Emergency Management

Plan Template V1.0. (Updated 02/28/2022)

Emergency Operations Plan Annex 4

Outbreak Response Plan

Revision Date: 08/22/2022

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THIS IS A TACTIAL LEVEL DOCUMENT
It **describes operational procedures and actions to achieve program** plan objectives

and A PREPAREDNESS COMPONENT of the EM Program
It describes training, preparedness, or prevention activities

i. Overview

The activities in this plan fulfill Emergency Management (EM) Program requirements found in University System of Maryland (USM) policy. See VI–13.00 -- Policy on Campus Emergency Planning, Preparedness, and Response. This plan also meets requirements from Maryland General Assembly Senate Bill (SB) 329 (Olivia's Law). This law requires each public institution of higher education in Maryland to submit an updated Outbreak Response Plan to the Maryland Department of Health (MDH) on or before August 1 of each year.

The Outbreak Response Plan is designated as Annex 4 of the UMBC Base Emergency Operations Plan (EOP). This plan is a TACTICAL level, PREPAREDNESS component of UMBC's EM program. The Base EOP serves as our institutional framework for coordinating all emergency management activities. Annexes can be used independently from the Base OEP as stand-alone program plans.

The President, as the Chief Executive Officer for the University, retains final authority and responsibility for the protection of individuals, facilities, and infrastructure as well as business, academic, and research continuity. UMBC's Emergency Manager is responsible for leading preparedness, response, recovery, and mitigation efforts across the UMBC community, and coordinating procedures to meet the requirements of this policy.

This is not an emergency response tool. This plan is a means of documenting institutional knowledge to assist with readiness. We will use this plan to develop simplified checklists, guides, and other tools to save lives and safeguard property during an actual incident.

This document uses hyperlinks to navigate the plan. To jump to a specific section in electronic form, click on any section in the Table of Contents. Click the UMBC banner at the top of any page to return to the Table of Contents.

Review this plan fully before making revisions. Familiarize yourself with the main sections to understand how information is structured. Meet with subject-matter experts to include accurate, up-to-date information.

ii. Applicability

This plan and the procedures stated herein apply to the UMBC campus and to UMBC affiliate locations to include: Universities at Shady Grove (USG); Lion Brothers Building; Columbus Center; BWTech South; BWTech North; OCA Mocha; and Choice/Shriver Center, Hyattsville. This plan may also apply to other locations or entities that are not formally affiliated with UMBC but are occupied by UMBC community members.

iii. Approvals

The Division of Student Affairs (DoSA) and Retriever Integrated Health (RIH) are the primary administrators of this plan. Processes stated in this document are intended to facilitate public health activities in response to potential or actual infectious disease outbreaks impacting the UMBC campus and affiliate locations. Processes also describe coordination with MDH and other local health departments.

The University's Emergency Manager is the individual designated to oversee our emergency planning. This includes prevention, preparedness, response, recovery, and continuity of operations. This individual is empowered by the UMBC President to execute the emergency management program based upon guidance from national, state, and local directives, including the University System of Maryland, and has the authority to amend this plan. The University's Emergency Manager is ready to support each College, Division, and affiliate with the tools, training, and services necessary to meet the objectives of this plan and the needs of the UMBC community.

This plan was designed with input and direction from the whole community of University stakeholders. We will update this plan at least annually or as necessary based on the changing needs of the University. UMBC will provide updates to this plan to MDH on or before August 1 each year. This version supersedes all others and accounts for the most current practices. For any questions or recommendations please contact:

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9/23/2022 | 8:47:30 AM PDT

Dr. Nancy D. Young , Vice President for Student Affairs — Date

9/23/2022 | 10:45:23 AM EDT

Dr. Kim Leisey, Sr. Associate Vice President for Student Affairs — Date

9/16/2022 | 11:11:14 AM EDT

Dr. Bruce Herman, Director, Retriever Integrated Health — Date

9/16/2022 | 10:58:19 AM EDT

John Schaible, Emergency Manager, UMBC Police Department — Date

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Part 1. Introduction

Olivia's Law (see Attachment 1) requires UMBC to implement response actions in this plan when there is a contagious disease outbreak on the UMBC campus or at an affiliate location.

