Meeting Synopsis:

1. Call to order
2. Review of the minutes from May 1st, 2018
3. Medical Leave Policy Development Report – Elizabeth Lewis, Community Standards & Student Conduct
4. Immunization Requirements and Procedures – LeAnne Wiles, First Year Programs
5. Good of the order
6. Adjourn

1) Call to order

Laws called the meeting to order at 1:30 p.m.

2) Review of the minutes from May 1st, 2018

The minutes from May 1st, 2018 were approved as written.

3) Medical Leave Policy Development Report – Elizabeth Lewis, Community Standards & Student Conduct

Elizabeth Lewis (Director, Community Standards and Student Conduct), Bree Callahan (Director, Disability Resources for Students), and Megan Kennedy (Manager of Strategic Initiatives for Student Wellness) were present to discuss conceptualizing a medical leave policy for students at the UW. A slide deck was used as part of the presentation (Exhibit 1).

Basic components of the Jed Campus Program were highlighted. Operating in 12 universities in Washington State, the Program includes a primary recommendation that a medical leave policy be implemented at the UW. An image of the JED comprehensive approach to suicide prevention was shown (Exhibit 1).

An ADA consultant to the UW conducted a broad-based assessment and a medical leave policy was also recommended during a review of policies impacting students with disabilities. It was recommended that options should be available for students with disabilities to take time away from the university in a process separate from emergency suspension or dropping out. It was noted the U.S. Office for Civil Rights has also encouraged the implementation of medical leave processes at universities.

Lewis explained a Task Force was charged in September 2016, which so far has researched policies of other comparable universities, participated in webinars and training opportunities, met with ADA Consultants on multiple occasions, and held two large informational meetings. It also held listening sessions at UW-Bothell and UW-Tacoma, hosted online and in-person meetings with representatives
from other WA State institutions considering leave policies, and drafted/flowcharted a potential process. An initial policy draft was completed but then put on hold to consider new topics before finalization. The Task Force re-charged in June 2018 to include formal representation from UW-Bothell, UW-Tacoma, and Hall Health.

**Overview of Voluntary Medical Leave**

Voluntary Medical Leave is for situations wherein a “serious condition causes impairment in successful or safe functioning as a student.” The time away is to be used for treatment and recovery. For students needing to make these kinds of exits, the aim is for the process to become centralized and the systems able be navigated with aid from university personnel. An example was given of a student who became afflicted by a serious illness, and the process to exit the university during that time involved working with financial aid, their academic program (especially as it was capacity-constrained), housing, and several other necessary “checkboxes.” This envisioning of the process allows the university to communicate with the student while they are away, and plans can be made for their absence and return. There are many options for students in terms of taking course incompletes – those will not be added to, but additional resources made available to students to understand the options. The policy is for undergraduate students, as the graduate policy of this nature is already in place. The Registrar has been a partner in this work, as there have been efforts to reevaluate the timing of the hardship withdrawal review and notice, including potentially allowing for more than hardship withdrawal per year.

The principle has been to create a better process for students in a mental/physical health crisis to more effectively support them. Students often miss pieces while doing this on their own, to their detriment. Thus, a centralized HUB is being developed to deposit necessary documentation in one place. CSSC is also looking into gathering data concerning student departure from the UW (including for transfers). These elements are being considered from a student retention perspective. The idea is to give students a pathway to return to study rather than drop out due to hardship.

**Overview of mandatory leave**

When a student’s behavior is at an elevated risk for harm to self or others, or their behavior poses a significant disruption of the educational operations of the university, mandatory leave may be necessary. The idea is to provide a tool outside of the Student Conduct Code for this process that is flexible and individualized for each student, and provides support for their transition back to the UW. CSSC is also focused on due process relating to mandatory leave, thus opportunity to appeal decisions is an included mechanism. This process is in lieu of “emergency suspension,” which creates a student conduct record for the student. An example was given of a student who was mentally incapable of participating in the student conduct process. The university had nothing but a disciplinary process to work through the situation, and the student did not return to the UW.

