

Communicable Disease Outbreak Management Plan



UNIVERSITY *of* WASHINGTON

Developed & Reviewed by the
Advisory Committee on Communicable Diseases

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I. Purpose

This Appendix is a supplement to the University of Washington's 2020 Comprehensive Emergency Management Plan (CEMP) and provides a general planning and response framework for departments and units at the University of Washington that are assigned to oversee critical functions in the response to the spread of a communicable disease within the University community and/or in the surrounding area.

There are several aspects of a communicable disease emergency that differentiate it from other emergencies and that require variation in widespread planning, response, and recovery. The intention of this document is to provide guidance throughout an outbreak situation, but nothing in this document precludes the primary parties (UW departments, units, senior policy-makers, employees, or key stakeholders) from modifying their actions to meet the unique conditions presented. These unique actions and responses may be based on one or more of the following:

- The current threat of disease in the world, region, state, and local area
- The unique nature of the disease including the incidence, morbidity, and mortality of the disease
- The novel nature of the disease pathogen, particularly whether it mutates rapidly, has high virulence, and spreads easily from person-to-person
- Mandates and/or orders by federal, state, or local public health or public safety authorities

This Communicable Disease Outbreak Management Plan document was initially prepared in 2006, and revised in 2010, 2014, and 2017, by the University of Washington [Advisory Committee on Communicable Diseases \(ACCD\)](#) to address pandemic influenza and other large-scale (potential) outbreaks of any communicable disease that could significantly impact university operations. The ACCD is comprised of leaders from the various University of Washington departments and units which would be involved in a communicable disease planning and response effort. Additional medical and health professionals are included as well. The ACCD serves to develop strategies to manage communicable diseases at the University campuses and provide recommendations to the UW President and senior leadership. The Charter for the ACCD can be found [online](#).



II. Scope

This plan, as Appendix D to the current UW Comprehensive Emergency Management Plan, incorporates, by reference, a similar emergency planning and response structure. However, the special circumstances of a communicable disease outbreak may require some variance from the UW Comprehensive Emergency Management Plan.

This UW Communicable Disease Outbreak Management Plan applies to all three primary University of Washington campuses – Seattle, Tacoma, and Bothell – as well as leased locations, field stations, and faculty, staff, and students stationed or travelling outside of the country under UW auspices. While the general concepts and considerations remain constant for all UW campuses, each location will assign critical tasks and responsibilities differently based on their respective organizational structure and governance. Each UW locations is responsible for developing response plans that are targeted and appropriate for their locations while ensuring alignment and with this overall plan. Coordination with UW Medicine’s primary care facilities’ (UW Medical Center-Montlake, UW Medical Center-Northwest, Harborview Medical Center’ and Valley Medical Center) emergency response plans will be necessary to ensure staff who work both in the medical centers and on the campuses are aware of the differences in various response and recovery plans. Staff, students, and faculty who have been in travel status internationally and who are at risk of carrying a novel infection may be required to practice social distancing measures for a designated amount of time to minimize the likelihood of disease transmission.

The primary purpose of this Plan is to promote the safety and well-being of UW students, faculty, staff, and visitors by:

1. Preventing the spread of disease
2. Protecting UW workers who will need to keep the UW running
3. Providing support for the essential services that must be maintained

This plan provides a general framework for preparedness planning, response, and recovery for a large-scale outbreak of a communicable disease. It outlines the roles and responsibilities of University personnel and units and the functions that public partners can be expected to provide to the University community. The 2010 revision reflected the lessons learned from the H1N1 pandemic that was experienced worldwide and on the University campus in the winter and spring of 2009. Revisions between 2010 and 2014 reflected additional updates. This newest update incorporates important results and lessons learned from preparations for Ebola in 2014-2016 and the mumps outbreak which took place in 2017. The rapid onset and spread of the novel coronavirus (covid-19) from Wuhan, China that began in December 2019, provided further clarification to this plan (ongoing)

III. General Information on Pandemic Communicable Disease Events

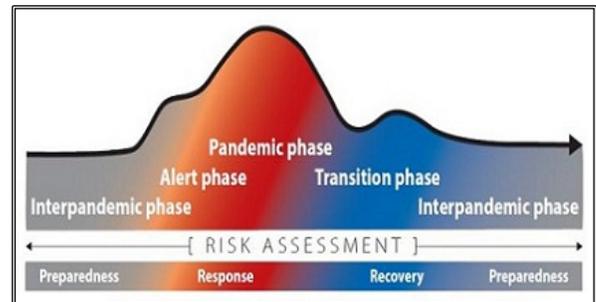
A **pandemic** is a “geographically widespread outbreak” of communicable disease. An emergency can result when there is enough morbidity and mortality to disrupt the essential operations of a community and when the communicable disease: a) is highly virulent (harmful), b) is readily transmissible from person-to-person, and c) has high clinical severity (causing sudden, serious, illness and death in a large number of people).

The communicable diseases with the highest risk for a pandemic event are those that are new to the population, either a mutated strain of a known pathogen or a newly emerging pathogen to which the general population has little or no immunity (resistance). Therefore, it spreads easily and is sufficiently virulent enough to cause social disruption. In the remainder of this document, “novel pathogen” will be used to refer to the latter agents. Animal viruses infecting humans are considered novel pathogens, thus the avian influenza concern in 2006 and the H1N1 influenza (aka “swine” influenza) in 2009 both had the pandemic potential to significantly interrupt usual operations.

The pandemic flu will be used as the main example for the UW Communicable Disease Outbreak Management Plan because this communicable disease provides the information and structure for almost any outbreak. Other infectious disease outbreaks that the UW recognizes as *most likely* to occur on campus include norovirus, measles, mumps, and meningitis (Appendix 3).

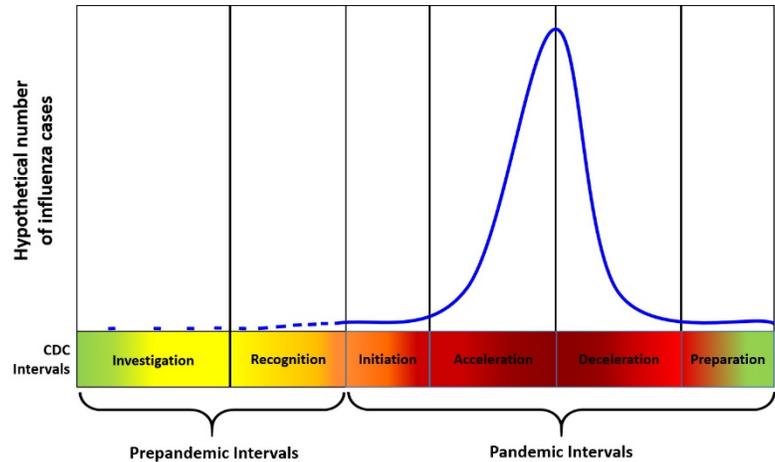
To assist communities in planning for a potential pandemic, the World Health Organization (WHO) developed a phased pandemic alert system framework:

1. Inter-Pandemic Phase (the period between pandemics)
 - i. A new virus appears in animals but there is no or low risk of human cases
2. Pandemic Alert Phase (influenza caused by a new subtype has been identified in humans)
 - i. New virus in animals with higher risk of human cases
 - ii. Increased H2H transmission
 - iii. Significant H2H transmission
 - iv. Efficient and sustained H2H transmission
3. Pandemic Phase
 - i. Global spread of communicable disease caused by new subtype
4. Transition Phase
 - i. Reduction in global risk
 - ii. Reduction in response activities
 - iii. Progression towards recovery actions



Further, the Centers for Disease Control and Prevention (CDC) has developed an interval system framework which can be applied to federal, state, or local indicators:

1. Investigation (of a novel pathogen in humans or animals)
2. Recognition (of increased potential for ongoing transmission of the novel pathogen)
3. Initiation (of a pandemic wave)
4. Acceleration (of a pandemic wave)
5. Deceleration (of a pandemic wave)
6. Preparation (for future pandemic waves)



The WHO and CDC frameworks complement one another, giving governments, institutions, and individuals information and timeframes to plan their response to a communicable disease outbreak. Relying on both frameworks, this Communicable Disease Outbreak Management Plan has developed a five-level action plan – **0) plan, 1) prepare, 2) mobilize, 3) sustain, and 4) recovery** – to follow throughout the course of a communicable disease outbreak.

