

**EASTERN WASHINGTON UNIVERSITY
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

**Annex F:
Communicable Diseases**

Purpose:

The purpose of this Annex is to guide an effective response to an outbreak of communicable disease on the EWU campus and/or in the surrounding community that affects the health and wellbeing of staff and students and may affect the operation of the University.

Scope:

This Annex reflects some of the issues addressed in the *Pandemic Plan of 2006* but is much broader in scope. It does not take a global pandemic to seriously affect the campus community. There are many communicable diseases, some of which have global pandemic potential, which can cause widespread illness in a much smaller geographical area. The more common ones will be addressed here.

Definitions:

A basic understanding of terminology is essential to the development of an effective plan of action. These definitions are from the *Merriam-Webster Dictionary*:

Outbreak: “a sudden rise in the incidence of a disease” This usually applies to a particular time and a particular place.

Epidemic: “affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time”

Pandemic: “an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population”

Virulent: “marked by a rapid, severe, and destructive course; a virulent infection”
“able to overcome bodily defensive mechanisms; markedly pathogenic virulent bacteria”

Notable Disease Outbreaks

Influenza

Seasonal influenza, or the “flu,” is quite common. The Center for Disease Control (CDC) reports that during the 2018 – 2019 influenza season in the United States there were about 35.5 million cases which resulted in 490,600 hospitalizations and 34,200 deaths. That is a mortality rate of less than 1% but a morbidity (illness) rate of more than 10% out of a population of 330 million.

From the United States Department of Health and Human Services website [The Great Pandemic:](#)

Throughout history, influenza viruses have mutated and caused pandemics or global epidemics. In 1890, an especially virulent influenza pandemic struck, killing many Americans. Those who survived that pandemic and lived to experience the 1918 pandemic tended to be less susceptible to the disease.

The pandemic of 1918-1919 occurred in three waves. The first wave had occurred when mild influenza erupted in the late spring and summer of 1918. The second wave occurred with an outbreak of severe influenza in the fall of 1918 and the final wave occurred in the spring of 1919.

Estimates differ among various sources but a study published by *Smithsonian Magazine* in November 2017 estimated that between 50 million and 100 million people died worldwide. An estimated 25% of the 1918 population of the United States of 104,550,000 became ill, or about 26,137,500 cases. Of these about 670,000 died or a mortality rate of 2.5%. The worldwide mortality rate of developed countries was about the same.

MERS-CoV

Middle East Respiratory Syndrome (MERS) is a viral respiratory illness first reported in Saudi Arabia in 2012. It is caused by a coronavirus called MERS-CoV. Most people who have been confirmed to have MERS-CoV infection developed severe acute respiratory illness. They had fever, cough, and shortness of breath. About 30% of people confirmed to have MERS-CoV infection died.

Avian Influenza A (H7N9) Virus

Human infections with a new avian influenza A (H7N9) virus were first reported in China in March 2013. Most of these infections are believed to result from exposure to infected poultry or contaminated environments, as H7N9 viruses have also been found in poultry in China. While some mild illnesses in human H7N9 cases have been seen, most patients have had severe respiratory illness, with about one-third resulting in death. No evidence of sustained person-to-person spread of H7N9 has been found, though some evidence points to limited person-to-person spread in rare circumstances. The first case outside of China was in Malaysia and was reported on February 12, 2014. The case was detected in a traveler from an H7N9-affected area of China.

Ebola Outbreak in West Africa

The 2014 Ebola epidemic was the largest in history, affecting multiple countries in West Africa. There were a small number of cases reported in Nigeria and a single case reported in Senegal; however, these cases are considered to be contained, with no further spread in these countries. Compared to most respiratory illnesses, Ebola has an average death rate of 50% and sometimes as much as 90%.

Severe Acute Respiratory Syndrome (SARS)

Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. The illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained. Since 2004 there have not been any known cases reported anywhere in the world.

