

PANDEMIC PLAN



Original 2019 Revised 2022

Purpose

The purpose of this document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel viruses. NPI's, specifically in regard to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat and current public health guidance.

This plan should be used in conjunction with the district's:

- Emergency Operations Plan
- Communicable Disease Management Plan
- Exposure Control Plan

Introduction

A pandemic plan is a contingency plan to guide planning and mitigation strategies in the event of pandemic influenza. This is important because pandemic influenza is not seasonal influenza, risk of infection and potential for complications may be greater and more widespread. This plan specifically addresses nonpharmaceutical interventions (NPIs). For outbreak guidance, surveillance and reporting, please defer to the *Communicable Disease Management Plan*

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity but include cough, low-grade fever, sore throat (SDDH, 2019; Weatherspoon, 2019).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu

complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (CDC, 2020).

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may be a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a variant virus. Pandemic refers to the global circulation of a novel or variant strain of respiratory viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016).

Differences between seasonal flu and pandemic flu:

Seasonal Flu

THE VIRUS

- Caused by influenza viruses that are closely related to viruses that have previously circulated; most people will have some immunity to it.
- Symptoms include fever, cough, runny nose, and muscle pain.
- Complications such as pneumonia are most common in the very young and very old and may result in death.
- Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness.

IMPACT ON THE COMMUNITY

- Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults.

Mild to Moderate Pandemic

THE VIRUS

- Caused by a new influenza virus that has not previously circulated among people and that can be easily spread.
- Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza.
- Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications.
- Healthy adults may be at increased risk for serious complications.

IMPACT ON THE COMMUNITY

- May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home).

Severe Pandemic

THE VIRUS

- A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society.
- During the peak of a severe pandemic, workplace absenteeism could reach up to 40% due to people being ill themselves or caring for family members.

IMPACT ON THE COMMUNITY

- Schools and day care/child care facilities may be closed.
- Public and social gatherings will be discouraged.
- The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.

Control Measures

Everyday Measures

Control are practices that in place as a matter of routine to minimize transmission of communicable diseases in the school setting.

Pandemic Measures

Pandemic measures are additional control measures that may be incrementally put in place to minimize specific communicable diseases based on severity and transmission.

While prophylactic vaccine and antiviral medication are appropriate interventions for influenza outbreaks, these are not always immediately accessible for novel strains. Non-pharmaceutical interventions (NPI's) are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPI's in the school setting and at school-sponsored events (CDC, 2017).

Noel viruses vary in severity and transmissibility and at initial identification have no historical context. Because of this public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the school setting.

Control measures are incremental based on the current situation. The current situation will be defined by the public health entities based on the severity, the incidence, and the proximity to the school setting leading to level-based responses

When cases of novel viruses are identified globally

When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, which may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent's responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

During this timeframe, the district will ensure that emergency communications are tested and functioning, that staff is trained on potential implications and measures and that all emergency plans are up to date.

During this time, planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

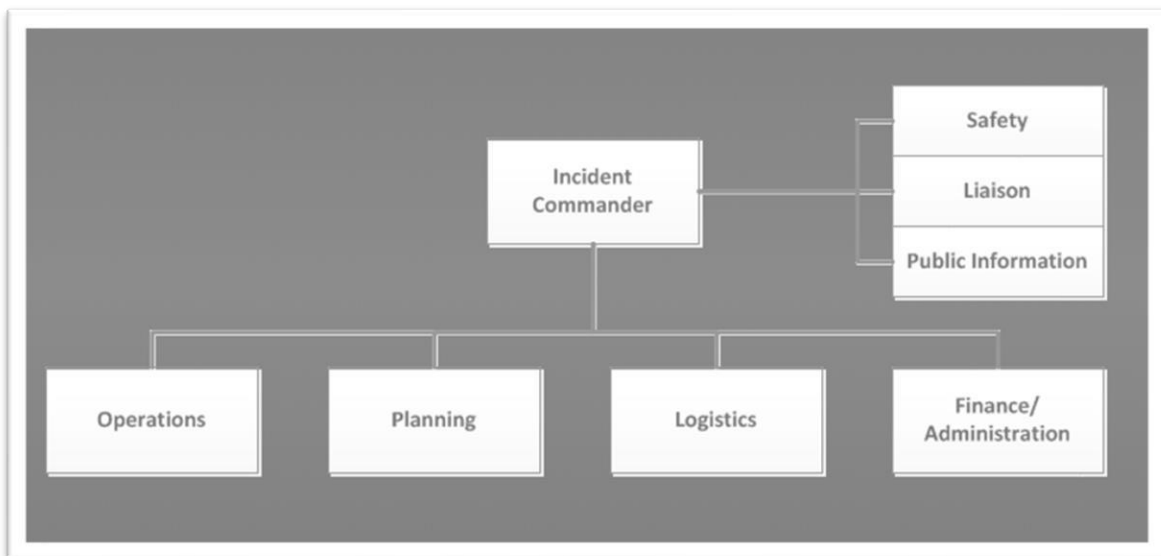
When public health has deemed a novel virus a pandemic threat, defer to the [CDC checklist for schools](#) (Appendix A) in order to establish a specific emergency response framework with key stakeholders.

When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., It is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Clackamas County, the Local Health Department (LHD) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district.

The district should take diligence action to monitor trends in affected areas and identify measures taken

Response team should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities at minimum to meet the general structure of Incident Command.



(Image: prepare.gov)




When cases of novel viruses are identified in the community

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow local public health guidance as well.

When the local transmission is detected, planning for dismissal and academic continuity should be prioritized. As well, plans for prolonged staff absences should be prioritized.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the manpower to impose individual restrictions and may create public statements that the school district should reiterate.

