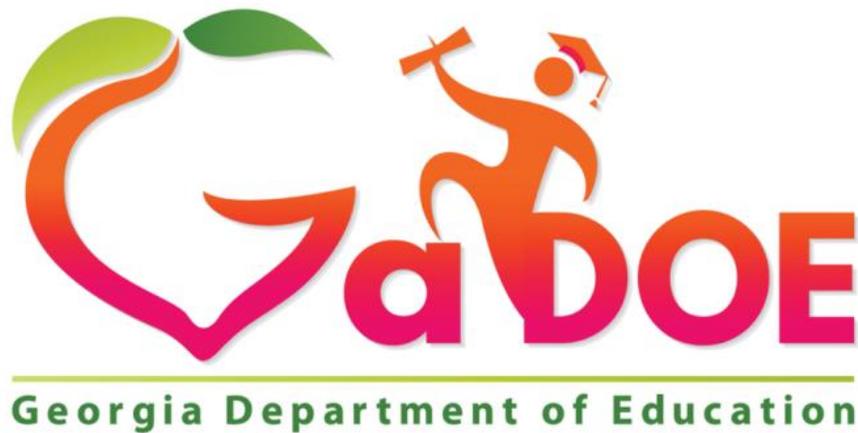


Pandemic Influenza Planning: Information for Georgia Public School Districts



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

GEORGIA DEPARTMENT OF EDUCATION

Pandemic Influenza Planning: Information for Georgia Public School Districts

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Pandemic Influenza Plan

Information for Georgia Public School Districts

Introduction

This manual was prepared by the Georgia Department of Education (GaDOE) with support and guidance from the Georgia Division of Public Health (GDPH) and the Georgia Emergency Management Agency (GEMA) to assist local school administrators and staff in developing pandemic influenza plans for their respective school districts.

Public health authorities conclude the probability of an influenza 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 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 an 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 influenza 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 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 particular situations based upon the 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 regulation.

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. Approximately 36,000 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.

The 2009 H1N1 (Swine Flu) outbreak is an example of how quickly a flu virus can spread between and among people.

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

- ❖ When the pandemic influenza virus emerges, its global spread is considered inevitable.
- ❖ Most people will have little or no immunity to a pandemic flu 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.

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- ❖ 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 also 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.

The present concern includes the Avian Flu (H5N1), also called the Bird Flu, and/or another novel (new) virus that could develop, such as Swine Flu (H1NI).

The Avian Flu is an outbreak of a new type of flu virus that may spread rapidly from one country to another. This new virus affects only birds or animals at first, but gradually changes to affect humans as well. Health officials have confirmed this novel virus subtype and the fact that humans do not have immunities to it. Additionally, there are cases where humans have become infected with the virus and have become severely ill. In fact, the mortality rate is very high. The Avian Flu has not yet developed to the stage where the virus is easily transferred from human to human, but that may change in the future.

A cross-virus that could develop from a virus such as Swine Flu comingling with another type of virus could spread more quickly than the Avian Flu because it transfers from human to human easily, just as easily as seasonal flu. This type of virus may not have a high mortality rate, but the outbreak spread could quickly infect large numbers of citizens. If this type of flu evolves, the rapidity of the event may dictate a quick response from school districts to implement social distancing and other measures.

Symptoms of flu 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) has provided a state-by-state estimate of the impact of a pandemic. These estimates are divided into two categories: A Moderate 1958 or 1968-like Outbreak and a Severe 1918-like 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 segment of society.

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 Influenza 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” that are paired with the United States Government’s pandemic “Stages” system, which are both overlaid by the World Health Organization’s pandemic “Phases.” 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, stages and phases should 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.

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 Influenza Planning Checklist provides a framework to begin an internal assessment. The 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.
- ❖ Appoint a pandemic influenza plan coordinator and co-coordinator.
- ❖ Review and update school district’s pandemic plan.
- ❖ Partner closely with the local health director to establish communication procedures for surveillance of disease 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

In 2003, 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.

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- 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, 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 influenza 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 flu-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).

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. 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 at some time during Levels 3-6. It is also possible that some schools will close while others remain open.

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NOTE:
Depending on circumstances, a school or school district may have to close at anytime during Levels 3-6.

World Health Organization
Phase 1: Inter-pandemic period (low risk to humans)
Phase 2: New virus in animals, not humans (higher human risk)

World Health Organization
Phase 3: Pandemic Alert (very limited human-to-human transmission)

World Health Organization
Phase 4: New virus (evidence of increased human-to-human transmission)
Phase 5: Pandemic Alert (significant human-to-human transmission)

World Health Organization
Phase 6: Pandemic Period

Pandemic event ends: Recovery

Outbreak

Suspected human outbreak

Confirmed human outbreak

Widespread human outbreak

Expanded human outbreak

Worldwide Health Emergency

USG Stage 0
-Support coordinated response
-Prepare to deploy rapid response team
-Provide technical assistance & information

USG Stage 1
-Inflate dialog with WHO
-Deploy rapid response team
-Amplify lab-based and clinical surveillance to region
-Prepare travel screening and/or restrictions

USG Stage 2
-Declare Incident of Significance
-Support deployment measures
-Implement layered screening; activate domestic quarantine stations
-Prepare to limit domestic ports of entry
-Prepare to produce mono-valent vaccine

USG Stage 3
-Activate domestic emergency medical personnel plans
-Maintain layered screening of borders
-Deploy pre-pandemic vaccine and antiviral stockpiles; divert to mono-valent vaccine production
-Real-time modeling; heighten hospital-based surveillance
-Prepare surge plan

USG Stage 4
-Ensure all pandemic plans are activated
-Limit non-essential domestic travel
-Deploy diagnostic reagents for pandemic virus to labs
-Continue development of pandemic vaccine
-Antiviral treatment & targeted antiviral prophylaxis

USG Stage 5
-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

USG Stage 6
-Recovery & prep for another wave

Public Ed. Level 0
-Distribute hygiene & information materials
-Establish communication process
-Develop continuity plan
-Develop & refine pandemic response plan

Public Ed. Level 1
- 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 plan

Public Ed. Level 2
-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

Public Ed. Level 3
-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 information hot-line for staff & parents

Public Ed. Level 4
-Fully activate Incident Command Center
-Activate information hot-line & information outlets
-Inflate infection control & monitoring
- Monitor student & staff attendance & report to public health
-Pre-stage social distancing measures
-Cancel field trips

Public Ed. Level 5
- 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

Public Ed. Level 6
-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

Public Ed. Level 7
(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 instructional integrity; contact the GaDOE
-Based on status reports, establish estimated school re-opening timeline & share with staff, parents & GaDOE
-Active mental health services team

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

(*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 of influenza.
- ✓ 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 finance.
- ✓ Encourage employees to use Direct Deposit.
- ✓ Encourage parents to have alternative child care 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 flu-like 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; 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.

