Quarterly Compliance Report

INFORMATION

This report is for information only.

BACKGROUND

Over an 18-month period beginning in February 2016, the Board of Regents received a quarterly report on each of the institution-wide compliance areas:

- Research (February 2016)
- Health & Safety (April 2016)
- Information (November 2016)
- Financial (January 2017)
- Civil Rights/Employment (April 2017)

Each report included an overview of the compliance area and two or three projects selected for focused attention over an 18-month period. Projects were selected because they: 1) represented an undermitigated area of compliance at the University; 2) addressed an area experiencing increased regulatory enforcement, or where laws and regulations were in flux; 3) could demonstrate substantial progress in an 18-month period; 4) relied on existing budgetary and staff resources (including support from Compliance Services); 5) aligned with the goals of other University strategic programs and initiatives (e.g., ease administrative burden, minimize duplication of effort); and, 6) whenever possible, promoted health and safety.

Updates on the Research and Health & Safety compliance projects are presented in this report.

Attachments
1. Research and Health & Safety Compliance Project Updates: Overview, Lessons Learned, and Needs Identified
2. Project update: Laboratory Safety
3. Project update: Post-approval Monitoring of Clinical Trials with Human Subjects
4. Project update: Health & Safety Governance Task Force
5. Project update: Accident Prevention Plans
6. Project update: Safety of Minors
Research and Health & Safety

Compliance Project Updates

Overview
To strengthen compliance in the Research and Health & Safety areas, five mitigation projects were undertaken: Laboratory Safety, Post-approval Monitoring of Clinical Trials with Human Subjects, Health & Safety Governance Task Force, Accident Prevention Plans, and Safety of Minors. Collectively, these projects: 1) increased the health and safety of the University community – in labs, for minors and for research subjects; 2) created efficiencies – in the collection and use of lab safety data, in targeted monitoring of clinical trials, and through the creation of a University-wide Accident Prevention Plan; and, 3) strengthened the University’s oversight of compliance activities.

Lessons Learned
- The University's decentralized operations introduce challenges with regard to responsibility and accountability for health and safety across the institution.
- The role, scope, responsibility and authority of compliance-related boards and committees should be codified and formalized.
- For short-term needs, Provost- or President-charged task forces are very effective, as they communicate clear institution-wide priorities and invite stakeholder participation.
- Bringing together subject matter experts – to identify common goals, collaborate to create solutions, and share best practices – is important in a decentralized environment. For collaborative projects, a dedicated project manager is often needed to achieve desired objectives.

Needs Identified
- High-level health and safety risks should be identified, assessed and prioritized University-wide, with mitigation plans developed and made operational across the institution.
- Systems for advancement of University-wide health and safety objectives – including strong oversight, clear authority and lines of responsibility, and increased accountability – should be established.
- Institution-wide health and safety metrics should be developed and reported regularly to senior leaders.
Laboratory Safety

_Originally presented in February 2016_

**Challenge Statement**
Of the 880 research and teaching labs occupying 3,600 rooms in over 50 campus buildings, surveys by UW Environmental Health & Safety (EH&S) found that a significant percentage fall short of University goals for laboratory safety. Major risk areas include: 1) insufficient safety training; 2) incomplete lab-specific standard operating procedure (SOP), especially around chemical management; and, 3) inconsistent use of appropriate personal protective equipment (PPE) in the laboratory.

**Context**
The American Chemical Society, National Academy of Sciences, and National Research Council acknowledge that inadequate safety in academic labs is a consistent and substantial issue across the country. They have concluded that the two major reasons for preventable accidents in college and university laboratories are the absence of a strong institutional safety culture, and a failure by principal investigators (PI) to assume appropriate responsibility for safety in their labs.

