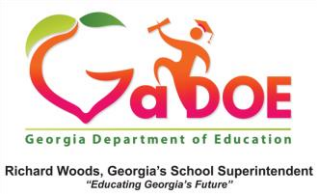
Pandemic Planning: Information for Georgia Public School Districts



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

GEORGIA DEPARTMENT OF EDUCATION

Pandemic Planning:
Information for Georgia Public School Districts

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GEORGIA DEPARTMENT OF EDUCATION
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Introduction

This manual was prepared by the Georgia Department of Education (GaDOE) with support and guidance from public health resources to assist local school administrators and staff in developing pandemic plans for their respective school districts. Public health authorities conclude the probability of a pandemic has increased markedly in recent years.

A distinction should be made between an epidemic and a pandemic. An epidemic is a disease that temporarily is prevalent in a community or throughout a large area. A pandemic is a global outbreak.

Detailed information and suggestions for local plan development is provided in this document. *It should be noted that while these guidelines focus on a pandemic, many of the prevention and operational plans could be applied to an epidemic event.*

During times of crisis, schools rely heavily on the assistance of local community responders and agencies, particularly local boards of health. Relationships with these groups need to be established and cultivated long before a crisis occurs. Working with local agencies before the onset of a pandemic will decrease fear, anxiety, and confusion and improve the response during a crisis. The GaDOE encourages all school districts to collaborate with their local emergency management coordinators, their local public health officials, and other community stakeholders to create a plan to assure a comprehensive and effective response.

This document includes information about on-line training sessions from the Federal Emergency Management Agency called the National Incident Management System (NIMS). NIMS developed on-line training sessions for school administrators and other school staff, as well sessions on basic Incident Command Center operations. The framework of any emergency plan, including pandemic planning, should include the operational principles detailed in the NIMS training sessions.

This document includes specific considerations and samples to consider when developing a pandemic plan: prevention and education; access control; surveillance and screening; infection control and precautions; communication methods for staff, parents, and community; school activities and operations; local and state responsibilities; recovery and resources.

Disclaimer

This document is for general informational purposes only and should not be construed as advice or requirements or mandates concerning any specific circumstances. The information, samples, templates, tips, and techniques provided in this manual are intended solely as examples of practices, do not impose or imply legal or regulatory requirements, and may not apply to all situations based upon circumstances. This document does not substitute for any law, Georgia Department of Education policy or procedure, or any Georgia State Board of Education rule or Georgia Department of Public Health guidelines or regulations, GEMA standards, CDC or other public health messages or guidance.

Background and History

The first recorded influenza pandemic was in 1510, when an influenza virus spread throughout Africa and Europe. Epidemiological historians believe other influenza pandemics occurred between the 16th century and the 19th century, but the details are unclear.

The Asiatic Flu was first reported in May of 1889 in Russia. It spread rapidly west and reached North America in December of 1889. In 1890, it spread to South America, India, and Australia. This influenza pandemic was caused by the H2N8 type of flu virus and had a very high attack and mortality rate.

The Spanish Flu lasted from 1918-1919. It was first identified in March of 1918 in United States military personnel at Camp Funston, Kansas. By October of 1918, it had spread to become a worldwide pandemic. In just six months, 25 million people died worldwide. An estimated 500,000 died in the United States.

From 1957-1958, the Asian flu caused an estimated 70,000 deaths in the United States and 1.5 million worldwide. First identified in China in late February 1957, the virus had spread to the United States by June. It lasted well into 1958.

The Hong Kong Flu, 1968-1969, was an Influenza A virus that caused about 35,000 deaths in the United States and 700,000 worldwide. The virus was first detected in Hong Kong in January of 1968 and reached the United States by June. Deaths from the virus continued into 1969.

Influenza, commonly called "the flu," is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). Influenza usually spreads from person to person when an infected person coughs, sneezes, or talks, and the virus is sent into the air. Influenza can cause illness in all ages, and it is more likely than other viral respiratory infections, such as the common cold, to cause severe illness and life-threatening complications. Annually, more than 200,000 people in the United States are hospitalized from influenza. Thousands of people die from the flu and its complications every year. Should an influenza pandemic occur, the incidence of illness and death from influenza will likely dramatically increase worldwide.

Another type of virus that has a history of mutating is the family of coronaviruses. The SARS coronavirus (SARS-CoV) virus was identified in 2003 when it first infected humans in the Guangdong province of southern China. An epidemic of SARS affected 26 countries and resulted in more than 8,000 cases in 2003. Since then, a small number of cases have occurred as a result of laboratory accidents or, possibly, through animal-to-human transmission (Guangdong, China). Transmission of SARS-CoV is primarily from person to person. It appears to have occurred mainly during the second week of illness, which corresponds to the peak of virus excretion in respiratory secretions and stool, and when cases with severe disease start to deteriorate clinically. Most cases of human-to-human transmission occurred in the health care setting, in the absence of adequate infection control precautions. Implementation of appropriate infection control practices brought the global outbreak to an end.

The current coronavirus is COVID-19, which started in China and has spread to several countries around the world resulting in the first quarantines of people in over 50 years in some countries. According to CDC, spread of COVID-19 is primarily via respiratory droplets produced when an infected person coughs or sneezes, which is similar to how influenza and other respiratory pathogens spread. COVID-19 symptoms start with a fever, followed by a dry cough and, sometimes, shortness of breath. The severity of the disease ranges from flu-like to pneumonia-like, and hospitalization is often necessary — although there is no approved treatment or vaccine just yet. CDC recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Characteristics of a Pandemic

Public Health authorities have identified characteristics and challenges unique to a pandemic such as:

- When the pandemic virus emerges, its global spread is considered inevitable.
- Most people will have little or no immunity to a pandemic virus, and a significant percentage of the population could require medical care.
- Death rates could be unpredictable due to the significant number of people who become infected, the virulence of the virus, and the characteristics and vulnerability of affected populations (elderly, those with chronic disease, and children).
- Past pandemics have spread globally in two, and sometimes three, waves.
- Medical supplies may be inadequate. Vaccine for the virus may not be available for months.
- Hospital beds and other supplies may be limited.
- Pandemics may cause economic and social disruption such as schools and businesses closing, travel bans, and canceling of community events.
- Care of sick family members and fear of exposure can result in significant absenteeism in the workforce.

Symptoms of viruses in humans have ranged from typical influenza-like symptoms, such as fever, cough, sore throat, muscle aches and eye infections to more serious conditions such as pneumonia, acute respiratory distress, viral pneumonia, and other severe and life-threatening complications. Pre-existing physical conditions such as asthma may result in serious illness from a pandemic flu virus.

Pandemic Impact on Georgia

The United States Department of Health and Human Services (HHS) provided a state-by-state estimate of the impact of a pandemic, based on assumptions about various types of viruses. These estimates are divided into two categories: A Moderate Outbreak like 1958 or 1968-like outbreak and a Severe Outbreak like the 1918 outbreak. In the Moderate Outbreak scenario, approximately 2.2 million Georgians would become ill. Over 450,000 would require outpatient treatment and over 24,500 would need hospitalization. An estimated 6,100 would die from a Moderate impact virus. In a Severe Outbreak scenario, approximately 2.2 million would become ill and over 450,000 citizens would require outpatient treatment. However, almost 60,000 would need hospital treatment and over 14,000 deaths would occur from a Severe impact virus.

Even with a Moderate Outbreak, health care systems would be strained, as would other essential services. There may be business and school closures during a Moderate Outbreak. A Severe Outbreak would most likely require widespread, if not complete, school closures and would impact almost every Georgia community.

It should be noted that the 1918 flu outbreak impacted almost every town, city and community in Georgia, even the most remote small towns and communities. With modern transportation capability and mobility of citizens, a present-day outbreak could spread more completely and rapidly than the 1918 outbreak.

Purpose of the Manual

Pandemic Planning: Information for Georgia Public School Districts has been designed as an evolving manual. This document will be updated to incorporate the most recent information to assist school districts in designing and updating their respective plans.

This manual includes pandemic operational actions "Levels" (rate and spread of the illness) that are linked with the United States Government's pandemic system, which are both overlaid by the World Health Organization's pandemic levels. The levels serve as an example to school districts to guide development of responses and actions based on the identification and evolution of a pandemic event. This system of levels is intended to help school districts specify timely operational responses and decisions. This manual also includes a Decision-Making Matrix that helps delineate areas of decision responsibilities during a pandemic event, so school districts can focus on local operational planning. It should be noted that the decision whether or not to close schools rests with the local boards of education, based on public health information and guidance; however, the Governor of Georgia can declare a State of Emergency, as can the President of the United States. Such declarations could impact and will override the decisions of local school boards of education.

In planning for a pandemic, the first step for a school district is to evaluate its current emergency management crisis plan and to ensure that a school district emergency planning team is in place to develop a pandemic plan. A checklist from the Centers for Disease Control and Prevention (CDC) is included in the Appendix. The CDC School District (K-12) Pandemic Planning Checklist provides a framework to begin an internal assessment. As soon as possible, each school district should:

- Identify members of the emergency planning team, including, but not limited to: community stakeholders, local businesses, local emergency response agencies, public health, mental health, faith-based organizations, parents, school administration, school nurse, school psychologist, school counselor, teachers, students, information and communication technology, food services, transportation, and environmental/facility services.
- Develop a pandemic plan.
- Appoint a pandemic plan coordinator and co-coordinator, which may be the same person who handles school safety and emergency planning.
- Regularly update the school district's pandemic plan and review the plan if a possible pandemic is pending.
- Partner closely with the local health director to establish communication procedures for surveillance of illnesses and sharing of information before, during, and after an event.
- Establish a chain of command and alternates, to include: an appropriate organization chart for the school district, clearly defined responsibilities, and communication networks and methods.

Emergency Preparedness and Response Training

If school district pandemic planning team members need training in incident management and planning, the Federal Emergency Management Agency's Federal Management Institute offers National Incident Management System (NIMS) on-line training. Several modules are available on-line, but the following provide the basic understanding of incident command and communications.

IS-100: Introduction to Incident Command System, I-100

As an introduction to the Incident Command System (ICS), this series provides the foundation for ICS training and includes a school staff training course. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).

IS-242: Effective Communication

The ability to communicate effectively is a vital part of every emergency manager, planner, and responder's job. This course is designed to improve your communication skills. It addresses:

- Basic communication skills;
- How to communicate in an emergency;
- How to identify community-specific communication issues;
- How to use technology as a communication tool;
- Effective oral communication; and,
- How to prepare an oral presentation

IS-362: Multi-hazard Emergency Planning for Schools

This course describes emergency management operations, roles and duties; explains how to assess potential hazards that schools may face; and explains how to develop and test an Emergency Operations Plan that addresses all potential hazards. The course is designed for school administrators, principals, and first responders.

IS-700: National Incident Management System (NIMS), an Introduction

Homeland Security developed the National Incident Management System (NIMS). The NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to interact during domestic incidents. This course explains the purpose, principles, key components, and benefits of NIMS.

Points of Consideration During Planning

In planning for a pandemic or epidemic event, schools and school districts should consider the following:

School Impact and Issues

- Potential for school closings: full school closure or partial school closure where some schools are closed while others remain open
- Large numbers of staff absent, difficult to maintain school operations
- Loss of services from suppliers (e.g. food services and transportation)
- Student absenteeism elevated above normal trends
- Parents who choose to keep healthy children at home

Community Considerations

- Large percentages of the population may be unable to work for days to weeks during a pandemic
- Significant numbers of people and expertise would be unavailable
- Emergency and essential services such as fire, police, and medical could be diminished
- School operations could be affected
- Methods of continued instruction should schools close

Basic Goals in Pandemic Planning

- Limit illness, the spread of illness, and emotional trauma
- Preserve continuity of essential functions
- Minimize social and educational disruption
- Minimize instructional loss

Key Components to Pandemic Planning

- Education and Prevention
  - ✓ Educating school district staff, students, and parents about good hygiene practices is a significantly important component of illness prevention and control.
- Incident Command System
  - ✓ Establishing an Incident Command System will be essential for managing any type of emergency or event like a pandemic
- Communication
  - ✓ Establishing communication protocols and links is essential now, before an emergency like a pandemic emerges.
  - ✓ The communication protocol should include internal and external emergency contact lists and methods.
  - ✓ The communication lists should be updated and verified on a regular basis.
- Stakeholder Coordination
  - ✓ The school district's pandemic planning team should work with local public health officials.

- Surveillance (student and staff attendance)
  - ✓ The school district and the local health department should work together to establish a "sentinel" program to monitor student and staff attendance. For example, when student attendance drops below 90 percent or 10 percent below ADA, the school district sends a notice to the local health department. Student and staff absences may be an early indicator of a widespread virus event.

- Prepare for Partial or Full Closing of Schools or School District
  - ✓ School and staff assignments
  - ✓ Bus routes
  - ✓ Work on plans with local agencies to assist families

- Alternatives to Closing Schools
  - ✓ Implement social distancing
  - ✓ Eliminate field trips
  - ✓ Reduce or postpone extracurricular activities
  - ✓ Set "screeners" at school entrance to screen out students and staff with flu-like symptoms to prevent them from going to classes

- Educational Continuity
  - ✓ In the event that schools or school districts have to close, what strategies will be in place to continue education in some form? How will school work continue for students whose school is closed while other schools remain open in the same school district? This difficult task should be part of the pandemic planning team's discussions and plans.

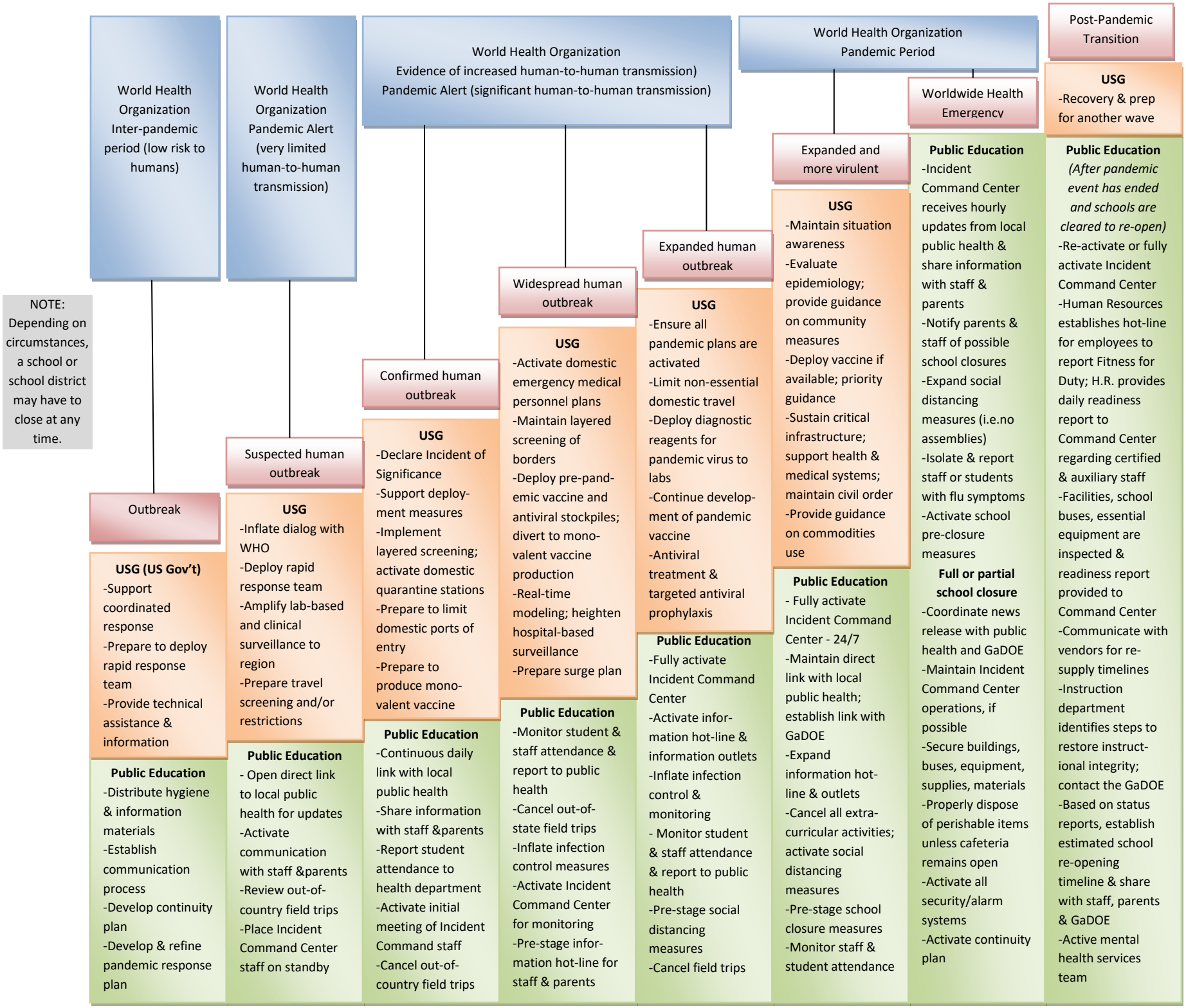
- Recovery
  - ✓ Each school district's pandemic plan should address the complexities of recovery. This document provides an example of Recovery Phases, including recovery of essential services and health concerns prior to reopening schools.

