EMERGENCY MANAGEMENT PLAN

FOR

TEHAMA COUNTY DEPARTMENT OF EDUCATION

BIOLOGICAL INCIDENT:

PANDEMIC INFLUENZA RESPONSE PLAN

Adapted with permission from Allegheny Intermediate Unified School District

Sharon Sinclair, BSN, RN, PHN
PART I: INTRODUCTION

Seasonal Influenza and Pandemic

One of the most likely threats to the public's health is a naturally occurring event – an influenza pandemic – or global outbreak of disease. Influenza epidemics or outbreaks occur almost every year (often referred to as seasonal influenza or “flu”). Such influenza epidemics are caused by a few known strains of virus that circulate the world; however, over time, people develop immunities to these strains and vaccines are developed to protect people from serious illness.

Normally, influenza, or the “flu,” is highly contagious and is spread by tiny droplets of moisture through coughing or sneezing. In most instances, flu is accompanied by a number of symptoms, such as fever, body aches, headache, cough, runny nose, sore throat, extreme fatigue, stomach, and intestinal discomfort. For most people, the flu is unpleasant but not life-threatening; however, approximately 36,000 people die as the result of influenza epidemics. Refer to Table 1 for symptoms differentiation.

Influenza viruses experience frequent, slight changes to their genetic structure; however, on occasion, they undergo a significant change in the genetic composition. It is this major genetic change or mutation that creates an unusual virus and the potential for a pandemic – a global epidemic. When such a new or unusual virus develops, most, if not all, people in the world will have never been exposed to the new strain and, therefore, have no immunities to the disease. During the time it takes to develop new vaccines, millions of people could become infected and seriously ill with a significant number of deaths.

There are many different subtypes of influenza viruses. The subtypes differ based upon certain proteins on the surface of the virus that comprise the biological make-up of the virus: the hemagglutinin or “HA” protein and the neuraminidase or the “NA” protein. Each virus is identified by an “H” number and an “N” number. Currently, there are sixteen known H-forms and nine known N-forms of the “Influenza Virus A” or novel influenza. The appearance of a new “Influenza Virus A” subtype is the first step toward a pandemic; however, to cause a pandemic, the new virus subtype must also have the capacity to spread easily from person to person.
In the same class of viruses is the “avian flu” or “bird flu” because it is hosted in wild birds. Generally, the bird flu does not cause symptoms of illness in birds. When humans working with birds become infected with a type of flu that can be transmitted from human to human, epidemics can occur.

Pandemics During the 20th Century

During the twentieth century, the emergence of several new “Influenza Virus A” subtypes caused three pandemics which spread around the world within a year of being detected:

- **1918-19 Pandemic** – The “Spanish flu” [A (H1N1)] caused the largest number of known deaths. This pandemic caused more than 500,000 deaths in the United States including many young, healthy adults. It is estimated that close to 50 million people died worldwide. Influenza A viruses still circulate today after being introduced again into the human population in 1977.

- **1957-58 Pandemic** – The “Asian flu” [A (H2N2)] caused approximately 70,000 deaths in the United States. This flu was first identified in China in February 1957. By June 1957, it had spread to the United States.

- **1968-69 Pandemic** – The “Hong Kong flu” [A (H3N2)] caused about 34,000 deaths in the United States but many more deaths around the world. First identified in Hong Kong in early 1968, it spread to the United States later that year. This virus continues to circulate today.

Phases of a Pandemic

The World Health Organization (WHO), the medical arm of the United Nations, has developed a global influenza preparedness plan that includes a classification system for guiding response activities for an influenza pandemic. 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 would formally declare the global pandemic phase and adjust the phase level to correspond to the pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies the response measures that WHO will take and then recommends the actions that countries should implement. The table below outlines each of the six phases and the goals for public health officials and school officials for each phase.
<table>
<thead>
<tr>
<th>PANDEMIC PHASES</th>
<th>PUBLIC HEALTH GOALS</th>
<th>SCHOOL GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpandemic Period</strong></td>
<td>Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data. Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</td>
<td>Ensure that all staff members and students are trained in preventative measures such as respiratory etiquette and universal precautions. See Table 2. Minimize the risk of transmission to humans; ensure that staff members understand detection and reporting guidelines and report rapidly as required.</td>
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<tr>
<td><strong>Phase 1:</strong> No new influenza virus subtypes are 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.</td>
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<tr>
<td><strong>Phase 2:</strong> No influenza virus subtypes are detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</td>
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<tr>
<td><strong>Pandemic Alert Period</strong></td>
<td>Ensure rapid characterization of the new virus subtype and early detection, notification, and response to additional cases. Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. Maximize efforts to contain or delay spread to possibly avert a pandemic and to gain time to implement response measures.</td>
<td>Ensure that all personnel are knowledgeable about the latest epidemiological information. Review and update business continuity plans. Ensure that best practices for infection detection and control measures are followed. Ensure adequate resources for staff/student protection. Refer to Table 3. Ensure that the school district is implementing the best practices for social distancing techniques per CDC guidelines (Table 2) including reducing the school activity calendar. Maximize communications with parents related to health and safety.</td>
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<tr>
<td><strong>Phase 3:</strong> 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.</td>
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<td><strong>Phase 4:</strong> 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.</td>
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<td><strong>Phase 5:</strong> 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).</td>
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<td><strong>PANDEMIC PHASES</strong></td>
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<td><strong>SCHOOL GOALS</strong></td>
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<tr>
<td><strong>Pandemic Period</strong></td>
<td><strong>Phase 6:</strong> Pandemic is declared. Increased and sustained transmission in the general population.</td>
<td>Implement response measures including social distancing to minimize pandemic impacts.</td>
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<td>Increase surveillance for staff / student health/attendance, and implement administrative procedures to ensure adequate staffing for essential business and school functions.</td>
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<td></td>
<td>Follow CDC/TCPH guidelines for social distancing, isolation, and quarantine measures.</td>
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<td>Ensure maximum support and education for ill/affected students.</td>
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In addition to the pandemic phases for the flu a severity index has been developed in order to categorize the present influenza based on the severity of the illness for the influenza that is presenting. On the following pages you can compare the differences between the two. With the pandemic phases focusing on the number of cases and flu severity index focusing on the number of deaths related to the current flu outbreak.
Goals of Community Measures

1. Delay onset of outbreak
2. Reduce the peak burden on hospitals/infrastructure
3. Decrease a) number of cases, of death and illness and b) overall health impact

Number of Daily Cases

Days Since First Case
# Pandemic Severity Index

<table>
<thead>
<tr>
<th>Case Fatality Ratio</th>
<th>Projected Number of Deaths* US Population, 2006</th>
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</thead>
<tbody>
<tr>
<td>≥2.0%</td>
<td>≥1,800,000</td>
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<tr>
<td>1.0 - &lt;2.0%</td>
<td>900,000 - &lt;1,800,000</td>
</tr>
<tr>
<td>0.5 - &lt;1.0%</td>
<td>450,000 - &lt;900,000</td>
</tr>
<tr>
<td>0.1% - &lt;0.5%</td>
<td>90,000 - &lt;150,000</td>
</tr>
<tr>
<td>&lt;0.1%</td>
<td>&lt;90,000</td>
</tr>
</tbody>
</table>

* Assumes 30% Illness Rate

## Community Strategies by Pandemic Flu Severity (1)

<table>
<thead>
<tr>
<th>Interventions by Setting</th>
<th>Pandemic Severity Index</th>
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<tr>
<td></td>
<td>1</td>
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<tr>
<td><strong>Home</strong></td>
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<tr>
<td>Voluntary isolation of ill at home (adults and children), combine with use of antiviral treatment as available and indicated</td>
<td>Recommended</td>
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<tr>
<td>Voluntary quarantine of household members in homes with ill persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient</td>
<td>Generally not recommended</td>
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<tr>
<td><strong>School</strong></td>
<td></td>
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<tr>
<td>Child social distancing —dismissal of students from schools and school-based activities, and closure of child care programs</td>
<td>Generally not recommended</td>
</tr>
<tr>
<td>—reduce out-of-school contacts and community mixing</td>
<td>Generally not recommended</td>
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</tbody>
</table>
Planning for a Future Pandemic

