laboratory.

Should you have any questions about these action items, please contact Environmental Health & Safety at 713-500-8100.

ANNEX J

PREPARING YOUR OFFICE FOR AN IMPENDING HURRICANE

Step	Action	Rationale
1	Review the various means available for determining the status of the institution after the storm event occurs.	Important to know the phone numbers, websites, and others means for determining the institution's open or restricted access status.
2	Ensure you have the current phone numbers for your supervisor and any employees you may oversee.	Employees and supervisors need to be able to communicate directly after the storm to facilitate recovery.
3	Ensure all your critical computer files are stored on institutional file storage systems.	All data is required to be stored on an institutional file storage system which includes backup and recovery capabilities. Please contact your local IT Support Specialist regarding your data if you have concerns or questions.
4	Verify what computer data used in your work is protected as part of the institutional data protection program.	Institutional data protection is only afforded to certain programs and files stored on the central drives. It is important to understand while files are afforded this protection.
5	Create back up files for any data not included as part of the institutional data protection program. Take these files home with you or store in a physically separate location.	Files such as those stored on local drives may not be protected as part of the institutional data protection system.
6	Turn off and unplug electronic equipment that does not need to be operational during the storm.	Computer, printers, and other equipment can be damaged by fluctuations in power supplies.
7	Consider covering key pieces of "powered off" equipment with large plastic bags.	Wind driven water through roofs and windows can run down several floors, so although your office may be intact, water could leak in from damage on some floors above.
8	Consider moving key equipment off the floor.	Water leaking into the building can run across floors and cause damage to equipment and supplies sitting on the floor in offices well away from the point of water entry. Make sure to

		seek assistance in moving any equipment that may be too heavy for you to safely handle yourself to avoid injury.
9	Consider moving key pieces of equipment away from windows.	Moving equipment may minimize damage that can be caused by water and wind through broken windows, but make sure to seek assistance in moving any equipment that may be too heavy for you to safely handle yourself to avoid injury.
10	Consider protecting or removing any personal property from the office.	Personal property losses are not covered by the institutional property insurance program.
11	Turn out the lights, close and lock doors.	This step will conserve power and can provide barriers to “compartmentalize” any damage that may occur.

ANNEX K OBTAINING DRY ICE FOR RESEARCH

The UTHealth experiences losses through a number of perils; electrical power interruption, water leaks and theft. One of the most expensive losses that cannot be recovered through traditional risk financing insurance is the loss of intellectual property that is stored in a controlled temperature environment, namely freezers. Loss of temperature can occur through a variety of causes including power loss, compressor failure, or human error (i.e. freezer door left ajar).

In the event of a loss of freezer temperature one of the vendors below can provide the necessary temperature maintaining product to reduce the severity of a freezer loss. The payment options listed below require the use of a buy card or non-PO voucher. There is an authorized buy card person in each department. This individual would need to contact the appropriate vendor to purchase the material.

Dry Ice and Compressed Nitrogen

Vendor	CMR-Carbonics	Continental Carbonics	Airgas Dry Ice
Phone	713-944-7900	713-218-8838	713-676-1156
Hours	M-F 8am-4pm	24/7	24/7
Address	506 Nebraska St South Houston, TX 77587-3349	3615 Willowbend Blvd., Suite 240 Houston, TX 77054	1350 Boyles St, Houston, TX 77020
Method of Payment	Buy Card or Non-PO Voucher	Buy Card or Non-PO Voucher	Buy Card

It is imperative that research and clinical staff create duplicate and split samples to be sent to laboratories and clinics outside of the Houston area. This ensures that when a loss occurs, despite all of UTHealth's best efforts to mitigate and reduce the loss, samples are still retained outside of the immediate area of loss.

ANNEX L DEPARTMENTAL EMERGENCY PLAN

It will be the responsibility of the Dean, Vice President or Director of each UTHealth operating unit to develop a plan for emergency response for their respective buildings or groups. Environmental Health and Safety is available for plan consultations at 713-500-8100. A template for a Department/Unit Specific Emergency Management and Mission Continuity Plan can be found here: <https://www.uth.edu/safety/occupational-safety-and-fire-prevention/Department,%20Unit%20Specific%20Emergency%20Management%20and%20Mission%20Continuity%20Plan%203.11.2019.docx>

The plan should include, but not be limited to:

- Armed Subject
- Tornado, inclement weather
- Fire Emergency Procedures
- Evacuation Plan and Meeting Location
- Area Safety Liaisons, if applicable
- Departmental Contacts (Day & Night)
- Mobility Impairment Evacuation Plan (request form available on-line)_
<https://www.uth.edu/safety/occupational-safety-and-fire-prevention/index.htm>
- Special Operations
 - Procedures for preparing labs and offices in the event of a hurricane
 - Equipment inventories, chemical inventories, room layout
 - Procedures for backing up and segregating research data and samples