Pandemic Planning Team Responsibilities and Considerations

- Develop the preparedness and pandemic response plan using levels, as suggested in this manual; include Decision Forms to create a decision archive for the event.
- Identify school authorities responsible for activating the pandemic plan.
- Consider and provide sufficient and accessible infection prevention supplies.
- Consider provision of sufficient school operation supplies (food, cleaning supplies, paper supplies) during a pandemic when schools are open.
- Develop a process with the local public health director to report a substantial increase in absenteeism among students and faculty
- Identify methods to reduce the spread of the virus.
- Plan for the identification and screening of students and staff with virus-like symptoms.
- Plan for the care of students who are ill and determine when ill students may return to school. Determine how ill students at school will be isolated until parents arrive.
- Plan for continuity of operations and identify essential services.
- Communicate the plan to division administrative staff, school staff, parents/guardians, students, and the community.
- Provide information to families for development of individual family plans.
- Plan for the delivery of educational services in the event that a significant number of staff becomes ill.
- Plan for the orderly closure or partial closure of school operations, ongoing instruction, and eventual school reopening.
- Coordinate school closure or partial closure with neighboring school districts.
- Discuss the needs of international students, disabled students, and impoverished students.
- Plan for the use of school facilities by community partners during a pandemic if the schools are closed or partially closed (i.e., vaccinations).
- Test the plan; conduct table-top exercises (include local health department staff).

Pandemic Outbreak Response Suggestions and Sample Planning Components

Information regarding the occurrence of a pandemic in a community will be provided by the state and local health departments and others designated by the State of Georgia. Georgia's response to a pandemic will be guided by the World Health Organization (WHO), United States Department of Health and Human Services, CDC, and the recommendations of the Georgia Division of Public Health. The following sample planning components are based on operational actions. The levels include specific considerations during each event level of the pandemic and are matched with United States Government (USG) Stages. Local school districts, based on their local pandemic plan, can take action at each event level. The following provides suggestions and examples for activities and operational plans in response to the spread of a pandemic and is not intended to be all inclusive and regulatory. It is not intended to cover or include all activities or strategies. It should be noted that, depending on circumstances, it is possible a pandemic would spread rapidly within a few days, so schools may have to close with short advanced notice. It is also possible that some schools will close while others remain open.


World Health Organization Inter-pandemic period (low risk to humans)
World Health Organization Pandemic Alert (very limited human-to-human transmission)
World Health Organization Evidence of increased human-to-human transmission) Pandemic Alert (significant human-to-human transmission)
World Health Organization Pandemic Period
Post-Pandemic Transition
NOTE: Depending on circumstances, a school or school district may have to close at any time.
Outbreak
USG (US Gov't)
-Support coordinated response
-Prepare to deploy rapid response team
-Provide technical assistance & information
Public Education
-Distribute hygiene & information materials
-Establish communication process
-Develop continuity plan
-Develop & refine pandemic response plan
Suspected human outbreak
USG
-Inflate dialog with WHO
-Deploy rapid response team
-Amplify lab-based and clinical surveillance to region
-Prepare travel screening and/or restrictions
Public Education
- Open direct link to local public health for updates
-Activate communication with staff &parents
-Review out-of-country field trips
-Place Incident Command Center staff on standby
Confirmed human outbreak
USG
-Declare Incident of Significance
-Support deploy-ment measures
-Implement layered screening; activate domestic quarantine stations
-Prepare to limit domestic ports of entry
-Prepare to produce mono-valent vaccine
Public Education
-Continuous daily link with local public health
-Share information with staff &parents
-Report student attendance to health department
-Activate initial meeting of Incident Command staff
-Cancel out-of-country field trips
Widespread human outbreak
USG
-Activate domestic emergency medical personnel plans
-Maintain layered screening of borders
-Deploy pre-pand-emic vaccine and antiviral stockpiles; divert to mono-valent vaccine production
-Real-time modeling; heighten hospital-based surveillance
-Prepare surge plan
Public Education
-Monitor student & staff attendance & report to public health
-Cancel out-of-state field trips
-Inflate infection control measures
-Activate Incident Command Center for monitoring
-Pre-stage infor-mation hot-line for staff & parents
Expanded human outbreak
USG
-Ensure all pandemic plans are activated
-Limit non-essential domestic travel
-Deploy diagnostic reagents for pandemic virus to labs
-Continue develop-ment of pandemic vaccine
-Antiviral treatment & targeted antiviral prophylaxis
Public Education
-Fully activate Incident Command Center
-Activate infor-mation hot-line & information outlets
-Inflate infection control & monitoring
- Monitor student & staff attendance & report to public health
-Pre-stage social distancing measures
-Cancel field trips
Expanded and more virulent
USG
-Maintain situation awareness
-Evaluate epidemiology; provide guidance on community measures
-Deploy vaccine if available; priority guidance
-Sustain critical infrastructure; support health & medical systems; maintain civil order
-Provide guidance on commodities use
Public Education
- Fully activate Incident Command Center - 24/7
-Maintain direct link with local public health; establish link with GaDOE
-Expand information hot-line & outlets
-Cancel all extra-curricular activities; activate social distancing measures
-Pre-stage school closure measures
-Monitor staff & student attendance
Worldwide Health Emergency
Public Education
-Incident Command Center receives hourly updates from local public health & share information with staff & parents
-Notify parents & staff of possible school closures
-Expand social distancing measures (i.e.no assemblies)
-Isolate & report staff or students with flu symptoms
-Activate school pre-closure measures
Full or partial school closure
-Coordinate news release with public health and GaDOE
-Maintain Incident Command Center operations, if possible
-Secure buildings, buses, equipment, supplies, materials
-Properly dispose of perishable items unless cafeteria remains open
-Activate all security/alarm systems
-Activate continuity plan
USG
-Recovery & prep for another wave
Public Education
(After pandemic event has ended and schools are cleared to re-open)
-Re-activate or fully activate Incident Command Center
-Human Resources establishes hot-line for employees to report Fitness for Duty; H.R. provides daily readiness report to Command Center regarding certified & auxiliary staff
-Facilities, school buses, essential equipment are inspected & readiness report provided to Command Center
-Communicate with vendors for re-supply timelines
-Instruction department identifies steps to restore instruct-ional integrity; contact the GaDOE
-Based on status reports, establish estimated school re-opening timeline & share with staff, parents & GaDOE
-Active mental health services team

(*NOTE: Depending on circumstances, it may be necessary to either move rapidly from one level to another or even skip levels in order to respond to event circumstances.)

Level 0: Prevention and Preparations

- ✓ Place posters on hand washing and infection control in schools and on website.
- ✓ Provide information to schools, parents, and staff about hand sanitizers, cough and sneeze etiquette, signs and symptoms.
- ✓ Ensure custodial staff has appropriate training on proper cleaning and disinfecting work and play areas.
- ✓ Ensure schools and departments have adequate supplies (soaps, hand sanitizers, etc.).
- ✓ Check First Aid Kits and add N95 face masks for school nurses and other staff.
- ✓ Establish and test emergency communication protocol with staff contact "tree."
- ✓ Provide information to staff and parents on pandemic planning for families.
- ✓ Develop Incident Command Center protocol, location, equipment and assign staff.
- ✓ Develop plans for operating with staff workforce reduction.
- ✓ Develop plans to secure buildings, information technology, and financial functions.
- ✓ Encourage employees to use Direct Deposit.
- ✓ Encourage parents to have alternative childcare plans.
- ✓ Develop alternatives to closing schools (i.e., implement social distancing; eliminate field trips; reduce or postpone extracurricular activities; set "screeners" at school entrance to screen out students and staff with illness symptoms to prevent them from going to classes.)
- ✓ Develop plans for educational continuity if schools close:
    - Study Packets and suggested activities for students and parents
    - Web-based education (i.e., on-line classes; virtual school; education blogs; home school educational websites)
- ✓ Find out if vendors in the supply chain have a pandemic or emergency plan for continuity or recovery of supply deliveries.
- ✓ Plan for full school district closure and partial school closure (i.e., some schools closed while others remain open within the same school district).
- ✓ Develop a mental health plan for students and staff in conjunction with local mental health services staff to implement during a pandemic event and during the recovery phase; the plan should include post-traumatic stress syndrome counseling.
- ✓ Develop Human Resources employee emergency contact lists and reciprocal contact procedures; Human Resources should conduct a study of critical infrastructure staff with young children (because they are more likely to remain home during a widespread illness event) to determine if redundancy plans are necessary to maintain workflow; develop a Fitness for Duty checklist to determine if an employee is ready to return to work and under what conditions.
- ✓ Local school superintendent should establish a command structure in the event that he or she is unable to continue work during the pandemic event or is unable to return to work during the recovery phase; develop central office teleconferencing protocol in the event that schools are closed.
- ✓ Develop plans to conduct table-top exercises to practice and refine pandemic plan.
- ✓ Apply all plans and procedures to after-school programs.

Level 1: Suspected Human-to-Human Outbreak

- ✓ Review pandemic plan for preparedness and provide ongoing communication to key staff on their roles and responsibilities.
- ✓ Maintain infection control precautionary measures.
- ✓ Keep staff and parents current with updates through the school district website and cable access channel, if available; ask PTA or PTSA to assist with updated messages; make certain that health-related information and pandemic updates have been verified for accuracy by the local health department.
- ✓ Ensure all staff and external contact information is current, including direct lines to the local health department.
- ✓ Open direct link to local health department.
- ✓ Alert all principals of the pandemic status and remind them that the Event Level may escalate rapidly to the next Level or Levels.
- ✓ Monitor student and staff attendance daily and report to the local health department any school where student and/or staff attendance drops below 90 percent or 10 percent below ADA.
- ✓ Review out-of-country field trips and plans for future out-of-country field trips. Cancel out-of-country field trips to countries with human-to-human outbreak; review out-of-state field trips and inform schools and parents that all future field trips may be cancelled.
- ✓ Do not enroll students from out-of-country or out-of-state without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Georgia Division of Public Health and/or the United States Department of Health and Human Services.
- ✓ Place Incident Command Center staff on standby; remind appropriate staff of Incident Command Center duties and responsibilities.
- ✓ Provide information to the local health department on medically fragile children that may need specialized care at school or at home during a pandemic event; share local health department contact information with the parents of medically fragile children and provide guidance on how and who to contact at the local health department if their medically fragile child or children are at home due to long-term public and school closure.
- ✓ Inform community agencies (i.e., Red Cross, Board of Health, Traveler's Aid, etc.) of families that may not have access to food on a regular basis (i.e., indigent and homeless), that may have a language barrier that would impede their efforts to seek basic essentials during an outbreak, or other families that would have limited resources during a long-term outbreak.
- ✓ Meet with all childcare providers that use school district facilities or who receive students after school via school district school buses to inform them of pandemic response procedures and keep them up to date on health information and operational procedures.
- ✓ Apply all procedures to after-school programs.

Level 2: Confirmed Human to Human Outbreak

- ✓ Conduct meeting with Incident Command Center staff to pre-stage full activation of Center.
- ✓ Provide ongoing communication to key staff on their roles and responsibilities.
- ✓ Maintain infection control precautionary measures.
- ✓ Keep staff and parents current with updates through the school district website and cable access channel, if available; ask PTA or PTSA to assist with updated messages; make certain that health-related information and pandemic updates have been verified for accuracy by the local health department.
- ✓ Alert all principals of Event Level 2 status and remind them that the Event Level may escalate rapidly to the next Level or Levels.
- ✓ Monitor student and staff attendance daily and report to the local health department any school where student and/or staff attendance drops below 90 percent or 10 percent below ADA.
- ✓ Do not enroll any students without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Georgia Division of Public Health and/or the United States Department of Health and Human Services.
- ✓ Develop continuous direct link to local health department; make plans with the local health department to establish daily communications if a widespread outbreak occurs overseas.
- ✓ Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor illness symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis.
- ✓ Activate procedures to isolate students and staff that present illness symptoms; encourage parents to keep their children at home if they have symptoms and to let the school know about their child's symptoms; encourage staff to remain at home if they have symptoms and to report these symptoms to the school.
- ✓ Keep relevant groups informed through cable access channel, e-mails, newsletters, fact sheets, social media, and websites (i.e., booster clubs, activity clubs).
- ✓ Meet with hot-line information staff to review possible activation of the hot-line information based on events occurring at this time.
- ✓ Remind staff, students, and parents of good hygiene practices.
- ✓ Consider cancelling all out-of-country field trips or alert the chaperones.
- ✓ Review all out-of-state (in-country) field trips and be prepared to cancel all out-of-state field trips. Alert parents that future field trips may be cancelled.
- ✓ Do not allow students or staff into school who are presenting influenza-like symptoms; monitor students and staff closely for flu-like symptoms.
- ✓ Prepare to implement educational continuity plans.
- ✓ Apply all procedures to after-school programs.

Level 3: Widespread Human Outbreak

- ✓ Activation of Incident Command Center and pre-stage 24/7 manning of Center; bring in extra phones (and cell phones), laptops and other computers; meet with Incident Command Center staff to prepare for rapid escalation of outbreak to North America; remind staff of roles and responsibilities and importance of access at anytime.
- ✓ Activate daily direct link to local health department and, if possible, to the State Emergency Operations Center and/or State Health Division via local agencies.
- ✓ Pre-stage information hotline (social media) for parents and staff; alert information hotline staff to report for a practice run of the hotline.
- ✓ Keep staff and parents current with updates through the school district website and cable access channel, and/or social media; ask PTA or PTSA to assist with updated messages; make certain that health-related information and pandemic updates have been verified for accuracy by the local health department.
- ✓ Alert all principals of Event Level 3 status and remind them that the Event Level may escalate rapidly to the next Level or Levels.
- ✓ Monitor student and staff attendance daily and report to the local health department.
- ✓ Alert central office staff to possible full school district or partial school closure.
- ✓ Alert central office staff to possible cancellation of extracurricular activities.
- ✓ Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor illness symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis.
- ✓ Cancel and call back all out-of-state field trips and ensure that all out-of-country field trips have been cancelled and called back.
- ✓ Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Georgia Division of Public Health and/or the United States Department of Health and Human Services.
- ✓ Sanitize schools and buses daily, as per local health department guidelines; implement sanitizing verification process.
- ✓ Restrict school visitors to parents and vendors; be alert to parents or vendors with illness symptoms.
- ✓ Isolate ill students and staff in pre-determined locations in the school with supervision until they can be sent home or picked up by authorized persons.
- ✓ Pre-stage Crisis Management Team to discuss updated pandemic information and possible timeline for activation of the Team (or teams.)
- ✓ Pre-stage educational continuity plans (e.g., test online instructions capacity)
- ✓ Apply all procedures to after-school programs; provide daily updated outbreak information to after-school programs and staff.