Health officials and scientists believe it is inevitable that one or more influenza pandemics will occur during the 21st century. In the absence of any control measures, the Centers for Disease Control and Prevention (CDC) estimates that a “medium-level” influenza pandemic in the United States could infect up to 200 million people and could cause between 89,000 and 207,000 deaths. The CDC and the World Health Organization (WHO) have large surveillance programs to monitor and detect influenza activity around the world including the possible pandemic strains of influenza virus. California and Tehama County estimates are:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Moderate (1959/68-like)</th>
<th>Severe (1918 - like)</th>
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</thead>
<tbody>
<tr>
<td>Illness</td>
<td>California</td>
<td>Tehama County</td>
</tr>
<tr>
<td></td>
<td>5.5 – 12.7 Million</td>
<td>9,450 – 22,050</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>43,680 – 98,280</td>
<td>75 - 170</td>
</tr>
<tr>
<td>Deaths</td>
<td>14,196 – 45,864</td>
<td>24 - 80</td>
</tr>
</tbody>
</table>
Concern has now been raised about the most recent subtype of Influenza Virus A [A (H5N1)] which was identified in humans in 2004 and 2005. More than half of the 230 cases of this virus subtype identified in humans through mid 2006 have died. To date, the strain has only been transmitted from birds to humans. No recorded evidence has shown that it has been passed from human to human. Through wild bird migration patterns, the virus will probably spread among the wild bird population throughout the world. The concern is high that this subtype of flu virus will mutate to a variety that is deadly to humans and can be transmitted among humans.

Several characteristics of an influenza pandemic differentiate it from other public health emergencies:

- A pandemic has the potential to suddenly cause illness in a significant number of people which could overwhelm the health care system throughout the nation.

- A pandemic could jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, schools, and utilities could be disrupted.

- Vaccines against the new virus will probably not be available for six to eight months following the emergence of the virus.

- The increased stress from a potential pandemic or actual pandemic will likely increase the need for mental health services throughout the community including the schools.

- A pandemic, unlike other emergency events, could last weeks, if not months. For example, school closures could last not days but two to three months.

Schools tend to be impacted by outbreaks of disease more than other organizations because of their occupants. Children transmit illnesses to one another more easily because of their close proximity and their inefficiency at containing droplets from their coughs and sneezes. Students and staff will be subject to higher levels of exposure to a mutated virus as well as longer durations of the outbreak due to a lack of immunity and vaccines. This will result in lengthy and widespread absenteeism. A pandemic could result in schools closing for long periods of time and extending the academic year.

Summary of Emergency Management Principles

The Tehama County Office of Emergency Services, Tehama County Public Health, Tehama Department of Education and Tehama County School Districts will utilize their Pandemic Influenza Response Plan to achieve the following goals:
- Limit the number of illnesses and deaths
- Preserve the continuity of essential school functions
- Minimize the educational and social disruption
- Minimize the economic and academic losses

PART II: PLANNING ASSUMPTIONS

The U.S. Health and Human Services Influenza Plan (detailed information may be reviewed at www.pandemicflu.gov) sets forth the following planning assumptions. From these assumptions, school officials can plan for the impact on schools.

1. Susceptibility to the pandemic influenza virus will be universal.

2. Efficient and sustained person-to-person transmission signals an imminent pandemic.

3. The clinical attack rate (the percentage of people who will become so sick that they will not be able to go to school or work) will likely be thirty percent (30%) or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (40%) and will decline with age. Among working adults, an average of twenty per cent (20%) will become ill during a community outbreak.

4. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.

5. Rates of absenteeism will depend upon the severity of the pandemic.

6. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear may reach forty per cent (40%) during the weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. [A school district should plan to function with a total of thirty percent (30%) of the work force absenteeism for the entire pandemic outbreak.]

7. Persons who become ill may shed virus and can transmit infection for up to two days before the onset of illness and up to 24 hours after the fever subsides. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus (they are more contagious than adults) and therefore are likely to pose the greatest risk for transmission.

8. On the average, approximately two secondary infections will occur as a result of transmission from someone who is ill.
9. In an average community, a pandemic outbreak will last six (6) to eight (8) weeks. Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two to three months. Historically the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
PART III: AUTHORITIES

Overview

In California and Tehama County, various public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the California Department of Public Health, the Tehama County Board of Supervisors, and the Tehama County Public Health Officer each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public and/or private facilities. During a pandemic, the presence of overlapping authorities will require close communication and coordination among elected leaders, the Tehama County Office of Emergency Services, Tehama County Public Health (TCPH), and the school entities to ensure decisions and response actions are clear and consistent.

There are three types of proclamations of emergency in California: local emergency, state of emergency, and state of war emergency. Local governments, including counties, cities, and other local jurisdictions, may declare local emergencies.

State Authority

A disaster may be of such magnitude that it requires extraordinary action by the State in order to protect the lives, property, and environment of its citizens. The Emergency Services Act allows the Governor to proclaim a state of emergency “...when the existence of conditions of disaster or of extreme peril to the safety of persons and property within the State caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy or conditions causing a ‘state of war emergency which conditions, by reasons of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid region or regions to combat...”.

County Authority

Tehama County has an Emergency Operations Plan (EOP) in place under the Office of Emergency Services that covers various types of emergencies. Tehama County Public Health has an Annex in its own Emergency Response Plan that specifically addresses Pandemic Influenza.
The California Government Health and Safety Code, Section 101075 requires that each health officer having reason to believe that any case of any contagious, infectious or communicable disease exists within his or her jurisdiction shall take measures as may be necessary to prevent the spread of the disease.

A health emergency may be declared by the Health Officer, per the Local Pandemic and Emergency Health Preparedness Act of 2006 (SB1430).

The TCPH can implement measures to reduce the transmission of influenza in the community, such as a decision to postpone or cancel public meetings and events. Additionally, individuals with symptoms may be asked to stay in their homes. Public gathering places, such as malls or movie theaters, may be closed in an effort to increase social distancing. Schools may be closed if epidemiological evidence supports such a countermeasure.

**School Authority**

In the event of an emergency the Tehama County Superintendent of Schools will work in cooperation with Tehama County Public Health and the Health Officer to assist with the coordination of school closings. The Tehama County Superintendent of Schools will notify local school district superintendents to close schools due to the emergency. The Tehama County Office of Education will work with school districts to file necessary paperwork with the California Department of Education to seek reimbursement for lost instructional days resulting from an emergency school closing.
PART IV: PANDEMIC PLANNING MATRIX

Introduction to Plan Organization: The Plan Matrix

The Pandemic Planning Matrix in Part V has been adapted from Allegheny County in Pennsylvania. It is organized within the four phases of the National Incident Management System (NIMS) and the six components established in the California Department of Education (CDE) Pandemic Planning template for planning and action. These phases and functions are briefly described. Within the matrix, a summary of key planning and response tasks within each phase and function are provided. Detailed actions that need to be taken by school entities are delineated in Part V – Pandemic Plan of Operations.

Four Phases of NIMS Emergency Response

**Phase 1: Mitigation/Prevention** – This is what we should “always be doing.” The actions listed can and should be done to minimize the likelihood of the targeted hazard or condition from becoming an emergency.

**Phase 2: Preparedness** – This is what we should be “doing now.” The actions listed can and should be done 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.

**Phase 3: Response** – This is what we should be “doing when the emergency occurs.” These are actions that individuals should be ready to take, and should take, as soon as there is an awareness of emergency conditions for which the plan has been developed. The indicators for various levels of emergency response to pandemic flu are detailed.

**Phase 4: Recovery** – This is what we should be “doing after the emergency conditions pass.” These are actions that individuals 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 for Pandemic Influenza Planning

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

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

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

E. Continuity of Operations – These actions are taken to assure that critical school system functions will continue during periods of high absence or school closings.

F. Communication/Collaboration – These actions are taken to link the school system with other community agencies involved in the local/regional pandemic flu planning and response activities.
PART V: PANDEMIC INFLUENZA MANAGEMENT PLAN OF OPERATIONS

A. Overview

1. Tehama County Office of Emergency Services (OES), in conjunction with Tehama County Public Health (TCPH) and all county departments will be the lead agency in coordinating the local response for a pandemic with State, Federal, and city and tribal officials.

2. The TCPH response actions will emphasize disease surveillance and investigation, social distancing measures to reduce the spread of infection, and continually informing and educating the public about the pandemic, the public health response, and steps that the public can take to reduce the risks of infection.

