

DALLASTOWN AREA SCHOOL DISTRICT

ADDENDUM TO EMERGENCY RESPONSE PLAN

PANDEMIC INFLUENZA RESPONSE PLAN



APPROVED BY DASD ADMINISTRATIVE LEADERSHIP TEAM

NOVEMBER 9, 2006

EXECUTIVE SUMMARY

An influenza pandemic has the potential to cause serious levels of death and illness than possibly any other known public health threat. A pandemic or global epidemic can occur when a new strain of virus emerges, either through mutation or genetic re-assortment, to which most of the world's populations has had no previous exposure and no immunity.

Although the timing, nature, and severity of the next pandemic cannot be predicted, a planned and coordinated response is critical to minimizing its impact on our school district. Complications to planning for the pandemic exist: its unique characteristics; the strain on local, state, and federal resources; and its impact can only be imagined at present.

Dallastown Area School District embarked on its pandemic influenza planning efforts in the fall of 2005. This effort included district staff attendance at pandemic influenza workshops held at the state and local levels, examining and researching information about the topic, and coordinating certain district functions to handle the pandemic.

A two pronged approach was used: (1) address the specific activities the District must undertake to prepare for the pandemic and (2) work with local, state, and intermediate unit entities in coordinating the approach. The District activities included identifying the critical operations needed to maintain some level of services for students and staff members.

The Dallastown Area School District Pandemic Influenza Response Plan is intended to be a synthesized guide for response, providing information to the public about District preparedness for such an outbreak.

It should be noted that this document will be updated and revised as more information regarding best practices for preparedness in a pandemic situation becomes known.

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Introduction

Influenza pandemics are a significant threat to public health as they have the potential to cause a great amount of illness and death, striking not only vulnerable populations but the young and healthy as well. Influenza pandemics, or worldwide epidemics, are regular events that have been occurring throughout history with varying degrees of impact. In the 20th century, three epidemics occurred: the 1918 Spanish Flu; the 1957 Asian Flu epidemic; and, the 1968 Hong Kong Flu epidemic. The emergence and spread of the highly pathogenic Avian H5N1 influenza strain in other parts of the world has led many scientists and public health experts to believe another influenza epidemic is imminent.

Since 1997, the World Health Organization and national health agencies have been monitoring the incidence of the avian flu known as H5N1. This form of influenza is currently spreading across the world's bird population. While this flu has not had widespread human impact, it has killed more than half of those humans who have been infected. It is important to plan for the possibility that this form of influenza will become a more widespread human problem. Nationwide, states, communities, organizations and individuals have been urged to plan responses to a possible worldwide "pandemic flu." This plan outlines the steps and procedures that Dallastown Area School District will take in response to the emergence of a pandemic flu.

BACKGROUND:
WHAT IS “PANDEMIC FLU” AND
WHY DO WE NEED TO PLAN FOR ITS ARRIVAL?

“The Flu:” Seasonal Influenza vs. Pandemic Influenza

Seasonal influenza refers to the yearly influenza epidemics that occur in temperate regions, from December to March, which are caused by strains currently circulating worldwide. Vaccination against influenza is the primary method of prevention of seasonal flu.

Pandemic influenza can occur when a new and highly contagious strain of influenza virus emerges that has the ability to infect humans and to be passed easily from person-to-person. Little or no immunity exists to the new virus strain and the rate of illness increases significantly over the expected level.

Influenza, or “flu,” in humans is a highly contagious disease that is usually spread through droplets of moisture caused by coughing or sneezing. Flu is caused by various forms of virus. As the virus attacks our bodies, it causes any of a variety of symptoms, the most usual of which include:

Fever	Headache	Runny Nose
Body Aches	Cough	Sore Throat
Extreme Fatigue	Stomach and Intestinal Discomfort	

“Flu” season comes every year, usually in the winter. Normally, approximately 10% of the population is affected by flu symptoms. For most people, it is unpleasant, but not life-threatening. However, approximately 35,000 people die each year in the United States from symptoms or complications of the flu.

Influenza Virus A or “Avian Flu,” or “Bird Flu”

“Influenza Virus A,” one class of viruses, is known as “avian flu” or “bird flu” because it is hosted by wild birds – the reservoir in nature for all subtypes of Influenza Virus A. The flu does not, generally, cause major symptoms of illness in infected birds. Some human flu epidemics are caused when humans working with birds become infected by a form of flu that can be easily transmitted from human to human. This is a source of the seasonal or annual spread of human flu that we have come to expect.

Scientists distinguish and name varieties of Influenza A viruses by combining the names and numbers used to describe two surface proteins that are part of the biological make-up of the virus: An “H” number that tells which form of the protein *hemagglutinin* is present, and an “N”

number to tell which form of the protein *neuraminidase* is present. There are 16 known H-forms and 9 known N-forms. A particular variant of influenza A is labeled, for example, H2N2 or H2N3.

H5N1: The Flu Strain That's Raising Concerns Today

The Influenza A variant of concern is “H5N1.” In 1997, a human in South East Asia was identified as having died of this flu strain, transmitted from a bird. According to the World Health Organization, through July 2006, 230 cases of human infection by H5N1 have been identified. More than half (132) of those persons have died. To date, the strain has not been passed between humans – only from bird to human. The incidence among humans remains very low. However, the H5N1 strain has been identified as being widespread in bird populations, now reaching across all of Asia, most of Europe, and into Africa. Wild bird migration patterns make it likely that H5N1 will spread to wild bird populations throughout the world, perhaps as early as Autumn 2006. The current concern is that this flu might mutate into a variety that remains deadly to humans and is transmittable from human to human.

What makes “flu” a “pandemic flu”?

We speak of a “pandemic” flu when a new strain of flu virus appears for which there is low human immunity and high human-to-human contagiousness. Normally, forms of flu change only a little from year to year – minor mutations of the previous year’s variety of flu virus. Humans infected during a recent flu season retain an immunity because their immune systems “recognize” the slightly changed new flu strain and attack invading viruses, killing them.

