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**GUIDANCE RE:
COMMUNICABLE DISEASE MANAGEMENT**

**ISSUE:
Pandemic Avian Influenza Response
for the University of Washington
2006**

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Advisory Committee on Communicable Disease**

In conjunction with

**The University of Washington
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I. PURPOSE

The University of Washington Advisory Committee on Communicable Diseases (ACCD) has been charged with developing appropriate strategies to manage communicable diseases at the University. Formed in 1985 and chaired by the Vice Provost for the Office of Student Life, the committee has addressed several issues through the years, from measles vaccinations, HIV AIDS, and tuberculosis, to the emerging concerns of SARS and most recently the worldwide concern that an emerging avian influenza virus subtype could become the next worldwide pandemic of human influenza. This Communicable Disease Guidance Document has been prepared to provide the University with general and specific control strategies to address the management of and response to a potential avian influenza pandemic.

II. GENERAL INFORMATION

Avian influenza (bird flu), caused by an influenza A virus (H5N1) is endemic in the bird population and is rapidly spreading throughout the world, largely following the migration patterns of birds. This particular bird flu virus is a zoonotic infection, in that it has been documented to spread from bird to human. Currently person to person transmission is very limited, but this virus can mutate rapidly and is increasing its host range. The World Health Organization (WHO) is alerting the public health community that the potential for eventual person to person transmission is high. Once that happens, a worldwide pandemic with high fatality rates is likely and the implementation of critical control measures will be needed in the community and at the University.

While human influenza is generally a seasonal disease caused by known viral agents and spread primarily by exposure to infected airborne droplets over short distances, transmission may occur in situations that favor close person to person contact or handling objects that have become contaminated with respiratory secretions. The availability of effective vaccines for prevention of both influenza and pneumococcal pneumonia as well as effective antimicrobial drugs for treatment contribute to control of influenza outbreaks and their complications in the general population. The concern with the H5N1 avian influenza strain is heightened because there is currently neither a specific vaccine nor an effective treatment for the emerging avian influenza strain.

The Centers for Disease Control (CDC) recommends the use of the drugs oseltamivir (Tamiflu) or zanamivir (Relenza) for treatment of influenza infections because both oseltamivir and zanamivir have been shown to reduce the severity and duration of cases of illnesses caused by typical seasonal strains of influenza. Oseltamivir is also recommended as an adjunct to influenza vaccine programs for the prevention of influenza. At this time, there is limited data on the effectiveness of these drugs in the treatment of avian influenza H5N1 or other novel recombinant strains, although limited data suggest that oseltamivir used at higher doses and for a longer duration than currently employed for common strains of influenza might

be an effective treatment for avian influenza. Current supplies of these antiviral drugs are not adequate for a pandemic situation, and the future availability and distribution of antivirals will be determined by government public health authorities.

However, even considering the lack of a specific vaccine and treatment at this time, H5N1 avian influenza appears to have a relatively short incubation period in humans, and seven days of isolation of confirmed cases is currently being considered a sufficient protection strategy for outbreak control

In order to assist communities plan for a potential pandemic, WHO has developed a phased pandemic alert system. This is shown in Attachment #1. The world is currently in phase 3, which means a new virus subtype is emerging, causing disease in humans, but is not yet spreading efficiently between humans. This gives governments, institutions, and individuals time to plan for protection. Federal, state, and local public health agencies have developed plans for an avian flu pandemic, and the CDC has made available a document to assist the planning at institutions of higher education.

III. The University Response Plan for Managing an Avian Flu Pandemic

The University has unique characteristics that influence its planning for the possibility of a pandemic influenza. It has many international students and encourages foreign exchanges for educational opportunities and research among its students and faculty. It is never fully closed, since it operates residence halls at the Seattle campus and supports the medical services at both the University of Washington Medical Center and Harborview Medical Center. It has research laboratories and research animals that must be maintained on a 24/7 schedule. Additionally, with the Board of Regents' having full authority over the University facilities, there are unique relationships with the public health authorities, as implied in WAC 246-100. These aspects of the University have been considered in developing the pandemic influenza response plan detailed below. The University's plan is based on the WHO phases, but the phases have been combined into four levels of planning for critical control strategies at the University. (These are also shown in Attachment #1).

The four response levels are:

Level "Zero": Plan

The University takes steps to prepare for any pandemic. Level Zero encompasses WHO levels 1,2, and 3).

Level One: Prepare

There are the first confirmed cases of human Avian influenza in the United States, Mexico and/or Canada. This level is equivalent to WHO level 4.

Level Two: Mobilize

There are suspected or confirmed cases of human avian influenza in the areas around on the University campuses. Level Two is equivalent to the

WHO level 5 which indicates that significant human to human transmission is occurring.

Level Three: Sustain

There is efficient and sustained human-to-human transmission throughout the area. Level Three is equivalent to WHO pandemic alert phase #6.

The critical control strategies linked with each response level reflect a cautious approach and the University's concern about the potential for transmission in shared living quarters and densely populated classrooms and workspaces. The University plan is also cognizant of necessary interactions with the jurisdictional health department during of an epidemic or pandemic that requires certain mandated restrictions.

It is anticipated that University procedures may change as new information regarding this disease continues to evolve.

The guidance in the following sections provides a systematic approach for minimizing the risk of this disease at the University's Seattle, Bothell, and Tacoma Campuses, as well as at other off site facilities, and for responding in the event of a community wide epidemic. The primary goal of the UW avian flu pandemic response plan is to promote the safety and well-being of UW students, faculty, visitors and staff by:

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

These goals are particularly pertinent to the activities of operations that will be needed 24/7 throughout all response levels. Such units include, but are not limited to:

- Consolidated Laundry
- Hospitals and Hall Health Center
- Power Plant/Facilities Infrastructure support
- Housing/Food Services

LEVEL “ZERO” RESPONSE PLAN!

Pandemic Alert: PLAN

Level Zero Risks and Critical Control Strategies: **(Level Zero at the University encompasses WHO levels 1,2, and 3 and is composed of activities that should be taken to prepare for any pandemic)**

Risk Assessment Summary:

The World Health Organization phases 1 through 3 reflect a transition from a low risk to increasing risks for human cases coupled with no or very limited human to human influenza transmission. The transition reflects the first identification of a new virus in animal populations to the point when human cases are seen. With human cases, a pandemic alert is issued.