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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 Event Level 1 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.
- ✓ 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 daycare 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 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.
- ✓ 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 influenza-like 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 flu-like symptoms; encourage parents to keep their children at home if they have flu-like symptoms and to let the school know about their child's symptoms; encourage staff to remain at home if they have flu-like symptoms and to report these symptoms to the school.
- ✓ Keep relevant groups informed through cable access channel, e-mails, newsletters, fact sheets, 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) and 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 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, 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 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 influenza-like 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 flu-like 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.
- ✓ 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 for parents and staff; update hotline information daily (at least), website information, and provide 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.
- ✓ 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:
 - Gatherings of groups larger than normal class size may be limited during the school day (e.g. assemblies, recess).
 - Prepare for possible cancellation of extracurricular activities.
 - All field trips cancelled or called back.
 - Review extracurricular activities.
 - Do not accept students or staff with flu-like symptoms.
 - 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 hall ways and lunchrooms.
 - Limit group activities and interaction between classes.
 - Cancel or modify gym class, choir or other school activities that place 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.
- ✓ A school bus may be designated to transport sick students home (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.
- ✓ Students and staff with flu-like 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 flu-like 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 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, door knobs, 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, 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.
 - During the day, where operationally possible, increase ventilation to the facility to decrease spread of disease. 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.
- ✓ 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.
- ✓ 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 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 flu-like symptoms; do not accept students or staff with flu-like symptoms, **or** quickly isolate students and staff with flu-like symptoms.
- ✓ Isolate and send home staff or students with flu-like 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.
- ✓ 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).
- ✓ Students and staff who have flu-like symptoms should be asked to stay home; add this information to the information hot-line.

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- ✓ 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 flu-like 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:
 - Gatherings of groups larger than normal class size should be cancelled and avoided (e.g. assemblies, recess).
 - Cancel all extra-curricular activities.
 - 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, door knobs, 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.
 - During the day, where operationally possible, increase ventilation to the facility to decrease spread of disease. 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 flu-related absences, so be prepared for partial school closures and preventing students from the affected school trying to enroll in other schools).
- ✓ Confirm closure 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; 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.
- ✓ Check all alarm and surveillance systems.
- ✓ Secure information technology system 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

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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 so employees can call in 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.
- ✓ 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 with the assistance of the local health department.
- ✓ Expand school cleaning routines by maintenance staff.
 - Disinfect all work areas, counters, restrooms, door knobs, 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, and the local health department; determine which schools can open and if temporary consolidation of schools is appropriate. Include other agencies in the discussion about re-opening schools, such as DFACS, public health, mental health, Fire Marshal, law enforcement, 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.
- ✓ Some schools may remain closed until facility and/or staffing requirements are met.
- ✓ Re-activate information hot-line as soon as possible.

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- ✓ Post information on school district website for parents regarding helping children cope with tragedies (i.e., “Teaching Children How to Respond to Tragedies” from the National Association of School Psychologists).
- ✓ Provide parents with an updated school year calendar.
- ✓ Begin discussions on restructuring and resuming extra-curricular activities and after-school programs.
- ✓ 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 maintain 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 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.
 - Separate student desks as much as possible

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- 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 prior to moving to classrooms or other areas of the building for each school.

Surveillance, Screening and Triage

During all stages of a pandemic flu outbreak, it will be essential to monitor and document the number of students and faculty who are absent and meet the definition of influenza-like illness. Keeping track of these numbers will help school and health officials determine when and whether to close schools, whether the epidemic is increasing in scope and whether to declare an epidemic, making schools 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) will 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 will 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 will document screening data and review each week for analysis of trends.
- The school nurse will 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 will 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 will be monitored for any trends. School health staff will work with school administrators, social workers and attendance clerks to monitor absentee trends. Significant trends will 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 will be placed at all school entrances and commons areas.
- Poster information will include health tips for protection against the spread of the flu and other germs and viruses.
- The School Health Services Nurse Coordinator will monitor national, regional, and local data related to epidemic respiratory infections.

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Infection Control/Precautions

- All staff, students, and visitors will use droplet 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 will 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 will 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 will be placed on the door.
- Schools will 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 will 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 must be developed.
- Schools will 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 will 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 will 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 will 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, 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 or federal constitution. Some agencies are charged with enforcing specific statutes passed by a legislative body and given little discretion in their actions. 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

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- ❖ 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 influenza 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 influenza 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.
- Influenza surveillance in Georgia includes 6 major components:
 - Surveillance for influenza-like illness (ILI): Sentinel health-care providers from private practices, clinics, hospitals, and university health services report the number of patient visits for influenza-like illness (ILI: 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 with ILI 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 influenza 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 influenza and the number of positive results by virus type and subtype. Additional hospital laboratories report the number of clinical specimens tested for Respiratory Syncytial Virus (RSV) and the number of positive results.
 - Surveillance for influenza 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.
 - Influenza-associated pediatric and adult hospitalizations: The Emerging Infections Program (EIP) is monitoring influenza-associated hospitalizations among children and adults in 7 hospitals in Health District 3 (Metropolitan Atlanta).
 - Influenza-associated pediatric deaths: An influenza-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 influenza activity level: Each week, the state epidemiologist or designee reports influenza 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.

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- 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:
 - Notify providers of the start of the influenza season in the state via GDPH website.
 - Send influenza 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 influenza surveillance data on the Epidemiology Branch website.
 - Advertise the availability of influenza surveillance information on the Epidemiology Branch website.
- State funds are used to purchase influenza vaccine 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
 - Influenza Outbreak Prevention and Control for LTCFs
 - Influenza 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 level scheme. 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 and other links so that school districts can find pertinent information as they develop pandemic plans and as they respond to 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. Additionally, the Georgia Department of Human Resources, Division of Public Health website provides excellent guidelines and resources: health.state.ga.us/pandemicflu/

During a pandemic event, the GaDOE will create an event webpage with the latest information from state and national public health, including school closure guidance from CDC. This GaDOE webpage will be updated as events develop. Also, depending on circumstances, the GaDOE may activate an Incident Command Center (ICC), based on the guiding principles outlined in the National Incident Management System. GaDOE staff from the State School Superintendent’s Office will man the ICC, representing essential services. Each department will designate a backup staff member to represent the department in the event the primary staff member is unavailable. Staff from the following departments will man the ICC:

- ❖ Instruction
- ❖ Transportation
- ❖ Finance and Business Operations
- ❖ Support Services
- ❖ Human Resources
- ❖ Legal Services
- ❖ Food Services
- ❖ Technology
- ❖ Facilities
- ❖ Policy
- ❖ Public Information
- ❖ Assessment
- ❖ Title Programs

The GaDOE ICC will become operational based on the recommendation of the Georgia Emergency Management Agency or the Georgia Division of Public Health, or when the State School Superintendent decides that circumstances support activation of the ICC. A direct communication link will be established and will remain open at all times with the Governor’s office, Georgia Division of Public Health, and GEMA. The GaDOE ICC will communicate with the Georgia Emergency Operations Center (EOC), and when appropriate, send GaDOE staff to the EOC. The GaDOE ICC will establish a telephone hotline, GaDOE event website, and other means of communication in the GaDOE ICC to receive inquiries from local school districts and to share information with local school districts. When appropriate, GaDOE information will be

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shared with other agencies and the news media via press release or GaDOE website. *It is important to note that the local board of health will contact the local school district when a pandemic flu case has been confirmed in the district.*

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. At the State School Superintendent's discretion, local school district requests, such as waivers, may be addressed through the ICC, or by an ad hoc committee (see the appendix for questions and answers from the United States Department of Education). Some issues, such as employee sick leave accrual, payroll, etc. may require a legal decision. 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.

