

PANDEMIC INFLUENZA RESPONSE ANNEX

**FOR
MARIN COUNTY**

SCHOOL DISTRICT

September 2007



Mary Jane Burke
Marin County Superintendent of Schools

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Marin County Schools Pandemic Influenza Response Annex

Marin Schools Model Emergency Management Plan

The Marin Schools Model Emergency Management Plan consists of several components including the Model Plan, Appendices with Checklists, Forms, Sample Memos and Agreements and Annexes. The Pandemic Influenza Response Annex for Schools is an incident management strategy that serves to augment the Model Emergency Plan and its components. In order to ensure efficient and effective emergency management, the Model Plan must be implemented in its entirety.

I. INTRODUCTION

During the 20th century, three pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. The pandemic caused more than 500,000 deaths in the United States and an estimated million deaths around the world. Subsequent pandemics in 1957–58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant illness and death worldwide.

The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 100,000 and 200,000 deaths. Scientists and health officials throughout the world believe that it is inevitable that more influenza pandemics will occur in the 21st century. Recent cases of human disease caused by a widespread and growing avian influenza outbreak suggest that a new pandemic could be developing at this time.

| Potential Impacts of a Pandemic on the U.S. and California | | | | | |
|---|----------------------------|-----------------------|--------------------------|---------------------|-------------------|
| | Infected | Clinically Ill | Outpatient Visits | Hospitalized | Deaths |
| U.S. | 200 million | 40 - 90 million | 18 - 42 million | 314,000 - 733,000 | 100,000 - 200,000 |
| California | 30-60% of total population | 9.1 million | 4.9 million | 100,000 | 21,000 |

There are several characteristics of influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the health

care system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, public schools and utilities, could be disrupted during a pandemic. The increased stress from a potential pandemic or actual pandemic will also increase the mental health service needs throughout the schools and community. Finally, the pandemic, unlike many other emergency events, could last for many weeks, if not months. Health officials are warning the public to prepare for school closures that may last for several months.

Summary of Preparedness and Response Principles

During an influenza pandemic, the Marin County School District will utilize this Pandemic Influenza Response Annex to achieve the following goals:

- ▶ Limit the number of illnesses and deaths
- ▶ Preserve continuity of essential school functions
- ▶ Minimize educational and social disruption
- ▶ Minimize economic and academic losses

The plan will be coordinated with other local response and support agencies' all-hazard plans and activities, and will be coordinated with the plans of our community, state and federal partners.

II. PLANNING ASSUMPTIONS

The U.S. Health and Human Services Pandemic Influenza Plan contains the following information about pandemics, how they might affect school-aged children, and how states and local agencies should plan for them:

- ▶ The clinical attack rate (the percentage of people who will become so sick they won't be able to go to work or school) will be 30%-60% in the overall population. Illness rates will be highest among school-aged children and decline with age.
- ▶ Children will shed the greatest amount of virus (they are more contagious than adults) and therefore are likely to pose the greatest risk for transmission.

- ▶ It is anticipated that the school district will need to plan to function with a 40%-60% work force absentee rate.
- ▶ On average, about two secondary infections will occur as a result of transmission from someone who is ill.
- ▶ In an average community, a pandemic outbreak will last 6 to 8 weeks. At least two pandemic disease waves are likely.

Whether or not schools will be closed or for how long is impossible to say in advance, since all pandemics are different in their scope and severity. However, it is well established that infectious disease outbreaks most often start in schools, so school closings may likely happen early in a pandemic event. The duration of school closings can only be determined at the time of the event based on the characteristics of the pandemic, but it is unlikely that schools will be closed for less than 2 weeks (based on the incubation period of the disease and the length of time people are contagious) and could be as long as 12 weeks. Other planning assumptions that are being used by the community include:

- ▶ Working closely with local health and emergency services agencies will maximize the health and safety of the school community. Understanding the roles of each agency and their responsibilities will promote coordination and communications.
- ▶ An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
- ▶ There will be a need for heightened global and local surveillance of flu symptoms and infection rates.
- ▶ Local agencies will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.
- ▶ Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by the local health agency for hospitalized influenza patients, close contacts of patients, health care workers providing care for patients, or other designated groups.
- ▶ Due to vaccine production and distribution constraints, a vaccine for the pandemic influenza strain will likely not be available for 6 to 8 months following the emergence of a novel virus.
 - a. As vaccine becomes available, it will be administered to eligible persons using a structured hierarchy based on priority, then ultimately to the entire population.