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 virus into the campus or community through migratory birds and/or an infected person who travels to the University.

There is a great deal of information in the popular media, and this may give rise to increased levels of anxiety among students, staff, and faculty.

Lack of business continuity planning, inadequate preparation, training, and supplies that are largely ordered on an “as needed” basis compromise the ability of the campus faculty and staff to maintain the campus on a 24/7 basis in an event where excessive absenteeism occurs.

Critical Control Strategies

1. Prevention

General Strategies

The importance of practical, common sense approaches to controlling the spread of any communicable disease are also basic to preventing cases of influenza. Each University employee and student needs to take responsibility for his/her own personal health and to be cognizant of basic health practices important for the control of the transmission of any infectious disease, such as:

- Wash hands frequently;
- Avoid sharing utensils, water bottles, towels and bedding without first washing these items with soap and hot water;
- Clean surfaces soiled with body fluids with a household disinfectant, such as bleach and wear gloves while cleaning.
- Keep the immune system strong with regular exercise, good diet, sufficient sleep, and plenty of water,
- Cover nose and mouth when sneezing or coughing and avoid spitting.

- Stay home and do not come to work, attend classes, or attend public events when sick, particularly when a fever is present and there are respiratory symptoms, such as coughing.
- .If symptoms compatible with influenza develop, contact a health care provider.

All faculty, staff, and students are encouraged to seek annual immunization against influenza to reduce the risk of illness and possible co-infection with seasonal and novel influenza strains. The flu vaccine appropriate for the current influenza season usually becomes available in September-October every year, and may be obtained from regular health care providers or from special “flu shot” clinics held at clinics, pharmacies, supermarkets, and shopping malls. health (Additional personal preparedness information is in the checklist found in Attachment # 4.)

Environmental controls and personal hygiene are also important. Heavily used public surfaces such as door handles, counters, work stations and public reception, registration, and waiting areas in all University departments, but particularly in health care facilities should be wiped clean with disinfectant on a regular schedule. Having hand sanitizer dispensers and disposable paper tissues easily accessible in such areas can potentially help reduce the risk of disease transmission. Good hand hygiene and covering coughs and sneezes (respiratory etiquette) will contribute to reducing environmental contamination and person to person transmission. Surgical masks may be offered to persons who are actively coughing and sneezing to decrease infected droplet contamination.

Protection for International Travelers

The Student Health Service (HHPCC), specifically, the Director of the UW Travel Clinic at Hall Health Center, as well as the Campus Health Services Medical Director both consult national (CDC) and international (WHO) public health agencies on a daily basis as part of routine operations. Updated information and analysis on communicable diseases situations pertinent to the UW and international travelers are shared with the SHS Director and the ACCD.

HHPCC liaisons with Public Health-Seattle & King County (SKC) to confirm and coordinate local area implementation of restrictions/evaluations pertaining to international travelers that have been issued at the national level (CDC).

In the event that some type of health screen is recommended by national and local public health guidelines before persons returning from international travel are allowed to return to campus residency, classes, or workplaces., the Student Health Service together with the CHS Employee Health Clinic at HHPCC plans to provide that screening and notify the Residence Halls and/or Department Supervisors when clearance has been given for a student to return to the residence halls or for an employee to return to the workplace.

Given the uncertainties surrounding H5N1 influenza and its transmission, travelers to areas with human cases of avian flu are being cautioned and can be guided by the Centers for Disease Control and Prevention website <http://www.cdc.gov>. To promote the safety and well-being of students and faculty participating in international study/exchange programs, the UW continually updates postings found on the International Programs and Exchanges (IPE) website.

2. Protection

Students and faculty traveling on assignment to areas with known avian influenza cases need to obtain pre-travel advice, plan for potential illness abroad, and assure appropriate health insurance coverage exists, including emergency evacuation insurance. Some students and faculty may be advised to defer travel if certain underlying medical conditions are present.

Staff who may be called upon to provide services to patients and/or facilities in the future should, at this time, review the requirements for personal protection and undertake necessary respiratory protection training and fit testing.

3. Essential Services Preparation

The following matrix establishes the actions that University units need to take at “Level Zero: Plan” Phase. **In addition to the basic preparation and education, noted previously, the most critical control action at this phase is to plan at the unit level for business continuity.**

UW Level Zero Responsibility Matrix POLICY

Responsible Unit	Critical Control Action Strategies
President and Cabinet	<ul style="list-style-type: none"> • Receive briefings and review and modify as appropriate the policy for suspended operations, HR policies, and review fiscal implications of potential pandemic requiring a UW suspension of operations.
President/ Provost and Executive Vice President	<ul style="list-style-type: none"> • Direct academic and administrative units to prepare and plan for business continuity, including but not limited to considerations for teleconferencing, telecommuting, and on-line course offerings as options for classes in the event of a regional restriction on movement. • Undertake training for EOC and Emergency Policy Council activities • Direct Risk Management and HR to provide guidance regarding coverage and other issues for UW faculty and staff who may be requested to work with community medical and/or public health entities in the event of a wide spread regional epidemic.
Advisory Committee on Communicable Disease (ACCD)	<ul style="list-style-type: none"> • Coordinate the development and dissemination of the University's Guidance for management of an avian influenza pandemic. • Clarify its role in emergency communications and actions with the EOC. • Clarify and solidify relationship with local health departments/local health officers for potential communicable disease control activities. • Monitor the guidance 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 and science as a basis for University policies and procedures

