Guilford County Schools

Pandemic Influenza Response Plan

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INTRODUCTION

Influenza is a highly contagious respiratory virus resulting in approximately 200,000 hospitalizations and 36,000 deaths yearly. A pandemic influenza occurs when a new viral strain emerges in which people have virtually no immunity. If the illness is capable of person-to-person transmission, it can infect people worldwide in a very short period of time. Typically, vaccines are not readily available and antiviral medications are in short supply.

The world has already faced multiple influenza pandemics, each causing extensive mortality, morbidity and economic hardship. The influenza outbreak in 1918 was quite virulent, resulting in 500,000 deaths in the United States alone and 20 to 40 million deaths worldwide. Subsequent pandemics in 1957 and 1968 resulted in tens of thousands of American deaths, and millions worldwide.

During the past decade, new threats have emerged, including avian influenza or influenza A (H5N1). This influenza is a virus found predominantly in ducks and migratory birds throughout Asia and parts of Europe. It was first detected in a human host in Hong Kong in 1997. Since that time, over 430 cases of influenza A have been identified with a mortality rate nearing 60%. Currently, the virus has infected humans only through direct contact with infected birds. It is speculated that this virus has the capacity to mutate and become a new, or novel virus with the ability to begin infecting by person-to-person transmission. This would allow the virus to spread quickly throughout the human population, attacking individuals who have little if any immunity or protection.

The Centers for Disease Control and Prevention (CDC) has already projected that as many as 200 million Americans may become infected, resulting in approximately 734,000 hospitalizations and 200,000 deaths. In North Carolina, the Department of Health and Human Services estimates that deaths could total over 4,000 with hospitalizations and outpatient visits numbering 19,000 and 900,000 respectively.

Potential Impacts of a Pandemic on the United States and North Carolina

	Deaths	**Hospitalizations**	**Outpatient Visits**
United States	100,000-200,000	314,000-734,000	18-42 million
North Carolina	4,441	19,610	915,163

The above statistics for North Carolina were calculated using FluAid 2.0 software available online at the National Vaccine Program Web site, www2.cdc.gov/od/fluaid/default/htm using a population of 8,541,263 and 20% gross attack rate.

There are multiple elements that make a pandemic influenza unique from any other public health emergency. First, it has the ability to infect a large number of people in a short period of time causing overwhelming stress on our health care system. Accordingly, it also has the ability to halt essential community services by causing marked reductions in the workforce. This could cause interruptions in public services such as medical care, utilities, law enforcement, fire and communication systems. Stress associated with a pandemic would also cause significant needs for mental and psychological services. Most importantly, a pandemic could continue for weeks or months.

Summary of Pandemic Preparedness and Response Principles

In the event of a pandemic influenza the North Carolina Department of Health and Human Services, the Guilford County Department of Public Health, and Guilford County Schools (GCS) will enact their Pandemic Influenza Response Plans to accomplish the following:

- Reduce the total number of illnesses and deaths
- Limit school disruption

Our plan will be enacted and coordinated with the North Carolina Department of Health and Human Services, the Guilford County Department of Public Health and other local federal and state agencies as deemed necessary.

I. PANDEMIC PLANNING ASSUMPTIONS

The plan was produced with the following assumptions as delineated by the United States Health and Human Services Pandemic Influenza Plan:

- The clinical attack rate may be 30% or higher in the general population; with infection rates in children reaching 40% and declining with age.
- Children will likely shed the largest amount of virus and hence pose the greatest risk for transmission.
- The school district will need to prepare for a 30% reduction of the workforce.
- A pandemic may continue for 6 to 8 weeks with subsequent waves possible.

It cannot be determined in advance if schools will be closed, as all pandemics vary in their level of severity. However, infectious diseases are likely to occur in the school setting, making school closure a possibility. Although the determination of a school closing can only be made at the time of the event, it is possible that schools could be closed as long as 8 weeks. Other planning assumptions are:

- State, county and local agencies will work together for the best interest of the school and community.
- Multiple, simultaneous outbreaks may occur throughout the world and within our own state and community.
- There will be local surveillance of pandemic influenza symptoms, infection rates and absenteeism.
- Antiviral medication will be in short supply resulting in prioritization of its distribution.
- Influenza vaccines will not be available until 6 – 8 months after the outbreak begins.
- Public and private services may be disrupted.
- Social distancing measures may need to be enacted to reduce the transmission and progression of the disease.
- Coordination of local, state and federal agencies will be paramount.
- The general public and key partners in the community will need continual and accurate updates.

