

Pandemic Plan

Updated: August 10, 2020

Neah-Kah-Nie School District 56

504 N. Third Avenue, Rockaway Beach, OR 97136

**Introduction**

**Seasonal Respiratory Illness and Seasonal Influenza**

**Seasonal Respiratory Illness**

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

**Seasonal Influenza**

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (CDC, 2020).

**Novel, Variant and Pandemic Viruses**

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

**Purpose**

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

**Control Measures**

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



(Image: CDC)

**Everyday Measures**

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health services plan. Routine control measures include:

● Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).

● Respiratory etiquette (use a face covering and cover your coughs and sneezes and throw the tissue in the garbage each use)

● Routine sanitizing of shared areas and flat surfaces

● Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

**Control Measures for Novel or Variant Viruses**

Control measures associated with novel or variant viruses are based on the severity of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

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

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

**When cases of novel viruses are identified globally**

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

**ROUTINE PRACTICES**

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| Personal NPI’s | Community NPI’s | Environmental NPI’s | Communication |
| * Routine hand hygiene.
* Respiratory Etiquette (use of face covering/cover cough and sneezes)
* Stay home when ill.
 | * Routine illness exclusion

(Appendix A) | * Routine sanitizing.
 | * Routine seasonal illness prevention and exclusion communication.
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**When cases of novel viruses are identified regionally or nationally**

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

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



(Image: prepare.gov)

When public health has deemed a novel virus a pandemic threat, defer to the CDC checklist for schools (Appendix B) in order to establish a specific emergency response framework with key stakeholders. During this time, planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

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| Stage | Response Stage | Stages | Neah-Kah-Nie SDPandemic Plan |
| 0 | New domestic animal outbreak in at-risk country | 0-1 | Preparedness |
| 1 | Suspected human outbreak overseas |
| 2 | Confirmed human outbreak overseas |
| 3 | Widespread human outbreaks in multiple locations overseas | 2-7 | Response |
| 4 | First human case in North America |
| 5 | Spread throughout United States |
| 6  | Suspected cases in Tillamook County |
| 7 | Confirmed cases in Tillamook County |
| 8 | Recovery & preparation for subsequent waves | 8 | Recovery |

**The Neah-Kah-Nie Pandemic Plan considered:**

**School and District Impact and Issues**

* Potential for school closings
* Large numbers of staff absent, difficult to maintain school operations
* Loss of services from suppliers (e.g. food services and transportation)
* Student absenteeism elevated above normal trends
* Parents who choose to keep children at home
* Loss of ability to continue operations in support departments

**Community Impacts**

* Large percentages of the population may be unable to work for days to weeks during the pandemic
* Significant numbers of people and expertise would be unavailable
* Emergency and essential services such as fire, police, and medical would be diminished
* School operations could be affected
* Financial and social impacts of prolonged schools’ closures
* Methods of continued instruction should schools’ close

**Basic Goals in Pandemic Planning**

* Limit illness, the spread of illness, and emotional trauma
* Preserve continuity of essential functions
* Minimize social and educational disruption
* Minimize instructional loss

**Access Control**

* Follow visitor and volunteer policies that enables school administrators to control access to the buildings.
* Each school should have a plan to lock out certain entrances and exits and to monitor others, if necessary.
* Identify a main entrance and an indoor screening area where students and staff will be screened prior to moving to classrooms or other areas of the building for each school.

Federal, State, local, tribal, and territorial laws, regulations, and policies regarding student dismissal from schools, school closures, funding mechanisms, and educational requirements should be taken into account in pandemic planning.

**Concept of Operations**

***Action Steps:***

1. Identify a staff person to be responsible for surveillance and infection control. This should be done in conjunction with the local health department.
2. Increase emphasis on good health habits to stop transmission, especially handwashing, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
3. Make soap dispensers or hand soap available in all employee and student restrooms.
4. Custodial staff will institute a schedule to ensure that soap dispensers are refilled regularly.
5. Provide education to employees, students and parents on hand hygiene, respiratory etiquette, avoiding touching the eyes, nose, and mouth.
6. Assure that employees, students and visitors can wash their hands when entering and leaving the facility.
7. Emphasize frequent cleaning and disinfection of high touch areas, i.e., door knobs, keys, telephones, etc.
	1. Remind staff annually of opportunity to replace classroom/office cleaning bottle and microfiber towel.
8. Identify resources for influenza surveillance and control.
	1. Track international, national, regional, and local trends, utilizing the local health department resources.
	2. Identify public health department contacts (including 24/7 contact information – See Appendix).
	3. Communicate with your local health department and discuss collaboration on pandemic preparedness.
	4. Identify any local or state reporting requirements for pandemic.
9. Begin tracking and reporting trends by conducting contact tracing.
10. Establish procedures for screening to be utilized with pandemic.
11. Identify administrative measures to accomplish “social distancing.”
12. Identify areas within the school facility that can be used for isolation and quarantine.
13. Provide routine training about transmission and prevention and control measures.

