TTUHSC PERMIAN BASIN

Emergency Operations Plan

Purpose: The purpose of this TTUHSC Permian Basin Operating Plan is to establish responsibility for the development of task assignments, updating and distribution of the TTUHSC Permian Basin Emergency Operations Plan.

REVIEW: This plan will be reviewed on September 1 of every year (EY) by the TTUHSC Permian Basin Chief of Police, Facilities, Maintenance, and Operations Director, Infection Control Officer, and Safety Services Manager, with recommendations for revisions, forwarded to the TTUHSC Permian Basin Vice President for Fiscal Affairs - RC by September 15.

POLICY/PROCEDURE:

For purposes of detail information, responses, rosters, and updating references to this plan the TTUHSC Permian Basin Life/Safety Management Plan and the Emergency Response Plan should be referenced. For all emergency situations, the TTUHSC Security Department representatives will be directly responsible for traffic control and security at the TTUHSC owned properties in cooperation with the local Police Department. The plan contents are applicable to the extended facilities of TTUHSC Permian Basin, which uses TTUHSC- Lubbock to establish the basic plan components. The TTUHSC Permian Basin Assistant Vice President - Regional Campus will guide the Permian Basin campus by supplementing the plan contents and format to represent the organization, community resources, and requirements for the main campus and extended facilities.

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Index

A - FIRE and EMERGENCY EVACUATION

B - BOMB THREAT

C - SEVERE WEATHER

D - EMERGENCY and NON-EMERGENCY PHONE NOTIFICATION

E - ELECTRICAL POWER LOSS

F - PANDEMIC INFLUENZA or OTHER CONTAGIOUS DISEASE

G - TABLE of NOTIFIABLE DISEASES and CONDITIONS

H - EARTHQUAKE or INTERNAL EXPLOSION

I - FACILITIES (FO&M) PERSONNEL

J - ENVIRONMENTAL, OCCUPATIONAL HEALTH, and SAFETY

K - VICE PRESIDENT of FISCAL AFFAIRS -RC

L - PUBLIC INFORMATION AND PANIC CONTROL

M - POSSIBLE LOGISTICAL SUPPORT
A. **FIRE and Emergency Evacuation**

**Primary Responsibility and Emergency Evacuation for all locations**

For all fire situations, the local Fire Department must be notified. The local Fire Department will assume ultimate responsibility in cases of fire on any of the branch campuses or the main campus Health Science Center once they arrive on the scene. All attempts to extinguish and prevent further fires will be subject to the direction of the local Fire Department. The Fire Department will assume command of rescue operations involving both persons and/or equipment, as they determine. All HSC personnel summoned to the scene by competent authority will be expected to cooperate fully with the requests of the firefighting personnel.

During the Emergency Evacuation, be sure to close all doors but not lock them, as the Fire Department personnel will need to be able to readily access the rooms. The nurses and doctors should use chalk, dry erase pens, or erasable pens to mark the doors of cleared rooms to prevent someone else from wasting time rechecking the same rooms. The mark must be large and dark enough to be seen while in a smoke filled area. As with all emergencies, everyone should walk rapidly but do not run as they evacuate the building. Additionally, do not waste time turning off computers, lights, or any office equipment before evacuating.

When a fire alarm is activated in multistory buildings, the elevator will go to the First Floor and lock, therefore all Emergency Evacuation on lower and upper floors must be with stairs. The non-ambulatory patients, visitors, and employees must be moved to a ‘Holding Room’ and a minimum of two employees will stay with the non-ambulatory personnel until the stairs are clear. Then the employees will begin assisting the non-ambulatory personnel in navigating the stairs or other safe corridor. The ‘Holding Room’ at the TTPM facility (building 5002) is room 246 which can also be accessed from the outside by the Midland Fire Department (MFD). At TTPM, the Ground Floor has multiple exits to the outside, as well as the concrete tunnel which gives access to Midland Memorial Hospital (MMH) from room G100.

On the Odessa Main Campus, the “Holding Rooms for TTUHSC Admin Building (building 4000) are 2C42, which has access to the east stairwell and can be accessed from the outside by the Odessa Fire Department (OFD) and 2C91, which has access to the west and south stairwells. In the Basement, room BA08 is the ‘Holding Room’ as this give access to the south and west stairwells.

The TTHC Clinic Building (building 4001), Third Floor, has rooms 3132, 3163, 3189, and 3236 as ‘Holding Rooms’ which are corner rooms that have access to the stairwells and can be accessed from the outside by the ODF. On the Second Floor, room 2106 is the ‘Holding Room’ as this location can access the east, west, and center stairwells and can be accessed from the outside by the OFD. In the Basement, room B101 will be the ‘Holding Room’ which can access either the east or west stairwell.

The TTUHSC Geriatric Center will utilize the main Reception Area as the ‘Holding Room’ as this location has access to both the north and south stairwells. The reassembly area is the parking area southeast of the building and as far away as necessary to be out of the way of the emergency vehicles and smoke.

In Dr. Maher’s clinic in the Professional Building will use the clinic patient and visitor Reception Room as the ‘Holding Room’ as this location has access to the stairs to the east and west from the
clinic door. The reassembly area is the northern most area at the patient drop-off or "turn around" area at the front entrance to MCH, staying away from the roadway or the reassembly area designated by the MCH Safety Director.

At the reassembly area, the Unit Safety Officer (USO) or Most Senior TTUHSC Department employee will conduct accountability for all patients, visitors, and employees that were in their area of operation. If there is a discrepancy in the accounting, then they will notify the responding Fire Department of the unaccounted for individual(s) and their last known location.

If an employee uses a fire extinguisher to extinguish a fire that is in the incipient stage, a second employee will get a second fire extinguisher to insure the first employee is not incapacitated or trapped by smoke or flames. Should the fire not be extinguished with one fire extinguisher, then all employees are to evacuate the building and the remaining fire situation will be left to the Fire Department. Regardless of the fire situation, the local Fire Department will conduct a survey of the situation to determine if any "hot spots" still exist before an "all clear" is given to resume activities.

1. TTUHSC Permian Basin – Main Campus

If a TTU employee observes a fire and the fire detection equipment has not activated, attention of the Odessa Fire Department and building evacuation can be activated by pulling the fire alarm pull station lever. An alternative to fire alarm activation with the pull stations can be by notifying the TTUHSC Permian Basin Receptionist (703-5437) or the Texas Tech Security (703-5155) who will call APROTEX (570-0188) to advise of the location and extent of the fire, if known. Additionally, the TTUHSC Permian Basin Receptionist can announce the alert and building evacuation with the building public announce system for either the clinic or administration building or both buildings simultaneously.