Influenza Virus A sometimes recombines (or mutates through a process called *antigen shift*) into a form that is a sudden, large change of form. If a human population has not recently experienced a similar form, its immune systems do not recognize the virus, do not attack, and the virus enters the body successfully and begins its spread. When immunity is low within a population, the disease spreads rapidly. If it spreads over a wide portion of the globe, we call this episode of flu a “pandemic flu.”

In the last century, there have been notable pandemic flu episodes - in 1918, 1957, and 1968. The 1918 flu – “The Great Influenza” (as a recent book titles it), an H1N1 Influenza Virus A - erupted during the last year of World War I. It caused especially strong symptoms and extremely high mortality rates. The worldwide death toll in 1918 can only be estimated. Between 20 million and 50 million people died the world over. It is this episode which gives us our “worst case” images of what a pandemic flu could become.

WHAT IS OUR PURPOSE IN PANDEMIC INFLUENZA PLANNING?

The World Health Organization (WHO) has defined phases of pandemic influenza that “address the public health risks of influenza infection in animals, link phase changes directly with changes in public health response, and focus on early events during a ‘pandemic alert’ period when rapid coordinated global and national actions might help to contain or delay the spread of a new human influenza strain.” 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.

WHO has identified six *Phases to a Pandemic Alert System*:

Phase 1 & 2: Interpandemic Period

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals. If present in animals, the risk of infection or disease is considered low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza subtype poses a substantial risk of human disease.

Phase 3: Pandemic Alert Period

Phase 3: Human infection(s) is (are) occurring with a new subtype, but no human-to-human spread, or - at most - rare instances of spread to a close contact.

Phase 4 & 5: Pandemic Alert Period (*continued*)

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Phase 6: Pandemic Period

Phase 6: PANDEMIC – increased and sustained transmission in the general population.

The world is currently in “Phase 3” of this alert system. Phase 3 means that humans have been infected by a new subtype virus that is spreading through an animal population (H5N1, in the current case), but that there is no (or only rare instances of) human-to-human spread (none have been reported to date for H5N1).

During Phase 3 of a Pandemic Alert, it is important to: minimize transmission to humans, establish early detection, notification and response systems, and to prepare to contain and control possible human-to-human populations within isolated communities.

Pandemic influenza is not currently present in the world population. Our goal is two-fold:

- (1) to plan for and implement ‘prevention’ processes – simple awareness and infection control practices and habits; and,
- (2) to prepare for possible onset of pandemic influenza and the need for immediate responses.

Pandemic influenza preparedness is a process, not an isolated event. To be “prepared,” we must develop specific capabilities in school staff, in students and their families, and in a collaborative community system of school and health emergency response agencies.

Our Pandemic Influenza Emergency Response Plan is intended to guide our development of appropriate procedures, prepare staff, and establish a state of readiness, in case a pandemic flu occurs. This is a dynamic, fluid document intended to provide a framework that may expand or be restructured depending upon increased knowledge about the disease or its outbreak.

WHAT PLANNING ASSUMPTIONS DO WE MAKE IN PREPARING?

The criticality of planning in minimizing disruption to or improving the resilience of school district services in a pandemic is emphasized in Pandemic Influenza Preparation documents obtained from many sources, including HHS, CDC, and the PA DOH.

The U.S. Center for Disease Control makes the following assumptions and projections for pandemic flu planning:

- Typical incubation period of two days.
- Persons who become infected may transmit for a full day prior to the onset of symptoms.
- On average, two secondary infections occur as a result of transmission from someone who is ill.
- In a community, a pandemic “wave” will last approximately 6-8 weeks.
- Absenteeism from school and work may reach 40% at the peak of the pandemic wave.
- At least two pandemic waves are likely to occur.

Experience during the “Great Influenza” of 1918 demonstrates that it is possible during a pandemic that:

- The health care system will be swamped by sick people seeking assistance.
- The undertaking/funereal industry, too, can be overwhelmed.
- State and national emergency delivery systems may be overwhelmed and unable to address local needs in a timely manner.
- Fear may run rampant within a community under pandemic siege. Community assistance and neighborly support may break down nearly completely.

This pandemic plan recognizes these past experiences and future possibilities. Our assumptions, drawn from the above, include:

- Absenteeism of workers could be in the 30-40% range.
- Workers may be absent due to family care needs.
- Workers may simply not report due to fear of becoming infected.
- We may experience the loss of suppliers (utilities, garbage removal, food distributors, etc.)
- Government proclamations and fuel shortages may create travel restrictions.
- Businesses may close.
- Litigation may emerge from any number of the above circumstances.

INTRODUCTION TO PLAN ORGANIZATION: THE PLAN MATRIX

Our plan of action is organized within categories drawn from a matrix that combines a nationally-recommended categorization of phases of management of emergency responses – the “National Incident Management System (NIMS)” and a framework adapted from the Pennsylvania Pandemic Planning template of six “functions” or dimensions of planning and action that are inter-related, but distinct. We introduce these phases and functions briefly, then include a copy of the resulting matrix and summary of key planning and response tasks within each phase and function. Detailed actions are delineated in the “pull out” section at the end of this plan document.

Four Phases of NIMS Emergency Response

Mitigation/Prevention – What we should be “doing always.” The actions listed below are things that we can and should be doing to minimize the likelihood of the targeted hazard or condition from becoming an emergency.

Preparedness – What we should be “doing now.” The actions listed below are things that we can and should be doing to be prepared in case of the emergency condition coming into being. These are actions for which there is not likely to be adequate time or resources to complete after the emergency situation begins to occur.

Response – What we should be “doing when the emergency occurs.” These are actions that we should be ready to take, and should take, beginning as soon as we are aware of the emergency conditions for which we have planned. The indicators for various levels of emergency response to pandemic flu are detailed below.

Recovery – What we should be “doing after the emergency conditions pass.” These are actions that we should be ready to take, and should take, when the emergency “response” period is over. In the case of pandemic flu, this does not necessarily mean that there will be further cases of flu, but the high incidence and continuing spread will have subsided.

Six Components of Pandemic Influenza Planning (adapted from PA Template)

Awareness/Education – actions to assure that all parties are informed and understand what is occurring and how they can contribute to making the situation better.