Level 4: Expanded Human Outbreak

- ✓ Full activation of Incident Command Center for all direct report staff, with direct link to local health department and, if possible, to the State Emergency Operations Center and/or State Health Division via local agencies.
- ✓ Alert Secondary Incident Command Center staff, in case primary staff members are unable to man the Incident Command Center.
- ✓ Activate information hotline (or social media) for parents and staff; update hotline information daily (at least), website information, and provide social media updates (in collaboration with local health department and/or Georgia Division of Public Health); make certain that health-related information and pandemic updates have been verified for accuracy by the local health department and/or Georgia Division of Public Health.
- ✓ Activate Crisis Management Team for student and staff psychological support.
- ✓ Closely monitor staff and student attendance and provide reports to the local health department twice daily and to the Incident Command Center.
- ✓ Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Georgia Division of Public Health and/or the United States Department of Health and Human Services.
- ✓ Human Resources reports to the Incident Command Center when any school, service, or support absences escalate beyond daily rates.
- ✓ Human Resources contacts substitute teachers to determine availability for staffing.
- ✓ Pre-stage implementation of Educational Continuity Plans (i.e., study packets; cable access; local library system; on-line classes, etc.).
- ✓ Pre-stage alternatives to school closure:
    - Limit or cancel gatherings of groups larger than normal class size during the school day (e.g. assemblies, recess).
    - Prepare for possible cancellation of extracurricular activities.
    - All field trips cancelled or called back.
    - Do not accept students or staff with illness symptoms.
    - Implement student distance spacing strategies to decrease contact with students who may be infected but not exhibiting symptoms.
        - It is recommended that students' desks be spaced three (3) feet apart.
        - Discourage prolonged congregation in hallways and lunchrooms.
        - Limit group activities and interaction between classes.
        - Cancel or modify gym class, choir or other school activities that place large numbers of individuals in close proximity.
- ✓ Pre-stage partial school closure or full school closure.
- ✓ Isolate and send home staff or students with flu-like symptoms. An appropriate room for isolation should have been designated and will be utilized and supervised at this time. Access to this room should be strictly limited and monitored. Ill students and staff should remain in the room until an authorized

person is available to pick them up. Staff monitoring the room should wear N 95 masks.

- ✓ A school bus may be designated to transport sick students home should parents be unable to come to the school (buses should be used in this capacity ONLY as an emergency measure when no one is available to pick the child up at school); buses should have an adult monitor to accompany the students. The bus driver and monitor should wear N 95 masks.
- ✓ Students and staff with symptoms will be asked to stay home. Absences should be reported to the school attendance office throughout the school day, instead of once a day.
- ✓ Those allowed into the school building will be screened for illness symptoms. Each person cleared to enter the building will be given something to indicate that they are free to enter the building (e.g. a sticker, a card, a stamp on their hand).
- ✓ Adults and students accompanied by an adult may be excluded from entry into the school and instructed to call their health care providers for advice and evaluation if they show illness symptoms.
- ✓ If a person warrants medical evaluation, health services staff should alert the local health department that a suspect case needs evaluation so that the health department can provide guidance.
- ✓ Alter school cleaning routines by maintenance staff.
    - Disinfect work areas, counters, restrooms, doorknobs, and stair railings more frequently.
    - The school health office and holding areas for ill children should be cleaned at least twice each day and preferably throughout the day, in the morning before students arrive and in the afternoon after students leave the area.
    - Air conditioning system filters should be cleaned and changed frequently.
    - Telephones, cellphones, pencils, pens, etc. should not be shared.
    - Specialized cleaning solutions are not essential. Standard cleaning products can disinfect surfaces (note: soap and water may not disinfect surfaces). The frequency of cleaning is most important.
    - Following each school day, the school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.
- ✓ Apply all procedures to after-school programs; provide daily updated outbreak information to after-school programs and staff.

Level 5: Expanded (local) Outbreak

- ✓ Full activation of Incident Command Center 24/7
- ✓ Maintain daily link to local health department and, if possible, to the State Emergency Operations Center and/or State Health Division via local agencies.
- ✓ Prepare for communication links from public health and/or Georgia Department of Education
- ✓ Human Resources reports to the Incident Command Center when any school, service, or support absences escalate beyond the daily rate.
- ✓ Partial school or full school closure or alternatives to closure, as recommended by public health.
- ✓ All field trips cancelled or called back, including local field trips.
- ✓ Cancellation of extracurricular activities and competitive sports and other events.
- ✓ Prepare Educational Continuity Plans (i.e., study packets; cable access; local library system; on-line classes, etc.) for rapid activation.
    - Pre-developed Study Packets and suggested activities for students
    - Web-based education:
        - On-line classes
        - Virtual school
        - Education Blogs
        - Home school educational websites
- ✓ Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Georgia Division of Public Health and/or the United States Department of Health and Human Services.
- ✓ Expand hotline staff and update hotline information, website information, and provide social media updates; provide updates from public health department, from the district superintendent, and, if necessary, from local law enforcement and public utilities and services; encourage parents to keep ill children at home and encourage ill staff to remain at home.
- ✓ Monitor students getting off buses and out of vehicles for signs of symptoms; do not accept students or staff with symptoms, **or** quickly isolate students and staff with symptoms.
- ✓ Isolate and send home staff or students with symptoms, utilizing supervised isolation areas in the school; access to this room should be strictly limited and monitored (i.e., parents picking up their ill children should be escorted to and from the isolation area); a carefully monitored student checkout system should be activated. Staff monitoring isolated students and staff should wear N 95 masks.
- ✓ A school bus may be designated to transport sick students home; the school bus or buses should include adult monitors who may be asked to walk students to their homes from the bus (buses should be used in this capacity ONLY as an emergency measure when no one is available to pick the child up at school). The school bus driver and monitor should wear N 95 masks.
- ✓ Students and staff who have symptoms should be asked to stay home; add this information to the information hot-line, website and social media.

- ✓ Absences should be reported to the school attendance office throughout the day, with staffing absences reported to Human Resources as soon as possible, but at least twice daily.
- ✓ Access to the school building will be limited; persons presenting symptoms will not be allowed into the building; if a parent is at school to pick up his or her child before normal dismissal, the student will be brought to the parent outside the building; each person cleared to enter the building will be given something to indicate that they are free to enter the building (e.g. a sticker, a card, a stamp on their hand).
- ✓ If a person warrants medical evaluation, health services staff should alert the appropriate medical resources (i.e., public health) that a suspect case needs evaluation so that the referral center can make arrangements for a health assessment.
- ✓ Activate social distancing strategies:
    - Cancel gatherings of groups larger than normal class size (e.g. assemblies, recess).
    - Cancel all extra-curricular activities and sports events as well as all other events.
    - Student distance spacing strategies to decrease contact with students who may be infected but not exhibiting symptoms.
        - Separate student desks as much as possible
        - Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity.
        - If possible, stagger bus routes to reduce the number of students on each bus.
- ✓ Expand school cleaning routines by maintenance staff.
    - Disinfect all work areas, counters, restrooms, doorknobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).
    - The school health office and holding areas for ill children and staff should be cleaned several times each day.
    - Air conditioning system filters should be cleaned and changed frequently.
    - Telephones, pencils, pens, etc. should not be shared.
    - Following each school day, the school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.
- ✓ Apply all procedures to after-school programs; provide daily updated outbreak information to after-school programs and staff.

Level 6: Health Emergency

- ✓ Based on a directive from public health, the Governor or a joint decision between public health and the local school system, the superintendent orders a partial closure of schools. Depending on circumstances, it may be one or more schools.

OR

- ✓ Based on a directive from public health, the Governor or a joint decision between public health and the local school system, the superintendent closes all school building units and other department building units of the school district; the closure applies to all after-school programs and extracurricular activities. NOTE: It is possible that the first "order" or "recommendation" is to close only those schools with pandemic illness absences, so be prepared for partial school closures and preventing students from the affected school trying to enroll in other schools).
- ✓ Confirm closures with the Georgia Department of Education.
- ✓ Inform the public and school district employees using all means of communication (i.e., press release; hotline recording; website emergency message; cable access; social media, etc.); coordinate news release with public health and the Georgia Department of Education.
- ✓ Secure all buildings.
- ✓ School system police or other law enforcement agencies should check all buildings and establish periodic patrols during the school closure period.
- ✓ All perishable food items should be disposed of unless the cafeteria remains open for public access.
- ✓ Check all alarm and surveillance systems.
- ✓ Secure information technology and financial systems and integrity.
- ✓ Secure all school buses and service vehicles.
- ✓ If possible, maintain Incident Command Center operations and essential services; if not possible, central office staff should maintain telephone contact on a regular basis with the superintendent, such as daily conference calls.
- ✓ Maintain communications with the local health department through superintendent and/or designated staff.
- ✓ When possible, collaborate with local agencies to assist families.
- ✓ Activate Educational Continuity Plan
    - Distribute pre-developed study packets and suggested activities for students and parents
    - Web-based education considerations:
        - ✓ Cable Access educational television (with closed caption)
        - ✓ Cable Educational shows (with closed caption)
        - ✓ Video-streaming (with closed caption)
        - ✓ Textbook and study guide depositories with drive-through capabilities
        - ✓ Virtual classes on-line
        - ✓ Teleconferencing

Levels 7: Recovery – Taking Steps to Reopen Schools

- ✓ Based on communication with public health and authorization to start the process of recovery, the school district will begin the initial stages of preparations for the re-opening of schools.
- ✓ Re-establish Incident Command Center as soon as possible.
- ✓ Human Resources will begin the process of compiling phone tree results indicating which staff members are ready to return to work, **OR** establish an Employee Hotline Phone Bank or website so employees can report their status (name; position; work location; health status; return to work date); use a pre-determined Fitness for Duty checklist to determine if an employee is ready to return to work and under what conditions.
- ✓ Human Resources will develop a status report for each staff category by school and department: teachers, administrators, custodians, bus drivers, etc. to determine if and when schools can reopen.
- ✓ When possible, the Crisis Management Team staff will meet to activate the mental health plan for students and staff, in conjunction with local mental health services staff, including post-traumatic stress syndrome counseling.
- ✓ Inspect all buildings, facilities, equipment, materials, etc. and determine status and needs for operations. Maintain a status update for facilities not ready for occupancy.
- ✓ Inspect all buses.
- ✓ Survey supply vendors to determine when supply chain and delivery system will be partially or fully operational; provide vendors with supply needs.
- ✓ Finance department determines process for fast-tracking purchase orders for essential supplies.
- ✓ Determine information technology status and operational needs; this will be related to financial technology, also.
- ✓ Inspect all school cafeterias and buildings with the assistance of the local health department.
- ✓ Expand school cleaning routines by maintenance staff.
    - Disinfect all work areas, counters, restrooms, doorknobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).
    - Air conditioning system filters should be cleaned and changed.
    - The school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.
- ✓ Establish a timeline and staffing threshold for opening schools and other buildings for staff, based on reports from Human Resources, building and bus inspections, local emergency management agency, and the local health department; determine which schools can open and if temporary consolidation of schools is appropriate (which may be necessary until all employees are able to return to work). Include other agencies in the discussion about re-opening schools, such as DFACS, public health, mental health, Fire Marshal, law enforcement, emergency management, public transportation, etc.

- ✓ Share timeline for opening with news media and place recording on school district main phone line; also add to school district website and announce via social media.
- ✓ Some schools may remain closed until facility and/or staffing requirements are met.
- ✓ Re-activate information hot-line and social media as soon as possible.
- ✓ Post information on school district website and on social media for parents regarding helping children cope with tragedies (i.e., "Teaching Children How to Respond to Tragedies" from the National Association of School Psychologists).
- ✓ Revise/update school year calendar and share with staff, parents, and news media.
- ✓ Begin discussions on restructuring and resuming extra-curricular activities and after-school programs and sports events.
- ✓ Opening of schools should be monitored closely by Command Center staff.
- ✓ Daily reports of staff and student attendance should be closely monitored.
- ✓ A mental health status report, based on guidelines provided by the counselors and the Crisis Management Team, should be provided to the Command Center each day. This report should include the mental status of students and staff in order to determine if additional mental health services are needed.
- ✓ School nurses should compile daily health reports for the Command Center.
- ✓ Develop an "instructional reconstruction" checklist (base on the length of school closure; if short-term, the checklist should be focused on make-up work and reorganizing the instructional calendar, benchmarks, testing, etc.; if the closure was long-term, the checklist may require restructuring of the current and following school year instructional and operational calendar and events) to guide staff, students, and parents when school reopens. The checklist should include anticipated instructional materials and supplies, as well as possible waivers from the Georgia Department of Education.
- ✓ Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Georgia Division of Public Health and/or the United States Department of Health and Human Services.
- ✓ Even when schools re-open, many students may need homebound instruction. A possible shortage of homebound teachers may be mitigated by maintaining the Educational Continuity Plan
    - Distribute pre-developed study packets and suggested activities for students and parents
    - Web-based education considerations:
        - Cable Access educational television (with closed caption)
        - Cable Educational shows (with closed caption)
        - Video-streaming (with closed caption)
        - Textbook and study guide depositories with drive-through capabilities
        - Teleconferencing
- ✓ When schools re-open activate social distancing strategies (to minimize possible re-infection spread):
    - ✓ Gatherings of groups larger than normal class size should be cancelled and avoided (e.g. assemblies, recess).

- ✓ Student distance spacing strategies to decrease contact with students who may be infected but not exhibiting symptoms, until school returns to normal operations.
    - Separate student desks as much as possible
    - Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity.
    - If possible, stagger bus routes so there are fewer students on each bus.

Additional Planning Components and Details

Access Control

- Develop a policy that enables school administrators to control access to the buildings.
- Each school should have a plan to lock down certain entrances and exits and to monitor others, if necessary.
- Identify a main entrance and an indoor screening area where students and staff will be screened for illness prior to moving to classrooms or other areas of the building for each school.

Surveillance, Screening and Triage

During all stages of a pandemic outbreak, it will be essential to monitor and document the number of students and faculty who are absent and meet the definition of illness. Keeping track of these numbers will help school and health officials determine when and whether to close schools, whether the pandemic or epidemic is increasing in scope and whether to declare an epidemic, making schools possibly eligible to apply for reimbursement of ADA funds during increased absenteeism.

