



Pandemic Incident Action Plan

Emergency Operations Plan Health Annex



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INTRODUCTION:

It is impossible to predict when or what the next large disease outbreak will be. Pandemics happen when new (novel) viruses emerge which are able to infect people easily and spread from person to person in an efficient and sustained way. The spread of a pandemic virus may occur in multiple disease “waves” that are separated by several months. As a pandemic virus spreads, large numbers of people may need medical care worldwide. Schools, childcare centers, workplaces, and other places of mass gatherings may experience more absenteeism and may be ordered to close as part of social distancing measures to prevent the further spread of disease. Public health and healthcare systems can become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructures, such as law enforcement, emergency medical services, and the transportation industry may also be affected. The increased stress from a pandemic will also increase the mental health service needs throughout the schools and community. Finally, a pandemic, unlike many other emergency events, could last for many weeks, if not months.

Boulder Valley School District recognizes that our schools are a critical community institution serving approximately 35,000, staff and students. The threat of a highly infectious outbreak in our schools could be detrimental to the community. By following this Pandemic Incident Action Plan (IAP), we are minimizing the risk for miscommunications that may encompass the chaotic nature of an outbreak of any highly infectious illness.

This plan outlines Boulder Valley School District’s strategy in preparing for, responding to, and recovering from a highly infectious disease outbreak such as pandemic flu.

Please reference the [District’s Emergency Operations Plan](#) for additional school guidance and direction for school’s response to emergencies.

Strategic Considerations

- We must rely on the advice and direction of public health officials in the event of a pandemic. Decisions about closing schools for health reasons (as opposed to safety issues due to insufficient staff to provide adequate supervision) must be made by public health officials, not our Board.
- It is vital to recognize that nothing is more important to parents than the well-being of their children. Parents will not hesitate to keep their children home from school if they perceive a possible threat to their children’s health.
- All of our decisions are completely open to public scrutiny and criticism. Despite the extremes of public opinion, our goal is to make sure our stakeholders are informed about our plan and our contingency actions - whether or not they agree with them.
- Health and safety concerns can quickly create widespread panic among a group, if not managed well.

The Pandemic IAP is based on the adoption of a multi-hazard approach to addressing school district vulnerabilities. The plan is comprehensive and documented in collaboration with local community participation and the five phases of emergency management: prevention, protection, mitigation, response and recovery. The BVSD Pandemic IAP will utilize the National Incident Management System (NIMS) to conduct a review of current plans with identified gaps, educating staff, parents, and students on processes around pandemics, generated reviews of

communication plans, evaluation of supply policies, training for teachers and staff on the risks and implication of pandemic and contingency plans.

BVSD's District Incident Management Team will assume command and control of school response during a pandemic outbreak. This Pandemic IAP acknowledges Boulder and Broomfield County public health and first response agencies will assume command and control of community response to a pandemic outbreak.

Purpose:

The Pandemic Plan will serve as a resource guide for planning and responding to a sudden pandemic within our organization. Highly infectious illnesses may have a short incubation period, spread easily, and cause severe illness or possible death, and may have no possible existing vaccine or treatment.

The purpose of this plan is to achieve the following goals:

- Implement appropriate actions *prior* to and during any outbreak
- Ensure BVSD's response is in coordination with local, State and National direction and guidance
- Establish and maintain a coordinated command system
- Develop communication plans to ensure timely and accurate information is provided
- Reduce the amount of staff, teachers, and students affected by the virus
- Uphold continuity of core school operations, including education
- Lessen social disruption and reduce local economic loss
- Coordination with other districts in relation to the outbreak.
- Prepare and provide for mental health/crisis service needs of staff, students and families.

Authorities/Roles and Responsibilities:

During an outbreak of a highly infectious illness, the US Government – US Department of Health and Human Services (HHS) along with the Centers for Disease Control and Prevention (CDC) is the national leader for overall communication and coordination efforts. If it is universal, they work correspondingly with the World Health Organization (WHO).

The Colorado Department of Public Health and Environment (CDPHE) and local public health agencies (LPHA) have statutory authority to investigate and control causes of epidemic and communicable diseases affecting public health.

Governor of Colorado

The Governor has broad powers to meet the response needs of an emergency, including suspension of any regulatory statute provisions, state agency orders, or rules and regulations that would prevent, hinder or delay emergency response efforts.

Board of Health

The Colorado Board of Health has the authority to require reports of diseases to public health officials; and public health officials have access to medical records relating to these diseases. Additionally, CDPHE and LPHAs have statutory authority to establish, maintain and enforce isolation and quarantine and to exercise physical control over property and people within Colorado, when necessary to protect the public's health and safety.

Governor's Expert Emergency Epidemic Response Committee (GEEERC)

The Governor's Expert Emergency Epidemic Response Committee (GEEERC) was established by statute in 2000 to develop a public health response to acts of bioterrorism, pandemic influenza and epidemics caused by novel and highly fatal infectious diseases and agents.

The CDPHE Executive Director Chairs the GEEERC, which consists of 18 statutorily designated representatives from state agencies, public health departments, various health care professions and the Attorney General (C.R.S. 24-33.5-704.5). The basic function of the GEEERC is to provide recommendations to the Governor of Colorado on reasonable and appropriate measures to reduce or prevent the spreading of disease.