**Next steps**

A slide was shown on next steps. Lewis explained UW Bothell and UW Tacoma do not have the same resources as UW Seattle, meaning each campus may have its own procedures with some scaffolding upholding the basic process. The idea is to complete the initiative this summer (2018). Implementation is planned for academic year 2019-2020.
Questions

A member questioned what constitutes a “serious condition,” or what is the range of causes that fall into the category. Mental health has been the primary driver of some of these conversations: PTSD, eating disorders, disabilities (medication changes, balancing medications), diabetes management (where DRS accommodation fails); it could be as simple as this or something like chronic depression. A member noted there are students who have undiagnosed anxiety issues, how is this targeted, how do instructors communicate to a central body about it, or how are the students informed of resources they asked. Lewis explained having the flu for two weeks is not an example of what is addressed by this policy. It was noted this will likely not be the answer for grappling with medical excuse notes, an ongoing issue being addressed by the FCSA and other groups. Currently with hardship withdrawal, there are parameters dictating acceptance of student requests. Timing (within the academic quarter) is a consideration in this initiative. Medical leave means missing a full academic quarter, it was noted. Hardship withdrawal or incompletes are alternatives.

A member noted there is space in between serious mandatory/voluntary leave and the need for an incomplete. He noted in-quarter challenges that compound are the most difficult. Snowballing issues with students who miss courses for the first five weeks of a course is an example. DRS is less effective in these cases it was noted. A guest noted these situations end up being about minimizing stress and locating mechanisms for minimizing stress, and require case-by-case approach.

Lewis explained web portals are imagined to be included as part of the initiative, for faculty to be able to funnel need for student support and connect them to the right resources instantaneously. The resource is being worked on currently. Lewis noted she would update in fall 2018.

A member questioned right to appeal mandatory leave on the part of a student. It was noted right of appeal may involve an improvement plan. It is a iterative process, a way to work with students who are in a vulnerable place. Members requested additional details. Due process is defined external to the UW, and accommodation assessment process is working within those parameters.

Lewis and guests were thanked for presenting on the topic.

4) Immunization Requirements and Procedures – LeAnne Wiles, First Year Programs

LeAnne Jones Wiles (Director, First Year Programs) explained there is work being done surrounding new immunization requirements/processes for students. A memo was shown (Exhibit 3). No immunizations are currently required at the UW, it was noted.

Mark Jenkins (Director, Hall Health Center) explained it is important to have a policy for immunizations at the university. He explained a lot of work has been done across the nation, and a lot of advising materials from various domestic and international health agencies have been disseminated. There are also various resources specific to Washington and the UW. Experts gathered to discuss these, and the group members evaluated current public health recommendations and developed a list of required and recommended immunization, as well as screening criteria. The relevant medical literature was reviewed to construct recommendations appropriate for the University of Washington. The required recommendations are as follows, with a few exemptions based on the age of a student:

- Measles, Mumps, Rubella (MMR) Vaccine
• Meningococcal Quadrivalent (A,C,Y,W-135) Vaccine

A member questioned why these two, and not additional requirements. It was noted the list may change, thus a built in annual review mechanism has been added. Immunity for some infectious diseases is only effective for short periods. Much is related to logistics and cost. Some schools have deeper requirements.

Academic Registration is the leverage used for students to comply with immunization policies (verification of immunity is required before registration). “Submitting documentation” was highlighted in the exhibit. There are four recommended best practices (Exhibit 2).

Next steps were shown, which include consultation with FCSA. It was noted there are no parallel policies for faculty and staff.

Questions and concerns

A member questioned if there is a need to delineate international students, visiting students, graduate/undergraduate students, and other types. It was noted traditional grad/undergrad/international students will all be subject to the requirements. Continuum College was involved in the discussion and some of those students were given latitude in a way, as there are specific variables with respect to that UW unit. Work is still being done surrounding short-term students, non-matriculated students, summer programs, etc. as a far as requirements. The conversation around Continuum College will likely be an evolving conversation, as the program does not have the same registration hold mechanisms as traditional UW programs. Currently, exempted students include:

1. Distance Learning (19 SDB Fields) and or 100% Online students (Use SDB Field) for example Integrated Social Sciences.
2. Students born before 1957 for Measles, Mumps, Rubella Vaccine only.
3. Students over the age of 21 for Meningococcal Quadrivalent (A, C, Y, W-135) Vaccine only.
4. Students monitored by Health Sciences Immunization Program (HSIP)

It was noted the first stage of this process included making recommendations for minimizing campus outbreaks, not necessarily bolstering personal health.