For more effective planning, the Safety Services Manager will be informed by the Dean/Department Director of any TTUHSC Permian Basin employee(s) in their School/Department that will need assistance during any type of evacuation. The Safety Services Manager and available FO&M (Facilities, Operations, and Maintenance) personnel will respond to the scene of the fire in order to assist the Unit Safety Officers in evacuating persons located within the building. For any TTUHSC Permian Basin employee that is not fully ambulatory during any evacuation drill or emergency, a member of the staff will be assigned to specifically locate and evacuate the identified employee.

TTU Permian Basin Security personnel will keep all non-emergency vehicles and personnel out of the area and keep all access lanes for emergency vehicles open. FO&M personnel may be called on to establish barricades to cordon off the area and keep spectators away from the immediate scene. This is of extreme necessity due to the fact that emergency vehicles must be able to come and go from the scene without delay.

After the fire has been extinguished, it may be necessary that the TTU Permian Basin Police and/or FO&M personnel to remain at the scene in order to prevent anyone entering the building without respiratory protection and guard against rekindling of the fire. The local fire department will always evaluate the structural integrity of the building and check for any "hot spots" that may still exist. Fire damaged structures always pose a danger of toxic gases and collapsing floors and/or ceilings.
2. Texas Tech Physicians Midland Building

For all fire situations, the Midland Fire Department must be notified and an alarm activated to insure all patients, visitors, and employees will begin moving to the exit doors. Activating the fire alarm pull station will notify the Midland Fire Department (MFD) to come to the building. Activating the fire alarm pull station will not affect the fire alarm system at MMH but if a sprinkler is activated, the sudden drop in water pressure will activated the fire alarm system in both the TTPM and MMH facilities. If the fire has been extinguished, the Midland Fire Department (MFD) will conduct an assessment of the fire situation before re-entry into the building.

When a fire is still in the incipient stage, an employee that feels comfortable using a portable fire extinguisher may attempt to extinguish the fire using only one fire extinguisher. Most fires in the incipient stage can be extinguished very quickly with a portable fire extinguisher. A second employee with a portable fire extinguisher must be present to insure the initial responding employee does not become entrapped by the spreading fire or overcome by toxic gases produced by a fire.

In the event of an Emergency Evacuation because of a fire, the TTUHSC nurses and doctors will insure all patients are evacuated by taking the shortest, safest route out of the building. When a room has been cleared, the employee will use chalk, dry erase pen, or erasable pen to mark the door to keep others from wasting time in checking the same room. All employees, patients, and visitors will reassemble in the Midland Memorial Hospital (MMH) parking area north of the TTPM building. The reassembly area can be as far north as necessary to be out of the smoke and responding emergency vehicles but do not cross any streets.

3. School of Allied Health (SOAH) Physicians Assistant (PA) Program - Midland Community College

To avoid unnecessary time trying to follow a specific route during evacuation, always take the shortest, safest route out of the building and go to the northern most area of the parking lot located North of the Dorothy and Aaron Todd Health Science Building. If the wind is from the South, move to the northeastern most area of the parking pad. This will allow the faculty and students to be completely out of the way of any traffic from the emergency vehicles and away from the smoke and gas plume from the fire.

A fire, which activates any of the fire detection units, the Midland Fire Department and the Midland College facility personnel, will be notified with the installed alarm system. All SOAH personnel and students in the TTU side of the Dorothy and Aaron Todd Health Science Building will immediately exit through the North or Southeast doors and gather at the parking area North of the Health Science Building for a ‘head count’. Personnel accountability will be the responsibility of the Dean - SOAH Physician Assistant Program or their on-site representative. The Dean - SOAH Physician Assistant Program or the on-site representative will immediately report personnel or students that cannot be accounted for to the Midland Fire Department or Midland College Police as they arrive at the location.

In the event of a fire and a fire alarm is not activated, any SOAH employee or student can activate the fire alarm by pulling the red handle at the fire alarm pull station located by the front southeast door or the north door in the rear area of the building. If available, the PA Receptionist at 620-9905
can be alerted to the situation and will notify the MFD (911 or 685-7499) and/or the Midland College Police, which has a main phone number of 685-4734.

For non-ambulatory individuals in the TTU side of the Dorothy and Aaron Todd Health Science Building needing to evacuate the building for a drill or emergency, the southeast door is the only door equipped for ADA access and egress. Non-ambulatory individuals attempting to exit the facility from the northern parts of the building will need assistance entering or exiting through the north door.

4. All other extended facilities

For emergency situations requiring an evacuation of the building, any TTUHSC employee will announce loudly for evacuation and immediately call 911, preferably from a cell phone outside of the building. All personnel will leave the building and gather at a location that is upwind from the building but do not cross any streets adjacent to the building. The on-site, most senior TTUHSC employee will conduct a ‘head count’ and upon arrival of the Fire Department or Police, report the last known circumstance of any missing personnel.

No TTUHSC employee, patient, or visitor will reenter the building until it is cleared by the responding fire department. There is always the possibility of ‘hot spots’ remaining in the walls, under carpeting, and inside file cabinets and desk drawers.

B. BOMB THREAT

1. TTUHSC Permian Basin – Main Campus

In the event of a bomb threat, those employees aware of the situation will follow the guide explained under this Emergency Operations Plan or the Code Green of the TTUHSC Permian Basin - Life/Safety Management Plan or the Safety Handbook / Emergency Paging Codes / Code Green. After getting all of the information from the caller (see item 4 below), the TTU Permian Basin Security will be immediately notified at 703-5155, who will determine if building evacuation is necessary. The first option will always be to evacuate the building and let the Odessa Police Bomb Squad take control of the situation. If they feel confident in doing so, the USO will conduct a quick search of their area and report any unusual findings to the TTUHSC Permian Basin Security or the Odessa Police Department as the USO evacuates to the reassembly area. No electronic devices or electrical systems will be used to sound an alarm for evacuation. The TTUHSC Security may recruit and direct the VP of Fiscal Affairs, Deans, Safety Manager, FO&M personnel, Clinic Directors, or any other TTUHSC employee to verbally notify each of the clinic’s and administrative departments to evacuate to the reassembly area immediately, using the stairs as the means of exit. All communication with the Odessa Police Department and response to known emergencies will be coordinated by the Texas Tech Permian Basin Security Department.

Should the TTU Permian Basin Security determine that the building is to be evacuated, everyone will evacuate to the TTUHSC parking area that is north of 5th Street. Shrapnel from an explosion can be thrown a long distance. It is imperative that all boxes, sacks, purses, attaché cases, and other
personal container items be left where they are inside the building. It is very important that no one touches, picks up, or carries anything out of the building. If the bomb threat is real, just the movement or picking up a purse or box could detonate the device. People can recover their personal items after the Odessa Police clears all areas and personal items.