3. Each LEA will assume the following responsibilities:

   a. Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the school community. (Appendix 3)

   b. Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of the pandemic.

   c. Communicate with and educate the school community about approved public health practices and what each person can do to prepare and respond to minimize health risks.

   d. Develop and implement educational support plans for students who are isolated or quarantined.

   e. Develop and implement support plans for “immunization clinics” or “flu clinics” to triage/evaluate and/or treat flu patients not requiring hospital care.

   f. Work with the Tehama County OES and TCPH in the identification, implementation, and opening of Points of Dispensing (PODs) as may be needed. PODs are facilities (usually schools) that can be used for the dispensing of medication and/or vaccine administration.
4. Each school within the LEA will develop a response plan that will address the following issues:

a. Identify a chain of command in case of illness with a minimum of two back up persons.

b. Review the best practices for respiratory hygiene and universal precautions. Train all school staff, volunteers, and students.

c. Review procedures for sending ill individuals home and make adjustments if necessary.

d. Report the number of staff and students who are absent to the TCPH as directed.

e. Document actions taken.

f. Update staff and provide information on extent of infection at school site and potential changes that might take place at school.

g. Develop a recovery plan that provides for educational support and emotional support for students and staff. If there is loss of life, implement procedures set forth in crisis management plan.

B. Plan of Operations Matrix

On pages 13 through 25, the Action Planning Tasks are provided for each of the four phases of Emergency Management. The Action Planning Tasks are divided among the six components for Pandemic Influenza Planning as set forth in the California Department of Education. Similar actions will be taken by LEAs for most tasks; however, some tasks will require response actions that are unique to each LEA. When the LEA must identify specific responses, the action plans are printed in bold face type.
**Mitigation/Prevention Plans** – These actions should be taken immediately and then continue.

<table>
<thead>
<tr>
<th>Pandemic Planning Matrix</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
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<tbody>
<tr>
<td><strong>Awareness/Education</strong></td>
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<tr>
<td><strong>Surveillance</strong></td>
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<td><strong>Infection Control</strong></td>
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<td><strong>Health Conditions</strong></td>
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<td><strong>Continuity of Operations</strong></td>
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<tr>
<td><strong>Communication/Collaboration</strong></td>
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**PANDEMIC ACTION PLANNING TASKS**

**Phase 1: Mitigation/Prevention**

These actions should be taken immediately and then continue.

- Prepare staff – health staff (nurses, teachers) should train all employees as role models for students regarding infection habits. See Appendix D-5 for materials to use for training.
- Inform students and families about infection control. Teach infection control through PTA/PTO and other parent/family events. See Appendices D-5 for information to use.
- Post and distribute infection and pandemic influenza information – flyers and posters. See Appendices D-5, D-6, D-7, D-8, D-9, and D-10 for materials that can be used and duplicated – healthy habits, cover your cough, stop the spread of germs, hand washing procedures.
- Acquire materials in

- Determine baseline percentage of students and staff who are absent on a daily basis.
- Record absences beyond 10% - or as directed by TCPH particularly students and staff with respiratory problems. Use forms in Appendix B. Report to TCDE Supervising Health Consultant or TCPH as directed.
- Screen visitors to school with illnesses.
- Screen foreign exchange students for possible illnesses.
- Establish, promote, and evaluate sanitation and disinfection procedures for custodial and food service staff as follows:
  - Routinely inspect health and safety of all facilities.
  - Clean shared work spaces at least daily.
  - Maintain adequate ventilation as per regulations.
  - Provide soap, paper towels, and sinks for hand washing or provide hand sanitizer.
  - Display hand washing and cough etiquette posters.
- Implement procedures for control and disposal of infectious waste.
  - Supply/provide disinfectant such as disinfectants that are EPA-registered for hospitals, disinfectants for anti-bacteria or anti-virus, or ¼ cup chlorine bleach with gallon of cool water.
  - See Appendices
- Have school nurses identify at-risk students, e.g., students with chronic health conditions, respiratory problems, etc.
- Adhering to HIPPA requirements, Identify at-risk employees, e.g., pregnant employees, employees with chronic illnesses, employees over age 65, etc.
- Identify community agencies within the school district’s municipalities which may be able to provide assistance. Identify organizations that are regularly used by the LEA.
- Explore alternate scheduling options for continuity of operations with reduced staffing. Each school district will need to examine the options available based on existing collective bargaining agreements, district policies, and the size and number of buildings within the district.
  - Use the following questions as guidelines:
    - Can classes be realigned on temporary basis to reduce the number of teachers necessary?
    - Can special teachers at elementary levels be reassigned to maintain basic instructional programs?
    - Can teacher aides/assistants and secretaries be cross-trained?
    - What is the minimum number of employees necessary
- Develop communication plans (school closing, schedule changes, etc.) for employees and parents.
- Prepare draft letters for dissemination. See Appendix C for sample letters to parents.
- Initiate communication with the officials within each of the district’s municipalities. Provide copies of the Pandemic Influenza Management Plan for the municipal officials.
- Develop a phone tree for all employees in order to communicate in the event of school closing and reopening.
- Develop plans for placing information on LEA’s website.
- Establish an incident command structure
<table>
<thead>
<tr>
<th>Pandemic Planning Matrix</th>
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<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY MANAGEMENT PHASE</td>
<td>Awareness/Education</td>
<td>Surveillance</td>
<td>Infection Control</td>
<td>Health Conditions</td>
<td>Continuity of Operations</td>
<td>Communication/Collaboration</td>
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<td>PANDEMIC ACTION PLANNING TASKS</td>
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<tr>
<td>Phase 1: Mitigation/Prevention (continued)</td>
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<tr>
<td>These actions should be taken immediately and then continue.</td>
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<td>home languages served by the LEA. See Appendices D-6, D-7, and D-10 for materials in other languages. Based on the number of students who speak other languages in the LEA, additional translations may be needed.</td>
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<td>- Publish articles and information in school newsletters, on school and municipal websites, local newspapers, etc. See Appendices D-1, D-2, and D-5 for articles, checklists, and information for the public.</td>
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<td>- Prepare and disseminate letter in Appendix C-1.</td>
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<td>- Provide information on how to access information from TCPH website in Appendix D-22. Provide link from LEA website.</td>
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<td>- Provide information on how to access information from CA Department of Health in Appendix D-23.</td>
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<td>D-15 and D-16.</td>
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<td>- Establish the following procedures for transportation of students who are ill:</td>
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<td>- Transport ill students home in a district-owned or contracted vehicle.</td>
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<td>- Ensure that there is at least five feet of distance between the driver and the ill student.</td>
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<td>- Provide personal protection equipment (mask, gloves) for driver. Driver shall dispose of these items at end of trip.</td>
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<td>- Clean and disinfect interior of vehicle after use.</td>
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<td>- NOTE: For districts that contract transportation service, advance arrangements should be made with contractor to provide these services.</td>
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<td>- Train all employees (including bus drivers) in infection control:</td>
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<td>- Use resources in Appendices D-5, D-10, D-11, and D-19.</td>
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<td>- Comply with existing district</td>
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<td>to provide food service to students and staff?</td>
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<td>- How many custodial employees are needed to perform essential cleaning functions and keep facilities open especially in winter months when snow removal may be necessary?</td>
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<td>- Can after-school (evening, weekend) activities be curtailed to reduce hours of operation for buildings?</td>
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<td>- If schools are closed, how many custodial, security, maintenance employees are needed to maintain facilities?</td>
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<td>- Review collective bargaining agreements and policies that may be impacted by employee absences.</td>
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<td>Each school district will need to address these issues based on existing collective bargaining agreements. The following questions can be</td>
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<td>including chain of command within school district.</td>
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<td>- County EOC in conjunction with TCPH will communicate information and decisions to school districts.</td>
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<td>- Ensure that the EOC and the TCPH have all necessary information to communicate with Superintendent and alternate personnel, e.g., office phone, home phone, cell phone, e-mail addresses, etc.</td>
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<td>- Complete all forms in Appendix A. FAX copies of the forms in Appendices A-1 and A-2 to the EOC and the TCPH whenever changes in personnel are made.</td>
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<td>- Contact school district property and liability insurance brokers to determine school district liability and insurance coverage in the event school district property is used as a POD or other</td>
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<td><strong>Phase 1: Mitigation/Prevention (continued)</strong></td>
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<td>These actions should be taken immediately and then continue.</td>
<td>Provide link from LEA website.</td>
<td>policies on Universal Precautions and Blood-borne Pathogens. See Appendix D-20 for sample procedures.</td>
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<td>used to provide guidance in deliberations with bargaining unit representatives:</td>
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<td>• Maintaining student record confidentiality requirements and HIPAA regulations, identify school district students and siblings who live in single-parent households within the school district to facilitate the short-term care of such children in the event of a single parent’s serious illness or death during a pandemic event.</td>
<td>➢ Social distancing.</td>
<td>➢ Avoid touching of eyes, nose, and mouth.</td>
<td>➢ Do not share any eating utensils or cups.</td>
<td>➢ How does contract address sick days in excess of accumulated sick leave, e.g., sick leave bank, extended sick leave, other provisions?</td>
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<td>➢ Stay at home when sick.</td>
<td>➢ Include students and staff in athletic programs in training programs on infection control.</td>
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<td>➢ What are the provisions for family and medical leave and other unpaid leaves of absence?</td>
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<td>• Provide personal protection equipment including masks and gloves as necessary. Identify essential staff to be equipped with personal protection equipment, e.g., nurses, secretaries, special education aides, paraprofessionals, custodial staff, bus drivers, etc.</td>
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<td>➢ What are the policies for exempt employees, i.e., confidential, administrative, etc.?</td>
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<td>• Schedule meet and discuss sessions with employee groups to review impact of pandemic on employees, students, and school operations.</td>
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<td>• Contact other school districts and local governments using the same business operations computer software to facilitate and to develop collaborative emergency use.</td>
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<td>• In cooperation with the OES and the TCPH, identify facilities that may be used as PODs.</td>
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<td>Continuity of Operations</td>
<td>Communication/Collaboration</td>
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- Develop plans to pool resources with local government officials, non-public school leaders, faith-based institutions, and elderly care facilities to provide mutual and shared support for essential facility operations.

