

Concurrent Session

PLANNING FOR THE EXPECTED: INFECTIOUS DISEASES AND ALL-HAZARDS PLANNING

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Purpose of Session

Participants will gain a better understanding of infectious disease planning and response considerations for schools.

Overview of Session

- ♦ Look at common infectious diseases that affect schools
- ♦ Discuss key considerations
- ♦ Review case studies
- ♦ Outline how planning for infectious diseases fits into all-hazards planning
- ♦ Look at key facts to consider when deciding to close schools
- ♦ Highlight promising practices
- ♦ Provide resources for further planning

Key Messages

- ♦ Children and youth are particularly efficient at transmitting diseases.
- ♦ School environments may not be routinely cleaned and disinfected in a manner that reduces possibilities for disease transmission (i.e. desks, playgrounds).
- ♦ It is important to make sure that information is coordinated between individual schools (if more than one school is involved), the central or district school office and the local/state health department.
- ♦ A written comprehensive policy should include a range of considerations.

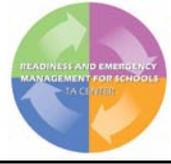
About the Presenters

MARY CLARK, JD, MPH is the Director of the Emergency Preparedness Bureau at the Massachusetts Department of Public Health. In that role, she oversees state and local emergency preparedness and response for the Department. She is the principal investigator for both the Public Health Emergency Preparedness Cooperative Agreement grant through the Centers for Disease Control and Prevention (CDC) and Hospital Preparedness Program activities funded through the Assistant Secretary for Preparedness and Response (ASPR).

Previously, Ms. Clark was the Regional Public Health Preparedness Manager at the Cambridge Public Health Department, coordinating public health emergency preparedness planning for Massachusetts Emergency Preparedness Region 4b, a coalition of 27 local health departments in the Metro Boston area. In 2007, Region



**U.S. Department of Education, Office of Safe and Drug-Free Schools
Readiness and Emergency Management for Schools (REMS)**



Final Grantee Meeting ♦ Boston, Massachusetts ♦ July 21 – 22, 2010

4b was recognized nationally for its work on development of local and regional response plans, public health workforce training, and exercises and drills.

Ms. Clark also served as Program Manager for the Cambridge Advanced Practice Center for Emergency Preparedness. One of only eight such centers nationwide, the Cambridge APC includes expertise in preparedness planning, political science, public health law, sociology, public policy, adult education, surveillance, epidemiology, and community-based research. Its work focuses on community and regional readiness for a public health emergency by developing, implementing, and evaluating innovative regional solutions to the preparedness problems facing local health authorities.

Ms. Clark has also served as an associate counsel for the Massachusetts Medical Society, and managed programs to improve access to health care at the AIDS Action Committee of Massachusetts, Community Research Initiative of New England, and JRI Health in Boston. She received her MPH from Harvard School of Public Health, and her law degree from New York University.

PEGI MCEVOY, MN, ARNP has spent the last twenty-five years in public education and currently works in the Seattle Public Schools, an urban district comprised of approximately 100 schools and 7000 staff. As a Nurse Practitioner, her experience varies from direct service in the schools as a School Nurse to Director of Health and Safety including both operational and strategic responsibilities related to health, safety, and critical incident management. Her responsibilities include the development and implementation of the District's "All Hazard" program, including both human crises and natural disasters. The All-Hazard safety model includes prevention, preparedness, and response and recovery programs. She currently serves on the U. S. Commission on Children and Disasters School Subcommittee, the Department of Education's Safe and Drug Free School Advisory Board and the Washington State School Safety Center Advisory Committee. Ms. McEvoy speaks nationally on such topics as school emergency management, pandemic influenza planning, adult sexual misconduct, playground safety, bullying, and school threat assessment. She has also been a consultant to the Department of Education, National Institute of Justice, Department of Homeland Security, and INSTITUTES OF MEDICINE of the National Academies' and the Center for Disease Control. Ms. McEvoy has been the executive producer for several award-winning videos on a variety of topics related to school safety and has published several articles in journals such as the School Administrator and the Public Risk Magazine. Most recently, she was the primary contributor to the Department of Education's publication titled Adult Sexual Misconduct in Schools: What School Staff Need to Know and Do.



U.S. Department of Education
Office of Safe and Drug-Free Schools



Planning for the Expected: Infectious Diseases and All-Hazards Planning



Presentation Goals

This presentation will discuss the following:

- Infectious diseases in schools
- Case Studies
- Incorporating infectious disease planning with all-hazards planning
 - Considerations for the four phases of school emergency management
- Conclusion



Presentation Goals

Specifically, information on infectious diseases in schools will include:

- Statement of the problem
- Common infectious diseases that affect schools
- Common routes of transmission
- Key considerations around infectious diseases and children
- Ways to prevent infection
- Consequences of infectious diseases for schools



Infectious Diseases in the U.S.

- Every year, schools close due to infectious disease outbreaks
- Infectious diseases are illnesses that are transmitted from one person to another via various routes





Recent Headlines Reflecting Infectious Diseases in Schools

Headlines identified using Google News Search Engine, February 28, 2010.

☆ [215 Woodmere students monitored after exposure to mumps](#)

Newsday (subscription) - [Delthia Ricks](#) - Feb 11, 2010

About 215 **students** in a Nassau County **school** are being monitored for signs of **mumps** following a recent exposure to the viral illness, health officials say. ...



Central Florida
News 13

☆ [Flagler Schools Await Lab Results On Sick Students](#)

WESH Orlando - Feb 16, 2010

Health officials said they think they're dealing with Norovirus, a highly contagious **virus** that can spread quickly. **Close** to 250 cases of similar symptoms ...