- Building-level school health services personnel (registered nurses, licensed practical nurses, nursing assistants, or principal's designee) should develop a plan to screen all students and staff. Younger children may be observed by health services personnel for cough. Older children may be asked the following question: "Do you have a new cough that has developed over the last 10 days?"
- School health services personnel should provide staff and students who have a new cough with tissues. Surgical masks are not appropriate for all situations but are for specific health care situations.
- School health services personnel should document screening data and review each week for analysis of trends.
- The school nurse should evaluate individuals who have a new cough or fever (temperature $\geq$ 100.4) and place all individuals who have fever and a new cough on droplet precautions, pending further evaluation.
- Students who have been identified as ill should be placed in an identified isolation room for sick children until picked up by parents.
- Local school district health services staff have the authority to restrict individuals (staff and students) who have fever and a new cough from work, class, or any other group gathering. They also have the authority to send any student or staff home. Absenteeism should be monitored for any trends. School health staff should work with school administrators, social workers and attendance clerks to monitor absentee trends. Significant trends should be reported to the School Nurse Coordinator or School Health Contract Person, who will inform the Superintendent and the local health department.
- Infection control posters should be placed at all school entrances and commons areas.
- Poster information should include health tips for protection against the spread of the flu and other germs and viruses.
- The School Health Services Nurse Coordinator should monitor national, regional, and local data related to epidemic respiratory infections.

Infection Control/Precautions

- All staff, students, and visitors should use precautions (private room and surgical mask within 3 feet of ill person) for all contact with any individual who has a new cough and fever, until a diagnosis of a non-contagious respiratory illness, or an infection requiring a higher level of precautions is made.
- If students, staff or visitors present with symptoms while at school, they should be provided a mask while awaiting transportation away from the facility.
- School staff should ask persons who have a new cough to wear a surgical mask or use tissues to cover their mouth and nose when coughing, and to use proper hand hygiene during the time they need to be in the school building (Note: wearing a surgical mask is not a guarantee of protection in a general setting).
- Wash hands thoroughly and often: use soap and water and wash for at least 20 seconds. Use alcohol-based hand sanitizers when hand washing is not possible. It is advised that all classrooms have alcohol-based hand sanitizers available for use by students and staff.
- Schools should advise all persons, including staff, students, and visitors, who have fever and cough to defer attending or visiting the school until their illness has resolved.
- If an isolation room is in use, a precaution sign should be placed on the door.
- Schools should maintain adequate supplies of surgical masks, waterless hand rub, surface cleaners and disinfectants, and tissues throughout public areas, classrooms, and meeting rooms and in the school health offices. All surfaces should be cleaned and disinfected with an Environmental Protection Agency (EPA)-registered household disinfectant labeled for activity against bacteria and viruses, an EPA-registered hospital disinfectant, or EPA-registered chlorine bleach/hypochlorite solution. Labeled instructions should always be followed when using any of these disinfectants.
- Maintain appropriate inventories of supplies.
- Protocols for waste disposal should be developed.
- Schools should display hand-washing posters and "Cover Your Cough" posters in high-traffic areas and classrooms. Posters are available at: ***www.cdc.gov/flu/protect/covercough***

Communication/Education

School districts should develop an effective and sustainable plan for communication and promotion of messages relating to epidemic respiratory infections to internal and external audiences.

- Infection control measures should be reviewed with staff, annually, as well as strategies for communicating information to health services providers in the event of an epidemic respiratory infection.
- Translation services for languages in the represented student population should be provided.
- A variety of media may be used to communicate with the school community including newsletters, take-home flyers, messages on school menus, websites, social media, school TV channels, county TV channels, and phone hotlines.

Additional Preparedness Activities

The following recommendations are for **regular** influenza season. Routine vaccination against seasonal influenza establishes good health practices and may boost the immune system during a pandemic flu outbreak. There will be a separate vaccination campaign that may take place during a pandemic.

- School districts will encourage influenza vaccination during the influenza season to reduce morbidity from seasonal influenza transmission in school staff.
- All eligible staff will be offered the opportunity to receive influenza vaccine. School districts can collaborate with local health departments for this service. School nurses in collaboration with local health departments can hold vaccination clinics on designated days.
- School districts can provide staff with information for local clinics providing the influenza vaccine.
- Educational and promotional materials can be provided to school staff to promote availability and desirability of influenza vaccine for all ages.

Regulatory Authority Regarding Public Health Matters

Regulatory authority is the power that the legislature gives an agency to enforce statutes, to develop regulations that have the force of law, and to assist the public in complying with laws and regulations. The power that can be delegated and the method of delegation are determined by the state and federal constitutions. Some agencies are charged with enforcing specific statutes passed by a legislative body. Public health agencies are generally delegated broad authority and wide discretion to develop regulations and enforcement policies based on their expertise. When these regulations are published and adopted by the agency, they have the force of law unless they exceed the agency's statutory authority.

The most important regulatory authority delegated to public health agencies is the power to act quickly and flexibly—without promulgating formal regulations and without judicial hearings—when necessary to respond to exigent circumstances and to prevent abuse, hearings and other review proceedings after the action has been taken. More commonly, however, public health agencies promulgate specific regulations or adopt national codes as binding in their jurisdiction. These are enforced through licensing and other mechanisms that require regulated entities to adhere to the regulations. This provides clear guidance for the regulated entities and simplifies enforcement. Deviation from the standards is easily documented, preventing lengthy legal challenges to enforcement actions.

Richards, E. P., and Rathbun, K. C. (1998). "Public Health Law." In *Maxcy-Rosenau-Last Public Health and Preventive Medicine,* ed. R. B. Wallace. Stamford, CT: Appleton and Lange.

Georgia Laws Related to Public Health Issues

- Power to require immunization and other preventative measures during a public health emergency: Official Code of Georgia Annotated (OCGA) 31-12-3
- Duty, functions, and powers of the Georgia Division of Public Health, including authority to declare a public health emergency by the State Health Officer: OCGA 31-2-1
- Isolation and segregation of diseased persons: quarantine; surveillance: OCGA 31-12-4
- Governor's emergency management powers and duties: Georgia Emergency Management Act – OCGA 38-3-1 et. Seq. Emergency Powers OCGA 38-3-50 to 38-3-56; OCGA 38-3-22
- Governor's emergency powers during a state of emergency resulting from a public health emergency: OCGA 38-3-51 (i)
- Emergency rule making authority; imminent danger to public health, safety or welfare: OCGA 50-13-4
- County board of health and wellness; quarantine: OCGA 31-12-2.1 (c)
- Sovereign immunity granted to those who allow their premises to be used for emergency management purposes: OCGA 38-3-32
- Immunity to those who provide equipment in emergencies: OCGA 38-3-33
- Immunity of state and political subdivision; immunity of emergency management workers: OCGA 38-3-35
- Immunity for individuals, partnerships, associations or corporations: OCGA 38-3-51

- Liability of persons rendering emergency care: OCGA 51-1-29 (Good Samaritan Law)
- Liability of voluntary health care provider; liability of sponsoring organization; exceptions: OCGA 51-1-29.1
- Immunity for volunteers of non-profit organizations and government entities: State Policy; Department of Human Resources Risk Management Program and Claims Manual – reference OCGA 50-21-20 et Seq.; Volunteer Protection Act of 1997 (42 U.S.C § 14501 e Seq.)
- Liability protection for individuals conducting public health related activities: Homeland Security Act of 2002, Section 304

Role of the Federal Government during a Pandemic

The federal government is responsible for nationwide coordination of the pandemic response. Specific areas of responsibility include the following:

- Surveillance in the U.S. and globally
- Epidemiologic investigation in the U.S. and globally
- Development and use of diagnostic laboratory tests and reagents
- Development of reference strains for vaccines
- Vaccine evaluation and licensure
- Determination of populations at highest risk and strategies for vaccination/antiviral use
- Assessment of measures to decrease transmission (e.g., travel restrictions, isolation, and quarantine)
- Deployment of federally purchased vaccine
- Deployment of antiviral agents that may be available as part of the Strategic National Stockpile
- Evaluation of the efficacy of response measures
- Evaluation of vaccine safety
- Deployment of the Commissioned Corps Readiness Force (CCRF) and Epidemic Intelligence Service (EIS) officers
- Medical and public health communications
- Activation and deployment of additional regional, federal and Department of Defense resources

Role of Georgia Division of Public Health Before and During a Pandemic

- Establish a state pandemic planning executive committee.
- Advocate the importance of pandemic planning to relevant decision-makers.
- Periodically update plan in close collaboration with relevant partners, including those outside the health sector, and with reference to current WHO and CDC guidelines.
- Ensure implementation of planning and preparedness activities at all levels of public authorities.
- Exercise pandemic plans and use the results to improve and refine plan and preparedness.
- Identify crucial gaps in state and/or local infrastructure and resources, laws and/or statutes, which, if not corrected in advance, may interfere with an effective response.
- Develop and maintain lists, including contact information, of partners, resources, and facilities.
- Identify, brief regularly, and train key personnel to be mobilized in case of the emergence of a new strain of influenza virus.
- Coordinate planning with bordering jurisdictions, including counties, states, and unique populations (such as new immigrant and refugee populations, and certain religious sectors).
- Consider the development of a state stockpile (antivirals, personal protective equipment, vaccines, laboratory diagnostics, and other technical support) for rapid deployment when needed.
- Ensure procedures for rapid sharing of specimens or isolates for virus characterization and development of diagnostics and vaccine.

- Develop surge capacity contingency plans for the internal management of state resources and essential workers during a pandemic.
- Illness surveillance in Georgia includes 6 major components:
    - Surveillance for virus illness: Sentinel health-care providers from private practices, clinics, hospitals, and university health services report the number of patient visits for illness (defined as fever and sore throat or cough) by age group and the total number of patient visits each week. These providers send specimens from patients to the state public health for viral isolation and typing. A sample of these isolates is sent to CDC for further strain characterization.
    - Virologic surveillance: Georgia Public Health Laboratory (GPHL) is one of the U.S. World Health Organization collaborating laboratories that report the number of clinical specimens tested for virus and the number of positive results by virus type and subtype. In addition, some hospital laboratories that are part of the National Respiratory and Enteric Viruses Surveillance System (NREVSS) also report the number of clinical specimens tested for virus and the number of positive results by virus type and subtype. Additional hospital laboratories report the number of clinical specimens tested for Respiratory Synctial Virus (RSV) and the number of positive results.
    - Surveillance for virus and pneumonia-associated deaths: The Vital Statistics Offices of Atlanta and Savannah report the percentage of total deaths caused by influenza and pneumonia each week.
    - Virus-associated pediatric and adult hospitalizations: The Emerging Infections Program (EIP) is monitoring virus-associated hospitalizations among children and adults in 7 hospitals in Health District 3 (Metropolitan Atlanta).
    - Virus-associated pediatric deaths: A virus-associated death in a child <18 years of age is reportable in Georgia. Deaths are reported through the State Electronic Notifiable Disease Surveillance System (SENDSS: *https://sendss.state.ga.us*).
    - State virus activity level: Each week, the state epidemiologist or designee reports virus activity as “widespread”, “regional”, “local”, “sporadic”, or “none” based on the surveillance systems described above and additional existing bioterrorism or syndromic surveillance systems available at the time.
    - Hospital Emergency Departments: Several hospitals both in the metro-Atlanta area and outside transmit data (including age, sex, chief complaint) to SENDSS via secure FTP. Chief complaints are categorized into syndromes (e.g. gastrointestinal, rash, and respiratory) and analyzed using the CDC Early Aberration Reporting System (EARS).
    - Emergency Medical Services (EMS): Data from EMS calls are collected through “First Watch,” a web-based surveillance system.
    - Schools Absenteeism: School enrollment and absenteeism data from some school districts are collected and analyzed on a weekly basis.
    - Over-the-counter drug sales: Pharmacy data are collected through the University of Pittsburgh Real-time Outbreak and Disease Surveillance (RODS).
    - Pneumonia surveillance: EIP conducts unexplained pneumonia surveillance, including information on health-care workers and international travelers.

- Surveillance Communication:
    - Send virus report to District health offices, Sentinel providers, and other interested parties (weekly during influenza season and as often as necessary after influenza season).
    - Post updated virus surveillance data on the Epidemiology Branch website.
    - Advertise the availability of virus surveillance information on the Epidemiology Branch website.
- State funds are used to purchase vaccine (if available) for VFC-eligible children only. Vaccine is sent at no cost to public health clinics and private providers.
    - Georgia Registry of Immunization Transactions and Services (GRITS) includes influenza vaccine.
    - Public Health clinic information is posted on the Georgia Adult Immunization Coalition website (http://www.gaic.org) through the Georgia Medical Care Foundation. Representatives from the Immunization Program, Epidemiology Branch, and Office of Communications participate in this coalition.
    - Vaccine recommendations are posted on the DPH website.
    - Vaccine coverage estimates are derived from the Behavioral Risk Factor Surveillance System.
- Educate public and providers on human influenza
    - Fact sheet and FAQ on website and in Notifiable Disease Manual
    - Virus Outbreak Prevention and Control for LTCFs
    - Virus Outbreak Prevention and Control for Schools
    - Provide media with periodic press releases
    - Post surveillance data to DPH website
- Communicate with the Georgia Department of Education

Georgia Emergency Management Agency (GEMA) Emergency Response – Pandemic

The federal Department of Homeland Security (DHS) and Georgia Department of Homeland Security – GEMA have an established threat condition levels. Threat conditions levels may change during a pandemic. GEMA, as a Standard Operation Plan and under authority of the Governor, shall activate and operate the State Emergency Operations Center during a declared emergency.

Role of the Georgia Department of Education Before, During, and After a Pandemic

The Georgia Department of Education (GaDOE) is committed to work with school districts to assist in the development of local pandemic plans and to serve as a resource for school districts. The GaDOE website has a link to the United States Department of Health and Human Services Pandemic Information, CDC, and other links so that school districts can find pertinent information as they develop pandemic plans and as they respond to and recover from a pandemic event.

The GaDOE encourages school districts to promote prevention and education. "Good Hygiene" posters, flyers, and pamphlets are available at ***www.pandemicflu.gov***. School, family, and business pandemic checklists are available, also, at the same website.

A protocol is in place at the GaDOE from the State School Superintendent Office to respond to unique and emergency-based situations in the state that impact local school districts and/or the GaDOE. With the Office of State School Superintendent's assistance, local school districts may send requests, such as State Board of Education or United States Department of Education waivers. Some issues, such as employee sick leave accrual, payroll, etc. may require a legal decision and are handled at the local school board level. However, the GaDOE will be in direct contact with the decision-makers and is prepared to share findings and decisions with the State Board of Education and local school districts expeditiously. Such decisions are based on emergency conditions and the best interests of students, parents, employees, communities, and the State of Georgia.

The GaDOE's Continuity of Operations Plan includes teleworking and technological improvements in employee-to-employee communications during a pandemic or other widespread emergency event. Plans are being implemented to allow more employees to telework and the flexibility of work hours has been expanded. Essential positions and personnel have been identified and cross-training is in progress in those departments. The Information Technology Division has established a security and staffing emergency plan. The Department of Human Resources has established a protocol to monitor staff attendance before, during, and after a pandemic event. This coupled with the expansion of teleworking and flexible work hours will aid continuity of work, recovery, and resumption of full operations after a pandemic event. All suppliers of services and goods to GaDOE are expected to have established an emergency response business/operations plan, including consultants.

Decision-Making Matrix

All Georgia state agencies are working together to ensure that the state's preparation and response to a pandemic at all stages will be a coordinated effort within the operational principles of incident management. However, it is not fully possible to determine every issue that may arise during a pandemic, particularly those that are related to the severity and duration of a pandemic.