2. School of Allied Health (SOAH) Physicians Assistant (PA) Program - Midland Community College

When any student or TTUHSC employee at the SOAH PA facility receives a bomb threat, they will immediately write down all detailed information that they can (see B.4. below). Then the Midland College Police will be notified of the threat. If the Midland College Police (528-3680) determine that the building must be evacuated, no one will touch or move anything and evacuate to the extreme northeast corner of the north parking area. If they feel confident in doing so, the USO will conduct a quick search of their area and report any unusual findings to the Midland College Police or the Midland Police as the USO evacuates to the reassembly area.

The Midland Police or Midland College Police will determine when it is safe to reenter the building. The Dean of the SOAH PA Program should have alternate sites selected for continuing the educational activities of the PA students if needed.

3. Extended Facilities connected to and/or have notification systems associated with a hospital (Odessa Geriatric Center, Texas Tech Physicians Midland Building, Dr. James Maher Clinic, and etc.)

In the event of a bomb threat, write all of the information from the caller that you can get (see 4 below). Then without using the paging system, have everyone in the Texas Tech facility evacuate to an area that is outside and upwind of the building to a distance of not less than one-half block but do not cross any streets. Shrapnel from an explosion can be thrown a long distance. During evacuation or after reaching an area outside of the building, notify the appropriate Security Department (MCH 528-6882, TTPM 260-8088, and MMH 685-1576) of the bomb threat information and inform them of the present evacuation. The hospital security will decide if they will announce an emergency evacuation code over their paging system. All boxes, sacks, purses, attaché cases, and other personal container items will be left where they are inside the building. It is very important that no one picks up or carries anything out of the building. If the bomb threat is real, just touching or moving a purse or box could detonate the device. If they feel confident in doing so, the USO will conduct a quick, walk-through search of their area and report any unusual findings to the Hospital Security and/or the local Police when they arrive.

The local police and/or Hospital Security will go through the building/clinic and clear all personal and container items. No one is to reenter the building/clinic until the building/clinic has been cleared by the local police or Hospital Security.

After evacuating the facility, call the Department Director/Chair to discuss further actions and/or the Safety Services Manager (703-5146) who will also stay abreast of the situation with the local police or Texas Tech Security (703-5155) to keep the TTUHSC Vice-President Fiscal Affairs informed of the situation.
4. Bomb Threat Information Form

Use the following information form to gather all of the information possible on the caller. Do not hesitate to ask the caller specific questions about the bomb and also what their name is. An individual that makes a bomb threat often is very proud of what he/she has done and will want you to know where to the bomb(s) are located and who put them there.

Make copies of the blank Bomb Information page that is below and have these next to every phone. During a bomb threat, is not the time to be looking for a copy of this Emergency Response Plan or a copy of the Bomb Threat Information Form. The USO or supervisor should periodically review the information that is on the following Bomb Threat Information page with their employees, so they will maintain a basic understanding of some of information called for. Pay special attention to the caller’s voice and any background sounds.

As soon as possible, report all information to the TTUHSC Permian Basin Security (703-5155) for calls received at the main campus and the local Police (911) for all other facility locations. The local police have the resources and trained personnel to locate and disable a bomb. No employee, patient, or visitor will attempt to move or open any type of device or package that the employee is not familiar with or is owned by their department.
TEXAS TECH UNIVERSITY

TEXAS TECH POLICE DEPARTMENT
Place This Card Under Your Telephone

QUESTIONS TO ASK:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

EXACT WORDING OF THE THREAT:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Gender of caller: ______ Race: ______
Age: ______ Length of call: ______
Number at which call is received:

Time: ______ Date: ______ / ______

BOMB THREAT

CALLER'S VOICE:

____ Calm ______ Nasal
____ Angry ______ Stutter
____ Excited ______ Lisp
____ Slow ______ Raspy
____ Rapid ______ Deep
____ Soft ______ Ragged
____ Loud ______ Clearing Throat
____ Laughter ______ Deep Breathing
____ Crying ______ Cracking Voice
____ Normal ______ Disguised
____ Distrct ______ Accent
____ Slurred ______ Familiar
____ Whispered

If voice is familiar, who did it sound like?

BACKGROUND SOUNDS:

____ Street Noises ______ Factory Machinery
____ Voices ______ Animal Noises
____ PA System ______ Clear
____ Music ______ Static
____ House Noises ______ Local
____ Motor ______ Long Distance
____ Office Machinery ______ Other

THREAT LANGUAGE:

____ Well Spoken ______ Incoherent
____ (educated) ______ Taped
____ Foul ______ Message read
____ Irrational ______ by threat maker

REMARKS: ________________________________

REPORT CALL IMMEDIATELY TO:

Amarillo: HSC Police 354-5568
El Paso: HSC Police 545-6435
Lubbock: Texas Tech Police 743-2000 or 9-911
Odessa: Odessa Police 561-9808

Date: ______ / ______ / ______
Name: ____________________________
Position: _________________________
Phone Number: ____________________

Attachment
OP 76.06
10/2/09
C. SEVERE WEATHER

1. TTUHSC Permian Basin – Main Campus

Developing weather conditions will be monitored by the TTU Police, Safety Services Manager, and each Dean’s Office with weather radios, television, and/or police radios. As the weather conditions become more severe, the TTUHSC Security will determine if evacuation to the building basements are necessary. If the TTUHSC Security determines by observation and/or notification from the OPD that the weather conditions have developed to a Severe Warning Level, they will notify the TTUHSC main switchboard (703-5437) to make an evacuation announcement on the public address system to both buildings. All employees will immediately cease operations and begin moving all students, patients, and visitors to the basement areas. No one is to leave the building to attempt to ‘out run’ the developing weather condition.

Everyone will remain in the basement until the TTUHSC Security or local Police gives an ‘all clear’. If building conditions are still operational the patients and students will resume their normal business with TTUHSC. If all or parts of the TTUHSC buildings are not operational, alternate operational locations will be announced, as determined by each department Dean, Chair, or Director.

2. School of Allied Health (SOAH) Physicians Assistant (PA) Program - Midland Community College

During conditions of severe weather in which it is necessary to seek shelter immediately, all personnel in the TTU side of the Todd and Dorothy Aaron Health Science Building will go as quickly as possible to the Computer Room, B32, or other room with two solid walls between the personnel and the outside. All personnel will remain there until the Midland College Police gives an ‘all clear’. No one is to attempt to leave the building to reach a vehicle and try to ‘out run’ the severe weather situation.

