TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Abilene, TX

Emergency Operations Plan

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

REVIEW: This plan will be reviewed on September 1 of every year (EY) by the Abilene School of Pharmacy Security Director, Facilities, Maintenance, and Operations Director, Safety Services Manager, and Regional Deans with recommendations for revisions, forwarded to the Abilene TTUHSC Assistant Vice President Finance and Administration by September 15.

POLICY/PROCEDURE:

For purposes of detail information, responses, rosters, and updating references to this plan the Abilene TTUHSC Main Campus Emergency Operations Plan should be referenced. For all emergency situations, the Abilene Police will be directly responsible for traffic control and security at the TTUHSC main campus. The plan contents use the TTUHSC- Lubbock polices and procedures to establish the basic plan components. The Abilene TTUHSC Assistant Vice President Finance and Administration will guide the campus by supplementing the plan contents and form to represent the organization, community resources, and requirements for the main campus facilities.

Initiated: Sept, 2008
Updated: July 2013

[Signature]
Deborah S. Emery
Asst Vice President Finance and Administration
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A. FIRE

Primary Responsibility

The local Fire Department will assume ultimate responsibility in cases of fire on the Abilene campus 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 or police personnel requesting specific assistance. To avoid unnecessary time trying to follow a specific route during evacuation, always take the shortest safe route out of the building. Time should not be wasted in ‘shutting down’ computers or turning off equipment, lights, and etc. If evacuation is necessary, everyone will leave the building by walking very quickly, closing but not locking the doors as they leave. The fire evacuation code name is Code RACE. The ‘R’ stands for rescue anyone in immediate danger, the ‘A’ is for activate the alarm, the ‘C’ is close the doors but do not lock them, and the ‘E’ is evacuate the area.

1. Abilene TTUHSC– Main Campus

If a TTUHSC employee or student observes a fire and the fire detection equipment has not activated, attention of the Abilene Fire Department and building evacuation can be activated through the installed fire alarm pull stations. Should an emergency situation be observed but access to a fire alarm pull station is not available, an alarm can be activated by calling INCA (570-0188) to advise of the location and extent of the fire, if known or calling 911. Also, the Abilene TTUHSC School of Pharmacy Student Services can be notified by calling 676-7948, to announce the alert and building evacuation with the building public announce system.

For more effective planning, the Safety Officer will be informed by the Dean/Department Director of any employee(s) or student(s) in the School/Department that will need assistance during any type of evacuation. The Safety Officer, available FO&M (Facilities, Operations, and Maintenance) personnel, and IT (Information Technology) personnel will respond to the scene of the fire in order to assist in evacuating persons located within the building. To minimize confusion and improve response time, any employee or student that is not fully ambulatory will have a member of the staff assigned to specifically locate and evacuate the identified employee or student.

If security personnel are on duty, they will keep all non-emergency vehicles 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 Security, Safety Coordinator, 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. Fire damaged structures always pose a danger of toxic gases and collapsing ceilings.
2. Abilene TTUHSC – Area of Responsibility during an Emergency Evacuation

All employees and students should reassemble at the southeastern corner of the TTUHSC front parking area. 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. The school faculty and staff will conduct personnel accountability at this time and report the results to the Assistant Vice-President Fiscal Affairs or their designee.

Specific individuals have been assigned to clear their areas of responsibility and report the status to the TTUHSC Assistant Vice-President Finance and Administration or their designee. It is extremely important that the Assistant Vice-President or their designee has this status report as soon as possible, as the local fire department will normally be on site within four (4) minutes of the alarm activation or notification. Upon arrival of the Fire Department or Police, the on-site most senior TTUHSC employee will report the last known circumstance of any missing personnel.

As soon as an alarm is activated, the Facilities, Maintenance, and Operations Manager and the Information Technology personnel will check the alarm display panel and immediately go to the location indicated. It is very important to determine if the alarm is real or if it is a sensor problem and notify INCA Fire Alarm (1-800-766-5993) if the responding agencies need to be stopped. **Regardless if the alarm is due to a real emergency or a faulty sensor, all other employees, students, visitors, and contractors will evacuate as if the emergency is real.**

**School of Pharmacy**

Robyn Holtmeyer insure evacuation for the Department of Biotechnology for both floors.

