

## ACHA Guidelines

# Emergency Planning Guidelines for Campus Health Services: An All-Hazards Approach

This document, written collaboratively by members of ACHA's Emerging Public Health Threats and Emergency Response Coalition and Campus Safety and Violence Coalition, is designed to assist members of the higher education community, especially those in college health, in planning for emergencies using an all-hazards approach. Its perspective is both macro and micro, beginning with a national model of response and drilling down to the particulars of health service preparedness. The guide is organized to walk readers through the spectrum of emergency preparedness, from planning to recovery, at both the institutional level and the departmental level. Checklists and resources are offered as a planning tool at the end of the document.

## Introduction

The complexities inherent in campus emergency planning are well known to individuals in campus leadership, health services, and emergency management roles. Whether an act of violence, natural/manmade disaster, or public health threat, numerous campus incidents in recent years have demonstrated the importance of preparedness to further protect the safety and well-being of our campus communities.

The capabilities of our institutions to respond to a large scale emergency are as diverse as the demographics of our student populations. However, few of our institutions have the ability to "stand alone" during mass critical incidents and can benefit from working together with campus and community partners to effectively manage emergencies. During an emergency, college health professionals can participate in emergency management through the provision of medical, psychological, and public health expertise, and they can prepare themselves in advance by partaking in training exercises and membership in institutional emergency management teams. Each of us has an individual and collective responsibility to become actively involved in institutional emergency planning in order to assure the safety and well-being of our campus communities, regardless of the hazard.

To assist these efforts, the American College Health Association has developed these guidelines for emergency planning that utilize national preparedness and response systems and an all-hazards approach. These recommendations can assist health services in identifying roles and responsibilities and creating plans applicable to many types of critical incidents, allowing for a seamless interoperability between responders.

## National Preparedness and Response Systems

In order to create a coordinated and successful response, emergency responders within federal, state, county, and municipal agencies use concepts and operational systems within the National Response Framework (NRF). The NRF was developed to address all domestic hazards or threats to or within the United States.

The overriding principles of the NRF are mitigation/prevention, preparedness/protection, response, and recovery. Within each of these areas, the NRF ensures that all response partners:

- Understand the response roles, responsibilities, and relationships across all levels of government, the private sector, and nongovernmental organizations.
- Respond effectively to any type of incident through:
  - 1) immediate actions to save lives, protect property and the environment, and meet basic human needs and
  - 2) the execution of emergency plans and actions to support short-term recovery.

To accomplish this, the NRF utilizes the National Incident Management System (NIMS), a nationwide operations template that enable federal, state, tribal, and local governments, the private sector, and nongovernmental organizations to work together regardless of cause, size, location, or complexity of a hazard in order to reduce the loss of life and property and harm to the environment.

The command structure utilized within NIMS is the Incident Command System, or ICS. ICS is a proven mechanism for the effective management of emergencies that involve either multiple agency response or a single unit.

Several fundamental premises exist within ICS that support its success:

- Planned, organized structure
- Definitive chain of command
- Unity of command
- Standardization of terminology
- Facilities/resources management
- Communications and information management

ICS configurations can vary from most campus tables of organization and require a full understanding and commitment to operational benefits by campus leadership and responders. The adoption of the ICS/NIMS system by campuses for all emergencies is encouraged to provide sound structure and understanding of leadership positions, roles, and responsibilities on campus and enable institutions to work effectively with other agencies.

Further details on NRF, NIMS, and ICS for use in emergency planning development can be obtained at [www.fema.gov](http://www.fema.gov).

The use of the NRF, NIMS, and ICS provides structure so that a campus emergency plan can be flexible, scalable, and adaptable to any type of emergency. Specifics types of critical incidents can be detailed within attached annexes, but the primary structure, roles, responsibilities, and operational management of all hazards remains the same.

All of the recommended constituencies should be involved in preparation, response, and recovery. In order to do this, effective and continuous communication must be maintained. This can be accomplished through regularly scheduled meetings, written collaborative agreements, mutual aid planning, and/or memorandums of understanding. Effective partnerships will also require frequent training in the form of ICS/NIMS training, discussion- and operations-based exercises, and specialized education for some responders.

### **Principles of Emergency Management**

The underlying principles of emergency management included in the NRF are also the basis for the framework for a model of crisis management used by the Department of Homeland Security and the U.S. Department of Education. The following provides an expanded description of these concepts and suggested steps to take by college health services in developing their plan.

### **Emergency Operations Plan Development**

Emergency Operations Plans (EOPs) often begin by determining the purpose, scope, and mission of the

plan. In this section, the purpose of the EOP is identified (i.e., to reduce loss of life and property or to protect the institutional infrastructure).

Using the purpose statement, the scope or range of the EOP must then be defined. The scope is often organized by listing the types of critical incidents covered and levels of response to be used based on the impact of the emergency on the institution. The mission of the plan will further describe how the overall purpose of the EOP will be accomplished.

### **Governance, Command, and Control of Critical Incidents**

Governance, command, and control require the identification of individuals within the institution who will be responsible for emergency declaration, hazard level, and plan activation. It also provides the location of the institution's Emergency Operations Center (EOC) and assigns Incident Command System roles for individuals reporting to the EOC. Some campuses utilize members of the Emergency Management Team (EMT) to staff the EOC. A list of suggested EMT members can be found in Appendix A. At this point in plan development, the roles and responsibilities of members of the campus and surrounding community should be defined. This includes general actions in all emergencies for faculty, staff, students, administrators, the EMT, and off-campus collaborators.