Viral hemorrhagic fevers

Viral hemorrhagic fevers (VHFs) refer to a group of illnesses that are caused by several distinct families of viruses. In general, the term "viral hemorrhagic fever" is used to describe a severe multisystem syndrome (multisystem in that multiple organ systems in the body are affected). Characteristically, the overall vascular system is damaged, and the body's ability to regulate itself is impaired. These symptoms are often accompanied by hemorrhage (bleeding); however, the bleeding is itself rarely life-threatening. While some types of hemorrhagic fever viruses can cause relatively mild illnesses, many of these viruses cause severe, life-threatening disease.

Some viruses that cause hemorrhagic fever can spread from one person to another, once an initial person has become infected. Ebola, Marburg, Lassa and Crimean-Congo hemorrhagic fever viruses are examples. (CDC)

Antibiotic / Antimicrobial Resistant Diseases

Antibiotics and similar drugs, together called antimicrobial agents, have been used for the last 80 years to treat patients who have infectious diseases. Since the 1940s, these drugs have greatly reduced illness and death from infectious diseases. However, these drugs have been used so widely and for so long that the infectious organisms the antibiotics are designed to kill have adapted to them, making the drugs less effective.

Each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die each year as a direct result of these infections.

COVID-19

From: *World Health Organization (WHO) 2020*

“Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (COVID-19) is a new strain that had not been previously identified in humans.”

“Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to

humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.”

“Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.”

An immediate concern with COVID-19 is the apparent ease of transmission and the very rapid spread. Once again the mortality rate is estimated at about 2% but the morbidity rate is very high. The incubation period is also not well understood so it is difficult to determine when a person is actually contagious.

Other Communicable Diseases

While there are many lists of communicable diseases some of the more common ones that are of concern both here and abroad include:

Spinal meningitis

Chicken pox

HIV/AIDS

Tuberculosis

Hepatitis (various forms)

Impacts of a Disease Outbreak

While the death rate is often the focus, the mortality rate in even the most widespread outbreaks, such as the influenza pandemic of 1918, was about 2.5% of those infected. The morbidity rate has a much greater impact and can overwhelm the health care system, cause widespread fear and panic, disrupt social interactions, and create significant absenteeism at school and work.

The results can be loss of productivity, a decrease in availability of goods and services, panic buying, supply chain disruptions, stock market impacts and international trade and travel restrictions. Since most viruses can be largely controlled by good hygiene and limiting potential exposure many people will resort to some degree of self-isolation. This means less shopping, less travel, less public events. The economic impact can be enormous.

If a single area is especially hard hit then quarantine is an option. This may affect a single person, a small grouping, a school campus, a military base or an entire town. A quarantined area still has to function and still has to have adequate medical care. Quarantines create enormous logistical issues.

Center for Disease Control and Prevention, Traveler’s Health

This site contains a Disease Directory with a long list of diseases as well as diseases specific to certain destinations. It also contains current outbreaks of concern, travel advisories for

destination with significant health infrastructure issues, immunization requirements and recommendations and cruise ship information.

Warning Level 3 (Red): Avoid all non-essential travel to this destination. The outbreak is of high risk to travelers and no precautions are available to protect against the identified increased risk.

Alert Level 2 (Yellow): Practice enhanced precautions for this destination. The Travel Health Notice describes additional precautions added, or defines a specific at-risk population.

Watch Level 1 (Green): Practice usual precautions for this destination, as described in the Travel Health Notice and/or on the destination page. This includes being up-to-date on all recommended vaccines and practicing appropriate mosquito avoidance.

Spokane County Resources

Common, seasonal coronavirus strains (229E, HKU1, NL63, and OC430) occur every year in Spokane County. Numbers of hospitalizations and deaths are quite small.

Sacred Heart Hospital was designated by the U.S. Department of Health and Human Services in 2015 as one of 10 regional treatment centers in the country, serving Washington, Idaho, Oregon and Alaska.