- b. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies to control the spread of the disease in the county.
- ▶ There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications.
- ▶ Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gather points and canceling public events may be implemented during a pandemic.
- ▶ It will be especially important to coordinate disease control strategies throughout counties in the local area and the State due to the regional mobility of the population.
- ▶ The general public, health care partners, response agencies, elected officials and schools will need continuous updates on the status of the pandemic outbreak, the steps local response agencies and the school district are taking to address the incident, and steps the public can take to protect themselves.

III. LEGAL ISSUES RELATING TO SCHOOLS

A. **Public Health Responsibilities**

1. County health officer may order schools to close. (Health & Safety §120175).
2. Written permission of Health Officer required before an individually quarantined employee or student is allowed to return to school.

B. **School Facilities**

The Civic Center Act at one time provided that school facilities were to be made available for disaster shelters. This provision is now in California Education Code §32282. As part of its school safety plan, school districts are required to establish a procedure to allow a public agency, including the American Red Cross, to use school buildings and grounds for emergencies involving the public health and welfare.

C. **School Employees as Disaster Workers**

School and college employees are disaster workers pursuant to Government Code §3100 and as such are “subject to such disaster service activities as may be assigned to them by their superiors or by law.”

D. **School funding during closure/reduced Average Daily Attendance**

(ADA) due to pandemic.

1. California Education Code §46392 allows crediting for ADA in the case of an epidemic that reduces school enrollment.
2. California Education Code §41422 allows crediting for full apportionment if a district is prevented from operating schools for at least 175 days due to epidemic or order from government official due to emergency.

E. Students.

Quarantine under direction of county health officer is an excused absence. (California Education Code §48205).

F. Employees.

1. **Certificated and Academic.** Both K-12 and community college have similar sections.
 - a. Leaves. Boards may grant leaves of absence “due to inability to provide services...due to quarantine.” Also have general power to grant leaves of absence, with or without pay. (California Education Code §44962-64, §87764-65).
 - b. Layoff. Boards may not layoff permanent or probationary certificated employees. May release substitutes and temporary certificated employees prior to completion of 75% of days school is in session.
 - c. Personal necessity. Districts need to check current policies and collective bargaining contracts. Use of personal necessity for quarantine is currently not standard language.
2. **Classified.**
 - a. Leaves. Boards may grant leaves of absence with or without pay. May grant leave “because of quarantine which results from contact with other persons having contagious disease in the performance of duties” but not simply “due to quarantine” as allowed in certificated. (California Education Code §45198-99, §88198-99). Caveat: Under §45198 any grant of leave cannot “deprive any employee of any leave of absence to which he or she is entitled by law.” We believe that this would preclude the Board from granting a leave from sick leave or vacation unless such leave was included in personal necessity.
 - b. Layoff. Unlike certificated employees, classified employees are subject to layoff without notice based on “lack of work resulting from causes not foreseeable or preventable by the governing board.” (California Education Code §45117, §88017).
 - c. Personal necessity. Districts need to check current policies and collective bargaining contracts. Use of personal necessity for quarantine is currently not standard language.