**Preparedness Phase Standard Operating Procedures**

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| **Communication Department** |
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| Distribute communication on hand washing/face covering and infection control to schools, facilities and on school and district websites.  |
| Provide information to schools, parents, and staff about how to stop the spread of flu and cold, cough and sneeze etiquette, signs and symptoms of influenza.  |
| Provide information to staff and parents on emergency readiness. |
| Encourage parents to have alternative child-care plans. |

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| **Human Resources Department** |
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| Coordinate multiple flu shot clinics across the district and share dates and times with staff. |
| Review staff contracts and Board policy regarding staff reporting expectations.  |
| Encourage staff to have alternative child-care plans. |

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| **School Nurses** |
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| Provide information to staff and parents on pandemic planning for families. |
| Provide information to schools, parents, and staff about hand sanitizers, cough and sneeze etiquette, signs and symptoms of influenza.  |
| Develop and maintain absenteeism tracking tools. |
| Nurses should check their district issued first aid kits for personal protective equipment. |

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| **Technology Department** |
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| Develop and maintain system for reporting daily attendance by school and district wide.  |
| Develop and maintain tools for tracking annual average daily attendance for schools and district. |

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| **Teaching and Learning and Information Technology** |
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| Develop and share alternative delivery options: Online learning resources / Virtual assignments |
| Develop a plan for continuation of education. |

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| **Custodial Services** |
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| Ensure custodial staff has an appropriate plan for proper cleaning and disinfecting teaching, learning, shared spaces and play areas.  |
| Ensure schools and departments have adequate supplies (soaps, bottles, microfiber cloths, hand sanitizers, and paper towels).  |

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| **District Office** |
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| Provide information to schools, parents, and staff about hand sanitizers, cough and sneeze etiquette, face covering, signs and symptoms of influenza and COVID-19. |
| Ensure custodial staff has appropriate training on proper cleaning and disinfecting work and play areas.  |
| Ensure schools and departments have adequate supplies (soaps, hand sanitizers, and paper towels).  |
| Establish and test emergency communication protocol.  |
| Provide information to staff and parents on pandemic planning for families.  |
| Develop Incident Command Center protocol, location, equipment and assign staff.  |
| Develop plans for operating with staff workforce reduction.  |
| Develop plans to secure buildings, information technology, and finance.  |
| Encourage employees to use Direct Deposit.  |
| Encourage parents to have alternative child care plans.  |
| Develop plans for educational continuity if schools close.  |
| Find out if vendors in the supply chain have a pandemic or emergency plan for continuity or recovery of supply deliveries.  |
| Plan for a full school closure or a partial school closure (i.e., some but not all schools are closed, or students are dismissed but staff works with local agencies to assist families).  |
| Develop a plan to record temperatures of employees daily.  |
| Superintendent should establish a command structure in the event that he or she is unable to continue work during the pandemic event or is unable to return to work during the recovery phase; develop District office teleconferencing protocol in the event that schools are closed. If the superintendent is unable to direct the command center the Student Services Director will become in charge of incident command.  |
| Develop plans to conduct table-top exercises to practice and refine the pandemic plan.  |
| Apply all plans and procedures to after-school programs.  |

**Response (Response Stages 2-7)**

### Begin when there are confirmed human outbreaks of a pandemic anywhere in the world:

1. Reinforce education regarding influenza infection control. Emphasize a triad of good health habits: hand hygiene, respiratory etiquette, and not touching the eyes, nose and mouth.
2. Increase environmental cleaning of “high touch” surfaces, e.g., door knobs, keys, telephones. Identify these areas as “red dot” areas.
3. Educate employees and visitors not to come to the facility if they have influenza-like symptoms.
4. Assess adequacy of infection-control supplies and review distribution plan.
5. Initiate screening for influenza-like illness at main office entries.
6. Conduct active surveillance to look for influenza cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc.). Interview influenza-like illness cases for pandemic risk factors.
7. Review possible measures to increase physical distancing.
8. Review/revise the list of designated influenza isolation and quarantine/isoloation rooms.
9. Begin reviewing workforce reduction plan.
10. Review comprehensive distance learning plan.
11. Begin reviewing substitute teacher pool list.