	<ul style="list-style-type: none"> • Brief the President’s Cabinet (Emergency Policy Council)
	STUDENT SUPPORT
<p>Housing and Food Services</p> <p>(Paul Brown, Rob Lubin)</p>	<ul style="list-style-type: none"> • Identify potential housing necessary for quarantine and/or isolation facilities. • Amend contract language to allow use of facilities in an emergency situation. • Determine just-in-time food supply options and potential stockpiling of emergency supplies. • Develop staffing back up plan. • Determine need for personal protection, get appropriate training and fit testing for respirators, and begin to stockpile supplies of respirators. • Identify essential food service personnel and develop plan for sufficient presence during an epidemic.
<p>Hall Health Center/Student Health and Employee Health</p> <p>(D.C. Dugdale, MD, Jean Haulman, MD, Sara MacKenzie,MD)</p>	<ul style="list-style-type: none"> • Maintain ongoing participation in the SKC influenza watch surveillance program. • Maintain ongoing participation in the CDC GeoSentinel global surveillance program. • Maintain monitoring of local, regional, national and global influenza outbreak status, and collaborate with EH&S public health program and ACCD on analysis of implications for UW Campus. • Carefully watch for patients who may exhibit symptoms consistent with novel influenza and maintain liaison with SKC epidemiologists. • Develop a medical provider backup plan for provision of medical services in the event of high staff absenteeism. • Promote appropriate personal protection and emergency plans for health center staff. • Participate in the development of a campus response plan, and also a distribution plan for critical pharmaceuticals, medical supplies, and equipment. • Participate with HFS and UWPD in the development of a plan for students in residence halls who may have been exposed and/or need transport to quarantine facility.

	<ul style="list-style-type: none"> • Develop protocol for notification and transfer of students requiring hospital evaluation or care to UWMC or other hospital facilities. • In conjunction with IPE, advise students traveling in affected regions. • Provide expert medical advice to campus and EOC • Maintain updated health advice and answers to FAQs on website www.hallhealthcenter.org (other UW departments may link to this website as needed).
<p>International Programs and Exchanges (David Fenner, AVP, Jean Haulman, MD, Mary Watts, MD, Elaine Jong, MD)</p>	<ul style="list-style-type: none"> • In conjunction with Student Health Service, update policies and procedures for 1) pre-travel health screen; 2) criteria for deferral of program participation in a country/region of avian flu outbreak; 3) plan for UW students abroad during an outbreak of avian flu or human flu pandemic strain (which should include having a communication and evacuation plan for students); 4) requirement that students abroad medical insurance with medical evacuation coverage; 5) system to identify reliable medical providers at student locations abroad • The IPE website will provide updated information on the influenza situation...
<p>Office of Student Life (Eric Godfrey, VP)</p>	<ul style="list-style-type: none"> • Develop a draft policy for suspension of classes due to pandemic avian flu and route to Provost for consideration. • Clarify student discipline policy for compliance with emergency health directives. • Develop advance communication plans, notices and travel information in conjunction with Hall Health public health physician and the Faculty Senate.
	ESSENTIAL SERVICE SUPPORT
<p>EH&S (Karen VanDusen, Director)</p>	<ul style="list-style-type: none"> • Provide liaison with SKC to clarify in an MUA the role of local health department and local health officer on campus, consistent with WAC 246-100. • Develop guidance for use of personal protective equipment/respiratory protection in the event of a pandemic • Promote information of plan through University health and safety committees • Define departmental essential services and develop staff back up

	<p>plan for time of emergency</p> <ul style="list-style-type: none"> • In conjunction with Hall Health, monitor the national, state and local situation • Stockpile additional N95 and N100 respirators for EH&S staff, as necessary • Provide training opportunities for staff • Work with Student Health, Emergency Mgt, and others to coordinate website messages.. • In conjunction with the Infectious Waste Committee, develop a management plan for increased volumes of infectious waste. • Expand the respiratory protection training and fit testing for campus. Based on estimates of over 700 hours to complete testing of those required by the plan's different phases (police, EHS, HFS, Hall Health, Facilities Services, Administration etc.), explore alternative mechanisms for providing service. Work with departments to establish who gets respirators, what types of respirators could be used, and who will not need them. Focus first efforts on medical centers and Facility Services employees • Work with Facilities Services to review the established plans/procedures for preparing designated sites for students needing quarantine and/or isolation,. • Work with Student Health and Emergency Mgt to develop/distribute fact sheet(s) on Hygiene Tips, Hand Washing, and Respirator Use. • Work with HFS, Facilities Services, and medical centers to establish training and PPE for Quarantine Cleaning Teams. Determine criteria for "clean, safe, re-occupancy". Establish who can classify as safe and re-occupancy. Establish methods for cleaning, including disinfectants and PPE • Train additional staff at HFS for handling increased volumes of infectious wastes... • Work with Purchasing to determine support and continued supply of PPE and hygiene items, gloves, disposable lab coats/coveralls, disinfectants, pest services, tissue supplies, waste collection supplies., • Use Safety Committees needs to distribute emergency information and campus plans. • Review protocols and training of employees in clinical labs who
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	<p>may be, handling H5N1 virus and assure proper personal protection, training and proper biosafety level handling.</p> <ul style="list-style-type: none"> • Plan additional support to medical centers reducing support to other Groups. • Work with Hall Health Administration and develop a plan to control entry of EHS and Hall Health staff into and through Hall Health and students and patients. Determine location of fit testing when levels change • Assist in training other departments in proper use and care of PPE besides respirators. • Review impact of a pandemic flu on services and personal protection needs for certain essential services, such as Lab Medicine, Facilities Maintenance, etc. • Determine vector control program needs for distinguishing dead bird implications of West Nile vs. avian influenza and clarify procedures and processes for both with local health department.
<p>Emergency Mgt (Steve Charvat, Director)</p>	<ul style="list-style-type: none"> • Develop and disseminate business continuity planning resources and provide training for business continuity development • Provide emergency references/documents to responsible functional units • Clarify roles and responsibilities for campus wide communicable disease emergency • Liaison with campus units to review potential EOC needs in a time of an epidemic. • Test EOC and Policy Group communications, including updating call-up lists and 24/7 of EOC and cabinet officials. Determine if additional backup personnel are required for each critical office/unit/department. • Working with EH&S, Student Health, C&C and the ACCD, update UWEM webpage and coordinate messaging with other units regarding Communicable Disease emergency. • Develop plan for a virtual vs. a physical EOC and Emergency Policy Council (Cabinet) activation to minimize person-person contacts in time of emergency • Develop, implement and evaluate tabletop exercises (dealing with disease outbreak) as appropriate • Reassess information-sharing systems between UW and King