- Efforts for the continuation of essential business, payroll, and HR operations.
**Preparedness Plans** – These actions should be taken at the point that the first case of suspected pandemic flu enters the United States.

<table>
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<tr>
<th>Pandemic Planning Matrix</th>
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<td><strong>Phase 2: Preparedness</strong></td>
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<td>These actions should be taken at the point that the first case of suspected pandemic flu enters the United States.</td>
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<tr>
<td>• Continue to distribute “Pandemic Flu” information flyers, brochures, and posters in Appendix D.</td>
<td>• Use following guidelines to monitor illness among students, staff, and school visitors:  &gt; Determine baseline percentage of students and staff who are absent on a daily basis.  &gt; Use forms in Appendix B to report absences beyond 10% with respiratory problems.  &gt; Submit information to TCDE Supervising Health Consultant or TCPH as directed.</td>
<td>• Review existing LEA policies and procedures for excluding students from school due to illnesses or contagious disease.</td>
<td>• Identify and assess existing in-school resources to provide for physical and mental health needs; e.g., nurses, social workers, psychologists, guidance counselors, members of the student assistance teams, etc.</td>
<td>• Begin regular administrative monitoring of conditions and LEA readiness. Monitor TCPH and CDPH websites for updates.</td>
<td>• Identify Key stakeholders in community for collaboration as may be needed and maintain communication with these groups:  &gt; PTAs/PTOs  &gt; Volunteer organizations  &gt; Faith-based organizations  &gt; Local businesses and chambers of commerce  &gt; Municipal officials  &gt; Fire service  &gt; Law enforcement  &gt; Emergency medical service  &gt; Medical, health, and behavior care providers</td>
<td>• Provide copies of Pandemic Response Plan to local municipal officials</td>
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<tr>
<td>• Distribute “Tips for Parents” in Appendix D-13. Use other resources in Appendix D as needed.</td>
<td>• Publish articles on signs and symptoms of flu and infection control in school newsletters and LEA websites. See Appendix D-10.</td>
<td>• Students and employees should stay home when ill. If students or staff come to school with flu-like symptoms, actions need to be taken to implement procedures for confinement under Surveillance.</td>
<td>• Compile a list of resources available for mental health and grief counseling services, including district teams, student assistance teams, employee assistance teams, community health agencies.</td>
<td>• Assess and prepare for staff risks and needs as follows:  &gt; Identify employees who due to pregnancy or health conditions will not be present at school after flu has been identified.  &gt; Determine the number and availability of substitutes, e.g., teachers, secretaries, custodians, bus drivers.  &gt; Review and update emergency contact information for all employees.</td>
<td>• Provide copies of Pandemic Response Plan to local municipal officials</td>
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<tr>
<td>• Provide procedures to employees about flu symptoms and indicators. See Appendix D-2.</td>
<td>• Review existing LEA procedures with teachers and other employees about identifying and sending ill students home.</td>
<td>• Continue to implement procedures for infection control set forth under Infection Control in Phase 1: Mitigation.</td>
<td>• Identify and address special needs as needed:  &gt; Review health needs of all students in building; develop list and assess needs – supplies, medications, etc.  &gt; Identify at-risk students.</td>
<td>• Identify employees who are willing to check on individuals who may be ill and are confined at home.</td>
<td>• Communications between the EOC and LEA to provide following information:  &gt; Is school designated as</td>
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<td>Pandemic Planning Matrix</td>
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**A. Awareness/Education**
- Identify and pre-screen health and grief providers. Review and use existing crisis response plans, i.e., SAP, EAP, etc.
- Prepare letters in Appendix C-2 and Appendix C-3 for future distribution.
- Re-educate & provide existing information & supplies regarding cleaning & disinfection procedures specific to district
- Review existing LEA procedures for confinement and exclusion of ill students and employees using the following guidelines:
  - What is the medical response for an ill student and/or employee? Have school nurses review procedures. Contact school physician for assistance.
  - Report respiratory illness to TCPH as directed.
- Review existing LEA policies and procedures for

**B. Surveillance**
- Develop a volunteer roster – buddy system for special needs student and family.
- No student will be released to an empty house. What are existing procedures when this occurs?
- Develop a plan for ill student with no adult at home who is able to care for and ill student. What community services available to care for student? Contact will be made with Children & Family Services Division (CPS) as needed.
- Plan for provision of additional resources as needed – surgical masks, gloves, N95 respirator masks, necessary disinfectant supplies.

**C. Infection Control**
- Each LEA should define critical operations and minimum staffing needs (numbers and skills) using the following questions for guidance:
  - Plan for possible re-assignments under pandemic and continue cross-training.
  - How many teachers and aides will be needed to provide educational services for students?
  - How many custodial and maintenance employees will be needed to maintain essential services?
  - Can transportation services be provided?
  - Meet with bargaining unit representatives to develop contract memorandums that will be implemented only when the TCPH declares a pandemic.
  - Review existing policies and/or procedures, including FMLA, that provide leave (paid emergency evacuation center?
  - Is school designated as POD?
- Communications needs that need to be addressed:
  - Provide information about response plan to parents. Include information on LEA website.
  - Hold community-wide meetings to address concerns.
  - Plan for alternate communication means, e.g., Internet, hotline, newsletters, radio, etc.
  - Designate Public Information Officer for LEA. This will be only individual who will communicate with media.
  - Plan for rumor control: EOC has rumor hotlines which will be released on websites and media.
  - Prepare letters to parents in advance. See Appendix C.
  - Participate in “table top” exercises and simulation drills to test response procedures.
# PANDEMIC ACTION PLANNING TASKS