[Report: Mystery illness is being spread by human contact — not water or food](#)

Orlando Sentinel

[Norovirus Could Affect More In Central Fla.](#) WESH Orlando

[all 46 news articles »](#) [Email this story](#)

☆ [MRSA Infection found at Massachusetts Elementary School](#)

Lawyers and Settlements - Feb 23, 2010

... **School** have informed parents and faculty that an outbreak of Methicillin-Resistant Staphylococcus Aureus, or **MRSA** infection, has hit the **school**. ...

[Swine flu prompts hundreds of hard-hit schools to close | Health ...](#)

Oct 28, 2009 ... **Swine flu** prompts **hundreds** of hard-hit schools to **close** In Traverse City, Mich., the **school** district **closed** every one of the 18 schools ...

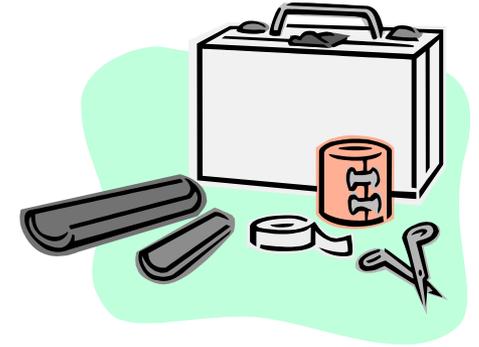
[www.cleveland.com/...ssf/.../swine_flu_prompts_hundreds_of.html](#) - [Cached](#)



Some Common Infectious Diseases That Affect Schools

- Viral Infections

- Gastroenteritis – Noroviruses
- Influenza (Seasonal, H1N1)
- Varicella (Chicken Pox)
- Coxsackievirus (Hand, Foot and Mouth)



- Bacterial Infections

- E. Coli
- MRSA
- Strep throat

- Fungal Infections

- Ringworm





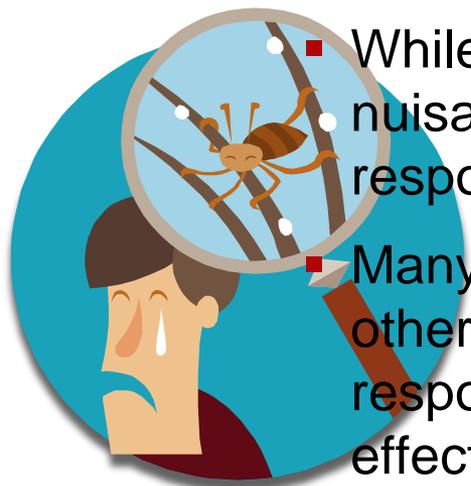
A Word About Lice



- Although not an infectious disease, lice outbreaks are similar in their characteristics and risk factors
- Lice are human parasites and are easily transmissible from person-to-person
- Although children may not get lice from school, but rather from infected public areas, schools often find themselves responsible for screening and communicating about lice. Lice outbreaks are common in schools, particularly elementary schools.



A Word About Lice



- While lice are not known to transmit disease, they are a nuisance condition and lice infestations cause emotional responses in the school community.
- Many of the same considerations should be given to lice as to other infectious disease outbreaks, such as the need to respond quickly to stop transmission or to communicate effectively to parents, students, and staff.
- Schools can help prevent the spread of lice by encouraging students not to share personal supplies (e.g., hairbrushes, hats) and to give each student a place to hang their coats or sweaters, instead of storing their effects together.
- It would be extremely rare to ever close a school because of head lice, but this is an issue that schools face almost annually.



Some Common Routes of Transmission

Person-to-Person

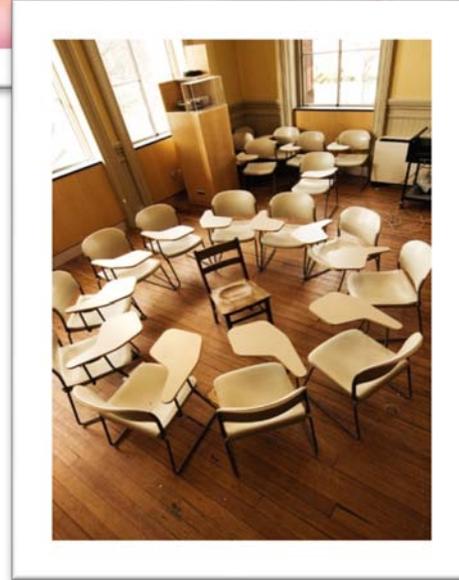
- Droplet transmission (influenza)
- Airborne transmission (TB)
- Fecal→Oral (E.Coli, Salmonella)
- Skin contact/Direct contact (chicken pox, lice)
- Blood/Body secretions (Hepatitis)
- Sexually Transmitted Diseases (Chlamydia)





Other Common Routes of Transmission

- Contaminated surfaces (influenza)
- Food-borne (*Salmonella*, *E. Coli*)
- Waterborne (*Cryptosporidium*)





Infectious Diseases and Children: Key Considerations



- Children and youth are particularly efficient at transmitting diseases
- Schools tend to be densely packed environments
- School environments may not be routinely cleaned and disinfected in a manner that reduces possibilities for disease transmission (i.e. desks, playgrounds)



Infectious Diseases and Children: Key Considerations, Cont'd.

- Children may have less developed immune systems than adults
- Children may not be fully immunized against vaccine-preventable diseases (or require boosters)
- Vaccinations are given in a medically approved time frame. Younger children may have not yet been fully immunized.



Infectious Diseases and Children: Key Considerations, Cont'd.

Approaches will be different between Elementary School and Middle/High School students, for example:

- Level of vaccine coverage
 - Elementary School students may have less coverage, or High School students may not get boosters
- Involvement in High School sports may increase risk of some infection transmission
 - Because students may be in situations where equipment (e.g., towels, mouth guards) may be shared, or injuries or body fluids may be spilled (i.e. wrestling), there is an increased risk of infectious diseases such as MRSA, measles, etc.
 - Written policies should address extra precautions that should be used in sports.