A. Purpose

The University may use this plan to initiate follow-up investigations for reports of infection from UMBC community members and coordinate with state and local departments of health.

B. Objectives

This plan describes how we meet the following objectives:

1. Increase community readiness for public health emergencies. Products and services will account for diversity, accessibility, and functional needs so no one is left behind.
2. Mitigate negative impacts of infectious disease outbreaks. We will take immediate action in response to public health threats. We may not be able to prevent every hazard. But, to the best of our ability, we will seek to reduce the severity of incident impacts. We will focus on mitigation when developing response objectives.
3. Notify response partners and the UMBC community. We will provide timely updates to state and local departments of health. We will expediently notify students, families of students, faculty, and staff. We will ensure subpopulations that are at high risk of severe complications receive warning and instructions.

C. Planning Assumptions

The following planning assumptions provide context to the purpose of this plan:

1. Most outbreaks will not create a public health crisis. Seasonal outbreaks of common infectious diseases are expected and will not require activation of the UMBC Contact Response Team (CRT).
2. The CRT may coordinate response. If outbreaks create wider safety concerns or impact University operations, the University may activate the CRT to coordinate response actions and mitigate community impacts.
3. Appropriate actions shall occur as soon as practicable. Effective response is dependent upon RIH receiving timely reports and accurate information from the UMBC community.

D. Guiding Principles

The following are general statements of how objectives will be met:

1. Define contagious diseases for reporting. For the purpose of reporting potential exposure, "contagious disease or virus" is defined as: human immunodeficiency virus; meningococcal meningitis; tuberculosis; mononucleosis; any form of viral hepatitis; diphtheria; plague; hemorrhagic fever; or rabies. Others may be included based on risk assessments for diseases most likely to impact our community (see Part 4.D.).
2. Reporting will be voluntary and confidential. Community members may self-report tests, exposures, or symptoms. Non-UMBC members (e.g. parents or partners) may also submit reports. Reports shall be voluntary, cannot be anonymous, and must, as much as possible, maintain privacy and confidentiality. Information collected will not link to the University's data warehouse.

3. Reporting will only be used to facilitate response. State and local departments of health conduct formal investigation and contact tracing. RIH may conduct follow-up investigation with individuals who submit reports in support of campus health. This may include clarifying specific information reported by individuals or requesting additional information to make decisions about impacts on campus health. RIH may supply this information to appropriate agencies, as necessary.

E. Activities and Requirements

Olivia's law requires the following processes be in place:

1. Staffing Measures. Staffing requirements to successfully implement this plan during an outbreak of a contagious disease are described in Part 2.
2. Reporting Measures. Reporting measures provide a process for reporting an outbreak of a contagious disease to MDH, campus health providers, local community health providers, and regional hospitals. These also include other public health reporting measures required by MDH. Reporting measures are described in Part 4.
3. Response Measures. Processes for implementing evidence-based response are described in Part 4.
4. Notification Measures. Notifications measures provide a process for expediently notifying students, families of students, faculty, and staff of: a) the outbreak of a contagious disease; b) subpopulations at high-risk of severe complications; c) guidance on how students, families of students, faculty, and staff can take reasonable protective measures; and d) information on the availability of laboratory testing for students, faculty, and staff. Part 4 of this plan describes notification measures.
5. Additional Measures. These are other measures required by MDH or other local health departments. UMBC will add additional health department requirements to future revisions of this plan when received.