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<td>Phase 2: Preparedness (continued)</td>
<td>These actions should be taken at the point that the first case of suspected pandemic flu enters the United States.</td>
<td>excluding students from school due to illnesses or contagious disease.</td>
<td>Each LEA needs to develop procedures and a plan for each school facility to address confinement, quarantine, and/or isolation at the school using following criteria:</td>
<td>Where will students stay who come to school ill and cannot go home, i.e., parents are not at home, transportation to get student home is not available, etc.,</td>
<td>Based on the circumstances in each LEA, develop projections and plans for the financial impact on following areas of operation:</td>
<td>Each LEA needs to develop alternate plans for educational programs to address:</td>
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<td>Where will students or employees stay in the school until they can leave school?</td>
<td>What provisions will be made for food, blankets, medications, etc.?</td>
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<td>Combined classes.</td>
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<td>Where will students stay who come to school ill and cannot go home, i.e., parents are not at home, transportation to get student home is not available, etc.,</td>
<td>If parents are unable to pick ill student up at school, how will student be transported home?</td>
<td>Use of Internet to provide education.</td>
<td>Assess small classes and suspend temporarily.</td>
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<td>Develop plans for educating students and unpaid) for employees to care for sick family members.</td>
<td>Suspension of some AP and special classes, e.g., music, art, library, phys. ed.</td>
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<td>Each LEA should consider the following:</td>
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<td>➢ Can lessons and assignments be sent via e-mail to students?</td>
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<td>➢ Can classes be taught online using the Internet?</td>
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<td>➢ Can parents pick up materials at school?</td>
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<td>➢ Will there be sufficient staff to teach classes online?</td>
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<td>• Maintain communication with the EOC, the TCPH, and the LEA.</td>
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<td>• Monitor information from WHO, CDC, TCPH, CDPH through websites.</td>
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<td>➢ How many employees will be necessary to conduct basic operations?</td>
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<td>• In the event that regular vendors are unable to provide delivery, identify alternate suppliers and vendors for custodial supplies, food supplies, and other critical supplies to maintain basic operations.</td>
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Response Plan #1

Pandemic Flu Present – Schools Open – These actions should be taken when the first case(s) of suspected pandemic flu are reported in Tehama County.

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**EMERGENCY MANAGEMENT PHASE**

**Phase 3: Response #1**

**Schools Open**

These actions should be taken when the first case(s) of suspected pandemic flu are reported in Tehama County.

- Disseminate information to staff reviewing flu symptoms and indicators. See Appendices D2 and D-18.
- Review existing procedures with staff for sending ill students or employees to school health office.
- Provide information to parents on prevention procedures. See brochures and flyer in Appendix D-13.
- Disseminate Letter to Parents in Appendix C-2.
- Disseminate Letter to Parents in Appendix C-3.
- Update information

- Monitor illness of students and employees:
  - Monitor those with temperatures above 100.4°F with one or more of following: cough, sore throat, or shortness of breath.
  - Alert TCDE Supervising Health Consultant or TCPH if directed to increased absenteeism.
  - Report number absent to TCDE Supervising Health Consultant or TCPH if over 10% as directed. Use forms in Appendix B.

- Implement following procedures for prevention of disease transmission:
  - Cancel all athletic programs to avoid contact among students.
  - Cancel non-essential public gatherings and meetings.
  - Cancel all evening and weekend activities and programs at all schools.
  - Avoid crowded social environments.
  - Limit non-essential travel.
  - Maintain one-yard spatial separation between individuals.
  - Clean and disinfect certain equipment – phones, keyboards, etc.

- Follow existing chain of command procedures to fill administrative positions when absences are caused by illness. This will depend upon availability of staff.
- Each LEA will determine what modifications can be made in work roles and responsibilities or when volunteer staff may be added.
- Conduct debriefings on lessons learned; make necessary adjustments to response plan.
- Monitor staff illness; initiate contingency operational plans to maintain critical functions.
- Each LEA will implement

- EOC will communicate information to the TCPH and each LEA as necessary.
- Implement communication and rumor control procedures:
  - Prepare statement about pandemic to read by anyone who answers phone calls; train employees who answer the phone; place statement on district website.
  - Clear messages to assuage fear.
  - Issue timely, accurate, credible and consistent information to specific audiences.
  - Establish phone tree calls to all staff.
  - Distribute educational materials available to support recovery. See Appendices D-17.
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on LEA website.
- Keep staff informed on extent of infection at school and potential changes.

cumulative stress on caregivers – office staff, school nurses, teachers, aides, school counselors, and other crisis management team members. Provide support as necessary through existing crisis response plan.

2: Preparedness:
- Health room procedures.
- Quarantine and confinement procedures.
- Student exclusions due to contagious disease.
- Transportation procedures for ill students.

- Implement existing procedures for sending ill students home using following guidelines:
  - Do not send any student to an empty home; shelter in place in quarantined location until parent can pick up student.
  - Plan for shelter for those students without family members well enough to care for them; arrangements will be made through CYF.
  - Prepare for possibility that school may be designated make-shift hospital or POD. EOC and TCPH will designate PODs.
  - Implement transportation service procedures who easily tire or are in recovery.

- Provide physical assessments if needed and make appropriate community health referrals.
- Monitor infection control supplies and replenish as needed.
- Monitor high risk groups – pregnant women, those with compromised immune systems, under 65 with underlying condition(s), 65 and older.

- Provide for mental health care:
  - Anticipate emotional trauma.
  - Reunion meeting before leaving school on day of crisis – time to share.
  - Monitorripple effects on students and staff.
  - Reinforce message about post-traumatic stress disorder.

- Provide mental health assessments and refer to appropriate community agencies.

memorandums for pandemics as agreed to with bargaining unit employees.

- Initiate alternate food services to reduce number of students in close proximity. This practice avoids large gatherings.

- Monitor inventory and stockpile food supplies for school use and for use in the event that school is used as a make-shift hospital or for an emergency evacuation center.

- Maintain payroll operations as pre-determined.

- Implement modified leave policies as needed to accommodate employees with sick family members.

- Cooperate with EOC and TCPH to use school building as POD, evacuation center, make-shift hospital.

D-18, and D-19.
- Set perimeter for media and press access to school.
- Provide information to press and media.

- Implement communications with CALIFORNIA DEPARTMENT OF EDUCATION (CDE) and TCPH as directed by EOC.
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**PANDEMIC ACTION PLANNING TASKS**

- Continue to implement procedures for monitoring cleaning and sanitation of facilities established in Phase 1: Mitigation.

- Reporting as follows:
  - Record each incidence of student and or staff exhibiting symptoms of flu or sent home. Use forms in Appendix B.
  - When absences are called in, ask and note if absence is due to flu-like symptoms.
  - File reports to school central office and to TCHP as directed.

- Information will be provided through TCHP.
  - Monitor cumulative effects of stress on caregivers.
  - Modify work roles and responsibilities; add volunteers as necessary.
  - Coordinate services for grief counseling, and emotional support counseling. See Appendices D-17 and D-18.
### Response Plan #2

**Pandemic Flu Present – Schools Closed** – These actions should be taken when the schools are closed at the direction of the TCPH.

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**Phase 3: Response #2**

**Schools Closed**

These actions should be taken when schools are closed at the direction of the TCPH.

- Communicate with parents and families regarding school closure.
- Send “school closed” letter to families of students as may be determined. See Appendix C-4.
- Monitor illness of any staff working through “closure.”
- Continue to monitor situation through Internet sites of CDC, WHO, CDPH, and TCPH. See Appendices D-21, D-22, D-23, D-24, D-25, D-27, and D-28.
- Surveillance to continue from the home to the school. Forms are to be returned with homework.
- Continue all infection control procedures through “closure.”
- Utilize-school resources to provide for physical and mental health needs.
- Arrange for provision of additional resources as needed (in-school and community-based).
- Conduct debriefings to monitor response status, identify lessons learned, and make necessary adjustments to plan.
- Continue to implement plans for fiscal operations and plant management.
- Conduct debriefings to monitor response status, identify lessons learned, and make necessary adjustments to plan.
- Maintain communications with EOC and TCOE.
- Implement plans for building(s) to be used as POD(s), evacuation centers, or make-shift hospitals as directed by the EOC and/or TCPH.
- Conduct debriefings to monitor response status, identify lessons learned, and make necessary adjustments to plan.
- Conduct debriefings to monitor response status, identify lessons learned, and make necessary adjustments to plan.

If schools are closed for greater than one week districts will review options for maintaining education levels of students: i.e.
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<td>If schools are closed for greater than three weeks the district shall explore options of providing meals for students on free and reduced lunch programs i.e.</td>
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<td>Pick-up food when assignments are dropped off at school</td>
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<td>Deliver food via bus or drivers</td>
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<td>Coordinate with health department for delivery of food</td>
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**Recovery Plans** – These actions should be taken when the pandemic has ended.