Infectious Diseases and Children: Key Considerations, Cont'd.

Student's immunization records should be routinely checked to be alert to vaccine omissions including the need for boosters. The state department of health will have the required immunizations needed for schools, including boosters. This preventive measure is essential to assist with the prevention of the outbreak of vaccine preventable diseases (i.e. measles, mumps, chickenpox, etc.)



Infectious Diseases: The Good News!

- Many infectious diseases can be prevented or transmission can be mitigated or stopped
- Diseases can be prevented through:
 - Vaccines
 - Safe food handling
 - Good adherence to public health practices (hand hygiene, respiratory etiquette, staying home when sick, routine cleaning)
 - Education and outreach





Consequences of Infectious Diseases for Schools

- Emergency management plans may have to be activated with community partners
- Student and staff absences may cause schools to close for days or weeks, calling for the enactment of Continuity of Operations (COOP) Plans and Continuity of Learning plans. A COOP plan:
 - Ensures continued performance of essential functions across a full range of potential emergencies, be they natural or man-made.
 - Provides guidance and establishes responsibilities and procedures to ensure that business resilience is developed and maintained.
- COOP is not the same as an Emergency Operations Plan but rather supplements it, in the event normal facility or human resources are not available.



Consequences of Infectious Diseases for Schools

- Students and staff may be affected by illnesses for prolonged periods of time. Staff are often impacted because their family is sick, day care for their children may not be available, and they are absent in order to care for their families.
- Depending on the disease, there may be potentially some deaths in the school community
- If handled poorly, community trust in schools is shaken



Health Services in Schools

- Only about 33% of states and 73% of districts require that supplies for applying standard or universal precautions, including disposable gloves and bandages, be available in every classroom.

Universal or standard precautions refer to the practice of protecting oneself from transmission of diseases from patient's body fluids, such as through the use of non-porous personal protective equipment, such as gloves, masks, or goggles. Standard precautions are the basic level of infection control that should be used in the care of all patients all of the time, with the assumption that anyone may be infected, even those that may not know of their infection. This applies to blood, all body fluids, secretions and excretions except sweat and require the use of personal protective equipment such as, gloves, gowns, goggles as well as washing hands after contact. For some patients, additional precautions may be necessary.

Source: Centers for Disease Control and Prevention, School Health Policies and Programs Study, 2006. Accessed at: www.cdc.gov/healthyyouth.



Health Services in Schools

- Only about 33% of states and 73% of districts require that supplies for applying standard or universal precautions, including disposable gloves and bandages, be available in every classroom.
- OSHA requires that schools have an exposure control plan in place and that it is regularly reviewed and revised as necessary.
- Only 6% of states and 20% of districts require each school to have a school nurse.
 - 16% of states and 12% of districts require maximum student-to-school nurse ratio

Source: Centers for Disease Control and Prevention, School Health Policies and Programs Study, 2006. Accessed at: www.cdc.gov/healthyyouth.



Case Study: Kansas Middle School Norovirus Outbreak

- Approximately 150 students (30%) of total student body absent April 12, 2007 and 100 students absent on April 13th. Illness limited to Augusta Middle School.
- Statistically linked to taco salad served on April 10th.



Information taken from Kansas Department of Health and Environment, "*Outbreak of Norovirus at Augusta Middle School, Butler County, Kansas, April 2007.*"



Case Study: Methicillin Resistant *Staphylococcus Aureus* (MRSA)

- In Fall 2007, the death of a high school football player in Virginia focused the nation on MRSA in schools.
- Within a month or two, several more MRSA outbreaks were reported across the nation, closing several schools and triggering cleaning efforts.
- Invasive (i.e., serious) MRSA infections occur in approximately 94,000 persons each year and are associated with approximately 19,000 deaths. Of these infections, about 86% are healthcare-associated and 14% are community-associated.



Klevens et al. *Journal of the American Medical Association* 2007; 298(15):1763-1771



Case Study: Meningitis



Photo courtesy of the *Providence Journal* (Kathy Borchers)

- A student in Warwick, RI died from meningitis, three others were sickened in January 2007
- High rates of pneumonia
- Schools closed for over 20,000 students for three days; day care centers, YMCAs also closed
- Mass mobilization between health and education department – antibiotics distributed to students and families

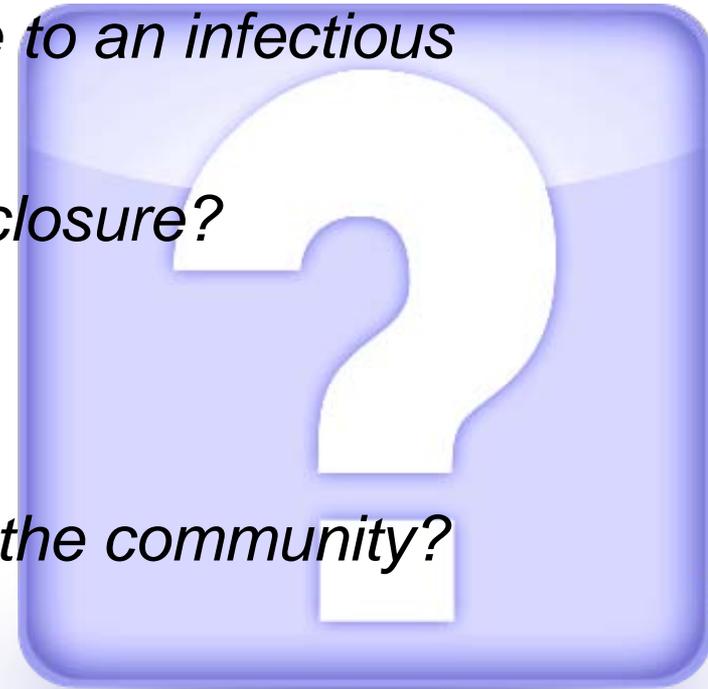
ERCM Lessons Learned, vol. 2, Issue 3,
http://rems.ed.gov/views/documents/LL_Vol2Issue3.pdf