During an emergency, the GaDOE ICC will maintain an archive of school district requests and reports for reasons of follow-up, for referrals to appropriate state agencies, for future reference, and for document recovery necessary to file reimbursement claims with the Federal Emergency Management Agency. The GaDOE ICC will also provide technical assistance to LEAs regarding IEP-related issues. The GaDOE Public Information Officer (PIO) staff will coordinate all communications with other agencies through direct contact with agency PIOs to ensure that information is consistently communicated between and among agencies and to the public.

The GaDOE will utilize its website to disseminate educational content and serve as a link to technology-based educational websites to assist LEAs and parents in providing education during school closure due to a pandemic. The GaDOE will work closely with Georgia Public Broadcasting.

The GaDOE's Continuity of Operations Plan (COOP) 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 recovery and resumption of 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. The GaDOE pandemic plan is on the GaDOE website for employees and for the public.

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. It is not fully possible to determine all of the issues 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. The decision to close the three State Schools is made by the Georgia Department of Education.**

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

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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 Influenza: Health Tips

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

Information for parents and school staff:

Protect yourself against the spread of the flu and other germs and 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 do come down with a cold or the flu, 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 flu before local cases are confirmed.

Dear Parents,

This letter will help your family prepare for a flu pandemic that could make many people sick. It is important to know that at this time there is **no** pandemic flu in our community.

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

Public health officials want people to protect themselves against pandemic flu. 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.

Enclosed with this letter is a checklist to help families get ready for a pandemic flu outbreak. This information can also help your family get ready for any kind of emergency.

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

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>

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SAMPLE LETTER: Case in the United States

Use this letter to help prepare parents for pandemic flu after confirmation that the virus is spreading but is not yet in the local community.

Dear Parents,

A potential pandemic flu 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 flu outbreak, called a pandemic. So even though there are no flu 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 in contact with the local board of health at all times.

Enclosed with this letter is a checklist to help families get ready for a pandemic flu outbreak. This information can also help your family get ready for any kind of emergency. If you have questions, please contact your school nurse, healthcare provider, or your local board of health.

The federal government website with information on planning for individuals and families:

<http://www.pandemicflu.gov>

The American Red Cross: <http://www.redcross.org>

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SAMPLE LETTER TO PARENTS: Case in Georgia

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

Dear Parents,

This letter will give you information about a flu outbreak in [Insert county/city here]. This year there is a new flu virus that is making many people sick. So many people are sick that United States health officials call it a “pandemic flu.” A flu 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 flu 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 flu. 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 flu 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 the course of a pandemic flu 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).

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>

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SAMPLE LETTER TO PARENTS and STAFF: Case in nearby County

Use this letter to inform parents that a flu 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 flu 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.

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 www.cobbanddouglaspublichealth.org and www.cdc.gov/swineflu.

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 flu 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 flu. 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.

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).

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, if available, access instructional programs on the internet, network, public, and/or access channels.

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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 flu 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 flu 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 school work 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 flu outbreak, please let your child's school counselor know as soon as possible.

SAMPLE PANDEMIC FLU 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 particular modules and present them separately, in order, to participants as the scenario progresses. Adapt the scope and particulars 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.

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- 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?

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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 flu pandemic:

- ✓ Ask your employer about how business will continue during a pandemic.
- ✓ Ask your employer if you can work from home during a flu pandemic.
- ✓ Plan alternative child care 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 flu 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.

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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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)

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3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"> <input type="checkbox"/> 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/.) <input type="checkbox"/> 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.) <input type="checkbox"/> How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) <input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)



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.

I. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community’s pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

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1. Planning and Coordination (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your pandemic plan and revise it periodically.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for transporting ill students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

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4. Communications Planning (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
<ul style="list-style-type: none"> <input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups <input type="checkbox"/> Protein or fruit bars <input type="checkbox"/> Dry cereal or granola <input type="checkbox"/> Peanut butter or nuts <input type="checkbox"/> Dried Fruit <input type="checkbox"/> Crackers <input type="checkbox"/> Canned juices <input type="checkbox"/> Bottled water <input type="checkbox"/> Canned or jarred baby food and formula <input type="checkbox"/> Pet food <input type="checkbox"/> Other nonperishable foods 	<ul style="list-style-type: none"> <input type="checkbox"/> Prescribed medical supplies such as glucose and blood-pressure monitoring equipment <input type="checkbox"/> Soap and water, or alcohol-based (60-95%) hand wash <input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen <input type="checkbox"/> Thermometer <input type="checkbox"/> Anti-diarrheal medication <input type="checkbox"/> Vitamins <input type="checkbox"/> Fluids with electrolytes <input type="checkbox"/> Cleansing agent/soap <input type="checkbox"/> Flashlight <input type="checkbox"/> Batteries <input type="checkbox"/> Portable radio <input type="checkbox"/> Manual can opener <input type="checkbox"/> Garbage bags <input type="checkbox"/> 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

Elementary and Secondary Education Issues During A Severe Influenza Pandemic

This section focuses on the implications of the type of prolonged school closure that is recommended for severe pandemics in the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions* (Community Mitigation Guidance). The U.S. Department of Education (Department) expects that entities, and State and local governments currently have the flexibility to address the implications of shorter-term closures that might be associated with less severe pandemics. In addition, by providing guidance here for the worst situations (most severe influenza pandemics), the Department expects that it has covered all eventualities.

Assessment and Accountability

1. In the event of a severe pandemic, will the Department allow flexibility for federal K-12 requirements or deadlines?

Yes, the Department intends to allow flexibility to the degree allowed under current law. The waiver provision in section 9401 of the Elementary and Secondary Education Act of 1965 (ESEA), as amended by the No Child Left Behind Act of 2001 (NCLB), permits the Secretary to grant waivers of most requirements of ESEA to States, LEAs, schools (through their LEAs), and Indian tribes.

If CDC declares a pandemic influenza to be severe, the Department will consider requests for waivers of statutory and regulatory requirements. In evaluating these requests, the Department will take into account, among other things, the number of days students are expected to or will miss or have missed and the number of students affected by a severe pandemic.

As noted above, the Department recognizes there are areas in which flexibility would be important for planning and response efforts of States, SEAs, LEAs, and IHEs, but for which there is no current legal authority for the Department to grant flexibility, even in the event of a severe pandemic. In such cases, the Department intends to seek authority from Congress to grant waivers.

2. Who is responsible for requesting State, LEA, or school flexibility related to federal K-12 requirements or deadlines?

While States, SEAs, LEAs, and schools (through their LEAs) can request a waiver, the Department strongly encourages States to coordinate waiver requests within the State. States should provide guidance and a process for LEAs and schools to work with the State to request waivers. If in the event of a severe pandemic, a State believes a waiver may be needed, the State should immediately contact the Department.

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3. Does the ESEA, as amended by NCLB, allow for any flexibility without waiver approval?