II. AUTHORITIES

Within Guilford County, the Superintendent will work in conjunction with the Health Director of the Guilford County Department of Public Health to initiate social distancing by closing schools or facilities as deemed necessary. Steps will be made to ensure that communication is clear and consistent.

III. PHASES OF A PANDEMIC

The World Health Organization (WHO) has prepared a classification system to guide planning and responses during a pandemic influenza. This classification system consists of six phases. The WHO will declare the current global pandemic phase and adjust the phase level as needed. The WHO will notify the CDC, and in turn they will inform the North Carolina Division of Public Health (NCDPH). For each phase of the system, there are response measures that the WHO will take, and recommendations for countries throughout the world.

Phases of an Influenza Pandemic, World Health Organization, 2005

Pandemic Phases	GCS Goals
Interpandemic Period	
Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.	Ensure that staff and students wash their hands and cover their mouths when coughing.
Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.	Ensure that staff has reviewed and understands the Guilford County Pandemic Influenza Response Plan (Appendix 1), and review reporting guidelines.
Pandemic Alert Period	
Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Review and reinforce knowledge about pandemic influenza.
Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.	Review signs and symptoms for early infection detection.
Phase 5 – Larger cluster(s) of human infection, but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Work with the Guilford County Department of Public Health regarding the need for social distancing. Review and reinforce communications with parents and families.
Pandemic Period	
Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.	Follow county, state and federal guidelines with regard to distancing, isolation and quarantine. Support education needs for students who are affected by the pandemic.

IV. CONCEPT OF OPERATIONS

Throughout the process, GCS will work closely with the Guilford County Department of Public Health to coordinate response measures. Together, we will participate in disease surveillance, social distancing measures, and informing and educating students and staff.

GCS assumes the following responsibilities:

- Implementation of various procedures to reduce the spread of disease in the school system as directed by the Health Director of the Guilford County Department of Public Health.
- Develop plans to continue educational services throughout the duration of the influenza pandemic.
- Identify a backup chain of command in case of illness.
- Review and implement hand-washing and other disease prevention activities.
- Review procedures for allowing sick students to be dismissed.
- Review policies and procedures for allowing sick staff members to go home, and looking at their replacements or substitutes.
- Track and report the total number of absent staff and students to the Guilford County Department of Public Health.
- Provide current and accurate updates of disease progression to staff, students and families.
- Review and update the GCS Pandemic Influenza Response Plan as needed.

Direction and Control

GCS will act in conjunction with the Guilford County Department of Public Health. The Health Director of the Guilford County Department of Public Health, Superintendent, Cabinet and the Pandemic Influenza Committee will be key participants in executing the GCS Pandemic Influenza Response Plan. Throughout Pandemic Phases 1, 2, 3, 4, 5 and 6, GCS will be responsive and act in accordance to those measures instituted by and directed by the Guilford County Department of Public Health and state agencies.

Communications

Communications with the Guilford County Department of Public Health will be crucial for managing and containing a pandemic influenza. Communication pathways will be reviewed and updated as needed. Throughout the process, GCS will address rumors, inaccurate information and misconceptions with staff, students, and families. During Pandemic Phases 1, 2 and 3 the specified Cabinet members or their designee (Appendix 1) will:

- Assess the needs of the schools and student bodies.
- Increase education and preparation for the spread of the pandemic influenza.
- Ensure materials are translated into appropriate languages.
- Produce various media to educate staff, students and families.

For Pandemic Phases 4, 5 and 6 the specified Cabinet members or their designee (Appendix 1) will:

- Proceed with school closures if indicated by those policies already in place.
- Provide regular updates to direct reports, staff and students.

Mitigation

Mitigation preparation is completed before the pandemic to reduce its impact. Mitigation preparations customarily are initiated during Phases 1, 2 or 3. GCS is participating in mitigation activities in the following ways:

- Planning, revising and coordinating the Pandemic Influenza Response Plan.
- Training and educating staff, students and families about an influenza pandemic.
- Developing strategic communication plans with local, county and state officials.

Surveillance

Influenza is not currently a mandated notifiable disease per the GCS Crisis Management and Emergency Handbook. At the state level, there is an Influenza Sentinel Surveillance Program in which certain sentinel physicians, health centers, hospitals and public health agencies report "influenza-like illness" (ILI) to the CDC. Our part in surveillance during an influenza pandemic will be to notify representatives at the Guilford County Department of Public Health, at their request, if 10% or more of the staff or student body is absent. The Guilford County Department of Public Health is then responsible for notifying any state or federal agencies per their protocol.