ANNEX M

CONTACTING STATE OR FEDERAL AUTHORITIES

A. State & Federal Assistance

1. If local resources are inadequate to deal with an emergency situation, we will request assistance from the State. State assistance furnished to local governments is intended to supplement local resources and not substitute for such resources, including mutual aid resources, equipment purchases or leases, or resources covered by emergency service contracts.
2. Requests for state assistance should be made to the Disaster District Committee (DDC) Chairperson, who is located at the Department of Public Safety District Office in Houston, by calling 281-517-1217. In essence, state emergency assistance to local governments begins at the DDC level and the key person to validate a request for, obtain, and provide that state assistance and support is the DDC Chairperson. The DDC Chairperson has the authority to utilize all state resources within the district to respond to a request for assistance, with the exception of the National Guard. Use of National Guard resources requires approval of the Governor.
3. The Disaster District staff will forward requests for assistance that cannot be satisfied by state resources within the District to the State Operations Center (SOC) in Austin for action.
4. Requests for state support may also be relayed to the SOC through UT System Administration.

B. Other Assistance and Notifying

1. If resources required to control an emergency situation are not available within the State, the Governor may request assistance from other states pursuant to a number of interstate compacts or from the federal government through the Federal Emergency Management Agency (FEMA).
2. For major emergencies and disasters for which a Presidential declaration has been issued, federal agencies may be mobilized to provide assistance to states and local governments. The National Response Plan (NRP) describes the policies, planning assumptions, concept of operations, and responsibilities of designated federal agencies for various response and recovery functions. The Nuclear/Radiological Incident Annex of the NRP addresses the federal response to major incidents involving radioactive materials.
3. FEMA has the primary responsibility for coordinating federal disaster assistance. No direct federal disaster assistance is authorized prior to a Presidential emergency or disaster declaration, but FEMA has limited authority to stage initial response resources near the disaster site and activate command and

control structures prior to a declaration and the Department of Defense has the authority to commit its resources to save lives prior to an emergency or disaster declaration.

4. The NRP applies to Stafford and non-Stafford Act incidents and is designed to accommodate not only actual incidents, but also the threat of incidents. Therefore, NRP implementation is possible under a greater range of incidents.
5. When a disaster/incident requires moving, temporary relocation or rescheduling of classes (at any campus location, including regional campuses, MDA's Smithville unit, MDA's Bastrop unit) the Executive Vice President and Chief Academic Officer and the department of International Affairs should be immediately notified. They will in turn notify, as needed based on the circumstances, the Department of Education (DOE); the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC); the U.S. Department of State; the U.S. Department of Homeland Security and any other applicable entity as to the extent of the disaster/incident, the location of temporary accommodations, and an estimate of when classes might return to normalcy.

Texas Department of Emergency Management

TDEM website— <https://tdem.texas.gov/>

TDEM Regional Coordinator (Region 2, Houston area)—Jay Hall—409-284-9381
Jay.Hall@dps.texas.gov

TDEM District Coordinator (Houston)—Jennifer Hawes—281-642-0312
Jenniffier.Hawes@dps.texas.gov

ANNEX N HOMELAND SECURITY ADVISORY SYSTEM

The Homeland Security Advisory System shall be binding on the executive branch and suggested, although voluntary, to other levels of government and the private sector. There are five Threat Conditions, each identified by a description and corresponding color. From lowest to highest, the levels and colors are:

Low	=	Green
Guarded	=	Blue
Elevated	=	Yellow
High	=	Orange
Severe	=	Red

For facilities, personnel, and operations inside the territorial United States, all federal departments, agencies, and offices other than military facilities shall conform their existing threat advisory systems to this system and henceforth administer their systems consistent with the determination of the Attorney General with regard to the Threat Condition in effect.

The assignment of a Threat Condition shall prompt the implementation of an appropriate set of Protective Measures. Protective Measures are the specific steps an organization shall take to reduce its vulnerability or increase its ability to respond during a period of heightened alert.

1. **Low Condition (Green).** This condition is declared when there is a low risk of terrorist attacks. Federal departments and agencies should consider the following general measures in addition to the agency-specific Protective Measures they develop and implement:
 1. Refining and exercising as appropriate preplanned Protective Measures;
 2. Ensuring personnel receive proper training on the Homeland Security Advisory System and specific preplanned department or agency Protective Measures; and
 3. Institutionalizing a process to assure that all facilities and regulated sectors are regularly assessed for vulnerabilities to terrorist attacks, and all reasonable measures are taken to mitigate these vulnerabilities.
2. **Guarded Condition (Blue).** This condition is declared when there is a general risk of terrorist attacks. In addition to the Protective Measures taken in the previous Threat Condition, federal departments and agencies should consider the following general measures in addition to the agency-specific Protective Measures that they will develop and implement:
 1. Checking communications with designated emergency response or command locations;
 2. Reviewing and updating emergency response procedures; and
 3. Providing the public with any information that would strengthen its ability to act appropriately.