The hospital is home to a 14,000-square-foot Special Pathogens Unit, with 12 Airborne Infection Isolation Rooms and two critical care rooms. This unit can treat highly infectious diseases such as Ebola, the COVID-19 virus and others.

Concept of Operations:

Any major disease outbreak that affects the University will undoubtedly affect the larger community. The primary responsibility for managing such an emergency will fall to the Spokane Regional Health District working with the many health care agencies and providers within the county. Federal resources can also be brought to bear if warranted.

Initial Response

The University's initial response will generally be limited to identifying that a potential outbreak of a communicable disease is occurring. This is done by noting multiple illnesses being reported with similar symptoms and within a short time period.

If an emergency is declared the *Communicable Disease Response Plan* may be activated. A detailed description of university operations during a disease emergency is also a part of this Annex.

Communicable Disease Response Plan

Response Levels Activation Criteria

Level 1: Confirmed cases of sustained human-to-human transmission of major communicable diseases somewhere in the world

Level 2: Confirmed cases of major communicable diseases within the United States

Level 3: Confirmed case(s) of major communicable diseases in the State of Washington

NOTE: EWU response to a major communicable disease emergency shall be managed using the National Incident Management System (NIMS) to include use of the Incident Command System (ICS)

	Level 1	Level 2 (in addition to Level 1 actions)	Level 3 (in addition to Level 2 actions)
EWU PD Incident Command	<ol style="list-style-type: none"> 1. Director of Public Safety (DPS) alerts the Emergency Management Team (EMT) of current status. 2. DPS coordinates with Environmental Health & Safety (EH&S). 3. Protocols established for monitoring all aspects of the outbreak. 4. DPS contacts all EMT members to advise them of current situation and request they review planning and preparations in their areas of responsibility. EMT placed on alert. 5. Maintain communications with Spokane County Regional Health District, City of Cheney, area Hospitals and WA State Health Dept. regarding coordinating, surveillance and continuance of planning activities. 6. Identify essential personnel, vendors & contractors for mission critical and essential preparations. 7. Communicate & coordinate status with EH&S on protective measures. 8. Provide status updates to EMT through DPS 	<ol style="list-style-type: none"> 1. EOC Director establishes guidelines and timeline for activation of EOC, if needed. 2. DPS notifies Emergency Management Team (EMT) of escalating level of emergency. 3. Assist with suspension of University and shutdown of all non-essential systems consistent with the degree of campus suspension determined by the EMT.* 4. Maintain communications with Spokane County Regional Health District, WA State Health Dept. and Regional Work Groups regarding escalating status of outbreak. 5. Coordinate with Residential Life & Dining Services to determine numbers of potential remaining students that may require isolation-quarantine. 6. Coordinate with MARCOM to ensure information management is appropriate and efficient <p>*It is critical that the decision to suspend classes and student activities is made early enough</p>	<ol style="list-style-type: none"> 1. Identify additional essential EMT personnel as needed to maintain EOC operations for the duration of the emergency. 2. Request support for EMT and EOC Operations as needed, from all University resources. 3. Coordinate with DPS in managing crisis and implementation of emergency plans. 4. Coordinate with EH&S to provide support to DPS as needed. 5. Serve as primary liaison with County, State and Federal Health Departments.