REMS Lessons Learned, vol. 3, Issue 3;
http://rems.ed.gov/docs/LL_Vol3Issue3.pdf



Case Study: Audience Questions

- *Has your school been closed due to an infectious disease outbreak?*
- *Were you involved in the school closure?*
- *How was it handled?*
- *How long were schools closed?*
- *Were there any repercussions in the community?*
- *What are your lessons learned?*





Presentation Goals

This presentation will now discuss part 3 of the presentation goals:

- Infectious diseases in schools
- Case Studies
- **Incorporating infectious disease planning with all-hazards planning**
 - **Considerations for the four phases of school emergency management**
- Conclusion



General Planning Considerations for Infectious Diseases

All-hazards and all-diseases planning

- Builds from the four phases of school emergency management (*Prevention-Mitigation, Preparedness, Response, and Recovery*)
- Done in close coordination with community partners (e.g., public health, local government)
- Customized to the unique school community
- Supports the implementation of NIMS





General Planning Considerations for Infectious Diseases

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General Planning: Partnerships

The plan should be developed, supported by, and aligned with a variety of partners including:

- School nurse/state school nurse consultant
- State and local public health officials
- State education agency officials
- School administrators, board members, and faculty
- School custodians, food service, transportation officials, and Human resources representative
- Student and family representatives
- Local health care practitioners

The 2009 H1N1 flu demonstrated the critical role of partnerships, surveillance, communication, and planning. In particular, school and public health officials worked together closely to address the flu and its many serious and difficult challenges. Through these partnerships, resources were disseminated (e.g., school response guidance, school-located vaccination sites); campaigns were launched (e.g., efforts to stop the spread of the flu); and efforts were made to continually monitor the impact of H1N1 on local communities nationwide.



General Planning: Communicating with the School Community

- Schools will be key source of accurate and timely information
- Like all hazards, related guidance and communication may be changing and evolving on an ongoing basis
- Communications should come from pre-determined Public Information Officer and created with input of emergency manager, key administrators, and school nurse
- Communication to the school community should be continual and positive, even if to say there are no changes
- Consistent information is vital.
- It is important to make sure that information is coordinated between individual schools (if more than one school is involved), the central or district school office and the local/state health department.



General Planning

Districts and schools should form partnerships to assess joint capabilities and share expertise in support of the plan.

- The plan should specify the need for formal letters of agreement with other agencies
- Clearly outline the roles and responsibilities of partners
- Ensure all partners' plans align
- Plan for the periodic review of policies
- Ensure all plans include information-collection and sharing procedures among partners that adhere to FERPA and HIPPA

For more information on HIPAA, visit

<http://www.hhs.gov/ocr/privacy/>

For more information on FERPA, visit

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

During the 2009 H1N1 pandemic, the Department of Education provided specific guidance to schools regarding FERPA, accessible at <http://www.ed.gov/policy/gen/guid/fpco/pdf/ferpa-h1n1.pdf>



All-Disease Planning: Prevention-Mitigation

Prevention-Mitigation activities focus on preventing the transmission of a virus or disease and its affects on those who are sick.

Prevention-mitigation includes:

- Establishing everyday health policies
- Creating reporting and surveillance programs
- Establishing immunizations programs and school vaccination programs





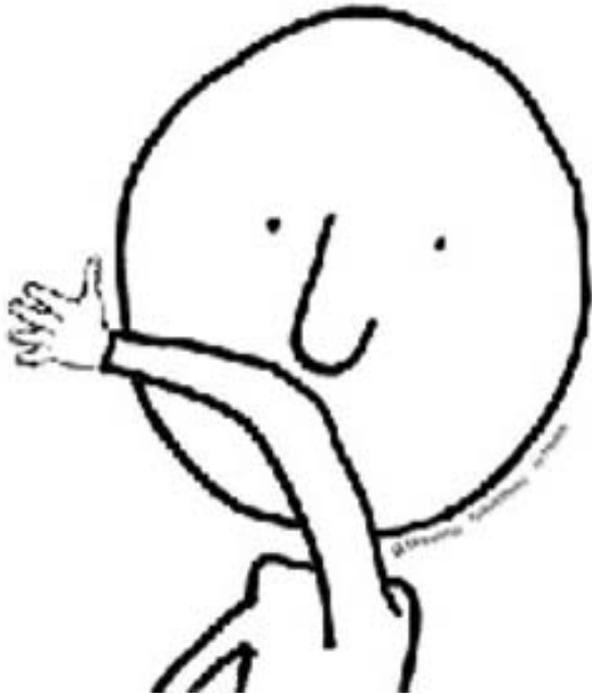
Prevention-Mitigation: Establish Everyday Health Policies



- Ensure handwashing policies and procedures are in place
 - Time to wash hands
 - Handwashing supplies are readily available
- Teach students and teachers how to wash hands properly
- Routinely communicate and launch awareness campaign



Prevention-Mitigation: Establish Everyday Health Policies



- Provide education regarding cough and sneeze etiquette
 - Teach students and teachers how to cough/sneeze into their elbow or using a tissue
 - Teach how to properly dispose of tissues
- Routinely communicate and launch awareness campaign



Prevention-Mitigation: Establish Everyday Health Policies

- Review and update routine cleaning and sanitizing policies
- Routinely clean and disinfect
 - Frequently touched surfaces
 - Commonly shared resources (toys, musical instruments)
- Ensure appropriate practices
 - Use proper products (as directed on the label)
 - Provide training
 - Follow safe chemical management policies





Prevention-Mitigation: Establish Everyday Health Policies

Review policies and practices related to handling animals in school or on field trips



- Some animals carry bacteria, such as *Salmonella*
- Students should always wash hands after handling animals
- Routinely communicate and launch awareness campaign



Note: Some schools prohibit live animals in school because of the risk of salmonella and other infectious disease.



