

Chapter 14

Pandemic Threats (Avian Flu, etc.)

Does your school have the following pandemic preparation/response procedures in place?

- Updated sources on disease prevention and control available for students, teachers and staff
- Crisis Response Plan designating responsibilities during an epidemic for Crisis Response Team, administration, teachers, staff, students and parents
- Pandemic-specific communications to home and family regarding plans and preparations already in place
- Communications plan (including identification of key contacts, with back-ups, as well as a chain of communications and process for tracking and communicating student, teacher and staff member health status)
- Stockpiling of appropriate school materials
- Screening procedures (refer to Center for Disease Control <<http://www.cdc.gov/flu/avian/index.htm>>, World Health Organization <<http://www.who.int/en/>> or U.S. Government <<http://www.pandemicflu.gov/>> websites)
- School closure procedures (and evacuation procedures if appropriate)
- Virtual School/Distance Learning plan in place
- Procedures for updating emergency response plans
- Legal counsel/insurance/American Embassy R.S.O. contact information
- Death in the school community procedure

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Summary and Background Information

It has become increasingly apparent that schools must be prepared to deal with a variety of threatening situations. One of the most challenging of these is the threat of disease epidemics/pandemics. As your school initiates the development of its Crisis Response Plan, action plans must be designed to respond to an incident of infectious disease.

General Response Guidelines

The U.S. Department of Health and Human Services emphasizes the importance of developing screening processes and providing public health education; cutting down access to students, staff and teachers possibly infected with the virus; and developing policies and procedures for closing down schools in the case of a pandemic, especially before vaccines are available or when they are in short supply. These preparation, prevention, response, and containment procedures are detailed in the following pages.

Pandemics

A **pandemic** is an epidemic over a wide geographic area affecting a large percentage of the population, such as pandemic influenza. Pandemics occur naturally in the human population; scientists do not argue whether there will be pandemics, only when, what kind, and their severity. In the 20th century, the emergence of several new influenza A virus subtypes caused three pandemics, all of which spread around the world within a year of being detected (The “Spanish Flu” of 1918-19, the “Asian Flu” of 1957-58, and the “Hong Kong” flu of 1968-69). It is the school’s responsibility to prepare for such eventualities.

Avian Flu

The Avian Flu is caused by an infectious virus which has spread through bird populations in Asia and is now spreading in Europe. A certain strain of this Flu, H5N1, has also infected humans: as of February 6, 2006, the World Health Organization has recorded 165 cases, 88 of which resulted in death, primarily in Asia. Almost all the deaths have been linked to contact with infected poultry, but experts fear the virus could mutate into a form that spreads between humans, setting off a pandemic. Many public health officials and researchers are worried about the H5N1 strain because it mutates (changes) quickly by “borrowing” genes from other viruses, and because it closely resembles the virulent “Spanish Flu” of 1918-19. Rapid mutation makes it hard for health officials to contain the virus or make a vaccine that protects against it.

Although stories in the press relate the horrors of past pandemics, no one knows what to expect due to the mutations that occur in nature. The next pandemic could be relatively mild, or it could be very severe. Even in a worst-case scenario, a school is not helpless; there are steps that will minimize the impact, prepare the school community, and possibly allow the school to continue to operate, either on campus, or in a “virtual school” setting.

Chapter Fourteen: Plan of Action Phase One:

Warning: The following guidelines and suggestions use the most up-to-date resources available as of February, 2006. It is each school's responsibility to contact local and international health authorities to obtain the latest information, suggestions, and advice to use in their site-specific planning.

Risk Reduction, Prevention and Intervention

Since the chances are increasing that schools might have to respond to a flu epidemic or pandemic, preventative action and education plans should be included in a school's overall emergency action plan. Proactive efforts to maintain contact with American Embassy R.S.O and other emergency management organizations is paramount.

The preparation to reduce risk and enhance potential for intervention includes:

- Identifying a pandemic coordinator and/or team with defined roles and responsibilities for preparedness, response planning, and acting as spokesperson to work with public health officials.
- Identifying essential employees and others who would be required to maintain school operations during a pandemic to insure their involvement in the process (e.g., School Head, Facilities Maintenance Head, Board Chair, IT Director, etc.).
- Determining potential impact of a pandemic on school-related domestic or international travel (e.g. quarantines, border closures).
- Identifying community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (e.g. vaccines and antivirals).
- Establishing an emergency communications plan and revising it periodically. This plan should include identification of key contacts (with back-ups), chain of communications and a process for tracking and communicating student, teacher and staff member status (See Section 1 – Communications).
- Developing and disseminating to the appropriate segments of the school community programs and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans, at-home care information).
- Implementing an exercise/drill to test your plan, and revising the plan as needed.
- Establishing policies for a flexible teaching/learning site (e.g. via the internet) and flexible teaching/learning hours (e.g. staggered sessions). This can include

Virtual School and Distance Learning – see Chapter 9.