Vaccine Management

GCS will act under the direction of the Guilford County Department of Public Health with regards to vaccine management. The Guilford County Department of Public Health will be responsible for vaccine storing and distribution. The Guilford County Department of Public Health, along with North Carolina Department of Public Health, will be responsible for vaccine allocation and administration.

Social Distancing

Social distancing measures are enacted to reduce the accessibility and spread of the pandemic influenza. These strategies may include, but are not limited to: closing schools, canceling certain functions, initiating different staffing plans and canceling after-school activities. These measures will be enacted by the Superintendent with consultation from the Guilford County Department of Public Health. During Pandemic Phases 1, 2 and 3 the Cabinet members or their designee (Appendix 1) will:

- Discuss the impacts that functioning with a reduction in staff and students may have.
- Increase symptom and attendance monitoring.

Social distancing techniques for Pandemic Phases 4, 5 and 6 may include:

- Implementing specific social distancing initiatives per the recommendation of the Guilford County Department of Public Health.
- Suspending or canceling sporting events, parades or concerts.
- Closing schools.

Isolation and Quarantine

GCS will work in conjunction with the Guilford County Department of Public Health, state and federal agencies regarding any issues of isolation and quarantine.

V. MAINTENANCE OF ESSENTIAL SERVICES

Due to the nature of pandemic influenza, there may be a reduction of the GCS workforce by 30%. Because of this, reassignment of employees or substitutes may be necessary. Continuity plans will be reviewed and approved by appropriate personnel. A backup chain of command will also be compiled. During Pandemic Phases 1, 2 and 3 designated personnel (Appendix 1) will assess management of essential functions with a reduction of 30% of the workforce. For Pandemic Phases 4, 5 and 6, plans and assessments will be updated and recommendations made to the appropriate personnel. Key players such as the Superintendent and the Health Director of the Guilford County Department of Public Health will decide when to initiate such measures.

VI. RECOVERY

Planning for recovery begins in Pandemic Phases 1, 2 and 3. GCS will act in accordance with the Guilford County Department of Public Health to enact steps to return GCS to pre-event status. GCS will assess the needs of its students and staff to provide appropriate educational, mental health, and psychological services. Feedback from this event will be evaluated and made into revisions for this and other communicable disease planning.

APPENDIX 1
Pandemic Influenza Response Plan Model –
Planning Tool for Guilford County Schools

Mitigation and Prevention

Task	Responsible Person(s)	Existing Resources	Information Needed	Next Steps
Upon need, identify district committee to provide guidance to school sites regarding pandemic influenza preparations.	Cabinet	Crisis Team format, the GCS Crisis Management and Emergency Handbook	How often will the team meet? Are roles clearly delineated?	Chief Student Services Officer will plan a meeting for the committee to begin discussing the Pandemic Influenza Response Plan.
Review district emergency response and communicable disease policies and procedures.	All GCS staff	The current communicable disease policy, the North Carolina Pandemic Influenza Response Plan, the Guilford County Department of Public Health Pandemic Influenza General Operating Guidelines, and the GCS Crisis Management and Emergency Handbook	Is the Crisis Management and Emergency Handbook and North Carolina Pandemic Influenza Response Plan available to all staff? **See GCS Web site, www.gcsnc.com.**	Have staff review the Guilford County Crisis Management and Emergency Handbook and the North Carolina Pandemic Influenza Response Plan. Make the information available to all staff.

Determine if any additional policies need to be in place.	Chief Student Services Officer, Health Services Director, and Chief Human Resources Officer	Review current communicable disease policy, the North Carolina Pandemic Influenza Response Plan, the Guilford County Department of Public Health Pandemic Influenza General Operating Guidelines, and the GCS Crisis Management and Emergency Handbook	Are the policies concise? Do any other procedures need to be initiated?	Generate any new policies or procedures that may need to be implemented. Review findings with the Pandemic Influenza Committee.
Inclement weather policy	Chief of Staff	Review our current process.	Is it adequate? Is there a better alternative?	After collaboration, discuss findings with Pandemic Influenza Committee and Cabinet
Work with Human Resources regarding school operations if 30% of workforce is absent. Look at alternatives such as staggered school times, changing the bus schedule and telecommunications.	Chief Human Resources Officer and Cabinet	Current staffing needs, substitutes	Study and discussion with other staff such as Director of Staffing, other Human Resources staff, and Director of Transportation.	Discuss this scenario. Report findings to Pandemic Influenza Committee and Cabinet.
Assess financial impact of alternate scheduling or school closures.	Chief Financial Officer and Chief of Staff	Guilford County Department of Public Health, any proposed budgets	A cost analysis of hiring additional staff, an estimate of staffing numbers.	Inform Pandemic Influenza Committee and Cabinet of results.
Identify school-based individual(s) to educate staff about pandemic	Principals, school nurses, and Director of Health Services	CDC, WHO, Pandemic Influenza, the North Carolina Department of	Gathering Web site information for distribution. Production	Nurses to review information and give feedback to the