Prevention-Mitigation: Reporting and Surveillance

Work with local health department to determine roles and responsibilities in disease reporting and surveillance

- Which communicable diseases must be reported in your state? Measles? TB?
- To whom does your school report a disease outbreak?
- A list of Nationally Notifiable Diseases can be found at:
<http://www.cdc.gov/ncphi/diss/nndss/PHS/infdis2009.htm>

*Question:
How would ICS
differ under this
type of incident?*





Prevention-Mitigation: Reporting and Surveillance, Cont'd.

Creating and Maintaining Surveillance Systems

- Determine roles and responsibilities for all partners in surveillance
- Assess current system. Is it linked to others?
 - At the district or school? At the local public health agency?
 - State education or Public Health agency?
- What does the system monitor?
 - Number of students and staff absent?
 - Visits to school health office?
 - Numbers of students and staff sent home?
 - Number of cases by symptom or sickness?
 - Can the system collect this data daily? Analyze and compare the data? Identify quickly any significant increases or decreases?



Prevention-Mitigation: Reporting and Surveillance, Cont'd.

The reporting and surveillance systems should include policies and protocols:

- It is essential to define information-collection and information-sharing procedures among partners at all necessary levels and with all necessary agencies.
- Make sure these procedures adhere to the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) guidelines.

For more information on HIPAA, visit <http://www.hhs.gov/ocr/privacy>

For more information on FERPA, visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

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Prevention-Mitigation: Considerations for Immunization

Immunization Policies and Practices

- All states require that students be fully immunized* before attending schools and provide proof of immunization status.
- Exemptions are sometimes available for medical, religious, personal, or philosophical reasons, but availability of and requirements for these waivers vary by state.
- Laws for specific states can be found at:
<http://www.immunizationinfo.org/vaccineInfo/index.cfm#state>.



* This typically includes immunization for measles, mumps, rubella, pertussis, Hib, diphtheria, and others



Prevention-Mitigation: Considerations for Immunization

Immunizations protect students against a set of infectious diseases, including measles, mumps, rubella, pertussis and meningitis. If most of the students in the school are fully immunized, there is some degree of “herd immunity,” which is protective of the whole community. However, if there are large enough pockets of unimmunized or under-immunized students, it is possible for there to be an outbreak of these diseases.

- *In 2005, a large outbreak of measles sickened 34 people ranging in ages from 9 months to 49 years old. The source of the transmission was an unvaccinated 17-year-old girl who had done some volunteer work in Romania. Only two of the 34 people infected were vaccinated.*
- *In Great Britain, there used to be very high rates of vaccination coverage, but with concerns over vaccines, these rates have dropped dramatically and measles, once almost completely eradicated, is now a common illness. Before vaccination, most children before age 15 had contracted the disease, resulting in 450 deaths, 48,000 hospitalizations, 7,000 cases of seizures, and 1,000 cases of permanent deafness or brain damage each year*



Prevention-Mitigation: Vaccination Records

Continually assess student vaccination records

- Monitoring of student's immunization records is extremely instrumental in reducing vaccine preventable outbreaks.
- Student immunization records should be checked, preferably by a school nurse, and records of any children who have not received vaccinations because of medical, religious or philosophical reasons should be flagged so that the school can contact the parent/guardian should an outbreak occur.
- Link monitoring activity and data to communications plan.

HEALTH RECORD					
IMMUNIZATION DATES					
DIPHTHERIA					
WHOOPING COUGH					
TETANUS					
SMALLPOX					
POLIO					
INFLUENZA					
X-RAYS					
MEASLES					



Prevention-Mitigation: School-Located Vaccination Clinics

School-located Vaccination Clinics (SLVs):

- Vaccinations and SLVs play an important role year after year in preventing the seasonal flu.
- Schools offer access to a large number of students in one setting in which vaccinations can be easily provided to students and staff if desired and appropriate.
- The feasibility of holding school-located vaccination clinics varies and is dependent upon the capacity of the local education and public health officials.



Prevention-Mitigation: School-Located Vaccination Clinics

For those communities that determine a school-located vaccination is feasible, the teams should develop planning processes and procedures as well as assess their capacity to address the following issues:

- Have roles and responsibilities been determined across participating agencies and the school?
- Do planning considerations address logistics? Are logistical processes in place?
- Does the design process take into consideration key variables such as availability of vaccine, guidelines for distribution, and determining what time of day vaccination will be available (e.g. before, during, after school)?
- Does the vaccination planning effort address education and outreach?



Preparedness Phase

Preparedness activities focus on being ready to respond and increase prevention-mitigation efforts during an outbreak, epidemic, and pandemic

- Establishing policies and procedures to facilitate a rapid, coordinated, and effective response
- Addressing continuity of operations and continuity of learning
- Developing the emergency management structure (Incident Command System)
- Identifying roles and responsibilities
- Coordinating communication
- Training and conducting exercises





Preparedness: Develop Policies and Protocols

Education and public health officials should work together to develop broad policies and protocols to employ in the event of an outbreak, epidemic, or pandemic. These policies should

- Take an “*All-Diseases*” approach
- Decrease exposure to the disease
- Limit the disruption of day-to-day learning activities
- Adapt to evolving knowledge and guidance
- Support populations with special needs
- Include a continuum of response measures that address a variety of scenarios—large and small outbreaks, mild to severe illness



Preparedness: Prepare Potential Response Measures

Depending upon the disease and its prevalence, education and public health officials should prepare to implement a variety of potential response measures:

- Promote early treatment for those who may be at higher risk
- Advise the sick to stay home from school and school events
- Conduct active screening for illness at school
- Separate sick students and staff at school
- Increase social distances within the school environment
- Adapt attendance policies
- Consider school dismissals



School officials should have in place an established Continuity of Operations (COOP) Plan that:

- Ensures continued performance of essential functions across a full range of potential emergencies.
- Provides guidance and establishes responsibilities and procedures, including alternatives.
- Is tailored to address the safety vulnerabilities of districts and individual schools and assign responsibility for carrying out specific actions in response.
- Sets forth lines of authority and organizational relationships.
- Shows how actions will be coordinated.
- Describes how people and property will be protected in emergencies and disasters.
- Identifies personnel, equipment, facilities, supplies, and other resources available for use during response and recovery operations.