Additionally, the CDC has released the Influenza Risk Assessment Tool (IRAT) which evaluates potential pandemic risk based on emergence and public health impact and the Pandemic Severity Assessment Framework (PSAF) which predicts the severity of a pandemic by considering clinical severity and transmissibility during an initial assessment and then again during the refined assessment provided that more information becomes available. Clinical severity asks about the strength of the illnesses’ association with the infection and transmissibility considers the ability of the pandemic virus to spread person-to-person.

Federal, state, and local public health agencies such as the Centers for Disease Control and Prevention (CDC), the Washington State Department of Health (WADOH), Public Health – Seattle & King County (PHSKC), and Tacoma Pierce County Health Department (TPCHD) also provide communicable disease planning and response guidance and support. The University planning and response levels described in this document are informed by the WHO pandemic alert system and are consistent with the (PHSKC) planning levels wherever appropriate. UW actions may deviate from WHO and/or CDC recommendations when necessary in order to follow guidance or directives from local public health authorities that more closely reflect the current situation in the surrounding communities in Washington State.



IV. Key Preparedness and Response Principles

Key preparedness and response principles addressed in this plan include:

1. Monitoring disease burden among the local population to collect novel pathogen-related morbidity and mortality data that will be used to inform decision-making. This includes gathering real-time information from PHSKC, TPCHD, WADOH, federal, and international public health partners, and monitoring the disease burden on campus when feasible.
2. Communicating to the University community about the disease spread, what prevention actions individuals can take, and the operational status of the University during various levels of the pandemic is essential. The University will collaborate with local public health entities, as appropriate, to influence public behavior regarding basic infection-control measures such as hand-washing or using sanitizing hand gel, maintaining respiratory etiquette, staying home when sick, and avoiding unnecessary contact with people who are ill.
3. Developing capabilities to implement public health prevention measures is essential to limit disease spread for:
 - Students living in on-campus residential housing and in off-campus shared housing
 - Students, faculty and staff commuting to and between campuses
 - International students, faculty and visitors
 - Staff and students in travel status
 - Faculty and staff
 - Medical facilities
 - Visitors and other non-campus individuals
4. Planning for business, academic, and research continuity by:
 - Determining essential staff and services in the event non-essential operations are suspended
 - Considering the provision of academic continuance through technology when feasible
 - Determining operational function at low staffing levels
 - Implementing social distancing measures, when deemed necessary
 - Deciding when non-essential UW business travel to affected global areas is needed
5. Coordinating with local and regional public health agencies (PHSKC, TPCHD, and WADOH) to plan for surveillance, reporting, mass vaccination, antiviral/antibiotic distribution, isolation and quarantine, and implementation of disaster triage standards that direct resources to care for those with a potential for survival.
6. Planning for recovery of operations so normal operations can be resumed when feasible.



V. Authority

All laws and authorities referenced in the 2020 UW Comprehensive Emergency Management Plan are relevant to this plan as well as WA Legislative Code 246-100: Communicable and Certain Other Diseases. During a public health emergency, public health laws will be relevant and applicable to all operations of the UW. Additional statutory authority or memorandums of understanding may supersede UW policy.

Governance

State law gives the Board of Regents full control over the University and its property. As delegated by the Board of Regents, the President of the University, or the President's designee, is authorized to affect the governance and administration of the University.

Emergency Authority

Emergency authority during a communicable disease event resides with the President of the University and the President's Emergency Policy Council, as described in the UW Comprehensive Emergency Management Plan, (Basic Plan, pp. 13-14)

The Advisory Committee on Communicable Disease (ACCD)

The ACCD is composed of UW leaders who collectively provide the UW President with technical, logistical, educational, and policy advice and recommendations related to communicable diseases that may affect University operations.

Public Health – Seattle & King County (PHSKC) Local Public Health Officer

The Director of PHSKC is the Local Health Officer for Seattle and King County and has statutory authority to enforce public health laws and regulations, and to control and prevent the spread of communicable diseases throughout King County. The PHSKC Director consults with the PHSKC Communicable Disease Epidemiology and Immunization Program Chief.

UW Public Health Officer

The Director of Environmental Health and Safety (EH&S) serves as the University's Public Health Officer and is a member of the ACCD. EH&S provides public health services to reduce exposure and transmission of disease. For communicable disease management, EH&S works with internal UW partners, as well as with Public Health – Seattle & King County, to monitor the clinical needs of students and employees, evaluate disease morbidity and mortality on campus, and coordinate vaccine, antibiotic or antiviral distribution. Internal UW partners include the medical directors of UW student health services (Hall Health Center) and the three UW employee health clinics (on UW upper campus, at Harborview Medical Center, and at UW Medical Center). The medical directors of Hall Health Center and the UW Employee Health Clinic are also members of the ACCD.

UW Emergency Management (UWEM) Director

The UWEM Director coordinates emergency response and logistics support in a communicable disease event, supports activation of the Emergency Operations Center (EOC) if needed/requested, participates on the ACCD, and shares information from local, state, and federal emergency planning support and response agencies.



VI. Unique Characteristics of the University

The University has unique characteristics that influence its ability to plan for the possibility of a communicable disease outbreak. The characteristics of the University, listed below, have been considered in developing the communicable disease response plan:

1. Students, faculty, and staff are encouraged to travel both within the United States as well as internationally for educational opportunities, cultural and sporting events, research, conferences and to perform service to the global community. By virtue of more frequent/extensive travel, this sub-set of the UW community may present a greater risk for disease transmission than the general population.
2. The University has a health sciences center that includes major health care and research facilities. Research laboratories may have research animals that must be maintained on a 24/7/365 schedule.
3. While it may “SUSPEND OPERATIONS,” the University never officially “CLOSES”, since it must support and operate residence halls at the Seattle, Bothell, and Tacoma campuses, provide power, steam and communications to campus buildings, and ensure 24/7 physical security.
4. Additionally, many students live in off-campus housing, including fraternities and sororities, over which the University has no authority.
5. The University directly provides community medical services at UWMC-Montlake Campus, UWMC-Northwest Campus, Valley Medical Center, Harborview Medical Center, and dozens of clinics throughout Western Washington.
6. The Board of Regents has full authority over the University facilities and therefore unique relationships with the public health authorities, per Washington Administrative Code (WAC) 246-100.



VII. Planning Assumptions

As stated in the UW Comprehensive Emergency Management Plan ... “[e]mergency planning requires an accepted set of assumed operational conditions that provide a foundation for establishing protocols and procedures. These assumptions are called planning assumptions, and the standard practice is to base planning on the worst-case conditions.” These assumptions, with respect to a communicable disease emergency on a university campus are:

1. The University will work cooperatively with PHSKC to promote interagency communication and collaborative decision-making in times of public health emergencies. The University will follow the lead of PHSKC as much as possible but also recognizes that:
 - a. Some university facilities are located in other counties, states, and countries, and consultation with the local health official for those operations is necessary.
 - b. The University may be a key site where communicable diseases issues are first identified.
 - c. The University may have a varying response need due to dense housing, extensive travel of staff and students, and the need to maintain 24/7/365 essential services.
 - d. Public authorities have the power to and may require the University to respond to them directly. This may include providing facilities for emergency public health, medical, and security response.