influenza.		Health and Human Services, and the Guilford County Department of Public Health Web sites and contact information	of new handouts, reviewing of old.	Administrative Health Committee. Then share the information with principals, teachers and other staff. Produce new handouts as warranted.
Identify school-based individual(s) to educate students about hand washing, covering mouth when coughing, and staying home when sick.	Principals, Regional Superintendents, classroom teachers and school nurses	N.C. Standard Course of Study, focusing on hand washing (ex. Scrubby Bear Program) and disease prevention	Obtain posters and handouts to be displayed in classrooms.	Review with teachers, principals and other school staff. Produce posters and handouts as needed.
Identify individual(s) to educate families about pandemic influenza and school plan ("Fact Sheet for Families" found at www.tpchd.org/)	Director of Health Services, Parent Outreach Supervisor, PTA President, Ministerial Leaders	Current handouts and educational modalities	Specific handouts about pandemic influenza.	Contact the state or Guilford County Department of Public Health. If they do not have handouts on pandemic influenza, create one using age-appropriate language. Distribute to children and families.
Identify individual(s) to ensure each room has soap/water for hand washing or other cleansing product.	Principals, individuals classroom teachers, custodial staff, Maintenance Department	Maintenance Department and custodial/school supplies	Does there need to be an expansion in the existing central office and site-based budget to cover these items?	Evaluate current supply. Central Administration to look at possible budget expansion to cover cost if not currently underway.
Distribute and post in each classroom "Stop the Spread of Germs" poster found at www.tpchd.org.	Director of Health Services, Guilford County Department of Public Health, school nurses	Current poster production and distribution	Determine the cost of replicating the handouts and posters. Copy the information to disk.	Find appropriate posters. Have them saved to computer or disk so that they are readily available for duplication.

Preparedness

Task	Responsible Person(s)	Existing Resources	Information Needed	Next Steps
Review district's Pandemic Influenza Response Plan	All staff, all levels	The North Carolina Pandemic Influenza Response Plan, and the Guilford County Department of Public Health Pandemic Influenza General Operating Guidelines	Can the staff have access to the North Carolina Pandemic Influenza Plan? Can we begin educating staff on pandemic influenza?	Review the Guilford County and state plan. Outline and review our involvement.
Continue educating staff, families, and student on pandemic influenza prevention and school plans	School nurses, PTA and the Chief of Staff.	Current methods for conveying information such as handouts, email, the GCS Web site	Helpful tips and a finalized school system response plan.	Continue to review information with staff, students and families. Discuss Web site broadcast with the Chief Student Services Officer and the Chief of Staff.
Identify chain of command in case of illness. Establish a backup plan.	Superintendent and Cabinet	Organizational chart and current chain of command	Sequence of events once a state of emergency has been declared. Outlining the Guilford County Department of Public Health and school roles and responsibilities.	Superintendent to discuss with Cabinet. Identify back-up chain of command and share with Pandemic Influenza Committee.
Develop procedures for communicating with staff, students and families	Chief of Staff and Cabinet	Severe weather advisories, GCS Web site	Is there a quicker, more efficient way to convey information to staff, families and students?	Review current methods; determine if information is being received by all parties. Introduce new suggestions and ideas.
Determine what information needs to be translated. Identify which languages are represented in the parent/student	Chief of Staff, ESOL Director	Existing translated information, translators in the schools, the availability of translators	Data collection of languages represented in the parent/student population. Distinguishing which schools need additional	Gather information and determine which languages are represented in this district. Translate handouts accordingly.