**NOTE: A COOP plan is not the same as an Emergency Operations Plan.
COOP plans supplement the EOP, since many emergencies will not require COOP implementation.**



Preparedness: Continuity of Learning

School officials should establish a Continuity of Learning Program

Schools may decide to provide educational content or services to:

- Individual or small groups of students who are out-of-school for extended periods
- Large groups disrupted by school dismissal or large groups of faculty absences

States, districts and schools can work together along with additional partners to create programs and resources to develop continuity of learning plans in the event of prolonged absences or prolonged school dismissals.



Preparedness: Continuity of Learning

Continuity of learning programs should include:

- A variety of instructional methods and delivery (low-tech to high tech)
- Formative and summative assessments
- Outreach to families informing them of the program, the expectations for students, and the expectations for families

It is important to keep issues of access in mind when developing your continuity of education plans. A broad array of both technological and non-technological opportunities may be used to provide for continuity of education during school closures. This may include the use of radio or public broadcast television stations, conducting class via telephone conference calls, phone tutoring, or sending “educational packets” to student’s homes. These materials can all be developed in advance of an emergency, and, then can be on hand for easy distribution in the event of an extended closure. A combination of both may supplement traditional education, allowing students to maintain skills while they remain at home.



Preparedness: Identifying Roles and Responsibilities

- **School emergency management plans should include clearly identified roles and responsibilities of school officials and their community partners:**
 - Organized by the Incident Command System
 - Including general health policies and vaccination and immunization programs
 - Including response activities
 - Ensuring alignment with partners' plans
 - Consider need for formal letter of agreement?
 - Formalized & Shared
 - Is this a written or an informal plan? Is this plan School Board approved?
 - Does the school community know about and can they readily access the policy/policies?
 - Updated regularly
 - Are they routinely reviewed and updated? How can the policy be improved and enhanced?



Preparedness: Policies

- Infectious disease policies vary widely from simple exclusion criteria, to considerations about students with chronic infectious diseases like HIV/AIDS and Hepatitis, to only focusing on staff with infectious diseases. A written comprehensive policy should include a range of considerations.
- Written policies foster stability, inform the school community, and provide planned and consistent prevention and intervention.
- School Boards may need to review and approve policies but if policies are pursued in collaboration with the public health department, these may be easier to pass.
- Another important consideration is how widely-known the policies are. If they only exist in the central office, are they effective and useful policies?

Questions:
*Does your district currently have infectious disease policies?
What are they?
What do they include?*

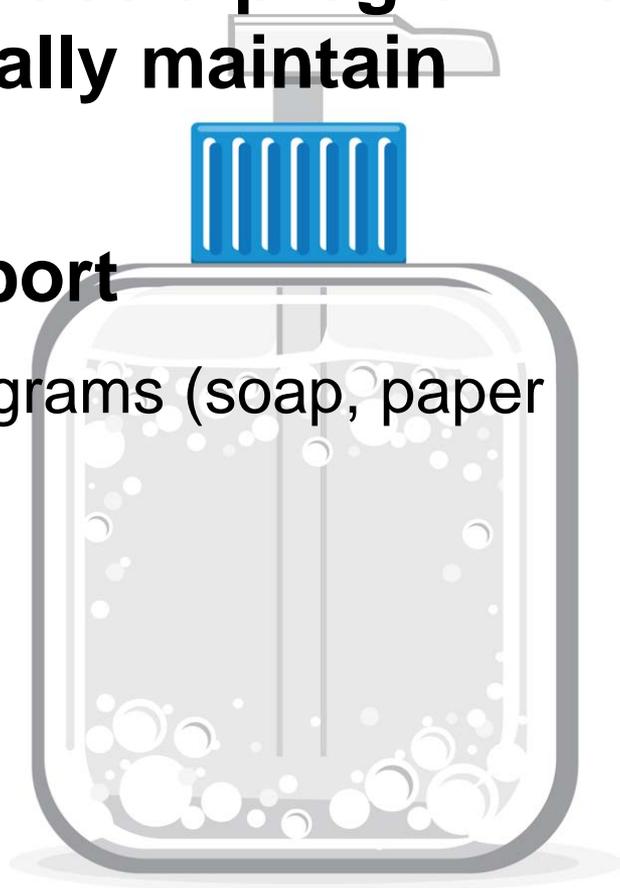


Preparedness: Supplies

The school plan should put in place a program to collect, evaluate, and continually maintain sufficient supplies.

Supplies programs should support

- Healthy hygiene and cleaning programs (soap, paper towels, sanitizing chemicals, etc.)
- Increase in prevention measures
- Possible vaccination clinics