Yes. Section 1116(b)(7)(D) of ESEA, contains a “delay provision” that allows flexibility for determining adequate yearly progress (AYP) and Schools In Need of Improvement status. A similar “delay provision” in Section 1116(c)(10)(F) applies to LEAs.

4. What is the delay provision?

The delay provision affects the school improvement timeline for schools that do not make AYP by not requiring a school or LEA to move forward in the school improvement timeline if the reason for not making AYP is “due to exceptional or uncontrollable circumstances, such as a natural disaster or a precipitous and unforeseen decline in the financial resources of the local educational agency or school.”

If a school fails to make AYP during the school year in which a severe pandemic occurs, and the failure is caused by the pandemic, the school may delay, for a period not to exceed one year, advancing in the school improvement timeline and the interventions associated with the next step. For example, a school in year 1 of improvement that fails to make AYP during a school year affected by a severe pandemic would not move to year 2 of improvement and would not be required to offer its students supplemental educational services (SES). However, because the school was previously identified as being in year 1 of improvement, the school would remain in this status and must continue to provide the interventions associated with this status (e.g., public school choice). If the school does not make AYP in the year following the severe pandemic, it would move to year 2 of improvement.

Depending upon the timing of the severe pandemic, the delay provision may be used in cases where it is not possible to administer the State assessment. The Department expects States, LEAs, and schools to administer the State assessment to the extent practicable for diagnostic purposes, even if the delay provision is invoked.

5. What should SEAs and/or LEAs consider when invoking the delay provision?

The Department strongly encourages SEAs and/or LEAs to contact the Department as soon as they have determined that the “delay provision” will be invoked. The Department believes that the delay provision will not be required in all cases. Depending upon the timing and extent of a severe pandemic and the SEA’s accountability plan, including the State’s definition of a full academic year, it may not be necessary to invoke the delay provision.

6. How would the timing of a severe pandemic affect SEA and LEA responsibilities and deadlines?

SEAs and LEAs are encouraged to maintain their original schedule and calendar for educational and community continuity, to the extent practicable, during a severe pandemic, including administering the State assessments. In the event of an amended schedule or calendar, the Department encourages SEAs or LEAs to prepare an alternate schedule or calendar that reflects

all the federal requirements and deadlines within the same school year, perhaps with extended deadlines.

7. Will SEAs and LEAs be responsible for reporting the graduation rate requirement?

Yes. If, as a result of a severe pandemic, an alternate school schedule/calendar is established, a new data collection deadline and corresponding graduation rate calculation should be included in the calendar. SEAs and LEAs should take into account the State-defined requirements for attaining a diploma. The Department encourages SEAs and LEAs to work with IHEs when revising their calendars and graduation rate calculations, as discussed in Question I-3 of this document.

B. Highly Qualified Teachers

1. In the event of a severe pandemic, must schools and districts meet the “highly qualified teacher” requirements?

The Department strongly encourages States to retain, recruit, and hire additional highly qualified teachers in accordance with Section 1119 of ESEA, to the extent possible, in the event of a severe pandemic. States and LEAs must hire teachers who are highly qualified before considering hiring those who do not meet the highly qualified requirements.

If, during a severe pandemic, LEAs hire teachers who are not highly qualified because no highly qualified teachers are available, the Department expects States, LEAs, and schools to make the best possible educational decisions for students. Schools should hire the most qualified teachers available; accurately report to the Department when classes are taught by teachers who are not highly qualified; and inform parents, as required, if their children are taught by teachers who are not highly qualified.

2. How can States, LEAs, and schools prepare for the impact of a severe pandemic on their teaching workforce?

As part of comprehensive efforts to plan for responding to a severe pandemic, States, SEAs, LEAs, and schools should identify possible ancillary workers (i.e., substitute teachers, retired teachers) and take steps necessary to ensure they are available and prepared to respond if needed.

Parental Notification, Choice, & Supplemental Educational Services (SES)

1. If an alternate schedule is established, when will LEAs be expected to report AYP determinations and notify parents of schools in need of improvement?

The Department requires timely AYP notification to LEAs and schools so that parents can be informed about the performance of their child’s school prior to the start of the succeeding school year. If, as a result of a severe pandemic, this is not possible, the SEA should alert the Department of the alternate schedule and/or calendar, including the timing of providing AYP results to parents. The Department encourages SEAs to provide parents with ample time and information for decision-making.

2. Does the Department expect students to continue receiving SES during a severe pandemic?

Yes, to the extent practicable. It is likely that in the case of a severe pandemic, students will not be able to continue to receive the same level of SES services. SEAs and districts should consider whether these students should be permitted to make up the hours they missed after the pandemic subsides, and SES providers should consider extending the time they would normally provide services. For instance, SES providers may be able to continue services during the summer in order to provide the level of services students would normally have received during the school year.

D. Continuation of Educational Services

1. What local or State agency has the authority to direct an entity to close/reopen schools or dismiss/reconvene students in order to slow the spread of pandemic influenza?

An entity should consult with its legal counsel, with the SEA, and with local and State public health agencies to determine which agency has authority to issue an order to close/reopen schools or to dismiss/reconvene students in order to slow the spread of pandemic influenza and what operational plans have been made to communicate such orders.

CDC asked the *Center for Law and the Public's Health* to research key legal provisions among States as to whether State or local department(s) of health, education, and/or emergency management may mandate school closure during non-emergencies and emergencies in response to potential communicable disease outbreaks. This state-specific information can be found at: <http://www.publichealthlaw.net/Research/Affprojects.htm#SC>. Please note that any recent revisions to law, or recent court rulings, would not be reflected in the information on the website and that the information does not constitute legal advice. Only a State, locality, or an entity's legal authority or legal counsel is qualified to advise on the State and local laws pertinent to decisions regarding school closure and student dismissal.

2. Does the Department recommend that schools continue providing instruction during a severe pandemic?

The Department recommends that States and LEAs continue to provide educational services to students during a severe pandemic, to the extent practicable. Because schools will be closed during a severe pandemic, the Department encourages States and LEAs to plan for providing educational services through non-traditional modes such as television, radio, and the Internet. Continued instruction is important to maintain learning, and also to engage students in constructive activities while they are not in school. Engaging students to any degree will provide them with a sense of normalcy during a crisis situation, as well as providing a constructive outlet for interaction. Maintaining routine or normal activities has been found to be a positive coping measure that assists with recovery following a crisis.

3. What are ways that education can be continued if teachers and students (both those sick and those not infected) stay home for weeks/months?

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The continuity of education during a severe pandemic will depend on a variety of factors, such as the level of preparation of both schools and families and the availability of teachers. The Department expects that there will be a continuum of educational opportunities, depending upon the combination of those factors. The possibilities range from exposure to learning content to the complete delivery of remote classroom education. Full exposure to content and continuation of learning may only be possible at the middle and high school level in LEAs that are adequately prepared, while supplemental materials could provide exposure to content for all students. Consideration should be given to the needs of all students, including English language learners and students with disabilities in developing plans to continue providing education in light of a pandemic outbreak.