Accidents involving chemicals are far more common than those related to biological and radioactive agents, in part because there is no federally-mandated institutional oversight and approval process, or clear standards, for use of chemicals in labs. The use of chemicals is ubiquitous across the University’s research program, thus increasing the likelihood of accidents and/or injury. The risk to researchers, students, staff and the institution is elevated when safety protocols are not established, understood or observed.

**Mitigation Plan**
Environmental Health & Safety will perform evaluations of and provide targeted technical safety monitoring for the 90 academic research labs on the Seattle campus that pose the highest risk for potential accident and injury. Evaluations will include identification of root causes and barriers to maintaining safe lab practices (via lab hazard analysis, chemical inventory review, and evaluation of safety equipment). Lab-specific standard operating procedure will be designed and implemented. To monitor progress, baseline laboratory surveys will be conducted in July 2016 and repeated every eight months, for the 24-month life of the project. Lessons learned will be used by EH&S to enhance the support provided to all labs across the institution.

Focus groups of PIs, lab managers, researchers and department personnel, including department chairs, will be convened to increase communication and create best-practices sharing opportunities (listervs, invited speakers, workshops) among safety representatives, and to promote the engagement of leadership in promoting a thriving culture of lab safety at the University of Washington.
Sample of Relevant Laws and Regulations

- Occupational Safety and Health Standards | 29 CFR Part 1910
- Chemical Facility Anti-terrorism Standards (CFATS) | 6 CFR Part 27
- General Occupational Health Standards | Chapter 296-62 WAC
- Safety and Health Core Rules | Chapter 296-800 WAC
- Dangerous Waste Regulations | Chapter 173-303 WAC
- Hazardous Chemicals in Laboratories | Chapter 296-828 WAC

Project Leaders

David M. Anderson | Executive Director, Health Sciences Administration
Mark Murray | Assistant Director - Building & Fire Safety, Environmental Health & Safety
Jude Van Buren | Senior Director, Environmental Health & Safety

Project update as of December 2017

Mitigation Outcomes

A project team composed of Environmental Health & Safety (EH&S) technical staff – supported by an advisory task force of deans, chairs, administrators, principal investigators (PIs), laboratory managers and safety professionals – conducted lab evaluations and technical safety monitoring of the 90 academic research labs on the Seattle campus that pose the highest risk for potential accident and injury ("pilot group labs"). Project results demonstrate that the number of pilot group labs nearing or meeting safety expectations increased from 0% to 64%, which was accomplished through the following:

1. Evaluation and consultation. Pilot group labs received in-depth safety evaluations and technical services that included:
   - Identification of barriers to safe lab practices
   - Relevant ‘best practice’ recommendations
   - Special service visits to address the issue of old and/or abandoned hazardous chemicals
   - Referral for relevant training
   - Follow-up visits to monitor progress

Ongoing surveys of the pilot group labs – as well as of an established control group of labs with high safety performance ratings – were conducted to identify lab-specific barriers to safe practices and to foster understanding of how a culture of safety can be supported and enhanced.

2. Training and education. The project team addressed the need for additional instruction and skill development, including:
• Collaboration with the Office of Research to require *Lab Safety and Compliance* training for all researchers in a supervisory role. The number of PIs who have completed this training has increased from 14% to 48%.
• Training for administrators to bolster department support through better understanding of safety regulations and best practices for labs.
• Invitations to staff in pilot group labs to participate in *Lab Safety and Compliance* training, as well as a workshop on hazardous chemical storage.
• An invitation to all pilot group labs, departments and key stakeholders to a speaker event featuring Dr. James Gibson, director of EH&S at USC (and formerly at UCLA), on barriers to safe practices and lessons learned from accidents.

3. **Messaging and communication.** Regular communication about the project and its goals included:
   • Campus-wide messaging regarding safety policies, practices and expectations through a project website and newsletter.
   • The creation of a *UW Laboratories Safety Responsibility Matrix*, which outlines the essential roles of senior leaders, deans, chairs, PIs, faculty, staff, and students.
   • Baseline safety data from the project was made easily accessible to deans, chairs and other senior leaders through the newly-launched Lab Safety Dashboard, which documents lab safety performance, relevant findings and trends.
   • Publicity on a new Lab Safety Award to recognize labs meeting safety expectations.