F. Terms and Definitions

The following terms and definitions apply to this document:

Figure 1.5. Terms and Definitions

Term	Definition
CCOT	Case and Contact Outreach Team. RIH and/or other UMBC staff assigned to investigate case reports and determine potential impacts.
Contagious Disease	SB 329 defines a "contagious disease" as: human immunodeficiency virus; meningococcal meningitis; tuberculosis; mononucleosis; any form of viral hepatitis; diphtheria; plague; hemorrhagic fever; or rabies. We may include others based on risk assessments for diseases most likely to impact our community.
CRT	Contact Response Team. This team mirrors the UMBC Incident Management Team (IMT) with a narrower focus on responding to outbreaks of contagious disease impacting UMBC's physical campus or operations.
Term	Definition

EMAG	The Emergency Management Advisory Group. When activated, the Executive Preparedness Group transforms into the core EMAG during an actual incident or crisis. They advise the University President, support response objectives, and coordinate with USM. Others may be added to an extended EMAG as needed.
EOP	Emergency Operations Plan. The Base EOP explains our EM framework and must be updated at least annually. Appendices and annexes detail EM program elements.
EOP Annexes	Annexes can be used independently from the Base EOP as stand-alone plans. They are coordinated agreements between one or more department that fulfills a specific purpose. Expect these to remain stable unless significant program changes occur.
Impact	A harmful consequence resulting from an actual incident or disruption.
IMT	Incident Management Team. Activated to oversee response and recovery actions for physical incidents and achieve the Incident Commander's stated objectives.
Incident	The actual occurrence of a specific type of physical hazard.
Incident Command	The Incident Commander has overall authority and responsibility for management of incident operations. This includes establishing and overseeing accomplishment of incident response objectives.
Mitigation	Actions taken to reduce the severity of impacts from an actual incident.
Olivia's Law	SB 329/HB 187. Named for Olivia Paregol, the University of Maryland student who died from an adenovirus, the legislation requires colleges and universities to create plans to address the outbreak of infectious diseases.
Screening Team	A component of the Crisis Management Plan, the Screening Team evaluates reports of potentially negative events that may constitute a crisis.

G. References

Requirements from the following guidance and resources apply to this document:

1. USM VI–12.00. Policy on Emergency Conditions: Cancellation of Classes and Release of Employees (May 1, 1992).
2. USM VI–13.00. Policy on Campus Emergency Planning, Preparedness, and Response (April 21, 2017).
3. USM VI–21.00. Policy on Crisis Management (November 22, 2019).
4. NFPA 1600. Standard on Continuity, Emergency, and Crisis Management (March 12, 2019).
5. FEMA Guide. Developing High-Quality School Emergency Operations Plans (June 2013).
6. U.S. Department of Education Handbook. Campus Safety and Security Reporting (June 2016).
7. SB 329/HB 187. Olivia's Law. Maryland General Assembly. Education, Health, and Environmental Affairs, 2020 Regular Session - Third Reader (October 1, 2020).

-- End of Part 1 --

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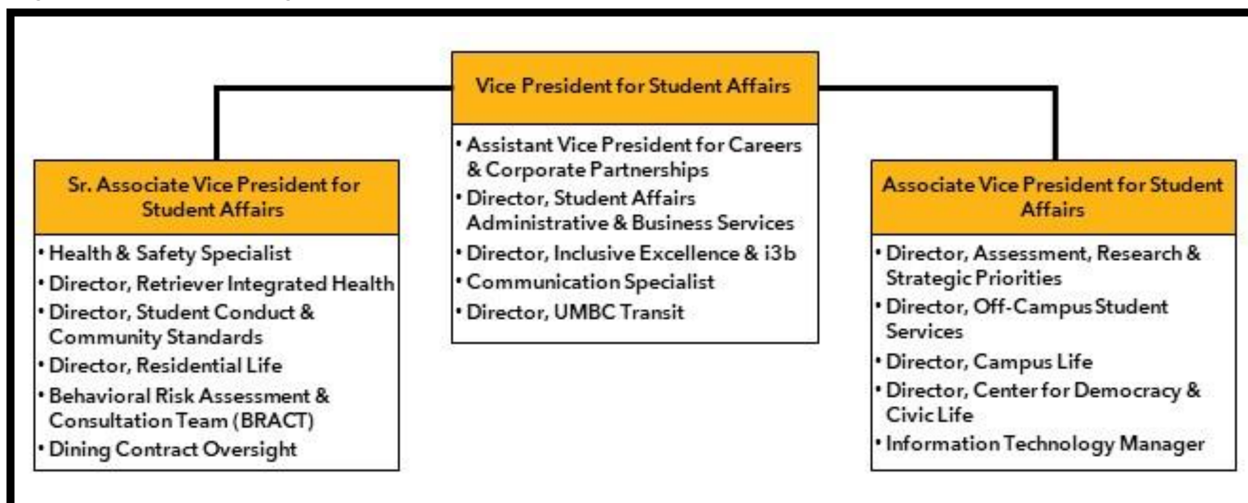
Part 2. Roles and Responsibilities