3. **Elevated Condition (Yellow).** An Elevated Condition is declared when there is a significant risk of terrorist attacks. In addition to the Protective Measures taken in the previous Threat Conditions, federal departments and agencies should consider the following general measures in addition to the Protective Measures that they will develop and implement:
 1. Increasing surveillance of critical locations;
 2. Coordinating emergency plans as appropriate with nearby jurisdictions;
 3. Assessing whether the precise characteristics of the threat require the further refinement of preplanned Protective Measures; and
 4. Implementing, as appropriate, contingency and emergency response plans.
4. **High Condition (Orange).** A High Condition is declared when there is a high risk of terrorist attacks. In addition to the Protective Measures taken in the previous Threat Conditions, federal departments and agencies should consider the following general measures in addition to the agency-specific Protective Measures that they will develop and implement:
 1. Coordinating necessary security efforts with Federal, State, and local law enforcement agencies or any National Guard or other appropriate armed forces organizations;
 2. Taking additional precautions at public events and possibly considering alternative venues or even cancellation;
 3. Preparing to execute contingency procedures, such as moving to an alternate site or dispersing their workforce; and
 4. Restricting threatened facility access to essential personnel only.
5. **Severe Condition (Red).** A Severe Condition reflects a severe risk of terrorist attacks. Under most circumstances, the Protective Measures for a Severe Condition are not intended to be sustained for substantial periods of time. In addition to the Protective Measures in the previous Threat Conditions, federal departments and agencies also should consider the following general measures in addition to the agency-specific Protective Measures that they will develop and implement:
 1. Increasing or redirecting personnel to address critical emergency needs;
 2. Assigning emergency response personnel and pre-positioning and mobilizing specially trained teams or resources;
 3. Monitoring, redirecting, or constraining transportation systems; and
 4. Possible closure of facilities.

ANNEX O

BUILDING ADDRESSES, ABBREVIATIONS, AND COMMON NAMES

Auxiliary Enterprises, Recreation Center, REC	1832 West Road
Behavioral and Biomedical Sciences Building, BBS	1941 East Rd.
Cyclotron Facility, CYF	6431 Fannin Street
School of Dentistry, SOD	7500 Cambridge
Dunn Center Building, DCB	5615 H. Mark Crosswell Jr. St.
Harris County Psychiatric Center, HCPC	2800 South MacGregor
Fayez S. Sarofim Research Building, SRB a.k.a. (Institute of Molecular Medicine), IMM	1825 Pressler
Medical School, MSB	6431 Fannin Street
Medical School Expansion, MSE	6431a Fannin Street
Operations Center Building, OCB	1851 Crosspoint
Recreation Center, REC	1832 West Road
School of Nursing, SON	6901 Bertner Avenue
Reuel A. Stallones Building, RAS a.k.a. (School of Public Health), SPH	1200 Hermann Pressler Drive
University Center Tower, UCT	7000 Fannin Street
New Student Housing, NSH	1885 El Paseo
University of Texas Professional Building, UTPB	6410 Fannin Street
University of Texas Professional Garage, UTPG	6414 Fannin Street
Student and Faculty Apartments, SFA	7900 Cambridge
Central Plant, CP	1941 East Rd.
Cooley Life Center, CLC	7440 Cambridge
University Housing Phase 3, UH3	1885 El Paseo
Jesse Jones Library, JJL	1133 John Freeman

ANNEX P

LIST OF ACRONYMS USED IN PLAN

AE – Auxiliary Enterprises
BBS – Behavioral and Biomedical Sciences Building
CLAMC – Center for Laboratory Animal Medicine and Care
CLC—Cooley Life Center
CP—Central Plant
CYF – Cyclotron Facility
EHS – Environmental Health and Safety
EOC – Emergency Operations Center
FPE – Facilities, Planning and Engineering
HCPC – Harris Country Psychiatric Center
IC – Incident Commander
ICP – Incident Command Post
ICS – Incident Command System
JL—Jesse Jones Library
MSB – Medical School Building
NSH – New Student Housing
OCB – Operations Center Building
OPA – Office of Public Affairs
RAS, SPH – Raul A. Stallone Building
REC – Recreation Center
SOD-School of Dentistry
SON – School of Nursing Building
SRB, IMM – Sarofim Research Building
SFA – Student and Faculty Apartments
TMC – Texas Medical Center
UCT – University Center Tower
UTHealth – The University of Texas Health Science Center at Houston
UTP – University of Texas Physicians
UTPB – University of Texas Professional Building
UPG – University Professional Garage
UTPD - University of Texas Police Department

ANNEX Q

UT Health Pandemic Plan

Based on lessons learned from recent outbreak events, such as SARS, MERS, West Nile Virus, Influenza, Zika, Ebola, and most recently COVID-19, it has become evident that it is virtually impossible to develop a universal written pandemic plan that addresses all of the variations an emerging infectious disease presents and the needs of our dynamic and complex institution. Different infectious agents, modes of transmission, incubation period, transmissibility, etc. during each outbreak creates unique challenges and circumstances that must be specifically evaluated and mitigated. As a result, this general plan documents the steps which will be taken during an infectious disease outbreak that affects our community in order to protect and inform our UTHealth stakeholders. While each infectious disease outbreak situation is unique, some of the basic but important steps to be taken are described here within.