population.			resources.	
Identify and recruit translators; translate information into template form so only minor changes will need to be made.	Chief of Staff, ESOL Director	ESOL Database of translators in the schools and contact options	Do we have enough translators available? Do we have one for each needed language?	Identify translators to make handouts for specified languages with input from the ESOL Director.
Develop procedures for communicating with the Guilford County Department of Public Health and media during normal and emergency conditions.	Chief of Staff, Director of Guilford County Department of Public Health	Established mechanisms for communication, the GCS Crisis Management and Emergency Handbook, and the Guilford County Department of Public Health Pandemic Influenza General Operating Guidelines	Is the existing policy for communicating with the media and the Guilford County Department of Public Health adequate? Should it be updated?	Review and update as necessary.
Identify or review procedure for communicating possible school schedule changes, bus schedule changes, and school closures.	Chief of Staff and Director of Transportation	Existing methods for changing school schedules, bus schedules, and school closures	Would the current methods be suitable for multiple changes over a period of time?	Review, make necessary changes or recommendations. Report to Pandemic Influenza Committee.
Review procedures for sending ill students and staff home and make adjustments if necessary.	Principals, Regional Superintendents and school nurses	Current policies and procedures	Is there a more efficient way to send home staff and students? Should different criteria be added? Will staff need to be replaced? What if there are not enough substitutes to cover staff absences?	Review and make any necessary adjustments.

Response

Task	Responsible Person(s)	Existing Resources	Information Needed	Next Steps
Track the number of staff and students absent daily.	Principals, NCWISE Department, Chief of Staff, Chief Technology Officer, Director of Health Services, Guilford County Department of Public Health	Current methods of reporting communicable diseases, NCWISE Department, Guilford County Department of Public Health Pandemic Influenza General Operating Guidelines	Appropriate ways to track, total, and notify the proper individuals.	Initiate lines of communication. Acquire contact person and number from the Guilford County Department of Public Health.
Report numbers of absences to district office and Guilford County Department of Public Health (if over 10% is requested).	Principals, NCWISE Department, Chief of Staff, Chief Student Services Officer, Guilford County Department of Public Health	Existing methods of reporting communicable diseases and attendance data	Contact information for the representative at the Guilford County Department of Public Health and our central office.	Contact the Guilford County Department of Public Health and obtain the name and number of a contact person to report data to. Determine who the contact person is at our central office.
Have translators review information templates and finalize information that will be provided to non-English speaking families.	Chief of Staff, ESOL Director	Presently used and distributed translated information, translators in the schools	Who will finalize the templates? Who will review them?	Determine who completes translated information sheets currently for GCS. Include the ESOL Director.
Finalize the information that needs to be communicated to staff, students and families.	Pandemic Influenza Committee, Cabinet	Existing mechanism for distribution of material/information	How will the information be dispersed? Examples:	Print proofs, prepare to process and distribute.
Hold staff meetings to provide information on the extent of infection at school sites as well as central offices, and	Principals, Pandemic Influenza Committee, school nurses	Information assimilated	Who will need to be present? What information will be given, in what context?	Discuss who will attend the meetings, and the information that will be given.

potential changes that may take place.				
Conduct timely debriefings to identify lessons learned and make necessary changes to the response plan.	Pandemic Influenza Committee, Cabinet, Chief of Staff	Cabinet meetings	When, where and how often will meetings take place?	Identify meeting places and time schedule.

Recovery

Task	Responsible Person(s)	Existing Resources	Information Needed	Next Steps
Pre-planning for recovery: Identify and pre-screen health and grief service providers, develop template letters, and provide training for school staff regarding grief and possible health problems.	Chief Student Services Officer, Supervisor of Counseling Services, Supervisor of Social Worker Services, Director of Health Services and appropriate community agencies	Model used by Crisis Team	Are there current procedures and information that could be used? Can the school nurses or staff develop a plan to train staff?	Review current literature. Update and make changes as necessary.
If needed, mobilize the Crisis Team that provides emotional-psychological support. If there is a loss of life in the school community due to an influenza outbreak, establish a location site or "safe room" for counseling services to be provided.	Chief Student Services Officer, Supervisor of Psychological Services, Supervisor of Counseling Services, Supervisor of Social Workers	Current activation of Crisis Team and protocols	Will there be enough staff on the Crisis Team? Will new members need to be recruited and trained to cope with the multiple sites that could be affected? Do all schools have a "safe room" area available?	Current Crisis Team will discuss if their team is able to meet this demand, and what changes may need to be made. Principals need to assess if their buildings have an area that could be designated as a "safe room".
Hold staff meetings and provide information on extent of pandemic influenza in the community and activities that may assist students; signs and symptoms to look out for and "safe room" function and location. Also announce nursing and counseling support	Principals, Chief of Staff, Cabinet	Existing policies and procedures for the Crisis Team	Who will choose location of the "safe room"? Is it already established? Nurses need to convey signs and symptoms of pandemic influenza accurately to principals and other staff. Is there enough staff to provide counseling services to staff? Any outside	Distribute information to schools about pandemic influenza, and what signs and symptoms to look for. Executive Director for Student Services and the Supervisor for Counseling Services are to determine if enough staff is available within the system to help with