The guests were thanked for presenting and asked to return to update in a future meeting.

5) Good of the order

A member noted aspects of the highlighted medical leave policy are still not addressed, like need to appear for a court date in another state, being a primary caregiver for a family member, or pregnancy.

An inventory of membership was taken for AY 2018-2019. Members agreed medical excuse notes topic will likely dominate the council’s work in the fall. Laws noted FCTL is interested in partnering on the topic, and Faculty Senate is aiming attention at the issue, as well.

Laws noted Martin, Bryant, and Azodi will be off the FCSA next year. The members were thanked for their service on the council.
6) Adjourn

The meeting was adjourned at 3:00 p.m.

Minutes by Joey Burgess, jmbg@uw.edu, council support analyst

Present: Faculty: Ann Culligan, Bruce Hevly, Chris Laws, Jasmine Bryant
Ex-officio reps: Aileen Trilles, Carolyn Martin, Navid Azodi, Warisha Soomru
President’s designee: Lincoln Johnson
Guests: Mark Jenkins, Megan Kennedy, Elizabeth Lewis, Bree Callahan, Helen Garrett

Absent: Faculty: Mabel Ezeonwu, Holly Barker, Christopher Campbell
Ex-officio reps: Sumire Nakamura, Arwa Dubad

Exhibits

Exhibit 1 – FCSA Med Leave.pdf
Exhibit 2 – Immunization Taskforce Recommendations_fcsa_060518
Medical Excuse Note Policy Update – FCAS, 4/27/2018

Chris Laws,
Chair FCSA

- Current Policies
- Intersection with Federal Policies
- Examples of Medical Excuse Note Policies
- Recommendations and Possible Strategies
- Possible Implementation Issues
Existing Policy

SGP, Chapter 112, Section 1B: “A student absent from any examination or class activity through sickness or other cause judged by the instructor to be unavoidable shall be given an opportunity to take a rescheduled examination or perform work judged by the instructor to be the equivalent. If the instructor determines that neither alternative is feasible during the current quarter, the instructor may exempt the student from the requirement. Examples of unavoidable cause include death or serious illness in the immediate family, illness of the student, and, provided previous notification is given, observance of regularly scheduled religious obligations and might possibly include attendance at academic conferences or field trips, or participation in University-sponsored activities such as debating contests or athletic competition.”
Medical Excuse Note Policy Update:

Existing Policy

SGP, Chapter 117, Section 1: “Students are responsible for maintaining regular participation in classes or making alternative arrangements satisfactory to their instructors.”

From the Faculty Resource on Grading (https://depts.washington.edu/grading/conduct/grading.html):

“Although, on the surface, lowering grades because of absences or late papers may appear to violate students' rights, instructors may use such conduct in determining grades when students are given notice that such behaviors are criteria for evaluating student performance. To avoid pitfalls, instructors who choose to lower grades for poor attendance or late submissions should provide students with information regarding how and why these behaviors negatively affect course mastery.”
Medical Excuse Note Policy Update:

HIPAA/FERPA issues

It is *not* clearly against student privacy rules to ask for documentation supporting a medical ‘excuse’ for an absence.

There are complications regarding limits of what information instructors may request, and how they must treat health information from students (as that information becomes part of the academic record and is subject to FERPA constraints).

*Wide* variety of practices at other institutions – no notes (in some cases, no *excusable* absences at all), notes for absences longer than a fixed time, notes for any type of absence.
Medical Excuse Note Policy Update:

In the PAC-12, a Diversity of Responses

ASU – no direct statement.
Stanford – no direct statement.
Utah – no direct statement.
UCLA – no direct statement.