The following Decision-Making Matrix is provided by the Georgia Division of Public Health. The Georgia Department of Education added the "GaDOE Actions" section. The Matrix is an attempt to clarify the roles of state agencies during a pandemic. This is a brief summary and is not intended to supplant more detailed information in this guide. **School closure decisions are made by local boards of education, based on public health information, unless the Governor or President of the United States declare a public health emergency.**

Event	National Decision-Maker	State Decision-Maker	State Spokesperson	District Health Dept. Actions	GDPH Actions	GEMA Actions	GaDOE Actions
A circulating animal flu subtype poses a substantial human risk				Strengthen pandemic preparedness; includes school districts	Strengthen pandemic preparedness; includes GaDOE	Strengthen pandemic preparedness	Strengthen pandemic preparedness; communicate with GDPH and GEMA
Small cluster with limited human-to-human transmission, localized	CDC and other relevant public health agencies monitor situation	GDPH-Division Director	GDPH-Division Director; GDPH-State Epidemiologist	Conduct inventory of space and resources; review current emergency plans; educate staff; vaccine coverage; communicate with school district	Internal planning; notifications; enhance surveillance if identified in North America; communicate with GaDOE	Advise key personnel; notifications if identified in North America	Advise key personnel; notify school districts if identified in North America; communicate with GDPH and GEMA
Larger clusters, suggesting the virus is becoming better adapted to humans	United States Dept. of Health and Human Services Secretary	GDPH-Division Director	GDPH-Division Director; GDPH-State Epidemiologist	Notify hospitals and local partners; notify local emergency management agency; communicate with school district	Internal planning; notifications; coordination; enhance surveillance; EOC activation planning; vaccine delivery and administration; communicate with GaDOE	Notification and State EOC activation planning	Advise key personnel; update school districts; ICC activation planning; create information website; communicate with GDPH and GEMA
Pandemic: increased and sustained transmission in general population	United States Dept. of Health and Human Services Secretary	GDPH-Division Director	GDPH-Division Director; GDPH-State Epidemiologist	Review plan for distribution of public sector vaccine; assist partners in administration of vaccine, when available; communicate with school district	Internal activation; notification; coordination; enhance surveillance; vaccine delivery and administration; develop disease control; and prevention protocols; communicate with GaDOE	Activate State EOC; notifications	Activate ICC; update school districts; update information website; communicate with GDPH and GEMA

Event	National Decision-Maker	State Decision-Maker	State Spokesperson	District Health Dept. Actions	GDPH Actions	GEMA Actions	GaDOE Actions
Further spread of virus to multiple hemispheres; formal declaration made	President of the United States (could include social distancing and partial or full closures)	Georgia Governor (could include social distancing and partial or full closures)	GDPH-Division Director (advisor to the Governor)	Coordinate use of local resources; communicate with GDPH, OHS-GEMA; communicate with partners and assist partners in administration of vaccine and antivirals, when available; communicate with school districts	Internal activation; notifications; communication with partners; coordination; surveillance; planning and assessment; vaccine delivery and administration; develop disease control and prevention protocols; establish information hotline; communicate with GaDOE	Notification; activate State EOC; coordinate state agency responses and communication; respond to needs of local emergency management; establish information hotline	Activate ICC; communicate with school districts; establish information hotline for school districts; coordinate and communicate with State EOC and GDPH; serve to communicate public health information to school districts as needed by public health
Resurgence of virus activity within weeks or months following the initial wave of infection	CDC	GDPH Division Director	GDPH Division Director; State Epidemiologist	Coordinate use of local resources; communicate with GDPH, OHS-GEMA; communicate with partners and assist partners in administration of vaccine and antivirals, when available; communicate with school districts	Internal activation; notifications; communication with partners; coordination; surveillance; planning and assessment; vaccine delivery and administration; develop disease control and prevention protocols; establish information hotline; communicate with GaDOE	Notification; State EOC; coordinate state agency responses and communication; respond to needs of local emergency management-establish information hotline	ICC; communicate with school districts; continue information hotline for school districts; coordinate and communicate with State EOC and GDPH; serve to communicate public health information to school districts as needed by public health
Cessation of pandemic and return to more typical wintertime "epidemic" cycle	CDC	GDPH Division Director	GDPH Division Director; State Epidemiologist	Assess local capacity to resume normal public health functions/health care delivery; assess local response; communicate with school districts	Internal planning; notification; retrospective studies; evaluate response; summarize and adjust state plan, if necessary; communicate with GaDOE	Notification; deactivate State EOC unless needed to aid local and state recovery; evaluate response	Deactivate ICC unless needed to aid school districts; assess waiver requests; continue information hotline for school districts; staff develops status report for state superintendent; evaluate response; communicate with GDPH and GEMA

References

- Broward County School District, *Pandemic Plan for Schools* *www.browardschools.com*
- California Contra Costa Health Services *www.cchealth.org*
- Centers for Disease Control and Prevention, *Interim Pre-Pandemic Planning Guidance* *www.pandemicflu.gov*
- United States Department of Education, *Pandemic Planning* ***www.ed.gov***
- DeKalb County School District, *Pandemic Management Plan* *www.dekalb.k12.ga.us*
- Georgia Department of Public Health, *Pandemic Influenza Plan for Georgia* *www.health.state.ga.us*
- Iowa Department of Public Health, *Pandemic Influenza Planning guide for Iowa Schools* *www.idph.state.ia.us*
- Metro-Atlanta School Districts Pandemic Planning Sub-Committee, *Decision Matrix*
- State of New Hampshire, *Influenza Pandemic Public Health Preparedness & Response Plan* *www.dhhs.nh.gov*
- Virginia Department of Education, *Pandemic Planning Guide for Schools* *www.pen.k12.va.us*

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Pandemic: Health Tips

http://www.cdc.gov/germstopper/

Information for parents and school staff:

Protect yourself against the spread of viruses:

- The main way illnesses like the flu and the common cold spread is by tiny droplets sprayed into the air when someone coughs or sneezes. Cover your nose and mouth with a tissue or your upper sleeve when coughing or sneezing. Throw away used tissues immediately.
- Wash hands thoroughly and often. That means using soap and warm water and washing for 20 seconds. Use alcohol-based hand sanitizers when hand washing is not possible.
- Avoid touching your eyes, nose or mouth. Germs are often spread when you touch something contaminated with germs. Germs can live for two hours or more on surfaces like doorknobs, desks, or chairs.
- Avoid close contact with those who are sick.
- Visit http://www.cdc.gov/germstopper/ for more information.

If you become sick, take these steps to get well:

- Wash your hands often.
- Stay home and keep your distance from others to protect them from getting sick, too.
- Get plenty of rest.
- Drink lots of fluids like water, tea, broth or juice.
- Take acetaminophen or ibuprofen as needed for pain or fever.
- Use a vaporizer or saline drops to relieve congestion.

SAMPLE PARENT LETTER: Prevention and Information
Use this letter to help prepare parents for pandemic before local cases are confirmed.

Dear Parents,
This letter will help your family prepare for a pandemic that could make many people sick. It is important to know that currently there is **no** pandemic virus in our community.

However, public health officials are worried the virus may change so that it can infect people and spread easily from person-to-person. This may lead to a widespread outbreak, called a pandemic.

Public health officials want people to protect themselves against a virus. Here are some ways to protect your family:

- ✓ Keep children who are sick at home. Don't send them to school.
- ✓ Teach your children to wash hands with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to stay at least three feet away from people who are sick.
- ✓ People who are sick should stay home from work or school and avoid other people until they are better.

If you have questions, please contact your school nurse, healthcare provider, or your local board of health or check the CDC website.

The federal government website with information on planning for individuals and families:
http://www.pandemicflu.gov
American Red Cross http://www.redcross.org
http://www.redcross.org

SAMPLE LETTER: Case in the United States
Use this letter to help prepare parents for pandemic after confirmation that the virus is spreading but is not yet in the local community.

Dear Parents,
A potential pandemic virus is now in the United States. Health officials are concerned that the flu virus may spread to several states. This would cause a widespread outbreak, called a pandemic. So even though there are no virus cases nearby, we want to remind you about some ways to protect your family from getting sick:

- ✓ Keep children who are sick at home. Don't send them to school.
- ✓ Teach your children to wash hands a lot with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to stay at least three feet away from people who are sick.
- ✓ People who are sick should stay home from work or school and avoid other people until they are better.

We will keep you informed if the situation changes. Please know that we are always in contact with the local board of health .

If you have questions, please contact your school nurse, healthcare provider, or your local board of health or check the CDC website.

The federal government website with information on planning for individuals and families: *http://www.pandemicflu.gov*
The American Red Cross: *http://www.redcross.org*

SAMPLE LETTER TO PARENTS: Case in Georgia

Use this letter to give parents basic information about a pandemic outbreak and to inform parents that a virus is in Georgia but not in your school district.

Dear Parents,

This letter will give you information about a virus outbreak in [Insert county/city here]. This year there is a new virus that is making many people sick. So many people are sick that United States health officials call it a "pandemic virus." A virus case has been confirmed in Georgia and in a Georgia school district. We have no confirmed or probable cases in our school district. If this changes, we will follow the CDC guidance and inform you of any changes in school operations.

At this time, the county health department tells us that students who are not ill can safely come to school. The schools will remain open. We will keep you updated with any important information.

To keep the virus from spreading to more people, we ask you to keep sick children home. Any children who are sick in school will be sent home. Public health officials want you to protect yourself and your family against pandemic virus. Here are some ways to stop the spread of germs and sickness:

- ✓ Keep children who are sick at home. Don't send them to school.
- ✓ Teach your children to wash hands a lot with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to stay away at least three feet away from people who are sick.
- ✓ People who are sick should stay home from work or school and stay away from other people until they are better.

If the pandemic continues to spread and more students become ill, schools may close. The purpose of closing schools will be to keep children from getting sick. If schools are closed, children should stay at home. Begin planning now for childcare in your home. Recommendations may change during a pandemic outbreak.

If you have questions, please contact your school nurse or healthcare provider. You can call the school hotline (INSERT NUMBER). You may also contact the local health department (INSERT NUMBER or WEBSITE). You may check the CDC website.

The federal government has a website with information on planning for individuals and families: *http://www.pandemicflu.gov*, as does the American Red Cross: *http://www.redcross.org*

SAMPLE LETTER TO PARENTS and STAFF: Case in nearby County
Use this letter to inform parents that a virus is in Georgia and is in a nearby county but not in your school district.

Dear Parents/Guardians/Staff:
I hope you have taken time to carefully review the letter from me regarding the virus that was distributed to all students and staff and is now posted on our website. As of this writing, there have been no confirmed cases of this flu in _____ County. However, there has been a confirmed case in _____ County.

At this time, local public health officials tell us that students can continue to safely attend classes and schools will remain open. The spread of the virus will be monitored closely in the coming days and we will follow recommendations of public health in response to any changes in the status of the virus which could affect our schools and community.

In the event there are confirmed cases in _____ County, we will work with public health officials to carefully evaluate necessary actions. If school closings become necessary, we will make every effort to inform our community immediately using our website, our education channel, and the media. Based on the circumstances, schools may be closed for days or weeks. Parents should begin now making plans for childcare in the event it is needed. We will inform you of our plans to continue education is some form [school may want to attach instructions for education continuity]

Please continue to implement the following measures to protect against the flu:

- Staying home from work or school and limiting contact with others when you are sick
- Covering your nose and mouth with a tissue when you cough or sneeze and properly discard used tissues. If no tissue is available, cough or sneeze into your upper sleeve, not your hands.
- Frequently washing your hands with soap and water or an alcohol-based hand sanitizer
- Avoiding touching your eyes, nose and mouth. Germs spread this way.
- Avoiding close contact with those who are ill.

Up-to-date health information can be obtained at the CDC website.

SAMPLE LETER TO PARENTS: *Use this letter to inform parents of school closing.*

Dear Parents,

The _____health officials have recommended that _____ school(s) in _____ to close immediately. This order is because of the pandemic virus situation.

_____ school(s) is/are immediately closed until further notice and children should stay home. The school(s) may be closed for several days or weeks to reduce contact among children and stop the spread of the virus. We know this is a hard time for our community and our hearts go out to those who are ill.

We will remain in contact with you to update the status of the school(s). You may wish to check our school district webpage for updated information and tune to local news stations for more information and for information on our plan to continue education.

We know that it may be hard to get a doctor's appointment, go to a clinic or even be seen in a hospital emergency room. Here are some tips for helping those who are sick with the flu:

- ✓ Have them drink a lot of liquid (juice, water).
- ✓ Keep the sick person as comfortable as possible. Rest is important.
- ✓ For fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol). Do not use aspirin with children or teenagers; it can cause Reye's syndrome, a life-threatening illness.
- ✓ Keep tissues and a trash bag within reach of the sick person.
- ✓ Be sure everyone in your home washes their hands frequently.
- ✓ Keep the people who are sick with the flu away from the people who are not sick.

For more information, call your healthcare provider or the local health department (insert number) and check the CDC website.

We will contact you as soon as we have information about when school will reopen, and we will inform the local news media.

We encourage all parents to encourage their children to read whatever textbooks are available at home, to read other reading material at home, to practice computations and writing while at home, and access instructional programs on the internet, network, public, and/or access channels.

SAMPLE LETER TO PARENTS: School Re-Opens
Use this letter to inform parents schools are re-opened.

Dear Parents,
The _____health officials have declared the pandemic virus is under control. Our school will open again on _____. At this time, students may safely return to class.

Even though school is opening, there are still some people who are sick from the virus. Health officials say that pandemic flu outbreaks sometimes happen in waves. This means more people could become sick soon again. If more people get sick, schools may need to close again. We will continue to give you any important information.

Because the flu can still be spread from person-to-person, please keep children who are sick at home. Don't send them to school.

We are looking forward to seeing your children again. Please remain alert for any news media updates and periodically check the school district's website for updates or other pertinent information.

In the near future, we will provide you more information about how school days and schoolwork missed during the school closure will be made up. We will also send you a revised school year calendar as soon as possible.

If your child has any physical or mental health needs because of the virus outbreak, please let your child's school counselor know as soon as possible.

SAMPLE PANDEMIC TABLETOP EXERCISE

The ultimate goal of a pandemic tabletop exercise is to provide school districts as well as their respective communities and public health partners an opportunity, through discussion of possible events, to better prepare for a pandemic flu outbreak.

Set up:

Use a meeting room that will hold up to 20 people. Set aside a half day to a day for the exercise. Bring in individuals you either have designated for leadership positions if your plans are in place or ones you believe would be important in the event of a pandemic event. Ask your local health department and emergency management personnel to participate in the setup of the exercise and to participate in the tabletop exercise. Consider including non-participating observers to make notes of the exercise. Consider allowing others including local hospital administration and Red Cross to evaluate the process and provide information or answer questions as needed.

Irrespective of your present level of planning, the exercise will lead to a list of priorities for addressing an event of this type. Many of the issues that will arise will be helpful for other "all hazards" preparedness planning. You will also be introduced to other "key partners" in the community who will also be affected by the event.

You can either present the entire scenario to participants or break out the modules and present them separately, in order, to participants as the scenario progresses. Adapt the scope and as needed in relation to local circumstances. Set time limits for each module discussion.

Purpose:

- To raise awareness of issues associated with a Pandemic Influenza Outbreak
- To evaluate gaps in school plans
- To begin the process of internalizing the scope and magnitude of a relatively 'worst case" pandemic influenza event

Objectives:

- Illustrate the present level of Pandemic Preparedness Planning for your school and school system.
- Explain how priorities are established by an emergency planning committee during a Pandemic.

- Illustrate the present level of interaction with local public health.

- Describe the challenges associated with a pandemic flu event.