An effective Emergency Operations Plan should include a detailed plan of standard procedures that have the potential to avert all types of crises. In the same manner, the plan should also integrate mitigation concepts, such as building codes, sprinkler systems, public health actions (e.g., social distancing) that can minimize the impact of an existing emergency on campus. Institutions of higher education frequently use prevention strategies that are not often identified in the EOP, such as fire drills, safety briefings, structural inspections, and vaccination initiatives.

An effective EOP should be highly inclusive of all activities related to specific hazards that assist in prevention of an incident and integrate mitigation strategies into response sections.

### **Communication**

Crisis and Emergency Risk Communication (CERC) principles and guidelines were developed by the U.S. Department of Health and Human Services to assist planners in establishing a strategy for effective communication. The CDC defines CERC as encompassing the urgency of crisis communication with the need to communicate risks and benefits to stakeholders and the public. The key values of the CERC plan are to "be first, be right, be credible." These communication principles are

useful for all key players in emergency response. Even if you are not responsible for responding to the media, all key players should be responsible for communicating critical information to someone in the chain of command. Readers are encouraged to learn more about emergency communication and training at [www.bt.cdc.gov/cerc](http://www.bt.cdc.gov/cerc).

The *Clery Act* requires every Title IX institution, without exception, to have and disclose emergency response and evacuation procedures in the event that a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees occurs on the campus. An “immediate” threat can include an imminent danger, such as an approaching forest fire, or a current emergency such as a fire raging in a classroom building.

Examples of emergency or dangerous situations include:

- Outbreak of meningitis, norovirus, or other serious illness
- Approaching tornado, hurricane, or other extreme weather conditions
- Earthquake
- Gas leak
- Terrorist incident
- Armed intruder
- Bomb threat
- Civil unrest or rioting
- Explosion
- Nearby chemical or hazardous waste spill

Examples of situations that would not necessitate an emergency response include:

- Power outage
- Snow closure
- String of larcenies

An important first step for a newly-formed campus emergency response leadership team is to identify which departments on campus are in charge of specific functions. These functions include public and media communications, government relations, and communication infrastructure (phone and internet). Individuals from these designated departments should be included in the emergency planning committee membership.

Leadership should determine which department has primary responsibility for each of the areas listed below and the types of interdepartmental collaboration required to effectively carry out the required activities. Campus health services should develop a similar process for establishing a communication protocol within their own operation.

### **Internal Communication**

- Identify who will be in charge of communications, as well as one or two persons in backup positions in case the key persons fall ill or become injured.
- Establish a central reporting plan for daily monitoring of the prevalence of illness or number of injured on campus, including: employee absences, number of students in isolation and quarantine, number of laboratory confirmed cases, and number of students transported to the hospital.
- Establish a calling tree for notification/alerts to essential personnel.
- Identify all possible means of communicating with students, staff, faculty, parents, and outside constituents (recruiters, vendors, community business owners) including internet, landlines and cell phones, posters, and hand radios.
  - Collaborate with communication and technology departments on campus to discuss communication capabilities, limitations, and systems testing.
- Provide information to the campus community on: the status of the disaster or disease on campus; travel advice; self-care; personal preparedness planning; proper hand washing techniques and cough etiquette; federal, state, and local public health resources; and how/when to access services in case of illness or injury.
  - Communicate early and often. Share emergency planning status with the campus community.
  - Collaborate with media relations for assistance with crafting messages and disseminating them to on-campus and off-campus constituencies.
  - Craft messages in advance that can be easily revised if necessary.
  - Ensure materials are easy to understand and culturally appropriate.
  - Identify individuals who can act as translators and consider translating materials into different languages as appropriate for the student population.

### **External Communication**

- Establish and maintain communications with the local public health authorities, emergency preparedness groups, and hospital system(s) regarding surveillance, case identification and reporting, control measures, and health care provision.
  - Identify key contacts within each system and update lists regularly so that the contact names are correct.
  - Participate in community drills/plans.

- Benchmark the activities/planning of other colleges and universities, including campus health services.

## **Psychological Impact of Crisis**

In emergency settings, most people experience psychological distress (e.g., strong feelings of grief, sadness, fear, or anger). Interventions that quickly allow a person to recognize when physical danger to life and limb has been reduced or eliminated can improve psychological functioning. Examples of such interventions include ready access to information on emergency relief efforts, as well as to information that permits a person to realistically assess the level of personal danger and define reduction strategies.

Similarly, providing access to social supports can reduce the intensity and length of a person's crisis response. Supports may include crisis counselors, campus and community personnel, as well as family and peers. Defining and encouraging the use of positive coping strategies to manage stress, fear, uncertainty, and loss permits most individuals to regain equilibrium more quickly. In most situations, the majority of affected individuals will gradually start to feel better.

It is important to educate all members of staff and faculty on how to reach out to students and other members of the campus community in the aftermath of a crisis. Written communications to these audiences during and after the crisis period allows faculty and staff to provide support and education, disseminate information on crisis resources, and direct individuals requiring psychological assistance to the appropriate areas.

Since individuals affected by a crisis often initially present through primary care, it is important for health care professionals to screen for stress-related symptoms and emotional distress. Effective coordination of care is critical in providing quality services and enhancing the psychosocial well-being of people living through a stressful episode. Coordination between the counseling and health center staff allows for mutual support during screening and intervention. This coordination can help reduce any stigma associated with seeking mental health services.