In addition to using paper copies of instructional materials, such as books, workbooks and other documents sent by mail, LEAs and schools can employ a range of technology-based solutions to increase the probability that a significant number of students can continue their academic work. Levels of continuation and possible educational interventions include the following:

- **Exposure to content:** Students will be able to view content that broadly relates to content areas, such as literacy and numeracy, but no focused skill development is expected. Materials used might include, depending on the grade level, books, textbooks, workbooks, worksheets, email, television (e.g., VHS, DVD, cable and satellite) and Internet content (e.g., websites, games).
- **Supplemental content:** Students will be able to view and participate in activities that are directly related to grade-level skills, but there is no capacity for assessment or evaluation of work. Limited progress is expected. In addition to the materials listed above, more specific subject-matter could be provided through content download (e.g., using mp3 players, iPods, and cell phones) and communication by phone (e.g., conference calls, one-on-one calls).
- **Partial Continuation:** Students will be able to access grade-level and subject matter content. Continued learning is possible, if instructional support, including assessment and evaluation of work, is provided through another medium. Measurable student progress is possible. Materials and instructional methods used might include all those listed in the previous paragraphs as well as synchronous online learning (e.g., chat, streaming video, instant messaging, web conferences).
- **Full Continuation:** Students will be able to access grade-level and subject matter content. Instructional support is provided, including assessment and evaluation of work. Measurable student progress is expected. Materials and instructional methods used might include all those listed above as well as asynchronous online learning with the capability for remote communication and assessment (e.g., email, learning management systems).

Special Education and Related Aids and Services: Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act (Section 504), and Title II of the Americans with Disabilities Act (Title II of the ADA)

1. What are the general requirements of IDEA, Section 504, and Title II of the ADA and to what entities do the requirements apply?

Schools, colleges, universities, and other educational institutions have a responsibility to ensure equal educational opportunities for all students, including students with disabilities. This responsibility derives primarily from Section 504 and Title II of the ADA, which are enforced by the Department's Office for Civil Rights. Section 504 applies to entities receiving federal funds, including all schools, school districts, and colleges and universities. Title II of the ADA covers all State and local public entities, including school districts and public institutions of higher education, whether or not they receive federal funds. Private colleges and universities that do not receive federal funds may be covered under Title III of the ADA. IDEA and Section 504 require States and school districts to make a free appropriate public education (FAPE) available to all eligible elementary and secondary students with disabilities in the State. The following questions primarily address the obligations of and best practices for States and school districts in planning for a severe pandemic.

2. Must an LEA continue to provide FAPE for students with disabilities during a severe pandemic?

The IDEA, Section 504, and the ADA do not specifically address a situation in which elementary and secondary schools would be closed for an extended period of time. However, the prohibition against discrimination on the basis of disability, which underlies these laws, must be considered as States, SEAs, LEAs, and schools prepare for a possible severe pandemic.

If an LEA closes its schools because of a severe pandemic and does not provide any educational services to the general student population, an LEA would not be required to provide special education and related services to students with disabilities during that period of time. However, school closures generally require a subsequent individualized determination of whether students with disabilities require compensatory education in order to receive educational benefit once school resumes.

3. If continuing educational opportunities are provided to students without disabilities, what must be provided for students with disabilities?

In general, school districts have a responsibility to ensure that students with disabilities have both equal access to the educational opportunities provided all students, as appropriate, and access to FAPE. In planning for continued educational activities in the event of school closures due to a severe pandemic, States, SEAs, and LEAs must consider ways of ensuring that the planned activities are accessible to students with disabilities. Consideration should be given to including strategies to ensure that students with disabilities have equal access to the continuing education program and receive educational benefits that are comparable to those received by others in the program and modified, or separate, aids and services necessary to provide access to students with disabilities. For example, a school district could meet its obligation to make

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televised educational programs accessible to children who are deaf or who have a hearing impairment by using closed captioning. Some students with disabilities also may need additional programming or tutoring by alternative means to receive an educational benefit. If continuing education is provided through distance learning, LEAs must ensure that the distance-learning program is accessible to students with disabilities who can benefit from that program.

In providing continuing educational opportunities, States and LEAs must ensure that, to the greatest extent possible, each student with a disability receives the special education and related services identified in the student's individualized education program (IEP) developed under IDEA, or a plan developed under Section 504. If students with disabilities will not be able to receive some or all of the special education and related services that are specified in the IEP or Section 504 plan, the student's IEP Team, or appropriate personnel under Section 504, can meet by teleconference or other means to determine if some, or all, of the identified special education and related services can be provided through alternate or additional methods such as through tutoring by phone, the Internet, or closed-circuit programming.

4. What resources are available to help States and LEAs make continuing educational services accessible to students with disabilities?

Technology provides unprecedented opportunities for all students to have access to high-quality educational instruction during a severe pandemic. For States, SEAs, and LEAs that choose to use a continuity of education plan, it is important to consider how technologies can be harnessed to provide instructional services to all students, including students with disabilities. For those students with IEPs or Section 504 plans that include the use of assistive technology in school and home, it would be appropriate to continue to utilize assistive technology as part of the continuity plan. Where necessary to provide an individual with a disability an equal opportunity to participate in, and enjoy the benefits of the program, appropriate communications, educational materials, and instruction, must be made available in accessible formats or through the use of auxiliary aids and services. Planning for the use of captioning, narration, screen readers, magnifiers, high volume headsets, TTY, TDD, large print and Braille are some of the ways to ensure that educational materials are accessible to as wide a range of students with disabilities as possible. Using multiple approaches or mediums for delivering continuing educational services, such as paper, computer, and video, may be valuable for all students and may help ensure that students with disabilities receive the communications, materials and instruction they need to be successful.

Given that communications, educational materials and instruction will likely be delivered remotely, care should be taken to ensure that school websites are free of barriers that make accessing content and materials difficult for some students with disabilities. For example, the use of visual depictions should be limited, or accessible captions and labels used, to improve access for students with visual impairments. The following websites have additional information on website modifications and information technology standards that support individuals with disabilities: <http://www.w3.org/WAI/>; <http://www.access-board.gov/sec508/preamble.htm>; <http://www.dbtac.vcu.edu/>; and <http://www.ada.gov>.

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5. What should a school do if it cannot provide services in accordance with the student’s IEP during a severe pandemic?

If a school continues to provide instruction during a severe pandemic, but is not able to provide special education and related services to a student with a disability in accordance with the student’s IEP, the student’s IEP Team should determine which services can be provided to best meet the child’s needs. Appropriate personnel under Section 504 should take similar action regarding a student who has a plan developed under Section 504. Once school resumes, it is appropriate for a student’s IEP Team, or appropriate personnel under Section 504, to make an individualized determination as to whether and to what extent compensatory services are needed to ensure that the student receives educational benefit.

6. In the event of a school closure due to a severe pandemic, would IEP Teams or appropriate personnel under Section 504 be required to meet, and would school districts be required to provide evaluations?