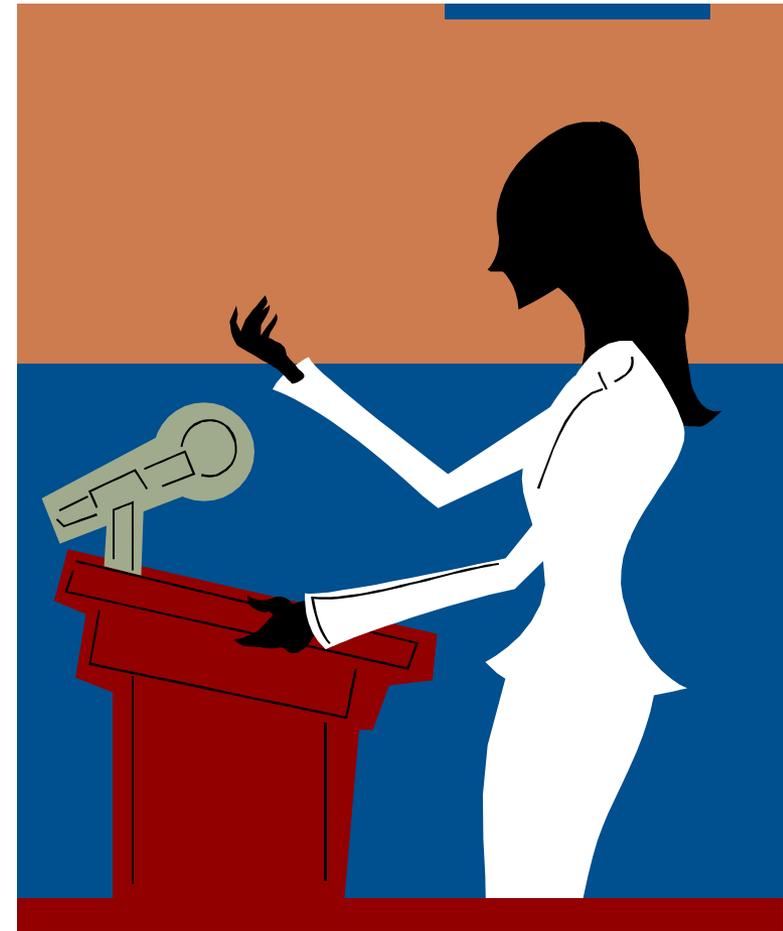
Preparedness: Communications

- Generate and review communications plans to communicate with
 - School emergency management team
 - Partners
 - The school community (students, staff, families)
 - Media
- Create templates for numerous kinds of outbreaks in the school community
- Consider multiple communication techniques



Preparedness: Communication

- **Identify appropriate spokespeople to communicate during an emergency**
- **This may not be the same as spokesperson in other emergencies**
 - Superintendent, Board members
 - School or district nurse
 - Public Information Officer
- **Ensure that person has opportunities to practice the role in advance**





Preparedness: Train and Practice

- As required by OSHA, train staff annually on Universal Precautions and new staff upon employment
- Train staff on the emergency management plans, roles and responsibilities
- Ensure that all staff understand universal precautions and are prepared with gloves and other necessary equipment.
- Test plans regularly, using both tabletop exercises, full-scale drills, and real-world situations



Preparedness: Train and Practice

- Test plans regularly, using both tabletop exercises, full-scale drills, and real-world situations
- Tabletop exercises should be done to determine how quickly an outbreak would be detected, how quickly and efficiently the ICS would be activated, how communications systems would be used.
- If events occur in your district or nearby districts, treat the situation as if it is any other hazard and make sure that your team debriefs.

***Question:
Did your district
practice
pandemic
response during
Summer or Fall
2009 in the
event that the
H1N1 pandemic
became more
severe or
profoundly
affected school
communities
again?***



Response activities focus on stopping the transmission.

- Activate the National Incident Management System's (NIMS) Incident Command System (ICS)
- Activate the emergency management plan and response protocols. Response protocols will vary:
 - Specific disease
 - School's unique population
 - Knowledge of the disease
 - Severity of the outbreak
- Activate communications plan





Response: Develop Information Awareness

- Work with health officials to determine source of outbreak, scale, and case definition to determine the response required and level of infectiousness.
- Identify an unusual cluster of disease
 - i.e. an unusually high number of absences
- Develop a case definition
 - Who is sick?
 - When did they get sick?
 - What are the symptoms?
 - Are new people getting sick?





Response: Exclusion Guidelines

- Know and ensure that exclusion guidelines are enforced consistently
- Exclusion guidelines generally stipulate:
 - Conditions that would keep children home from school (vomiting, diarrhea, fever, etc.)
 - How long students should remain home after feeling better or symptoms end
- Exclusion guidelines may need to be altered during specific outbreaks (e.g., norovirus, H1N1)
 - If the health department doesn't have such a chart, work with them or local health practitioners to develop one.

Questions:
What are the Exclusion Guidelines in your district?
Are they known to all staff?
Are they practiced by staff and parents?

During the Spring 2009 H1N1 flu, guidance from CDC and ED was updated as more and more information was learned about the virus and its affects on individual populations.

For example:

- Apr 27 – School dismissal recommended for 7 days
- May 1 - School dismissal recommended for 14 days
- May 5 - School dismissal not recommended



Response: Determine Response Measures

Work with health officials to determine response protocols.

Schools should be prepared to implement a wide variety of response measures in addition to possible school dismissal

- Active screening for illness
 - *Check students and staff for symptoms when they get to school in the morning, separate those who are sick, and ask them to go home as soon as possible.*
 - *Throughout the day, staff should be vigilant in identifying students and other staff who appear sick.*
- Increase social distances within the school environment
 - *CDC encourages schools to try innovative ways of separating students. These can be as simple as moving desks farther apart or cancelling classes that bring together children from different classrooms.*
 - *Students and staff who develop symptoms of infection at school will need care and attention. Furthermore, keep sick persons separated from others until they can go home or be transferred to an alternative setting for care or treatment.*



Response: Response Measures, Cont'd.

- Adapt attendance policies
 - Permit students and staff at higher risk for flu complications to stay home.
 - Advise students with sick household members stay home
 - *Students who have a sick household member should stay home for 5 days from the day the first household member got sick. This is the time period they are most likely to get sick themselves.*
 - Extend the time that sick people stay home
 - *If flu severity increases, people with flu-like illness should stay home for at least 7 days, even if they have no more symptoms. If people are still sick, they should stay home until 24 hours after they have no symptoms.*



Response: School Dismissals

■ Types of school dismissals

- Selective dismissals prevent the spread of disease to vulnerable communities.
- Reactive dismissals occur when schools are not able to maintain normal functioning.
- Preemptive dismissals are a proactive strategy to decrease the spread of disease.