Making available culturally appropriate educational information can be a useful means of encouraging positive coping methods. The aim of such information is to increase the capacity of individuals, families, and communities to understand the common ways in which most people tend to react to extreme stressors and to learn how to attend effectively to their own psychosocial needs and to those of others.

Positive coping strategies include:

- Reaching out to others for support
- Taking time to relax and stay physically active

- Re-establishing and maintaining normal daily routines
- Openly talking about fears and concerns
- Staying resilient and positive in attitude
- Helping others

Individuals from different cultures may value and approach these strategies differently.

Individuals need to be reassured that the emotional, physical, and behavioral responses they may be experiencing after a trauma are often normal. Typical initial responses to crisis include the following:

- Fatigue
- Hyper-vigilance
- Headaches, sweating, gastro-intestinal issues
- Disruption of sleep/appetite
- Social isolation, "numbing" of feelings
- Nightmares, "flashbacks"
- Problems with concentration and memory
- Intensified moods and emotions
- Reduced motivation and focus

It is important to recognize that there is not one "normal" pattern of reaction to the extreme stress of a traumatic event.

There are numerous factors that can affect the length of time required for individual recovery. Factors may include the intensity and duration of the crisis, a person's general ability to cope with challenging situations, other stressful events that may have occurred in the person's life, pre-existing psychiatric or health issues, availability or lack of social supports, and general resiliency.

Some individuals will need professional assistance beyond the initial mental health crisis response. Other individuals may experience delayed responses that become more disruptive after the crisis period has passed. Research has shown that suicidal ideation and attempts are more likely to increase in the months following a disaster, rather than immediately after it. Campus personnel assigned to monitor and assure appropriate use of health care and counseling resources in emergency situations should ensure that post-crisis systems are in place that permit continued identification, assessment, and care of individuals experiencing continued post-crisis difficulties.

Caregivers and emergency response personnel also require additional methods of stress management and recovery options during and after the crisis period. This may include:

- Stress debriefing meetings
- Counseling and support
- In-service education regarding self-care
- Work rotation schedules and respite

It is important to note that if symptoms of distress do not dissipate in a period of weeks or become worse, individuals affected should seek professional help through the campus counseling services or a community option.

### **Mitigation/Prevention**

It is important to remain cognizant that campuses cannot prevent the occurrence of all critical incidents, especially in the case of natural and manmade disasters; however, they can take steps within the planning process to identify risk reduction strategies that prevent potential incidents when possible and identify actions that will mitigate the impact of an actual emergency. This first premise is often one that is overlooked during the process of developing a preparedness plan. Institutions of higher education have a unique opportunity to create systems that monitor potential risks. The formation of behavioral intervention teams to decrease the risk of acts of violence, the implementation of risk reduction strategies, and the development of exposure policies and procedures during public health outbreaks are examples of these systems.

### **Preparedness**

Emergency preparedness is an interdepartmental project involving input from various constituencies working on a plan over time with realistic deadlines. One or two individuals on a campus cannot accomplish effective emergency planning in a few weeks. It requires a broader effort that involves individuals responsible for key functions and areas of responsibility.

Determining the status of emergency planning on your campus is a good first step toward preparedness:

- Find out if your institution has policies, procedures, structures, or templates currently in use to respond to emergencies and whether they can be adapted to all hazards.
- Determine who is responsible for emergency preparedness planning on your campus.
- If your school does not have a plan in place, determine whom you need to engage in the conversation to get emergency planning on the agenda.
- Determine if your school has participated in National Incident Management System (NIMS) training/certification.

Below is a list of key considerations to be addressed in pre-event emergency response planning. The extent of engagement and planning will be dependent on the number of staff, resources, and services that are available to the school. Some items will apply to some services and not to others.

### **Plan for Mission Sustainment.**

- Mission Sustainment has been described as what you do after the event and all of the injured people have been removed from the scene.
- The most effective Mission Sustainment starts with the planning that occurs before a disaster occurs. Your school may already have a Continuity of Business Operations plan in place; use it as a starting point. This plan should include information on how to continue campus or health service functions in case of disruptions in computer systems, utilities, transportation, supply chains, etc. Sustainment starts with the planning that occurs before a disaster occurs.
- Identify alternative locations, either on or off campus, for the provision of health care services in case the regular health care facilities are damaged or unusable.

### **Identify key members of the campus Emergency Management Team (EMT).**

- EMT membership should include representation from executive leadership, as well as leaders of key functional units who would constitute the response team. Additional individuals from specific departments may be included in the planning process stage depending on the specific incident plan that is being developed and may not be considered part of the core Emergency Management Team.
  - The committee must identify a facilitator to ensure continuation of the process. The facilitator is often the individual designated as the campus Emergency Manager and may also be the Incident Commander for all emergencies
  - If your school has a template for emergency response already in place, review the membership and revise if needed.
  - Include legal counsel and risk management in your planning. There will be many ethical and legal issues to consider and these experts should be consulted when policies and guidelines are being discussed and written, especially in the areas of human resource management, safety and security, and rationing of scarce resources.
  - For a list of suggested Emergency Management Team members see Appendix A.

### **Identify appropriate channels of communication and chain of command.**

- Identify a chain of command and who the decision makers are at various levels of operation using an ICS structure.

- Identify an incident commander that is primarily responsible for coordinating and directing all types of critical incidents and advising to the executive team (president, provost, CFO).
- Identify a key spokesperson for the institution and develop standard procedures for disseminating public information (see Communications).
- Leaders will not necessarily be spared illness or injury. The plan should identify several persons who could fill each specific role or alternates to serve in their absence.
- Identify the method by which the related essential groups work together.
- Define and explain roles and responsibilities in the operational plans for each department.