Infection Control – actions taken to prevent or lessen the spread of the influenza virus. These actions will, of course, also improve control of other related infections.

Surveillance – actions taken within the school system to participate in the identification and reporting of potential or actual cases of flu during a pandemic. These actions will be taken in coordination with public health officials.

Health Concerns – actions taken by school staff that are involved in the direct provision of health care or taken in coordination with community health providers.

Continuity of Operations (COOP) – actions taken to assure that critical school system functions will continue during periods of high absence or school closings.

Collaboration/Communication – actions taken to link the school system with other community agencies involved in the local/regional pandemic flu planning and response activities.

Pandemic Planning Matrix		A	B	C	D	E	F
		Awareness/ Education	Surveillance	Infection Control	Health Concerns	Continuity of Operations	Communication/ Collaboration
NIMS Phase		PA Pandemic Action Planning Tasks					
1	Mitigation/ Prevention	<ul style="list-style-type: none"> ▪ Begin awareness building/education process ▪ Identify school-based individuals to educate staff, students, families about <ul style="list-style-type: none"> ○ pandemic flu, ○ personal hygiene, and ○ local plans ▪ Identify information to be translated; identify translators; create templates 	<ul style="list-style-type: none"> ▪ Set up system for surveillance of incidence of disease including procedures, templates for reporting and communication with agencies and community ▪ Orient staff re: symptoms and intended surveillance procedures ▪ Track the number of staff and students absent daily ▪ Report numbers absent to appropriate Department of Health office if over 10% or when requested 	<ul style="list-style-type: none"> ▪ Identify individual(s) to ensure school (each room) has adequate supplies for good personal hygiene ▪ Distribute & display posters, etc. re: good personal hygiene ▪ Conduct instruction on good personal hygiene practices 	<ul style="list-style-type: none"> ▪ Identify & assess in-school resources to provide for physical and mental health needs ▪ Plan for provision of additional resources as needed (in-school & community-based) 	<ul style="list-style-type: none"> ▪ Review policies & procedures re: emergency response, communicable diseases, etc. to determine the need for revision ▪ Explore alternate scheduling options, etc. for continuity of operations with reduced staffing, vendor/supply interruptions, etc. ▪ Assess potential financial impact ▪ Determine current policies/procedures that may be impacted (leave, absences, payroll, etc.) 	<ul style="list-style-type: none"> ▪ Identify committee (including community agencies) to develop pandemic plan ▪ Develop communication plans (e.g. school closures, schedule changes, bussing) ▪ Ensure collaboration with appropriate local EMA and DOH agencies ▪ Establish Incident Command structure including back-up plans/systems/chain of command
2	Preparedness	<ul style="list-style-type: none"> ▪ Identify & pre-screen health & grief service providers ▪ Develop template letters, forms, etc. ▪ Continue to educate staff, students, and families ▪ Provide training for post-trauma support 	<ul style="list-style-type: none"> ▪ Track the number of staff and students absent daily ▪ Report numbers absent to appropriate Department of Health office if over 10% or when requested 	<ul style="list-style-type: none"> ▪ Review policies and procedures for sending ill students & staff home; modify as needed 	<ul style="list-style-type: none"> ▪ Identify & assess in-school resources to provide for physical and mental health needs ▪ Plan for provision of additional resources as needed (in-school & community-based) 	<ul style="list-style-type: none"> ▪ Begin Admin monitoring of conditions and LEA readiness ▪ Review pandemic flu plan in anticipation of implementation; revise as needed ▪ Define critical operations, minimum staffing (& skills), cross-training 	<ul style="list-style-type: none"> ▪ Planning for PODS and provision of resources to aid community surge capacity ▪ Identify/review procedures for communication with staff, students, and families ▪ Develop procedures for communication with PDE/DOH
3	Response	<ul style="list-style-type: none"> ▪ Finalize and initiate communication to families (including in appropriate home languages) ▪ Keep staff informed on the extent of infection at school and potential changes 	<ul style="list-style-type: none"> ▪ Track the number of staff and students absent daily ▪ Report numbers absent to appropriate Department of Health office if over 10% or when requested ▪ Monitor the effects of cumulative stress on caregivers 	<ul style="list-style-type: none"> ▪ Implement policies and procedures for sending ill students & staff home ▪ Implement social distancing, isolation, quarantine, etc. as indicated ▪ Cancel school/events as appropriate 	<ul style="list-style-type: none"> ▪ Utilize in-school resources to provide for physical and mental health needs ▪ Arrange for provision of additional resources as needed (in-school & community-based) 	<ul style="list-style-type: none"> ▪ Conduct debriefings re: lessons learned ▪ Document critical actions taken ▪ School closings as needed, directed by authorized personnel 	<ul style="list-style-type: none"> ▪ Implement all interagency agreements and procedures for pandemic conditions ▪ Implement PODS roles as indicated ▪ Implement procedures for communication with PDE/DOH
4	Recovery	<ul style="list-style-type: none"> ▪ Provide training for post-trauma support ▪ Inform staff re: extent of pandemic flu in community; activities that may assist students; signs & symptoms to observe; safe room function; counseling support services available to staff, students, families ▪ Provide educational materials to families and staff such as: how to support students' recovery from pandemic flu, common symptoms of grief & loss; coping with stress, etc. 	<ul style="list-style-type: none"> ▪ Identify families and staff who may be in need of (physical and/or mental health) support and develop/arrange school/community resources in response ▪ Monitor the effects of cumulative stress on caregivers 	<ul style="list-style-type: none"> • Return to Mitigation/Prevention procedures and activities 	<ul style="list-style-type: none"> ▪ Mobilize crisis response/recovery team ▪ Provide physical assessments as needed and/or make appropriate community health referrals ▪ Plan for and provide rest as needed for those in recovery ▪ Establish "safe rooms" as location for student and staff counseling and support ▪ Provide counseling and student support services ▪ Engage EAP and SAP processes as appropriate ▪ Consider school-based mental health services 	<ul style="list-style-type: none"> ▪ Modify work roles and responsibilities or add volunteer or support staff as needed ▪ Follow-up debriefings with crisis response team ▪ Document lessons learned 	<ul style="list-style-type: none"> ▪ Follow-up with student/staff referrals to community agencies

Process For Periodic Plan Update

This plan shall be reviewed at least annually by the administration to determine the need to revise or include updates reflective of significant new information, new collaborative agreements, or revised actions to be taken within any of the phases or functions delineated in this plan. The results of this review shall be communicated to the Board of Directors at the beginning of each fiscal year.