**Assessment**
The project team accomplished all elements of the original mitigation plan.

**Impact to the Institution**
• Lab safety risks have been significantly reduced or mitigated. Labs in the pilot group have increased their average lab safety performance rating from 52% to 75%.
• Information and data collected through work with the pilot group labs was leveraged to increase safety in other labs; as a result, a culture of lab safety is growing and flourishing across the University.
• Project data demonstrates the University’s commitment to operate safe labs, information that can be shared with regulators and in research grant applications.

**Next Steps**
EH&S will build on the success of the project, including lessons learned, through the following activities:
• Visit labs performing high-risk activities more frequently, particularly if safety data and information indicate that a lab is underperforming.
• Improve training modules and make them more accessible to researchers, for example by moving classes – including a new *Lab Safety and Compliance* training scheduled for release in 2018 – to an online platform.
- Investigate the possibility of classifying labs by chemical safety risk so that resources can be provided in an efficient and effective manner, and EH&S staff expertise and skills can be better aligned with the range and complexity of University lab activities.
- Continue to promote the engagement of senior and executive leadership in supporting a robust culture of safety within all UW labs.
Post-approval Monitoring of Clinical Trials with Human Subjects

Originally presented in February 2016

Challenge Statement
Compared with other types of research that employ human subjects, clinical trials – of drugs, devices, behavioral interventions, diagnostic or treatment modalities – involve the highest level of risk to participants and the highest level of responsibility for the institution performing those trials. Currently, there are no explicit federal requirements that mandate the active monitoring of clinical trials once they begin. Despite the absence of a federal standard, it is the institution’s duty to do everything possible to ensure the safety of human subjects and the integrity of the University of Washington’s research endeavors.

Context
There are currently more than 500 active clinical trials in Seattle and 30 countries, conducted by nine different colleges and schools. Approximately 40% are funded by industry. All are heavily regulated by the federal government. Non-compliance with laws and regulations can result in fines of up to $10,000 per day; withholding of pending or awarded funds; the University’s inability to bill Medicare/Medicaid for the costs of delivering healthcare associated with clinical trials; or the refusal of the Food and Drug Administration to approve a new drug, device, or diagnostic developed by a UW researcher. Worse yet, adverse reactions to a drug or device, serious illness or mental health issues and even death can result from clinical trials that deviate from an approved research plan.

Mitigation of risks related to clinical trials relies on the University of Washington’s comprehensive compliance system for human subjects, which includes Institutional Review Boards (IRB) – federally-mandated University committees responsible for reviewing and approving proposed and ongoing research involving humans. Other compliance system elements include contract terms negotiated with external sponsors of clinical trials – to clarify roles and enhance participant care – and internal safety committees to review and approve procedures, and the use of biological, chemical or radioactive agents in the research lab.

While research plans are carefully reviewed and require approval by the UW Human Subjects Division (HSD), a unit of the Office of Research, the implementation of those plans is infrequently monitored. Fewer than 6% of clinical trials are visited by HSD annually to assess conformity with the IRB-approved clinical trial protocols. Although there is no federal or state regulatory requirement for conducting post-approval monitoring, the practice is one element of a mature and effective compliance program and is recognized as a best practice in keeping research subjects safe.

Mitigation Plan
The UW Human Subjects Division is developing a more robust post-approval monitoring program that will review significantly more clinical trials, especially those with the greatest risk factors, including trials
that are: 1) early in the drug/device development process, 2) conducted on vulnerable subjects (e.g. children, elderly, or prison populations), 3) led by inexperienced PIs, and 4) researcher initiated rather than industry initiated. The goal of such monitoring is to ensure that clinical trials are proceeding according to protocols established in the planning, review and approval phases of trial development, and to assist researchers in meeting that goal.