<p>EWU PD Incident Command</p>	<ol style="list-style-type: none"> 9. Update Response Plan with EMT as situation evolves. 10. Work with MARCOM to activate an appropriate communications plan 11. Monitor CDC Traveler’s Health recommendations for travel for staff and students 	<p>to help prevent disease transmission and allow students to get home before getting ill. EWU resources will be overwhelmed if the University is placed in a position of providing care for large numbers of ill students.</p>	
<p>Emergency Management Team (EMT): -As appointed</p>	<ol style="list-style-type: none"> 1. Receive regular updates from DPS 2. Identify essential personnel, vendors and contractors for mission critical and essential operations. Identify backups for these personnel. 3. Review and provide input into the Response Plan. 4. Check emergency communications links between EMT and EOC. 5. Direct all units to make preparations for possible suspension of University operations. 6. Identify emergency funding requirements and the review the potential overall financial impact of a major communicable disease outbreak on the University. 7. Consider restricting movement on and off campus for activities and athletic events. 8. Consider EWU students at the Riverpoint campus. 	<ol style="list-style-type: none"> 1. Evaluate information on institutional effects of the pandemic and set response priorities as appropriate. 2. Consider suspension of all university activities involving gatherings of people, including classes, group facilities, group transportation systems, events, and student activities, contingent upon characteristics of the disease including virulence and contagiousness. 3. Encourage essential personnel to take all appropriate precautions to protect themselves from exposure to the disease. 4. The EMT may want to establish multiple levels of suspension to meet University needs during this crisis. 5. Consider remote learning resources if campus classes are suspended 6. Support the EOC if activated 	<ol style="list-style-type: none"> 1. Consider sending all non-essential staff home 2. Activate Telework plan. 3. Provide oversight for communications to students, student’s families, staff, faculty, and the community to ensure accuracy and timeliness 4. Review degree of suspension of University as determined by EMT. 5. Adjust level as necessary to match current circumstances.

<p>Operations Vice Presidents, Provost, Department Heads</p>	<ol style="list-style-type: none"> 1. Identify essential personnel 2. Review and update Unit EM plan as needed. Check and update unit emergency communications procedures and information. Be sure department supervisors have updated information. 3. Review essential operations, processes, research etc. and determine what is critical to maintain during a suspension. Make any advance preparations necessary. 	<ol style="list-style-type: none"> 1. Receive direction from Emergency Operations Center (EOC) and distribute information to departments 2. Activate department EM plans as appropriate. 3. Implement suspension when and if directive is given, maintaining essential operations and securing department (unit) as needed. 4. Cease all non-essential functions consistent with degree of campus suspension determined by the EMT. 	<ol style="list-style-type: none"> 1. Assist Department (Unit) leadership during suspension of non-critical activities of unit and sending non-essential personnel home. 2. Assist unit leadership in maintaining essential operations.
<p>University Relations/ MARCOM</p>	<ol style="list-style-type: none"> 1. Activate a communication plan appropriate for this situation 2. Identify essential personnel, 3. Establish an audience matrix to determine who needs to be informed 4. Determine information resources needed to support the plan. 5. Determine how best to communicate with the audience 6. Provide accurate and timely information to staff, students, parents and others 7. Monitor social media 	<ol style="list-style-type: none"> 1. Continue implementation of the communication plan and other appropriate measures for this level 	<ol style="list-style-type: none"> 1. Continue implementation of the communication plan and appropriate measures for this level

<p>Student Affairs, Health, Wellness and Prevention Services</p> <p>Residential Life</p> <p>Dining Services</p>	<ol style="list-style-type: none"> 1. Review plans for housing of students who are unable to go home during suspension. 2. Identify essential personnel, vendors and contractors for mission critical and essential operations. 3. Coordinate with EH&S to train essential personnel on disease risks and personnel protection methods. 4. Ensure emergency response dining menu is planned for various degrees of need. 5. Work with vendors to stockpile additional food stuffs and other supplies as appropriate. 6. Ensure any alternations to the food delivery process to the campus is planned and delivery supplies are on hand. 7. Identify potential locations for sick students requiring isolation or exposed students requiring quarantine. 	<ol style="list-style-type: none"> 1. Enact plan for housing of remaining students: 2. Coordinate activities between Housing and Dining. 3. Enact emergency phone contact tree. 4. Maintain ongoing communications with the University community regarding signs/symptoms of illness and protocols for referral of suspected cases. 5. Identify campus venues for potential vaccinations and/or distribution of anti-viral medications. 6. Identify meal delivery needs and methods for remaining students. <p>NOTE: The Facilities Operations response does not include shutdown, mothballing, or limited operation of Housing and Dining facilities. Housing and Dining will require similar plans and protocols as Facilities Operations for their facilities.</p>	<ol style="list-style-type: none"> 1. Activate housing plan to isolate remaining sick students and /or quarantine exposed students in conjunction with guidance from the Incident Commander and the Spokane Regional Health District
<p>Risk Management</p>	<ol style="list-style-type: none"> 1. Review potential risk management and insurance issues. 2. Coordinate mitigation efforts 3. Coordinate with Global Learning 	<p>Activate any necessary risk management procedures.</p>	<p>Advise and assist EMT in managing incident.</p>