2. This plan provides a tiered approach for response that can address the spread of a communicable disease where:
 - a. There is rapid spread of a highly communicable and virulent novel pathogen.
 - b. An effective vaccine does not become immediately available for an extended period after the emergence of a novel pathogen and/or the vaccine supply is limited.
 - c. Mass fatality of susceptible individuals and at-risk populations may occur.
 - d. There is widespread shortage of prevention aids such as vaccines, antivirals, protective masks, and sanitizers.
 - e. Rapid changes in infection-control measures must occur to reflect evolving information about a novel pathogen characteristic.
 - f. Social distancing strategies may be implemented to reduce disease spread.
 - g. Sustained disease transmission may occur such that personnel are unable to perform or support essential operations.
 - h. The University may have to cease some activities or suspend all non-essential operations.



VIII. University Response Levels and Critical Control Strategies

The Communicable Disease Outbreak Management Plan divides the responsibilities of the various UW departments into two sections. In **UW Level One**, the specific tasks are related to addressing the early WHO phases and CDC intervals, *prior* to a main outbreak. The later WHO phases and CDC intervals, once there is more person-to-person transmission, is incorporated into **UW Level Two**. This grouping reflects PHSKC's approach to planning, responding, and recovering from a pandemic event of a communicable disease outbreak.

While the UW levels have some correlation with the WHO phases and CDC intervals, the potential or known virulence and transmissibility of the novel pathogen and the geographic proximity together must act as a general guide for the University's level of implementation. The ACCD will utilize recommendations from PHSKC, TPCHD, WADOH, and the CDC in making its own recommendations to the President and Board of Regents with regards to implementation of critical control strategies for the UW.

1. UW Level One: Plan and Prepare

UW Level One describes activities that should be taken to prepare for the possibility of a communicable disease outbreak.

A. Risk Assessment Summary for Level One

A new pathogen is detected that is likely to be or has been transmitted to humans. No or very limited human-to-human transmission has occurred. The University continues monitoring worldwide developments and begins planning for a change in status or an emergence of new pathogens.

At this level, the University faces only potential risks. The risk factor that needs to be considered at this phase is the potential for an unanticipated introduction of the pathogen into any of the University campuses or local community.

B. Critical Control Strategies – Prevention and Protection

Depending on the level of concern that the pathogen presents, the University may reiterate to the University community that common-sense approaches that help to control the spread of any communicable disease are also basic for preventing infection by a novel pathogen.

- i. Encourage all faculty, staff, and students to receive the seasonal influenza vaccine and other appropriate vaccinations to reduce their risk of personal illness and possible co-infection with a novel pathogen. These vaccinations are usually available at Hall Health.
- ii. Communicate the current CDC, TPCHD, and PHSKC recommendations and the availability of seasonal influenza vaccines and the novel pathogen vaccines as they become available to the University community.



- iii. Remind University staff, faculty, and students that using basic health practices (e.g., frequent hand washing, covering coughs, and staying home when ill) can help to prevent transmission of a communicable disease.

Students, staff, and faculty traveling internationally on University-related activity or business are encouraged to obtain pre-travel advice and register with the U.S. Embassy prior to departure to plan for potential illness abroad and to ensure appropriate health insurance coverage exists, including emergency evacuation insurance. UW students, staff, and employees should also register with the UW Office of Global Affairs before traveling abroad:

<http://www.washington.edu/globalaffairs/global-affairs/travelregistry/>

The ACCD will collaborate with the Office of Global Affairs to identify students, faculty, and staff, on UW-related international travel who may face travel restrictions placed either upon their return to the United States or when reaching their destination country.

C. Essential Services/Responsibility Matrix

The following matrix establishes the actions that University essential services units need to take at Level One.

UW Level ONE Responsibility Matrix

<i>Responsible Unit</i>	<i>Critical Control Action Strategies – LEVEL ONE</i>
POLICY	
President and Cabinet	<ul style="list-style-type: none"> • Receive briefings and review the operational implications of a potential communicable disease outbreak affecting University operations.
President Provost	<ul style="list-style-type: none"> • Remind academic and administrative units to prepare and plan for business/academic/research continuity. • Continue regular orientation and training for EOC and Emergency Policy Council members. • Establish/appoint a senior Unified Command Group, comprised at the ACCD Chair, representative of the President’s Office, HR Vice President, Student life Vice President, Marketing and Public Affairs Vice President, UWEM Director and other key UW officials with lead operational roles in the outbreak • Establish and request regular updates and status reports from ACCD and/or designated liaison(s) to the proper health-care authority on the event.



Responsible Unit	Critical Control Action Strategies – LEVEL ONE
<p>Advisory Committee on Communicable Disease (ACCD)</p>	<ul style="list-style-type: none"> • Coordinate preparation and dissemination of information on the University’s response plan for management of the possible spread of a novel pathogen. • Clarify its role in emergency communications and actions with the EOC, <i>if activated to support</i>. • Establish and maintain a regular schedule of meetings. Document and record the attendance and key discussion items of each meeting. • Clarify relationship with local health departments/local health officers for potential communicable disease control activities. • Monitor the information from the Centers for Disease Control and Prevention (CDC), reports from the World Health Organization (WHO), information from the state and local health jurisdictions in Washington State, and developments in other institutions of higher education in order to have access to the best possible information on which to base its recommendations. • The chair of the ACCD may brief the President and/or the President’s Cabinet (Emergency Policy Council).
<p>STUDENT SUPPORT</p>	
<p>Housing & Food Services (HFS)</p>	<ul style="list-style-type: none"> • Identify potential housing necessary for quarantine and/or isolation facilities, as well as consolidation options should a long-term suspension of classes be implemented. • Ensure on-campus housing agreement language allows for use of facilities in an emergency. • Assess the potential need for action to ensure just-in-time food supply options. • Assess the potential need for Personal Protective Equipment (PPE) and arrange for appropriate training and fit testing for respirators. • Stockpile cleaning supplies and respirators as conditions warrant. • Identify essential custodial, residential life, and food service personnel, and develop a plan to maintain necessary presence during an outbreak. • Ensure disease prevention signage, such as handwashing instructions, are posted in restrooms and elevator lobbies. • Develop staffing back-up plan.
<p>Hall Health Center/ Student Health Services</p>	<ul style="list-style-type: none"> • The Hall Health Center Medical Director serves as the primary medical advisor for student public health needs and provides draft communications and recommends policy related to medical response to any potential communicable disease risk for the student population. • Maintain ongoing participation in the PHSKC and TPCHD surveillance plan. • Participate in the CDC-affiliated GeoSentinel global surveillance program. • Serves as a data collection site for requisite reporting of student absenteeism. • Monitor local, regional, national, and global outbreak disease status, and collaborate with EH&S and ACCD on analysis of implications for UW campus.