IV. PHASES OF A PANDEMIC

The World Health Organization (WHO), the medical arm of the United Nations, has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

| Pandemic Phases | Public Health Goals | Local Public Schools Goals |
|--|---|--|
| <p>Inter-Pandemic Period</p> <p>Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.</p> <p>Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.</p> | <p>Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p> | <p>Ensure that staff members and students are trained in preventative measures such as respiratory etiquette, universal precautions and proper handwashing techniques.</p> <p>Minimize the risk of transmission to humans; ensure that staff members understand detection and reporting guidelines and report rapidly as required.</p> |
| <p>Pandemic Alert Period</p> <p>Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.</p> <p>Phase 5 – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic</p> | <p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement response measures.</p> | <p>Ensure staff is knowledgeable about the latest epidemiological information.</p> <p>Ensure that best practices for infection detection and control measures are followed.</p> <p>Ensure adequate resources for staff/student protection.</p> <p>Ensure the school district is implementing best practice for social distancing techniques per local health agency guidelines, including reducing the school activity calendar.</p> |

| | | |
|--|---|---|
| risk). | | Maximize communications with parents related to health and safety. |
| Pandemic Period Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population. | Implement response measures including social distancing to minimize pandemic impacts. | Follow social distancing, isolation and quarantine measures. Ensure maximum support and education for students who are affected by pandemic. |

V. CONCEPT OF OPERATIONS

Overview

The Marin County Department of Health and Human Services (via the Operational Area Emergency Operations Center) will be the lead agency in coordinating the local health and medical response to a pandemic with State, Federal, and local agencies and officials.

The School District will maintain increased communications with the Marin County Office of Education who will then provide information to the County Operational Area EOC to implement those procedures that increase the health and safety of the school community.

The School District assumes the following responsibilities:

- Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and the Marin County Health Department.
- Identify chain of command in case of illness with a minimum of 2 back-ups for key administrators following the District’s Emergency Operations Plan.
- Develop plans to communicate regularly with individual schools about the status of the situation and provide guidance throughout the duration of the pandemic outbreak.
- Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of the pandemic outbreak.
- Review District sick leave policies and make adjustments as necessary to

ensure non-punitive policies are in place.

- Review District policies regarding quarantines and pay continuation and make adjustments as necessary.
- Communicate with and educate the school community and parents about approved public health practices and what each person can do to prepare or respond to minimize health risks.
- Develop and implement educational support plans for students who are isolated or quarantined and coordinate these plans with the social support plans developed by the Marin County Health Department and the California Department of Education.
- Develop a recovery plan that provides for education support and emotional support for staff and students. If there is loss of life, implement procedures located in the District's Emergency Operations Plan.
- If needed, implement School Crisis Response and Recovery Plan and activate Crisis Intervention Teams.
- Document all actions taken.

Each school assumes the following responsibilities:

- Identify chain of command in case of illness with a minimum of 2 back-ups for key administrators following School's Emergency Operations Plan.
- Review best practices for respiratory hygiene and universal precautions and train all school staff, volunteers and students.
- Identify and procure needed resources.
- Review procedures for sending ill individuals home and make adjustments if necessary.
- Establish and implement surveillance reporting process to report the number of absent staff and students due to flu using the forms provided in the Tool Kit for Schools.
- Document all actions taken.
- Update staff and provide information on extent of infection at school site and potential changes that might take place at school.
- Follow District recovery plan that provides for education support and

emotional support for staff and students.

- Maintain communications with District Office to update on the status of the situation at individual schools.
- Provide information to parents about the status of the situation using sample parent letters provided in the Tool Kit.

VI. COMMUNICATIONS

Communications with the public and health care providers will be one of the most critical strategies for containing the spread of the influenza and for managing the utilization of health care services. This plan's communications goals are to:

1. Provide accurate, consistent, and comprehensive information about pandemic influenza including case definitions, treatment options, infection control measures, and reporting requirements.
2. Instill and maintain public confidence in the schools and the County's public health care systems and their ability to respond to and manage an influenza pandemic.
3. Ensure an efficient mechanism for managing information between local County Department of Health Services, emergency response agencies, health system partners and the schools.
4. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
5. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
6. Ensure that all information release to the public is provided through the District Public Information Officer as identified in the School District's Emergency Operations Plan.