#### **Identify the role of campus health service.**

- Determining the role that student health is expected to play in the campus plan is essential to planning a response and will differ from campus to campus.
  - Under some circumstances, the administration may look to college health professionals to act in a lead role with the director of the health service designated as incident commander; on other campuses, the health service director may be in more of an advisory role to the incident commander. Regardless of the nature of the role that is ultimately defined as appropriate on any given campus for a particular incident, college health professionals have a responsibility to actively participate in emergency management and lead, if appropriate, emergency management efforts.
  - Other factors may also affect campus planning, such as:
    - the size and location (urban or rural) of the campus,
    - the available resources, both human and financial,
    - affiliation with a medical school and/or hospital system, and
    - the demographics of the student body.

#### **Campus Health Service Staff Education and Preparedness**

- Engage staff in emergency planning and provide exercises and drills to rehearse response plans; revise as necessary to ensure that staff know and understand the plan before an emergency occurs. Coordinate drills with multiple departments across campus.

- Encourage college health services staff to seek specialized training in psychological first aid, mass casualty triage, and public health threats.
- Provide college health services staff with incident command system training. Suggested courses include:
  - IS-100.HCb-Introduction to the Incident Command System (ICS 100) for Healthcare/Hospitals
  - IS-200.HCa [Applying ICS to Healthcare Organizations](#)
  - IS-700.a [National Incident Management System \(NIMS\) An Introduction](#)
  - IS-800.b [National Response Framework, An Introduction](#)
  - IS-808 [Emergency Support Function \(ESF\) #8–Public Health and Medical Services](#)
  - G-300 Intermediate Incident Command System for Expanding Incidents
- Provide regular updates to staff regarding emergency procedures, recommendations for treatment protocols, appropriate infection control procedures, and status of prophylactic medication and vaccine development. Encourage staff participation in webcasts, disaster response training seminars, and other continuing education programs as they become available.
- Provide regular updates for staff regarding emerging infectious diseases or other health threats, recommendations for treatment protocols and appropriate infection control procedures. Monitor CDC, WHO, ACHA, and state health department notification system websites for the latest developments and updates on planning recommendations.
- Encourage staff to make personal emergency preparedness plans for their families so that they will be better able to fulfill their role as a responder in the event of an emergency.
- Engage staff in discussions regarding their anticipated psychological and emotional support needs during and after an event.
- Encourage vaccination of all staff against communicable diseases such as influenza and hepatitis B. Fit test staff with direct patient care responsibilities with N95 respiratory protection annually and provide in-service training on proper use of personal protective equipment. If you have a campus Department of Environmental Health and Safety, they may be able to assist you in this area.
- Identify resources for food and on-campus lodging for staff in the event staff cannot or do not wish to commute home.
- Establish a structure for recording and reporting key activities, events, and decisions made during the crisis.

- Review the Emergency Operations Plan with all faculty, staff, and students annually. Brief all new personnel on the plan as they join your organization.
- Develop internal emergency planning response procedures that follow the campus EOP format.
- Identify staff roles and responsibilities for all types of critical incidents.

### **Supplies/Equipment/Services**

When an emergency event occurs it may be difficult, if not impossible, to obtain medical supplies. Purchasing ahead and maintaining a small store of nonperishable goods is a prudent strategy. Quantities should be based on a best estimate of the number of students, faculty, and staff who may not be able to leave campus.

- Compile a list of supplies that might be needed for various medical emergencies, such as respiratory protection equipment, gloves, gowns, protective eyewear, medications (antibiotics), disinfectants, potable water, IV fluids, and other trauma supplies. (See Appendix B.)
- Identify supply sources and a storage area.
- Provide administration with a cost estimate for securing supplies.
- Identify vendors and resources, in advance, for obtaining additional supplies quickly.
- Identify sources able to supply vaccines, anti-toxins, and immune globulin by engaging in discussions with the local and state health departments.
- Work with your local and state health department in setting up a POD (Point of Dispensing) on campus in cases where mass distribution of medications or vaccines are needed.
- Maintain a stock supply of necessary medications and equipment; inventory and rotate supplies as appropriate.
- Establish a plan for continuation of cleaning services and waste removal services, including triggers that will necessitate an increase in frequency of the scheduling of these services.
- Investigate the feasibility of establishing negative pressure rooms in the campus health service, equipment necessary, and cost/benefit. Consult with the Department of Environmental Health and Safety on your campus for assistance in this area.

### **Clinical Care and Triage Management**

Expect that hospital systems and 911 will be overwhelmed. Only persons in a life-threatening situation

will be considered for admission, leaving the majority of ill or injured students to be cared for by university staff, particularly those staff in health services and student affairs.