Melissa Edwards insure total evacuation of the first floor, to include restrooms, case study rooms, classroom, student labs and offices.

Michelle Sperbeck insure total evacuation of the second floor offices and classrooms

**School of Nursing**

Ava Walker insure total evacuation of the first floor, to include restrooms, SIM Center, case study rooms, classroom, student break area and offices.

Bill Davis insure the total evacuation of the second floor, to include classrooms, faculty offices, faculty break area and IT area.

During an alarm, traffic will make progress in clearing the rooms difficult but this must be done in a methodical manner with total focus on the task to be completed accurately.

Because of the number of rooms some employees must clear, it is more feasible to have additional personnel to assist in the room clearing and evacuation event. This also creates a better means of communication if there is a problem in a particular area in which the room clearing can proceed while assistance is being summoned.
B. BOMB THREAT

Abilene TTUHSC – Main Campus

In the event of a bomb threat, those employees aware of the situation will follow the guide explained in the Safety Handbook, which is under Publications on the Safety Services web page. Try to write down all information about the caller that you can get, i.e. accent, male or female, background sounds, bomb description, location of bomb, callers’ name (70% of the time the caller will give you all requested information). After getting all of the information from the caller, the Assistant Vice-President Finance and Administration or their designee will be immediately notified. All communication with the Abilene Police Department at 911 or 676-6563, and response to known emergencies will be coordinated by the TTUHSC Assistant Vice-President or their designee. The Abilene Police will determine if building evacuation is necessary.

Should the Abilene Police determine that the building is to be evacuated, the alarm system or intercom will not be activated but the employees designated to evacuate specific areas will quickly go through their areas of responsibility clearing the rooms. Everyone will evacuate as quickly and quietly as possible to the southeast corner of the TTUHSC front parking area. Shrapnel from an explosion can be thrown a long distance. It is imperative that all books, boxes, sacks, purses, attaché cases, and any 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 an object could detonate the device. People can recover their personal items after the Abilene Police clears all areas and personal items.

C. SEVERE WEATHER

Abilene TTUHSC – Main Campus

Developing weather conditions will be monitored by the Abilene Police, local television stations, and/or NOAA weather radios. As the weather conditions become more severe, the TTUHSC Assistant Vice-President Finance and Administration or their designee will determine if evacuation is necessary. If the Assistant Vice-President or their designee has determined by observation and/or notification from the APD that the weather conditions have developed to a Severe Warning Level, they will notify the school through the intercom to make an evacuation announcement. All employees, students, and visitors will immediately cease operations and begin moving to any inner location that has two (2) solid walls between them and the outside. No one is to leave the building to attempt to ‘out run’ the developing weather condition.
Everyone will remain in the secure areas until the Abilene Police gives an ‘all clear’. If the building conditions are still operational beyond any doubt of the Assistant Vice-President or their designee, the employees and students will resume their normal business. If all or parts of the TTUHSC building are not operational, alternate operational locations will be announced, as determined by the Assistant Vice-President or the Abilene Regional Deans.

D. **EMERGENCY and NON-EMERGENCY PHONE NOTIFICATION**

In an emergency call **911**.

For a non-emergency call:
- Police Dispatch: (325) 676-6563
- Fire Department: (325) 676-6676
- Ambulance: (325)
- INCA Fire Alarm (office): (325) 677-7001
- INCA Fire Alarm Center: 1-800-766-5993
- Abilene School of Pharmacy (Front Desk): (325) 676-7948
- Asst Vice President Finance and Administration: (325) 696-0407
- Facilities and Operations: (325) 696-0464

E. **ELECTRICAL POWER LOSS**

The Abilene School of Pharmacy has backup electrical power capabilities but maintaining the electrical generation for an extended will be difficult as diesel fuel may not be readily available. For all teaching functions of the Abilene Campus facilities, a catastrophic loss in electrical power could eventually stop all electronic training activities and the Regional Deans will organize alternate methods for their student education. Additionally, all research activities should continue should electrical power be available but plans should be made for alternate locations, possibly in other areas of the state.