- Encouraging and tracking annual influenza vaccination for students, teachers and staff.
- Evaluating student, teacher and staff access to and availability of mental health and social services during a pandemic, including corporate, community and faith-based resources, and improving services as needed (refer to Section 3, Psychological Readiness).
- Identifying employees and key community members with special needs, and incorporating the requirements of such persons into your preparedness plan.
- Establishing policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person can return to work after illness.
- Establishing policies for inhibiting influenza spread at school (e.g. promoting respiratory hygiene/cough etiquette, and prompt exclusion of people with influenza symptoms).
- Providing sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all classroom and office locations.
- Establishing policies for students, teachers and staff who have been exposed to pandemic influenza, are suspected to be ill, or become ill at school (e.g. infection control response, immediate mandatory sick leave).
- Setting up authorities, triggers and procedures for activating and terminating the school's response plan and/or altering the school's operations (e.g. shutting down infected areas).
- Ensuring availability of medical consultation and advice for emergency response.

Developing plans for distribution and use of antiviral drugs during a pandemic.

- Collaborating with host-country and local public health agencies and/or emergency responders, as well as other schools and community service providers, to share your pandemic plans, understand their capabilities and plans, and improve community response efforts.
- Identifying priority channels of communication; delineating the network of communications personnel, including lead spokespersons and persons trained in emergency risk communication; and linking to other communication networks.
- Identifying the authorities responsible for executing the operations plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care and mutual aid for students, teachers and staff. (e.g. School Nurse, School-Appointed Doctor, Embassy Health Personnel, etc.)
- Identifying any local authorities that have the power to declare a public health emergency that will affect the school.
- Developing and being prepared to implement a plan for enhanced surveillance once a pandemic is detected in the community, to ensure recognition of the first cases of infection in the school in time to initiate appropriate containment protocols, and exercising this surveillance regularly.
- Developing continuity-of-operations plan for essential departments and offices.

Chapter Fourteen: Plan of Action Phase Two:

Response Plan For Dealing with a Pandemic Flu Incident

After notification of a suspected infectious disease incident, the following steps and actions should be initiated to reduce risk of further infection/pandemic. It must be noted that different steps will be taken at different stages of a pandemic, e.g. if the infection is detected in a different continent, in the host country, in the local community, or in the school. See matrix chart attached.

As alert levels dictate:

- Convene the Crisis Response Team and review the incident report.
- If warranted, initiate appropriate steps from the school's crisis response plan.
- Contact the American Embassy R.S.O and follow the guidelines established in the FAH Health Manual in regard to responses to infectious disease epidemics. (Embassies and consulates should have copies of this manual).
- Contact point people within the community, local public health agencies and U.S. Embassy/Consulate recommended hospitals, and locate infected areas of community.
- Determine the need for temporary or long-term school closure.
- Set up screening system and procedures.
- If facility stays open, implement infection prevention policies (handwashing, etc.) and disinfection teams. Hand hygiene has frequently been cited as the single most important practice to reduce the transmission of infectious agents.
 - * If hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either non-antimicrobial or antimicrobial) and water.
 - * In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and convenience.
- Set up alternative transport resources, classrooms or studying/teaching strategies as needed.
- Consult HHS < <http://www.pandemicflu.gov/> > website about thorough cleaning of all air transfer systems in the building.
- Anticipate further information and instructions from the locality, the RSO, or the Crisis Response Team.
- In case of school closure, students and staff should be informed not to return to the school until the school appointed spokesperson announces the safety of returning.

Chapter Fourteen: Plan of Action Phase Three:

Recovery Plan after a Pandemic

Recovery response should include periodic up-dates of the current status of issues. Local safety and response websites for your locale should be researched and included in your Crisis Response Plans. Continued use of the mail room procedures (see chapter 6) or other medical responses required should be followed to prevent further contagion.

A debriefing with the Crisis Response Team and the administrative team should be held as soon as appropriate (pandemics usually involve three peaks of illness over an 18-month period). Topics to be discussed include reviewing the procedures enacted, collecting further information, and evaluating the overall response process specific to the pandemic, in order to recommend any improvements to this plan. One common factual report should be developed to remain consistent in future communications with staff, students, parents and community.

Information should be disseminated at a staff/faculty debriefing. For accuracy of communication, a written summary report should be published and given to the school community; it should also be archived for use as a reference for future communication with students, staff and/or community members.

Counselors should always be available for trauma support. Continued up-date on the future potential threat from the pandemic should be maintained.