 <p>Personal NPIs are everyday preventive actions that can help keep people from getting and/or spreading flu. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.</p>	 <p>Community NPIs are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include increasing space between students in classrooms, making attendance and sick-leave policies more flexible, canceling large school events, and temporarily dismissing schools.</p>	 <p>Environmental NPIs are surface cleaning measures that remove germs from frequently touched surfaces and objects.</p>
--	--	--

LEVELLED NON-PHARMACEUTICAL INTERVENTIONS			
ROUTINE PRACTICES			
	Personal NPI's	Community NPI's	Environmental NPI's
Everyday Measures	<ul style="list-style-type: none"> Stay home when you are sick per illness guidelines Practice respiratory etiquette Practice positive hand hygiene 	Routine illness exclusion	<ul style="list-style-type: none"> Routine sanitizing of shared areas and flat surfaces
LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION-PREVENTION FOCUSED			

	Personal NPI's	Community NPI's	Environmental NPI's
When cases of novel viruses are identified globally	<ul style="list-style-type: none"> • Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. • Cover coughs/sneezes, throw away tissues at each use, wash your hands. • Stay home when ill for at least 24 hours after fever free without the use of fever reducing medication. 	<ul style="list-style-type: none"> • Identify baseline absentee rates to determine if rates have increased by 20% or more. • Increase communication and education on respiratory etiquette and hand hygiene in the classroom. • Teachers can provide age appropriate education. • Communicable Disease surveillance - monitoring and reporting student illness (Appendix B). • Increase space between students in the classroom. • Instruct students in small groups as feasible. 	<ul style="list-style-type: none"> • Increase sanitizing of flat surfaces and shared surfaces • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school with febrile respiratory illness until parents can pick up. • Discourage the use of shared utensils in the classroom.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]

	Personal NPI's	Community NPI's	Environmental NPI's
When cases of novel viruses are identified in the community	<ul style="list-style-type: none"> • Public health specific guidance • Be prepared to allow your staff and students to stay home if someone in their house is sick. 	<ul style="list-style-type: none"> • Public health guidance • Increase space between people at school to at least 3 feet, as much as possible. • Temporarily dismiss students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school). 	<ul style="list-style-type: none"> • Public health specific guidance. • Modify, postpone, or cancel large school events as coordinated with LHD.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

	Personal NPI's	Community NPI's	Environmental NPI's
When cases of novel viruses are identified in the school setting	<ul style="list-style-type: none"> • Follow public health direction. 	<ul style="list-style-type: none"> • Follow exclusion guidance designated by the Local Public Health Authority, which may include student dismissal. 	<ul style="list-style-type: none"> • Follow local public health direction on environmental cleaning, which may include school closure and canceling major events.

POST EVENT			
	Personal NPI's	Community NPI's	Environmental NPI's
When returning to baseline	<ul style="list-style-type: none"> • Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 24 hours fever free without the use of fever reducing medications. • Follow public health guidance until the novel virus is regarded as endemic. 	<ul style="list-style-type: none"> • Routine illness exclusion when LPHA deems processes may return to baseline. • Follow public health guidance until the novel virus is regarded as endemic. 	<ul style="list-style-type: none"> • Routine sanitizing when LPHA deems processes may return to baseline. • Follow public health guidance until the novel virus is regarded as endemic.

Communication

During the course of pandemic preparation, response and recovery families and staff should have consistent communication regarding current public health requirements, school interventions and operations, and any logistical changes. Work with LHD to establish timely communication with staff and families. Provide communication to staff about the use of sick time and a reminder to stay home when sick. Advise parents to report actual symptoms when

Defer to Communicable Disease Management Plan regarding notification and local public health authority coordination.

Special Considerations

Employee Sick Leave

Administration and human resources should work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regard to lost work, such as maximum incubation period exclusion (10-14 days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised or who are identified as potential cases.

School Closures

If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration to ensure processes are consistent with [legal preparedness processes](#).

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their provider. This change in placement will be accommodated as appropriate under IDEA and FAPE

References

- Centers for Disease Control and Prevention. (2020). *Influenza*. Retrieved from <https://www.cdc.gov/flu/about/index.html>
- CDC (2016) *Variant Influenza Viruses: Background and CDC Risk Assessment and Reporting*. Retrieved from <https://www.cdc.gov/flu/swineflu/variant.htm>
- CDC (2017) *Getting your school ready for pandemic flu*. Retrieved from <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf>
- South Dakota Department of Health (2019) Seasonal Respiratory Viruses. Retrieved from <https://doh.sd.gov/diseases/infectious/diseasefacts/viral-respiratory.aspx>
- Weatherspoon, D. (2019) *Acute Viral Respiratory Infections*. Retrieved from <https://www.healthline.com/health/acute-respiratory-disease>
- Images: Prepare.gov
CDC.gov

Appendix A

SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST



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

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

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

1. Planning and Coordination:

Completed	In Progress	Not Started	
<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.

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.

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.



Appendix B

	A	B	C	D	E	F	G	H	I	J
1	RESPIRATORY ILLNESS SURVEILLANCE									
2					SYMPTOMS					
3	Student Initials	Student ID	Today's Date	Date of onset	Fever	Cough	Shortness of Breath	Body Aches	Other (Specify)	Pneumonia
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										

1. Determine baseline absence rates (daily average)
2. Identify with your administrator when absence rate has increased 20%
 - a. Report this increase to the RN
3. Use the *Respiratory Surveillance* spreadsheet to document students with respiratory illness.
 - a. Request that parents report symptoms students are experiencing rather than just calling their students in sick.
 - b. Identify symptoms students are experiencing when students are going home sick.
4. Document these accordingly. Do not use student names use initials and numbers, because this is a shared spreadsheet.