IEP Teams would not be required to meet while schools are closed and when there are no alternative compulsory programs in place. IEP Teams, however, should try to continue to work with parents and students with disabilities during such school closures, including conducting informal or formal assessments of the student based on student and/or parent surveys and reports, and offer advice, as needed, to ensure that students do not regress. If an evaluation of a student with a disability requires a face-to-face meeting or observation, the evaluation would need to be delayed until school reopens. However, evaluations and reevaluations that do not require face-to-face assessments or observations could take place while schools are closed. These same principles apply to meetings of, and evaluations and other activities conducted by, appropriate personnel for a student with a disability who has a plan developed under Section 504.

7. When a student with a disability returns to school after a prolonged absence as a result of a severe pandemic, what steps should be taken to appropriately serve the student?

There have been a few instances in which circumstances beyond the control of a school district resulted in school closures for a period of time and school districts were not able to provide FAPE to students with disabilities. In these instances, individualized determinations were made as to whether, and to what extent, compensatory education should be provided to help students regain skills that might have been lost during the period in which services were not provided.

A student’s IEP Team or appropriate personnel under Section 504 can address the denial of FAPE for a student with a disability in a number of ways, such as providing extended school year services, extending the school day, providing tutoring before and after school, or providing additional services during regular school hours. All such compensatory services must be directly linked to the denial of educational benefit, including any decline in the student’s skills that occurred as a result of a student not receiving services during a severe pandemic.

When a student with a disability returns to school after a prolonged absence as a result of a severe pandemic, it also is appropriate for the student’s IEP Team to review the student’s IEP and determine whether any other changes are needed. An IEP Team might consider using

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informal assessments to determine whether there have been changes in a student's performance. If changes have occurred, the IEP Team should determine whether changes are needed in the services and supports currently provided to the student.

8. If an entity is required to provide equitable services to parentally placed private school students with disabilities, how will private schools be notified of the availability and delivery of such services during a severe pandemic?

LEAs should, during the required consultation process with private school officials under section 612(a)(10)(A)(iii) of IDEA, establish procedures and strategies, including a communication process that will be implemented in the event of a severe pandemic. Planning for this effort may require establishing a backup strategy that will be operational in the event of a severe pandemic. LEAs should coordinate such planning with appropriate private school officials to make sure that they have access to information related to IDEA equitable services for their eligible parentally placed private school students with disabilities.

Project School Emergency Response To Violence (SERV) Program

1. How will Project SERV funds be distributed during and after a severe pandemic?

The Department's Project SERV program funds short-term and long-term education-related services for LEAs to help them recover from a violent or traumatic event in which the learning environment has been disrupted. The Department has a significant amount of flexibility in the process of awarding funds, and in determining to whom funds will be awarded, e.g., an SEA or LEA. A determination as to how funds will be awarded will be made after an assessment is conducted of the crisis caused by a severe pandemic. Once the extent and nature of the crisis is identified, recommendations regarding the process for distributing funds will be developed. Keeping the process flexible will enable the Department to respond in a more effective and efficient manner.

Mc-Kinney-Vento Homeless Assistance Act

1. During a severe pandemic, can grantees have flexibility in meeting the requirements of the McKinney-Vento Homeless Assistance Act?

The McKinney-Vento Homeless Assistance Act does not currently provide for flexibility through waiver authority. As noted above, if there is a severe pandemic, the Department intends to seek authority for further flexibility from Congress through the legislative process. Useful program guidance on existing flexibility on some issues, such as the placement of homeless students (which may arise during a severe pandemic), can be found on the Department website at the following address: <http://www.ed.gov/programs/homeless/guidance.doc>.

Per Pupil Expenditures in Program Funding Formulas and Maintenance of Effort Requirements

1. Is there flexibility in the use of per pupil expenditures in program funding formulas and in meeting maintenance of effort requirements?

The requirements for maintenance of effort (requirements to maintain State and local fiscal effort in order to be eligible for funds under some federal programs) generally contain waiver authority, which should be helpful in addressing the maintenance of effort issues that arise from a severe pandemic. However, the Department does not currently have the authority to alter its funding formulas including those in which the program statutes base funding on an LEA's per pupil expenditures. As noted above, if there is a severe pandemic, the Department intends to seek authority for further flexibility from Congress through the legislative process. Generally, however, during a severe pandemic the Department would make every effort to distribute formula grants in accordance with the statutory formulas.

U.S. Department of Education Grant Administrative Requirements During A Severe Influenza Pandemic

This section focuses on the implications of the type of prolonged school closure that is recommended for severe pandemics in the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions* (Community Mitigation Guidance). The U.S. Department of Education (Department) expects that entities, and State and local governments currently have the flexibility to address the implications of shorter-term closures that might be associated with less severe pandemics. In addition, by providing guidance here for the worst situations (most severe influenza pandemics), the Department expects that it has covered all eventualities.

General Questions

1. How will the Department communicate with the grants community during a severe pandemic?

The Department will keep the public informed of pandemic-related developments on its website, www.ed.gov. Grantees should look to this website to obtain information specific to the programs under which they have awards, as well as for information about procedures the Department has implemented during a severe pandemic to streamline the grants application, operation, and revision process. Grantees also may seek guidance from their Department project officers, but should recognize that these individuals may not be available during a severe pandemic. The website will provide a general information contact for grantees who are unable to reach their contact person.

2. Will the Department continue to award grant funds during a severe pandemic?

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To the extent feasible, and as resources permit, the Department will continue to award grant funds. We will make every effort to continue operations as usual, while affording grantees the maximum allowable flexibility in applying for and operating grants.

3. How will the Department provide flexibility for applicants during a severe pandemic?

When a severe pandemic warrants it, to the extent feasible and permissible under law, the Department will postpone discretionary grant competitions and extend application and other filing deadlines.

The public should be aware that most funds are made available for a specific period of time and in most cases, the Department does not have the authority to extend the time that funds are available for obligation. In most cases, an extension of the availability of funds requires additional legislation passed by the Congress and signed by the President. Similarly, appropriations acts generally provide funds for specific programs, purposes, and activities. The Department has very limited authority to redirect funds appropriated for one program or purpose to another program or purpose. The limited authority is usually governed by appropriations act language that also requires the Department to notify the Congress 15 days before the Department reprograms any funds.

As conditions warrant, in the event of a severe pandemic, the Department will:

- Request that Congress extend the period of availability of funds.
- Seek authority from Congress to re-direct funds to activities that directly meet pandemic-related needs.
- Ensure that any funds that have been authorized for pandemic relief efforts are awarded to eligible recipients.
- Determine on a program-by-program basis whether the regular grant competition schedule should be suspended.

4. A number of grantees have statutory requirements in their award provisions. During a severe pandemic, will the Department provide flexibility to these grantees by modifying these requirements?

The Department cannot waive statutory conditions of an award, unless specifically authorized. If Congress provides for relief from statutory requirements, the Department will make this information available on its Website.

5. If an applicant has been selected to receive a grant, how will a severe pandemic affect receipt of funds?

Until a Department official has obligated funds, no binding commitment to provide support has occurred. Further, to the extent feasible, permitted by law, and warranted by a severe pandemic, the Department may use the pre-award period to negotiate a delay of the grant start-up date.

6. Will a grantee be able to draw grant funds to pay for grant activities during a severe pandemic?

The Department is committed to making every effort to have its existing electronic infrastructure available so that grantees can continue to draw funds for allowable grant expenditures that are consistent with their progress on the project.