Every health service, with the involvement of the Emergency Management Team, should clarify their role and the best way to contribute to the delivery of care during an emergency event. Triage and management planning may include the following:

- Consider cancelling classes and asking students to leave campus.
- Prepare for a possible reduction in the campus health services workforce. Consult with Human Resources regarding the recruitment of volunteers campus-wide willing to be trained to assist in providing care for the ill or injured. Risk management and university legal counsel should be included in these discussions as well.
  - Develop a list of trained volunteers who could assist with answering phones, moving supplies, and providing bedside assistance to the ill.
  - Develop a training plan that includes training on the use of personal protective equipment.
  - Develop telephone triage protocols.
  - Develop a clinic schedule based on 24/7 operations to determine staffing needs.
- Establish networks of communication and lines of authority required to deliver onsite care.
- Develop a plan for suspension of non-emergency services.
- Develop a protocol for communicating with local health department and hospital emergency rooms, including a system to track students who go to hospitals or other care facilities and a protocol for transport of students to the hospital if 911 is not available.
- Develop a plan for setting up an infirmary and expanding clinical space, including identification of alternate locations and equipment and supply and staffing needs.
- Develop a contingency plan for managing health care needs in the event that you exhaust human resources and supplies.
  - Identify community resources that students could access.
  - Engage in discussions with community resources in advance so that they understand the needs of the student population and you understand their disaster and operating protocols.

- Develop a plan for efficient triage, treatment, and discharge of patients that can be easily adapted to the particular requirements of the emergency situation. Develop a system of in-person and telephone triage of patients that takes high volume into account.
- Develop clinic signage and voice messages that would give ill/injured students directions on how to access services.
- Develop a protocol for monitoring/reporting cases residing in on- and off-campus apartments and residences.
- Develop a protocol for care of the deceased that addresses storage until transfer and notification of the family.
- Develop a plan for conducting mass immunization clinics.
- Develop a protocol for communicating with parents.

### **On-Campus Partnerships**

A comprehensive campus response to emergencies requires collaboration among various departments. Consideration of the particular issues that must be addressed given the nature of the event may vary but opportunities to work in tandem with others to address the emergency needs of the campus should be carefully considered. Partnerships with counseling services, housing and dining services, residence life, campus police, physical plant, study abroad, academic affairs, business affairs, human resources, and others should be explored in the emergency planning process.

### **Common Guidelines for Campus Departments**

- Designate Emergency Coordinators and Emergency Management Team Members
- Establish emergency communications (e.g., land lines, cell phones, emails, internet communication, social networking media, hotlines, etc.)
- Identify essential functions and personnel.
  - The key elements in any plan are based on understanding and defining the essential functions that are critical to the response and the essential personnel responsible for those functions.
    - Some critical functions and personnel will vary according to the nature of the emergency. For example, response to a fire in an academic building will involve a somewhat different set of functions and personnel than a pandemic. Identify several personnel who could perform each function in case individuals who are typically in charge of various operations become injured or are unavailable.

- Student services typically housed under student affairs will be critical, and personnel supporting those services are likely to be the most taxed in an emergency.
- Identify Emergency Locations.
  - Every department should designate emergency locations where operation centers will convene. Include a primary and alternate location as well as an outside location.
- Develop a plan for evacuation of your facility.
- Formulate and rehearse plans to address anticipated employee and student needs, including but not limited to needs of students and employees with disabilities.
- Decide how to manage your Emergency Operations Plans.
  - Consider keeping your Emergency Operations Plans in a loose-leaf binder or on a shared drive for easy customization and updating.
  - Keep multiple copies of the plans in accessible locations throughout the campus.
  - Incident commanders and senior administrators should keep a copy of their plans at home or be able to access it online from home or elsewhere.
  - Consider putting your Emergency Operations Plans on a secure web site for easy updating and easy accessibility.
  - Consider attaching incident-specific annexes to the campus Emergency Operations Plan.

Below find some specific points that may be relevant to partners when developing various emergency response plans.

### **Academic Affairs**

- Develop a policy to cancel classes and events where students congregate (athletic games and practices, social gatherings, etc.)
- Develop a policy or guidelines to address academic concerns of students absent from classes due to injury, illness, or quarantine.
- Consider the need to develop a procedure for students who are in isolation or quarantine to obtain excuse notes. Include the possibility of suspending the need for excuse notes during emergencies.
- Develop and disseminate alternative procedures for completing course work (e.g., web-based instruction and lessons, assignments delivered via traditional mail).



### **Admissions/Financial Aid**

- Develop a plan for reviewing applications and recruiting in the absence of face-to-face interviewing or campus visits.
- Discuss contingency plans for issues dealing with financial aid, withdrawal from school due to illness or injury, and other factors related to tuition and registration.

### **Business and Finance**

- Discuss the potential financial ramifications of a disaster and estimate the impact and identify emergency funding to cover purchases and business continuation.
- Collect information from departments (e.g., student health, dining, housing) on costs for stockpiling supplies.
- Develop procedures for rapid procurement and payment for supplies, equipment, and services.
- Develop a plan for ensuring the continuation of payroll and accounting operations in the face of high employee absenteeism.
- Formulate and rehearse plans to address anticipated financial needs.

### **Campus Security**

- Develop procedures for securing buildings, protecting stored supplies, and restricting access to campus.
- Establish ongoing communication with local police, fire, and emergency response personnel in order to coordinate efforts for managing safety issues.
- Develop triage protocols for responding to students in distress either due to illness or injury or illness/injury of others or requesting transport for medical care.
- Establish a communication plan with student health and counseling services, residence life, and student affairs for reporting calls and transports.
- Participate in training regarding first aid/first response.
- If campus police will be involved in student transport because other emergency transport is not available:
  - Train in use of personal protective equipment and fit test for N95s.
  - Equip vehicles with disinfectants, surgical masks for persons being transported, gloves, and hazard waste bags.

### **Central Administration**

The institution's senior administrators must recognize the potential impact of a campus-wide emergency and be committed to emergency management planning, including the anticipated preparedness costs.