Under the more robust program, monitoring will be conducted early in the research study, when education and corrective actions have the most beneficial impact and help researchers stay on track with the IRB-approved research plan. The long-term goal is to provide an appropriate level of monitoring of all high-risk projects within their first year. Monitoring will be tailored to address the varied needs and specific risks of different types of clinical trials. Program operations will be conducted through an educational perspective, rather than a punitive one. HSD will create and deploy a range of structural support tools and systems to help PIs and other research staff ensure compliance and enhance participant safety.

Sample of Relevant Laws and Regulations
- Federal Policy for the Protection of Human Subjects (Common Rule) | 45 CFR Part 46
- Genomic Data Sharing Policy (National Institutes of Health) | NOT-OD-14-124
- Investigational Device Exemptions (Food and Drug Administration) | 21 CFR Part 812
- Investigational New Drug Application (Food and Drug Administration) | 21 CFR Part 312
- Policy for Data and Safety Monitoring (National Institutes of Health) | NOT-98-084
- Protection of Human Subjects (Department of Defense; Department of Health and Human Services) | 32 CFR Part 219; 45 CFR Part 46
- Security and Privacy (Department of Health and Human Services) | 45 CFR Part 164

Project Leaders
Joe Giffels | Associate Vice Provost for Research Administration and Integrity
Jason Malone | Assistant Director, Regulatory Affairs - Human Subjects Division
Karen E. Moe | Director, Human Subjects Division, and Assistant Vice Provost for Research

Project update as of December 2017

Mitigation Outcomes
The Human Subjects Division (HSD) of the Office of Research significantly expanded the post-approval monitoring of clinical trials with human subjects, especially those with the greatest risk factors. A project team identified best practices at peer institutions, and engaged local subject matter experts to support the new program, conducting focus groups and surveys to gather critical information. Project elements included the following:

1. Program development completed.
• Expansion of program capacity by hiring and training a second full-time post-approval monitor
• Identification of the specific aspects of trials to be monitored
• Development of procedures for trial selection, the monitoring visit, report content and writing, analysis and management of findings, communication of findings to the Institutional Review Board (IRB), and program evaluation and quality improvement
• Development of materials necessary for monitoring (e.g., template used to capture data during monitoring visit; report template)
• Pilot testing of the program
• Program evaluation by UW Internal Audit

2. Monitoring conducted.
• 56 clinical trials monitored. Since the January 2016 presentation to the Board of Regents, 56 clinical trials were actively monitored. 84% were trials that met the project eligibility criteria; the remainder did not meet that criteria but had characteristics useful for helping to refine the program.
• 100% Monitoring. Monitoring was conducted for 100% of the eligible clinical trials for the project timeframe. Eligibility criteria for this project were: U.S.-based trial site; trial involved more than minimal risk; trial had begun enrolling participants but was within the first year of operations; and, the review was conducted by the UW IRB.

3. Only minor noncompliance found.
• Noncompliance findings were made for 63% of the trials. Noncompliance is defined as a situation, event, or process that is under the researcher’s control and is inconsistent with any of the following: the ethical principles of human subjects research as described in the Belmont Report; federal, state, and/or local regulations applicable to human subjects research under the jurisdiction of the UW IRB; UW policies and procedures governing human subjects research; or the research plan approved by the UW IRB. Consultations between the monitors and principal investigators (PIs) helped bring the trials back into compliance.
• Of the noncompliance findings, none met the criteria for serious noncompliance. Serious noncompliance is defined as noncompliance which could significantly increase risks to, or jeopardize the safety, welfare, and/or rights of research subjects or others, or affect the potential benefits or scientific integrity of the research.

Assessment
The project team accomplished all elements of the original mitigation plan.

Impact to the Institution
• HSD conducts proactive, early assessment of compliance with IRB-approved research plans, making adjustments and corrections as needed.
• HSD adopted peer best practices that exceed regulatory requirements and result in safer, more efficacious clinical trials.