DoSA manages infectious disease response activities prior to CRT activation.

A. DoSA staffing and organization

DoSA includes several offices critical to outbreak response to include RIH, campus life, transportation, and off-campus student services. DoSA response activities and staff may merge into CRT Operations as needed.

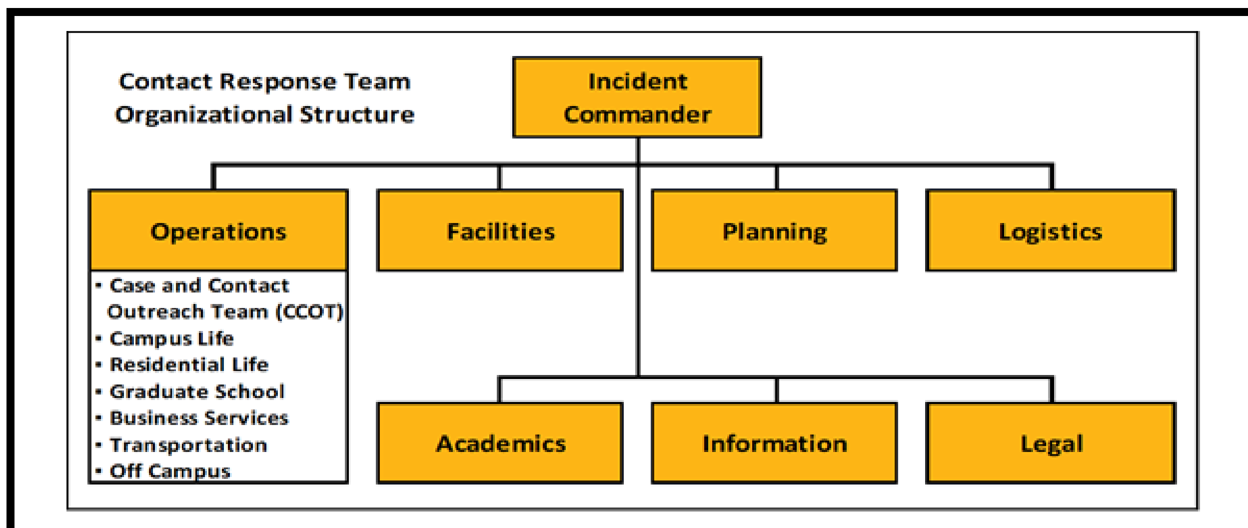
Figure 2.1. DoSA Organizational Chart



B. CRT staffing and organization

CRT roles and responsibilities mirror those on the UMBC Incident Management Team (IMT) with a narrower focus on responding to outbreaks of contagious disease. The CRT may include the following positions and may expand based on outbreak conditions.

Figure 2.2. CRT Organizational Chart



1. The Incident Commander leads the Team and makes final determinations for case investigations based on recommendations from RIH and other team members. The

UMBC Chief of Police is designated by the University President as the Incident Commander for public safety or physical security incidents. The University President may designate other another individual as Incident Commander for public health emergencies as needed.