### **Counseling Services**

Counseling services should develop a plan for providing 24/7 counseling services for students, staff, faculty, and families who are directly or indirectly impacted by an emergency event. The plan should include arrangements for providing services both during the emergency and when the campus is in the recovery phase. Planning considerations include:

- Establishing training opportunities in emergency response and psychological first aid for counseling center staff.
- Establishing protocols for providing services via telephone and internet.
- Establishing protocols for suspension of regular operations.
- Strategies for meeting the needs of an increased number of clients, including the identification and establishment of partnerships with community providers.
- Developing a plan for communicating access to and availability of mental health resources and services.

### **Dining Services**

- Develop a plan to ensure the ongoing provision of food services in the event of a reduction in work force.
- Create a list of non-perishable foods and drinks (including water) that can be stockpiled and stored.
- Determine quantities needed by estimating the percentage of students who may not be able to go home and will be dependent on campus dining services for food for a 5-8 week period.
- Include the need to provide food for health care staff, facilities staff, or other key personnel who may need to shelter in place.
- Develop a plan to provide food for first responders, parents, and families during and after a critical incident.
- Develop a procedure for delivery of foodstuffs to residential areas, quarantined students, and the infirmary.
- Enlist Human Resources assistance to identify volunteers to supplement food services staff.

- Engage staff in emergency planning and provide exercises and drills to rehearse the plan and revise as necessary. Participate in campus drills as available, such as in conjunction with campus health services.

### **Housing Services**

- Identify rooms and buildings that could be used for quarantine, isolation, and residence for students and Emergency Management Team members who cannot go home. Public health authorities may suggest utilizing residential space that does not have a centralized ventilation system to avoid spread of aerosolized pathogens during public health emergencies. Develop a procedure for closure and evacuation of campus residence halls and houses not in use during the emergency.
- Develop procedures for notifying and relocating students.
- Develop plans for continuation of housekeeping services and stockpiling items such as cleaning and disinfecting supplies, facial tissues and toilet paper, and disposable towels.
- Ensure that housekeeping personnel receive training regarding personal protection and proper cleaning procedures.
- Identify communication protocols between housing services and residence life staff.
- Engage staff in emergency planning and provide exercises and drills to rehearse the plan and revise as necessary. Participate in campus drills as available, such as in conjunction with campus health services.

### **Human Resources**

- Coordinate the identification of essential personnel and ensure that departments have several identified personnel who could do each job.
- Develop a policy to require cross training of essential personnel.
- Encourage staff and faculty to update emergency contact information.
- Prepare call-off guidelines and review vacation/sick leave guidelines for applicability in a disaster event.
- Liberal, non-punitive policies should be established in order to ensure compliance with public health recommendations.
- Establish return-to-work guidelines consistent with public health recommendations.
- Prepare communications for supervisors and the campus work force addressing guidelines related to reporting of ill or injured, business travel procedures,

information to persons returning from affected areas, and access to mental health resources (e.g., Employee Assistance Programs).

- Prepare work-at-home guidelines that address telecommuting issues.
- Assist in the recruitment of a temporary or volunteer work force and identification of cross-training needs.

### **International Student and Study Abroad Student Services**

- Develop procedures for monitoring student travelers entering the campus from affected regions and providing information to health services.
- Develop a plan for communicating with international students and their families regarding travel restrictions and re-entry.
- Develop a plan for communicating with students who are studying abroad or plan to study abroad.
- Develop guidelines for temporary closure of study abroad programs.
- Communicate with study abroad program leaders about planning procedures for sheltering-in-place, closure decisions, and resources for assisting students who cannot get home.

### **Physical Plant and Maintenance**

- Develop plans to assure the ongoing provision of essential services in the event of a reduction in work force.
- Discuss contingency plans, including the availability of emergency generators, in case of fuel, water, and energy shortages.
- Identify buildings that could serve as triage, treatment, or storage centers.
- Identify building ventilation systems, especially in those areas considered for quarantine, isolation, and health care delivery.
- Stockpile appropriate cleaning supplies.
- Formulate and rehearse plans to address anticipated campus needs.

### **Research**

Some researchers may be able to continue working during a disaster, especially if they are working alone or in small groups in spacious labs. The ability to continue research will to some extent be dependent upon the type of incident, safety issues, and the availability of other support services (e.g., Environmental Health and Safety and Physical Plant).

- Determine campus buildings that may remain open for research.

- Establish a plan for maintaining security in laboratory spaces.
- Establish a plan for care of laboratory animals if research ceases due to safety issues or high absenteeism among the animal handlers.
- Establish a plan for specimen storage and managing experiments in process.

### **Residence Life**

- Establish protocols for communication with student health services for surveillance and reporting illness or injury in the residence halls.
- Establish protocols with housing to assist with the relocation of students and closure and evacuation of residence halls.
- Formulate and rehearse plans to address anticipated student needs ranging from delivery of food and medication to providing emotional support.
- Engage staff in emergency planning and provide exercises and drills to rehearse the plan and revise as necessary. Participate in campus drills as available, such as in conjunction with campus health services.

### **Risk Management**

- A risk assessment needs to take into consideration a broad view of the potential impact of the emergency.
- Liability issues and the impact of ethical decision making should be considered.

### **Evaluate and Improve**

Evaluation and continual process improvement are necessary for effective preparedness. Departments should plan regular training of staff, review of procedures, and performance of emergency preparedness exercises and drills. Performance should be evaluated after each exercise or drill, with the purpose of identifying areas for improvement and instituting corrective action.