<p>Information Technology</p>	<ol style="list-style-type: none"> 1. Identify essential personnel 2. Review plans to maintain all essential services 3. Departments should review continuity of operations plans and request additional support from IT as needed 	<ol style="list-style-type: none"> 1. Assign support personnel to EOC communications when EOC is activated. 2. Establish remote call center capability 	<ol style="list-style-type: none"> 1. Support university functions as needed 2. Support Telework 3. Activate call center
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<p>Human Resources</p>	<ol style="list-style-type: none"> 1. Identify essential personnel in coordination with VP's 2. Communicate Telework options for as many staff as possible and as appropriate. 3. Communicate policies/procedures for employee sick leave absences unique to a pandemic disease 4. Communicate mandatory sick leave requirements for employees who are exposed to a pandemic disease, who are expected to be ill or who become ill on campus 5. Coordinate with Spokane Regional Health District 	<ol style="list-style-type: none"> 1. Prepare and distribute information regarding employee, employment or leave issues during University suspension. 2. Communications to include request for faculty and staff and their families that are infected to report cases to HR. 	<ol style="list-style-type: none"> 1. Operate an information line and maintain web site to answer questions regarding employment issues during suspension.
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<p>All University Colleges, Departments Divisions</p>	<ol style="list-style-type: none"> 1. Review and update unit Emergency Response Plan. 2. Develop internal policies and procedures for a unit infection control plan per directives from University. 3. Academic departments investigate alternative procedures that maintain continuity of instruction if the University is suspended. 4. Monitor designated University website for current directives and updated information regarding the University response to the pandemic. 5. All units should review or determine mission critical and essential operations and functions of their unit. 6. Identify essential personnel, vendors and contractors for mission critical and essential operations. 7. Develop plans and procedures for maintaining essential and mission critical operations during possible suspension of University operations. 	<ol style="list-style-type: none"> 1. Implement directives from EMT. 2. Report ongoing impacts of the pandemic on the operations and personnel in each department to the EOC as appropriate. 3. Support essential personnel in maintaining operations as needed. 4. Monitor essential personnel for signs of illness. Replace with backups as needed. 5. Maintain contact with non-essential personnel and those that are ill. Keep them informed of current University status. 	<ol style="list-style-type: none"> 1. Implement Telework options for all appropriate personnel. Provide support as necessary. 2. Identify and track financial impacts on unit caused by pandemic and university suspension.
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<p>Research</p>	<ol style="list-style-type: none"> 1. Identify essential personnel, vendors and contractors for mission critical and essential operations. 2. Department Chair identifies critical research areas & personnel with access to said research. 3. Communicate critical research areas and list of research personnel with Facility Operations, EOC and Police. 4. Provide training for critical research sites and personnel. 5. Department Chair coordinates developing a plan for their unit to address: Radiation safety – security, Biological material safety – security, laboratory access - equipment to be shutdown 6. Department Chair coordinator is responsible for test run of emergency plan – results to be shared with EOC. Redesign, retest as necessary. 	<ol style="list-style-type: none"> 1. EOC alerts Department Chair of pending suspension and level of suspension. 2. Department Chair alerts critical research areas and research personnel. 3. Department Chair implements plan for their unit. 4. Department Chair coordinates to ensure accuracy of critical research areas and personnel lists. Update with Police and Facility Operations as needed. 	<ol style="list-style-type: none"> 1. Dean/Chair coordinates working with Police, Facility Operations and EOC as needed.
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University Operations