Next Steps
HSD will continue to conduct post-approval monitoring of new clinical trials as they are approved by the UW IRB and become eligible for monitoring. Recommendations made by UW Internal Audit – including making targeted revisions to the template used to collect study data, and regularly reporting findings – will be adopted to further improve the program.
Health & Safety Governance Task Force

Originally presented in April 2016

Challenge Statement
Board and committee structures governing health and safety compliance at UW developed over time and have not been comprehensively reviewed for effectiveness and efficiency. Although various environmental health and safety committees exist, they are advisory in nature and operational rather than strategic (with a main responsibility to review accident reports and make recommendations for prevention). Non-environmental health and safety areas – including police and campus security, emergency management, safety of minors, employee and student health, and patient safety – have separate committees and functions. There is presently no oversight body with the responsibility to assess, prioritize, and mitigate health and safety risks from a centralized, institutional perspective.

Context
The University has many dedicated units with strong operations in the substantive work of preventing and responding to health and safety issues: Environmental Health & Safety, UWPD, Emergency Management, and Student Life, just to name a few. Environmental Health & Safety is an advisor and a resource for health and safety issues, but its scope of work is limited to environmental health and safety. The University does not have a strong system of incentives for compliant behavior, consistently enforced corrective measures for violations, or broadly-communicated accountability for ensuring the safety of faculty, staff, students, and the community. The responsibility for health and safety across UW campuses should lie with the leaders of departments and units themselves. A culture of safety must be embraced by all. Identification and ownership of campus-wide, coordinated health and safety initiatives – including training and education efforts – needs oversight and leadership.

Mitigation Plan
A task force will be created to review and make recommendations for improving the effectiveness and efficiency of the University of Washington’s health and safety governance structure. Items to be considered may include:

- Charters and memberships of existing boards and committees, and their reporting systems
- Identification of gaps in oversight and leadership
- Mechanisms for accountability regarding health and safety objectives
- Existing University policies and procedures, and identification of gaps
- Improved reporting to senior leadership on health and safety risks and compliance
- Leveraging existing resources and encouraging departmental initiatives across health and safety areas – in alignment with TAP objectives

Project Leaders
Elizabeth Cherry | Associate Vice Provost, Compliance and Risk Services
David Anderson | Executive Director, Health Sciences Administration
Mitigation Outcomes
The Health & Safety Governance Task Force reviewed a ‘current state’ report on compliance and governance on the UW Seattle campus; conducted focus groups and surveys of stakeholders; consulted a panel of industry health and safety experts; and, evaluated peer practices for effective and efficient management of campus health and safety practices. It also assessed the University’s 35+ existing health and safety boards and committees.

The task force’s final report to the Provost included the following recommendations:

1. **Implement changes to existing health- and safety-related boards and committees.**
   - The University-wide Health and Safety Committee should replace the Environmental Health & Safety Advisory Board as the primary coordinator and facilitator of health- and safety-related objectives and initiatives on the three UW campuses.
   - 29 boards and committees should be maintained as currently constituted.
   - Four boards and committees should be or have been sunsetted.

2. **Institute ‘best practices’ for creating and maintaining health- and safety-related boards and committees.** To encourage alignment with University goals and needs, and to ensure the effective use of committee members’ time, all active health- and safety-related boards/committees should be charged by a senior University leader (sponsor) and have a formal charter; chairs and members should be named in an annual charge letter; a formal report on committee activities should be presented to the sponsor annually; and the ongoing need for the committee, as well as its specific goals, articulated for each year.

3. **Revise and update Executive Order 55 (University Health and Safety Programs: Policy and Responsibilities).** EO 55 should be strengthened and clarified with regard to the responsibilities and authority of Environmental Health & Safety, and of the 10 organizational health and safety committees.