Responsible Unit	Critical Control Action Strategies – LEVEL ONE
	<ul style="list-style-type: none">• Develop a medical provider back-up plan to meet the increased demand for clinical services, in the event of high staff absenteeism.• Promote appropriate personal protection and emergency plans for health center staff.• As an ACCD member, participate in the development of a campus response plan and a distribution plan for critical pharmaceuticals, medical supplies, and equipment.• Participate with HFS and UW Police Department (UWPD) in the development of a plan for students in residence halls who may have been exposed and/or need transport to quarantine facility.• Develop protocol for transfer of students requiring hospital evaluation or care to UWMC or other hospital facilities.• In conjunction the Office of Global Affairs, advise students and faculty traveling in affected regions.• Provide expert medical advice to campus and the EOC.• Serve as the campus web resource for updating information.
Office of Global Affairs	<ul style="list-style-type: none">• Using the data from its online tracking database, the Office of Global Affairs will help in identifying students, faculty, and staff on international assignment who may face pandemic communicable disease risks while abroad or re-entry restrictions when returning to the United States.• In conjunction with Hall Health Center/Student Health Services: 1) inform students and faculty about the policies and procedures for pre-travel health screen; 2) implement criteria for deferral of program participation in a country/region of a significant communicable disease outbreak; 3) plan for UW students abroad during a pandemic outbreak (which should include having a communication and evacuation plan for students); 4) implement requirement that students abroad have medical insurance with medical evacuation coverage; 5) establish a system to identify reliable medical providers at student locations abroad.• The Global Affairs website will provide updated information on the communicable disease-situation via local, state, federal, and international health agency announcements. It is vital for students, faculty, and staff to recognize that travel restrictions may be a response to communicable disease outbreak.
Office of Student Life	<ul style="list-style-type: none">• Develop a draft policy for suspension of classes due to threatening communicable disease outbreak and route to Provost for consideration.• Verify student discipline policy for noncompliance when emergency health directives are in place.• Develop advance communication plans, notices, and travel information in conjunction with Hall Health, EH&S, and ACCD.
Office of Fraternity & Sorority Life	<ul style="list-style-type: none">• Develop communication plans and notices in advance to prepare for a future infectious disease outbreak, in conjunction with HFS, Student Life, Hall Health, EH&S, and ACCD.



Responsible Unit	Critical Control Action Strategies – LEVEL ONE
	<ul style="list-style-type: none">• At as a central coordination unit in organizing and conducting outreach campaigns to Pan-Hellenic associations to facilitate workshops and encourage social distancing within and between Greek houses when there is increased risk of infectious disease transmission.
ESSENTIAL SERVICE SUPPORT	
Environmental Health and Safety (EH&S) Medical Director of the Employee Health Clinic (EHC)	<ul style="list-style-type: none">• The EH&S Director serves as the local public health officer for the UW campus and is a member of the UW ACCD, providing public health expertise for communicable disease event prevention, planning, and response.• The Medical Director of the EHC serves as the medical advisor for UW campus employees and maintains contact and communication with PHSKC.• Provides draft communications and recommends policy related to medical response for potential communicable disease risk.• Maintain primary contact and communication with PHSKC.• In conjunction with Hall Health Center, monitor the national, state, and local communicable disease and public health status.• Respond to public health questions from the UW community.• Promote awareness of the UW Communicable Disease Response Plan through the UW Health and Safety Committees.• Serve as an employee information site regarding disease issues in conjunction with the EOC and HR.• Link with EH&S and UWEM to provide information to UW clients.• Provide links to appropriate medical centers.• Work with Hall Health, UWEM, and the UW’s Crisis Communications Team to coordinate the development and dissemination of public health information, including guidelines regarding the use of PPE/respiratory protection.• Conduct respiratory protection training and fit testing, as necessary to ensure essential UW services can function safely.• Review the impact of a communicable disease outbreak on services and personal protection needs for essential services, such as Lab Medicine, Facilities Maintenance, etc.• Work with Purchasing to arrange continued supply of PPE and hygiene items.• Review protocols and training of employees in clinical labs who may be handling novel virus strains and assure proper personal protection, training, and proper bio-safety level handling.• In conjunction with the Infectious Waste Committee, develop a management plan for increased volumes of infectious waste.



Responsible Unit	Critical Control Action Strategies – LEVEL ONE
UW Emergency Management (UWEM)	<ul style="list-style-type: none">• Provide emergency references/documents to responsible functional units.• Provide support to any UW senior Unified Command Group meetings• Test EOC and Policy Group communications, including updating call-up lists and 24/7 of EOC and cabinet officials.• Determine if additional back-up personnel are required for each critical office/unit/department in the EOC.• Develop plan for a virtual EOC and Emergency Policy Council (Cabinet) activation to minimize person-to-person contacts in time of emergency.• Develop, implement, and evaluate tabletop exercises dealing with disease outbreak, as appropriate.• Review information-sharing systems between UW EOC, King County ECC, Tacoma - Pierce County EOC, City of Seattle EOC, and State of Washington EOC.• Increase mandatory continuity planning compliance with UW Administrative Policy Statement 13.2, and support units in developing and testing their continuity plans.
UW Facilities	<ul style="list-style-type: none">• Assure sites identified for quarantine and/or isolation have functioning infrastructure.• Provide enhanced support to Building Services (custodial) staff who play a critical role in the critical efforts to limit the spread of disease. This includes provision of additional PPE, training on revised cleaning methods, purchase of specialized equipment, etc...• Develop cross-training of essential Power Plant, electrical and water service, and other critical staff to ensure that core utility services will be maintained in the event of a campus outbreak so that hospitals and residence halls can be supported.• Stockpile appropriate PPE and critical supplies.• Provide training to staff regarding communicable disease issues and assure all staff have respiratory protection training and fit testing.• Review potential impacts of travel restrictions to UW operations and review alternative transportation plans.• Identify potential motor pool units that could be used for servicing transport needs of resident students.• Plan for sanitizing motor pool and shared vehicles and provide PPE for cleaning staff.• Assure infectious waste management vendors can handle increased volumes.• Review CAAMS system for expansion so UW buildings can be locked remotely.



Responsible Unit	Critical Control Action Strategies – LEVEL ONE
<p>Campus Human Resources (HR)</p> <p><i>and</i></p> <p>Academic Human Resources</p>	<ul style="list-style-type: none"> • Assist departments in developing alternative staffing plans to ensure that their “essential services” can be provided during expected periods of increased absenteeism. • Review information about UW practices that would facilitate “social distancing” and update/augment if required (e.g. telework, alternative work schedules). • Assess the need for additional communication about the expected use of leave and positions designated as “essential service” employees. • The UW’s Workday system will be used to assist in collection of employee attendance data, as requested. Provide reminders to department payroll coordinators about the proper entry of leave hours during any outbreak event • (If applicable), Communicate health plan immunization coverage and sponsor on-site immunization clinics for faculty and staff. • Review current labor agreements to refresh union leaders on the language in each contract regarding work requirements and commitments during a declared emergency
<p>Procurement Services</p>	<ul style="list-style-type: none"> • Assist with preparations in the event critical supplies need to be stockpiled. • Ensure advanced contracts provide sufficient use of necessary food and supplies, as identified by critical functional units. • Ensure there are contracts for refrigerated trucks to be accessible to the medical centers/campus. • Establish, if needed, enhanced processes for emergency procurement and delivery/storage of additional emergency supplies.
<p>Compliance and Risk Services</p>	<ul style="list-style-type: none"> • Provide guidance regarding coverage status of faculty or professional staff who are requested to work on community management of a communicable disease outbreak and/or who wish to volunteer for such work. • Provide guidance to ACCD regarding liability issues of the plan or plan activities. • Review and amend insurance policies, if possible, for communicable disease-related losses. • Establish back up with and for other administrative functions in EOC (e.g., HR, Finance).
<p>UW Police Department (UWPD)</p>	<ul style="list-style-type: none"> • Review the mutual aid agreements with local police jurisdictions. • Ensure staff are appropriately trained for possible enforcement of quarantine and/or isolation actions on campus. • Obtain training regarding respiratory protection and fit testing for officers who have direct contact with the public. • Provide information and FAQs to 9-1-1 Dispatch staff on the incident • Stockpile supplies of respirators as necessary.