**Response Phase Standard Operating Procedure for pandemic outbreak**

This Phase calls for activation of the Incident Command Structure (to include the Incident Command Center) and pre-stage 24/7 manning of Center; bring in extra phones (and cell phones) and computers; meet with Incident Command Center staff to prepare for rapid escalation of outbreak to North America; remind staff of roles and responsibilities and importance of access at any time. Also, activate daily direct link to local health department and, if possible, to the State Emergency Operations Center and/or State Health Division via local agencies.

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| **District Office** |
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| Conduct meeting/briefing with Incident Command Center staff to pre-stage full activation of Center.  |
| Maintain daily link to local health department and, if possible, to the State Emergency Operations Center and/or State Health Division via local agencies.  |
| Prepare for conference call from the State School Superintendent and/or staff.  |
| Human Resources reports to the Incident Command Center when any school, service, or support absences escalate.  |
| Pre-stage partial closure (student dismissal) and full closure.  |
| Provide ongoing communication to key staff on their roles and responsibilities.  |
| Alert all principals of Response Plan Activation and remind them that the Event Level may escalate rapidly to the next Level or Levels.  |
| Monitor student and staff attendance daily as needed. |
| Do not enroll any students without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Oregon Division of Public Health and/or the United States Department of Health and Human Services.  |
| Develop continuous direct link to local health department; make plans with the local health department to establish daily communications if a widespread outbreak occurs overseas.  |
| Activate procedures to isolate students and staff that present influenza-like symptoms; encourage parents to keep their children at home if they have influenza-like symptoms and to let the school know about their child’s symptoms; encourage staff to remain at home if they have influenza-like symptoms and to report these symptoms to the school.  |
| Remind staff, students, and parents of good hygiene practices.  |
| Ensure that all out-of-country field trips have been cancelled or called back to the district.  |
| Review all out-of-state (in-country) field trips and be prepared to cancel all out-of-state field trips.  |
| Apply all procedures to after-school programs.  |
| Pre-stage Crisis Management Team to discuss updated pandemic information and possible timeline for activation of the Team. |
| Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity. Develop cohorts for students within the school system.  |

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| **School Front Office** |
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| Monitor student and staff attendance daily. |
| Do not enroll any students without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Tillamook Division of Public Health and/or the United States Department of Health and Human Services.  |
| Do not allow students or staff into school who are presenting influenza-like symptoms; monitor students and staff closely for influenza-like symptoms.  |
| Restrict school visitors to parents and vendors; be alert to parents or vendors with influenza-like symptoms. |

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| **Teachers** |
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| Do not allow students or staff into school who are presenting influenza-like symptoms; monitor students and staff closely for influenza-like symptoms.  |
| Restrict school visitors to parents and vendors; be alert to parents or vendors with influenza-like symptoms. |
| Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity. |
| Separate student desks as much as possible. |
| Regularly wipe down high touch areas including desks, door knobs, counter tops, etc. with school supplied resources and spray. |

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| **School Based Administration** |
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| Do not enroll any students without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Tillamook Division of Public Health and/or the United States Department of Health and Human Services.  |
| Isolate and send home staff or students with influenza-like symptoms, utilizing supervised isolation areas in the school; access to this room should be strictly limited and monitored (i.e., parents picking up their ill children should be escorted to and from the isolation area); a carefully monitored student checkout system should be activated.  |

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| **Communications Department** |
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| Keep staff and parents current with updates through communication channels; make certain that health-related information and pandemic updates have been verified for accuracy by the local health department.  |
| Keep relevant groups informed (as appropriate) through e-mails, newsletters, fact sheets, social media, text alerts, on-demand phone system, and websites. |
| Meet with hot-line information staff to review possible activation of the hot-line information based on events occurring overseas at this time.  |
| Expand hotline staff and update hotline information, website information, and provide media updates; provide updates from the public health department, from the district superintendent, and, if necessary, from local law enforcement and public utilities and services; encourage parents to keep ill children at home and encourage ill staff to remain at home.  |