	County ECC and City of Seattle EOC
Employee Health	<ul style="list-style-type: none"> • Link with EH&S and Emergency Mgt to provide information to UW clients.
Facilities Services <i>(including Transportation Services)</i> <i>(John Chapman, AVP, Anne Eskridge, and Anne Guthrie)</i>	<ul style="list-style-type: none"> • Assure sites identified for quarantine and/or isolation have functioning infrastructure • Develop cross training to enable power plant, electrical and water services and other critical services to be maintained in the event of a campus epidemic so that hospitals and residence halls can be supported • Stockpile appropriate personal protective equipment 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 vehicles and providing PPE for staff who clean. • Assure infectious waste management vendors can handle increased volumes.
Human Resources <i>(JoAnne Suffis, Bruce Miller, Liz Coveney)</i>	<ul style="list-style-type: none"> • In collaboration with Emergency Management Office: • Develop materials to assist units identify the critical functions they may perform (if any) and the critical inputs and outputs to and from their Units. • Review information about UW practices that would facilitate “social distancing” and update/augment if required (e.g. telework, alternative work schedules). • Develop FAQ for issues related to possible pandemic including information for employees identified as essential, leave options and policies. • Review possible training needs and determine whether preparedness courses should be offered/required. • Review UW suspended operations policy (UW Handbook) for pandemic applicability and revise as necessary. <p>Review HR policies and union contracts in the context of health</p>

	emergency actions and develop appropriate resources as necessary.
Purchasing (<i>Carla Helm,</i> <i>Interim Director</i>)	<ul style="list-style-type: none"> • Assist with stockpiling of critical supplies • Assure advanced contracts provide for sufficient use of necessary food and supplies, as identified by critical functional units • Contract for refrigerated trucks to be accessible to the medical centers/campus.
Risk Management (<i>Elizabeth Cherry,</i> <i>Becky Bullock</i>)	<ul style="list-style-type: none"> • Provide guidance regarding potential status of faculty or professional students who are requested to work on a community management of a pandemic and/or who wish to volunteer for such work • Provide guidance to ACCD regarding liability issues of the plan. • Serve as liaison to Student and Graduate Appointee Insurance Plan administrators to ensure access and no gaps in treatment coverage. • Review and amend insurance policies to provide as much coverage as possible for flu-related losses. • Establish back up with and for other administrative functions in EOC (e.g. HR, Finance)
UWPD (<i>Vicky Stormo,</i> <i>Chief</i>)	<ul style="list-style-type: none"> • Review the mutual aid agreements with local police jurisdictions • Assure staff are appropriately trained for possible enforcement of quarantine and/or isolation actions on campus • Provide training regarding respiratory protection and fit testing • Stockpile supplies of respirators as necessary • Review CAAMS system for expansion so UW buildings can be locked remotely.
	COMMUNICATIONS
Communication (C&C) (<i>Scott Mah</i>)	<ul style="list-style-type: none"> • Identify essential services needed to maintain University operations and communication systems • Identify essential staff functions and cross train • Update the UW public, Uwin and UWEM web pages as needed • Identify need and capacity issues for increased

	telecommunications
News and Media Relations <i>(Bob Roseth)</i>	<ul style="list-style-type: none"> • Develop liaisons with the IPO in the region for coordinated delivery of community messages in the event of an emergency; • Work with C&C to establish communication strategies • Develop “canned”, ready-to-go templates for news releases, public statements and briefings with input from ACCD
	MEDICAL CARE SUPPORT
UW Medicine Harborview Medical Center UW Medical Center	<p><u>Harborview Medical Center (HMC):</u></p> <ul style="list-style-type: none"> • Implement duties associated with role as the Disaster Control Hospital for Seattle 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. <p><u>HMC, UWMC:</u></p> <ul style="list-style-type: none"> • Implement medical center and clinic specific pandemic flu 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 • Continue to update infection control plans according to public health requirements and recommendations • Implement effective isolation and containment protocols including, continue respiratory hygiene/cough etiquette and epidemiologic surveillance programs. • Provide support to the community within the capacity of available resources and surge plans. • Clarify relationship with the UW needs and those of the larger community service area. • Continue to coordinate efforts and collaborate with area health care facilities, Public Health – Seattle & King County and other appropriate local public health authorities on pandemic influenza response planning. • Educate and encourage staff to prepare family and homes for “all hazards”. • Identify and purchase equipment and supplies necessary to sustain a response to pandemic disease for the duration of its persistence in our locale. • Identify creative staffing alternatives for periods of extensive staffing shortages.

LEVEL ONE RESPONSE

PREPARE!

LEVEL ONE RESPONSE

Level One Risks and Critical Control Strategies

(Level One -at the University encompasses WHO level 4 and will be activated upon the first confirmed case of human Avian Flu in the United States, Mexico and/or Canada

Risk Assessment Summary:

The Risk Assessment in “Level Zero” is applicable at this level and is enhanced because of the evidence of increased human to human transmission. Real and significant risks are present for the potential spread of the illness throughout the world.

Based on the assessment of current information, the University has identified two major risk factors related to the potential transmission of avian flu, should human to human transmission be documented. These risk factors are:

1. Close personal contact
2. Rapid spread due to travel, particularly if travel destinations involve sites with human to human transmission of the disease (The CDC Travel Criteria related to the current CDC case definition provides the risk information.)

Critical Control Strategies

1. Prevention

The level One one response includes the following prevention strategies.

General Strategies

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

At this point, the University may opt to suspend classes or at least public activities such as sporting events, as a precautionary measure to limit close contacts between students, thus minimizing disease transmission.

Recognizing that a “social distancing” strategy could be enforced by local public health at any time, and that travel restrictions could conceivably be

part of that strategy, getting students away from the campus and dispersed to their homes would be important to do while travel is possible.

University Sponsored Travel

(Details of the implementation of the IPE response plan can be found in specific unit response attachments)

- 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 advisories for avian influenza and human to human transmission. 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, who will inform the University Provost or Executive Vice President of this travel. The Hall Health Center's Public Health Official at 206-616-2495, should also be notified. Travel without such approval will not be reimbursed from University budgets
- 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. Students and staff returning from these areas will be asked to contact Hall Health Center for symptom review checks and seven days of voluntary quarantine and medical surveillance
- Recognizing voluntary personal travel can occur at any time, the University will strongly urge all University employees and students to avoid nonessential 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://www.cdc.gov/ncidod/>), and can contact the UW Travel Clinic at Hall Health Center (206-685-1060; travel@u.washington.edu) to schedule personal consultation for pre-travel health advice and preparation. In addition, local public health officials, such as Public Health-Seattle & King County will have updated information regarding international travel posted on their website.