services available to faculty and staff.			resources?	counseling needs, and recommend other resources for help.
Announce counseling services that are available to students.	Chief of Staff and Cabinet	Services already available	What services are available? What services will be available?	Notify appropriate personnel as to what services can be expected.
Designate areas for staff and students to be isolated.	Principals with assistance from Cabinet and Facilities Staff	Health rooms, unused rooms that can be converted into isolation rooms	Are there other areas? Any safety concerns?	Principals and Facilities Staff will begin searching now for rest and isolation places.
Provide physical assessments if needed or make appropriate community health referrals.	Principals, school nurses, Guilford County Department of Public Health	Health Assessment and Immunization records	How will referrals be made? Who will be contacted and responsible for transporting the children?	Update student's records with parent or legal guardian phone number and current physician.
Make education materials available to families and staff on topics such as how to support your student with their recovery from pandemic influenza, common symptoms of loss and grief, and constructive ways to cope with stress.	Principals, Director of Health Services, Supervisor for Counseling Services, Chief of Staff and Chief Student Services Officer	Pandemic influenza information already obtained, current handouts used by nursing and counseling staff	Are there resources already available? Should those resources be updated?	Gather current handouts. Update and revise as necessary. Review material with nursing and counseling staff.
Utilize Employee Assistance Programs for assistance with coping with loss and stress.	Director of Benefits	Handouts, information sheets, and the GCS Web site regarding current employee benefits and resources	Is the information provided currently?	Update any materials that are latent, discern the quickest route to inform employees of benefits and resources.

Identify students, families and staff who may need long-term physical and mental health support or intervention and develop school and community resources to provide these services.	Chief Student Services Officer, Chief of Staff, Supervisor for Counseling Services, Supervisor for Psychological Services, Supervisor for Social Work Services, school nurses	Current student and employee support systems within the school system and in the community	Are there new or different resources available?	Review current resources. Explore new ones. Contact the Guilford County Department of Public Health for community sources.
Monitor the effects of cumulative stress on caregivers such as office staff, school nurses, teachers, school counselors and other crisis team members.	Supervisors and co-workers at all levels, Cabinet	Existing handouts on stress, information from Supervisor of Counseling Services and Supervisor of Psychological Services	Distribution of information such as signs and symptoms of stress and depression.	Review current information on stress and depression. Update it as appropriate. Discuss means of distribution. Have support staff available.
Consider offering school-based health and mental health services if available by community, university, or public/non-profit mental health agencies and identify funding to support these services.	Chief Student Services Officer, Student Services Staff	Current school-based health and mental health services, current community services	What other sources are available? Do we have the staff to handle the large number of potential clients?	Review current services. Explore expanding services. Look to the community. Contact appropriate personnel for budget issues. Contact local colleges and universities for assistance.
Modify work roles and responsibilities or add volunteer or support staff as needed.	Cabinet	Current staffing needs and trends	How could roles be expanded or manipulated during this time? Are volunteers available?	Consider changing staffing roles. Discuss with appropriate personnel.
Follow-up with student referrals made to community agencies.	School nurses, counselors, psychologists and school social workers	Current protocols and procedures for follow-up on communicable diseases, etc.	Current and accurate phone numbers of students and their respective primary care physicians.	Update records.
Conduct debriefings	Pandemic Influenza	Current communication	Who to notify with the	Research and have

with Crisis Team.	Committee, Cabinet, Student Services Staff	pathway for Crisis Team	county and state Health Departments.	appropriate contact names and numbers.
Document “lessons learned” and incorporate them into revisions and trainings.	Pandemic Influenza Committee, Cabinet, Office of Professional Development	Current feedback mechanisms Example: Web EOC	What could have been done more efficiently? More effectively?	Revise other policies such as bioterrorism, small pox, and mumps.

ADDENDUM 1

NOVEL H1N1 Flu (SWINE FLU) – August 2009

As the nation prepares to go back to school this August, the new H1N1 virus continues to cause illness, hospitalizations and death, according to the Centers for Disease Control and Prevention (CDC; http://www.cdc.gov/h1n1flu/). As a result, the CDC is concerned that the H1N1 flu virus could result in a particularly severe flu season this school year.