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- Disseminate parent letter in Appendix C-5.
- Continue to post and disseminate brochures, fliers, and posters about healthy habits. See Appendices D-6, D-7, D-8, D-9, and D-11.
- Continue to publish articles in newsletters and on the LEA’s website about infection control.
- Provide training and information to students, families, and employees on the following:
  - Extent of pandemic flu in community.
  - Signs and symptoms of stress and emotional issues arising from impact of flu – loss and grief on self, family, friends, or community.
  - Counseling services and activities to assist.
- Track number of staff and students absent daily.
- Report number absent to TCDE Supervising Health Consultant or TCPH if over 10% or as directed.
- Identify students, families, and/or employees who may need long-term physical and mental health support or intervention. Refer individuals to appropriate agencies. Information about agencies will be available through EOC and TCPH and Tehama County Department of Social Services (DSS).
- See Appendices D-22 and D-23.
- Return to Phase 1: Mitigation and Prevention procedures and activities.
- Mental health concerns – returning to school:
  - Address required comfort needs.
  - Establish safe rooms where students and employees can retreat as necessary for counseling and support.
  - Establish routine as soon as possible – “new normal.”
  - Identify and seek out students and employees who may need assistance.
  - Implement Employee Assistance Programs (EAP) as applicable.
  - Implement crisis response plan
  - Delay tests and projects.
  - Use curriculum that provides structure and advice for return to learning.
  - Use on-call substitutes who can fill in quickly.
  - Mental health concerns – long-term
  - Continue briefings to senior staff in order to monitor recovery status, identify lessons learned, and response plan.
  - Add volunteer or support staff as needed.
  - Plan and implement activities and programs that build community throughout school system, such as:
    - Environmental remediation of school if school was used as healthcare site or if there are sick children in the building.
    - Restoration and strengthening of social and community connections; use PTA/PTO to assist in these programs.
    - Involvement of children and community in planning efforts.
    - Conduct
- Continue to develop school and community resources to provide physical and mental health support. See Appendix D for resources.
- Implement communications plan as follows:
  - Regular debriefing sessions among key staff.
  - Keep lines of communication open among school, family, and community.
  - Schedule community-wide meetings to address how people can cope.
- Continue follow up with student and staff referrals to community agencies – both health and mental health agencies.
### Pandemic Planning Matrix

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#### EMERGENCY MANAGEMENT PHASE

**Phase 4: Recovery (continued)**

These actions should be taken when the pandemic has ended.

- coping with impact of flu on family, friends, and community.
- recovery:  
  - Stay alert for any changes in behavior over days and weeks ahead.
  - Continue to implement Employee Assistance Program (EAP).
  - Continue to implement Student Assistance Program (SAP).
  - Provide health assessments as needed and/or make appropriate community health referrals.
- debriefing and evaluation of effectiveness of Emergency Response Plan:  
  - What worked?
  - What needs to be modified or changed?
  - What problems or issues were encountered?
  - Revise plan as necessary to address a future crisis.
PART VI: PANDEMIC INFLUENZA RESPONSE PLAN AND UPDATES
APPROVAL BY BOARD OF SCHOOL DIRECTORS

Plan Approval

The Pandemic Influenza Response Plan (hereinafter Plan) as provided herein including all appendices has been reviewed by the Superintendent of Schools and approved by the Board of School Directors as set forth below.

Plan Updates

The Plan shall be reviewed at least annually by the Superintendent of Schools or designee to determine the need to revise or amend, to include new information, to include new collaborative agreements, or to include revised actions to be taken within any phases or functions delineated in the plan. The Superintendent shall communicate the results of the review with the Board of School Directors. The revised Plan as approved by the Board of School Directors is set forth below.

The Superintendent of Schools shall maintain the readiness of the LEA and is hereby authorized to make timely additions or revisions to the written plan, as necessary, and to communicate the same to the staff. Additionally, the Superintendent of Schools, or designee, shall be authorized to initiate such training or retraining of staff to implement such changes as may be required. All such changes shall be reported and approved by the Board of School Directors.

Plan Approval

This plan was approved by the Board of School Directors of the Tehama Co. Dept. of Education on the ________ day of ________________, 2009.

Plan Revisions

Revisions to this plan have been approved by the Board of School Directors on the following dates:

Revision #1 ____________________________

Revision #2 ____________________________

Revision #3 ____________________________

Revision #4 ____________________________
APPENDIX A: CONTACT PERSONS

Appendix A of the plan provides the contact information for the following:

- Form A-1: School District Central Administration Office Staff
- Form A-2: Tehama County Public Health and Tehama County Office of Emergency Services

The forms should be completed to include all necessary contact persons for each school district facility and for each municipality within the boundaries of the school district. A separate form should be included for each building and for each municipality. **Whenever changes in personnel are made, revised forms need to be prepared and submitted to the Tehama County Office of Emergency Services and the Tehama County Public Health as may be necessary.**
## APPENDIX A-1: CONTACT PERSONS – CENTRAL ADMINISTRATION

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Address</th>
<th>Office Phone</th>
<th>FAX</th>
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<tr>
<td>School District Name</td>
<td>Tehama County Department of Education</td>
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<tr>
<td>Superintendent</td>
<td>Larry Champion</td>
<td>P.O. Box 689 Red Bluff</td>
<td>530-528-7323</td>
<td>530-529-4120</td>
<td><a href="mailto:lchampion@tehamaed.org">lchampion@tehamaed.org</a></td>
</tr>
<tr>
<td>Associate Superintendent</td>
<td>Charles Allen</td>
<td>P.O. Box 689 Red Bluff</td>
<td>530-528-7341</td>
<td>530-529-4120</td>
<td><a href="mailto:callen@tehamaed.org">callen@tehamaed.org</a></td>
</tr>
<tr>
<td>Health Consultant Supervisor</td>
<td>Sharon Sinclair</td>
<td>P.O. Box 689 Red Bluff</td>
<td>530-528-7374</td>
<td>530-529-4134</td>
<td><a href="mailto:ssinclai@tehamaed.org">ssinclai@tehamaed.org</a></td>
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Whenever changes occur, this form shall be faxed to the Tehama County Office of Emergency Services and the Tehama County Public Health.
Tehama County Office of Emergency Services

OES Contact:
Dennis Garton Undersheriff
Tehama County Sheriff/ OES
P.O. Box 729/ 22840 Antelope Blvd
Red Bluff, Ca. 96080
(530) 529-7950

Tehama County Public Health (main line: 530-527-6824)

Name: Richard Wickenheiser, MD, Health Officer
Address: 1860 Walnut St./P.O. Box 400 Red Bluff CA 96080
Office Phone: 530-527-6824

PH Contact: Sydnei Wilby
PH Director
PO Box 400/ 1860 Walnut St bldg C
Red Bluff, CA 96080
(530) 527-6824
(530) 529-7900 (24/7 contact through SO dispatch)
APPENDIX B: FORMS – PANDEMIC FLU CENSUS

Appendix B of the plan provides forms that can be used to record information about the number of the students and staff who are ill due to flu-like symptoms. This section includes the following forms:

- Pandemic Form B-1: Daily Log
- Pandemic Form B-2: Daily Report Form
- Pandemic Form B-3: Weekly Report Form
- Pandemic Form B-4: Weekly Home Surveillance Form
Directions: Once pandemic flu has been confirmed in Tehama County, use this form to log student illnesses and absences.

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>DOES ILLNESS HAVE FLU-LIKE SYMPTOMS?</th>
<th>IS THE STUDENT IN SCHOOL OR ABSENT?</th>
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**TOTALS**
TEHAMA COUNTY DEPARTMENT OF EDUCATION
PANDEMIC FLU CENSUS
DAILY REPORT FORM

Directions: Once pandemic flu has been confirmed in Tehama County, use this form to report daily to the Tehama County Public Health about the number of students and staff absent with flu-like illness. Symptoms of flu-like illness are as follows: fever of 100.4°F or higher along with cough, sore throat, headache, and/or muscle ache.