2. Protection

- Departments who have an employee or student returning from an avian influenza-affected region will be required to have their colleagues contact Hall Health Center or another clinical facility designated by the Hall Health Center's Public Health Official, complete a health status questionnaire, and monitor his/her health status carefully for seven days after returning. No one may come to or remain at work or University classes or activities, or engage in any contact with other persons if fever or respiratory symptoms develop, and a health-care provider will need to be contacted immediately.

- Transmission of influenza may be more likely among people living together when opportunities for close personal contact increase. Any individual who wishes to reside in University sponsored housing and who has been in an avian influenza affected region for which there is either a CDC Travel Advisory or a CDC Travel Alert, as described in the travel criteria of the current U.S. Centers for Disease Control and Prevention (CDC) case definition, will be provided accommodations on the Seattle campus **ONLY IF ALL THE FOLLOWING CONDITIONS ARE MET:**
 - He/she is completely symptom-free when arriving on campus.
 - He/she can certify to the University's satisfaction and provide credible documentation that he/she has been out of the avian influenza-affected country/ countries for at least seven days prior to arriving on campus. (Documentation may include ticket stubs, passports, and visa information.)
 - He/she undergoes a mandatory health screening at Hall Health Center or another approved University facility, based on the health questionnaire noted in Attachment #3.
 - He/she receives and certifies that he/she understands information about University procedures regarding avian influenza and local health services available to him/her should any illness symptoms develop while attending the University of Washington.

Any individual who does not meet these requirements at check-in will not be allowed to reside in University of Washington 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's Public Health Official at 206-616-2495 for such a review, guidance and assessment.

- The University is using CDC definitions and local health guidance in determining what constitutes "*close personal contact*" for purposes of establishing appropriate risk reduction procedures. Based on that input, examples of close contact 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 avian influenza is more likely among health care providers having close personal contact with infected patients. To reduce the potential for transmission among those University employees, the medical centers affiliated with the University have implemented infection control mechanisms, including designated screening areas and the use of personal

protective equipment by those providers having close contact with potential avian influenza patients in the clinical setting. In addition, 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 to airborne respiratory secretions and illness due to other common respiratory infections (influenza, pertussis, tuberculosis, etc).

3. Essential Services Preparation

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

POLICY

Responsible Party	Critical Control Strategy
President and Cabinet	<ul style="list-style-type: none"> • Review updates and reports by the President’s office on the continuing prevention and preparation activities conducted by University officials and staff.
President/Provost/Executive Vice President	Determine type of campus wide suspension and potential travel restrictions and give directives to University leadership. Implement requirement for tracking absenteeism Request campus units update business continuity plans and put critical action plans in place.
Advisory Committee on Communicable Diseases (ACCD)	<ul style="list-style-type: none"> • Provide guidance to University Administration and organizational units through the communicable disease management plan.
	STUDENT SUPPORT
Housing and Food Services	<ul style="list-style-type: none"> • Ensure plans are in place to prepare for a potential University closure. • Provide up-to-date communication to HFS employees and Residence Hall students regarding avian flu, threat, prevention, and treatment. (Work with Hall Health) • Confirm procedures for potential student evacuation. • Create an emergency staffing plan to attend to students’ needs. • Identify rooms and/or buildings to house students unable to vacate. • Identify locations for sick students requiring isolation and quarantine. Identify a way to monitor students’ health. • Coordinate student clearance procedures with Hall

	<p>Health.</p> <ul style="list-style-type: none"> • Provide programs for students and employees regarding basic health practices. • Provide up-to-date communication to HFS employees and Residence Hall students regarding avian flu, threat, prevention, and treatment. (Work with Hall Health.) • Place informational posters on residential bulletin boards and in restrooms. • Arrange essential training with EH&S, Hall Health 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. - Provide essential training to staff requiring close contact with isolated and/or quarantined students. - Identify and gather supplies needed to carry out emergency plan. - Alert and prepare a Food Distribution Team for potential future action. Ensure food delivery process is planned and delivery supplies are on hand. • Identify protective equipment needed for staff and residents and begin to stockpile protective and sanitary equipment in consultation with Hall Health and EH&S. • Purchase and store recommended equipment and supplies in several storage sites. • Assure appropriate supplies for students and staff, including packing boxes, tags, protective face masks for implementing respiratory protection and cough etiquette, N-95 respirators, ethanol-based hand sanitizer, and food transport supplies.
Hall Health Center/Student Health and Employee Health	<ul style="list-style-type: none"> • Track carefully incidence of respiratory illness. • Assure staffing and PPE programs are in place • Mobilize for program with IPE and HFS for student access to campus facilities.
International Programs and Exchanges	<ul style="list-style-type: none"> • Prepare messaging/assistance for students caught in travel status, as per plan in "Prevention" section
Office of Student Life	<ul style="list-style-type: none"> • Develop messaging for students and families
	<p><i>ESSENTIAL SERVICES SUPPORT</i></p>
EH&S	<ul style="list-style-type: none"> • Work with local public health to implement the MUA regarding duties/responsibilities regarding pandemic. • Monitor the practices of diagnostic and research labs, which should not be handling viral cultures for suspected influenza H5N1 cases unless a BSL 3+ facility approved.