Communications During Pandemic Phases 1, 2, 3

The Marin County Department of Health and Human Services will:

- Educate providers, public officials, schools and emergency responders about influenza pandemics and steps they should take to plan for pandemic outbreaks.

Under the direction of the District Superintendent/Designee, the District administration will assess the needs of the schools.

- Assess the needs of the schools.
- Assess the information needs of the school community.
- Intensify public education efforts about influenza pandemics and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, parent letters (#1 and #2 of the Tool Kit), or school newsletters, television and radio broadcasts.
- Identify hard-to-reach families and ensure communications in the home language whenever possible.
- Coordinate with local County Department of Health Services and the California Department of Education to develop common health messages and education materials in multiple languages.
- Develop a network of bilingual staff who can serve as information conduits to vulnerable school families and build sustainable preparedness capabilities.

Communications During Pandemic Phases 4, 5, 6

During Phase 4, the School District should maintain communication with staff and parents to provide information on the current status of the situation and to alert them to a possible school closure (Send Parent Letter #3). *(Note: It is possible that the Health Officer may close schools during this phase. If so, send Parent Letter #4.)*

During Phase 5, communication with staff and parents should be increased regarding the current status and to alert them to the likelihood of school closure in the near future. (Send Parent letter #4 if Health Officer closes schools).

During Phase 6, schools will be closed. Maintain communication with parents at home and with staff about the current status and plans for re-opening school. (Send Parent Letter #5 when schools reopen).

The following information applies in the event that the local County Operational Area activates the Emergency Operations Center:

The Operational Area Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response partners and will coordinate with the Operational Area Schools' representative. A JIC will be activated when the Operational Area EOC

deems it necessary based on specific characteristics of the pandemic. If school closures are considered, the School District PIO will coordinate all information to be disseminated to the public with the JIC.

The Operational Area PIO will develop a communications strategy and will relay this information via the Operational Area Schools' Representative to the School District. It will include identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless students and their families. The School District will assist in translations for the school community whenever possible.

As the pandemic expands, the Operational Area PIO will provide daily updates on the pandemic and will organize regular media briefings. This information will be conveyed to the School District via the Operational Area Schools' Representative.

The Operational Area PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

The Operational Area PIO will evaluate the need to establish a school information call center to respond to public inquiries and may disseminate web alerts per JIC guidelines and as necessary.

VII. MITIGATION

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. Mitigation efforts will occur primarily during the early pandemic phases (Phases 1-3).

The School District's pre-event mitigation activities include:

- Planning, exercising, evaluating and revising the Pandemic Influenza Response Annex.
- Training and equipping staff to assure competencies and capacities needed to respond to a pandemic outbreak.
- Developing strategic partnerships with local community health care institutions and providers, and local, state and federal response agencies and their staff.

- Educating schools and parents about an influenza pandemic and recommending preparedness measures. (Use sample letters and handouts provided in the Tool Kit.)
- Informing and updating schools about the potential impacts of an influenza pandemic on essential services and city, county, and school infrastructure.
- Stockpiling necessary equipment and supplies that will be needed to respond to an influenza pandemic.
- Establishing ventilation (HVAC) standards to be used during each phase of the pandemic (such as filter change schedules, etc.).
- Developing and implementing surveillance and reporting procedures to monitor illness patterns in the schools.

Social Distancing Strategies

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include closing schools; closing non-essential agency functions; implementing emergency staffing plans; to increase telecommuting, flex scheduling and other options; and closing all public assemblies or after school activities.

Public Health Strategies During Pandemic Phases 1, 2, 3

The Marin County Department of Health and Human Services will:

- Provide information to elected officials, government leaders, school officials, response partners, businesses, the media and the public about influenza pandemics and their consequences.
- Coordinate with elected officials, government leaders, school officials, response partners, and businesses regarding the use of using social distancing strategies, the associated impacts they have and the process for implementing these measures.
- Confirm the decision-making process and criteria for recommending social distancing strategies with key public officials.