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| **School Nurses** |
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| Maintain infection control precautionary measures. |
| Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor influenza-like symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis.  |
| Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor influenza-like symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis.  |
| Activate procedures to isolate students and staff that present influenza-like symptoms; encourage parents to keep their children at home if they have symptoms and to let the school know about their child’s symptoms; encourage staff to remain at home if they have influenza-like symptoms and to report these symptoms to the school.  |
| Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor influenza-like symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis. |
| Health Services Supervisor, not individual nurses, will serve as a direct link to the local health department or Incident Command staff. Nurses should channel questions to the Health Services Supervisor or designee. |
| If a person warrants medical evaluation, health services staff should alert the appropriate medical resources (i.e., public health) that a suspect case needs evaluation so that the referral center can make arrangements for a health assessment. |

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| **Transportation** |
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| Sanitize schools and buses daily, or as per local health department guidelines; implement sanitizing verification process.  |
| Monitor students getting off buses and out of vehicles for signs of influenza-like symptoms; do not accept students or staff with influenza-like symptoms, **or** quickly isolate students and staff with influenza-like symptoms.  |

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| **Custodial Services** |
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| Ensure that sanitation procedures are in conjunction with public health advisories. |
| Expand school cleaning routines by custodial staff.  |
| Disinfect all work areas, counters, restrooms, door knobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).  |
| The school health office and holding areas for ill children and staff should be cleaned several times each day. |

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| **Maintenance/Facilities** |
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| During the day, where operationally possible, increase ventilation to the facility to decrease spread of disease. Following each school day, the school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.  |

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| **Campus Safety/Security** |
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| Provide security to limit access to the school building; persons presenting influenza-like symptoms will not be allowed into the building; if a parent is at school to pick up his or her child before normal dismissal, the student will be brought to the parent outside the building; each person cleared to enter the building will be given something to indicate that they are free to enter the building (e.g. a sticker, a card, a stamp on their hand).  |
| If a person warrants medical evaluation, notify health services staff. |

### Begin after a suspected pandemic case is diagnosed in Tillamook County:

1. Immediately isolate (or cohort) staff or students with influenza-like illness.
	1. Reinforce staff education on infection control procedures when caring for flu patients.
	2. Ensure adequate infection-control supplies and personal protective equipment is available.
2. Perform triage to rapidly identify students with influenza-like symptoms and implement procedures for separating the sick from the well.
3. Conduct contact investigations of the initial cases that have been identified, and quarantine contacts according to public health guidelines.

Note: contact investigations and quarantine may be inappropriate and abandoned as a strategy if there are multiple pandemic cases in multiple classrooms.

1. Implement measures to increase social distancing (including school closure, if necessary).
2. Continue staff, parent and student training on infection control.
3. Monitor adherence to infection control guidelines.
4. Contact Human Resources and coordinate social distancing, workforce limitations issues, health insurance issues and any other pertinent issues.
5. Implement distance learning plan (if appropriate).

### Response Phase Standard Operating Procedure of Outbreak

Based on a decision by the Neah-Kah-Nie School Board in consultation with local or state public health authorities, the superintendent orders a **partial** closure of schools.

 **OR**

Based on a decision by the Neah-Kah-Nie School Board in consultation with local or state public health authorities, the superintendent closes **all** school building units and other department building units of the school district; the closure applies to all after-school programs, also (it is possible that the first order is to close only those schools with high absences – be prepared for partial school closures).