In order to maintain LEA readiness prior to or during a pandemic flu episode, the administration is authorized to make timely additions or revisions to the written plan and, as necessary, to communicate those changes and initiate training or re-training for appropriate staff.

Plan Approval Status/Documentation

Plan presented to the Board of Directors: November 16, 2006

Key Internal Contact Persons: District

Superintendent

Name: Stewart Weinberg

Email: stewart.weinberg@dallastown.net

Assistant Superintendent

Name: Ronald E. Dyer

Email: ronald.dyer@dallastown.net

Facilities Manager

Name: Duane Bahn

Email: duane.bahn@dallastown.net

Food Services/School Nurses

Name: Sue Ayres

Email: sue.ayres@dallastown.net

Transportation

Name: Jon Moring

Email: jon.moring@dallastown.net

Director of Human Resources

Name: Jeanne Pocalyko

Email: jeanne.pocalyko@dallastown.net

Business Manager

Name: Donna Devlin

Email: donna.devlin@dallastown.net

Communications Director

Name: Lori Hartman

Email: lori.hartman@dallastown.net

Key External Contact Persons

County Emergency Management Official *Phone: (717) 840-7494*

Hospital *Name: Memorial Hospital*
Phone: (717) 843-8623

Name: York Hospital
Phone: (717) 851-2345

Ambulance Service *Name: Jacobus Lions Club Ambulance*
Phone: (717) 428-0218

Name: Red Lion Area Ambulance
Phone: (717) 244-0983

Name: Yoe Ambulance Service
Phone: (717) 246-3679

Police *Name: Pennsylvania State Police (North Street, York)*
Phone: (717) 428-1011

Name: York Regional Police Department
Phone: (717) 741-1259

**ACTIONS TO BE TAKEN/RESOURCES TO BE USED
WITHIN EACH PHASE OF PANDEMIC INFLUENZA RESPONSE**

MITIGATION AND PREVENTION

[THESE ACTIONS SHOULD BE TAKEN IMMEDIATELY AND THEN CONTINUE]

To mitigate or prevent the effects of Pandemic Flu, the actions outlined in the accompanying table will be taken upon adoption of this plan, and thereafter.

PREPAREDNESS

[THESE ACTIONS SHOULD BE TAKEN AT THE POINT THAT THE FIRST CASE OF SUSPECTED PANDEMIC FLU ENTERS THE UNITED STATES]

To prepare for Response to Pandemic Flu, the following actions outlined in the accompanying table will be taken upon adoption of this plan, and thereafter, in accord with the schedule outlined below.

RESPONSE

[THESE ACTIONS SHOULD BE TAKEN WHEN THE FIRST CASE(S) OF SUSPECTED PANDEMIC FLU ARE REPORTED IN OUR COUNTY]

Upon receiving reports from local public health officials that there are cases of pandemic flu within the county (region), the school system's "response" system will be initiated as outlined in the accompanying tables. We include two tables of responses to guide actions (a) when schools are open, and (b) when schools are closed.

RECOVERY

[THESE ACTIONS SHOULD BE TAKEN WHEN THE "PANDEMIC" HAS ENDED]

When a pandemic is declared as "ended" by public health officials, cases of influenza may still occur within the population. In its wake, a pandemic may leave persons suffering a variety of health and emotional conditions. During Recovery, the actions outlined in the accompanying table will be taken.

PANDEMIC FLU EMERGENCY RESPONSE PLAN

MITIGATION & PREVENTION ACTIVITIES (THESE ACTIONS SHOULD BE TAKEN IMMEDIATELY AND THEN CONTINUE)		
Responsibility	Person Responsible	Status
AWARENESS/EDUCATION		
Prepare Staff: Train staff as role models for students regarding infection prevention habits. (Identify trainers, complete training). (See also "Infection Control" below.)		
Inform students and families re: infection control: Teach infection control, present at PTO/PTA and related parent/family events; send information regarding healthy infection prevention habits.		
Post and distribute infection control and pandemic influenza basic information: Healthy Habits/Infection Control Information: Acquire or prepare posters, flyers, and related materials defining "healthy habits" that support infection control. Post flyers and reminders of healthy habits – "cover your cough," "stop the spread of germs," and related topics. [Post in each office, classroom and rest room, on web-site, and other appropriate building sites.] Acquire/ prepare, post, and distribute such materials in as many home-languages served by your LEA as is possible.		
Post and distribute infection control and pandemic influenza basic information: Pandemic Influenza Information: Distribute "Pandemic Influenza" information and "Getting Ready For Pandemic Flu Checklist (for Families)" to students, families, and staff. Acquire/ prepare such materials in as many home-languages served by your LEA as is possible and distribute, as appropriate.		
Publish articles in school newsletters, on web pages, and in schools on infection control.		
INFECTION CONTROL		
Establish, promote and evaluate Sanitation and Disinfection Procedures a. Routinely inspect health & safety of school facilities b. Clean shared work areas at least daily c. Maintain good cleanliness and ventilation d. Make accessible soap, paper towels & sinks or hand sanitizer e. Display hand washing & cough etiquette posters f. Maintain adequate extra supplies and develop system for dispersal g. Implement procedures for control & disposal of infectious waste h. Supply/provide disinfectant i. Labeled for activity against bacteria & viruses ii. EPA-registered hospital disinfectant iii. ¼ cup chlorine bleach with gallon of cool water i. Develop policies for transporting ill students		
Train Staff/Faculty : Infection Control a. Curriculum for students Resources for Basic Readiness/Pandemic Readiness Activities i. American Red Cross-Family Disaster Plan & Personal Survival ii. Centers for Disease Control & Prevention iii. PA Emergency Preparedness Guide b. Universal Precautions i. Blood-borne Pathogen c. Social Distancing d. Avoid touching eyes, nose & mouth e. No sharing utensils or cups, etc f. Stay home when sick		