While some issues are still unknown, such as how severe the virus will be during the fall and winter months, the CDC Advisory Committee on Immunization Practices has taken an important step by preparing for a voluntary novel H1N1 vaccination effort to counter a possibly severe upcoming flu season.

The CDC has also provided a toolkit for schools to help school administrators implement recommendations from CDC's **Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influence during the 2009-2010 School Year** (CDC's 2009-10 School Flu Guidelines; http://flu.gov/plan/school/schoolguidance.html).

A link to this toolkit, called "Preparing for the Flu: A Communication Toolkit for Schools (Grades K-12)," and a PDF of the entire toolkit are posted online on the GCS Web site's Principal's Portal (See Principal Toolkits; http://www.gcsnc.net/centralservices.html). Materials from this plan and the CDC Web site were adapted and used in updating this GCS Pandemic Flu Plan.

Summary of Novel H1N1 Flu (Swine Flu) Preparedness and Response Principles
The North Carolina Department of Health and Human Services, the Guilford County Department of Public Health, and GCS is enacting the Pandemic Influenza Response Plan, effective immediately, to:

- Reduce the total number of illnesses and deaths
- Limit school and social disruption

Our plan will be enacted and coordinated with the North Carolina Department of Health and Human Services, the Guilford County Department of Public Health and other local federal and state agencies as deemed necessary.

H1N1 PLANNING ASSUMPTIONS & RECOMMENDATIONS

The plan was produced with the following assumptions as delineated by the CDC's 2009-10 School Flu Guidelines and in cooperation with the Guilford County Department of Public Health. **Currently, the Department of Public Health anticipates that conditions will be similar to spring 2009.** The Department of Public Health will notify GCS if conditions change, warranting additional measures.

Under conditions with similar severity as in spring 2009

- **Collaboration** is essential and must i**nclude parents, students and staff members** as well as GCS and local, state and federal agencies.
- **State, county, and local agencies will work together** for the best interest of the school and community. Coordination of local, state, and federal agencies will be paramount.
- There will be **local surveillance** of pandemic influenza symptoms, infection rates, and absenteeism (of students and staff).
- The potential benefits of preemptively **dismissing students** from school are often **outweighed by negative consequences**, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education.
- **Social distancing measures** may need to be enacted to reduce the transmission and progression of the disease. Students and staff members with flu-like illness **should stay home for at least 24 hours** after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using anti-viral drugs.
- **Separate ill students and staff:** Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they **wear a surgical mask**, if possible, and that those who care for ill students and staff wear protective gear such as a mask.
- **Hand hygiene and respiratory etiquette:** The new recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirtsleeve or elbow if no tissue is available).
- **Routine cleaning:** School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. **Special cleaning** with bleach and other non-detergent-based cleaners **is not necessary.**
- **Early treatment of high-risk students and staff:** People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. **People at high risk** include those who are **pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.**
- **Consideration of selective school dismissal:** Although there are not many schools where all or most student are at high risk (for example, schools for medically fragile children or pregnant students) a community might decide to dismiss such as school to better protect these high-risk students.
- The general public and key partners in the community will **need continual and accurate updates.**

Under conditions of increased severity compared with spring 2009

- **Active screening:** Schools should check students and staff for fever and other symptoms of flu when they get to school in the morning, separate those who are ill, and send them home as soon as possible. Throughout the day, staff should be vigilant in identifying students and other staff who appear ill.
- **High-risk students and staff members stay home:** People at high-risk of flu complications should talk to their doctor about staying home from school when a lot of flu is circulating in the community. Schools should plan now for ways to continue educating students who stay home through instructional phone calls, homework packets, internet lessons, and other approaches.
- **Students with ill household members stay home:** Students who have an ill household member should stay home for five days from the day the first household member got sick. This is the time period they are most likely to get sick themselves.
- **Increase distance between people at schools:** CDC encourages schools to try innovative ways of separating students. These can be as simple as moving desks farther apart or canceling classes that bring together children from different classrooms.
- **Extend the period for ill persons to stay home:** If influenza 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.
- **School dismissals:** School and health officials should work closely to balance the risks of flu in their community with the disruption dismissals will cause in both education and the wider community. The length of time schools should be dismissed will vary depending on the type of dismissal as well as the severity and extent of illness. Schools that dismiss students should do so for five to seven calendar days and should reassess whether or not to resume classes after that period. Schools that dismiss students should remain open to teachers and staff so they can continue to provide instruction through other means.
    - *Reactive* dismissals might be appropriate when schools are not able to maintain normal functioning for example, when a significant number and proportion of students have documented fever while at school despite recommendations to keep ill children home.
    - *Preemptive* dismissals can be used proactively to decrease the spread of flu. CDC may recommend preemptive school dismissals if the flu starts to cause severe disease in a significantly larger proportion of those affected.