School District ___________________________ Reporting Date ___________

School ___________________________________________________________________

☐ Elementary  ☐ Middle/Junior High  ☐ High School

Address ___________________________________________________________________

Street Address

City ____________________________  ZIP _______________  Phone ____________

STUDENTS

1. Number of students absent with flu-like illness today __________

2. Total number of students enrolled in school __________

3. Percent absent (Item 1/Item 2; round to one decimal) _______%

FACULTY/STAFF

1. Number of faculty/staff absent with flu-like illness today __________

2. Total number of faculty/staff employed in school __________

3. Percent absent (Item 1/Item 2; round to one decimal) _______%

Form Completed By ___________________________________________________

If directed by the Tehama County Public Health, FAX this form daily during the period of surveillance to the TCDE Health Consultant Supervisor 5294134.
This form is to be used to track student and staff absences due to flu-like symptoms during periods of high rates of flu illness in the community. This information will help Public Health survey the community for a potential epidemic.

**Flu-like illness** matches the definition:
- Fever of 100 degrees or higher **and**
- One or more of the following primary symptoms:
  - Cough
  - Sore throat
  - Headache and/ muscle aches

**Name of School** ___________________________ Week Ending __________
Elementary _____ Middle _____ High School _____ Other: ________________
School District ______________________________ City _______________________
Reporting Individual _________________________ Phone _____________________

Number of students absent with flu-like illness this week: __________
Total number of students enrolled at your school: __________
ADA for the week: __________

Number of staff/faculty absent with flu-like illness this week: __________
Total number of staff/faculty employed in your school: __________
Assistance needed/comments: ____________________________________________

Fax this form each Friday during the period of Heightened Surveillance
To:
Sharon Sinclair at 530- 529-4134
If you have questions regarding this form or disease
Call 527-5811
Home Surveillance Form

Date: ____________________

During the last week has anyone in your household had any of the following:

- Fever $\geq 100.0^\circ$ with and any of the following: (please list first name and check all that apply on the form below)
  - Sore throat
  - Cough
  - Headache
  - Body aches

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Fever $\geq 100.0^\circ$</th>
<th>Cough</th>
<th>Headache</th>
<th>Body ache</th>
<th>Other</th>
<th>Please list</th>
<th>No flu like symptoms</th>
</tr>
</thead>
<tbody>
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</table>

This form is to be returned with your child's homework each week or as directed by the Supervising Health Consultant or local Public Health.

Please list members of the household who had flu like symptoms but have fully recovered and are no longer ill:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
APPENDIX C: FORM LETTERS

Appendix C of the plan provides for letters that can be used to communicate information about the actions related to a possible pandemic flu outbreak. This section includes the following documents:

- **Pandemic Letter C-1: Pandemic Flu Prevention Letter**
  Send this letter to help parents **prepare** for possible pandemic flu **before** there are any human pandemic flu or bird flu cases in the United States.

- **Pandemic Letter C-2: Initial Pandemic Flu Outbreak Letter**
  Send this letter to inform parents that there are cases of pandemic or bird flu in Tehama County and that the schools are open.

- **Pandemic Letter C-3: Expanded Outbreak Letter**
  Send this letter to parents let them know that the schools remain open and to urge them to keep ill children home.

- **Pandemic Letter C-4: School Closure Letter**
  Send this letter to parents to inform them that the schools are closed and that all activities are cancelled.

- **Pandemic Letter C-5: School Reopening Letter**
  Send this letter to inform parents when schools will reopen.
Dear Parents:

This letter will help you and your family prepare for a flu pandemic that could cause many people to become ill. At this time, it is important to know that there is no pandemic flu of any kind in the United States. There is also no bird flu or avian flu in the United States.

Public health officials are concerned that the avian/bird flu virus could change so that it could infect people and spread very quickly and easily from person to person. This would cause a worldwide flu outbreak known as a pandemic.

Public health officials want people to protect themselves against pandemic flu. The following suggestions are ways that you can help protect your family:

- Keep children who are sick at home. Do not send them to school.
- Teach your children to wash their hands a lot with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- Teach your children to stay at least three feet away from people who are sick.
- People who are sick should stay home from work or school and avoid other people until they are better.

Enclosed with this letter is a checklist to help families prepare for a pandemic flu outbreak. This information can also help your family prepare for any emergency. In addition, you can obtain further information from the following sources:

American Red Cross – http://www.redcross.org
Tehama County Public Health – www.tchp.org
Tehama County Public Health Information Line – telephone number not known at this time

If you have any questions, please contact the nurse at your child’s school or your healthcare provider.

Sincerely yours,

Superintendent of Schools
Tehama County Department of Education

[date]

Dear Parents:

This letter will provide you with information about a flu outbreak in Tehama County. Every year some people will become sick with the flu during the fall and winter months. This year, there is a new type of flu causing people in Tehama County to become ill. So many people are sick not only in Tehama County and California but also in the United States that public health officials are calling it the “pandemic flu.”

A high number of students, teachers, and other employees within our school district are sick with the flu. We hope that they will all recover from the flu in the near future.

At this time, officials of the Tehama County Public Health have told us that students who are not ill may safely come to school. The schools will remain open; however, we will keep you updated with any important information.

To keep the flu from spreading to more people, we ask that you keep sick children home. Any children who are sick when they come to school will be sent home.

Public health officials want people to protect themselves against pandemic flu. The following suggestions are ways that you can help to stop the spread of germs and sickness:

- Keep children who are sick at home. Do not send them to school.
- Teach your children to wash their hands a lot with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- Teach your children to stay at least three feet away from people who are sick.
- People who are sick should stay home from work or school and avoid other people until they are better.
- Stay away from shopping malls, movie theaters, and other places where there are large groups of people.

Enclosed with this letter is a checklist to help you care for your family if they are ill. If you have any questions, please contact the nurse at your child’s school or your healthcare provider.

If the pandemic flu continues to spread and more students become ill, schools may need to close for several days or weeks. The purpose of closing schools will be to keep children from getting sick. If schools are closed, children should stay at home. Begin planning now for childcare in your home. Recommendations may change during the course of the pandemic flu outbreak. We will continue to provide you with updated information. For further information, you can contact the Health Emergency Information Line at need number or visit the Tehama County Department of Education website at www.tehamaschools.org.

Sincerely yours,

Superintendent of Schools
Dear Parents:

We wrote to you recently to inform about a pandemic flu outbreak in Tehama County. This letter will provide you with new information.

There are more students in our school district who are ill with this flu virus. Tehama County health officials have informed us that students who are not ill can continue to attend school. The schools will remain open. We will keep you updated with any future information.

To keep the flu from spreading to more people, we ask that you keep sick children home. Any children who come to school ill or become ill in school will be sent home.

Public health officials want you to protect yourself and your family against the pandemic flu. The following are some ways that you can help to stop the spread of germs and take of care of your family:

- Keep children who are ill at home. Do not send them to school.
- If some individuals in your home are sick with the flu, keep them away from those individuals who are not ill.
- Be sure that all individuals in the household wash their hands with soap frequently.
- If some individuals in your home are ill with the flu, you should contact or see a health provider as soon as possible.

If the pandemic flu continues to spread and more students become ill, schools may need to close for several days or weeks. The purpose for closing the schools will be to avoid more children becoming ill. If schools are closed, children should stay at home. Begin now to prepare for childcare in your home.

For further information, you can visit the Tehama County Department of Education website at www.tehamaschools.org.

Sincerely yours,

Superintendent of Schools
Dear Parents:

The Tehama County Public Health officials have ordered all schools in Tehama County to close. This order is because of the pandemic flu situation in the Tehama County area. All schools are closed effective immediately until further notice. All buildings will be closed and all activities are cancelled. All children should stay home.

The schools may be closed for several days or weeks to reduce the contact among children and to stop the spread of the flu.

We know that many students and their family members are very ill. We know that this is a very difficult time for our community and our hearts go out to those who are ill.

Because the flu is easily spread from person to person, it not safe for large groups of people to gather. During this period of time, both children and adults should stay away from other people and groups as much as possible. They should not gather in locations such as shopping center, malls, movie theaters, or community centers.

We know that it may be difficult to get an appointment with a doctor or a clinic, or even be seen at the hospital emergency room; however, it is important that you contact your health provider as soon as possible.

For further information, you can visit the Tehama County Department of Education website at www.tehamaschools.org.

Sincerely yours,

Superintendent of Schools
Tehama County Department of Education

[Date]

Dear Parents:

The Tehama County Public Health officials have determined that the pandemic flu is under control. All schools in the ___________________________ School District will reopen on _______________________. On this date, students may safely return to classes and activities.