PANDEMIC FLU EMERGENCY RESPONSE PLAN

<ul style="list-style-type: none"> g. Personal Protection Equipment <ul style="list-style-type: none"> i. N-95 Masks (need to be fit-tested for individuals) ii. Gloves h. Limit spread of germs & prevent infection <ul style="list-style-type: none"> i. Stay home when sick ii. Fact Sheet on Influenza Symptoms & what i. Flu Vaccine j. Identify essential staff-provide with PPE including N-95 respirators 		
Inform about and offer Flu Shots <ul style="list-style-type: none"> a. DOH-Who Should Get a Flu Shot? b. Promote availability & desirability of flu vaccine for all c. Offer flu vaccine on-site for staff & students 		
SURVEILLANCE		
Monitor Illness <ul style="list-style-type: none"> a. Develop illness monitoring procedures/protocol b. Determine baseline % of students absent on daily basis c. Report absences beyond 10% with respiratory symptoms 		
Monitor Staff, Students & Families <ul style="list-style-type: none"> a. Travel www.pandemicflu.gov/travel/ b. Screen visitors for illness c. Foreign exchange students 		
HEALTH CONCERNS		
Identification of At-Risk Student <ul style="list-style-type: none"> a. Develop procedures to identify at-risk students & staff b. Contribute to trusting environment between school staff & students c. Keep students "connected" during & after school 		
Develop Partnerships with Community Agencies		
CONTINUITY OF OPERATIONS		
Plan for and initiate cross-training (include emergency response functions in this planning), particularly for roles that require more extensive training		
COMMUNICATION/COLLABORATION		
Develop Partnerships with Community Agencies <ul style="list-style-type: none"> a. County EMA Coordinators b. State/Regional Contacts <ul style="list-style-type: none"> i. Department of Health ii. Department of Education iii. PEMA 		
Develop a Variety of Communication Channels <ul style="list-style-type: none"> a. Pennsylvania Pandemic Plan-Appendix O-Communication Strategies b. Health Alert Network (HAN) Public Website- the PA Health Alert Network c. Phone tree for all staff d. Alternate forms of communication: e-mail; media; newsletters e. Determine who will keep track of updating communication lists f. Rumor control g. Keep message simple h. Consistent message from everyone i. May need to vary message for staff, students & parents 		

PANDEMIC FLU EMERGENCY RESPONSE PLAN

PREPAREDNESS [THESE ACTIONS SHOULD BE TAKEN AT THE POINT THAT THE FIRST CASE OF SUSPECTED PANDEMIC FLU ENTERS THE UNITED STATES]		
Responsibility	Person Responsible	Status
AWARENESS/EDUCATION		
Re-Distribute "Pandemic Influenza" information and "Getting Ready For Pandemic Flu Checklist (for Families)" to students, families, and staff (in appropriate home languages)		
Plan and begin to publish articles on signs and symptoms of flu and infection control in school newsletters, on web pages, and [other locally appropriate sites].		
Send information to staff and share information in staff meetings and new staff orientation reviewing flu symptoms and indicators, procedures for sending ill students or staff to Health office/ staff.		
INFECTION CONTROL		
Replenish supplies and review Sanitation and Disinfection Procedures <ul style="list-style-type: none"> a. Routinely inspect health & safety of school facilities b. Clean shared work areas at least daily c. Maintain good cleanliness and ventilation d. Make accessible soap, paper towels & sinks or hand sanitizer e. Display hand washing & cough etiquette posters f. Maintain adequate extra supplies and develop system for dispersal g. Implement procedures for control & disposal of infectious waste h. Supply/provide disinfectant <ul style="list-style-type: none"> i. Labeled for activity against bacteria & viruses ii. EPA-registered hospital disinfectant iii. ¼ cup chlorine bleach with gallon of cool water 		
Develop written policies and procedures for exclusion of students and staff due to illness		
Stay home when sick		
SURVEILLANCE		
Student/Staff Illness <ul style="list-style-type: none"> a. Track student & staff absences <ul style="list-style-type: none"> i. School Response to Pandemic Flu Flow Chart ii. Absences beyond 10% with respiratory symptoms iii. Baseline % of students absent on daily basis b. Report absences in accord with any interagency agreements b. Review travel information at www.pandemicflu.gov/travel/ c. Screen visitors for illness d. Foreign exchange students 		
Conduct Risk/Vulnerability Assessment (What risks are unique for your school?) <ul style="list-style-type: none"> i. Multiple parents/families traveling to affected countries ii. Large number of foreign students iii. Near airport/train station/bus station-parents working there 		
Develop Disease Confinement Procedures <ul style="list-style-type: none"> a. Procedures for Dealing with Ill Students/Staff <ul style="list-style-type: none"> i. Develop specific pandemic influenza preparedness plan for medical response ii. When to contact DOH iii. Written procedures for exclusion b. Quarantine & Isolation <ul style="list-style-type: none"> i. Formulate plan for quarantine of students/staff ii. Plan for students who can't leave school: food, blankets, medications, food, etc iii. Plan alternate means of educating students quarantined at home 		
Keep Abreast of Activity in the Community <ul style="list-style-type: none"> a. HAN PA Health Alert Network (PA-HAN) serves as a communication network among state and local public health agencies, healthcare providers, hospitals and emergency management officials. 		