2. The Operations Leader oversees follow-up investigations and manages response to impacts on campus life, residential life, graduate schools, student business services, transportation, and off-campus residences. Normally, the Senior Associate Vice President for Student Affairs will act as the Operations Leader unless this role is otherwise delegated.
3. The Facilities Leader oversees mitigation actions such as targeted sanitation of buildings, and also manages other infrastructure-related activities for response. Normally, the Associate Vice President, Facilities Management, will act as the Facilities Leader unless this role is otherwise delegated.
4. The Planning Leader coordinates policy, procedures, and plans between the CRT and other campus work groups and oversees organization and tracking of reports. Normally, the UMBC Emergency Manager will act as the Planning Leader unless this role is otherwise delegated.
5. The Logistics Leader coordinates access to and use of Personal Protective Equipment (PPE) and other resources necessary for mitigation. Normally, the Director, Environmental Safety & Health, will act as the Logistics Leader unless this role is otherwise delegated.
6. The Academic Liaison ensures the unique needs of each school and college are represented in response planning and that response requirements are communicated to faculty. Normally, the Vice Provost for Academic Affairs will act as the Academic Liaison unless this role is otherwise delegated.
7. The Information Leader coordinates communications and messaging strategy. Normally, the Director, Community Engagement, Office of Institutional Advancement, will act as the Information Leader unless this role is otherwise delegated.
8. The Legal Officer ensures team activities align with existing University policy as well as applicable Federal, state, and local regulations. The Office of the General Counsel will designate a team member for this role.

-- End of Part 2 --

Part 3. Case Management

Effective management of cases is dependent on timely detection and follow-up.

A. Detection

Detection occurs when RIH receives a report from a UMBC community member (hereafter referred to as a "reporter"). Reporting includes the following assumptions:

1. Reports cannot be anonymous. Required information may include first and last name, phone number, and E-mail address, and the reporter's primary role (e.g. student, staff, faculty, contractor, parent, visitor, or other).
2. Additional information may be requested. This allows reporters to provide specifics about locations that may be impacted.
3. Confirmation. This explains how and when follow-up can be expected and provides information that is appropriate to the reporter's primary role.
4. Access to reports will be controlled. This may be accomplished through the use of secure folders at https://umbc.account.box.com/. Access to report information will be controlled and shared only with required staff members.

B. Follow-Up

RIH contacts reporters to provide direct support and referrals. RIH follow-up does not constitute contact tracing which is the responsibility of health departments.

1. RIH follow-up. RIH may conduct follow-up investigation with individuals who submit reports in support of campus health. Follow-up means clarifying specific information reported by individuals or requesting additional information to make decisions about impacts on campus health.
2. Specific information for follow-up. Actions may include interviewing reporters, monitoring their symptoms, eliciting their on-campus close contacts, verifying vaccination status, connecting them to resources, and forwarding information to appropriate health departments, as necessary.

-- End of Part 3 --

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Part 4. Response Measures

Outbreaks require processes for implementing evidence–based response measures. Follow-up assists DoSA leaders in determining which reports need to be forwarded to appropriate health departments and which need to be escalated for University action.

A. University Response

Initial RIH follow-up to confirm reports may be the only response required, or additional coordination may be needed.