3. All other extended facilities

In the event of a developing severe weather, the on-site most senior TTUHSC employee at the facility will conduct a ‘best guess’ assessment of the clinic building structure, building location from the nearest public shelter, and the total number of people inside the TTUHSC facility at that time. Should the weather condition increase in severity, the on-site most senior TTUHSC employee will decide if it is necessary to cease operations and move to a public shelter or monitor the developing weather to determine in which direction the severe weather is moving. If there is any doubt about the developing situation or its direction of travel, notify the Program Director of the situation, close the facility, and request everyone go to the nearest public shelter. For the extended facilities, it will be necessary to rely on the NOAA Weather Radio Service, local police, and/or television to determine if clinic evacuation is necessary and if there is sufficient time to reach the nearest public shelter. A major consideration will involve the mode of transportation of all personnel inside the clinic at that time.

If the weather condition becomes severe too quickly for the employee’s and patients/clients to safely move in the open to reach a public shelter, then the on-site most senior TTUHSC employee at the clinic will have everyone immediately move to the center of the building. The best location
will be a room located where there are at least two solid walls between the people and the outside. When deciding where would be the best location in the center of the building, attention must be given to those objects that can become shrapnel, i.e. glass windows, doors, or small objects such as plant vases and books near windows. A small room, i.e. central restroom or storeroom, will offer the best structural support of the building. If this room is in the center of the building, this will offer the best available protection.

Consideration for the patients/clients gathering in the center area of the building will be in collecting additional protection from the debris that will be flying at a high speed. This additional protection can be from blankets, mattresses, pillows, desks, and steel file cabinets. Do not waste time trying to move desk and file cabinets to a center room. Use these pieces of equipment if they are already in the room.

D. EMERGENCY and NON-EMERGENCY PHONE NOTIFICATION

Emergency notification in which the caller can not voice the nature of the situation, the security personnel will be alerted with a non-voice alert using pager numbers.

1. TTUHSC Permian Basin – Main Campus

The employee will notify the TTU Permian Basin Police using the following phone numbers that are listed in order of priority. The Primary phone number is: 703-5155, and if the police are out of the office, this number will automatically go to their cell phone that they carry. The Secondary phone number is: 553-1998, which is the cell phone the TTUHSC Police carry when on patrol. Use this number when time is important and the TTUHSC Police need to be contacted immediately.

2. School of Allied Health (SOAH) Physicians Assistant (PA) Program - Midland Community College

For any emergency or potentially violent situation, the Midland College Police can be contacted by phoning the Midland College switchboard at 685-4500 or

Campus Police (24 hours a day) 685-4734
Martin Garcia / Chief of Police 685-6833

The Midland College Security is available 24 hours per day, seven (7) days a week.

E. ELECTRICAL POWER LOSS

For all healthcare operations and teaching functions of the TTUHSC Permian Basin Schools, a catastrophic loss in electrical power will totally stop all electronic training activities and the Dean for each school will organize alternate methods for their student education. Additionally, all health care
activities must continue as conveniently as possible for the patients but there will a problem for the municipality to pump clean water. As the supply of hand sanitizers nears exhaustion, the basic requirement of Universal Precautions possibly would require all healthcare functions in the TTUHSC clinics to cease with all patients being referred to the healthcare facilities which have generator backup power and water distillation / storage capabilities. The TTUHSC Electronic Medical Records (EMR) will not be operational and the medial chart records will have to be pulled and distributed manually. For clinic operational planning purposes, it normally takes from several days to over a week for a municipality to locate and receive a trailer-mounted generator to supply power and/or operate the public water treatment system for emergency facilities. Therefore, plan how the clinics can remain operational without outside assistance.

With the absence of normal lighting in the clinics and central rooms of the TTUHSC Permian Basin facilities, there are numerous versions of capacitor powered LED flashlights, radios, and lanterns on the market. The recharging of the capacitor is with various methods of a manual system for generating a temporary magnetic field discharge. Additionally, some non-battery devices have the capability and connections for re-charging cell phone batteries as well as rechargeable AAA and AA batteries.

1. TTUHSC Permian Basin – Main Campus

In the clinics, the immediate response when a loss of electrical power occurs will be to immediately begin moving patients to those rooms in the clinic which have windows. All rooms used for conference rooms and offices and have windows must have the records secured and the room converted into a temporary exam room. The employee Break Room in each clinic will not be used as an exam room as the problems of decontamination between patients and risk of cross-contamination to food items and utensils would be difficult to control. Clinic personnel will explain to the patients about the adjustment and additional time involved for their appointment. For the schools which rely entirely upon the Healthnet system, cable television, computers, and/or telephone conference network for their classroom instruction will try to notify the transmission stations of the situation.

A loss of electrical power for more than one hour will activate emergency conditions for the schools and clinics. The Dean for each school will select alternate locations, dates, or methods for classroom continuity. Residents and medical students will continue their training under the supervision of their instructor. The clinics will begin transferring those vaccines and supplies which require refrigeration or freezing to the refrigerators in the Medical Center Hospital Pharmacy (Room 3-8) which will be coordinated by Charlene Dawson, MCH Pharmacy Director (phone 640-4300).

With an electrical power loss of more than one hour, those Administrative Departments that rely totally on electrical power to operate normally will cease operations leaving one employee in the area for security reasons. Limited administrative operations can continue with available cell phones, laptop computers, and a portable fax for the Dean’s and essential personnel that are identified on the TTUHSC-Odessa Emergency Call List. All other administrative personnel associated with a clinical operation will report to the Head Nurse of their respective clinic. The Head Nurse will need assistance in transporting refrigerated items to the MCH Pharmacy, securing or transporting medical records, assisting in patient registration, or other non-medical task assigned by the Head Nurse. Personnel working in the MPIP Business Operations Department and coding will contact the Business Office Unit Manager to assist in the patient registration process using the manual registration form. It is of utmost importance that after electrical power is restored; those employees helping in manual registration of patients continue working with the Business Office Unit Manager on data input into the computer
system. Patient data input will be a major backlog of work and time to get the accounting system back to normal operations.

Without electrical power the TTUHSC FO&M, all school administrative offices, Human Resources, Healthnet, Library, Medical Research, and the Information Technology Departments will be entirely stopped for all normal operations. The available manpower in the administrative locations will be moved to focus on clinic operations and clinical logistics support. At least one TTUHSC employee should remain in their department area for security purposes or the Dean/Director of the school/department may elect to lock the doors and everyone go to those locations where they are needed.