Grantees are cautioned that they should draw down grant funds only at the rate that they are able to carry out grant activities. Grantees should refer to 34 CFR 74.22 and 80.21 of the Education Department General Administrative Regulations (EDGAR) for further information on this issue.

7. How does the Department expect a grantee to proceed if it has difficulty undertaking some of the grant activities during a severe pandemic, owing to illnesses, closures, the requirements of social distancing, etc.?

During a severe pandemic, grantees are expected to notify the relevant Department program office as soon as they are aware of any delays or interruptions of grant project work occurring as a result of the pandemic. Grantees should refer to 34 CFR 74.25 and 80.30 of EDGAR for further guidance on this issue.

The Department is committed to working with its grantees to provide them the maximum flexibility in making changes to project activities that might become necessary as a result of a severe pandemic. For example, some planned project activities might be rescheduled. Or, a new activity might have to be substituted for one originally planned, in order to attain a similar project result. Communication is key; grant project staff should maintain close communication with Department staff and obtain approvals where appropriate. Additionally, with regard to formula grant programs, LEAs should work through the SEA to renegotiate and/or redirect the scope of its work plan, as needed. Again, grantees are cautioned that they should draw down grant funds only at the rate at which they are able to carry out grant activities.

8. Is another entity allowed to perform some or many of the activities related to a grantee's project during a severe pandemic, if the grantee is unable to do so?

State-administered grants

Yes, for state-administered grants, however, States and their subgrantees would continue to be legally responsible for the administration of their grants and subgrants unless Congress authorizes through legislation, specific relief. States have some discretion to make changes to their grants without prior approval under 34 CFR 80.30. If a change, however, requires prior approval, section 80.30 sets forth the procedures States would need to use to request prior approval from the Department. The Department will consider these requests on an expedited basis and generally approve those that are consistent with the State plan or application that was filed and approved by the Department and reasonable in light of the circumstances of the severe pandemic. As stated above, an LEA should work through its SEA to renegotiate and/or redirect the scope of work under its plan or application.

Discretionary grants

In limited circumstances (for example, when an alternate grantee is equally able to provide the grant services), a grant can be transferred from one entity to another, but the transfer requires formal approval by the Department and must follow procedures to ensure that the grant continues to serve the same or a very similar population and is of the same scope and objectives as approved by the Department. Similarly, permissible grant activities are included in the grant's scope of work. To ensure that proposed changes are within the scope and objectives of the grant as approved, amendments to grant awards require formal approval by the Department under 34 CFR 74.25.

General

As part of their own pandemic health crisis planning efforts, grantees are encouraged to develop a backup plan for the operation of their grants that includes sharing project responsibilities and activities with other entities in the event that the grantee is not able to perform them. Once the backup plans need to be invoked, the grantee should seek approval for proper grant revisions from the Department in accordance with 34 CFR 74.25 and 80.30. Grant backup plans might include:

- Entering into arrangements and agreements with other organizations in the region to ensure the continuity of grant operations during a severe pandemic, including sharing or loaning of staff, facilities, space, materials and supplies. (Contracting work to a third party must receive approval from the Department.);
- Shifting various activities and responsibilities to other members of an already approved partnership or consortium; or,
- Transferring an entire grant to another entity. (Transferring a grant would be a solution that must be approved by the Department and implemented according to Departmental policies.)

9. Must a grantee follow the various administrative requirements related to a grant (e.g., meeting reporting deadlines and obtaining administrative approvals) if it is affected by a severe pandemic?

The Department understands that grantees may need to make administrative changes to grant projects during a severe pandemic. Grantees should be aware that they have flexibilities under 34 CFR 74.25 and 75.261 of EDGAR to make some changes themselves. Any relief to regulations granted to all applicants during a severe pandemic will be posted on the Department's website. Grantees should discuss other proposed changes with Department staff.

10. May a grantee redirect or reprogram funds received for a grant project to relief efforts related to a severe pandemic?

If Congress authorizes redirecting previously granted funds for pandemic relief efforts, the Department will communicate that fact to grantees whose grants are affected, and will indicate the specific pandemic-related activities or uses to which the funds may be directed. During a

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severe pandemic, grantees are urged to consult the Department's website (www.ed.gov) on a regular basis for any updated information on funding for pandemic relief efforts. Grantees may not, on their own initiative, reprogram or redirect to pandemic relief efforts grant funds received for a specific project.

11. In the event that grant-related activities are not being implemented because schools have been closed or staffing resources are not available, will the Department provide flexibilities to grantees for meeting evaluation requirements?

Yes, in such cases, the Department would modify the evaluation requirements to ensure, once grant activities resume, a proper evaluation of the project is completed.

12. If a grantee is required to provide services to partners, how can these partners receive grants management and grants administrative information needed to maintain their grant-related activities?

Grantees are encouraged to establish communication systems with partner organizations, such as contractors and consortium members, in advance of a severe pandemic. Planning for this effort may require establishing a backup strategy that will be operational in the event of a severe pandemic. Grantees should coordinate such planning with their business partners to make sure all affected entities have equitable access to grant-related information. Grantees can view examples of State and local plans at:

<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/sampleplans/index.html>.

In addition, grantees also are encouraged to visit federal grant-related websites that provide information that may assist grantee advance planning efforts, such as:

- The Department of Health and Human Services (HHS) website at: www.pandemicflu.gov
- The Office of Management and Budget (OMB) website at: www.whitehouse.gov/omb

13. If an entity is required to provide equitable services to private school students and teachers under ESEA, how will private schools be notified of the availability and delivery of such services during a severe pandemic?

Grantees should, during the required consultation process with private school officials under sections 1120(b), 5142(a)(1), and 9501(c) of ESEA, establish procedures and strategies, including a communication process, that the entity will implement in the event of a severe pandemic. Planning for this effort may require establishing a backup strategy that will be operational in the event of a severe pandemic. Grantees should coordinate such planning with private school officials to make sure that all appropriate private schools have access to information related to federal education equitable services to their private school students and teachers.

14. Grantees have specific performance targets that are approved in their applications. Will the Department renegotiate performance targets due to delays in project implementation, school closings, or reduced staff capacity?

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In general, the Department expects grantees to strive to achieve performance targets as stated in their approved grant applications. However, the Department understands that grantees may experience delays in achieving performance targets due to circumstances beyond their control as a result of a severe pandemic. If necessary, grantees may request approval from the Department to adjust project timelines so that approved performance targets can be met, but at a later date than originally planned. In addition, grantees may exercise the administrative flexibility in 34 CFR 74.25 and 34 CFR 75.261 of EDGAR and initiate a one-time extension of up to one year without prior approval to complete unfinished project activities, and thereby meet approved performance targets in accordance with revised project timelines.

15. Will the Department provide grant funds for pandemic relief efforts?

The Department will provide to the public any pandemic related funds Congress authorizes to be administered by the Department. Check the Department website daily for announcements and updates.