4. **Establish mechanisms for collecting and communicating critical health- and safety-related information and data.** The Executive Vice President for Finance & Administration, Vice President for Student Life, and Executive Director of Health Sciences Administration – and their respective departments and units – should collaborate to establish mechanisms for collecting and aggregating actionable health and safety information and data from the three UW campuses.

Assessment
The task force accomplished the following elements of the original mitigation plan:

- Review the charters and memberships of existing boards and committees, and their reporting systems
• Identification of gaps in oversight and leadership
• Identification of existing University policies and procedures

Implementation of the task force recommendations will address the remaining plan elements:
• Mechanisms for accountability regarding University health and safety objectives
• Improved reporting to senior leadership on health and safety risks and compliance
• Leveraging existing resources and encouraging departmental initiatives across health and safety areas

Impact to the Institution
• Codifying and formalizing the role, scope and responsibility of health- and safety-related boards and committees is a significant process improvement, and strengthens the culture of safety on the three UW campuses.

Next Steps
The task force submitted its final report to the Provost in December 2017. Compliance Services will support implementation of the report’s recommendations, in collaboration with relevant health and safety subject matter experts.
Accident Prevention Plans (APP)

Originally presented in April 2016

Challenge Statement
Accident Prevention Plans* (APPs) – mandated by the Washington Industrial Safety and Health Act of 1973 (WISHA) – must be maintained by all UW organizational units. Health and safety committees, also required under WISHA, must review the APPs and discuss recommendations for improvement. Plans vary significantly in how current, adequate and effective they are. This poses challenges for the work of health and safety committees and for Environmental Health & Safety (EH&S), the department charged with managing and overseeing the APP Program.

Context
The University is a large, multifaceted organization with thousands of discrete workspaces accompanied by inherent and often unique health and safety concerns, for example: research labs, hospitals and clinics, training rooms for Husky athletes, restaurants and cafes, and scene and electrics shops in the School of Drama. APPs are critical documents intended to function as the cornerstone of each department’s health and safety practices, and to describe how employees are protected from occupational hazards particular to their work or role.

Each UW department or service unit is charged with developing and maintaining its own APP. Barriers to successful fulfillment of this function include:

- A burdensome and functionally obsolete template for APPs
- The lack of appropriate training available to those responsible for creating and maintaining APPs
- Ineffective or insufficient guidance provided to health and safety committees on their review of APPs, and
- The absence of clear consequences for departments or organizations that elect not to develop or update an APP

Mitigation Plan
Employing a collaborative approach with organizational units, EH&S will:

- Establish clear institution-wide categories of environmental health and safety risk, based on specific occupational hazards.
- Develop a basic APP that can be utilized “off the shelf” by low-risk departments (e.g. those in administrative offices and basic classrooms).
- Construct a customizable and educational APP template for moderate- to high-risk departments (e.g. spaces with chemicals, radiation, industrial tools, open flames, or are controlled or enclosed).
- Initiate new education and outreach efforts to facilitate APP creation and maintenance.
- Pilot the new program with select departments.
- Create improved guidance for health and safety committees to review APPs.
Sample of Relevant Laws and Regulations

- Washington Industrial Safety and Health Act | Chapter 49.17 RCW
- Accident prevention program. | Chapter 296-800-140 WAC
- Employee responsibilities. | Chapter 296-800-120 WAC
- Employer responsibilities: Safe workplace. | Chapter 296-800-110 WAC
- Safety and Health Core Rules | Chapter 296-800 WAC
- Safety committees/safety meetings. | Chapter 296-800-130 WAC

Project Leaders
Emma Corell | Accident Prevention Manager, Environmental Health & Safety
Jude Van Buren | Senior Director, Environmental Health & Safety

Project update as of December 2017

Mitigation Outcomes
The project team included multiple Environmental Health & Safety (EH&S) subject matter experts. A supporting stakeholder group comprised of more than 30 administrative and academic staff from all three UW campuses – including Emergency Management, Facilities Services, Compliance and Risk Services, UW-IT, Housing & Food Services, and Campus HR Operations, among others – provided essential input and information from their respective units. The project included these elements:

1. *Creation of a new core APP.* A new 15-page guide to University health and safety resources, policies, emergency procedures, and identification and mitigation of hazards was created. The APP is applicable to every University work site and:
   - Addresses low-level or common risks found in all University work sites (with the exception of UW Medicine, which maintains its own APP);
   - Provides guidance for departments with moderate to high risks on how to supplement the core APP with necessary health- and safety-related information and materials applicable to specific work practices and contexts; and,
   - Will be reviewed and updated annually by EH&S and the WISHA-mandated UW health and safety committees.

   Supplemental documents, such as the *New Employee Health and Safety Orientation Template, First Aid Guidelines,* and the *General Safety Training Matrix,* were also updated.

2. *Training and education.* EH&S created a video entitled *An Introduction to Health and Safety* which addresses:
   - UW health and safety policies, procedures, practices, and resources for staff, faculty, students, contractors, and others;
   - Topics to be covered through an in-person new employee safety orientation;
How to report a work-related injury, illness, near miss or hazardous condition;
Roles and responsibilities related to health and safety at UW; and,
The APP.

Assessment
The original mitigation plan shifted in scope. The basic APP, originally intended only for low-risk departments, was modified to be applicable to all departments. For moderate- and high-risk departments, guidance and resources – rather than a template – are now provided to facilitate the creation of supplemental information that addresses hazards beyond the scope of the core APP. Stakeholders were involved in the development of the core APP; because a template was not created, piloting was not conducted.

The project did not establish clear institution-wide categories of environmental health and safety risk, based on specific occupational hazards. It is proposed that high-level health and safety risks should instead be identified, assessed and prioritized institution-wide, with mitigation plans developed and made operational across the institution – with support from senior leadership and a high-level health and safety committee.

Impact to the Institution
- The administrative burden was reduced for low-risk departments or units creating an Accident Prevention Plan unique to their work site – and for health and safety committees reviewing those individual plans.
- The new video provides an introduction and orientation to the roles and responsibilities of all UW community members as they relate to health and safety.

Next Steps
With the project now completed, EH&S will:
- Develop a communication and outreach plan to launch the new core APP and health and safety video; this may include partnering with Campus HR Operations and other units to determine how the video could be integrated into the onboarding process for new employees;
- Explore the creation of additional tools for moderate- to high-risk departments and units that effectively address hazards outside the scope of the core APP; and,
- Assist health and safety committees with meeting their responsibility to review the core APP on an annual basis.
Safety of Minors

Originally presented in April 2016

Challenge Statement
Ranging in age from three to seventeen, more than 24,000 minors participate in over 100 University of Washington programs as varied as the Educational Outreach Summer Day Camps, the Robinson Center for Young Scholars, and the Center for Urban Horticulture Nature Preschool. While many of the programs are well established and have demonstrated a remarkable history of safety and success, there is currently no method for the institution to identify, monitor and support the University-sponsored programs that serve children and youth under the age of 18. Moreover, federal and state laws do not prescribe the specific policies and procedures needed to keep minors safe and healthy.

Context
In the wake of the child abuse scandal at the Pennsylvania State University (Penn State), states across the nation passed legislation requiring college and university employees to report suspected child abuse. As of 2012, Washington state law dictates that such reporting be made directly to law enforcement or the Department of Social and Health Services. UW Administrative Policy Statement 11.8, Reporting Suspected Child Abuse, further details these expectations with regard to faculty, staff and volunteers.

Penn State commissioned the law firm Freeh Sporkin & Sullivan, LLP to perform an independent investigation. The resulting “Freh Report” was published in 2012 and included recommendations for institutional governance and administration, aimed at protecting minors at Penn State. The UW Office of the President reviewed the Freeh Report and mapped its recommendations to existing UW policies and practices. At the same time, a Safety of Minors Committee was convened; its recommendations included the creation of the UW Youth Programs Development and Support Office, which launches this month.