All available administrative personnel not directly associated with the clinics and does not have direct healthcare training should report to the Director, FO&M and/or the FO&M Superintendent for dispatching assignments. Some of the essential functions will be in locating water for the clinics, finding additional batteries or recharging lanterns and flashlights, assisting in panic control by keeping the patients informed of the situation, assisting facilities personnel in monitoring and reporting hygiene conditions or other assistance as needed. The Director, Medical Research will need assistance to relocate those specimen materials to another freezer where a backup power supply is operating. This transfer of specimens may require additional assistance from the TTUHSC administrative personnel.

The Human Resources Department and the Healthnet Departments will keep their personnel in their area to continue to monitor the conditions and operate using florescent lanterns, capacitor powered flashlights, cell phone, and possibly a portable fax to maintain outside communication.

All available TTUHSC employees and/or students with some healthcare training or those willing to learn will report to the Director of Clinical Affairs for assignments in assistance with patient processing, taking patient vital signs, and/or assisting doctors in recording data in the patient charts. The SOAH Rehab rooms in the Clinic Building have considerable natural lighting which would allow setting up a triage for unassigned patients and/or initial wound care stations.

The Medical Records Department must continue to function but will be in a totally dark environment. This department must resort to battery or capacitor powered florescent lanterns for limited illumination. Florescent lamps tend to have a longer battery life than incandescent lights. Handheld LED flashlights with a capacitor power supply should be available to each Medical Record employee. These flashlights do not require batteries and have exceptional brightness with an occasional recharging of the capacitor with a manual magnetic generator.

2. School of Allied Health (SOAH) Physicians Assistant (PA) Program - Midland Community College

Full loss of electrical power may not totally stop classroom training with the main limitations being in the use of specific equipment. Some of the classrooms do not have windows which allow natural lighting to continue using these rooms. Classes will be moved to those rooms with available natural lighting or contacting the area hospitals for usable space to continue instruction. Those students in clinical rotation will continue their scheduled rotations at the various medical facilities which normally have a backup generator power supply.

Should adjustments in training locations and rotation scheduling become necessary because of the continued loss of electrical power the Dean, Physicians Assistant Program will determine the best
options. The ability of a municipality to supply clean water may become a factor in selecting the student’s educational environment.

3. All other extended facilities

The TTPM facility, Geriatric Center, and Dr. Maher’s clinic have few options for backup power and rooms with natural lighting would be forced to refer most of their patients to the area hospitals for treatment. The on-site physicians may be able to perform limited triage functions but the lack of adequate lighting and vaccine storage will force most of the patients to other facilities for health care.

F. PANDEMIC INFLUENZA or OTHER CONTAGIOUS DISEASE

The spread of a pandemic disease will be monitored by the World Health Organization, Center for Disease Control, Texas Department of State Health Services (TDSHS), and the local County Health Department. As the number of patients having a communicable disease increase, the TDSHS, the local County Health Department, and the County Judge will determine if and when a State of Emergency exists. When a State of Emergency has been declared, the total function of the TTUHSC Permian Basin clinics will become a triage function for the Medical Center Hospital. Clinic PSS employees will immediately begin calling specific patients, identified by the doctors, that unless their condition changes their scheduled appointment has been moved to a later date of at least two months and they should stay home as much as possible to minimize exposure.

As a precaution in carrying a contagious disease to the employees’ family on their clothing, those employees with direct contact with a sick patient/client should wear an impervious gown over their clothing. The presently recommended product from Cardinal Health is #KM69600 and comes 100 per case or 10 per pack. This gown is open in the back where it is tied but will keep airborne droplets from contacting the employees clothing. This is a disposable gown and will be disposed of in the biohazard bag at the end of the work shift.

Possibly, the Medical Center Hospital or the Odessa Regional Medical Center will be established as the pandemic disease hospital to receive only those patients associated with the disease. Should this occur, massive assistance will be needed in relocating all current hospital patients not infected with the pandemic disease to another location, determined by the local County Health Department in collaboration with local hospitals and Texas Department of State Health Services (TDSHS).

The following is an example of an epidemic respiratory infections patient flow decisions chart. Those healthcare employees selected by the Infectious Disease Doctor to screen incoming patients may use this chart in directing patients into the Central Registration area or to the TTUHSC Auditorium for registration.

As the incoming patients are beginning to accumulate at the front door of the clinic building, it is best to have them line up in a serpentine line to help control the frustration of being in a long line. Additionally, the TTUHSC Patient Parking area in front of the clinic building will have the north entrance from 5th Street designated as an ‘Enter Only’ and the south entrance onto 4th Street designated as ‘Exit Only’.
Patient Response to Risk Factor Screening Questions?

NO
 Proceed to directed location with appointment as scheduled

YES
 Receptionist gives surgical mask to patient and notifies nurse. Nurse places pt in room, door closed, implements Universal Precautions procedures as well as airborne/contact precautions with N95 masks.

Evaluation by scheduled provider Confirms symptoms & risk factors Initial disposition

Suspect Case?

NO
 Continue with scheduled appt

YES
 Does patient need to be admitted?

Not Sure
 Refer to area hospital for further test and evaluation

YES
 Complete evaluation in clinic with possible follow-up
1. TTUHSC Permian Basin – Main Campus

The TTUHSC Permian Basin buildings have a common ventilation system for each building which prevents the establishment of isolation rooms as an engineering control to prevent the spreading of a communicable disease. The only option of an engineering control mechanism for controlling exposure to TTUHSC employees is keeping the Reception Desk window and clinic access door fully closed when not in use. This creates a positive air pressure in the clinic area causing a forward air flow into the patient Waiting Room whenever the clinic door or Reception Desk window is opened.

All TTUHSC employees/residents/students having any contact with patients/clients must, as a minimum precaution, follow the Universal Precautions guidelines in preventing or limiting their exposure. As employees need to cough or sneeze, the tendency to cough or sneeze into the hand must be avoided, if a Kleenex or handkerchief is not available. TTUHSC personnel at all locations must become totally accustomed to crossing their mouth or noise with there arm when coughing or sneezing to avoid contaminating their hand with particulate material. Alcohol based hand gels and/or soaps are also available in all clinics and most administrative locations to give the TTUHSC employees additional protection against exposures. Employees using hand sanitizers, antibacterial soaps, or any other hand cleaners must remember to massage or work the cleaner on their hands for a minimum of 20 seconds before rinsing or the hand sanitizer/cleaner will not work.

Another option in controlling the spread of a communicable disease is offering a face mask to any patient that has symptoms consistent with any type of communicable disease. The face mask will not restrict the patients’ ability to inhale air but will stop most of the particulate matter being spread during coughing or sneezing. Emphasis should be made to the patient that the face mask will also help prevent exposure to their family members and other patients that are present.