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b. Monitor CDC, World Health Organization (WHO) c. Participate in hazard & risk assessments for your area		
HEALTH CONCERNS		
Identify & assess in-school resources to provide for physical and mental health needs; Review and compile list of resources available for mental health and grief counseling services, including district and school critical incident teams, student assistance teams, employee assistance services, partnering community mental health services, etc.		
Identify and Address Special Needs a. Review Health Needs of Students/Staff i. Keep a list & assess needs, i.e. supplies & medications b. Procedures to identify at-risk students c. Volunteer roster- buddy with special needs student & family d. No student should be released to an empty house. e. Plan for students with no adult at home who is well enough to care for them		
Continue to stock extra gloves, surgical masks, N95 respirator masks, and appropriate cleaning supplies.		
CONTINUITY OF OPERATIONS		
Administrative Team Monitoring: Begin regular [or "timely"] senior staff briefings to monitor preparedness, identify lessons learned, and make necessary changes to the preparedness and response plan.		
Assess and prepare for identifiable staff risks and needs: - Identify staff who, due to health condition or pregnancy, will not be able to be present at assigned school/office after flu has been identified. Provide this information to Human Resources for consideration when seeking substitutes. - Review and update staff emergency contact lists. - Assign staff to identify (and report) someone that can and will check up on them in case of an illness.		Superintendent, Principal
Define critical functions which must be maintained and minimum staffing needs (numbers and skills)		
Plan possible re-assignments under pandemic (3-deep principle), continue cross-training (include emergency response functions in this planning)		
Define and plan for contractual issues; agree on contract addenda that will prevail during declared pandemic periods		
Project and plan for financial impact Plan for continuity of payroll functions		
Plan alternate dining services to avoid large gatherings during pandemic - stockpile food		
Define alternate means of educating students if classes must be combined (due to absences unable to be covered by substitutes) or school is closed for lengthy period.		
Develop and adopt liberal leave policies for persons with sick family members during declared pandemic disease periods		
List suppliers the LEA interacts with on routine basis; make arrangements with alternate supplier(s)		
Provide training to "Critical Incident Team" members regarding the Response and Recovery elements of this plan		
COMMUNICATION/COLLABORATION		
Collaborate with Community for Resources 1. Identify Key Stakeholders a. Faith-based organizations b. Neighboring jurisdictions c. Volunteer organizations d. Local businesses e. Local officials f. Fire g. Law enforcement h. Emergency Management Agency (EMA)-County EMA Coordinators		

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<p>http://www.pema.state.pa.us/pema/cwp/view.asp?a=354&q=252367</p> <ul style="list-style-type: none"> i. Emergency Management Services (EMS) j. Public health k. Medical, health & behavior care providers I. Don't forget Parent Teacher Association/Organization (PTA/PTO) <p>2. Care for Families of Volunteers</p> <ul style="list-style-type: none"> a. Need a plan to care for the families of volunteers b. Assess the family needs 		
<p>Develop Collaborative Links to County Emergency Response Plan</p> <ul style="list-style-type: none"> 1. Be Familiar with the NIMS Model <ul style="list-style-type: none"> a. Establish School Emergency Response Team 2. Collaborate with Community EMAs, Police, Fire, etc. <ul style="list-style-type: none"> a. Provide copies of plan to these agencies for review b. Be sure to update plan if building renovated c. Match school plan to community plan d. Plan for multiple waves of illness (estimate 2-3 months/wave) e. Is school designated as Point of Dispensing (POD) or evacuation site, etc? (see 3 below) f. Designate incident commander for the school g. Form Emergency Preparedness Team for District/Building h. Ask for volunteers & assign responsibilities i. Drills, tabletop exercises and other practice activities 3. Plan collaboratively with Emergency Management and Public Health agencies for potential use of School Building as POD or Evacuation Center, in accord with interagency agreements: <ul style="list-style-type: none"> a. All publicly-funded schools shall be made available to officials b. All bus & transportation vehicles shall be made available 4. Communication <ul style="list-style-type: none"> a. Provide information to parents regarding plan b. Hold community-wide meetings to address concerns c. Plan for alternate means of communication (redundancy) d. Determine who will keep track of updating communication lists e. Plan for rumor control f. Designate public information officer (PIO) g. Anticipate simple, consistent messages needed for targeted audiences, develop template letters and press releases in advance h. Template letters & press releases in advance i. Procedures for student release j. Promote use and understanding of common terminology across district k. Translation into common languages in PA 		
<p>Develop (at least preliminary) "recovery" surveillance, referral, communication plans with partnering community agencies and service providers.</p>		

PANDEMIC FLU EMERGENCY RESPONSE PLAN

RESPONSE – A. PANDEMIC FLU PRESENT, BUT SCHOOLS REMAIN OPEN [THESE ACTIONS SHOULD BE TAKEN WHEN THE FIRST CASE(S) OF SUSPECTED PANDEMIC FLU ARE REPORTED IN THE COUNTY]		
Responsibility	Person Responsible	Status
AWARENESS/EDUCATION		
Send information to staff reviewing flu symptoms and indicators, procedures for sending ill students or staff to Health office/ staff.		
Provide information to parents/families on prevention procedures, and provide information as to the school status (using adapted templates from Contra Costa plan)		
Provide updates to school/ office staff on the extent of infection at the site and anticipated changes in conditions or associated procedures.		
INFECTION CONTROL		
Implement Procedures for Prevention of Disease Transmission a. Cancel non-essential public gatherings b. Avoid crowded social environments c. Limit non-essential travel d. Maintain 1-yd spatial separation between individuals e. Clean especially inanimate objects (phones, keyboards) f. Dispose of mask when wet		
Implement Disease Confinement Procedures (see also Health Concerns below) i. Health room procedures ii. Quarantine procedures iii. Exclusion/transportation		
Implement Student Evacuation, As Necessary a. No student should be released to an empty home. For ex., shelter-in-place until parent/guardian can pick up b. Possibility school may need to be used as make-shift hospital or POD c. Plan for shelter for those without family well enough to care for them		
Promote Voluntary Quarantine Among Students and Staff a. Stay home until fever & coughing have resolved b. Voluntary home quarantine if anyone ill in household		
SURVEILLANCE		
Monitor illness of students & staff a. Monitor those with temperatures above 100.4 & one or more of the following: cough, sore throat or shortness or breath & history of contact with domestic poultry or known or suspected case of H5N1 or in an H5N1 affected country within 10 days of symptoms. b. Alert DOH to substantial increases in absenteeism-Process under development-watch website for updates.		Health staff
Monitor community/state/country/world situation a. Monitor situation through CDC, WHO & US Dept. of Health & Human Services (DHHS) websites b. Monitor situation through HAN		
Monitor effects of cumulative stress on caregivers (office staff, school nurses, teachers, aides, school counselors, and other crisis team members). Work with Human Resources/Critical Incident Team] to provide support.		
HEALTH CONCERNS		
Health Room Procedures and Disease Confinement: a. Move students suspected of having the flu to alternative location – isolate from other students coming to Health Room for normal health concerns, medication distribution, etc. b. Call parents or emergency contact of the student suspected of infection immediately to request removal of student from school. c. Require student to wear N95 mask until picked up and removed from school premises. d. Clean the area or bed that infected student occupied immediately after each use.		
Providing for Physical Health Care a. Essential staff provided with N-95 respirators b. Provide rest places for those that tire easily or are in recovery		