A major consideration to sustain normal operations at the Abilene TTUHSC – Main Campus will be determined if the municipality can continue to pump clean water. Should clean water not be available and a limited supply of hand sanitizers, the basic requirement of Universal Precautions possibly would require all functions in the Abilene TTUHSC – Main Campus to cease. As determined by the Assistant Vice-President and/or the Regional Deans, all students may be referred to other facilities which have generator backup power and water distillation / storage capabilities. For 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 operate the public water treatment system.

In the Abilene TTUHSC – Main Campus, the immediate response when a total loss of electrical power occurs will be to immediately begin securing confidential records. All rooms used for offices and have windows may be converted into a temporary class rooms. The TTUHSC IT Department for will notify the Techlink system, cable television, IT network, and/or telephone conference network of
the classroom situation. Should the classes be moved and the building closed, at least one TTUHSC employee, on a rotating basis, should remain in the area for security purposes.

Should adjustments in training locations and rotation scheduling become necessary because of the continued loss of electrical power the Regional Deans 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.

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, 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 primary function of the Abilene TTUHSC-Main Campus will cease and students and faculty will report the local hospitals and clinics to assist in patient recording, distribution of medications, and limited triage assistance with a doctor. If possible and not needed in a medical environment, TTUHSC employees and students should plan to stay home as much as possible to minimize exposure for at least two (2) months.

All TTUHSC employees and students having any possible contact with patients/clients must, as a minimum precaution, follow the Universal Precautions guidelines in preventing or limiting their exposure. As employees or students 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. All TTUHSC personnel and students 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 can be available classrooms and administrative locations to give the TTUHSC employees and students additional protection against exposures. Employees and students 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 wearing a face mask to avoid the particulate matter from being spread when coughing or sneezing. The face mask will not restrict the individuals’ ability to inhale air but will stop most of the particulate matter being spread during coughing or sneezing. Emphasis should be made to the employee or student that the face mask will also help prevent exposure to their family members and other individuals 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 individuals willingness to wear the face mask while inside the building or around other people. During conditions when a State of Emergency has been declared, all individuals may be required to wear a face mask.

When the removing the face mask, this is accomplished by using one hand to gently pull the mask away from the 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 mask has been removed, it must
be disposed of in the nearest biohazard container. **It is extremely important that the individual does not remove the mask in a casual manner which is 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.

For purchase considerations, the face mask currently distributed to the TTHUSC Permian Basin reception areas are: 3M 1870, Kimberley-Clark 46827, Kimberley-Clark 46727, Kimberley-Clark 47127, Kimberley-Clark 47297, and Kimberley-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 or student exposure control will be for the employee or student to wear a respirator. The requires the employee or student 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 or student experiences in wearing a respirator, the fit test may take up to 30 minutes per individual. At present locally, no specific communicable diseases have been identified and no action level concentrations for exposure are listed which would require an employee or students 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 or student 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 Abilene TTUHSC-Main Campus. One type of fit test is a qualitative type fit test in which a hood is placed over the individuals head and a Bitrex mist solution is puffed into the hood. Any individual, 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 individual to tell the test administrator when they have a bitter taste on their tongue.

The second type of respirator fit test available at the Abilene TTUHSC- Main Campus 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 individual to follow the directions of the test administrator and the administrator will tell the individual 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.