Responsible Unit	Critical Control Action Strategies – LEVEL ONE
COMMUNICATIONS SUPPORT	
UW Information Technology	<ul style="list-style-type: none"> Identify essential services needed to maintain University operations and communication systems. Identify essential staff functions and cross train. Identify need and capacity issues for increased telecommunications requests and demands resulting from the increase of social distancing practices.
UW News <i>(with support from the UW's Crisis Communications Team, if activated)</i>	<ul style="list-style-type: none"> Develop liaisons with other PIOs in the region and University-wide to ensure consistent and coordinated delivery of community messages in the event of an outbreak. (As needed) Update the UW's homepage, the UW Emergency Blog and/or any other web or social media sites related to current information and resources related to the current outbreak. Establish communication strategies, including message frequency, content, and approval process for release. Ensure that all UW entities providing information to the public (including internal messages to students, faculty and staff) have consistent and validated information. Develop templates for news releases, public statements, and briefings, with input from ACCD. Coordinate with the medical centers regarding messages to faculty, staff, and students that may differ based on risks to patient populations.
MEDICAL CARE SUPPORT	
<u>UW Medicine</u> Harborview Medical Center (HMC) UW Medical Center-Montlake UW Medical Center-Northwest Valley Medical Center	<u>HMC:</u> <ul style="list-style-type: none"> Implement duties associated with role as the Disaster Control Hospital for Seattle and King County. Provide leadership (co-chair) for King County Public Health Hospital Coalition on Disaster Planning. Implement and maintain Regional Resource Hospital requirements consistent with Seattle King County Public Health 2006 Hospital Coalition Plan. <u>HMC, UWMCs, VMC:</u> <ul style="list-style-type: none"> Implement medical center and clinic specific plans consistent with requirements of Regional Hospital Coalition Plan. Develop plans that enable medical service delivery to larger community as part of the county-wide flu planning efforts. Update infection control plans according to public health requirements and recommendations. Implement effective isolation and containment protocols, continue respiratory hygiene/cough etiquette, and epidemiologic surveillance programs.



Responsible Unit	Critical Control Action Strategies – LEVEL ONE
UW Medicine (cont..)	<ul style="list-style-type: none">• Coordinate information regarding personnel protection required in hospitals with employee health services so staff, students, and faculty are aware that protection levels may vary according to location• Continue to coordinate efforts and collaborate with area health care facilities, PHSKC, and other appropriate local public health authorities on outbreak response planning.• Identify and purchase equipment and supplies necessary to sustain a response to a communicable disease outbreak for the duration of its persistence in our locale.• Identify creative staffing alternatives for periods of extensive staffing shortages.

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2. UW Level Two: Mobilize/Respond → 3. UW Level Three: Sustain

UW Level Two will be activated upon the first confirmed case of a human disease caused by a highly virulent novel pathogen in the United States, Mexico, and/or Canada that has the potential to cause substantial socioeconomic disruption because of high morbidity or mortality impacts. Level Two is flexible and scalable to meet emerging disease event conditions.

UW Level Three will sustain these efforts and activities taken at UW Level Two until the outbreak ends.

A. Risk Assessment Summary

Level Two of the Communicable Disease Outbreak Management Plan provides response guidance in situations where the first confirmed case of human-to-human transmission of a novel pathogen has occurred in the United States, Mexico, and/or Canada. The University response level will depend on the pathogen's virulence and rate of spread and will change as new information about the agent or its transmission/spread becomes available.

The University will identify major risk factors that are unique to the University and related to the potential transmission of a novel pathogen disease, should human-to-human transmission be documented. These could include such factors as: densely located populations in housing and classrooms, age and immunity status of campus population, and international travel status of some University members. The impact of the disease in the communities surrounding the University as well as other risk factors will also be included in risk evaluation.

B. Critical Control Strategies

1. Prevention and Protection

The UW **Level Two** response includes the following prevention and control strategies:

General Strategies

The controls noted in "Level One", such as basic hygiene and working with private health care providers to receive vaccinations are critical prevention strategies that need to be continued and followed by all members of the University community.

At this point, the University may begin to consider (or start the planning) to suspend classes or cancel/postpone/reschedule some public activities such as sporting events, conferences, etc... as a precaution to limit close contacts between members of the campus community. At this level, Public Health Officials may consider imposing or implementing travel restrictions to/from the US or specific countries/continents. Therefore, returning residence hall students to their families and homes may need to take place before such restrictions can be imposed.

University Sponsored Travel

Details of the implementation of the Office of Global Affairs response plan can be found in specific unit response attachments.



Depending on the specific circumstances of the communicable disease threat, the University may implement travel restrictions and requirements for returning travelers. See Attachment 4 for travel-related control strategies, guidance, policies, and procedures.

The University uses CDC definitions and local health guidance in determining what constitutes “*close personal contact*” for purposes of establishing appropriate risk reduction procedures. Close contact may include kissing or embracing, sharing eating or drinking utensils, close conversation, and any other direct physical contact between persons. Close contact generally does not mean the casual contact typified by attending the same class or meeting or walking by a person.

Transmission of a novel pathogen may be more likely among health care providers having close personal contact with infected patients. To reduce the potential for transmission among these University employees, the medical centers affiliated with the University have implemented infection control mechanisms, including designated screening areas and the use of PPE by those providers having close contact with potential novel pathogen patients. Surgical masks will be offered to any person who is coughing and/or sneezing while in waiting and reception areas of the health care centers, as the masks can minimize the exposure of others.

For a pathogen of extreme virulence and transmissibility and when rates of infection and absenteeism disrupt critical services in the area, the University will plan for and may take the following actions as appropriate:

- Implement local public health directives.
- Suspend University non-essential operations.
- Suspend classes.
- Evacuate residence halls and/or other University-supported housing units
- Restrict visits to campus of non-essential visitors.
- Remove individuals showing symptoms from campus.
- Quarantine/isolate resident students.
- Implement travel restrictions.
- Implement requirements for returning travelers.
- Establish mass dispensing operations for treatments or immunizations coordinated with campus and local public health officials.
- Activate an incident management team (physically or virtually), utilizing the federally-mandated Incident Command System (ICS) model, and appoint an Incident Commander.

C. Essential Services/Responsibility Matrix

The completion and continuation of the preparations outlined in **Level One** and detailed in unit response plans should be considered the foundation on which **Level Two** preparation builds. In addition to Level One actions, the following actions are needed at Level Two:



UW Level **TWO** Responsibility Matrix

<i>Responsible Unit</i>	Critical Control Action Strategies – LEVEL TWO
POLICY	
President, Provost and Cabinet	<ul style="list-style-type: none"> • Review updates and reports from the ACCD and others on the continuing prevention, preparation, and response activities. • Make decisions based on recommendations of the ACCD and others on issues such as: <ul style="list-style-type: none"> - suspension of non-essential operations - residence hall closure(s) - implementation of isolation or quarantine - implementation of social distancing • Direct campus units to implement business and academic/research continuity plans and put critical action plans in place. • Assess risk/benefit impact of various mitigation strategies for partial or full academic closures. • Direct business continuity to occur for 24/7/365 business operations.
Advisory Committee on Communicable Diseases (ACCD)	<ul style="list-style-type: none"> • Operate in conjunction with the EOC (if activated). • Advise President and Cabinet regarding the status of the ongoing disease spread and mitigation measures.
STUDENT SUPPORT	
Housing & Food Services (HFS)	<ul style="list-style-type: none"> • Ensure plans are in place to prepare for a potential University closure. • Prominently display and provide up-to-date communication to HFS employees and residential students regarding a communicable disease threat, prevention, and treatment, working with the ACCD and Hall Health Center. • Revise an emergency staffing plan, if necessary, to attend to students' needs. Communicate needs for additional staffing based on situation and available in-house staff. • Identify rooms and/or buildings to house students unable to vacate. • Identify locations for sick students requiring isolation and quarantine. Work with Hall Health Center to identify a way to monitor these students' health statuses. • Coordinate student clearance procedures with Hall Health Center. • Arrange essential HFS staff training with EH&S, Hall Health Center, and/or the UWMC. <ul style="list-style-type: none"> - Identify members of the quarantine cleaning team and appropriately train and equip with respiratory protection.