Key institutional stakeholders involved in pandemic planning and mitigation include, but are not limited to the following:

The designated Emergency Management Team
Infection Prevention and Control
Environmental Health and Safety
Information Technology / Communications
Facilities Planning and Engineering
Auxiliary Enterprises
Animal Care
Public Affairs
Human Resources (including EAP, Payroll, etc.)
Procurement
UT Police
Clinical components include, for example:

HCPC
UTPhysicians
MHH TMC
LBJ
SOD
Neurosciences
Employee / Student Health
WIC

Roles and Responsibilities:

EHS, Employee Health, Student Health, and UTP Infection Prevention and Control monitor for the presence of an outbreak potentially affecting our community and/or UTHealth specifically; provides advice to Emergency Management Team

The Emergency Management Team is assembled to communicate outbreak and anticipated impacts on UTHealth; high level decisions are then made for institution (e.g. controlled access if necessary, travel restrictions, etc.)

Public Affairs assists in the communication of important information to institutional stakeholders; assists with signage and video monitor communications across buildings

EHS provides respiratory fit testing services, PPE training, etc.; reviews disinfection and decontamination protocols; provides consultation on outbreak situation to institutional stakeholders; etc.

Clinical leaders ensure clinical activities are performed in a safe and efficient manner

IT provides support to institutional stakeholders to maintain business continuity, including providing resources for remote learning/working needs

Facilities assists to prepare and maintain the buildings; ensures housekeeping duties are maintained and/or increased as necessary to assist in infection prevention

Employee and Student Health provides assessment and treatment to students and employees; assists with any screening and testing necessary; evaluates sick students and employees for return to campus clearance; provides vaccinations as necessary

Auxiliary Enterprises ensures services are maintained for student housing and other associated functions

HR provides assistance and support to employees; disseminates information on resources for stress, coping, support, etc. during outbreak situations

Procurement ensures adequate supplies are sourced and available across the institution as necessary, especially during situations of severe supply shortages

Animal Care ensures business continuity plans are in place to support animal colonies and associated research activities

UT Police ensures security and police protections for the campus

Additional detailed information about roles and responsibilities of key institutional components are described in the “UTHealth Pandemic Influenza Response Matrix” (see Annex Q of EMP). Although this matrix was initially developed specifically for response to a pandemic influenza outbreak, it may serve as a model and important information resource during other infectious disease outbreaks as they occur in the future.

Also, important lessons learned during the recent unprecedented COVID-19 pandemic are described below to serve as a guidepost for future decision making for the Emergency Management Team.

The University of Texas Health Science Center at Houston Pandemic Influenza Response Matrix, 2021

WHO Phase	CDC Intervals	UTHealth EMP Status	Additional Notes
Inter-pandemic Phase (Phase 1-2): Period between influenza pandemics	Investigation	No actions necessary	
Pandemic Alert Phase (Phase 3-4): Influenza caused by a new subtype has been identified in humans.	Investigation and communication	Preparation phase for support of UTHealth EMP	
Pandemic Phase (Phase 5-6): Global spread of human influenza cause by a new subtype. Increased and sustained transmission in the US.	<ol style="list-style-type: none"> 1. Recognition 2. Initiation 3. Acceleration 4. Deceleration 	<p>Level 3 of the UTHealth EMP</p> <p>All departments who maintain staff during the controlled access period must provide a critical employee list to the IC.</p>	<p>Maximum Readiness as outlined in Annex D of EMP</p> <p>UTHealth will stay abreast of the recommendations from the CDC and modify current matrix as necessary to supplement this plan</p>
Transition Phase: Reduction in global risk, reduction in response activities, progression toward recovery actions	Preparation		UTHealth will follow all recommendations from CDC specific to local or regional situation and modify current matrix as necessary.
Recovery: Local Health Departments lift restrictions based on 2 incubation periods with no new cases; Return to Inter-pandemic Phase			UTHealth will stay abreast of the recommendations from the CDC and modify current matrix as necessary

	WHO Phase 1-2 Inter-Pandemic	WHO Phase 3 Pandemic Alert	WHO Phase 4 Pandemic Alert	WHO Phase 5 Pandemic Phase	WHO Phase 6 Pandemic Phase	Transition and Recovery
Incident Command Team	No action required	No action required	1. Closely monitor situation and prepare for activation of Emergency Operation Center (EOC)	1. Activate the Emergency Operations Center 2. Assess offsite staging area options	1. Consider restricting building access 2. Implement EMP 3. Consider skeleton crew staffing 4. Update Executive Leadership 5. Continue media communications 6. Consider the order of controlled access to buildings 7. Designate offsite staging areas as needed	1. Review national, state, and local advisories to make university wide decisions to restore normal business
Environmental Health and Safety	1. Routine Activities 2. Conduct table top exercise	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 university 8. Brief Executive Leadership 9. Benchmark other universities 10. Update EMP 11. Review current WHO and CDC guidelines	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. 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. 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 Management plan for the control and disposal of increased volumes of infectious waste as needed	1. Assist with any disinfection directives for re-opening 2. Recover and inventory PPE. 3. Assist in reopening buildings