During conditions of a pandemic disease, all vendor supplies of face mask and respirators will be exhausted. It is imperative that a limited supply of face mask and respirators be available to sustain the operation of the school for a minimum of four weeks or suspend classes. Face mask are not to be reused by other individuals but the respirator can be worn continuously until the employee or student 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 and washing the hands with soap and warm water or using a alcohol gel sanitizer.
It is to be expected that approximately 40-50% of the 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 individuals 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>
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<tbody>
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* How the person looks; what the person is doing; fluids or foods taken since the last observation.
# Table of Notifiable Diseases and Conditions

## 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>Notifiable Diseases / Conditions in Texas as of April 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reportable Immediately</strong> Call 432-580-7452</td>
</tr>
<tr>
<td>Any Outbreaks, Exotic Diseases, and/or Unusual Group Expressions of Disease</td>
</tr>
<tr>
<td>Anthrax</td>
</tr>
<tr>
<td>Botulism, foodborne</td>
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<tr>
<td>Diphtheria</td>
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<tr>
<td>Haemophilus influenzae type b Infections, invasive</td>
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<tr>
<td>Measles (rubella)</td>
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<tr>
<td>Meningococcal infections, invasive</td>
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<td>Pertussis</td>
</tr>
<tr>
<td>Plague</td>
</tr>
<tr>
<td>Poliomyelitis, acute paralytic</td>
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<tr>
<td>Rabies, human</td>
</tr>
<tr>
<td>SARS (Severe Acute Respiratory Syndrome)</td>
</tr>
<tr>
<td>Smallpox</td>
</tr>
<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 Working Day Call 432-580-7452</th>
</tr>
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<tbody>
<tr>
<td>Brucellosis</td>
</tr>
<tr>
<td>Hepatitis A (acute)</td>
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<tr>
<td>Q Fever</td>
</tr>
<tr>
<td>Rubella (including congenital)</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Tularemia</td>
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<tr>
<td>Vibrio infection, including cholera</td>
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<tr>
<th>Reportable Within 1 Week Mail or Fax EP-9 or EP-4 Form</th>
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<tbody>
<tr>
<td>AIDS</td>
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<tr>
<td>Amebiasis</td>
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<tr>
<td>Asbestos</td>
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<tr>
<td>Botulism, infant</td>
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<td>Campylobacteriosis</td>
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<tr>
<td>Cholera</td>
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<tr>
<td>Chickenpox (varicella)</td>
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<tr>
<td>Chlamydia trachomatis infection</td>
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<td>CJD (Gerzfeldt-Jakob Disease)</td>
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<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>
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<tr>
<td>Gonorrhea</td>
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<tr>
<td>Hansen's disease (leprosy)</td>
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<tr>
<td>Hantavirus Infection</td>
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<tr>
<td>Hemolytic Uremic Syndrome (HUS)</td>
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<tr>
<td>Hepatitis B, D, E and Unspecified (acuta)</td>
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<tr>
<td>Hepatitis B (chronic)</td>
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<tr>
<td>Identified Prenatally or at Delivery</td>
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</tbody>
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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 the Regional 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 Manager for Facilities, Operations, and Maintenance will coordinate the operations of the facility with the Assistant Vice-President or their designee by direct communication, use of radio’s and cell phones to expedite the building evacuations, evaluate needs for parking barricades, and setting up traffic control as directed by the Abilene Police.

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

All facility personnel not directly involved with the operations of the Abilene Police or Fire Department will go to the front southeast parking 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, Abilene Police, and the FO&M Manager. The Abilene Fire Department and/or Abilene 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. **ASSISTANT VICE PRESIDENT** of **Finance and Administration - RC**

The Office of the Assistant Vice President will be kept advised of the situation at all times. All news reporting agencies will be directed to the Assistant Vice President of Finance and Administration or their representative for any comments and responses.

L. **PUBLIC INFORMATION** and **PANIC CONTROL**

To control misinformation and/or a verbal response to individuals or the press during any emergency situation involving the Abilene TTUHSC – Main Campus, only specific individuals will be responding to the questions from any news reporting representatives. The primary responder will be the Assistant Vice-President or their designee. The on-site TTUHSC representative will stay aware of the 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 the public at home, and on-site responses to the general public.

The following page is a list of general questions that most public media personnel and on-site individuals 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