Individual schools will:

- Increase respiratory hygiene education for staff, students and parents.

- Increase disease transmission control education for staff, students and parents.
- Increase symptom monitoring and attendance monitoring to ensure accurate reporting to the Marin County Health Department.

Social Distancing Strategies During Pandemic Phases 4, 5, 6

The Marin County Department of Health and Human Services will recommend social distancing strategies to elected officials that are commensurate with the severity of illness and societal impact of the pandemic.

Specific, countywide strategies that may be recommended by the Health Officer include:

- Encouraging government agencies and the private sector to implement pandemic emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options.
- Encouraging the public to use public transit only for essential travel; therefore transportation to schools may be interrupted.
- Advising County residents to defer non-essential travel to areas of the world affected by pandemic influenza outbreaks.
- Suspending all public events where large numbers of people congregate including sporting events, concerts, and parades.
- Closure of all public and private daycare centers, schools and colleges.
- Suspension of all government functions not dedicated to addressing the impacts of the pandemic or maintaining critical continuity functions.
- Monitoring the effectiveness of social distancing strategies in controlling the spread of disease and advising appropriate decision-makers when social distancing strategies should be relaxed or ended.

Individual Schools will:

- Follow Marin County Health Department guidelines as appropriate including following social distancing guidelines and emergency pandemic staffing plans.
- Cancel extracurricular activities or close schools as directed by the Local Health Officer.

VIII. MAINTENANCE OF ESSENTIAL FUNCTIONS

One of the critical needs during a flu pandemic will be to maintain essential community services.

With the possibility that 40-60% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.

There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public utility personnel are unable to carry out critical functions due to illness. Individual schools or the entire district may be adversely disrupted.

Government agencies, private businesses and schools, particularly those that provide essential services to the public, must develop and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.

It is important to remember that all public school employees are designated as disaster service workers in a declared emergency and may be called to serve in that capacity. Refer to Disaster Service Worker information in the Tool Kit). (*Government Code §3100*)

The School District will develop a Continuity of Operations plan (see Appendix A) that addresses, at a minimum:

- Line of Succession for the agency.
- Approval of continuity of operations plans by the Superintendent and School Board.
- Identification of mission essential services and priorities.
- Procedures for the reassignment of employees to support mission essential services.

Maintenance of Essential Services During Phases 1, 2, 3

The School District will develop plans for maintaining essential departmental services during a pandemic.

The School District will educate school administrators, school board and the

school community that provide essential services about the need for continuity of operations planning in advance of a pandemic.

Maintenance of Essential Services During Phases 4, 5, 6

The School District will update its essential services plans and will assist the schools in updating their plans.

The District Superintendent or designee will determine the appropriate time to implement the continuity of operations plans and protocols and will notify school administrators.

IX. RECOVERY

School recovery from an influenza pandemic will begin when school officials receive notice from the Local Health Officer that schools may resume normal operations. The District Superintendent/Designee will determine if normal supplies, resources and response systems are adequate to manage ongoing school activities.

In consultation with Marin County Department of Health and Human Services, the District Superintendent/Designee will recommend specific actions to be taken to return the schools to pre-event status.

The School District will:

- Assess the economic and educational impact of the pandemic on the schools.
- Evaluate the response actions taken by the school district as a result of the pandemic.
- Determine effectiveness of existing plan to respond to similar events in the future.
- Revise existing plan as necessary to address any deficiencies.

APPENDIX A: Continuity of Operations Plan Considerations

Pandemic Influenza planning issues to be reconsidered or added to existing Emergency Operations Plan:

At the District Level:

- Line of Succession:
 - All Management/Command Staff should have a primary and two alternates identified.
 - All Section Chiefs should have a primary and two alternates identified.
 - Clarify roles and lines of succession for School Board members.