The face masks are of various sizes and styles with some having prints on the outside of the mask specifically for young children. In using face mask from various manufacturers, a size and style can be selected that fits the patient comfortably, thus gaining the patients willingness to wear the face mask while inside the clinic. The patient/client normally has the right to not wear a face mask due to possible embarrassment or the nuisance in having something over their face. During conditions when a State of Emergency has been declared, all patients may be required to wear a face mask or seek medical assistance at other facilities which have isolation rooms with independent ventilation systems.

When the patient is preparing to leave the clinic, a TTUHSC employee wearing gloves will remove the mask. This is accomplished by using one hand to gently pull the mask away from the patients face and simultaneously squeezing the mask inward. The other hand will be removing and holding on to the elastic bands from the head or ears. When the TTUHSC employee has removed the face mask, it will be disposed of in the nearest biohazard container. It is extremely important that the patient is not allowed to remove the mask which is normally accomplished by grabbing the mask and pulling it off. The recoil of the elastic bands and slinging of the mask will broadcast all contents inside the mask into the air dramatically increasing the potential spreading of the disease.

Those face masks currently distributed to the patient/client reception areas are: 3M 1870, Kimberly-Clark 46827, Kimberly-Clark 46727, Kimberly-Clark 47127, Kimberly-Clark 47297, and Kimberly-Clark 47117. These face mask do not have a face sealing band inside the mask to prevent inhaled air flow and thus will not require the patient to be fit tested before donning. The 3M 1870,
Kimberley-Clark 46827, & 46727 meet the CDC guidelines for TB exposure control. The Kimberley-Clark 47127 & 47297 is specifically designed for small children.

The final option for TTUHSC employee exposure control will be for the employee to wear a respirator. The requires the employee to complete a medical screening form which is reviewed by a healthcare professional, normally the Infection Control Officer, and then be respirator fit tested by the Safety Services Manager. Depending upon the employee experiences in wearing a respirator, the fit test may take up to 30 minutes per employee. At present locally, no specific communicable diseases have been identified and no action level concentrations for exposure are listed which would require an employee to don a respirator or initiate a Respiratory Protection Program under 29CFR1910.134. Without an identified hazard-specific concentration and exposure action level, an employee wanting to wear a respirator will do so only on an individual voluntary basis.

There are two types of respirator fit test that can be conducted at the TTUHSC Permian Basin facilities. One type of fit test is a qualitative type fit test in which a hood is placed over the employees head and a Bitrex mist solution is puffed into the hood. Any employee, for whatever reason, can not tolerate a hood over their head or can not taste the Bitrex solution will not be fit tested. This type of fit test requires the employee to tell the test administrator when they have a bitter taste on their tongue. Additionally, the employee being fit tested cannot have chewed gum or smoked a cigarette within 30 minutes of the fit test to allow time for any residue to clear the tongue.

The second type of respirator fit test available at the TTUHSC Permian Basin facilities is the quantitative fit test. This type of fit testing will count the air borne particles inside the respirator and outside the respirator. The difference in particle counts will determine if the respirator is properly sealed around the face. This type of fit test only requires the employee to follow the directions of the test administrator and the administrator will tell the employee if and when the respirator is leaking. A Port-A-Count is used for this type of fit test and is the only instrument available that can perform a quantitative fit test on an N-95 disposable respirator while the employee is performing various activities.

During conditions of a pandemic disease, all vendor supplies of face mask and respirators will be exhausted. It is imperative that each clinic maintain a supply of face mask and respirators to sustain their operation for a minimum of four weeks based upon their maximum historical patient/client load and then double the count for a pandemic situation. Face mask are not to be reused by other patients but the respirator can be worn continuously until the employee stops for a break or there is a noticeable reduction with inhaled air flow. It is important to remember that the contamination on a face mask is inside surface of the mask and on the outside surface for a respirator. All used face mask and respirators are always removed with gloved hands and disposed of in the biohazard container.

With the massive increase in patients coming to the TTUHSC clinics, initial separation of the healthy patients and sick patients is paramount. With the guidance of the TTUHSC Permian Basin Assistant Dean of Clinical Affairs, an Infectious Disease physician will select and specially train a minimum of two nurses or aids in recognizing symptoms consistent with a communicable disease. These specially trained individuals will position themselves at the entrance of the TTUHSC Clinic building to direct those healthy patients to the TTUHSC Auditorium for patient registration and all other patients to the Central Registration area for registration. The School of Allied Health Rehab Labs will be set up as a medical aid station for those patients arriving for reasons other than the communicable disease exposure after they pass through registration in the Auditorium.
The following flow chart may be used by those with limited medical experience and assisting in the triage locations in determining patient distribution.

All main campus employees from the administrative offices will report to the Business Office Unit Manager for patient registration operations in the Auditorium. Medical Research and MIHS personnel will assist in the TTUHSC Auditorium in taking the patients vital signs and recording the
information in the charts. Those patients not in immediate need of medical treatment will be asked to return home with a future appointment date. Patients in some apparent need of medical assistance will go to the medical aid station in the SOAH Rehab rooms, entering through the South doors of the clinic building or other location as identified by the County Health Department. Any patient entering the SOAH Rehab rooms will also exit the TTUHSC Clinic Building through the South doors to avoid possible contact with those patients exhibiting symptoms of a communicable disease in the Central Registration area.

The TTUHSC Psychiatrist and Psychologists, in conjunction with the News and Marketing Manager and Development Manager will have the responsibility of panic control with information distribution to the public through all available media and/or direct communication. Emphasis will be stressed on having people to stay home rather than going to a medical facility to determine whether or not they have contacted a contagious disease. Also, the TTUHSC Psychiatrist and Psychologists will be walking along the line of incoming patients to talk with the patients and help prevent emotional outbursts and panic within the line of patients.

2. School of Allied Health (SOAH) Physical Therapy and School of Nursing (SON)

All available employees and students in the School of Allied Health Physical Therapy Program and School of Nursing Program will set up a medical aid station for sick patient registration and wound treatment functions in the SOAH Rehab rooms. This will allow those severely sick patients to go directly to Central Registration and on to the clinics for diagnosis. Physical Therapy students can be involved in taking and recording the patients’ vital signs as well as limited wound care as supplies allow.

Moving sick patients with limited mobility or those that are non-ambulatory will be an additional function of the students in the Physical Therapy and School of Nursing Programs.

3. School of Allied Health (SOAH) Physicians Assistant (PA) Program - Midland Community College

The available TTUHSC instructors and students in the SOAH Physicians Assistant Program will mobilize to the main campus clinics and report to the Director of Clinical Affairs for assignments in the clinics or the medical aid stations in the SOAH Rehab rooms. Massive inflow of sick patients for triage and care will require all levels of available medically trained personnel.