	<ul style="list-style-type: none"> • Review critical hygiene supply status and contracts for tissues, alcohol, disinfectant lotions, hand lotions, bathroom cleaning supplies. • Review respirator supplies and testing. Bring in final anticipated amounts and check re-supply. • Intensify good hand and cough hygiene practice information communication. Universal posting of information. • Review suspended operations measures, modify if necessary. • Develop telecommuting practices for EHS staff not needed on campus. • Encourage telecommuting planning for non-essential employees. • Cross train EHS Offices for support for short staffing times. • Assure infectious waste procedures ready for increased volumes • Work with local health regarding any dead bird issues • Work with other service units to assure all preparations for employee safety and health are in place
Emergency Management	<ul style="list-style-type: none"> • Work with incident commander (EH&S Director or alternate) in the event that actual or virtual EOC activation occurs • Identify alternate campus staff or volunteers to supplement Office of Emergency Management 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 pandemic flu plan with key EOC and cabinet officials. • 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 (masks, gloves, tissues, antibacterial, etc...) • Work closely with the ACCD to update campus emergency responders with expected roles and responsibilities at this stage. • See Human Resources Section regarding business continuity.
Employee Health	<ul style="list-style-type: none"> • Continue to provide information and to monitor for potential influenza symptoms among patients.
Facilities Services Transportation Services	<ul style="list-style-type: none"> • Do final preparations for isolation/quarantine facilities. • Implement business continuity plan • Assure all staff have appropriate PPE, training, testing • Confirm vendors and contracts are firm for waste

	handling
Human Resources	<ul style="list-style-type: none"> • In collaboration with Emergency Mgmt office confirm that Units identified as essential have business continuity plans in place and backup plans for provision of essential service. Work to address any HR concerns that may arise. • In collaboration with Emergency Mgmt Office and EHS launch preplanned communication campaign to remind employees of personal hygiene practices and to encourage that essential employees receive vaccination for current “normal” influenza strain(s) and any other vaccinations for conditions that could mimic influenza symptoms.
Purchasing and Stores	<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
Risk Management	<ul style="list-style-type: none"> • Advise as needed on liability implications to response activities • Provide liability coverage review and approval for volunteer and replacement medical providers • Liase with med evac service provider for ill employees in foreign locations
UWPD	<ul style="list-style-type: none"> • Assure staff are fully prepared re: PPE • Be ready to enforce suspended operations • Be ready to provide oversight of quarantine/isolation restrictions on access • Coordinate with other law enforcement jurisdictions.
	COMMUNICATIONS
C&C	<ul style="list-style-type: none"> • Provide centralized location for campus message
News and Media Relations	<ul style="list-style-type: none"> • Coordinate with Joint Information Center • Work with EHS, Emerg Mgt and others to develop responses to media inquiries
	MEDICAL CARE SUPPORT

**UW Medical Centers
Harborview Medical Center**

- Identify and implement appropriate level of PPE for health care providers specific to current organism.
- Implement screening of all clinic and hospital patients for indicators specific the current organism.
- Identify surge capacity for infectious patients.
- Expand staff training by Hospital Epidemiology and Infection Control re: appropriate donning and removal of PPE.
- Provide staff education re: how to minimize their family members risk of contracting the infectious disease.
- Inventory supplies food, water, personal protective equipment (PPE), and Increase frequency of distribution of essential supplies.
- Implement security plan including restricted access and management of civil unrest
- Maintain communication with PH-SKC and King County Healthcare Coalition.
- Communications with the public re: healthcare to be managed through a regional hospital Joint Information Center (JIC).
- Expand airborne isolation capacity, if necessary.
- Complete impact assessment and plan for other medical services during influenza pandemic.

LEVEL TWO RESPONSE

MOBILIZE

LEVEL TWO RESPONSE

Level Two Risks and Critical Control Strategies

(Level Two coincides with the WHO level 5 phase for a pandemic alert, which indicates there is significant human to human transmission occurring. For the UW, this means that there are suspected or confirmed cases of human or avian flu on the campus or in the community.)

Risk Assessment Summary:

If a member of the University community has become a suspect or actual avian influenza case, the potential exists for rapidly introducing avian influenza into University settings.

The ease of transmission of the illness by close contact between individuals allowing the droplet spread of the disease will quickly multiply the number of campus cases.

The rapidly increasing numbers of sick staff will compromise the delivery of essential services.

There is a high likelihood that members of the campus community will be sick and/or have family members sick. In the early stages of the disease, there may be symptoms similar to other respiratory infections which will complicate control measures.

Emotional and mental health issues will rise as staff and students face the reality of coping with severe loss of family, friends, and colleagues.

There could be the risk of civil unrest on the campus, particularly for potential backlash caused by involuntary confinement.

There will be shortages of vendor supplied materials, food, and support services as vendors also face labor shortages.

Critical Control Strategies

The controls used for previous levels must be maintained and strengthened at this stage.

The activation, either actual or virtual, of the EOC will be necessary to coordinate information and delivery of both public health and non-public health services,

following the NIMS procedures in order to assure a comprehensive and accepted approach with city and county emergency management officials.

Public health authorities may issue specific directives for quarantine, isolation and social distancing. In the latter case, if it has not already done so, the University may suspend operations and limit all activities except the provision of essential services necessary to maintain student resident needs, the medical centers, animal care and critical research.

1. Prevention

- The University may suspend operations, including public activities such as sporting events, as a precautionary measure to limit close contacts between students, thus minimizing disease transmission. In the event of a confirmed campus case of influenza, the campus will go under full suspended operations and only staff essential for maintaining the University facilities infrastructure, medical centers, student housing, and public health response will be working on campus.
- Departments will be asked to assure that their visitors to any University facility, who are arriving from the geographic areas where the CDC has established travel advisories or alerts and reported local transmission of avian influenza, contact Hall Health Center or the other designated clinical facilities, upon arrival at the University. At that time, and preferably through telephone contact, the visitor will receive a symptom review and receive further health information regarding health monitoring and appropriate actions to take should symptoms compatible with avian influenza become evident while the visitor is at the University. The University will link the visitor with the local public health authorities in the event that avian influenza symptoms are evident at the time of screening.
- Individuals showing avian influenza symptoms will be excluded from campus activities/facilities, and referred to public health authorities.
- Resident students who show avian influenza symptoms will be excluded from campus activities, and referred to medical and public health authorities. Should isolation be needed outside a medical care facility, the student will be requested to enter the campus isolation facility and be monitored by campus health authorities, if access to permanent home is not possible.
- A person who has been in a situation where he/she has been potentially exposed to an avian influenza patient and who develops fever or respiratory symptoms within seven days of arrival at the University should immediately call Hall Health Center, if a Seattle campus resident, and/or his/her health care provider, if residing off campus. The person should share his/her travel history and symptoms with the health-care provider and avoid all close contact with others, and practice voluntary quarantine and not go to work,

school, or public areas until the health-care provider has assessed the person's health condition.