### **Response**

Once an incident occurs, priorities shift from planning to implementation to save lives and protect property. Four key actions typically occur in the response phase:

- 1) Gain and maintain situational awareness;
- 2) Activate and deploy key resources and capabilities;
- 3) Effectively coordinate response actions; then, as the situation permits,
- 4) Demobilize.

### **1. Gain and Maintain Situational Awareness**

Situational awareness requires continuous monitoring of relevant sources of information regarding actual and developing incidents. The scope and type of monitoring vary based on the type of incident.

### **2. Activate and Deploy Resources and Capabilities**

When an incident occurs, responders assess the situation; identify and prioritize requirements; and activate available resources and capabilities to save lives, protect property and the environment, and meet basic human needs. In most cases, this includes development of incident objectives based on incident priorities and the development of an Incident Action Plan by the Incident Command in the field. Key activities may include:

- Activate people and resources to organize and coordinate an effective response. The resources and capabilities deployed and the activation of supporting incident management structures should be directly related to the size, scope, nature, and complexity of the incident.
- Identify needs and position resources based on asset availability.
- Request additional resources and capabilities through mutual aid and assistance agreements or state or federal governments as needed.
  - Request activation of Incident Management Teams (IMTs) as required. IMTs are incident command organizations made up of the command and general staff members and appropriate functional units of an Incident Command System organization. The level of training and experience of the IMT members, coupled with the identified formal response requirements and responsibilities of the IMT, are factors in determining the “type,” or level, of the IMT.
  - Request activation of specialized response teams, such as search and rescue teams, hazardous materials response teams, public health specialists, or veterinarians/animal response teams, as required.

### **3. Coordinate Response Actions**

The efficiency and effectiveness of response operations are enhanced by full application of the NIMS with its common principles, structures, and coordinating processes. Specific priorities include:

- Coordinate initial actions with local authorities, such as law enforcement, fire departments, and emergency medical services. As the incident unfolds, the on-scene Incident Command develops and updates an Incident Action Plan, revising courses of action based on changing circumstances.
- Identify resources and capabilities that must be deployed, received, staged, and efficiently integrated

into ongoing operations by established systems. Incident Command should continually assess operations and scale and adapt existing plans to meet evolving circumstances.

- Coordinate public information strategies. By developing media lists, contact information for relevant stakeholders, and coordinated news releases, the communications staff facilitates dissemination of accurate, consistent, accessible, and timely public information to numerous audiences.

Specific response actions will vary depending upon the scope and nature of the incident. Response actions are based on the objectives established by the Incident Command. Response actions include but are not limited to:

- Warning the public and providing accessible emergency public information.
- Implementing evacuation and sheltering plans that include provisions for special needs populations and household pets.
- Performing search and rescue.
- Treating the injured.
- Providing law enforcement and investigation.
- Controlling hazards (extinguishing fires, containing hazardous materials spills, etc.).
- Ensuring responder safety and health.

#### **4. Recovery/Demobilization**

In the recovery phase, the organization moves toward restoration of pre-event services, operations, and activities. Recovery may take place over a matter of hours, days, or weeks depending upon the nature, extent, and duration of the emergency event. Development of a recovery plan should include the following components:

- Criteria for calling an end to the crisis and resuming pre-event health care service, campus business, and other activities. This will likely include collaboration with community partners.
- The sequence and timeline for restoration of operations and essential services/activities.
- A communication plan for advising employees, students, and other partners and constituencies of the resumption of services.
- A plan to debrief faculty, staff, and students post-event and provide resources for assisting those in need of psychological, financial, and social support.
- A method for evaluating the effectiveness of the execution of the emergency response. Persons who had a role in the emergency response should have the opportunity to provide feedback regarding how well actions were carried out, how effective they were, and what could be done in the future to improve the response.

## **Appendix A: Emergency Management Team (EMT) Membership**

The response capability of an institution of higher education is dependent on both internal and external partnerships and the collaborative nature of those resources. A comprehensive assessment of needs for all types of emergencies is a vital component of the planning process and integration of those resources into an emergency operations plan is critical to a successful plan. Because EMT membership often reflects the organizational structure of the individual college or university, it may include additional or different areas than those listed.

Typical campus departments to be considered may be:

- Director of Emergency Management
- Institutional President
- Vice President for Academic Affairs/Provost
- Vice President for Student Affairs
- Vice President for Business Affairs
- University Counsel
- Dean of Students
- Senior Public Affairs Officer
- Chief of Police
- Director, Health Services
- Director, Counseling and Psychological Services
- Director, Dining Service
- Director, Human Resources
- Director, Facilities Management
- Director, Housing/Residence Life
- Director, Risk Management or Environmental Safety
- Director, Parent Services
- Student Government Representative
- Athletic Department Representative
- Dean, Undergraduate Studies
- Dean, Graduate School
- Academic Advising Representative

Recommended community partnerships may vary dependent on an institution's individual capabilities but could include:

- Police departments
- Fire departments
- State/county/municipal emergency management
- Emergency medical services
- State/county/municipal health departments
- Community Emergency Response Teams (CERT)
- Medical Reserve Corps
- Counseling representatives
- Volunteer organizations
- Housing boards
- Health care coalitions
- Department of health
- Fusion Centers
- Emergency Support Function (ESF) #8—Public Health and Medical Services

## **Appendix B: Emergency Supply List**

Once a disaster occurs or a pandemic starts, it will be difficult, if not impossible, to secure needed supplies due to increased demand coupled with delays in shipments because of fuel shortages, transportation difficulties, and illness or injury in the transportation industry. Schools should determine whether stockpiling of critical supplies would be prudent and, if so, the amount of funding necessary to establish and store supplies.