In the event that a major medical emergency is declared the emergency may, with varying degrees, necessitate suspension of University operations. Should this occur, departments will need to have contingency plans in place in order to be able to respond to operational needs and personnel administration in an effective and timely manner. In developing these contingency plans, consideration should be given to the following:

1. Identification of essential functions;
2. Delegation of authority;
3. Communication/messaging plans;
4. Alternative work schedules;
5. Telecommuting;
6. Sending ill employees home;
7. Return to work processes;
8. Special duty assignments;
9. Paid Leave (Annual leave, compensatory time off, and personal holidays);
10. Compensation/Benefits

Identification of Essential Functions

Essential functions would be those functions/job duties that must continue during an emergency situation:

Examples: EWU police, Steam Plant operations, processing of departmental payroll/human resource management

The discharge of certain essential functions may be specific to the season, time of year, or month or may be dependent on other factors directly affecting the essential function(s).

Departmental Role:

1. Identify essential functions
2. Identify personnel who perform the essential functions and the minimum number of staff necessary to perform the essential functions;
3. Identify essential functions that may be done on a less frequent basis than would otherwise occur under normal conditions;
4. Identify non-essential functions (functions that can be suspended during the duration of an emergency event);
5. Identify secondary personnel who have skills and abilities to perform other functions.
Secondary personnel may include:
 - a. Employees in the same classification series as those who normally perform the function;
 - b. Employees who have previously performed the work and are currently employed elsewhere in organizations within the University; and
 - c. Employees who can be trained either in advance or on-the job if/when the need arises.

Delegation of Authority

Departmental Role:

1. Establish a management line of succession plan. (A line of succession provides a list of predetermined alternates for key leadership positions in each department, division or work unit.)
2. The personnel identified for the management line of succession should know the operations of the work unit;
 - a. Have the ability to effectively perform his/her duties with minimal or no supervision;
 - b. Clearly understand the scope of the powers and duties delegated to him or her; and
 - c. Clearly understand the constraints, if any, of the powers and authorities she or he will be delegated;
3. The line of succession plan should be updated whenever a pertinent staff change occurs. Communicate the names and order of succession of designated personnel to division and work unit personnel.
4. The management line of succession plan should clearly identify:
 - a. The names of designated personnel;
 - b. Their titles; and
 - c. How they can be contacted (phone, work cell-phone, pager, and/or email);
5. In the event no personnel identified for the line of succession are available, the department should have an alternate lines of succession plan that identifies other personnel who can assume the powers and duties outside of the work unit;
6. Departments should determine if those in the line of succession may need to be cross-trained in other areas in advance and provide such training where needed;
7. Departments should construct a method by which those in the line of succession will have access to information and needed items (i.e. computer passwords, calendars for employee approved time off, office keys, file cabinet keys, etc.).

Communication Plans

A key element in responding to any emergency situation is having effective and timely communication processes in place prior to the occurrence of the emergency situation. This will enable departments to provide clear, accurate, and meaningful communications to their employees at all levels within the department, other departments/individuals within the University, and to other related stakeholders.

Departmental Role:

1. Develop communication plans/processes that:
 - a. Provides accurate and timely information;
 - b. Encompasses all pertinent individuals within and outside the department;
2. Determine the type(s) of information that may need to be communicated to each affected “audience”. Effectively responds to the circulation of any conflicting information, misinformation, and/or rumors.