Employees normally working in administrative positions will be reporting to the Business Office Unit Manager for patient registration and assisting in computer data input. The personnel in the IT Department will be needed to set up additional computers for the patient data recording.
4. All other extended facilities

According to the number of people becoming sick with a pandemic disease in the various counties, some extended clinics may be closed or the staff reduced to supplement the employee workforce at other clinics. Minimal employee staffing will be determined by the most senior TTUHSC employee to process clients needing assistance that can not be rescheduled for a two month later date. The most senior TTUHSC employee will determine the locations of greatest urgency and mobilize their employees accordingly. When ever possible, clients/patients will be encouraged to stay home to avoid being contaminated or contaminating others.

5. Self-Triage and Home Care Resources for Healthcare Workers and Patients

It is to be expected that approximately 40-50% of the TTUHSC Permian Basin workforce will not be able to come to work due to being sick at home or taking care of a sick family member. As a guide for those employees performing a home care function, the following chart will possibly help in watching for symptoms and decision making during this period. Also, an example of a symptom and care log is given to maintain a record of the patients’ condition. If it becomes necessary to take the sick patient to any healthcare provider, it is important to take the log with the patient.
Home Care Guide for Influenza

Reproduced with permission from the Department of Veterans Affairs, VA Pandemic Influenza Plan Appendix E-6, Home Care Guide for Influenza: Symptom and Care Log, Infection Control Measures for the Home.

A person with influenza will often become ill very suddenly. Fever and the worst symptoms often last three days, but sometimes last as many as eight days. The person may feel weak, tired, or less energetic than normal for weeks afterward, and may have a long-lasting hacking cough.

Common symptoms:
Fever—low (99°F) to high (104°F), usually for 3 days, but may persist for 4 to 8 days. Sometimes fever will go away and return a day later.

- Extreme fatigue
- Muscle and body aches
- Feeling very cold or having shaking chills
- Joint aches
- Headache (may be severe)
- Eye pain
- Sore throat
- Stuffed nose or runny nose
- Dry cough initially, may become a deep, hacking, and painful cough over the course of several days
- No appetite for food or desire to drink fluids

Supplies to have on hand:
- Thermometer
- Acetaminophen
- Cough suppressants/cough syrup
- Drinks—fruit juices, sports drinks
- Light foods—clear soups, crackers, applesauce
- Blankets: warm covers

Caring for a person with influenza:
- Comfort measures
  - Have the patient rest in bed.
  - Allow the sick person to judge the amount of bed covers needed: when fever is high the person may feel very cold and want several blankets.
  - Give acetaminophen or ibuprofen according to the package label or a health care provider’s direction to reduce fever, headache, and muscle, joint or eye pain.
- Fluids—give frequently, extremely important to replace body fluids that are lost as a result of fever.
- Feeding
  - Give light foods as the person wants: fluids are more important than food, especially in the first days when the fever may be highest.

When to seek additional medical advice:
- If the person is short of breath or breathing rapidly at rest
- If the person’s skin is dusky or bluish in color
- If the person is disoriented ("out of it")
- If the person is so dizzy or weak that standing is difficult (in a person who was able to walk before the illness)
- If the person has not urinated in 12 or more hours
**Symptom and Care Log for Home Care**
(Copy, fill out, and bring log sheets to healthcare provider visits)

Name of patient ____________________________________________
Name of healthcare provider ____________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Observations *</th>
<th>Temperature</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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* How the person looks; what the person is doing; fluids or foods taken since the last observation.
### Notifiable Diseases / Conditions in Texas as of April 2004

#### Ector County Health Department
221 N. Texas Street • Odessa, Texas 79761

#### Andrews County Health Department
211 Northwest 1st Street • Andrews, Texas 79714
Phone: 432-524-1434

For Reporting 24 Hours per Day • 7 Days per Week
Primary Phone Number: 432-580-7452
Back-up Number: 432-967-1996 (Call if primary number fails)

<table>
<thead>
<tr>
<th>Reportable Immediately Call 432-580-7452</th>
<th>Reportable Within 1 Working Day Call 432-580-7452</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Outbreaks, Exotic Diseases, and/or Unusual Group Expressions of Disease</td>
<td></td>
</tr>
<tr>
<td>Anthrax</td>
<td></td>
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<tr>
<td>Botulism, foodborne</td>
<td></td>
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<tr>
<td>Diphtheria</td>
<td></td>
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<tr>
<td>Haemophilus influenzae type b infections, invasive</td>
<td></td>
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<tr>
<td>Measles (rubella)</td>
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<tr>
<td>Meningococcal infections, invasive</td>
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<tr>
<td>Pertussis</td>
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<tr>
<td>Plague</td>
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<tr>
<td>Poliomyelitis, acute paralytic</td>
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<tr>
<td>Rabies, human</td>
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<tr>
<td>SARS (Severe Acute Respiratory Syndrome)</td>
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<tr>
<td>Smallpox</td>
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<tr>
<td>Viral hemorrhagic Fever</td>
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<tr>
<td>Yellow Fever</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reportable Within 1 Week</th>
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<tbody>
<tr>
<td>AIDS</td>
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<tr>
<td>Amebiasis</td>
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<tr>
<td>Asbestosis</td>
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<tr>
<td>Botulism, infant</td>
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<tr>
<td>Campylobacteriosis</td>
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<tr>
<td>Chancroid</td>
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<tr>
<td>Chickenpox (varicella)</td>
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<tr>
<td>Chlamydia trachomatis infection</td>
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<tr>
<td>CMV (Congenital, Neonatal, Adult)</td>
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<tr>
<td>Cryptosporidiosis</td>
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<tr>
<td>Cyclosporiasis</td>
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<tr>
<td>Dengue</td>
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<tr>
<td>Drowning/Near Drowning</td>
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<tr>
<td>Ehrlichiosis</td>
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<tr>
<td>Encephalitis (specify etiology)</td>
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<tr>
<td>Escherichia coli, enterohemorrhagic</td>
</tr>
<tr>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Hansen's disease (leprosy)</td>
</tr>
<tr>
<td>Hantavirus Infection</td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome (HUS)</td>
</tr>
<tr>
<td>Hepatitis B, D, E and Unspecified (acute)</td>
</tr>
<tr>
<td>Hepatitis B (chronic) Identified Prenatally or at Delivery</td>
</tr>
</tbody>
</table>

**Notifiable conditions are reportable by:** patient name, age, sex, race/ethnicity, date of birth, address, telephone number, disease, date of onset, physician, and method of diagnosis.