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| **School Nurses** |
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| If a person warrants medical evaluation, health services staff should alert the appropriate medical resources (i.e., public health) that a suspect case needs evaluation so that the referral center can make arrangements for a health assessment. |

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| **District Office** |
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| Confirm closure with the Oregon Department of Education.  |
| Inform the public and school district employees using appropriate communication channels; coordinate news release with public health and the Oregon Department of Education.  |
| If possible, maintain Incident Command Center operations and essential services; if not possible, District office staff should maintain telephone contact on a regular basis with the superintendent, such as daily conference calls. |
| Maintain communications with the local health department through superintendent or communication specialist. |
| Determine Essential Personnel. |
| Activate Educational Continuity Plan.  |
| Cancel all extra-curricular activities.  |

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| **Mental Health** |
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| When possible, collaborate with local agencies to assist families.  |

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| **Teachers** |
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| Refer to Educational Continuity Plan. |

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| **Front Office** |
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| Communicate with District Office about staffing needs. |

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| **Custodial Services** |
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| Communicate with District Office about staffing needs. |

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| **Food Service** |
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| All perishable food items should be disposed of unless the cafeteria remains open. |
| Communicate with District Office about staffing needs. |

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| **Maintenance/Facilities** |
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| Assist campus safety personnel in securing all buildings.  |
| During the day, where operationally possible, increase ventilation to the facility to decrease spread of disease. Following each school day, the school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up. |
| Communicate with District Office about staffing needs. |

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| **Communications Department** |
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| Inform the public and school district employees using appropriate communication channels; coordinate news release with public health and the IMESD.  |
| Communicate with District Office about staffing needs. |

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| **Campus Safety/Security** |
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| Secure all buildings.  |
| Check all buildings and establish periodic patrols during the school closure period.  |
| Check all alarm and surveillance systems.  |
| Communicate with District Office about staffing needs. |

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| **Transportation** |
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| Secure all school buses and service vehicles. |
| Communicate with District Office about staffing needs. |

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| **Information Technology** |
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| Secure information technology system and integrity. |
| Communicate with District Office about staffing needs. |

**Recovery (Response Stage 8)**

*Previous pandemics have been associated with subsequent “waves” of influenza-like illnesses after an initial wave resolve. After an initial pandemic outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the pandemic emergency, evaluating the response to it and preparing for subsequent waves of pandemic flu.*

1. Maintain surveillance for influenza-like symptoms (to detect subsequent waves of pandemic influenza).
2. Maintain communication with local public health officials.
3. Evaluate the effectiveness of surveillance and infection-control measures during the pandemic flu and summarize observations.
4. Evaluate the adequacy of infection control supplies and the need for restocking.
5. Restock infection control supplies.
6. Revise plan if necessary.

### Recovery Phase Standard Operating Procedures

Based on communication with public health and the local board of education authorization to start the process of recovery, the school district will begin the initial stages of preparations for the re-opening of schools.

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| **District Office** |
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| Re-establish Incident Command Center as soon as possible.  |
| Human Resources will begin the process of compiling communication to indicate which staff members are ready to return to work, **OR** establish an Employee Hotline Phone Bank so employees can call in status (name; position; work location; health status; return to work date); use a pre-determined Fitness for Duty checklist to determine if an employee is ready to return to work and under what conditions. |
| Human Resources will develop a status report for each staff category by school and department: teachers, administrators, custodians, bus drivers, etc.  |
| Survey supply vendors to determine when supply chain and delivery system will be partially or fully operational; provide vendors with supply needs.  |
| Finance department determines process for fast-tracking purchase orders for essential supplies.  |
| Establish a timeline and staffing threshold for opening schools and other buildings for staff, based on reports from Human Resources, building and bus inspections, and the local health department; determine which schools can open and if temporary consolidation of schools is appropriate. Include other agencies in the discussion about re-opening schools, public health, mental health, Fire Marshal, law enforcement, public transportation, etc.  |
| Begin discussions on restructuring and resuming extra-curricular activities and after-school programs.  |
| Opening of schools should be monitored closely by Command Center staff.  |
| Daily reports of staff and student attendance should be closely monitored.  |
| A mental health status report, based on guidelines provided by the counselors and the Crisis Management Team, should be provided to the Command Center each day. This report should include the mental status of students and staff in order to determine if additional mental health services are needed.  |
| Develop an instructional reconstruction checklist (base on the length of school closure; if short-term, the checklist should be focused on make-up work and reorganizing the instructional calendar, benchmarks, testing, etc.; if the closure was long-term, the checklist may require restructuring of the current and following school year instructional and operational calendar and events) to guide staff, students, and parents when school reopens. The checklist should include anticipated instructional materials and supplies, as well as possible waivers from the Oregon Department of Education.  |
| Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Oregon Division of Public Health and/or the United States Department of Health and Human Services.  |
| When schools re-open, many students may need homebound instruction.  |