U Arizona – medical notes clearly allowed.
Colorado – medical notes encouraged.

UC Berkeley – medical notes allowed, but strongly discouraged.
UO – medical notes allowed, but specifically not provided by student health center.
OSU – medical notes allowed, but specifically not provided by student health center.
USC – medical notes allowed, but specifically not provided by student health center.

WSU – medical notes specifically disallowed.
Medical Excuse Note Policy Update:

Considerable pushback from some members of the UW Faculty:

“...because this has been such a bad flu season, I decided to experiment this quarter with a "no medical note needed" policy for missing exams. This morning, I had 12 of 30 show up for the exam. It's possible that all 18 absences were legitimate, but I'm suspicious. I realize it's only one data point, but since it's pretty much the outcome I predicted when we were discussing this earlier, I wanted to pass it on.” – visitor to FCAS

FCSA has also heard concerns from faculty members (and students) who are very concerned about disallowing documentation of medical absences.
Medical Excuse Note Policy Update:

Potential changes to the UW’s medical excuse note policies intersect with many other active University concerns:

- Medical Leave Policy for longer-term absences, currently in development.
- Religious Accommodations.
- Necessary Out-of-Class Examinations.
- University-sponsored Activities.
- Student Wellness Initiatives.
- Academic Integrity survey.
Recommendations and Strategies:

Given the wide range of potential policy options, a lack of clear legal guidelines, exceptionally broad impact on instructors, strong concerns from faculty and students, and possible impacts on other existing UW initiatives and policies, it is critically important that a new Medical Excuse Note policy move fully through shared governance.

To that end, I recommend the following strategies for the short term:

1. Continuing and broadening this discussion to incorporate a wider selection of faculty and students, as soon as possible, from as many impacted communities as possible;

2. Preparing Class C legislation stating support for Hall Health’s concerns and recommending against faculty use of Medical Excuse Notes (Berkeley);

3. Developing a “Statement for Absence of Class-Self Verification Form”, similar to the USC model, for use by Hall Health (as early as Autumn 2018).
Recommendations and Strategies:

Further, I recommend the following strategies for the longer term:

1. Preparing ASUW Legislation supporting a No-Excuse Note policy in Autumn 2018.

2. Preparing Class B legislation and/or an FCAS policy statement changing or clarifying SGP 112 to make it clear that Medical Excuse Notes are disallowed forms of documentation that instructors may not require (WSU).

3. Charging a taskforce to develop a more comprehensive approach to the management of student absences for legitimate reasons (Berkeley).
Policy Implementation Issues:

As these policies are developed and changed, results need to be disseminated broadly.

Communication of policies to students

- FYP events, registration activities
- Ways to protect students who are asked to provide notes

Communication of policies to Faculty

- Updates to existing “Grading Policy” guides and websites
- Programs to communicate policies to new faculty
MEMO

To: Dave Anderson, Executive Director, Health Sciences
Philip Ballinger, Associate Vice Provost for Enrollment Management
Denzil Suite, Vice President for Student Life

From: Helen B. Garrett, University Registrar and Chief Officer of Enrollment Information Svc.
Mark Jenkins, Director, Hall Health
LeAnne Wiles, Director, First Year Programs, Undergraduate Academic Affairs

Date: May 7, 2018

Re: Immunization Policy and Procedures Taskforce

_______________________________________________________________________________

Background
Twenty one members of the Immunization Policy and Procedures task force met several times from January through March 2018 to explore and further define the University of Washington immunization policies and procedures. The task force divided into two working groups, one focused on immunization requirements (led by Mark Jenkins), and the second focused on the procedures and fulfillment of the immunization requirement suggested by group one (led by Helen Garrett and LeAnne Wiles). This final report provides you with the complete recommendations from both groups related to the initial charge, which included:

1. Developing a specific University immunization policy.
2. Making recommendations and outline procedures to implement the policy.
3. Developing a plan to engage the full campus to ensure effective and efficient implementation of the policy.