The University of Washington sponsors many on- and off-campus programs whose primary focus is working with and for minors – their mission, practices, size, age range served, and infrastructure vary widely. Many of the programs offer important educational and mentoring experiences for the UW’s enrolled students. It is in the interest of the institution to ensure that these youth-serving programs operate within the University’s educational and strategic mission, as well as operationalize high standards for safety and compliance with laws and regulations.

Mitigation Plan
To ensure the safety of minors on campus, institutional infrastructure will be developed to identify, monitor and support youth-serving programs:

- Create a comprehensive inventory of UW-sponsored programs and services in which minors participate
• Work with programs to identify, develop and share age- and program-appropriate guidelines that align with University policy and reflect national best practices
• Create and launch a set of educational training and outreach programs for university employees whose work involves programming for or direct interaction with minors
• Identify, prioritize and develop policies that operationalize institutional goals and objectives. Possible priority areas include: screening and selecting employees and volunteers, including background checks; training requirements for employees and volunteers who work with minors; establishing and monitoring standards of conduct for interactions between staff and minors; incident reporting and response; and communication with parents and guardians.
• Provide strategic support and consultation services for the 100+ University programs whose primary purpose is working with minors

Sample of Relevant Laws and Regulations
• Abuse of Children | Chapter 26.44 RCW

Project Leaders
Caroline Shelton | Director, Office of Youth Programs Development and Support
Jason Johnson | Associate Dean, Undergraduate Academic Affairs

Project update as of December 2017

Mitigation Outcomes
The Office of Youth Programs Development and Support (YPDS) partnered closely with Compliance and Risk Services, and the Safety of Minors Committee, on the following:

1. **Policy.** The policy on mandated reporting of suspected child abuse was reviewed and updated, and elevated from an Administrative Policy Statement to an Executive Order (EO 56). Reporting procedures were streamlined. Additional policy priority areas were identified, evaluated and prioritized for attention in the coming year (see next steps, below).

2. **Inventory of programs.** A comprehensive inventory of 200+ UW-sponsored programs and services in which minors participate was created. Data includes program purpose, location, use of employees and/or volunteers, age of minors served, and program risk characteristics.

3. **Outreach and consultation.** A system for providing strategic support services was established, including one-on-one program consultation for youth-serving programs; monthly summer program planning meetings; a youth program stakeholder group; a listserv to disseminate critical information; and a self-assessment tool for managing and reducing risk.
4. **Training and education.** A full-day Youth Program Forum has been held annually for the last two years. Training and educational resources were created and launched, including a new online module, *Promoting Safe Interactions with Youth*. A *Youth at UW* website was created with policy and best practices; templates for creating codes of conduct for employees and volunteers; tips on identifying “red-flag” behaviors; and community resources for youth health and safety, abuse prevention and response, cyber-safety, and more.

**Assessment**
The project team accomplished all elements of the original mitigation plan.

**Impact to the Institution**
- Institutional leaders have a greater understanding of the diversity and inherent risks of programs and contexts in which the University engages with minors
- Best practices are being identified and shared across programs to increase the safety of minors University-wide

**Next Steps**
The work of YPDS will continue, with a focus on supporting the Safety of Minors Committee in its priorities for the 2017-18 year, as charged by the Provost. These include:
- Make recommendations on instituting a uniform, centralized background check policy and process for programs that work with minors.
- Evaluate options for purchase or development of a database of all youth programs operating at UW that is centrally-managed, can be updated by programs in real time, and expands the information collected on and shared with youth-serving programs to increase participants’ safety.
- Formulate recommendations on an institution-wide policy guiding standards of practice for all programs serving minors.
- Review University safety and security response protocols as they apply to programs serving minors.