	WHO Phase 1-2 Inter-Pandemic	WHO Phase 3 Pandemic Alert	WHO Phase 4 Pandemic Alert	WHO Phase 5 Pandemic Phase	WHO Phase 6 Pandemic Phase	Transition and Recovery
IT/ Communications	Routine Activities	1. Identify essential staff that will maintain the university communications systems. 2. Update the university's web page as appropriate	1. Advise Deans and Departmental Units on telecommuting options 2. Deploy website volunteer system	1. Provide support to clinical staff website 2. Plan for alternative phone system support	1. If necessary, stage critical personnel 2. Provide assistance in facilitating telecommuting as needed	1. Re-establish IT systems university wide 2. Ensure systems ready for surge use
Facilities/Energy	Routine Activities	1. Identify essential staff that will maintain the university's facilities and operations	1. Verify ventilation systems and adjust as needed	1. Review custodial housekeeping practices and cleaning chemicals 2. Receive respirator training and respirators	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	1. Re-establish normal operating systems 2. Assist in opening buildings
Auxiliary Enterprises	Routine Activities	1. Identify essential staff	1. Formulate plans for quarantine of students 2. Initiate influenza awareness training 3. Report suspicious illnesses to Employee or Student Health	1. Receive respirator training and respirators 2. Provide information to students	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 closure of the Child Development Center utilizing CDC & DSHS guidance.	1. Prepare for return of occupants. 2. Provide information to occupants and concerned families 2. Assess special needs (i.e. child care center)

	WHO Phase 1-2 Inter-Pandemic	WHO Phase 3 Pandemic Alert	WHO Phase 4 Pandemic Alert	WHO Phase 5 Pandemic Phase	WHO Phase 6 Pandemic Phase	Transition and Recovery
Executive Leadership	Routine Activities	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. Evaluate the impact of Level 3 to the university and establish university goals and priorities	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. Coordinate with Deans on school policies 2. If necessary, activate Emergency Response Center and Incident Command Team 3.Determine the university's status	1. Establish time table for university personnel returning to work
Animal Care	Routine Activities	Determine critical personnel list and responsibilities	Determine critical personnel list and responsibilities	1. Formulate plans for animal well-being during restricted access stage 2.Receive respiratory protection training	Review critical crew requirements	Resume normal operations
Public Affairs	Routine Activities	1.Relay official university announcements 2. Update informational Postings 3. Assist in posting Advisories	1. Post university update info 2. Establish frequency for community update notices to be delivered, compiled and reported.	Update list of SMEs (and contact information) who will speak to UHealth issues and to the public.	1. Update university hotline and webpage as needed 2. Communicate university status via hotline, webpage, email and UHealth Alert	Communicate any new university status.

	WHO Phase 1-2 Inter-Pandemic	WHO Phase 3 Pandemic Alert	WHO Phase 4 Pandemic Alert	WHO Phase 5 Pandemic Phase	WHO Phase 6 Pandemic Phase	Transition and Recovery
Employee/Student Health (including EAP)	Routine Activities	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 7. Formulate plans for quarantine of students 8. Ensure that university plans harmonize with Federal and Local Government advisories 	<ol style="list-style-type: none"> 1. Isolate suspected cases 2. Receive respirator training and respirators 3. Initiate vaccination or prophylaxis as appropriate 	<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 	Continue to monitor for active disease in university population

	WHO Phase 1-2 Inter-Pandemic	WHO Phase 3 Pandemic Alert	WHO Phase 4 Pandemic Alert	WHO Phase 5 Pandemic Phase	WHO Phase 6 Pandemic Phase	Transition and Recovery
Human Resources (including payroll)	Routine Activities	No action required	Begin tracking absenteeism by department in order to determine pandemic effect on the university	1. Disseminate information to university on leave policies during crisis events 2. Continue to monitor absenteeism	1. Provide info to employees who are instructed to stay away from work as necessary 2. Continue to monitor absenteeism	Evaluate and provide instructions for absentee personnel
UT Police	Routine Activities	No action required	1. EHS train police, security, parking and dispatchers on pandemic influenza 2. Security considerations for vaccine and prophylaxis storage and distribution locations	1. Receive respirator training and respirators 2. Ensure police, security, parking, and dispatch critical personnel are briefed	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	1. Control activities related to university re-opening. 2. Reestablish building security systems
Clinical Support	Education and Planning	1. Individual departments schedule discussions for local accommodations	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	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	1. Continue to assess current capabilities for assisting city and local needs. 2. Monitor supply of respirators and keep adequate stock on hand.	Command center to monitor and provide assistance where necessary.

NOTE: In addition to the above matrix, the UTHealth will seek guidance from the local/state health departments and the CDC Pandemic Intervals 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 CDC Pandemic Intervals including the recommendations therein, the information has not been included in its entirety in this matrix. A brief description of the CDC Pandemic Assessment Framework and CDC Pandemic Intervals can be found below.