Narrative (baseline setting):

- WHO (World Health Organization) has raised the Pandemic Alert level based upon evidence of sustained and increasing levels of human-to-human transmission.

- CDC (Centers for Disease Control and Prevention) has issued travel restrictions and is encouraging public health entities to implement enhanced surveillance for patients who may have flu symptoms.

Module 1 – Setting:

- Two weeks pass. Several patients have been laboratory confirmed to have the influenza virus that has been associated with the human-to-human transmission. These cases are initially identified on the East and West coasts of the United States.

- CDC has issued Health Alerts to State and Local Public Health Departments urging them to take necessary public health measures to contain outbreaks.

- Local and National media are running stories on flu cases and has increased concerns among the public.

Discussion

1. What are the issues for your schools and public health at this point in the scenario?
2. What measures does your plan call for? Do you have a plan?
3. Are your command and control systems in place (National Incident Management System based or other) to begin coordinating efforts?
4. What communications have you had with your local public health authorities?
5. How would you monitor and support your employees during this period of a pandemic?
6. Is your external communications plan functioning? How do you think the media will report the event? How will you respond to their requests for information?
7. What special or unique issues exist within schools that need to be anticipated and dealt with? (e.g. legal, technical, contractual, teachers, students, nursing, maintenance, food service)
8. Of the issues that arise, which ones would apply to other crisis management situations?
9. How did you respond upon initially hearing of cases in other parts of the country?

10. Identify which elements of crisis response infrastructure you have in place and which ones you do not. What are your strengths and weaknesses? Use this as your baseline for the rest of the scenario.

Module 2 – Setting

- Two more weeks pass. Your state health department confirms five cases of the virus have been reported within the state.

- Local universities and other public schools are experiencing increased absentee rates. It is not known to what degree this is a self-quarantine situation or a result of actual illness.

- The school nurse reports indications of symptoms in the student population in your school and school district.

- Teachers and other staff begin calling in reporting symptoms for themselves and/or their own children or family members and cannot report to work.

- Hospitals are reporting shortages in Personal Protective Equipment (PPE) and staff. Once again, it is unknown how much of this is due to the virus, fear or rumor.

Discussion

1. What information do school and public health decision-makers need to know at this point?
2. How will the school district receive information from local public health?
3. How or can you obtain the information?
4. What measures would the school implement at this time?
5. How will you maintain continuity of operations during this phase? Do you have a Continuity of Operations Plan (COOP) in place?
5. What systems/procedures do you wish you had put in place prior to this situation?

Module 3 – Setting

- After four weeks of widespread illness and an exponentially increasing number of cases, the public is fearful of going out into the community and public health has begun implementing "voluntary" community containment measures.

- You receive reports that some students and staff have symptoms of the virus.

- Local hospitals report several citizens are coming in with real or imagined virus symptoms.
- Schools are being pressured to close by public health, but businesses, parents and others want the schools to remain open.

- Supply systems for your schools including food and maintenance are no longer functioning.

- People within your family are sick and others are showing symptoms. Of the 10 people initially in your decision-making system, some are absent. You have not heard from and cannot contact two of them.
- You have received an increasing number of calls from staff who have recovered from the flu.

Discussion

1. Will schools be closed?
2. Do you have an alternative to closing schools? (i.e., screening procedure)
3. What is your criterion for closing or not closing school? Does your plan include public health in the decision to close schools?
4. If schools are closed, how and for how long? How will the announcement be made? How will employees know?
5. What are your procedures for closing schools and securing buildings?
6. What are your plans for educational continuity?

Summary

- Acknowledge that this scenario represents a "worst case" scenario and decide if future exercises (after improvement actions are taken) should function at this or a "better case" level based upon existing planning estimates. This tabletop example is primarily to provide a baseline for planning purposes.
    - Discuss how well your local community response plans are coordinated.
    - Explain how you would prioritize needs at various points during the event (modules).
    - What role would, should or could the school and/or school system play within the local response to the event?

- Describe logistical challenges associated with a pandemic flu event.

- Knowing that there will likely be a second wave of the pandemic influenza coming, how will you prepare for that? What will be different? What will be the same in that event?

- Provide an anonymous process evaluation form for participants and technical assistance providers to submit.

ADDITIONAL SAMPLE QUESTIONS TO GUIDE A TABLETOP EXERCISE FOR PANDEMIC PLANNING

- What kind of educational material is available to faculty, staff, students and parents about pandemic influenza?
- Does the plan outline the decision-making process, key personnel, and criteria for cancelling classes or closing schools? For example, are decisions made by the education or health agency? At the state or local level? Or, collaboratively?
- Have faculty, staff, community and emergency response partners been involved in providing input and feedback for crisis planning for schools?
- Is the school district's current emergency response plan suited for a pandemic influenza outbreak?
- Is there a communication plan for keeping schools informed of decisions regarding school scheduling and closures?
- Does the school system have a surveillance system for absences? If so, is this system linked to the local health department or other health-related entity?
- Does the school plan adequately address the maintenance of educational operations in the case of pandemic? If so, what plan is in place for maintaining continuity of instruction (tele-schooling, individual/group mentoring) for students?
- What is the school procedure for school closure when a public health emergency has been declared?
- To address the fear of a pandemic influenza outbreak, does the school district have the capabilities to provide psychological support for student and faculty/staff when needed?
- Does the school have established communication protocols with parents, staff, community and emergency response partners, such as local health departments and media, before and during a public health emergency?
- What is the school's plan to communicate with media for latest information dissemination?
- What is the school's plan to communicate with public health during pandemic influenza outbreak?

- What key procedures are in place to support the continuity of essential school operations, during a long-term school closure? The following items should be considered during discussion
    - Air quality/HVAC system functions
    - Decontamination
    - Safe learning environment and alternative teaching and learning methods
    - Payroll
    - Line of Succession for all key staff
- How much time/school days does the district need to prepare to reopen individual schools within the district? For example, how many days are needed to:
    - Replenish cleaning and hygiene supplies;
    - Assess, identify and prioritize the order of individual schools to reopen;
    - Assess staff capacity, including substitutes (remember, nearby school district will also be recruiting substitutes);
    - Inform and train staff on health and prevention issues;
    - Inform parents of school reopening plans and procedures; and
    - Inform, train and modify learning environment to meet the needs of available staff and healthy students at school alongside alternative strategies addressing those at home.
- What is the school's plan to provide psychological support to faculty, staff, students and parents who have been in isolation for three months and are having difficulty re-adjusting to "regular life?"
- What is the school's plan to maintain monitoring for possible resurgence of the virus?
- Does the emergency management plan provide protocols standards for decontaminating the buildings and standards providing for a safe and healthy environment?
- What kind of resources does a district need in order to rehabilitate the learning environment (i.e., what supplies and tool, how many staff, how many days.) For example,

if the school was used as a community facility, such as a makeshift hospital or clinic or vaccine distribution site, what are the procedures for sanitizing the facilities?

- Does the district have agreements in place with local and/or State emergency response entities regarding decontamination processes and determinations of safety?
- Does the plan provide criteria for students and staff re-entering the school community and recontamination prevention programs? For example, those who have been exposed in the last seven days are not permitted to attend school. For those attending school, are there sufficient hand-washing supplies and information awareness campaigns preventing the spread of germs?
- What are the school's procedures to maintain communication with parents, staff, community and public health in case the virus resurfaces?
- What is the school's plan to provide psychological support for faculty, staff, and students due to influenza related serious illnesses or fatalities?
- Does the school plan adequately address key issues, such as school faculty and staff training in pandemic flu knowledge and handling high morbidity and/or mortality in schools, in dealing with a mass influenza outbreak?
- What issues did you identify in your procedures that could hinder pan flu efforts?
- Does the school and district emergency response plan adequately address key issues faced during a long-term school closure, including continuity of instruction, feasibility of feeding students in school meal programs, continuity of business operations (e.g., payroll) and leave policies for teachers?
- Do the school procedures properly coordinate communication response activity among schools, community and public health during a pandemic influenza event? In your opinion, what can be done to maintain and coordinate communication during an emergency situation such as the pandemic influenza scenario presented in the exercise?
- Does the plan discuss/include resources to the district and schools?
- What are the roles and responsibilities of parents throughout the district's pandemic influenza plan? Do they participate in prevention-mitigation activities? Preparedness? Response? Recovery? Are parents involved in the decision to cancel classes? At what level are they engaged?

- Overall, is the school capable of effectively and efficiently recovering from a mass influenza outbreak in order to resume a safe learning environment? Can the team identify methods for hastening the disinfectant process? What social distancing strategies can be added?

TIPS FOR PARENTS

Plan for an extended stay at home during a pandemic:

- ✓ Ask your employer about how business will continue during a pandemic.
- ✓ Ask your employer if you can work from home during a pandemic.
- ✓ Plan alternative childcare in the event that schools are closed, and parents are working.
- ✓ Plan for a possible reduction or loss of income, if you are unable to work or your place of employment is closed.
- ✓ Check with your employer or union about leave policies.
- ✓ Plan home learning activities and exercises. Have materials, such as books, on hand.
- ✓ Plan recreational activities that your children can do at home.

Items to have on hand for an extended stay at home - examples of non-perishable foods Health and emergency supplies:

- ✓ Ready to eat canned meats, fruits, vegetables, soups
- ✓ Prescribed medical supplies such as glucose and blood pressure monitoring
- ✓ Protein or fruit bars
- ✓ Dry cereal or granola
- ✓ Peanut butter and jelly
- ✓ Dried fruit, nuts, trail mix
- ✓ Crackers
- ✓ Canned juices
- ✓ Canned or jarred baby food
- ✓ Baby formula
- ✓ Soap and water or alcohol-based hand wash
- ✓ Medicines for fever, such as acetaminophen (Tylenol) or ibuprofen (Motrin)
- ✓ Thermometer
- ✓ Vitamins
- ✓ Fluids with electrolytes, such as Pedialyte®
- ✓ Bottled water
- ✓ Flashlight with extra batteries
- ✓ Portable radio with extra batteries
- ✓ Manual can opener
- ✓ Pet food
- ✓ Garbage bags
- ✓ Tissues, toilet paper, disposable diapers

If someone in your home develops symptoms (fever, cough, muscle aches):

- ✓ Encourage plenty of fluids to drink.
- ✓ Keep the ill person as comfortable as possible. Rest is important.
- ✓ For adults with fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol)
- ✓ Do not use aspirin in children or teenagers; it can cause Reye's syndrome, a life- threatening illness.
- ✓ Sponging with tepid (wrist-temperature) water lowers fever only during the period of sponging. Do not sponge with alcohol.
- ✓ Keep tissues and a trash bag for their disposal within reach of the patient.
- ✓ All members of the household should wash their hands frequently.
- ✓ Keep other family members and visitors away from the person who is ill.

CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
☐	☐	☐	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
☐	☐	☐	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
☐	☐	☐	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
☐	☐	☐	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
☐	☐	☐	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
☐	☐	☐	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
☐	☐	☐	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
☐	☐	☐	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
☐	☐	☐	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
☐	☐	☐	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
☐	☐	☐	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
☐	☐	☐	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
☐	☐	☐	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
☐	☐	☐	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov/flu/school/ and www.healthykids.us/cleanliness.htm.)
☐	☐	☐	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
☐	☐	☐	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov/od/oc/media/pressrel/r060223.htm.)
☐	☐	☐	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm.)
☐	☐	☐	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml.)
☐	☐	☐	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us/chapters/sick_main.htm.)
☐	☐	☐	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml.)
☐	☐	☐	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
☐	☐	☐	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

4. Communications Planning:

Completed	In Progress	Not Started	
☐	☐	☐	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
☐	☐	☐	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
☐	☐	☐	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.
			☐ How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.)
			☐ How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.)
			☐ How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.)
			☐ How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

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SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST

Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities **http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf**).

Further information on pandemic influenza can be found at **www.pandemicflu.gov**.

1. Planning and Coordination:

Completed	In Progress	Not Started	
☐	☐	☐	Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.
☐	☐	☐	Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
☐	☐	☐	As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.
☐	☐	☐	Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS.
☐	☐	☐	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
☐	☐	☐	Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.
☐	☐	☐	Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.
☐	☐	☐	Contribute to the local health department's operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
☐	☐	☐	Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
☐	☐	☐	Participate in exercises of the community's pandemic plan.
☐	☐	☐	Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

1. Planning and Coordination (cont.):

Completed	In Progress	Not Started	
☐	☐	☐	Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
☐	☐	☐	Implement an exercise/drill to test your pandemic plan and revise it periodically.
☐	☐	☐	Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

Completed	In Progress	Not Started	
☐	☐	☐	Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.
☐	☐	☐	Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.
☐	☐	☐	Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
☐	☐	☐	Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.
☐	☐	☐	Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.
☐	☐	☐	Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
☐	☐	☐	Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
☐	☐	☐	Establish policies for transporting ill students.
☐	☐	☐	Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).

4. Communications Planning:

Completed	In Progress	Not Started	
☐	☐	☐	Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
☐	☐	☐	Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
☐	☐	☐	Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.

4. Communications Planning (cont.):

Completed	In Progress	Not Started	
☐	☐	☐	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
☐	☐	☐	Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.
☐	☐	☐	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
☐	☐	☐	Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
☐	☐	☐	Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
☐	☐	☐	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
☐	☐	☐	Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.

Pandemic Flu Planning Checklist for Individuals & Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- ❑ Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- ❑ Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- ❑ Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- ❑ Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- ❑ Volunteer with local groups to prepare and assist with emergency response.
- ❑ Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- ❑ Teach your children to wash hands frequently with soap and water, and model the current behavior.
- ❑ Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- ❑ Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables	Examples of medical, health, and emergency supplies
❑ Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups	❑ Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
❑ Protein or fruit bars	❑ Soap and water, or alcohol-based (60-95%) hand wash
❑ Dry cereal or granola	❑ Medicines for fever, such as acetaminophen or ibuprofen
❑ Peanut butter or nuts	❑ Thermometer
❑ Dried Fruit	❑ Anti-diarrheal medication
❑ Crackers	❑ Vitamins
❑ Canned juices	❑ Fluids with electrolytes
❑ Bottled water	❑ Cleansing agent/soap
❑ Canned or jarred baby food and formula	❑ Flashlight
❑ Pet food	❑ Batteries
❑ Other nonperishable foods	❑ Portable radio
	❑ Manual can opener
	❑ Garbage bags
	❑ Tissues, toilet paper, disposable diapers

Emergency Contacts:

Contacts		Name/Phone Number
Local personal emergency contact		
Out-of-town personal emergency contact		
Hospitals near:	Work	
	School	
	Home	
Family physician(s)		
State public health department (See list on www.pandemicflu.gov/state/statecontacts.html)		
Pharmacy		
Employer contact and emergency information		
School contact and emergency information		
Religious/spiritual organization		
Veterinarian		

United States Department of Education Questions and Answers:
School Operations During and After a Severe Pandemic[1]

The U.S. Department of Education (Department) has established a working group to provide information and resources to parents, students, teachers, schools, and school personnel related to the possible outbreak of COVID-19 ("coronavirus") in school districts and postsecondary schools. Schools play an important role in disseminating information about and limiting the spread of the coronavirus.

In addressing the possible risk of an outbreak of coronavirus in school districts and postsecondary schools, school officials must keep students safe and secure. In doing so, school officials should keep in mind federal civil rights requirements and respond appropriately to allegations of discrimination on the basis of race, color, national origin, sex, or disability.

Schools and school administrators should use guidance from the Centers for Disease Control and Prevention (CDC) to determine, in close consultation with public health authorities, what actions to take to further reduce the potential risk of coronavirus transmission in schools, and should check the CDC website at "Coronavirus Disease 2019 (COVID-19)" (https://www.cdc.gov/coronavirus/2019-nCoV/index.html) periodically for any updated guidance.