Below is a general list of supplies that Campus Health Services might consider stockpiling. The list is intended to be helpful but not prescriptive, recognizing that the services that campus health may provide will vary from campus to campus.

- Ace wraps
- Adhesive tape (1 inch and 1/2 inch)
- Angio caths (#20 and #22 needles)
- Band-Aids
- Basins
- Batteries (extra for nebulizer, pulse oximeter, or other devices)
- Bedpans
- Betadine
- Biohazard bags
- Blankets
- Blood pressure cuffs
- Burn kits
- Disinfectant cleaning agents
- Disposable thermometers
- Emesis basins
- Exam drapes
- Exam table paper
- Gauze bandages
- Gloves (latex and vinyl, sterile and non-sterile)
- Glucometer and test strips.
- Gowns
- Hand washing solutions
- IV administration kits
- IV fluids
- IV tubing
- Medications
- NIOSH-certified N95 or equivalent respirator face shield, visor, or goggles
- Non-sterile long-sleeved gowns (disposable and fluid resistant)
- Oral fluids (sports drinks, apple juice, bottled water, soda)
- Oxygen, masks and tubing
- Paper products
- Peak flow meters
- Personal protective equipment
- Pillowcases
- Pillows
- Pretzels, crackers
- Pulse oximeters
- Scalpels
- Slings
- Splints
- Surgical masks
- Sutures and suture kits
- Syringes
- Thermometer probe covers
- Tongue depressors
- Urinals

## **Appendix C: Checklist for Emergency Preparedness**

### **Operations**

- Identify an Operations Center.
- Identify and train personnel who will work in an emergency.
- Identify a location for working in an emergency.
- Identify equipment and information needed for working in an emergency.
- Identify a back-up location off-campus for working in an emergency. One possibility is a local hotel, which will have telephones, bathrooms, food, and large rooms.

### **Communication**

- Set up a communication plan for employees that uses a variety of communication techniques (beeper, cell phone, paging, enunciators, signs, posters, bulletin boards, radio, television, Twitter, Facebook, and Nexil) so that information can be distributed to personnel.
- Update personnel as needed using the appropriate communications methods.

### **Evacuation Plans**

- Set up evacuation plans for the relevant parts of your university.
- Inform employees as to who can decide to evacuate a work area.
- Set up an evacuation area where employees will meet. It is often best to set up an evacuation area that is inside a building (to protect employees from outside heat or cold), near bathrooms, and near sources of food.

### **Shelter-in-Place Plans**

- Set up shelter-in-place plans for situations in which work areas do not need to be evacuated.
- Inform employees as to who can decide they need to shelter-in-place

### **Areas of Rescue Assistance**

- Identify Areas of Rescue Assistance for employees who are not able to leave work areas on their own.
- Inform local emergency personnel of those who may need to be rescued and where the areas of rescue assistance are located.

### **Distribute Plans**

- Distribute plans to key personnel.
- Exercise plans at least biannually.
- Update plans at least annually.

## References

The following references were used in the creation of this document:

“Crisis and Emergency Risk Communication,” Centers for Disease Control and Prevention, April 2010.  
[www.bt.cdc.gov/cerc/](http://www.bt.cdc.gov/cerc/).

“National Response Framework,” US Department of Homeland Security, May 2013.  
[www.fema.gov/pdf/emergency/nrf/nrf-core.pdf](http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf).

“Tips for Recovering from Disasters and other Traumatic Events,” American Psychological Association.  
[www.apa.org/helpcenter/recovering-disasters.aspx](http://www.apa.org/helpcenter/recovering-disasters.aspx).

U.S. Department of Health and Human Services. *A Guide to Managing Stress in Crisis Response Professions*. DHHS Pub. No. SMA 4113. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005.

“What is posttraumatic stress disorder?” National Center for Post-Traumatic Stress Disorder, 2005.  
[www.ncptsd.va.gov/facts/general](http://www.ncptsd.va.gov/facts/general).

## Resources

**ACHA Emerging Public Health Threats and Emergency Response Coalition**  
[www.acha.org/ACHA/Networks/Committees/Emergency\\_Response\\_Coalition.aspx](http://www.acha.org/ACHA/Networks/Committees/Emergency_Response_Coalition.aspx)

**ACHA Campus Safety and Violence Coalition**  
[www.acha.org/ACHA/Networks/Committees/Campus\\_Safety\\_Coalition.aspx](http://www.acha.org/ACHA/Networks/Committees/Campus_Safety_Coalition.aspx)

**Substance Abuse and Mental Health Services Administration**  
[www.samhsa.gov/capt/tools-learning-resources/coping-traumatic-events-resources](http://www.samhsa.gov/capt/tools-learning-resources/coping-traumatic-events-resources)

**Federal Emergency Management Administration**  
[training.fema.gov/EMIWeb/IS/ICSResource/index.htm](http://training.fema.gov/EMIWeb/IS/ICSResource/index.htm)

**CDC Office of Public Health Preparedness and Response**  
[www.cdc.gov/phpr/index.htm](http://www.cdc.gov/phpr/index.htm)

**CDC Emergency Preparedness and Response**  
[emergency.cdc.gov/index.asp](http://emergency.cdc.gov/index.asp)

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