3. Communication resources:
 - a. Determine whether sufficient personnel will be available to carry out a sustained communications plan;
 - b. Prepare for resource contingencies by training extra staff for emergency communications responsibilities;
 - c. Identify and communicate to others which employees have authority to communicate directly with employees;
 - d. Communicate which employees have the authority to issue news releases or communicate with the media;
 - e. Schedule crisis communication training for all employees who will have a communications role;
4. Establish procedures that will ensure that technology such as networks and servers are readily available, tested, and backed up;
5. Ensure access to laptops, fax machines, and other hardware for appropriate personnel.
6. Communications needs:
 - a. Develop and regularly review the emergency communications plan with employees;
 - b. Familiarize key management with available communications resources;
 - c. Where possible, prepare basic templates and other communications materials in advance, and update them as needed;
7. Monitor the effectiveness of communication messages, vehicles, and timing and refine them as necessary.
8. Identify and communicate the department's critical functions and the employees who can perform them.
9. Ensure that authority (such as hiring or purchasing) is delegated to appropriate employees and that such authority is fully communicated.
10. Update employee phone lists, e-mail addresses, and phone numbers;
11. Develop/maintain employee emergency contact information.

Alternative Work Schedules

Alternative work schedules may be preferred or necessary during an emergency situation to enhance social distancing, operational and business continuity, and other emergency response goals.

Departmental Role:

1. Review normal business hours and work schedules to determine if they can be modified in a manner that best promotes social distancing, operational and business continuity or other response goals during an emergency;
2. Identify essential functions and non-essential functions that may be staffed with personnel on alternative schedules.
3. Ask for employees to volunteer to work hours other than their usual schedule.
4. Where certain work schedules cannot be staffed with volunteers, department management may direct staff to work the schedules necessary;
5. Whenever possible provide at least 24-hours advance notice for any work schedule changes;

6. Work with staff to minimize the impacts of decisions affecting schedule changes.
7. Rest and meal period requirements continue no matter what type of work schedule is assigned;
8. Alternative work schedules may be processed via email, fax, or telephone and shall also be formally documented;
9. When appropriate, employees may be assigned back to their regular work schedule.

Telecommuting

Telecommuting means that an employee is working one or more days each work week from home instead of commuting to his or her regular worksite. Telecommuting will not be appropriate for all employees and no employee is entitled or guaranteed the opportunity to telecommute.

Departmental Role:

1. Identify possible telecommuters as soon as possible and, where possible, make the necessary technological arrangements;
2. Consider a broader use of telecommuting than would be used for normal operations or other types of emergencies to accomplish social distancing for a major outbreak;
3. Identify essential functions that may be accomplished remotely and whether the person performing the function(s) needs access to all systems and applications or only email and/or voice communications;
4. Identify employees who are qualified for the provision of essential functions and determine their ability to telecommute and their current capacities;
5. Consider alternative work schedules for those authorized to telecommute to reduce peak demands on Information Technology systems;
6. Consider having a laptop computer that is pre-loaded with necessary software, which may be checked out on an emergency basis by employees who do not already have the necessary equipment to telecommute.
7. Telecommuting assignments may be processed via email or telephone.
8. Supervisors may require that an employee telecommute during a major outbreak:
 - a. Any requirement to telecommute shall be communicated to the affected employee(s) as soon as possible;
 - b. Any requirement to telecommute shall be documented;
 - c. Supervisors may document the change via email, memorandum, fax or other documented method.
 - d. Employee initiated requests to telecommute will be approved or denied by the employee's supervisor;
9. Telecommute agreements shall, at a minimum, include the following:
 - a. Designated times for meal and rest breaks;
 - b. The supervisor may terminate the telecommute agreement at any time;
 - c. Other requirements/expectations, i.e. appropriate use, call-in requirements, advanced approval of additional expenses, return of University equipment/data, etc.;
10. Reference EWU Human Resource Code

Sending Ill Employees Home

As a safety consideration, management should look to the physical well-being of its employees and whether the health of fellow employees is endangered by the health of an ill employee. Such is the case where an employee is exhibiting symptoms of a major communicable disease because an ill employee may endanger the health of fellow employees. If an employee who is staffing operations appears to be ill the employee may be required to leave the workplace.