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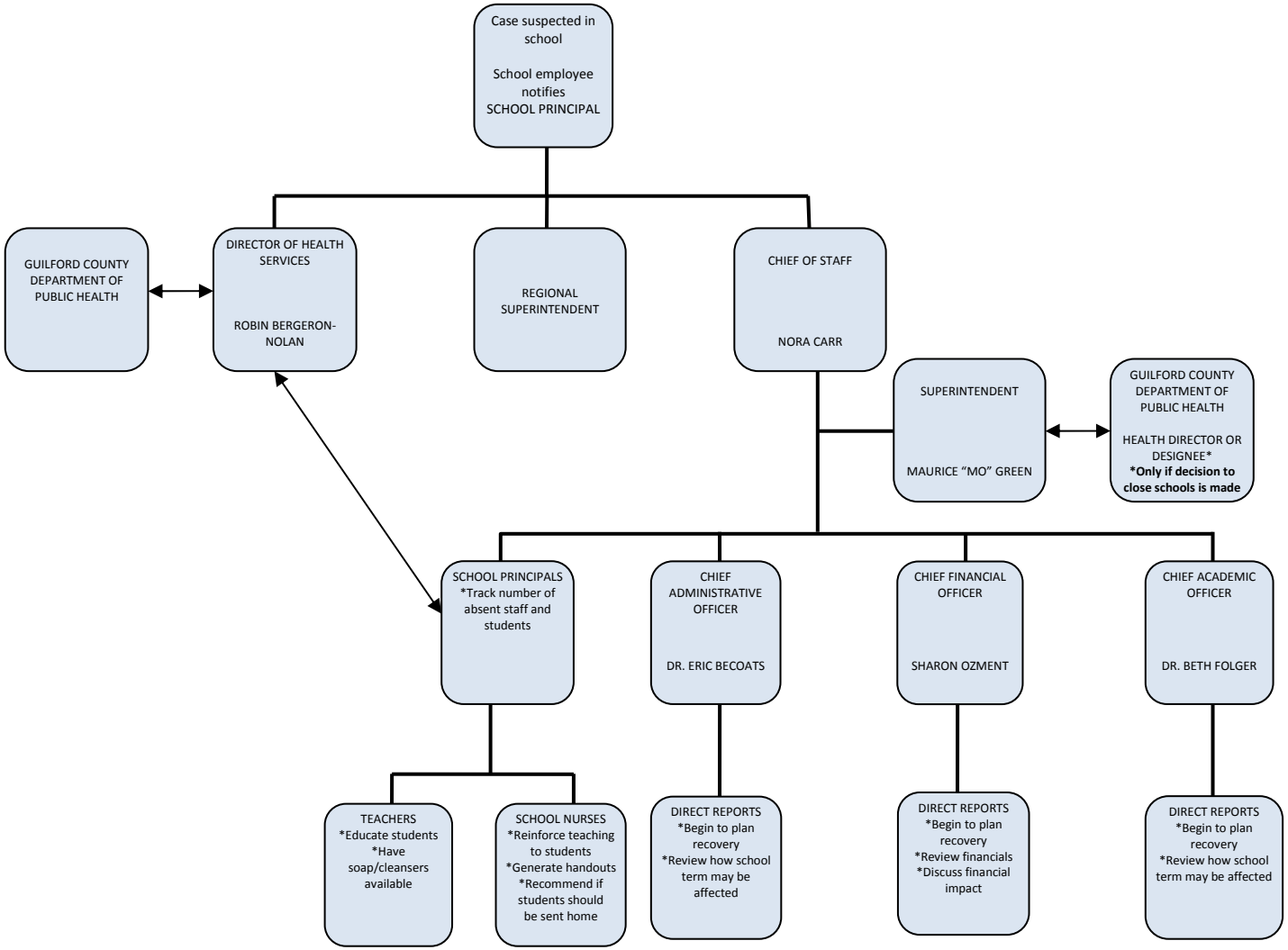
Guilford County Schools Pandemic Influenza Response Plan