2. Protection

- In the event that a University employee or student is having symptoms consistent with avian influenza, that person should immediately contact his/her health care provider. If illness symptoms allow, Seattle students should contact Hall Health Center's Public Health Official, and students at Bothell or Tacoma should contact the Chancellor's Office to help notify the campus that the disease is spreading. Employees should contact their supervisors and report the illness as they would do with any absence due to any infectious disease. This notification will allow the providers and campus officials to use the necessary and appropriate personal protective equipment when interacting with the employee or student as well as help gauge the spread of the epidemic.
- Any person who becomes symptomatic within seven days after travel to an area with community transmission of avian influenza or contact with an influenza patient should stay in his/her room as much as possible except for required visits to health care. A symptomatic person should not come to class, report to work, or engage in any public activities where there could be contact with other people until evaluated and cleared by a health-care provider. That health-care provider will work with the local health jurisdiction to determine the need for quarantine and/or isolation for any avian influenza patient and his/her contacts.
- Recognizing that the University provides housing for a number of resident students, the University has assessed its facilities and in conjunction with Public Health-Seattle and King County, has identified acceptable housing that would be used to quarantine or isolate resident students who do not require hospitalization but are unable to return home. This housing will be readied.
- The University, including Hall Health Center, has an established protocol and liaison for collaborating and working with local and state public health departments for communicable disease events. Should any University employee or student be diagnosed as a suspect avian influenza case, other potentially exposed students and University personnel will be contacted, be given a health questionnaire, be provided with information relevant to persons potentially exposed to avian influenza cases, be given counseling and be closely monitored in consultation with the Public Health – Seattle & King County, or other jurisdictional health authorities.
- The University developed materials for and links with several information and communication resources will be available on a designated website as needed in the event of a potential avian influenza case on campus

- For patients who are not residents of University housing, the local health jurisdiction will work with each individual regarding quarantine and isolation. Hall Health Center’s Public Health Official will work with appropriate local health jurisdiction authorities to assure appropriate information, health evaluation and monitoring is provided for University contacts of the patient.
- The University has identified a staffing plan for servicing a potential isolation and/or quarantine residence. Staff having appropriate skills, training, protective equipment and work protocols will comprise a Quarantine Response Team, which will be activated in the event of a quarantine or isolation order from the local health officer.

If anti-virals and/or other effective treatments or immunizations become available through public health channels, the University will distribute those materials in a mass dispensing operation coordinated with campus and local public health officials.

- **Units performing essential services will implement first stage disease avoidance strategies including social distancing strategies**

3. Essential Services Preparation

Continue with work in levels Zero and 1 and add the following

POLICY

President and Cabinet	<ul style="list-style-type: none"> • Receive regular updates and reports on campus activities, restrictions and suspension of operations, via “virtual” meetings • Be cognizant of business continuity issues.
President/Provost/EVP	<ul style="list-style-type: none"> • Encourage teleconferencing and on-line courses
Advisory Committee on Communicable Disease	<ul style="list-style-type: none"> • Operate in conjunction with EOC
	<i>STUDENT SUPPORT</i>
Housing and Food Services (HFS)	<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 with instructions for vacating and checking out of the residence halls. • The Quarantine and Isolation housing units at Stevens Court and Stevens Court Addition will be prepared for potential use. Notifications will be sent to occupants informing them of need to move 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,

	<p>storage and security of students' belongings.</p> <ul style="list-style-type: none"> • Training and equipping of staff with personal protective equipment 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, as well as quarantine and isolation facilities.
Hall Health/Student Health and Employee Health	<ul style="list-style-type: none"> • Work with HFS and local public health authorities to coordinate the relocation of resident students to quarantine and/or isolation facilities as appropriate; • Safe transportation will be coordinated with the health care authority. • Coordinate daily medical surveillance and "triage" of residents in resident halls as well as those in quarantine or campus isolation facilities (volunteer health care workers deputized by the Washington State Health Care Authority, will be needed to augment core SHS medical staff in order to deliver medical services off-site, e.g. outside the Hall Health Center building) • Provide medical supervision and medical guidelines for the mass distribution of anti-virals if they are provided to the UW by public health authorities.
International Programs and Exchange	<ul style="list-style-type: none"> •
Office of Student Life	<ul style="list-style-type: none"> • Communicate with parents
	<i>ESSENTIAL SERVICES SUPPORT</i>
EH&S	<ul style="list-style-type: none"> • Confirm when resident hall rooms previously occupied by infected individuals can be considered safe for reoccupancy. • Alert the Emergency Management Office of potential need to activate the EOC. • . • Encourage separation of EHS staff and Hall Health visitors. • Encourage limited travel and telecommuting. • Restrict number and type of meetings face to face. Encourage teleconferences. • Review staffing levels and adjust hours and backup. Consider multiple shifts. • Monitor and correct supplies and supply pipeline as needs change.
Emergency Management	<ul style="list-style-type: none"> • Link with KCECC to coordinate on non-public health issues • Liaison with EH&S and Hall Health to coordinate public health with non-public 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

	<p>the following:</p> <p>Incident Commander: Planning Operations Logistics Administration/Finance</p> <ul style="list-style-type: none"> • 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 Emergency Operations Center 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.
Facilities Services & Transportation Services	<ul style="list-style-type: none"> • Do PM work in quarantine/isolation facilities • Do training and fit testing for respiratory protection • Activate staff back up plans
Human Resources	<ul style="list-style-type: none"> • Serve as resource to answer questions and respond to HR issues that arise
Purchasing	<ul style="list-style-type: none"> •
Risk Management	<ul style="list-style-type: none"> •
UWPD	<ul style="list-style-type: none"> •
	COMMUNICATIONS
C&C	<ul style="list-style-type: none"> • Have designated information on UW home page •
News and Media Relations	<ul style="list-style-type: none"> • Coordinate with public health joint information center/IPO for messaging
	MEDICAL CARE SUPPORT
UW Medical Center & Harborview Medical Center	<ul style="list-style-type: none"> • Implement alternative staffing plans as necessary • Adjust standards of care in coordination with other hospitals as identified by the King County Healthcare Coalition. • Redistribute outpatient population. • Limit elective procedures, determining on an individual basis if possible. • Implement aggressive, redundant screening. Screening done

	<p>prior to entry to ED or clinics. Direct admission to inpatient floors when able.</p> <ul style="list-style-type: none">• Offer housing for staff who do not want to return home between shifts.• Open staff support center.• Implement conservation measures.• Arrange for alternative storage site for decedents in case medical examiner capacity is exceeded.