1. Case and Contact Outreach Team (CCOT). An infection reported prior to testing confirmation may be referred to as a “presumed positive case.” An infection confirmed through testing is referred to as a “positive case.” RIH and/or other UMBC staff assigned to the CCOT may investigate presumed and positive case reports to determine potential impacts on campus or affiliate locations. The CCOT may also coordinate treatment measures and/or referrals.
2. Report Escalation. The CCOT reports follow-up to DoSA leaders. The Vice President for Student Affairs (or designee) may determine impacts on campus warrant escalation to the University’s crisis management Screening Team. The Screening Team is responsible for reviewing potentially negative events that may constitute a crisis for UMBC (see EOP Annex 2: Crisis Management Plan).
3. Emergency Management Advisory Group (EMAG) activation. Based on CCOT and other expert recommendations, the Screening Team may determine the outbreak constitutes an emergency for the University and may recommend activating the President’s Emergency Management Advisory Group (EMAG) to provide response oversight.
4. Crisis Management Plan activation. The EMAG may activate UMBC’s Crisis Management Plan. This would include developing crisis communications strategies and messages to communicate with UMBC’s internal and external stakeholders.
5. CRT Activation. The CCOT may determine that an outbreak has wider impacts to UMBC’s physical campus and/or operations that they cannot manage alone. Based on CCOT and other expert recommendations, the EMAG may activate the CRT. This team coordinates interdepartmental response and mitigation for the whole UMBC community, and coordinates with the Crisis Communications Team for response messaging. CRT actions may include testing, isolation, quarantine, and transportation as appropriate for the outbreak.
6. Residential Students. RIH coordinates with the Office of Residential Life (ORL) to determine impacts on residential students. If activated, the CRT may coordinate with other departments to support impacted residential students. This may include coordinating on-campus quarantine or isolation activities as well as dining services and other residential student support.
7. Non-residential community members. RIH will provide appropriate follow-up to commuter students, faculty, staff, contractors, or visitors. If activated, the CRT may coordinate with other departments as needed to mitigate impacts on these groups.

8. Referral to the appropriate health department. RIH may refer report information to appropriate health departments to support case investigation and potential contact tracing. RIH will maintain a secure means of communicating with health departments.

B. Disease-Specific Response Measures

For the purpose of reporting potential exposure, "contagious disease or virus" is defined as: human immunodeficiency virus; meningococcal meningitis; tuberculosis; mononucleosis; any form of viral hepatitis; diphtheria; plague; hemorrhagic fever; or rabies (SB 329 specifies these, under the section titled "Analysis," second paragraph of the subsection titled "Current Law/Background;" see Attachment 1). Others may be included in this list based on risk assessments for diseases most likely to impact our community. The table below indicates high-risk populations and links to guidance.

1. Mitigation. Mitigation, in this context, means taking actions to reduce the harm caused by an outbreak. UMBC may be unable to prevent the continued transmission of a disease, but the University can take action to reduce the severity of its impacts. This is the CRT's purpose; to reduce the harm caused by the impacts of an outbreak.
2. Resolution. Resolution occurs when teams complete all referral, notification, mitigation, and support actions. Resolution my occur for a particular case report, for a specific impacted group, or after the CRT determines there are no impacts on campus or affiliate locations and all reporters have received appropriate support.

Figure 4.1. Disease-Specific Response Measures

Disease	High Risk Populations	Link to Guidance
Monkeypox	MSM and close contact/intimate partners	https://www.cdc.gov/poxvirus/monkeypox/index.html
COVID-19	All students, staff, faculty, and visitors.	https://www.cdc.gov/coronavirus/2019-ncov/index.html
HIV	Sexually active, IV drug users.	https://www.cdc.gov/hiv/basics/index.html
Meningococcal Meningitis	Residential students.	https://www.cdc.gov/meningitis/index.html
Tuberculosis	International and residential students or those in high-density housing.	https://www.cdc.gov/tb/
Mononucleosis	Residential and commuter students.	https://www.cdc.gov/epstein-barr/about- mono.html
Viral Hepatitis	Dining facility customers (if the source is identified).	https://www.cdc.gov/hepatitis/abc/
Diphtheria	Residential students and persons unvaccinated for diphtheria.	https://www.cdc.gov/diphtheria/index.html
Plague	Animal handlers, field workers, and others with recent travel to western states.	https://www.cdc.gov/plague/
Hemorrhagic Fever	Travelers to Africa.	https://www.cdc.gov/vhf/index.html
Rabies	Animal handlers, field workers, certain lab workers.	https://www.cdc.gov/rabies/

C. Notifications

UMBC will target notifications to the extent possible. UMBC will not be able to notify the entire community of every reported infection. When needed, notifications will not include the name of the unwell individual. Modes of notification may include University E-mail, social media posts, website updates, MyUMBC alerts, or the DoSA family newsletter. When activated, the Crisis Communication Team will oversee University communications strategies.