Healthcare providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition (Chapter 97, Title 25, Texas Administrative Code).
H. EARTHQUAKE or INTERNAL EXPLOSION

Either of these forces have the energy to alter the structural integrity of a building. When either of these forces occurs at any location, all employees will evacuate to a safe distance away from the building. No employee will reenter the building until it has been inspected by the local building inspector for structural integrity and the gas lines are pressure tested by the local natural gas vendor for possible leaks.

While waiting on the inspectors and during testing procedures, only those employees that are identified as Essential Personnel will remain on site. All other employees, residents, and students will be dispatched to other locations determined by their Dean or Director to continue working and/or training. After the building has been inspected and determined safe for re-entry and the gas lines are pressure tested and determined that no leaks exist, the locally highest ranking employee may allow employee re-entry into the building.

I. FACILITIES (FO&M) PERSONNEL

The Director of Facilities, Operations, and Maintenance will coordinate the operations of the facility personnel by direct communication, use of radio’s and cell phones to expedite the building evacuations, raising parking area barricades, and setting up traffic control as directed by the TTUHSC Security.

Facility personnel will be assigned the responsibility of working with the local Fire Department in identifying water hose connections, gas valves, and electrical cut-off locations. The TTUHSC facility employee will not enter any area that poses a danger to the employee, but leave all entry and power source disconnect for the local Fire Department to execute.

All facility personnel not directly involved with the operations of the TTUHSC Security, local Police, or the local Fire Department(s) will go to the designated reassembly area to await further instructions.

J. ENVIRONMENTAL, OCCUPATIONAL HEALTH, and SAFETY

The primary assistance this office will be that of an advisory nature and maintain communication with the Assistant Dean for Finance and Administration, TTUHSC Security, and the FO&M Director. The local Fire Department and/or local Police Department will be informed by the Safety Services Manager of those locations having chemicals or equipment that may become exceptionally hazardous during a fire or other disastrous condition.
K. **VICE PRESIDENT** of **FISCAL AFFAIRS -RC**

The Office of the Vice President-RC (for any affected campus) will be kept advised of the situation at all times. The Communications and Marketing Manager, in consultation with the representative of the Vice President of Fiscal Affairs-RC, will prepare for distribution any statements or releases to the press.

I. **PUBLIC INFORMATION** and **PANIC CONTROL**

To control misinformation and/or a verbal response to individuals or the press during any emergency situation involving TTUHSC Permian Basin, only specific individuals will be responding to the questions. The primary responder will be the Communications and Marketing Manager and/or the Development Manager. The on-site Psychiatrists and Psychologists will work directly with the TTUHSC Permian Basin representative in appraisal of the situation, verbiage for panic control, specific video images that are acceptable for release to the public, dispensing information and directions that may be useful for those still at home, and on-site responses to the general public.

This situation will likely require the TTUHSC Permian Basin representative(s) to be in several locations on the main campus at the same time responding to many questions. Therefore it is important that the public information representative(s) and the Psychology Department healthcare providers work directly together during this time to prevent confusion and reduce panic among the on-site patients and/or general public.

The following page is a list of general questions that most public media personnel and on-site patients may be asking. For any representative responding to questions from the general public, a uniformly accepted response should be formulated before the full crisis occurs and occasionally review the responses as the crises changes.
Risk and Crisis Communication:
77 Questions Commonly Asked by Journalists During a Crisis

Journalists are likely to ask six questions in a crisis (who, what, where, when, why, how) that relate to three broad topics: (1) What happened? (2) What caused it to happen? (3) What does it mean?

Specific questions include:
1. What is your name and title?
2. What are your job responsibilities?
3. What are your qualifications?
4. Can you tell us what happened?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How certain are you about this information?
11. How are those who were harmed getting help?
12. Is the situation under control?
13. How certain are you that the situation is under control?
14. Is there any immediate danger?
15. What is being done in response to what happened?
16. Who is in charge?
17. What can we expect next?
18. What are you advising people to do?
19. How long will it be before the situation returns to normal?
20. What help has been requested or offered from others?
21. What responses have you received?
22. Can you be specific about the types of harm that occurred?
23. What are the names of those who were harmed?
24. Can we talk to them?
25. How much damage occurred?
26. What other damage may have occurred?
27. How certain are you about damages?
28. How much damage do you expect?
29. What are you doing now?
30. Who else is involved in the response?
31. Why did this happen?
32. What was the cause?
33. Did you have any forewarning that this might happen?
34. Why wasn't this prevented from happening?
35. What else could go wrong?
36. If you are not sure of the cause, what is your best guess?
37. Who caused this to happen?
38. Who is to blame?
39. Could this have been avoided?
40. Do you think those involved handled the situation well enough?
41. When did your response to this begin?
42. When were you notified that something had happened?
43. Who is conducting the investigation?
44. What are you going to do after the investigation?
45. What have you found out so far?
46. Why was more not done to prevent this from happening?
47. What is your personal opinion?
48. What are you telling your own family?
49. Are all those involved in agreement?
50. Are people overreacting?
51. Which laws are applicable?
52. Has anyone broken the law?
53. How certain are you that mistakes have not been made?
54. Have you told us everything you know?
55. What are you telling us?
56. What effects will this have on the people involved?
57. What precautionary measures were taken?
58. Do you accept responsibility for what happened?
59. Has this ever happened before?
60. Can this happen elsewhere?
61. What is the worst case scenario?
62. What lessons were learned?
63. Were those lessons implemented? Are they being implemented now?
64. What can be done to prevent this from happening again?
65. What would you like to say to those who have been harmed and to their families?
66. Is there any continuing danger?
67. Are people out of danger? Are people safe?
68. Will there be inconvenience to employees or to the public?
69. How much will all this cost?
70. Are you able and willing to pay the costs?
71. Who else will pay the costs?
72. When will we find out more?
73. What steps need to be taken to avoid a similar event?
74. Have these steps already been taken?
75. If not, why not?
76. Why should we trust you?
77. What does this all mean?
M. POSSIBLE LOGISTICAL SUPPORT

1. Suppliers of medical gloves, aprons, face shields, face mask, respirators, and sanitizer’s.
   a. Cardinal Health          Grand Prairie, TX          Ph. 888-444-5440
   b. ASA Safety              Stone Mountain, GA         Ph. 800-486-1033
   c. Affirmed First Aid      Odessa, TX                 Ph. 580-7171

2. Suppliers of mobile and/or inflatable hospital units and large tents
   a. BLU-MED Response Systems Kirkland, WA              Ph. 888-680-7181
   b. Alaska Structures       Seattle, WA                Ph. 888-370-1800
   c. Energistx               Santa Cruz, CA             Ph. 866-733-8686