CDC Pandemic Guidance Online Resources:

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

Pandemic Severity Assessment Framework: <https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm>

CDC Planning Guide for Colleges and Universities (2007) https://www.cdc.gov/flu/pandemic-resources/pdf/community_mitigation-sm.pdf

State of Texas Dept. of State Health Services: <https://www.dshs.texas.gov/commprep/planning/guidance.aspx>

US Government Specific Pandemic Planning

The Pandemic Severity Assessment Framework 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 the CDC's Director shall designate the category of the emerging pandemic based on the Pandemic Severity Assessment Framework, Influenza Risk Assessment Tool 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 Assessment Framework.

Preparedness and response framework for novel influenza A

World Health Organization Phases	CDC intervals	Federal Indicators for CDC intervals	State/Local indicators for CDC intervals
Inter-pandemic phase: Period between influenza pandemics	Investigation: Investigation of novel influenza A infection in humans or animals	Identification of novel influenza in humans or animals anywhere in the world with potential implications for human health	Identification of novel influenza in humans or animals in the United States with potential implications for human health
Alert phase: Influenza caused by a new subtype has been identified in humans	Recognition: Recognition of increased potential for ongoing transmission of a novel influenza A virus	Increasing number of human cases or clusters of novel influenza A infection anywhere in the world with virus characteristics, indicating increased potential for ongoing human-to-human transmission	Increasing number of human cases or clusters of novel influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to-human transmission
Pandemic Phase: Global spread of human influenza caused by a new subtype	Initiation: Initiation of a pandemic wave	Confirmation of the first human cases of a pandemic influenza virus anywhere in the world with demonstrated efficient and sustained human-to-human transmission	Confirmation of human cases of a pandemic influenza virus in the United States with demonstrated efficient and sustained human-to-human transmission
	Acceleration: Acceleration of a pandemic wave	Consistently increasing rate of pandemic influenza cases identified in the United States, indicating established transmission	Consistently increasing rate of pandemic influenza cases identified in the state, indicating established transmission
	Deceleration: Deceleration of a pandemic wave	Consistently decreasing rate of pandemic influenza cases in the United States	Consistently decreasing rate of pandemic influenza cases in the state
Transition Phase: Reduction in global risk, reduction in response activities, or progression toward recovery actions.	Preparation: Preparation for future pandemic waves	Low pandemic influenza activity but continued outbreaks possible in some jurisdictions	Low pandemic influenza activity but continued outbreaks possible in the state

Other Pandemic Considerations Learned from the COVID-19 Experience: consideration for leadership team decisions

Monitoring of worldwide health developments – is there an emerging disease of some type?

If so, the considerations are likely as follows:

- What is the official case definition, signs and symptoms, communicability, etc.

Possible travel advisories or restrictions:

- Current list of locations with travel advisories or restrictions based on outbreak situation

- Communication of employee / student travel restrictions (work and personal travel)

- Screening for travel history as part of return to campus

- Return from travel protocols

- Consistent and frequent campus communication as issues change/emerge

- Ensure synchronicity with Federal, State, County, City directives; UT System directives

- Working / learning from home considerations

- Social distancing and safety considerations for the commute to work

- Social distancing at work

- Platooning workers, shifts in labs

- When/how to go to effective 'distance learning'

- Dept of Education notifications when classes change locations, times, etc.

- International office notifications

- Issues regarding equipment to facilitate working from home

- IT security when working from home

- Building signage, banners on building monitors, elevator signage

- Face coverings/masking requirements

- PPE supply chains, shortages, prioritization, extended use and limited reuse of N95s and other PPE, changing N95 brands/models based on availability

- Respiratory protection fit testing and training

- Return to campus notifications/screening

- Return to campus consultations and site visits

- Cleaning/disinfection/verification of indoor spaces

- Daycares and K-12 schools closed and the effect on employees/students

- Communications to university community

- Addressing media requests/needs

- Once developed and approved, dispensing of vaccines; prioritization algorithms

ANNEX R

AED Procedures

UTHealth has placed one AED per floor in each UTHealth owned non-residential building. Generally, the AEDs are located near an elevator in a central location on every floor. The exact location of the AED nearest you can be found on the EHS webpage. For AED maintenance issues please call EHS at 713-500-8100.

CAUTION: Moving the Patient During a Rescue

During a rescue attempt, excessive jostling or moving of the patient may cause AEDs to improperly analyze the patient's cardiac rhythm. Stop all motion or vibration before attempting a rescue.

Step 1: Patient Preparation

Determine that the patient is over 8 years of age or weighs more than 55 pounds (25 kg) and is both:

- ◆ Unresponsive
- ◆ Not breathing

Open the AED lid and wait until the LEDs are lit. The AED will prompt "Stay Calm. Follow these voice instructions. Make sure 911 is called now." The AED will prompt "Begin by Exposing the Patient's Bare Chest and Torso. Remove or Cut Clothing if Needed." Remove clothing from the patient's chest. Ensure the skin site is clean and dry. Dry the patient's chest and shave excessive hair if necessary.