1. Internal and External Administrative Notifications. Prior to community-wide or targeted notifications to at-risk populations, University officials may coordinate within and between schools/colleges/divisions and external partners. The Director, RIH, will notify DoSA leadership and campus health providers. The RIH Medical Director will notify MDH, local health departments, and any regional hospitals that may be in receipt of a UMBC community member patient.
2. Initial Community Alerts. In the beginning phases of an outbreak, the University may provide the entire UMBC Community with situational awareness information and cautionary guidance.
3. Targeted Community Notifications. UMBC may provide more specific information to community groups that are at higher risk from a contagious disease. Messaging may identify at-risk or higher-risk groups and provide them with more specific instructions. However, the more targeted notifications are, the greater potential for missing individuals who may be at risk. RIH may use record searches to the extent possible to target the most appropriate audiences.
4. Protective Guidance. Initial alerts and targeted notifications may recommend reasonable protective actions for the entire community and more specific protective actions for at-risk groups. This may include links to Centers for Disease Control and Prevention (CDC) instructions and to local health departments. Protective guidance may also include resources to support self-isolation or self-quarantine actions.
5. Testing Guidance. RIH may provide information on the availability of on-campus and off-campus laboratory testing for students, faculty, and staff. Guidance may also include instructions for reporting test results to RIH.
6. Notifying USM. The Office of the President is responsible for notifying USM when the EMAG activates the crisis management plan for life, safety, and health of System students, staff, and faculty engaged in institutional activities. In the event of such a crisis, immediate notification to the Chancellor and the Vice Chancellor for Communications is to happen as soon as is practical under the circumstances, even if all the facts and considerations are not yet known (see VIII-21.00 Policy on Crisis Management).

-- End of Part 4 --

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Attachment 1: SB 329 (Olivia's Law)

This bill requires UMBC to submit an Outbreak Response Plan to MDH by August 1 each year.

Figure A1.1. SB 329: Public Institutions of Higher Education – Outbreak Response Plan (Olivia's Law) Page 1

SB 329

Department of Legislative Services
Maryland General Assembly
2020 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 329 (Senators Waldstreicher and Rosapepe)
Education, Health, and Environmental Affairs Appropriations

Public Institutions of Higher Education – Outbreak Response Plan (Olivia's Law)

This bill requires each "public institution of higher education" to submit a specified outbreak response plan to the Maryland Department of Health (MDH) by August 1 each year beginning in 2021. If there is an outbreak of a contagious disease at a public institution of higher education, the institution must implement the outbreak response plan.

Fiscal Summary

State Effect: Higher education expenditures increase beginning in FY 2021 for public institutions of higher education to prepare and then implement the required plans. The amount of such expenditures depends in large part on the measures required by MDH but may be significant. Revenues are not affected.

Local Effect: Local community college expenditures increase beginning in FY 2021 to prepare and then implement the required plans, as discussed below. Revenues are not affected. **The bill may impose a mandate on a unit of local government.**

Small Business Effect: None.

Analysis

Bill Summary: "Public institution of higher education" means (1) a public senior higher education institution, as defined in § 10-101 of the Education Article (an institution within the University System of Maryland (USM), Morgan State University, and St. Mary's College of Maryland) and (2) a community college. "Public institution of higher education" does not include an institution without residential housing or a health center.

Figure A1.2. SB 329: Public Institutions of Higher Education – Outbreak Response Plan (Olivia's Law) Page 2

An outbreak response plan must be customized to the public institution of higher education and include (1) a process for expediently notifying students, families of students, faculty, and staff about the outbreak and providing them with related information; (2) processes for implementing evidence-based outbreak response measures; (3) the provision of staff to successfully implement the outbreak response plan; (4) a process for reporting an outbreak to specified entities; and (5) any other measure required by MDH.