Responsible Unit	Critical Control Action Strategies – LEVEL TWO
HFS (continued)	<ul style="list-style-type: none">- Provide essential training to staff requiring close contact with Isolated and/or quarantined students.• Identify and gather supplies needed to carry out emergency plan.• Staff and train a food distribution team for potential future action. Ensure food delivery process is planned and delivery supplies are available.• Identify, purchase, and store protective equipment needed for staff and residents and stockpile protective and sanitary equipment, in consultation with Hall Health Center and EH&S.• Assure appropriate supplies for students and staff, including packing boxes, tags, protective face masks for implementing respiratory protection and cough etiquette, appropriate respirators, ethanol-based hand sanitizer, and food transport supplies.• Take steps to limit transmission of diseases through touch points in dining facilities, such as discontinuation of common serving implements. <p>In the event of residence hall/apartment evacuation and activation of isolation/quarantine:</p> <ul style="list-style-type: none">• Based on directives from the local health official and the Board of Regents requiring official University-wide restrictions/closures, HFS will send notices to student residents in the residence halls/apartments with instructions for vacating and checking out.• The quarantine and isolation housing units identified in Level 1 planning will be prepared for potential use. Notifications will be sent to occupants informing them of the need to move/vacate with a 24-hour notice.• The food distribution and cleaning teams will be activated and put on stand-by.• Residential Life staff will be prepared to oversee the movement, storage, and security of students’ belongings.• Training and equipping staff with PPE will be finalized.• Arrangements will be confirmed with vendors regarding uninterrupted delivery of food and supplies.• Hospital grade cleaning and infection control will be instituted in the residence halls/apartments, as well as quarantine and isolation facilities.• In the event of a University closure, activation of the plan from Level 1 will take place to isolate sick students.• Recall essential personnel.• Evacuate students and prepare isolation areas for sick residents.



Responsible Unit	Critical Control Action Strategies – LEVEL TWO
Hall Health Center/ Student Health Services	<ul style="list-style-type: none"> • Provide primary health care services for UW students. • Track incidence of illness. • Ensure staffing and PPE programs are in place. • Work with IPE and HFS to create a program to provide students with access to campus facilities. • Work with HFS and local authorities to coordinate relocation of resident students to quarantine and/or isolation facilities as appropriate. • Coordinate daily medical surveillance and “triage” of residents in residence halls through contact with HFS. Those students in quarantine or campus isolation facilities will be monitored by local public health staff. In the event of an outbreak overwhelming the public health system, volunteer health care workers deputized by the appropriate state authorities may be needed to augment local public health staff and deliver medical services off-site (e.g., directly outside of Hall Health). • Provide medical supervision and guidelines for the mass distribution of antivirals, if they are provided to the UW by public health authorities. • Suspend all routine visits to accommodate ill patient visits based on available staffing. • Update communicable disease website with current and verified information (in coordination with UW EHC Medical Director, Hall Health Center Medical Director, EH&S Director, UW News, and UW Information Technology).
Office of Global Affairs (OGA) Global Emergency Management (GEM)	<ul style="list-style-type: none"> • Initiate communications plan. Convey CDC and UW information and recommendations, in conjunction with UW medical directors in Hall Health Center and the Employee Health Clinic and Risk Management, to students, faculty, and staff participating in international programs. • Inform the International Travel Risks Assessment and Safety Committee (ITRASC) and discuss possible travel restrictions, travel waivers, and program operational status. • Work with the UW Chief Medical Officer, the U.S. State Department, and UW’s international insurance/assistance providers to assist students, faculty, and staff who develop suspect symptoms to obtain medical advice and care. • Implement infection controls to defend against additional infections. • Global Emergency Manager coordinates the response and return of all students and employees overseas. • In case of repatriation, inform affected students, faculty, and staff of possible port of departure and point of entry precautions and procedures (e.g., temperature scans) and what to do if they become symptomatic. • Inform student emergency contacts of departure plans and suggested precautionary measure upon their returns. • Inform students, faculty, and staff of UW policies/procedures regarding their returns to campus.



Responsible Unit	Critical Control Action Strategies – LEVEL TWO
Office of Student Life	<ul style="list-style-type: none"> • Develop messaging for students and families.
ESSENTIAL SERVICES SUPPORT	
Environmental Health and Safety (EH&S)	<ul style="list-style-type: none"> • Work with local public health to implement the Memorandum of Understanding and Agreement (MUA) regarding duties/responsibilities regarding communicable disease outbreak and, if needed, the isolation and quarantine implementation plan. • Work with UW Facilities and HFS to review the established plans/procedures for preparing designated sites for students needing quarantine and/or isolation. • Work with HFS, UW Facilities, and medical centers to establish training and PPE for quarantine/isolation cleaning teams. Establish methods for cleaning, including disinfectants and PPE. • Train additional staff to handle increased volumes of infectious wastes from quarantine/isolation areas. • Review critical hygiene supply status and contracts supplies and respirator supplies and testing. Bring in final amounts and check re-supply. • In conjunction with ACCD, prepare briefing to employees. • Convene the Campus Health Services Leadership Committee. • Continue to provide information and to monitor for potential disease symptoms among employees. • Coordinate employee health care delivery at UW, HMC, and UWMC, through collaboration with the infection control officers at the institutions. • Serve as resource for screening of employees with disease symptoms. • Intensify information communication to the UW community regarding good hand-washing and cough hygiene practice. • Work with other service units to assure preparations for employee safety and health are in place. • Notify PHSKC if UW isolation/quarantine measures are to be implemented or if resident students are to be sent home. • Confirm when residence hall rooms previously occupied by infected individuals can be considered safe for re-occupancy. • Participate in decisions to support activities in the EOC. • Restrict face-to-face meetings by encouraging teleconferences. • Review staffing levels and adjust hours/back-up. Consider multiple shifts. • Monitor and correct supplies and supply pipeline as needs change. • Implement minimum EH&S staffing plan to provide health and safety services to essential staff at UW. • Report staffing projections and long-term capacity to EOC. • Assure UW essential personnel have appropriate training and PPE. • Work with PHSKC to identify community-based isolation/quarantine areas, if currently-planned UW space is exceeded. • Identify spaces that can be used as temporary storage for hazardous waste if normal disposal options are not available.



Responsible Unit	Critical Control Action Strategies – LEVEL TWO
UW Emergency Management (UWEM)	<ul style="list-style-type: none">• Work with the incident commander (EH&S Director or alternate) in the event that an actual or virtual EOC activation occurs.• Identify alternate campus staff or volunteers to supplement limited UWEM staff to coordinate EOC activities.• Confirm with organizational units that they are clear about their response role in the event of EOC activation.• Share updated communicable disease response plan with key EOC and cabinet officials and operational units and departments.• Test EOC computer and phone capabilities. Place EOC on “stand-by” for potential (partial) activation.• Order personal hygiene and disease transmission control devices for EOC responders (e.g., masks, gloves, tissues, antibacterial, etc.).• Work closely with the ACCD to update campus emergency responders with expected roles and responsibilities at this stage.• See HR Section regarding business, academic, and research continuity.• Link with King County Emergency Response Center and Pierce County to coordinate on non-public health issues.• Liaison with EH&S and Hall Health Center to coordinate public health with clinical health control measures.• Assure the incident command structure is in place for the actual or virtual EOC, with leadership provided to at least three levels for the following:<ul style="list-style-type: none">○ Incident Commander/Manager○ Planning○ Operations○ Logistics○ Administration/Finance• As part of ACCD, develop ad-hoc policies and official statements for review and dissemination by the President’s Emergency Policy Council (Cabinet).• Activate (virtually or physically) the Campus EOC Level 2 (partial activation with critical functions staffed).• Work with operational departments to ensure adequate staffing of critical business continuity functions.• Assist in the resource management activities of the university in locating and acquiring specialized materials and supplies for the response and recovery efforts. This may include requesting State and Federal resources via the State EOC in Camp Murray.• Continue to coordinate the activities of the (virtual or physical) UW EOC.• Provide updated reports to the City of Seattle EOC, King County ECC, Tacoma – Pierce County EOC, and the State of Washington EOC.