- Identify critical functions and processes:
 - Life / health / safety
 - Essential to accomplishing the mission of the school district
 - Critical “Daily” functions that need to be provided EVEN during an event although at a reduced level
 - Identify Standard Operating Procedures of critical functions/processes and clearly document so resources pulled from non-essential functions can perform in an emergency and/or surge” activity
 - Identify positions needed to carry out critical functions
 - Identify and assign key team leaders and alternates – *refer to the District’s Emergency Operations Plan ICS Staffing Chart*
 - Document processes and task checklists
 - Identify critical functions that can be performed via telecommuting and/or manual processes if IT systems are overloaded or if reassigned staff is not familiar with applications
 - Data entry
 - Records management
 - Payroll processing

At the School Level:

- Identify mission essential services and priorities for each school or department for Pandemic Level 5 or 6 (plan for 3 months).

- Each school administration should work with School Site Safety Committee to implement school-based procedures as outlined in plan

including identifying issues and needs such as:

- What to do if there is a 40%-60% reduction in work force
- What to do if schools are closed for 3 months
- Developing an education plan for isolated and quarantined students who are sick for extended periods of time
- Identifying resource needs such as paper towels, soap, masks gloves, etc.
- Implementing increased symptom monitoring and attendance monitoring to ensure accurate reporting.

Other issues to consider:

- Identify technology needs related to large-scale telecommuting and conference calling.
- Access to laptops
- Remote Access
- Information "SECURITY"
- Review human resource policies to determine whether staff can be prevented from remaining at work if symptomatic for influenza.
- Determine whether critical functions could be performed through flex shifting.
- Establish shifts, longer hours of operations, alternate work days, etc.
- Review human resource and labor policies regarding the implementation of flex schedules.
- Identify procedures for the reassignment of employees to support mission essential services.
- Identify staff that can be cross-trained to backfill critical functions.
- Identify functions that can be suspended while staff is reassigned to more critical roles.
- Develop mechanisms to track department absenteeism and reporting protocols.
- Review Government Code §3100 regarding Disaster Service Worker status for public employees.

APPENDIX : Pandemic Severity Index

To help planners tailor pandemic responses to the severity of the outbreak, the CDC created a Pandemic Severity Index.

Categories

1 Case fatality rate* **under .1%**; potential number of deaths under 90,000***; comparable to seasonal flu.

2 Case fatality rate of **.1% to .5%**; potential number of deaths 90,000 to under 450,000; comparable to pandemics of 1957 and 1968.

3 Case fatality rate of **.5% to under 1%**; potential number of deaths 450,000 to under 900,000; not comparable to pandemics of 20th century.

4 Case fatality rate **1% to 2%**; potential number of deaths 900,000 to under 1.8 million; not comparable to pandemics of the 20th century.

5 Case fatality rate **2% or higher**; potential number of deaths 1.8 million or more; comparable to the 1918 pandemic.

*Case fatality rate is the percentage of deaths among those who are sick

*** based on 2006 U.S. population

Source: Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States

APPENDIX C: Community Mitigation Strategy by Pandemic Severity

Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Intervention (February 2007) - <http://www.pandemicflu.gov/plan/community/commitigation.html>

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

* All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective

equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

- † This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available
- § Many sick individuals who are not critically ill may be managed safely at home
- ¶ The contribution made by contact with asymptomatically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.
- ** To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.
- †† Consider short-term implementation of this measure—that is, less than 4 weeks.
- §§ Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

APPENDIX D: Acronyms

| | |
|------|---|
| ADA | Average Daily Attendance |
| CDC | Centers for Disease Control and Prevention |
| EOC | Emergency Operations Center |
| H5N1 | The scientific name for a subtype of the avian influenza (bird flu) virus that has spread from birds to humans. These scientific names are classified by different proteins on the virus. |
| JIC | Joint Information Center |
| PIO | Public Information Officer |
| WHO | World Health Organization |