Current Law/Background: There is no requirement for public institutions of higher education to develop and implement outbreak response plans. Under USM bylaws, each constituent USM institution must develop and maintain a campus emergency management program to prepare its campus community in the event of an emergency or incident, mitigate measures to reduce loss of life and property, respond to and recover from emergencies, and maintain campus mission essential functions. As part of this program, each USM institution must conduct an annual risk assessment that reviews a comprehensive range of threats, including pandemic diseases.

For purposes of reporting potential exposure to a contagious disease, "contagious disease or virus" is defined under the Health-General Article to mean human immunodeficiency virus, meningococcal meningitis, tuberculosis, mononucleosis, any form of viral hepatitis, diphtheria, plague, hemorrhagic fever, or rabies.

In fall 2018, more than 40 students at the University of Maryland, College Park Campus were sickened with adenovirus, with 15 students treated at hospitals. One student passed away, with adenovirus listed as one of the causes of death.

In 2019, New Jersey passed legislation requiring long-term care facilities to submit outbreak response plans to the state's health department following a deadly adenovirus outbreak at a long-term care facility for severely ill children in which 11 children died.

State Expenditures: Higher education expenditures increase beginning in fiscal 2021 for each of the public senior higher education institutions and Baltimore City Community College (BCCC) to prepare the required outbreak response plan (each institution's initial plan must be submitted within the first month of fiscal 2022). Some institutions may be able to prepare the outbreak response plan with existing staff; others may need a consultant/contractual support to do so. In large part, these expenditures will depend on the measures required by MDH and the timeframe remaining before required submission of the plan. Expenditures also increase to the extent the outbreak response plan must be implemented at any of the institutions. For example, if "contagious disease" is interpreted to include a wide variety of diseases, including influenza, expenditures may be significant. Expenditures also vary based on emergency response plans already in place and the size of the student body at each institution. BCCC is only affected to the extent its counseling center is considered a health center.

SB 329/ Page 2

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Figure A1.3. SB 329: Public Institutions of Higher Education – Outbreak Response Plan (Olivia's Law) Page 3

Local Expenditures: To the extent local community colleges have residential housing and/or a health center, local community college expenditures increase beginning in fiscal 2021 to prepare (and submit) the required outbreak response plans. Actual expenditures depend on the measures required by MDH, as discussed above. Expenditures may also increase to the extent the outbreak response plan must be implemented.

Additional Information

Prior Introductions: None.

Designated Cross File: HB 187 (Delegate Pena-Melnyk, *et al.*) - Appropriations.

Information Source(s): Maryland Higher Education Commission; Maryland Department of Health; University System of Maryland; St. Mary's College of Maryland; *Washington Post;* Department of Legislative Services

Fiscal Note History: First Reader - January 24, 2020
rh/jc Third Reader - March 16, 2020
Revised - Amendment(s) - March 16, 2020

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SB 329/ Page 3

-- End of Attachment 1 --

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Attachment 2: Summary of Changes

The following list of approved changes have been made to this document.

Figure A2.1. Summary of Changes

Date	Page and Section	Describe changes made and approval status
8/1/2021	N/A	Initial draft completed (approved).
8/8/2022	Page 9, Section 4.B.	Added COVID-19 and Monkeypox CDC guidance to Figure 4.1. (in draft).
8/22/2022	Page 8, Section 2.A. Figure 2.1.; Page 9, Section 2.B.1. – 8.; Page 11, Section 4.A.2. – 5.; Page 12, Section 4.B.1.; Page 13, Section 4.C.6.	VP, DoSA revisions completed (in draft): Updated DoSA org chart; included positions titles for CRT leads; added information on report escalation to crisis management Screening Team, EMAG and CRT activation; defined mitigation; added USM notification requirements.
MM/DD/YYYY	N/A	Updates approved, signed by VP, DoSA (approved).
MM/DD/YYYY	Page **Page**, Section **Section**	**Change description** (**Select…**).

-- End of Attachment 2 --

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-- End of Document - Nothing Follows --