PANDEMIC FLU EMERGENCY RESPONSE PLAN

c. Provide physical assessments if needed & make appropriate community health referrals d. Monitor sufficient infection control supplies & replenish as needed e. Monitor high risk groups (pregnant women; those with compromised immune systems, <65 with underlying condition, 65 & older)		
Providing for Mental Health Care a. Anticipate emotional trauma b. Reunion meeting before leaving school on day of crisis-unstructured time to share c. Be vigilant about ripple effects on students/staff d. Reinforce message about post-traumatic stress disorder-how to recognize & prevent e. Mobilize the Crisis Recovery Team that provides emotional-psychological support f. Open "Safe Rooms" for counseling to be provided g. Provide mental health assessments if needed & make appropriate community health referrals h. Monitor effects of cumulative stress on caregivers i. Modify work roles & responsibilities or add volunteer staff as needed. j. Contact/ coordinate delivery of grief counseling, emotional counseling support, as needed.		
Reporting: a. Record each incident of student or staff exhibiting symptoms of flu or sent home due to flu, using forms provided. b. When absences are phoned in, ask and note those absent due to flu-like symptoms. c. Report from school sites to central office site [person] daily. d. Report to public health officials daily/ weekly as instructed by public health system		
Continue to stock extra gloves, surgical masks, N95 respirator masks, and appropriate cleaning supplies.		
CONTINUITY OF OPERATIONS		
Follow Incident Command emergency chain of command, including filling of administrative positions when absences are caused by illness.		
Modify work roles and responsibilities or add volunteer or support staff, as needed.		
Continue senior staff briefings to monitor response status, identify lessons learned, make necessary changes to the pandemic flu emergency response plan.		
Monitor staff absences; initiate contingency operational plans to maintain critical functions, as needed		
Initiate "pandemic procedures" as defined in contractual agreements/ addenda with bargaining unit staff		
Initiate alternate dining services to avoid large gatherings-stockpile food		
Maintain payroll distribution in accord with pandemic plan		
Implement financial contingency plans, as appropriate		
Implement liberal leave policies for persons with sick family members		
Initiate "alternate supplier" arrangements, as appropriate		
Cooperate with use of School Building as POD or Evacuation Center, in accord with interagency agreements		
COMMUNICATION/COLLABORATION		
Follow-up with student referrals made to community agencies.		
Implement the Emergency Response Plan 1. Collaborate with Community EMAs, Police, Fire, etc. (as planned) 2. Communication (use NIMS) a. Rumor Control i. Communication in absence of person-to- person contact ii. Prepare statement to be read by all, answering calls. Place on district website iii. Clear messages to assuage fear iv. Timely, accurate, credible & consistent information tailored to specific audiences v. Regular debriefings vi. Within 4 hours, make public announcement vii. Phone tree calls to all staff viii. Educational materials available how to support your students with recovery ix. Hold meetings for parents x. Hold community-wide meetings to address concerns b. Media Control i. Schedule press briefing ii. Set perimeter for press access to school		

PANDEMIC FLU EMERGENCY RESPONSE PLAN

RESPONSE – B. SCHOOLS CLOSED		
Responsibility	Person Responsible	Status
AWARENESS/EDUCATION		
Send "school closed" letter to families of students.		
INFECTION CONTROL		
Continue all infection control procedures among any staff working through "closure"		
SURVEILLANCE		
Monitor illness of any staff working through "closure" a. Monitor those with temperatures above 100.4 & one or more of the following: cough, sore throat or shortness or breath & history of contact with domestic poultry or known or suspected case of H5N1 or in an H5N1 affected country within 10 days of symptoms. b. Alert DOH to substantial increases in absenteeism-Process under development-watch website for updates.		
Monitor community/state/country/world situation a. Monitor situation through CDC, WHO & US Dept. of Health & Human Services (DHHS) websites b. Monitor situation through HAN		
Monitor the effects of cumulative stress on caregivers such as office staff, school nurses, teachers, aides, school counselors, and other crisis team members.		
Work with [Human Resources and the Critical Incident Team] to provide support.		
HEALTH CONCERNS		
Contact/ coordinate delivery of grief counseling, emotional counseling support, as needed.		
CONTINUITY OF OPERATIONS		
Continue senior staff briefings to monitor response status, identify lessons learned, make necessary changes to the pandemic flu emergency response plan.		
Continue to implement COOPs for fiscal, physical plant		
COMMUNICATION/COLLABORATION		
Maintain communications with EMA/public health agencies, per prior collaborative agreements.		
Implement POD plans and roles under direction of public health/EMA officials, as appropriate		