Refer to Rubrics on next pages for step-by-step envisioning of indicators and actions.

Pandemic Response Rubric

(Compiled from rubrics of American School in Japan, American School of Bucharest, Taiwan American School, International School of Prague, International School of Estonia, and others)
 (Options in red indicate a different option suggested by some schools, and should be considered)

Levels are defined by the presence of the following within school locality:	Communication (All Pandemic Crisis Team Only)	Campus Access	Educational Delivery	Co-curricular Program	Community Gatherings/ Events / Field Trips / Travel	Personnel	Emergency Care	School-Provided Transport	School Operations/ Canteen
Level One (Low Risk) • First pandemic flu cases reported in country • No reported cases in local community. • School community (employees, students, parents) requested to take temperature twice daily. If 38C or greater please stay home.	• Use of periodic e-mail to community. • Use of daily bulletin and or website to provide information. • Primary sources of information: U.S. Embassy, host government, W.H.O.	• Access to campus as per normal school policy	• Regular school program. • Daily homework provided by teachers for any student staying at home. • Continue expansion and integration of Virtual School program.	• All regularly scheduled activities allowed.	• Field trips allowed, as per normal school policy.	• Normal working conditions. • All school employees returning from affected areas have their health monitored for 10 days.	• See physician if temperature is over 38C. • Provide flu shots on campus, encourage hand-washing and healthy living.	• All bus routes run as usual.	• Normal cleaning and maintenance-Continual disinfecting by cleaning personnel. • Review food handling procedures with staff.
Level Two (Moderate Risk) • First pandemic flu case reported in city. • Increasing number of cases reported in country. • School community (employees, students, parents) requested to take temperature twice daily. If 38C or greater please stay home.	• Daily updates to community on status of pandemic flu in country and impact on school program. • Updated recommended hospital list. • In-class instruction to ensure students understand protocol and proper hygiene.	• School open to staff, students, parents only. ID required. • Anyone else by appointment only to minimize visitors • School community with temp over 38C report to Health Center. • Visitors must report to Health Center to assess temperature.	• Regular school program. • Daily homework provided by teachers for any student staying at home. • Parent and student review for Virtual School program.	• All scheduled co-curricular programs allowed, except for affected areas, or visitors from affected areas.	• All events will be reviewed [some schools' rubrics advise that events be cancelled at this risk level]	• Normal working conditions. • All faculty & staff report to work after assessing temperature at home.	• Health Office will determine whether individual who has recovered from flu can return to school. • If temperature over 38C, individual must go home ASAP.	• All bus routes run as usual. • Bus access may be denied for those with temp above 38C	• All Food Service workers must wear gloves/mask. • Continual disinfecting throughout the day. • Full disinfection every three days.
Level Three (Medium Risk) • First pandemic case reported within school community • Increased spread of pandemic flu in city with transfer in public places. • Take temperature twice daily. If 38C or over please stay home.	• Daily updates to faculty and community. • Daily classroom instruction to explain situation and to emphasize proper hygiene.	• Anyone with temp over 38C report to Health Center. • Visitors must report to Health Center to assess temperature • Closed campus; nobody allowed off campus during day. [NO non-school-community visitors, no exceptions.]	• Daily homework provided by teacher for any student staying at home. • All students exit campus by 3:30. • Instruction to parents via email and web page on use of Virtual School program.	• Co-curricular programs suspended. • Large gatherings not allowed.	• All special events, field trips, travel, etc. discontinued. • No large faculty or staff gatherings. • Field trips discontinued.	• All faculty and staff report to work after assessing temps at home. • Crisis response team meets to determine how best to continue school operation [voluntary departure of faculty allowed?]	• Health Office determines if individual who has recovered from flu can return to school. • If temp over 38C, individual must go home. • Use hospitals rated highly for pandemic flu prevention and containment.	• All bus routes run as usual. • Bus access may be denied for those with temp above 38C. [Bus service discontinued at this level.]	• Some form of Food Services in place for staff and students who are attending school. • Continual disinfecting throughout the day. • Full disinfection every three days.
Level Four (High Risk) • Spread of pandemic flu within the school community. • Government directs schools to close.	• Daily updates. • Further communication using Virtual School delivery system.	• No classes held on campus. • School facility closed to all but essential personnel for in-determinant period of time. • School quarantine, no visitors.	• Full implementation of Virtual School or alternative delivery system with students and faculty members either in or out of country.	• Not applicable – school facility closed.	• Not applicable – school facility closed.	• Crisis Response Team reviews process of school closure and activation of Virtual School program.	• Not applicable – school facility closed. • Use hospitals rated highly for pandemic flu prevention and containment.	• Not applicable – school facility closed.	• Necessary cleaning and maintenance.