Although school is reopening, some people are still sick with the flu virus. Health officials also state that pandemic flu outbreaks can sometimes occur in waves. This means that more people could soon become ill again. If more people get sick, the schools may need to close again. We will continue to provide you with important information.

As we have stated in our past communications, students who are ill should not come to school. Keep sick children at home. Do not send them to school.

We are looking forward to having your children back in school.

Sincerely yours,

Superintendent of Schools
APPENDIX D: RESOURCES AND MATERIALS

Appendix D provides a list of various resources that can be used for training students and staff. The resources in the Appendix D are referenced in Part VI: Pandemic Plan of Operations. Most of the materials in this Appendix can be downloaded and printed for distribution and training for students, staff, and parents.

D-1. Fact Sheet: “Characteristics and Challenges of Pandemics”
Dept. of Health and Human Services
http://www.cchealth.org/topics/pandemic_flu/school_action_kit/characteristics_challenges.pdf

D-2. Fact Sheet: “How Does Seasonal Flu Differ from Pandemic Flu?”
Dept. of Health and Human Services
http://www.pandemicflu.gov/season_or_pandemic.html

D-5. Curriculum Materials: “Healthy Schools, Healthy People”
School Network for Absenteeism Prevention
http://www.itsasnap.org/index.asp

D-6. Flyers and Posters: “Cover Your Cough”
Centers for Disease Control and Prevention
http://www.cdc.gov/flu/protect/covercough.htm
(available in Spanish, Portuguese, French, Vietnamese, Tagalog, Chinese)

D-7. Poster: “Stop the Spread of Germs”
Tacoma-Pierce County Health Department (Washington)
http://www.tpchd.org/files/library/84b661adcd208b42.pdf
(available in Spanish)

D-8. Poster/Flyer – “Germ-Free Zone”
California Department of Health Services
http://www.cchealth.org/topics/pandemic_flu/school_action_kit/germ_free_zone.pdf
Centers for Disease Control and Prevention
http://www.cchealth.org/topics/pandemic_flu/school_action_kit/germ_stopper.pdf

D-10. Brochure: “Stopping the Flu is Up to You”
Contra Costa Health Services (California)
http://www.cchealth.org/topics/pandemic_flu/school_action_kit/handwashing_flu_flyer.pdf
(available in Spanish)

D-11. Flyer: “Keep Our School Healthy”
California Department of Health Services
http://www.cchealth.org/topics/pandemic_flu/school_action_kit/handwashing_flu_flyer.pdf

Contra Costa Health Services
http://www.cchealth.org/topics/pandemic_flu/school_action_kit/tips_for_parents.pdf

D-15. Fact Sheet: “Should I Clean or Disinfect?”
http://www.pandemicflu.state.pa.us/pandemicflu/lib/pandemicflu/schools/iie1a.doc

D-16. Brochure/Poster: “Ounce of Prevention”
Centers for Disease Control and Prevention
http://www.cdc.gov/ncidod/op/

D-17. Fact Sheet: “Position Statement: Mental Health of Students”
National Association of School Nurses

University of Pittsburgh, Graduate School of Public Health
http://www.pandemicflu.state.pa.us/pandemicflu/lib/pandemicflu/schools/iib1d.pdf

National Association of School Nurses
(available in Spanish)
   Boston Public Schools
   http://boston.k12.ma.us/dept/docs/USS-4.doc

D-21. Tehama County Public Health
   http://www.tchp.org/

D-22. California Department of Public Health
   http://www.dhs.ca.gov

D-23. California Children & Family Services
   http://www.chhs.ca.gov

D-24. World Health Organization (WHO)
   http://www.who.int/en/

D-25. Centers for Disease Control and Prevention (CDC)
   http://www.cdc.gov/

D-26. Department of Health and Human Services, Pandemic Flu Planning
   http://www.pandemicflu.gov

D-27 California Department of Education
   http://cde.ca.gov

D-28 Tehama County Office of Education (links to all school districts websites)
   http://tehamaschools.org
## APPENDIX E: ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>TERM</th>
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<tbody>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CPS</td>
<td>Children &amp; Family Services Division</td>
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<tr>
<td>CDPH</td>
<td>California Department of Public Health</td>
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<tr>
<td>DHHS</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Homeland Security</td>
</tr>
<tr>
<td>CDHS</td>
<td>CA Department of Health Services</td>
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<tr>
<td>CDE</td>
<td>CA Department of Education</td>
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<tr>
<td>EAP</td>
<td>Employee Assistance Plan</td>
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<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<tr>
<td>EOP</td>
<td>Emergency Operations Plan</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>ISO</td>
<td>Incident Safety Officer</td>
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<tr>
<td>LEA</td>
<td>Local Education Agency</td>
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<tr>
<td>LMS</td>
<td>Learning Management System</td>
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<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
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<tr>
<td>OTC</td>
<td>Over the Counter (i.e., OTC medicines)</td>
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<td>POD</td>
<td>Point of Dispensing</td>
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<tr>
<td>ACRONYM</td>
<td>TERM</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
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<td>SAP</td>
<td>Student Assistance Plan</td>
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<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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<tr>
<td>SEOC</td>
<td>State Emergency Operations Center</td>
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<tr>
<td>TCOE/TCDE</td>
<td>Tehama County Office of Education or Department of Education</td>
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<tr>
<td>TC OES</td>
<td>Tehama County Office of Emergency Services</td>
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<tr>
<td>TCPH</td>
<td>Tehama County Public Health</td>
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<tr>
<td>USDA</td>
<td>U. S. Department of Agriculture</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>Respiratory Disease</td>
<td>Cold</td>
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<td>-----------------------------------------</td>
<td>------------------------------------------</td>
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<tr>
<td><strong>Transmission</strong></td>
<td>Inhalation of airborne droplets &amp; direct contact of an infected person &amp; with articles soiled by discharges from nose and throat of infected person</td>
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<tr>
<td><strong>Communicability</strong></td>
<td>Exact period is unknown, but thought to be 1 day before symptoms to 5 days after</td>
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<tr>
<td><strong>Onset of Symptoms</strong></td>
<td>Between 12 hrs. &amp; 5 days; usually 48 hrs.</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>Tiredness, mild muscle aches, runny nose, sneezing, mild hacking cough</td>
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</tbody>
</table>

Reference: www.cdc.gov
Table 2

Best practices for social distancing including reducing school activity calendar.

- Implement rigorous hygiene procedures – wash hands upon arrival to school, before and after lunch
- Increase access to Kleenex
- Implement use of face masks when students/staff report to school ill and are awaiting to go home
- Increase bus cleaning especially touch points
- Re-educate staff and students regarding cleaning and disinfecting prevention measure using school district approved germicidal disposable wipes

www.fda.gov/cdrh/ppe/fluoutbreaks - website addresses Personal Protective Equipment and influenza Outbreaks including Bird Flu (Avian Influenza)

www.ReadyCASchools.org – website has all components of training and suggested resources for the four (4) phases by group (Preschool, K-8, High School, College & University, and Home & Family. Site has fact sheets, guides, posters, skits, teaching exercises, videos, and other materials easily downloaded.
Table 3 – Suggested additional resources for school districts

Connect Ed – communication system that allows for telephone messages to staff and students

Chief Business Official in School District – provide direction for necessary actions and documentation for reimbursement process for lost ADA

Websites:

National Association of School Nurses -  www.nasn.org

California School Nurse Organization – www.csno.org

REFERENCES

The following agencies and governmental resources and references were used in the preparation of this document:

Allegheny County Health Department, Pittsburgh, PA
Allegheny County Department of Emergency Services, Pittsburgh, PA
Broward County Public Schools, Ft. Lauderdale, FL
Centers for Disease Control and Prevention, Atlanta, GA
Contra Costa Health Services, Martinez, CA
Contra Costa County Office of Education, Pleasant Hill, CA
Lincoln Intermediate Unit #12, New Oxford, PA
Pennsylvania Department of Health, Harrisburg, PA
Pennsylvania Department of Education, Harrisburg, PA
Pennsylvania Emergency Management Agency, Harrisburg, PA
Seattle Public Schools, Seattle, WA
Seattle-King County Public Health Department, Seattle, WA
U. S. Department of Health and Human Services, Washington, DC