Responsible Unit	Critical Control Action Strategies – LEVEL TWO
UW Facilities	<ul style="list-style-type: none">• Complete final preparations for isolation/quarantine facilities.• Implement business continuity plan.• Assure all staff have appropriate PPE, training, and testing.• Confirm vendors and contracts are in place for waste handling.• Do training and fit testing for respiratory protection.• Activate staff back-up plan.• Continue to support all essential campus services.
Human Resources	<ul style="list-style-type: none">• Serve as resource to answer questions and respond to HR issues that arise, including access to benefits information and resources.• Communicate reminders about the procedures for suspending non-essential operations and the status of employees not required to work and leave policies that apply.• Continue to support all essential services and manage HR issues that arise.• Evaluate the need for, recommend, and, if necessary, implement changes in HR policies for emergency operations.• Communicate and work with labor organizations, as necessary.
Procurement Services	<ul style="list-style-type: none">• Work with major emergency and operational units to order additional emergency response, medical, and mass-care supplies and equipment.• Contact key vendors (medical supplies, food, water, and personal care supplies) to ensure timely delivery or critical supplies.
Compliance and Risk Services	<ul style="list-style-type: none">• Advise, as needed, on liability implications to response activities.• Assess liability coverage for volunteer and replacement medical providers.• Assist with workers compensation claims for faculty and staff.• Respond to management of risk for social distancing measures, such as quarantine, screening, and other activities.
UW Police Department (UWPD)	<ul style="list-style-type: none">• Assure staff are fully prepared with PPE.• Be ready to enforce suspended operations.• Be ready to provide oversight of quarantine/isolation restrictions.• Coordinate with other law enforcement jurisdictions.• Coordinate any on-site campus fatalities with the King County Medical Examiner’s Office.



<i>Responsible Unit</i>	Critical Control Action Strategies – LEVEL TWO
COMMUNICATIONS SUPPORT SERVICES	
UW Information Technology	<ul style="list-style-type: none"> • Provide centralized location for campus messages and communications. • Have designated information on UW Home Page. • Develop links to other UW websites that may have department-specific information (e.g. medical centers).
UW News	<ul style="list-style-type: none"> • Coordinate with Public Health Joint Information Center (JIC). • Work with ACCD, Hall Health Center, EH&S, UWEM, and others to develop responses to media inquiries.
MEDICAL CARE SUPPORT	
UW Medicine: UW Medical Centers (UWMC)- Montlake campus & Northwest campus Harborview Medical Center (HMC) Valley Medical Center	<ul style="list-style-type: none"> • Follow Emergency Operations Plan, evaluate plan, and adjust as necessary to address outbreak control measures. • Identify and implement appropriate level of PPE for health care providers specific to current infectious organism. • Implement screening of all clinic and hospital patients for indicators specific to the current infectious organism. • Expand staff training by Hospital Epidemiology and Infection Control (appropriate donning and removal of PPE). • Maintain communication with PHSKC and King County Healthcare Coalition. • Communicate with the public on how healthcare is to be managed through a regional hospital JIC. • Complete impact assessment and plan for other medical services during prolonged communicable disease outbreak. • Implement alternative staffing plans as necessary. • Adjust standards of care in coordination with other hospitals as identified by the King County Healthcare Coalition. • Arrange for alternative storage sites for decedents in case medical examiner capacity is exceeded.



4. UW Level Four: Recovery

UW **Level Four** takes place immediately after the outbreak is deemed over. At this time, coordinating groups will come together to create after-action reports. These reports will be used to guide the next planning process as the University departments return to focusing on the actions outlined in UW Level One. Outbreak management is a cycle, so it is necessary to use the knowledge gained during the previous outbreak to begin preparing for the next infectious disease outbreak at the University.

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IX. More Information

CDC: <https://www.cdc.gov/>

World Health Organization: <https://www.who.int/>

Travel information from CDC: <http://www.cdc.gov/travel/>

State of Washington Department of Health: <http://www.doh.wa.gov/>

Public Health – Seattle & King County: <http://www.kingcounty.gov/healthservices/health.aspx>

UW's Office of Global Affairs: <http://www.washington.edu/globalaffairs/>

UW's Travel Registry: <http://www.washington.edu/globalaffairs/global-affairs/travelregistry/>

UW's Advisory Committee on Communicable Diseases (ACCD): <https://wellbeing.uw.edu/uw-advisory-committee-on-communicable-diseases/>

Telephone numbers of some local health jurisdictions are listed below.

Public Health – Seattle & King County, Prevention Division
Seattle, Washington
206-296-4774
(Serves UW Seattle and UW Bothell)

San Juan County Department of Health and Community Services
Friday Harbor, Washington
360-378-4474

Tacoma-Pierce County Health Department, Communicable Disease
Tacoma, Washington (Serves UW Tacoma)
253-798-6500



Glossary

Isolation – The physical separation of a person suffering from an infectious or contagious disease from others in a community.

Pandemic – The global outbreak of a highly infectious disease in humans in numbers clearly in excess of normal caused by a new pathogen or emergence of an altered old pathogen capable of sustaining widespread disease in a region of the world or worldwide.

Pandemic Flu – A virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person-to-person.

Quarantine – The physical separation of healthy people who have been exposed to an infectious disease-for a period of time-from those who have not been exposed.

Social Distancing – A disease prevention strategy in which a community imposes limits on social (face-to-face) interaction to reduce exposure to and transmission of a disease. These limitations could include, but are not limited to, school and work closures, cancellation of public gatherings, and closure or limited mass transportation.

Transmissibility – Ability to easily spread from human-to-human.

Travel Advisory – When there is a recommendation against non-essential travel to a geographic area where an outbreak of a disease is occurring.

Travel Alert – Where an outbreak of a disease is occurring in a geographic area and there is no recommendation against non-essential travel to the area, although recommendations regarding personal health protection in such settings are available.

Virulence – The capacity of a microorganism to cause disease.



Appendix A:
Current Representation on the ACCD
(updated February 5, 2020)

Academic Human Resources
Attorney General's Office
Campus Health Services
Campus Human Resources
Environmental Health & Safety
Environmental Health & Safety
Hall Health Center/Student Health and Employee Health
Health Science Administration
Intercollegiate Athletics (ICA)
International Programs and Exchanges
Office of Global Affairs
Office of Student Life
Orthopedics & Sports Medicine
Risk Financing and Consulting
UW-Bothell Campus
UW Emergency Management (UWEM)
UW Information Technology (UW-IT)
UW News
UW-Tacoma Campus



Appendix B: Framework Comparison

Comparison of WHO Framework, CDC Framework, and the UW Response Levels						
World Health Organization (WHO) Framework			Centers for Disease Control (CDC) Framework		Potential/Recommended UW Level & Actions*	
	Phases	Definitions	Intervals	Descriptions		
1	Inter Pandemic Phase	New virus in animals, and no or low risk of human cases	Investigation	Of a novel pathogen in humans or animals	ZERO: Plan	
			Recognition	Of increased potential for ongoing transmission		
2	Pandemic Alert Phase	New virus in animals, and higher risk of human cases				
3	Pandemic Alert Phase	Human cases detected, and no or limited human-to-human (H2H) transmission				
4	Pandemic Phase	Increased H2H transmission	Initiation	Of a pandemic wave		ONE: Prepare
5	Pandemic Phase	Significant H2H transmission	Acceleration	Of a pandemic wave		TWO: Mobilize
6	Pandemic Phase	Efficient and sustained H2H transmission				THREE: Sustain
7	Pandemic Phase		Deceleration	Of a pandemic wave		
8	Transition Phase	Reduction in risk, reduction in response activities, or progression toward recovery	Preparation	For future pandemic waves	FOUR: Recovery	

* UW-specific actions, activities, and policies will be determined by the specific nature of the incident, localized events, and guidance/directives by state and local public health authorities.