The task force members and individual questions can be viewed in Appendix 1.

Purpose and Rationale
Institutions of higher education are settings in which the spread of communicable disease amongst students is a frequent occurrence. This policy was developed to focus specifically on vaccine-preventable diseases (VPD) and screening for other treatable communicable diseases (e.g., tuberculosis). The goal for the recommendations outlined below focuses on protecting the University of Washington campuses from outbreaks of infectious diseases, minimizing a campus outbreak, not on individual health safety. A secondary goal is to educate students about other vaccinations to promote/protect general health. The task forces focused solely on undergraduate and graduate students. Faculty and staff are not subject to these requirements because research indicates they do not present the same health risk to the campus.

The group members evaluated current public health recommendations and developed a list of required and recommended immunization as well as screening criteria. The relevant medical *literature was reviewed to construct recommendations appropriate for the University of Washington.

The required recommendations are as follows, with a few exemptions based on the age of a student:

**Measles, Mumps, Rubella (MMR) Vaccine**: Students born before 1957 are considered immune to measles and do not need to provide MMR immunization data (or lab evidence of immunity). People born before 1957 lived through several years of epidemic measles before the first measles vaccine was licensed in 1963. As a result, these people are very likely to have had the measles disease.

**Meningococcal Quadrivalent (A,C,Y,W-135) Vaccine**: Students over the age of 21 (as of the first day of classes for the enrolled quarter) do not need to provide Meningococcal Quadrivalent data (or lab evidence of immunity). The purpose for the age cutoff is due to the three main age ranges in which meningococcal disease is seen at a higher rate than the baseline population (infants less than 1 yr of age, 16-21 year olds, and >65 years of age). Although meningococcal disease is uncommon, there is increased risk in...
16-21 year olds. Protection from the vaccine lasts approximately 5 years. Vaccination strategies are tailored to help populations who are at increased risk. Routinely vaccinating after age 21 does not have a measurable impact on reducing rates of meningococcal disease.

The task force members provided recommendations that were comprehensive and ensured access for all types of students, acknowledging challenges for various student populations. The Continuum College leadership will need to consider these recommendations separately in light of their business model and practices. While the goal continues to be that all students sitting in classes together have satisfied all requirements, this process might not be supportive of students taking “one-time” courses through Continuum College. Finally, these recommendations are to be viewed as tri-campus.

**Recommended Immunization Policy & Procedures**

The University of Washington requires verification of Measles, Mumps, Rubella (MMR) and Meningococcal Quadrivalent (A,C,Y,W-135) immunity for all incoming students taking in person classes (matriculated and non-matriculated) as a public health measure in accordance with Centers for Disease Control guidelines. Students must submit proof of immunity in order to attend classes on any campus at the UW. Medical exemptions and personal/philosophical/religious exemptions to vaccination requirements will be considered on a case by case basis.

<table>
<thead>
<tr>
<th>Required</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>Specific vaccination requirement: 2 doses of MMR vaccine at least 28 days apart, after 12 months of age, OR laboratory evidence of immunity (titres) to both measles and mumps.</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Students born before 1957 are considered immune to measles and do not need to provide MMR immunization data (or lab evidence of immunity).</td>
</tr>
<tr>
<td></td>
<td>A +/- 4-day window on dates will be used for either birthday or for the timing of vaccinations.</td>
</tr>
<tr>
<td>Meningococcal Quadrivalent</td>
<td>Specific vaccination requirement: at least one vaccination on or after 16 years of age.</td>
</tr>
<tr>
<td>(A,C,Y,W-135) Vaccine</td>
<td>Students over the age of 21 (as of the first day of classes for the enrolled quarter) do not need to provide Meningococcal Quadrivalent data (or lab evidence of immunity).</td>
</tr>
<tr>
<td></td>
<td>A +/- 4-day window on dates will be used for either birthday or for the timing of vaccinations.</td>
</tr>
</tbody>
</table>
In addition to required vaccines students are encouraged review these additional vaccines.