Compliance with CDC's recommendations should not create civil rights concerns. Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibits disability discrimination by schools receiving federal financial assistance. Title II of the Americans with Disabilities Act of 1990 (Title II) prohibits disability discrimination by public entities, including schools. Title VI of the Civil Rights Act of 1964 (Title VI) prohibits race, color, and national origin discrimination by schools receiving federal funds.

This section provides information representing the interpretation of the Department of the applicable statutory or regulatory requirements in the context of the specific facts presented here and is not legally binding. The information in this section is not intended to be a replacement for the careful study of Section 504, Title II, or Title VI and their implementing regulations. Information regarding these federal civil rights laws and regulations and other important documents can be found at https://www2.ed.gov/about/offices/list/ocr/index.html. School districts and postsecondary schools have significant latitude and authority to take necessary actions to protect the health, safety, and welfare of students and school staff. School officials have discretion to make educational decisions based on local health needs and concerns, and OCR recognizes this decision-making authority.

[1] Subject to change by the United States Department of Education.

As school leaders respond to evolving conditions related to coronavirus, they should be mindful of the requirements of Section 504, Title II, and Title VI, to ensure that all students are able to study and learn in an environment that is safe and free from discrimination Responding to Discrimination in Schools Bullying or Harassment Both Section 504 and Title VI require that every postsecondary, secondary, or elementary school that receives federal funds take appropriate action to investigate or otherwise determine what occurred when responding to reports of bullying and harassment of students based on actual or perceived disability, race, color, or national origin. If a school's investigation reveals that bullying or harassment based on actual or perceived disability, race, color, or national origin limited or denied a student's ability to participate in or benefit from the services, activities, or opportunities offered by a school, then the school must take prompt and effective steps reasonably calculated to end the bullying or harassment, and restore access to the educational program. The failure to do so could be a violation of Section 504 or Title VI. Denial of Access on the Basis of Race, Color, or National Origin In addressing the possible risk of an outbreak of coronavirus in school districts and postsecondary schools, school officials must keep students safe and secure. At that same time, school officials have an obligation to avoid discrimination on the basis of race, color, or national origin while cooperating with public health authorities to ensure that individuals are assessed and treated appropriately based on their actual risk status.

School officials may not rely on assumptions or stereotypes related to race, color, or national origin in identifying students who may have recently traveled to a country with widespread transmission of coronavirus or who may otherwise be at risk of coronavirus infection. For example, a practice of only inquiring about the recent travel of students or family members of a particular race or national origin, rather than screening students based on recent travel, could raise civil rights concerns.

For information that schools can share to protect against any misinformation that might lead to discriminatory behavior, please see the CDC's "Share Facts About COVID-19," at https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts.html. Students with Disabilities at Elementary and Secondary Schools School officials have an obligation to avoid discrimination on the basis of disability under Title II and Section 504, while cooperating with public health authorities to ensure that students with disabilities have access to the school's education program.

School officials should acknowledge the expertise and role of public health authorities, as well as parental concerns, to determine whether students should stay home. If a student who has an individualized education program (IEP) through the Individuals with Disabilities Education Act, or is receiving services under Section 504, is required or advised to stay home by public health authorities or school officials for an extended period of time because of COVID-19, provision should be made to maintain education services. This also applies if the student is absent from school as advised by the student's treating physician, consistent with school policy and documentation requirements. During such absences, if the school is open and serving other

students, the school must ensure that the student continues to receive a free appropriate public education (FAPE), consistent with protecting the health and safety of the student and those providing that education to the student. If feasible, the student's IEP Team, or the personnel responsible for ensuring FAPE to a student for the purposes of Section 504, can be utilized to assist with the effort to determine if some, or all, of the identified services can be provided through alternate or additional methods.

Accessible technology may afford students, including students with disabilities, an opportunity to have access to high-quality educational instruction during an extended school closure, especially when continuing education must be provided through distance learning. If a school district closes its schools and does not provide any educational services to the general student population, then a school would not be required to provide services to students with disabilities during that same period of time. Once school resumes, the school must return to providing special education and related services to students with disabilities in accordance with the student's IEP or, for students entitled to FAPE under Section 504, consistent with any plan developed to meet the requirements of Section 504.

The Department understands that there may be exceptional circumstances that could affect how a particular service is provided. If a student does not receive services after an extended period of time, the student's IEP Team, or appropriate personnel under Section 504, must make an individualized determination whether and to what extent compensatory services are needed consistent with the respective applicable requirements, including to make up for any skills that may have been lost. Additionally, IEP Teams are not required to meet in person while schools are closed. If an evaluation of a student with a disability requires a face-to-face assessment or observation, the evaluation would need to be delayed until school reopens. Evaluations and re-evaluations that do not require face-to-face assessments or observations may take place while schools are closed, so long as a student's parent or legal guardian consents. These same principles apply to similar activities conducted by appropriate personnel for a student with a disability who has a plan developed under Section 504, or who is being evaluated under Section 504.

For more information on providing services to students with disabilities during the coronavirus outbreak, see: https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf Students with Disabilities at Postsecondary Schools Officials at postsecondary schools should consult with public health officials in determining how to respond when there are cases of coronavirus in the community. Whatever decisions are made by the school (such as decisions to temporarily suspend classes), schools must continue to comply with their non-discrimination obligations under federal civil rights laws, including Section 504 and Title II.

FERPA[2]

The United States (U.S.) Department of Education (Department) is issuing these Frequently Asked Questions (FAQs) regarding the Family Educational Rights and Privacy Act (FERPA) and the coronavirus disease 2019, abbreviated as "COVID-19" and more commonly referred to as "coronavirus." The Department is working with our Federal partners including the Centers for Disease Control and Prevention (CDC), which is leading the Federal effort to address coronavirus or COVID-19.

The U.S. Department of Health and Human Services (HHS) issued on January 31, 2020, a declaration of a Public Health Emergency regarding coronavirus or COVID-19.2 The Department's Student Privacy Policy Office (SPPO) prepared this document to assist school officials working with public health officials in managing public health issues related to COVID-19, while protecting the privacy of students' education records. Understanding FERPA helps enable school officials to act quickly and with certainty when confronting challenges that affect the health or safety of students or other individuals.

Educational agencies and institutions, such as school districts, schools, colleges and universities, can play an important role in slowing the spread of COVID-19 in U.S. communities. Through information sharing and coordination with public health departments, educational agencies and institutions can help protect their schools and communities. The purpose of this document is to assist school officials in protecting student privacy in the context of COVID-19 as they consider the disclosure of personally identifiable information (PII) from student education records to individuals and entities who may not already have access to that information.

School officials should work with their State and local public health officials to determine the information needed to address this public health concern. Understanding how, what, and when information can be shared is a critical part of preparedness. Background FERPA is a Federal law that protects the privacy of student education records. (20 U.S.C. § 1232g; 34 C.F.R. Part 99) The law applies to all educational agencies and institutions that receive funds under any program administered by the Secretary of Education. The term "educational agencies and institutions" under FERPA generally includes school districts and public schools at the elementary and secondary levels, as well as private and public institutions of postsecondary. Please note that this FERPA & Coronavirus Disease 2019 (COVID-19) FAQ document updates the Department's 2009 FERPA & H1N1 document. Other than statutory and regulatory requirements included in the document, the contents of the guidance do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

[2] Subject to change by the United States Department of Education.

Private schools at the elementary and secondary levels generally do not receive funds from the Department and are, therefore, not subject to FERPA. FERPA gives parents certain rights with respect to their children's education records at educational agencies and institutions to which FERPA applies. These rights transfer to the student when he or she reaches the age of 18 or attends an institution of postsecondary education at any age (thereby becoming an "eligible student"). 20 U.S.C. § 1232g(d); 34 C.F.R. § 99.5(a)(1). Under FERPA, a parent or eligible student must provide a signed and dated written consent before an educational agency or institution discloses PII from education records, unless an exception to this general consent requirement applies. 34 C.F.R. § 99.30(a). Exceptions to the general consent requirement are set forth in 20 U.S.C. §§ 1232g(b)(1), (b)(2), (b)(3), (b)(5), (b)(6), (h), (i), and (j) and 34 C.F.R. § 99.31. The term "education records" is defined, with certain exceptions, as those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution, or by a party acting for the agency or institution. 20 U.S.C. § 1232g(a)(4); 34 C.F.R. § 99.3, "Education records." Accordingly, immunization and other health records, as well as records on services provided to students under the Individuals with Disabilities Education Act (IDEA), which are directly related to a student and maintained by an educational agency or institution are "education records" under FERPA.3 The term "PII" refers to a student's name or identification number, as well as other information that can be used to distinguish or trace an individual's identity either directly or indirectly through linkages with other information. 34 C.F.R. § 99.3, "Personally identifiable information." FERPA prohibits educational agencies (e.g., school districts) and institutions (i.e., schools) from disclosing PII from students' education record without the prior written consent of a parent or "eligible student," unless an exception to FERPA's general consent rule applies. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. For instance, pursuant to one such exception, the "health or safety emergency" exception, educational agencies and institutions may disclose to a public health agency PII from student education records, without prior written consent in connection with an emergency if the public health agency's knowledge of the information is necessary to protect the health or safety of students or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36.

For all other situations where an exception to FERPA's general consent requirement does not apply, educational agencies and institutions must obtain prior written consent of a parent or eligible student to disclose PII from student education records. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. Where a student is placed in a private school for the provision of Individualized Education Program (IEP) services on behalf of a school or school district subject to FERPA, the education records of the privately placed student that are maintained by the private school are subject both to FERPA and to the confidentiality requirements under Part B of the IDEA.

Questions and Answers on the Applicability of FERPA to Disclosures Related to COVID-19 ("Coronavirus").[3]

Do parents and eligible students have to provide consent before an educational agency or institution discloses PII from education records? Generally, yes. A parent or eligible student must provide written consent before an educational agency or institution discloses PII from a student's education records, unless one of the exceptions to FERPA's general consent rule applies. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. FERPA requires that a consent form be signed and dated by a parent or eligible student and (1) specify the records that may be disclosed; (2) state the purpose of the disclosure; and (3) identify the party or class of parties to whom the disclosure may be made. 34 C.F.R. § 99.30(a) and (b). At the conclusion of this document, we have included a sample FERPA consent form.

How does the health or safety emergency exception to FERPA's consent requirement permit an educational agency or institution to disclose PII from the education records of affected students? Although educational agencies and institutions can often address threats to the health or safety of students or other individuals in a manner that does not identify a particular student, FERPA permits educational agencies and institutions to disclose, without prior written consent, PII from student education records to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of a student or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36. This "health or safety emergency" exception to FERPA's general consent requirement is limited in time to the period of the emergency and generally does not allow for a blanket release of PII from student education records. Typically, law enforcement officials, public health officials, trained medical personnel, and parents (including parents of an eligible student) are the types of appropriate parties to whom PII from education records may be disclosed under this FERPA exception. For purposes of FERPA's health or safety emergency exception, the determination by an educational agency or institution that there is a specific emergency is not based on a generalized or distant threat of a possible or eventual emergency for which the likelihood of occurrence is unknown, such as would be addressed in general emergency preparedness activities. If local public health authorities determine that a public health emergency, such as COVID-19, is a significant threat to students or other individuals in the community, an educational agency or institution in that community may determine that an emergency exists as well. Under the FERPA health or safety emergency exception, an educational agency or institution is responsible for making a determination, on a case-by-case basis, whether to disclose PII from education records, and it may take into account the totality of the circumstances pertaining to the threat. See 34 C.F.R. § 99.36(c). If the educational agency or institution determines that there is an articulable and significant threat to the health or safety of the student or another individual and that certain parties need the PII from education records, to protect the health or safety of the student or another individual, it may disclose that information

[3] Subject to change by the United States Department of Education.

to such parties without consent. This is a flexible standard under which the Department will not substitute its judgment for that of the educational agency or institution so that the educational agency or institution may bring appropriate resources to bear on the situation, provided that, based on the information available at the time of the educational agency's or institution's determination, there is a rational basis for such determination. We note also that, within a reasonable period of time after a disclosure is made under this exception, an educational agency or institution must record in the student's education records the articulable and significant threat that formed the basis for the disclosure and the parties to whom information was disclosed. 34 C.F.R. § 99.32(a)(5).

May student education records, such as health records, maintained by an educational agency or institution be disclosed, without consent, to public health departments if the educational agency or institution believes that the virus that causes COVID-19 poses a serious risk to the health or safety of an individual student in attendance at the educational agency or institution? Yes. If an educational agency or institution, taking into account the totality of the circumstances, determines that an articulable and significant threat exists to the health or safety of a student in attendance at the agency or institution (or another individual at the agency or institution) as a result of the virus that causes COVID-19, it may disclose, without prior written consent, PII from student education records to appropriate officials at a public health department who need the information to protect the health or safety of the student (or another individual). Public health department officials may be considered "appropriate parties" by an educational agency or institution under FERPA's health or safety emergency exception, even in the absence of a formally declared health emergency. Typically, public health officials and trained medical personnel are among the types of appropriate parties to whom PII from education records, may be non-consensually disclosed under FERPA's health or safety emergency exception.

If an educational agency or institution learns that student(s) in attendance at the school are out sick due to COVID-19, may it disclose information about the student's illness under FERPA to other students and their parents in the school community without prior written parental or eligible student consent? It depends, but generally yes, but only if that information is in a non-personally identifiable form. Specifically, the educational agency or institution must make a reasonable determination that a student's identity is not personally identifiable, whether through single or multiple releases, and taking into account other reasonably available information. See 34 C.F.R. § 99.31(b)(1). If an educational agency or institution discloses information about students in non-personally identifiable form, then consent by the parents or eligible students is not needed under FERPA. For example, if an educational agency or institution releases the fact that individuals are absent due to COVID-19 (but does not disclose their identities), this would generally not be considered personally identifiable to the absent students under FERPA as long as there are other individuals at the educational agency or institution who are absent for other reasons. However, we caution educational agencies or institutions to ensure that in releasing such facts, they do so in a manner that does not disclose

other information that, alone or in combination, would allow a reasonable person in the school community to identify the students who are absent due to COVID-19 with reasonable certainty.

May educational agencies and institutions disclose without consent the names, addresses, and phone numbers of absent students to the public health department so that the health department may contact their parents in order to assess the students' illnesses? FERPA permits educational agencies and institutions to non-consensually disclose PII from education records in the form of contact information of absent students to the public health department in specific circumstances, such as in connection with a health or safety emergency (20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36) or pursuant to other applicable exceptions. While FERPA generally permits the nonconsensual disclosure of properly designated "directory information" (e.g., name, address, phone number, grade level) when parents or eligible students have not opted out of such a disclosure, it does not permit an educational agency or institution to disclose "directory information" on students that is linked to non-directory information (such as information regarding a student's illness). For instance, an educational agency or institution may not disclose directory information on all students who are receiving special education services or those who have been absent from school. Therefore, unless a specific FERPA exception applies, educational agencies and institutions should prepare consent forms for parents and eligible students to sign to allow the potential sharing of this type of information if they create, or intend to create, a tracking or monitoring system to identify an outbreak before an emergency is recognized.