PANDEMIC FLU EMERGENCY RESPONSE PLAN

RECOVERY [THESE ACTIONS SHOULD BE TAKEN WHEN THE "PANDEMIC" HAS ENDED]		
Responsibility	Person Responsible	Status
AWARENESS/EDUCATION		
Continue to post flyers and reminders of healthy habits.		
Continue to publish articles in school newsletters, on web pages, and in schools on infection control.		
Provide information to students, families, and staff on: - extent of pandemic flu in the community, - signs and symptoms of stress/ emotional issues arising from impact of flu, loss and grief on self, family, friends or community, and - counseling services and activities to assist in coping with impact of the flu on family, friends, community.		
INFECTION CONTROL		
Return to Mitigation/Prevention Infection Control Procedures		
SURVEILLANCE		
Identify students/families, or staff who may need long-term physical and mental health support or intervention.		
HEALTH CONCERNS		
Mental Health Concerns 1. Returning to school a. Address required comfort needs b. Establishment of safe rooms where staff/students can retreat c. Establishing routine as soon as possible "new normal." d. Group & individual counseling e. Seek out staff/students who may need assistance f. Employee Assistance Program (EAP) g. Delay tests & projects h. Packaged curriculum that provides structure & advice for return to learning i. Use On-call substitutes who can fill in quickly, if needed j. Provide caregivers with systematic recognition (programs to provide support &/or a break from the stress) 2. Long-term Recovery a. Stay alert for any continuing changes in behavior over days & months b. Employee Assistance Program (EAP) c. Prepare for remembering benchmark dates		
Continue to conduct appropriate physical assessments and make appropriate community health referrals or reports, in coordination with LEA and community health agencies.		
CONTINUITY OF OPERATIONS		
Continue senior staff briefings to monitor recovery status, identify lessons learned, revise the response plan.		
Plan and implement activities to rebuild community throughout the school system, including, for example: a. Appropriate environmental remediation of school facility if school used as health care site or if there were sick children in the building b. Restoration & strengthening of community & social connections c. Involvement of children & community in planning & rebuilding efforts d. Strengthen support systems e. Reach out to other school communities who have dealt with similar crises		
Evaluate Efficacy of Disaster Plan: What worked? What didn't? Revise &/or train, as appropriate		
COMMUNICATION/COLLABORATION		
Continue to develop school and community resources to provide needed physical and mental health support.		
Implement surveillance, referral, communication plans with partnering community agencies and providers.		
Communication a. Regular debriefing b. Keep communication lines open among school, family & community c. Community-wide meetings to facilitate addressing how they will cope		

Communication Strategies Pandemic Alert Period: Phase 3

1. Key Messages

- Dallastown Area School District is planning for the event of pandemic influenza and District officials are closely involved in the planning process.
- The DASD plan for pandemic influenza can be found at www.dallastown.net and will be modified and updated as needed.
- DASD will strive to keep students and staff healthy by supporting and teaching good hygiene habits (hand washing, covering coughs and sneezes with a tissue or sleeve) to prevent the spread of germs. Hand washing and good health habits are included in the curriculum.
- DASD is prepared and has plans in place to deal with business functions off site and certain curricular functions for short term closings.
- Long term plans to include limited use of the Web and television-based teaching are being developed, although no specific curriculum is in place to teach all children through these media.

2. Assumptions

Human infection(s) is (are) occurring with a new subtype, but no human-to-human spread - or at most, rare instances of spread to a close contact.

3. Message Dissemination

DASD Web Sites: Each school has a web site which can be accessed through www.dallastown.net

DASD subscribes to “Global Connect,” which permits district officials to call each student’s home with updates or important information within approximately 20 minutes.

PTO/Parent Meetings may be hosted by principals, health officials, and/or district officials to provide information to the community as pandemic risk levels increase.

Communication Strategies Pandemic Alert Period: Phase 4

1. Background

When the World Health Organization (WHO) declares Phase 4, DASD will also move into Phase 4 of its communications and response plan. The communications outlined in Phase 3 would continue and messages would increase in frequency.

The audiences remain the same as in Phase 3. Any additional communications would be “reactive,” that is, communications would be based on what is actually occurring in the world and nation.

2. Assumptions

Same assumptions in Phase 3, except that local clusters of a novel influenza virus have been identified in humans somewhere in the world. However, its spread is localized. Phase 5 could soon occur.

3. Key Communication Messages

Same as in Phase 3.

4. Message Dissemination

Handouts (also posted on the DASD website) on topics such as

- Self-care in the home
- Fact Sheet on Isolation and Quarantine
- Additional materials from PA Department of Health, national, and local agencies

Communication Strategies Pandemic Alert Period: Phase 5

1. Background

When the World Health Organization declares Phase 5, DASD will also move into Phase 5. The audiences and communications outlined in Phases 3 and 4 would continue. Messages would increase in frequency and urgency. Targeted groups such as first responders, physicians, and others in the health services community would also receive DASD communications.

Any additional communications to be developed specific to Phase 5 would be “reactive,” that is, communications would be based on what is actually occurring in the world or nation.

2. Assumptions

Same assumptions as in Phase 4 except:

- The novel virus strain is becoming increasingly more efficient at spreading from human-to-human, and
- The declaration of a pandemic (Phase 6) could occur very shortly.

3. Key Communication Messages

- Greater emphasis on the need to prepare district students and staff for disruption to school routines and school calendar
- Messages updated frequently on district website
- Preparation for web-based curriculum work
- Business functions finalized for off-site retrieval
- Custodial and food service personnel readied for disruption of services and for increased surveillance of sanitary conditions
- School nurses utilizing precautions as specified or as necessary in dealing with sick students
- Request all parents to keep school offices updated with phone numbers
- Provide educational materials about disease containment measures that could be employed in Phase 6 (isolation and quarantine)
- Fact sheets about self care, and other topics available on the website.

Communication Strategies Pandemic Alert Period: Phase 6

1. Background

When the World Health Organization declares Phase 6, this means that there is an influenza pandemic and that Dallastown Area School District will move into Phase 6 operations.

The District's Emergency Communications Plan will be implemented at the initial declaration of pandemic as instructed by state and/or local health officials.

2. Assumptions

- Local clusters of a novel influenza virus have been identified in humans somewhere in the world and spread among humans has become efficient.
- Human cases may appear in York County or in the district within a two week to one month period.
- Vaccine may or may not be available
- Antiviral medications may or may not be available
- Dissemination of timely information about disruptions to District school routines will be provided by Global Connect and the District website.

3. Key Communication Goals

- Provide education to the public that may help to contain the spread of the disease
- Provide updates to staff about school business functions (payroll, etc.)