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| **Teachers** |
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| When schools re-open activate social distancing strategies (to minimize possible infection spread): * Gatherings of groups larger than normal class size should be cancelled and avoided (e.g. assemblies, recess).
* Student distance spacing strategies to decrease contact with students who may be infected but not exhibiting symptoms.
* Separate student desks as much as possible.
* Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity.
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| **Mental Health** |
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| When possible, the Crisis Management Team staff will meet to activate the mental health plan for students and staff, in conjunction with local mental health services staff, including Post-Traumatic Stress Syndrome counseling.  |
| Post information on school district website for parents regarding helping children cope with tragedies (i.e., Teaching Children How to Respond to Tragedies from the National Association of School Psychologists).  |

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| **Maintenance/Facilities** |
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| Inspect all buildings, facilities, equipment, materials, etc. and determine status and needs for operations. Maintain a status update for facilities not ready for occupancy.  |
| Inspect all school cafeterias with the assistance of the local health department.  |
| Expand school cleaning routines by maintenance staff. * Disinfect all work areas, counters, restrooms, door knobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).
* HVAC conditioning system filters should be cleaned and changed.
* The school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.
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| **Transportation** |
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| Inspect all buses.  |

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| **Information Technology** |
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| Determine information technology status and operational needs; this will also be related to financial technology.  |

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| **Front Office Personnel** |
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| Provide daily reports of staff and student attendance to Command Center. |

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| **School Nurses** |
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| Maintain unified command role with Command Staff |
| Compile daily health reports for the Command Center.  |
| Work with Command Staff to develop an instructional reconstruction checklist (base on the length of school closure; if short-term, the checklist should be focused on make-up work and reorganizing the instructional calendar, benchmarks, testing, etc.; if the closure was long-term, the checklist may require restructuring of the current and following school year instructional and operational calendar and events) to guide staff, students, and parents when school reopens. The checklist should include anticipated instructional materials and supplies, as well as possible waivers from the Oregon Department of Education.  |
| Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Tillamook County Division of Public Health and/or the United States Department of Health and Human Services.  |

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| **Food Service Personnel** |
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| Inspect all school cafeterias with the assistance of the local health department.  |

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| **Custodial Services** |
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| Expand school cleaning routines by maintenance staff. * Disinfect all work areas, counters, restrooms, door knobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).
* Air conditioning system filters should be cleaned and changed.
* The school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.
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| Inspect all school cafeterias with the assistance of the local health department in conjunction with Food Service personnel. |

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| **School Based Administration** |
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| When schools re-open activate social distancing strategies (to minimize possible infection spread): * Gatherings of groups larger than normal class size should be cancelled and avoided (e.g. assemblies, recess).
* Student distance spacing strategies to decrease contact with students who may be infected but not exhibiting symptoms.
* Separate student desks as much as possible.
* Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason.
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| **Communication Department** |
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| Share timeline for opening with news media and place recording on school district main phone line; also add to school district website. \*Some schools may remain closed until facility and/or staffing requirements are met. |
| Re-activate information hot-line as soon as possible.  |
| Post information on school district website for parents regarding helping children cope with tragedies (i.e., Teaching Children How to Respond to Tragedies from the National Association of School Psychologists).  |
| A mental health status report, based on guidelines provided by the counselors and the Crisis Management Team, should be provided to the Command Center each day. This report should include the mental status of students and staff in order to determine if additional mental health services are needed.  |

According to experts, in the most severe pandemic, the duration of these public health measures could be weeks to months, which would have educational implications for students. Planning now for a prolonged period of student dismissal will allow Neah-Kah-Nie School District to be prepared as much as possible to provide opportunities for continued instruction and other assistance to students and staff.

If students are dismissed from school but schools remain open, school- and education-related assets, including school buildings, school kitchens, school buses, and staff, may continue to remain operational and potentially be of value to the community in many other ways. In addition, faculty and staff may be able to continue to provide lessons and other services to students by television, radio, mail, Internet, telephone, or other media.

Continued instruction is not only important for maintaining learning but also serves as a strategy to engage students in a constructive activity during the time that they are being asked to remain at home.

Finally, be prepared to activate the school district’s crisis management plan for pandemic influenza that links the district’s incident command system with the local and/or State health department/emergency management system’s incident command system(s).

**APPENDIX**