Family Educational Rights and Privacy Act During A Severe Influenza Pandemic

This section focuses on the implications of the type of prolonged school closure that is recommended for severe pandemics in the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions* (Community Mitigation Guidance). The U.S. Department of Education (Department) expects that entities, and State and local governments currently have the flexibility to address the implications of shorter-term closures that might be associated with less severe pandemics. In addition, by providing guidance here for the worst situations (most severe influenza pandemics), the Department expects that it has covered all eventualities.

General Question

1. Will school districts be permitted to disclose information on affected students to local and State authorities in the case of a severe pandemic?

The Family Educational Rights and Privacy Act (FERPA) permits school officials to disclose, without consent, education records, or personally identifiable information from education records, to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of the students or other individuals. *See* 34 CFR 99.36. This exception to FERPA’s general rule of consent is temporally limited to the period of the emergency and generally does not allow for a blanket release of personally identifiable information from a student’s education records. Typically, law enforcement officials, public health officials, and trained medical personnel are the types of parties to whom information may be disclosed under this FERPA exception. The educational agency or institution has the responsibility to make the initial, case-by-case determination of whether a disclosure is necessary to protect the health or safety of students or other individuals. However, the Department is available to work with institutions to assist them in making such decisions in order

to ensure that the disclosure falls within the exception to FERPA's requirement of prior written consent.

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		

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Emergency Readiness for School Nutrition Programs Should Pandemic Flu or Epidemic Flu 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 flu or any emergency situation occur.

Definitions:

Pandemic: An outbreak of a disease in many countries at the same time. A pandemic of influenza—or flu—occurs when a new flu virus rapidly spreads from country to country around the world. The swift spread of a pandemic flu happens because people are not immune to the new flu virus and an effective vaccine would take months to develop.

Epidemic: An outbreak of a disease that spreads rapidly and extensively by infection and affects many individuals in an area or a population at the same time.

Avian Flu: Also called bird flu, avian flu is a flu-like virus that primarily is found in birds, but has infected several humans in other countries. The fear is that the avian flu virus will mix with human flu viruses and produce a new type of flu to which humans have no immunity. This new virus could cause a pandemic flu and affect many countries.

Swine Flu: A respiratory disease of pigs caused by type A influenza viruses that causes regular outbreaks in pigs. People do not normally get swine flu, but human infections can and do happen. Swine flu viruses have been reported to spread from person-to-person.

Background:

Research suggests that currently circulating strains of avian flu viruses are becoming more capable of causing disease in animals than were earlier avian flu viruses. The avian influenza A virus that emerged in Asia in 2003 continues to evolve and may adapt so that other mammals may be susceptible to infection as well. Many epidemiologists believe that it is only a matter of time before the avian flu virus mutates with human flu virus to cause a pandemic (1).

Swine Influenza (swine flu) is a respiratory disease of pigs caused by type A influenza viruses that causes regular outbreaks in pigs. People do not normally get swine flu, but human infections can and do happen. Swine flu viruses have been reported to spread from person-to-person, but in the past, this transmission was limited and not sustained beyond three people.

In late March and early April 2009, cases of human infection with swine influenza A (H1N1) viruses were first reported in Southern California and near San Antonio, Texas. Other U.S. states have reported cases of swine flu infection in humans and cases have been reported internationally as well (3).

When pandemic/epidemic flu becomes apparent, it will probably be learned through media coverage before illness occurs in a particular area. This early warning will give time to do last minute preparations in accordance with the recommendations found here and local emergency procedures.

The school foodservice manager and staff are well trained in food safety and are assets to the implementation of a school's emergency plan. Each school has at least one nutrition staff member, usually the manager, who has successfully completed food safety certification training and an exam. This exam is nationally recognized and is usually the ServSafe exam administered by the National Restaurant Association.

While there are similar guidelines in any emergency plan for schools, there are unique measures that should be taken in the event of pandemic/epidemic flu. Few emergencies will have as widespread an effect as will pandemic/epidemic flu, both inside and outside the school.

Recommendations:

Before the pandemic or epidemic occurs

1. Maintain, and update frequently, a list of all staff members with home addresses, e-mail addresses, phone numbers and emergency contact information.
2. Maintain a written record of all persons who have keys and access to kitchen and cafeteria entrances, walk-in coolers/freezers and dry storage areas.
3. Determine if vendors have a pandemic/epidemic or emergency plan for continuity or recovery of supply deliveries when an emergency occurs that reduces the workforce. If they do not have a plan, encourage them to do so.
4. Focus on prevention as the most important measure in stopping anyone from getting any contagious illness. For viruses like the flu, hand-washing is the number one preventive measure. Preparation in schools for pandemic flu or any contagious illness should include the provision of proper supplies in restrooms and teaching students the importance of hand-washing at all grade levels. Students should also be taught the importance of coughing and sneezing into their upper sleeve to avoid spreading bacteria and viruses. These measures are important for anyone in a school, but are even more important for those eating meals in school cafeterias. Good personal hygiene will help prevent the transfer of viruses from hand to mouth as food is consumed.

5. Be aware of the symptoms to look for—for your own health as well as that of others. The Centers for Disease Control and Prevention defines an influenza-like illness as having the following symptoms:
 1. A fever of 101.5°F or higher; and
 2. One of the following – cough, sore throat, headache and/or muscle ache (2).

Nausea, vomiting and diarrhea may accompany the above symptoms.

6. Once the flu gets to an area, schools will begin to see a gradual increase in absenteeism. At some point, predetermined by the school's emergency plan, parents will be notified of the increased absenteeism. When this occurs, there will probably be an immediate further increase in absenteeism because of the fear of being exposed to the flu. This alone will decrease the number of meals that need to be prepared. A daily update on student attendance will help the school nutrition manager estimate the amount of food preparation needed for each day.
7. Once pandemic flu 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 at least a five-day supply of food products. These foods should include at least a two-day supply of products that can be easily served in bag lunches. In the event of pandemic flu, a regular five-day supply will probably be enough for more than five days because of student absenteeism.
 - 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 five days use in case staff shortages make it difficult to operate the dish machine.
 - d. Carefully maintain proper cleaning and sanitizing procedures and perform routine maintenance on equipment. Proper cleaning and sanitizing is 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 front of 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 flu pandemic/epidemic must be written documentation from a health practitioner that the person is free of the flu causing virus.
 - f. Prevention is of primary importance therefore hand washing takes on increased significance. There are no hand sinks available in most school cafeteria dining areas. 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 for five days. (Note: Even though some cafeterias may have

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. Under some circumstances, as in swine flu (H1N1), CDC guidance states that a school should close immediately even if only one student has a suspected or confirmed case. Closure is recommended for up to 14 days. CDC may update its guidance periodically.
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, thinks it is appropriate. 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 flu 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 your personal 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 only one day or less notification, do as much as you can to secure food products as described in this paper, but above all else, secure facilities as you would at the end of any day and leave the premises. Your health is most important. 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 (see 7. c. under “Before the pandemic/epidemic occurs”.)
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, et al., 2004, did a disinfection study using norovirus, and found that when an area is contaminated with fecal material, 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 norovirus include the need to disinfect all heavy hand contact surfaces such as food preparation surfaces, self-service utensil handles,

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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. Public 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 norovirus contamination is suspected, cleaning procedures that increase the aerosolization of norovirus 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

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