Appendix C: Disease Descriptions

Higher Potential at UW

Name	Vaccine Preventable?	Description of Symptoms
Measles (Rubella)	Yes	<p><u>Symptoms</u>: high fever; cough; runny nose; red/watery eyes; tiny white spots (Koplik spots) in mouth; rash</p> <p><u>Transmission</u>: coughing and sneezing; virus can live up to two hours in contaminated air or on a surface</p>
Meningitis	Yes	<p><i>Bacterial</i></p> <p><u>Symptoms</u>: fever; headache; stiff neck; nausea; vomiting; sensitivity to light; confusion</p> <p><u>Transmission</u>: germs spread person-to-person (depends on type of bacteria)</p>
		<p><i>Viral</i></p> <p><u>Symptoms</u>: fever; headache; stiff neck; sensitivity to bright light; sleepiness or trouble waking up from sleep; nausea; irritability; vomiting; lack of appetite; lethargy</p> <p><u>Transmission</u>: caused by other viruses like mumps, measles, influenza, etc.</p>
Mumps	Yes	<p><u>Symptoms</u>: fever; headache; muscle aches; tiredness; loss of appetite; swollen/tender salivary glands approximately 16-18 days after infection</p> <p><u>Transmission</u>: coughing, sneezing, or talking; sharing items; touching contaminated objects</p>
Norovirus	No	<p><u>Symptoms</u>: diarrhea; vomiting; nausea; stomach pain</p> <p><u>Transmission</u>: contaminated food or drink; touching contaminated surfaces and then putting fingers in mouth; having direct contact with someone who is infected</p>
Coronavirus (covid-19)	No	<p><u>Symptoms</u>: fever, cough, shortness of breath and breathing difficulties</p> <p><u>Transmission</u>: Person-to-person via droplets, coughing, sneezing, or talking; sharing items; touching contaminated objects</p>
Influenza	Yes	<p><u>Symptoms</u>: fever; cough; sore throat; runny or stuffy nose; muscle/body aches; headaches; fatigue; sometimes vomiting and diarrhea</p> <p><u>Transmission</u>: person-to-person via droplets</p>
Varicella (chicken pox)	Yes	<p><u>Symptoms</u>: fever; tiredness; loss of appetite; headache; itchy, fluid-filled blisters</p>



		<u>Transmission:</u> touching or breathing in the virus particles that come from the blisters
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Lesser Potential at UW

Name	Description of Symptoms
Zika	<u>Symptoms:</u> fever; rash; headache; joint pain; red eyes; muscle pain * pregnant women most susceptible -> fetus at risk of microcephaly <u>Transmission:</u> bite from an infected mosquito; via sexual intercourse
Ebola	<u>Symptoms:</u> fever; severe headache; muscle pain; weakness; fatigue; diarrhea; vomiting; abdominal pain; unexplained hemorrhage <u>Transmission:</u> contact with an infected animal; direct contact with blood/bodily fluids of infected person or contaminated objects

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Appendix D: Travel Restrictions, Policies, and Procedures

- To the greatest degree possible, University departments will be asked to stop authorizing University-sponsored travel for students or staff to any areas with CDC travel suspension advisories. If an individual believes there is a compelling University-related reason for travel to these areas, he/she must notify his/her Chair, Dean, or Vice President and contact the Office of Global Affairs to register in the UW Travel Registry. Possible review may be undertaken by the International Travel Risk and Safety Committee (ITRASC). Students, faculty, and staff are always encouraged to register with the U.S. State Department's Smart Traveler Enrollment Program (<https://step.state.gov/step/>).
- UW students and staff currently in those areas with CDC travel advisories will be provided with as much information and assistance as possible, including website access to updates and information available from the CDC, the WHO, and the State Department. The UW Office of Global Affairs website has a section which is regularly updated with current CDC Traveler Health Notices (<http://www.washington.edu/globalaffairs/global-travelers/warnings-waivers/>). If the novel pathogen has a high virulence potential, students and employees (faculty and staff) returning from these areas will be asked to contact Hall Health Center and UW Campus Employee Health Center (EHC), respectively, for symptom review checks and possible voluntary quarantine.
- Recognizing voluntary personal travel can occur at any time, the University will strongly urge all University employees and students to avoid non-essential travel to any areas for which CDC has established travel advisories and alerts. University employees and/or students who travel to any of the high-risk areas subject to travel alerts or travel advisories from the CDC have access to the information for travelers available on the CDC website <http://wwwnc.cdc.gov/travel/> and can contact the UW Travel Clinic at Hall Health (206-685-1011) to schedule a personal consultation for pre-travel health advice and preparation. In addition, local public health officials, such as PHSKC, will have updated information regarding international travel posted on their website.

1. Protection

- Departments, who have an employee or student returning from a travel alert region with known high virulence will be required to have their student or employee contact Hall Health Center or UW Campus EHC or another clinical facility designated by the UW Public Health Physician, complete a health status questionnaire, and monitor his/her health status carefully after returning for the number of days designated as the incubation period (time from exposure to onset of symptoms) of the novel pathogen. No one may come to or remain at work or University classes or activities or engage in any contact with other persons if fever, respiratory symptoms, or other identified transmission symptoms develop, and a health-care provider will need to be contacted immediately. Novel pathogens of unknown virulence should follow these guidelines until virulence of the pathogen is felt to be low, in which case the recommendations may revert to a lower level.



- Transmission of many novel pathogens may be more likely among people living together where opportunities for close personal contact are increased. Any individual who wishes to reside in University-sponsored housing and who has been in an affected region known to have human-to-human transmission of a highly virulent novel pathogen for which there is either a CDC Travel Advisory or a CDC Travel Alert, as described in the travel criteria of the current CDC case definition, will be provided accommodations on the Seattle campus **ONLY IF ALL THE FOLLOWING CONDITIONS ARE MET:**
 - The individual is completely symptom-free when arriving on campus.
 - The individual can certify to the University's satisfaction and provide credible documentation that they have been out of the affected country/countries for the incubation period prior to arriving on campus. Documentation may include ticket stubs, passports, and visa information.
 - The individual undergoes a mandatory health screening at Hall Health Center or UW Campus EHC or another approved University facility, based on the health questionnaire provided.
 - The individual receives and certifies that they understand information about University procedures regarding the novel pathogen and local health services available to them should any illness symptoms develop while attending the UW.

Any individual who does not meet these requirements at check-in will not be allowed to reside in UW-sponsored housing. Those individuals who do not meet the foregoing criteria and who feel there are extenuating circumstances that should be reviewed must contact Hall Health Center at 206-685-1011.



Record of Changes

Change Number	Date of Change	Description of Change	Change Made By:
001	12/18/2018	Complete revision based on recent outbreaks and changes in WHO/CDC Framework	Haley Comfort
002	Jan –Feb. 2020	Various changes due to the novel Coronavirus (Covid-19) global Outbreak	(Various – entered by Steve Charvat)
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