LEVEL THREE RESPONSE

SUSTAIN

LEVEL THREE RESPONSE

Level Three Risks and Critical Control Strategies

(Level Three at the University coincides with the WHO pandemic alert phase #6, which indicates there is efficient and sustained human-to-human transmission.)

Risk Assessment Summary

At this level, it is anticipated that a major world wide pandemic and regional epidemic is impacting the population at a level that parallels the crises presented by the 1918 Influenza pandemic. This will result in a prolonged mass casualty event, which will disrupt critical infrastructure, essential services, and delivery of supplies. Most businesses, including the University will be facing absenteeism rates ranging from 10 to 50% at different periods, and a second or third wave of absenteeism is likely. The ability to maintain the University's infrastructure, provide classes, and conduct research will be challenged, and the business continuity plans will need to be implemented.

The stress of multiple waves of pandemic illness will require that the UW provide crisis-intervention and other support services for staff and students who must face the loss of family, friends, and co-workers, which will strain available resources. At some point, there may be a need to formalize the horrendous losses through some type of specialized memorial meeting/service.

The scarcity of supplies could cause civil unrest on the campus.

The limited support services from the community could cause interruptions in the hazardous, solid, and infectious waste contracting, increasing the accumulation of such wastes on campus, and potentially increasing vector control problems.

Critical Control Strategies:

1. Prevention

The preventive activities detailed in previous response levels will be continued.

2. Protection

The protection strategies of the previous response levels will need to be continued at this time.

3. Essential Services Preparation

The activities outlined previously will need to be sustained by the organizational units, while fully implementing business continuity planning.

POLICY

Responsible Party	Critical Control Strategy
President and Cabinet	•
President/Provost/EVP	•
Advisory Committee for Communicable Disease (ACCD)	•
	STUDENT SUPPORT
Housing and Food Services (HFS)	In the event of a University closure, activate plan from level 2 to isolate sick students. <ul style="list-style-type: none"> • Recall essential personnel. • Clear spaces and prepare isolation areas for sick students. • Isolate Sick Students
Hall Health/Student Health	•
International Programs and Exchanges	•
Office of Student Life	•
	ESSENTIAL SERVICES SUPPORT
EH&S	<ul style="list-style-type: none"> • Continue and intensify previous steps. • Monitor critical hygiene supplies. • Review previous actions modify as necessary. • • Review staffing levels and adjust hours and backup. • • Identify spaces that can be used as temporary storage. •
Emergency Management	• Continue to coordinate the activities of the

	<p>(virtual or physical) UW Emergency Operations Center.</p> <ul style="list-style-type: none"> • Provide updated reports to King County ECC and the State of Washington EOC • Update Pandemic Flu website with current and verified information (in coordination with News & Information and C&C) •
Employee Health	<ul style="list-style-type: none"> •
Facilities Services and FS Transportation	<ul style="list-style-type: none"> •
Human Resources	<ul style="list-style-type: none"> •
Purchasing	<ul style="list-style-type: none"> •
Risk Management	<ul style="list-style-type: none"> •
UWPD	<ul style="list-style-type: none"> • Coordinate any on-site campus fatalities with the King County Medical Examiners Office
	COMMUNICATIONS
C&C	<ul style="list-style-type: none"> •
News and Media	<ul style="list-style-type: none"> •
	MEDICAL CARE SUPPORT
UW Medical Centers	<ul style="list-style-type: none"> • Provide urgent care only in clinics. • Limit hospitalized care to emergent care. • Utilize volunteers for patient care, especially among those who have already survived the infection. • Continue and expand conservation measures. • Recruit supplies for patient care from non-traditional areas. • Utilize alternative sites for decedent storage as necessary
	•

IV. FOR MORE INFORMATION

A "University of Washington Frequently Asked Questions" information sheet is available at:

www.hallhealthcenter.com

Reference materials about pandemic preparations are available on the EH&S web site at:

www.ehs.washington.edu

Travel information for UW is available at the IPE web site at:

<http://ipe.washington.edu/>

Pandemic influenza and avian influenza information is routinely being updated on several web sites listed below.

CDC website:

<http://www.cdc.gov/ncidod/>

State health:

<http://www.doh.wa.gov/>

Public Health-Seattle King County:

<http://www.metrokc.gov/health/prevcont/pandemic-flu.htm>

Travel information from CDC:

<http://www.cdc.gov/travel/>

The telephone numbers of some local health jurisdictions are listed below.

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

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

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

V. COMMON TERMS

Travel Restrictions: The CDC has defined two levels of travel recommendations regarding disease transmission:

- **Travel Alert:** where an outbreak of a disease is occurring in a geographic area, and ***there is no recommendation against nonessential travel to the area, although recommendations regarding personal health protection in such settings are available.***
- **Travel Advisory:** where an outbreak of a disease is occurring in a geographic area, and ***there is a recommendation against nonessential travel to the area.***

Attachment #1: WHO Pandemic Phases linked with UW Response Levels

(Reference: www.cdc.gov/flu/pandemic/phases.htm)

The World Health Organization's global influenza preparedness plan defines stages of a pandemic as consisting of the following six phases. Phases 1 and 2 comprise the "interpandemic period", phases 3, 4, and 5 are considered the "pandemic alert period", and phase 6 is the "pandemic period." (University-wide planning for preparedness is based on four action levels, combining the phases as noted above.)

"Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low."

"Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease."

"Phase 3: Human infections(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact."

(UW Response Level ZERO)

"Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans."

(UW Response Level One)

"Phase 5: Larger cluster(s) but human-to –human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)."

(UW Response Level Two)

"Phase 6: Pandemic: increased and sustained transmission in general population."

(UW Response Level Three)

Attachment #2: Personal Preparedness Checklist

Attachment #3
CDC Guidance on the Use of Personal Protective
Equipment

Respirators and Face Masks

Attachments

Specific Unit Response Plans