Note: When the patient is a child under 8 years of age or weighs less than 55 lbs (25kg), the AED should be used with the Model 9730 Pediatric Attenuated Defibrillation Pads. Therapy should not be delayed to determine the patient's exact age or weight.

Step 2: Place Pads

The AED will prompt "When Patient's Chest and Torso are Exposed, Remove Square Foil Package from Lid of AED. Tear Open Foil Package Across Dotted Line and Remove Pads." Keep the pads connected to the AED, tear the package along the dotted line and remove the pads from the package. Leave the package attached to the pad wires. After the prompt, "Next, Separate One of the White Pads Completely from Blue Plastic Liner. Begin Peeling from the Tabbed Corner," with a firm, steady pull, carefully peel one pad away from the blue release liner. Then, "Firmly Place the Pad Without the Liner on the Patient. This Pad Can be Placed on Either of the Two Locations Shown." After the prompt "Next, Peel the Blue Plastic Liner Off of the Second White Pad. Firmly Place the Second Pad on the Opposite Location, Exactly as Illustrated," pull the blue liner from the second pad and place in the opposite position indicated.

Note: Cardiac Science's standard defibrillation pads are non-polarized and can be placed in either position as shown on the pad package.

Step 3: ECG Analysis

When the pads are placed, the AED will prompt "Do Not Touch Patient. Analyzing Heart Rhythm. Please Wait." The AED will begin to analyze the cardiac rhythm of the patient. If the pads become disconnected from the AED, the prompt "Make sure pad connector is plugged into AED" will be heard. If this occurs, check to be sure the connector is properly plugged into the AED. If the pads are not properly placed or become loose during the rescue, the voice prompt "Press pads firmly to patient's bare skin" will be heard. When this occurs, ensure that pads are firmly placed on clean, dry skin. If noise is detected during analysis, the AED will warn you with the prompt "Analysis Interrupted. Stop Patient Motion" and restart the analysis. This usually occurs if the patient is excessively jostled or there is a strong electromagnetic emitting electronic device nearby (within 5 meters). Remove the electronic device or stop the excessive motion if you hear this prompt.

Step 4: Shock Delivery

If a shock is advised, the voice prompt will say, "Preparing Shock. Move away from the patient." You should ensure that you and any bystanders are not touching the patient.

For the Powerheart AED G3: When the AED is ready to deliver a defibrillation shock, the Shock button will flash and the prompt "Press Red Flashing Button to Deliver Shock" will be heard. Make sure no one is touching the patient and press the Shock button to deliver a defibrillation shock. If you do not press the Shock button within 30 seconds of hearing the prompt, the AED will disarm and prompt you to start CPR. For the Powerheart AED G3 Automatic: When the AED is ready to deliver a shock, the voice prompt, "Shock Will be Delivered in Three, Two, One" then deliver a shock. Make sure no one is touching the patient. Both models: After the AED delivers the defibrillation shock, the voice prompt will say "Shock Delivered," and prompt you to start CPR. When the AED is charged, it continues to analyze the patient's heart rhythm. If the rhythm changes and a shock is no longer needed, the AED will issue 4-6 Step 5: CPR Mode Version 112-2025-109 B the prompt "Rhythm Changed. Shock Cancelled," and prompt you to start CPR.

Note: During a rescue, the text screen displays voice prompts, elapsed time of rescue and number of shocks delivered.

Step 5: CPR Mode

The voice prompt will say, "It is now safe to touch the patient." The AED will then continue on with instructions for delivery of chest compressions, beginning with, "Place heel of one hand on center of chest between nipples. Place heel of other hand directly on top of first hand. Lean over patient with elbows straight. Press the patient's chest down rapidly one third depth of chest, then release." If this is not the first delivery of CPR, then the AED will prompt, "When instructed give 30 rapid compressions. Then give two breaths. Start CPR." At the end of the compressions, the phrase "Stop compressions" will play. The AED will then continue with the prompt, repeating "Give Breath" twice. Following this, the phrase "Continue with compressions." This cycle will continue until the CPR time expires. At the end of CPR, the phrase "Stop CPR" will be played. The AED will return to the ECG Analysis Mode. If the patient is conscious and breathing normally, leave the pads on the patient's chest connected to the AED. Make the patient as comfortable as possible and wait for Advanced Life Support (ALS) personnel to arrive. Continue to follow the voice prompts until the ALS personnel arrive, or proceed as recommended by the Medical Director.

Step 6: Post Rescue (Call EHS at 713-500-8100)

After transferring the patient to ALS personnel, prepare the AED for the next rescue by calling EHS at 713-500-8100 and they will:

1. Retrieve the rescue data stored in the internal memory of the AED by using RescueLink software installed on a PC.
2. Connect a new pair of pads to the AED.
3. Close the lid.
4. Verify that the Status Indicator on the handle is green.