Question:
**What
response
measures did
your district
take during
H1N1?**

The team can work to balance the risks of disease in their community with the disruption dismissals will cause in both education and the wider community, based on the goal of reducing the number of people who become seriously ill or die from disease with the goal of minimizing social disruption and safety risks to children sometimes associated with school dismissal. However, the plan should be adaptable to any specific guidance put forth by the Centers for Disease Control and Prevention (CDC) and the Department of Education (ED) during a pandemic.



Response: School Dismissals Cont'd.

To close or not to close?

- Review legal authorities for school closures during declared emergencies and non-emergencies
- Depending on the severity and transmissibility of the illness, and the number of affected students or staff, schools may decide to close down to mitigate disease transmission or until enough students or staff are healthy enough to return to school.
- For some viruses, schools may only be closed for a few days and in other cases, such as a severe influenza pandemic, schools may be closed for several weeks or even months.

Key facts to consider when deciding to close schools include:

How many people are sick?
Many schools have pre-established thresholds for school closures, such as 10% absenteeism.
How easily is the disease spread from person to person? Is it spread from coughing? Body fluid?
How does the illness impact the learning environment?
Who can decide to close schools?
How will policies be applied in terms of encouraging people to stay home if they are sick?



Response: Continuity Planning

- If prolonged absences are considered, school officials will need to also consider activating:
 - Continuity for Learning Plan for individual students or small groups of students
- If school dismissals are considered, school officials will need to also consider activating:
 - COOP plan
 - Continuity for Learning Plan

*Questions:
Has Your District begun
continuity of learning
programs?
What kind of instruction
delivery and methods
are being used?
Packets? Email? Web
sites?
Does your program
assess of
achievement? Does
your include students
with individualized
education program
plans?*



Activate communications plans for the school community

- Continually inform students, staff, and families of
 - Characteristics of the disease
 - Methods for detecting
 - Response to a case is suspected to detect
 - Healthy hygiene and etiquette
 - Positive aspects, even if to say no changes
- Describe current and possible future response measures
- Information awareness and enforcement of key healthy hygiene and respiratory etiquette campaigns



Communicate with teachers, staff, and parents

- When should communications go out?
- Who will communicate with the media?
- If schools need to close, how will this be communicated?
 - What systems are in place?
- Are key parents necessary for communications plan (such as PTA/PTO)?
- Are there fact sheets on common diseases prepared?
- If there are fatalities, how will this be communicated?



Response: Information-Sharing

- Ensure that all regulations are appropriately addressed, including the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA)
- These regulations may limit what information can be shared to the school audience or media
- More information on FERPA/HIPAA can be found at: <http://www.ed.gov/policy/gen/guid/fpcoco/doc/ferpa-hippa-guidance.pdf>



Recovery: Considerations

Recovery activities focus on beginning academic and business/fiscal recovery.



- Assist school community with healing and coping
- Assess health and mental health needs of students and staff
 - Were there fatalities?
 - Is there fear that it is safe to return?
- Provide mental health services as necessary



Recovery: Considerations for Reopening Schools

- Determine if school facility needs remediation before it can reopen
 - Was the school used for vaccination clinics?
 - Other purposes?
- Determine process for re-opening schools or reconvening students
 - Follow policy regarding re-opening of school and make sure to follow medical/health department advice
 - Communicate with parents, students, staff, media
 - Assessing achievement during dismissals and absences



Considerations for Recovery, Cont'd.

- Connect continuity of learning activities to the restoration process:
 - Include formative and summary assessments
 - Modify remaining school year calendar to accommodate prolonged absences and school closure
- Determine if Exclusion Guidelines need to be revised
 - Should students be advised to stay out longer than usual (for example, for three days after last having fever instead of 24 hours to prevent spread?)



Promising Practices: Georgetown Preparatory School



Georgetown Preparatory School is an independent, Jesuit college-preparatory school for young men (grades 9-12) in Bethesda, Maryland. Of the 460 students, approximately 100 are residents.

- The FluPrep© program was created in 2005 to help the Georgetown Preparatory School Community prepare for an influenza pandemic.



The FluPrep© program was seen as a way to:

- Educate the school community about infectious diseases.
- Develop community and personal leadership for preventing and mitigating disease transmission and protecting the school community.
- Train non-professional responders to identify and respond to diseases.



As a result of this process, the school began to:

- Undertake a medical review of the operations of the school nurse's office.
- Develop an infectious disease monitoring plan.
- Consider requiring annual flu vaccine (do not currently require but strongly encourage).
- Begin monitoring travel of students.



As a result of this process, the school began to:

- Assess medical response capacity, including personnel, supplies, and equipment.
- Attempt to change current school culture including hygiene and particularly, responsible attendance policies for students and staff.
- Discuss appropriate communications methods.



Infectious Disease Planning: Summary

- Schools should take an “all-diseases” approach to incorporating infectious diseases with their emergency management program
- Planning can be framed by the four phases of school emergency management
- Planning should be done with local public health officials and ensure plans are aligned, as well as roles and responsibilities are clearly defined
- Schools should be prepared to implement a wide variety of response measures to support the community in the event of a mild to severe outbreak affecting large and small portions of the population



Centers for Disease Control and Prevention

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

Pandemic Influenza Resources

- <http://www.pandemicflu.gov>

Department of Education guidance for continuing education during a prolonged school closure

- <http://www.ed.gov/emergencyplan>

Lessons Learned

- <http://rems.ed.gov>

Association of State and Territorial Health Officials

- <http://www.astho.org>

American Public Health Association

- <http://www.apha.com>

National Association of School Nurses

- <http://www.nasn.org>





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