If an educational agency or institution determines that a health or safety emergency exists, may it disclose, without consent, PII from student education records to the media? No. As explained previously, FERPA only permits nonconsensual disclosures of PII from students' education records under the health or safety emergency exception to "appropriate parties" (such as public health officials) whose knowledge of the information is necessary to protect the health or safety of students or other individuals. While the media may have a role in alerting the community of an outbreak, they are not "appropriate parties" under FERPA's health or safety emergency exception because they generally do not have a role in protecting individual students or other individuals at the educational agency or institution. "Appropriate parties" in this context are normally parties who provide specific medical or safety attention, such as public health and law enforcement officials.

May the school identify a particular student, a teacher, or other school official as having COVID-19 to parents of other students in the school? In most cases, it is sufficient to report the fact that an individual in the school has been determined to have COVID-19, rather than specifically identifying the student who is infected. School notification is an effective method of informing parents and eligible students of an illness in the school. For settings in which parents are primarily doing drop-offs and pick-ups, posting signs on the doors may be effective. In other settings, sending home or e-mailing a notification may also be effective. These methods serve to notify parents and eligible students of a potential risk, which may be

particularly important for students who may be more susceptible to infection or to developing severe complications from an infection, and to alert parents to look for symptoms in their own children and eligible students to more closely monitor themselves for symptoms. Nothing in FERPA prevents schools from telling parents and students that a specific teacher or other school official has COVID-19 because FERPA applies to students' education records, not records on school officials. However, there may be State laws that apply in these situations. There may be a rare situation during a health or safety emergency, however, in which schools may determine (in conjunction with health, law enforcement, or other such officials) that parents of students or eligible students are appropriate parties to whom to disclose identifiable information about a student with COVID-19. For example, school officials may determine that it is appropriate to disclose identifiable information about of a student with COVID-19 to parents of other students if parents need to know this information to take appropriate action to protect the health or safety of their children. For example if a student with COVID-19 is a wrestler and has been in direct and close contact with other students who are on the team or who are in the school and have higher health risks, school officials may determine it necessary to disclose the identity of the diagnosed student to the parents of the other students. In these limited situations, parents and eligible students may need to be aware of this information in order to take appropriate precautions or other actions to ensure the health or safety of their child or themselves, especially if their child or they may have a higher risk of susceptibility to COVID-19 or of developing severe complications from COVID-19.4 School officials should make the determination on a case-by-case basis whether a disclosure of the student's name is absolutely necessary to protect the health or safety of students or other individuals or whether a general notice is sufficient, taking into account the totality of the circumstances, including the needs of such students or other individuals to have such information in order to take appropriate protective action(s) and the risks presented to the health or safety of such students or other individuals.

May an educational agency or institution disclose PII from an eligible student's education records to the student's parents if the eligible student has been determined to have COVID-19? Yes, for dependent students and generally yes, but see below. Under FERPA, an educational agency or institution, including an institution of postsecondary education, may disclose, without the eligible student's written consent, PII from an eligible student's education records to his or her parents under certain conditions. For example, a university physician treating an eligible student for COVID-19 might determine that the student's treatment records should be disclosed to the student's parents. This disclosure may be made, without consent of the eligible student, if the parents claim the eligible student as a dependent under section 152 of the Internal Revenue Code of 4.If the parents do not claim the eligible student as a dependent, then the disclosure may be made to the parents, without the eligible student's written consent, if the disclosure is in connection with a health or safety emergency provided certain conditions are satisfied (as discussed in the response to question two above). 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 36.

What if a parent of a student who is not an eligible student refuses to provide written consent to permit the release of PII contained in student education records to the public health department? FERPA permits educational agencies and institutions to release information from education records without consent after the removal of all PII, provided that the agency or institution has made a reasonable determination that a student's identity is not personally identifiable, whether through single or multiple releases, and taking into account other reasonably available information. 34 C.F.R. § 99.31(b)(1). Thus, it would be problematic to disclose that every student in a particular class or grade level is absent if there is, for instance, a directory with the names of every student in that class or grade. Therefore, it is prudent that educational agencies or institutions obtain written consent to permit the disclosure of PII from students' education records to the public health department. If the parent or eligible student will not provide written consent for the disclosure of the PII, then the educational agency or institution may not make the disclosure unless it has determined that there is an applicable exception to the general requirement of consent that permits the disclosure, such as if a health or safety emergency exists and the PII is disclosed to an appropriate party whose knowledge of the information is necessary to protect the health or safety of the student or other individuals.

Is an educational agency or institution required to record disclosures of PII from student education records submitted to the public health department or other outside parties, even in connection with a health or safety emergency? Yes. FERPA generally requires educational agencies and institutions to maintain a record of each request for access to and each disclosure of PII from the education records of each student. 34 C.F.R. § 99.32(a)(1). Moreover, when making a disclosure under the health or safety emergency provision in FERPA, educational agencies and institutions are specifically required to record the articulable and significant threat to the health or safety of a student or other individual that formed the basis for the disclosure and the parties to whom the agency or institution disclosed the information. 34 C.F.R. § 99.32(a)(5). The record of each request for access to and each disclosure of PII from student education records must be maintained with the education records of each student as long as the records are maintained. 34 C.F.R. § 99.32(a)(2). This requirement enables parents and eligible students who do not provide written consent for disclosure of education records to see the circumstances under which and the parties to whom their information was disclosed. However, educational agencies and institutions are not required to record disclosures for which the parent or eligible student has provided written consent. 34 C.F.R. § 99.32(d)(3).

SITUATION REPORT

CDC Sample Form (for Decision Archive)

1. Report Date:	2. Report Time:	3. Operational Period (Date/Time)
28 Nov 2006	1700 hours	271700 Nov 2006 to 281700 Nov 2006
4. Update on Current Situation / Threats		
5. Planning Assumptions Status / Changes		
6. Planning Objectives Status / Changes		
7. Work Assignments & Test Outcomes		
8. Status of Deployed & Pending Resources		
9. IM / Director's Narrative		

Emergency Readiness for School Nutrition Programs
Should Pandemic or Epidemic Occur

Position:

Children attending schools in Georgia should be assured of a healthy environment any time they are on school property. Proper supplies for good personal hygiene should be provided to limit the spread of bacteria and viruses. Appropriate cleaning supplies should be available and used properly to control and kill these biological agents. The school nutrition program should have emergency readiness guidelines in place that coordinate with the plan for the rest of the school and with the local health department and other local authorities, should pandemic/epidemic or any emergency situation occur.

1. Once a pandemic becomes evident in the United States, the time for last minute preparation will not be long. Some preparations need to be done in advance, such as:
    a. Vendors may have to close due to staff shortages. A list of back-up vendors and contact information should be updated regularly
    b. Maintain a supply of food products. These foods should include supply of products that can be easily served in bag lunches.
    c. There may be staff shortages in school nutrition. Plan to limit menu items and possibly provide bag lunches if necessary or if it will make the workload easier. Maintain enough disposable plates, cups and utensils for use in case staff shortages make it difficult to operate the dishwashing machine.
    d. Carefully maintain proper cleaning and sanitizing procedures and perform routine maintenance on equipment. Proper cleaning and sanitizing are always necessary, but it takes on increased importance when there is an illness outbreak. Dishwashing machines must be maintained to operate according to the data plate on the machine.
    e. Update employee health guidelines to reflect the necessity for excluding employees from the facility should symptoms of sore throat with fever, vomiting and/or diarrhea occur. In addition, a required condition for reinstatement during a pandemic/epidemic must be written documentation from a health practitioner that the person is free of the virus.
    f. Prevention is of primary importance therefore hand washing takes on increased significance. The second choice for hand sanitizing is hand sanitizer. Maintain a supply of hand sanitizer that will be enough for treating the average number of students coming to a cafeteria. (Note: Even though some cafeterias may have an available hand sink for student hand washing, hand sanitizer is a good additional preventive measure.)
    g. The most effective sanitizer for killing viruses is chlorine bleach. Maintain a supply of chlorine bleach for sanitizing cafeteria tables, seats, doorknobs and other surfaces (1/4 cup bleach to 1-gallon water). Replace chlorine bleach with new product at least once each year as the strength may weaken over time. If the school does not want to use chlorine bleach, an EPA-registered hospital disinfectant or a sanitizer that is EPA-registered and labeled for activity against

bacteria and viruses may be substituted. Use the disinfectant or sanitizer according to the manufacturer's instructions.

h. Train all staff to be aware of illness symptoms and what the school's emergency preparedness plan includes.

2. If delivery of milk becomes a problem, contact the state School Nutrition Program for alternate solutions, as indicated in 7 CFR 210.10(m)(2).
3. All students should be required to apply hand sanitizer to his/her hands upon entering the cafeteria. It is suggested that a school nutrition employee or teacher stand at the entrance of the cafeteria to ensure that each student applies hand sanitizer properly.
4. Self-service salad bars and buffets should be discontinued during a virus outbreak. Viruses do not multiply in food, but it only takes a very small number to make someone ill. If a student who is ill coughs or rubs his nose and then touches food or contaminates the food in another way, the next person to choose the same food item will be infected.
5. At some point students who are showing symptoms may be quarantined in classrooms, possibly until they can be taken home. Bag lunches will probably be the best solution to feeding these students. Sanitize the cart that is used to transport the bag lunches to each classroom. Provide large garbage cans outside the occupied classrooms according to number of children and amount of waste materials. Custodians should tie up garbage bags promptly and dispose of them as soon as possible after the meal period.
6. Custodians should be provided with cleaning materials by the building administrator or maintenance department to sanitize desks, classroom doorknobs and handrails daily and properly sanitize an area should vomiting occur. It is recommended that the same procedures for cleaning an area contaminated with norovirus be used for a virus causing the flu. If the cafeteria and/or other floor areas are carpeted, a steam cleaner is the best alternative to using chlorine bleach. If chlorine bleach is not preferred for sanitizing surfaces such as desktops and doorknobs due to the possibility of staining carpets, an EPA-registered hospital disinfectant or other EPA-registered sanitizer labeled for activity against bacteria and viruses may be substituted.

While a school is closed

1. Once the absenteeism rate reaches a certain point predetermined by a school's emergency plan and/or by the local health authority, a school may need to be closed. Maintain contact with school administration to know the status of the situation and when the school will be reopened.
2. There may be a need for outside feeding programs similar to seamless summer nutrition programs if the school, in agreement with local emergency authorities. If a school is not already approved for a seamless summer nutrition program, contact the state School Nutrition Program for approval. If any of the guidelines need to be altered due to the situation, contact the state School Nutrition Program to consult with USDA for a waiver. In an emergency situation, the state School Nutrition Program will make it a priority to gain approvals and waivers as quickly as possible. Many schools have the proper insulated equipment to transport foods, especially if they have summer programs or a cater food. If a school doesn't have the necessary equipment to maintain proper

temperatures, the equipment can possibly be borrowed from local caterers or non-potentially hazardous foods can be provided in bag lunches. Note that local caterers will probably have reduced business during a time of pandemic/epidemic since one of the recommendations to the public is to stay home and not participate in large gatherings.

3. If outside feeding is not needed or there are not enough staff members to operate such a program and it appears that the school will be closed for more than a week, consider discarding refrigerated potentially hazardous foods that have been prepared on-site or commercially prepared and opened. In lieu of discarding, you may consider wrapping the food products securely, dating them properly and freezing. Fresh produce and milk should never be frozen. Discard any food that has a sell-by/use-by/expiration date within the projected length of closure time period. Always inventory and record types and amounts of food products that are discarded on production records so that costs are reflected in the SNO state reports. Contact vendors to suspend deliveries until further notice.
4. Depending on circumstances and staff availability, continue daily monitoring temperatures of refrigerated equipment. Keep in mind that personnel safety and protection are most important. Do not worry about monitoring equipment if instructions have been given not to return to the school premises or for everyone to stay at home.
5. In the event that a school has an "immediate closing" with short notification, do as much as you can to secure food products as described in this chapter, but above all else, secure facilities as you would at the end of any day and leave the premises. It is recommended that managers take contact information with them so that any necessary phone calls to vendors and others can be done from another location.

Re-opening a school

1. Contact all employees to find out their health status and availability to come back to work. A small staff may mean that a smaller menu will need to be served
2. Contact all vendors to notify them of time and date the school plans to re-open and to find out when they can make deliveries.
3. All food contact surfaces should be cleaned and sanitized unless they were completely wrapped with plastic wrap or other secure material to prevent contamination.
4. Check all food products and discard when any of the following is found:
    a. Signs of being out of temperature (excess ice crystals are a sign of refreezing, unusual odors and coloration).
    b. Signs of vandalism and tampering.
    c. Food products have expired use-by/sell-by/expiration dates.
5. In the event of vandalism or tampering with food products or any area of the school kitchen and cafeteria, notify the school principal and the police.
6. If the school has been closed for more than two weeks and/or there is any evidence of food temperature abuse, vandalism, facility damage or pest infestation, contact the local health department to assist in evaluation of food products and other food safety/sanitation concerns.

It is important to understand that some sanitizers commonly used in food service are better than others when disinfecting surfaces after a possible contamination by norovirus. Quaternary Ammonium and ethanol alcohol are lipophilic sanitizers and therefore are not very effective against single-stranded, non-enveloped RNA viruses, such as norovirus, since they lack a lipid envelope to attack. Barker (2004) did a disinfection study using norovirus, and found that when an area is contaminated, the area must first be wiped clean with detergent and water, and then followed by a disinfection with exposure to 5000 ppm hypochlorite solution for at least 5 minutes., in order to completely eliminate norovirus. This would be equivalent to about 1/4 cup of chlorine bleach in 1 gallon of water. However, this concentration is much higher than recommended for sanitizing food contact surfaces in the Food Code and may damage many materials, so great care must be taken in using this disinfection procedure. If the area is a food contact area, this disinfection procedure must be followed by a second step.

If the contaminated area consists of food contact surfaces, the second step includes following the disinfection with a clear-water rinse, and a final wipe down with a sanitizing bleach solution, consisting of 200 ppm chlorine bleach (1 teaspoon chlorine bleach per gallon of water). There are other disinfectants that have been found to be effective against the feline calicivirus, which is genetically similar to the norovirus, but there is no assurance that the feline calicivirus is similar in biocide resistance characteristics to norovirus. For example, EPA has registered a 0.5% hydrogen peroxide solution against the feline calicivirus.

Recommendations for environmental disinfection for viruses include the need to disinfect all heavy hand contact surfaces such as food preparation surfaces, self-service utensil handles, faucets, tables, chairs, counters, door handles, push plates, railings, elevator buttons, telephones, keyboards, vending machine keyboards, pens, pencils, casino chips, cards, slot machines and sports equipment. Clean restroom surfaces including faucet handles, soap dispensers, stall doors and latches, toilet seats and handles, and towel dispensers are also important heavy fecal contamination areas that require disinfection. When virus contamination is suspected, cleaning procedures that increase the aerosolization of virus should not be utilized, such as vacuuming carpets or buffing hard surface floors. Contaminated carpeting should be disinfected with a chemical disinfectant if possible, and then steam cleaned for a minimum 5-minute contact time at a minimum temperature of 170 degrees F.

When a food worker or patron vomits in a public area or food preparation area, the vomit should be treated as potentially infectious material and should be immediately covered with a disposable cloth and doused with a disinfectant to reduce the potential airborne contamination. All individuals in the immediate area of the vomiting incident should be cleared from the area before the vomit is cleaned-up. Cleaning staff should use disposable face masks, gloves, and aprons when cleaning up after a vomiting incident. Paper toweling or other toweling used to clean-up liquid vomit should be immediately placed in a sealed trash bag and properly disposed.

Note: School foodservice preparation staff should never handle clean-up of any bodily fluids, including vomit.

For more information and/or questions about this manual, please contact:

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Notes