Departmental Role:

1. Supervisors will secure approval of their manager or director and FIRS prior to sending an ill employee home;
2. Judgments will not be made as to medical diagnosis but may rely on observations of an employee's symptomology in making a determination to send an employee who appears ill home;
3. Employees who are sent home because of a major communicable disease may use their sick leave accruals, vacation accruals, compensatory time off accruals or may request approval for leave without pay if their paid leave accruals are depleted;
4. If an employee is sent home the employee may be eligible to use the Guaranteed Ride Home benefit and take a taxi home;
5. The supervisor may require the employee to provide medical certification/return to work verification prior to the employee resuming his/her duties in the workplace.

Return to Work Procedures

As a result of a major communicable disease emergency event, employees may be directed to leave the work place. Employees who are directed to leave the workplace must have prior approval from his/her supervisor before returning to the workplace.

Departmental Role:

1. Develop return to work procedures, which should include:
 - a. Who the employee is to contact;
 - b. When the employee may return to the workplace;
 - c. What location the employee should return to;
 - d. Work schedule and shift, and specific work assignments, if different from the employee's regular assignment(s);
2. An advisement that the employee may be required to provide medical certification/return to work verification prior to the employee resuming his/her duties if ill or injured during his/her absence from work.

Special Duty Assignments

A special duty assignment is defined as a temporary assignment of an employee to an existing higher-level classification when the higher-level duties and responsibilities comprise the majority of the work performed. Only in the event that an employee is assigned to higher level duties will they be paid special duty pay.

Special duty pay is not appropriate where an employee is simply assigned different duties which are not higher level duties or where an employee is simply assigned to work in a different work unit if the work performed is not at a higher level.

Employees may be assigned to perform duties of an equal or lower classification, without reduction in base pay.

Departmental Role:

1. Identify areas where special duty assignments are expected to occur;
2. Administer special duty pay in accordance with the following:
 - a. WAC 357.19.435 thru WAC 357.19.455; WAC 357.28.110;
 - b. Appropriate collective bargaining agreement for bargaining unit employees.

Paid Leave

A major communicable disease emergency event may have a significant impact on the utilization and/or granting of annual leave, compensatory time off, and/or personal holidays (paid leave). In the event of a business necessity, supervisors may deny requests to use paid leave or rescind previously approved/scheduled paid leave.

Departmental Role:

1. Maintain an updated calendar of all approved time off and provide access to that calendar for those in the management line of succession;
2. Deny/rescind paid leave requests based on business necessity;
3. Provide notice as soon as possible that a potential staffing shortage may require that the employee report to work;
4. Prior to denying a request to use paid leave or rescinding previously approved paid leave, the supervisor should attempt to staff the unit or project through other available means (i.e., seek available staff to perform the work).
5. Rescission of an employee's leave which is already in progress shall be reasonably based upon the employee's ability to report to work, e.g. it would be reasonable to require that an employee who is on vacation at home report to work but unreasonable to require that an employee who is on vacation out of the country report to work.
6. When rescinding paid leave, the supervisor shall have actual contact with the employee to ensure that the employee received the directive to report to duty.
7. Rescission of paid leave should be confirmed in writing;
 - a. Example: an email exchange between the employee and the supervisor or a letter from the supervisor to the employee in which the employee acknowledges receipt is acceptable contact;
 - b. a message left on an employee's home telephone message recorder is not an acceptable contact, unless the message was left and employee returned the call acknowledging the directive.
8. Should the need for an employee to work result in the employee going beyond the maximum annual leave accrual amount, the Appointing Authority may submit a recommendation to Human Resource Services that the employee be allowed to carry over annual leave;

9. Should rescission of compensatory time off occur, the Appointing Authority may submit a recommendation to Human Resource Services that the employee be allowed to carry over accrued compensatory time,
10. Unused accrued compensatory time will be paid to the employee prior to year end.

Figure 1

Planning Regions