Recovering Rescue Data (Call EHS at 713-500-8100 to recover data)

The AED is designed for ease of data management and review. The data stored in internal memory can be displayed on the PC screen using the RescueLink software.

The AED can store up to 60 minutes of ECG monitoring time in the AED's internal memory. Multiple rescues can be stored in the internal memory, allowing the rescuer to administer additional rescues without downloading the data to a PC. Should the internal memory become full, the AED will purge rescues as needed, beginning with the oldest rescue. When downloading data, RescueLink will enable the user to select which rescue to download. See the RescueLink application HELP files for more information.

Reviewing Rescue Data

To retrieve data from internal memory:

1. Open the AED lid.
2. Connect the serial cable to the PC and to the AED's serial port under the blue rubber data access cover. The voice prompt will say, "Communications Mode."
3. Run the RescueLink software program.
4. Select Communications, Get Rescue Data.
5. Select Internal Memory of AED then select OK.
6. Select a rescue by clicking on the date and press OK.

Annex S Loss of Water/Boil Water Plan

Checklist for Hospitals, Clinics and Other Facilities

When a boil water event occurs at a hospital, clinic or other facility, there is a potential for exposure to water borne pathogens. Medical professionals must ensure that patients, staff, and the public are protected and must take every appropriate precaution to eliminate possible exposures.

Listed below are actions that will help to control exposures.

Before a boil water event, review and update your emergency response plan:

- Update contact lists for personnel and organizations.
- Use standard infection control practices and work with facility engineering and maintenance staff to identify all routes of exposure to tap water for patients, visitors and staff. Develop standard procedures to control these exposures.
- Identify all procedures, appliances, tanks, equipment, etc. that use tap water, especially where tap water is used for patient care, medical processes, sanitizing, preparing solutions, preparing food and beverages, etc.
- Prepare to meet your water needs. Determine in advance how much water you will need, where you will need it, how you will prepare it or where you will get it. Keep an emergency supply of bottled water on site.
- Develop standard procedures for restoring water use once the boil water event has been solved. Medical facilities have unique equipment and complex plumbing that will require special attention for flushing and disinfection.

During a boil water event, do not use tap water without appropriate precautions:

- The recommended treatment for tap water during a boil water event is to bring water to a full rolling boil for 2 minutes, then cool before use. This may take 20-30 minutes, plan ahead.
- Do not use tap water for: drinking, mixing oral solutions, contact with open wounds or sores, internal treatment or contact within body cavities, patient rinsing, or hand washing. Use boiled water, bottled water, or water from a safe alternate source.
- Identify and control (shut off, bag or post signs) all locations where people can obtain tap water to ingest: water fountains, sinks, spigots, ice machines, etc. Provide drinking water (boiled or bottled) at convenient locations.
- Provide boiled or bottled water in restrooms for patients, visitors, and staff. Although under ordinary circumstances alcohol-based hand sanitizers are an effective and acceptable method of hand decontamination when hands are not visibly soiled, washing hands with soap (nonantimicrobial or antimicrobial) and clean, warm water is the preferred method for hand hygiene after using the restroom.
- Make sure patients and staff on all shifts are aware and understand what to do.
- Any ice made or mixed with ice made since the boil water event began should not be consumed. If the age of ice is uncertain, label it unsafe for consumption and if it does not have a critical use, such as cooling medication or food, discard it.

- Any solution or equipment prepared with water during or just prior to the boil water event should be evaluated before use.
- Adjust or eliminate procedures that are hard to perform with limited water. If appropriate, switch to an acceptable water treatment procedure or an acceptable alternate water supply. Also consider packaged ice from a safe alternate source.
- Some medical equipment provides additional treatment of tap water that may be sufficient to operate without boiling water, but many forms of water treatment may not provide adequate protection.
- Tap water can be used to wash floors and walls and to flush toilets, but should not be used for sanitary surfaces.
- Tap water can be used to wash clothes and linens, as long as they are completely dried with heat before being used.

After the boil water event is over, facility personnel and EHS must take appropriate steps to ensure that the facility water system, plumbing and equipment connected to it are all free of contamination. Some actions that will help you restore normal water use include:

- Flush all water lines. A general flushing recommendation is at least 15 minutes at each tap. Your facilities engineer should be able to advise you on a flushing time appropriate for the layout and complexity of your facility. Then consider washing sinks, fountains, faucets and spigots with a hospital grade disinfectant.
- Appliances, such as your water heater, water filters and water tanks, should also be flushed of at least one tank volume. Water filters should be replaced or have the filter media backwashed per the manufacturer's recommendations.
- All potentially affected equipment that uses tap water, such as your medical equipment, solution machines, beverage machines, dishwasher, and ice machines, should be flushed and disinfected per the manufacturer's recommendations. This should include dedicated water lines and tubing. Run equipment through a full cycle and flush contents to waste.
- Sanitary surfaces, patient contact surfaces, surfaces that will come into contact with utensils and medical tools, and ice bins should be cleaned with a hospital-grade disinfectant solution.