<table>
<thead>
<tr>
<th>Recommended</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria-Tetanus-Pertussis Vaccine</td>
<td>The vaccinations listed here are provided for general health information. The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control (CDC) provide specific indications/recommendations for each of these vaccines, which you should discuss with your healthcare provider.</td>
</tr>
<tr>
<td>Varicella Vaccine (chicken pox)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A Vaccine</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus Vaccine</td>
<td></td>
</tr>
<tr>
<td>Polio Vaccine</td>
<td></td>
</tr>
<tr>
<td>Annual influenza vaccine</td>
<td></td>
</tr>
<tr>
<td>Serogroup B Meningococcal Vaccine (may be recommended if at increased risk)</td>
<td></td>
</tr>
</tbody>
</table>

**Submitting Documentation**

All incoming students should submit their documentation by the first day of classes of their entering quarter. The University will give a grace period to complete the requirement within one quarter.

If the requirement is not satisfied before the first day of classes, the University will place a hold on the student registration. The hold will go into effect to prevent registration for the upcoming quarter on Saturday, 12:01 a.m. following the 4th Friday of the quarter.

In order for the University to leverage central resources and provide timely communications, all students will upload documentation through the centralized Hall Health Center document management system.

**Exempted Students**

1. Distance Learning (19 SDB Fields) and or 100% Online students (Use SDB Field) for example Integrated Social Sciences.
2. Students born before 1957 for Measles, Mumps, Rubella Vaccine only.
3. Students over the age of 21 for Meningococcal Quadrivalent (A,C,Y,W-135) Vaccine only.
4. Students monitored by Health Sciences Immunization Program (HSIP)

**Notification**

All students should be notified of the requirements with their admissions notification communications. The information should also be included in MyUW, MyGrad, university application status pages, university admission websites, and the PAC Code Registrar Enrollment Confirmation email.

**Governance**

The UW Advisory Committee on Communicable Diseases will re-evaluate the immunization requirements annually, or with significant changes to public health recommendations.
**Recommended Best Practices**

The task force members recommend the vaccination requirement be implemented in the fall of 2019 for all students. The following processes need to be in place to support further implementation:

1. **Centralized IT-System to view progress of students records**: Currently, immunization records are viewed by health professionals in Seattle, and registrar staff in UW-Bothell and UW-Tacoma. Health professionals should process verification of health records. Enhanced FTE for Hall Health to meet the need of the 2,000+ additional students from UW-Bothell and UW-Tacoma.
   
   **Recommendation**: Increase Hall Health Center staffing FTE, cost is still being assessed to ensure all UW students submit health documents to a health professional.

2. **Update Current SDB Field**: The UW has a student database field that is can designate online only status for a student. To exempt online students from fulfilling the immunization policy the field in the database must be updated regularly.
   
   **Recommendation**: Update, regularly, the field in SDB that marks 100% online programs.

3. **Enhanced Communications**: All UW students do not have access to healthcare equitably. It will be important to identify locations on all three campuses where students can fulfill the requirement for a nominal fee. Bothell and Tacoma students cannot physically go to Hall Health.
   
   **Recommendation**: Identify of locations on all three campuses where students can fulfill the requirement. Each campus will create communications that encourage students to fulfill the requirement early and not wait until the first day of classes.

4. **Review Medical Exemptions**: The UW has a current procedure for students who request medical exemptions based on personal/philosophical/religious reasons. However, students are not being tracked after they have signed an exemption.
   
   **Recommendation**: Form a committee to revise the medical exemption policy and ensure a follow through with the procedural requirements.

**Next Steps**

1. Update the President on the expanded immunization requirement- Done 5.8.2018 by Dr. Suite
2. Share information with the Faculty Council on Student Affairs - In Progress
3. Update the Hall Health FAQ Website about why the requirement exist. Clarify the following questions:
   a. Can a student apply their financial aid towards the payment of vaccines?
   b. Does I-Ship covers the cost for international students?
   c. Can you list the total out-of-pocket cost for the vaccines if they are not covered by insurance

**Selected References**


Appendix 1: [Task Force Charge Letter](#)