The Colorado Department of Public Health and Environment (CDPHE) takes its lead from the CDC. Local Public Health Agencies take their lead from the CDPHE. In collaboration with these public health sectors, BVSD cooperates in efforts to raise awareness and actions that are necessary in response to the severity of the phase of reported illness.

General Planning Assumptions:

The [U.S. Health and Human Services Pandemic Influenza Plan 2017 Update](#) contains the following information about pandemics and how they might affect school-aged children and how to prepare for them:

- Response to a pandemic will require swift and coordinated action by all levels of government.
- A novel virus will have the ability to spread rapidly worldwide.
- Delays in availability of vaccines and shortages of antiviral drugs are likely, particularly early in the pandemic.
- Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by the local health agency for hospitalized influenza patients, close contacts of patients, health care workers providing care for patients, or other designated groups.
- Non-pharmaceutical interventions (NPIs), travel restrictions, cancellation of public events, isolation and/or quarantine may be required to slow the spread of an outbreak.
- Widespread illness could increase the likelihood of sudden and potentially significant shortages of personnel that provide critical safety and necessary services.
- Not all jurisdictions will experience clusters of disease simultaneously; however, near-simultaneous clusters likely will occur in many communities across the United States, thereby limiting the ability of any jurisdiction to support and assist other jurisdictions.

- During a pandemic, infection in a localized area can last about six to eight weeks. At least two pandemic disease waves will occur.
- The clinical disease attack rate could range from 20% to 30% of the overall population.
- People who become infected will shed virus and transmit infection for up to one day before the onset of illness.
- Children will shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.

Boulder Valley School District's Planning Assumptions:

- CDPHE will take the role of Lead State Agency for emergency support and will coordinate with Colorado Emergency Management, within the Division of Homeland Security and Emergency Management and other state and local agencies, as part of a unified command structure.
- The District Incident Management Team, District Crisis Team, the Director of Health Services and the Communications Department will develop planning through LPHAs to determine if assistance in distributing medications and other supplies as required, and in developing communication to district employees, students and families, and community members.
- Regular school sessions will be maintained until notified by local authorities for the need to close or a lack of available staff prevents regular operation
- Education to the school community on NPI prevention of illness including: proper handwashing techniques, community mitigation, and social distancing for prevention of transmission will be increased.
- BVSD may need to function with a significantly decreased workforce (20-30% ill)
- Continuity of school operations including options for how schoolwork can be continued at home (e.g., homework packets, web-based lessons), may be implemented and communicated to all community members.
- School administration will follow the district approved communication plan in collaboration with the District Incident Management Team, District Crisis Team, Health Services, and the Superintendent's office.
- Health Services will provide the District Incident Management Team with data and health information as it becomes available.

Policy Issues Relating to School

Public Health Responsibilities

The County's health officer may order schools to close for their respective county. Public Health will also advise school officials regarding appropriate actions before, during, and after the pandemic.

Use of School Facilities

Boulder Valley School District procedures anticipate that specific public agencies, including the American Red Cross, may need to use school buildings and grounds for emergencies involving the public health and welfare. In the event that the district's facilities are used as a part of the overall response to the pandemic, the district will work to recoup any costs from both state and federal agencies, as appropriate.

Absenteeism

Students with a pandemic related illness who remain at home, either voluntarily or by direction, are given an excused absence, subject to Board of Education policies.

Employees

Employees not affected by school closures will be expected to work their regular schedules without additional compensation. Departments and schools should identify essential services that must continue as well as protocols and backup plans. If the state holds the district harmless for required time during the school year, then the District will hold the employees harmless for make-up time. If the state requires makeup time, employees shall be required to fill in up to their regular number of contract days without further compensation. Any plans for compensation will be with bargaining units prior to implementation.

Employee Leave (Licensed, Administrative, and Classified)

The Board of Education may grant leaves of absence due to inability to provide services due to quarantine or personal necessity, with or without pay. Refer to Collective Bargaining Agreements and Board of Education Policies.

Scope:

This plan applies to a school district response to a pandemic with a greater impact than typical seasonal influenza where any part of the health, medical, or mortuary response is activated above routine levels.

The scope of this preparedness plan covers the most prevalent highly infectious illnesses such as Pandemic Flu, other airborne respiratory illnesses including COVID-19 (coronavirus), MERS and SARS, Ebola, airborne viruses such as Anthrax, and all other novel diseases. Information on potential pandemic illnesses is provided in **Appendix 1**.

Decisions as to how and when to implement disease control measures will be made on a school to school basis. The district, in coordination with the local health departments, will provide technical support and guidance to schools regarding control measures and response activities.

Phases of a Pandemic

There are three primary periods for a pandemic: interpandemic period, pandemic alert, and pandemic. These periods correspond with phases that reflect the progression of the disease.

Interpandemic Period

Phase	Description	Public Health Goals
Phase 1	No new influenza has been detected in humans.	Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.
Phase 2	No new influenza subtypes have been detected in humans; however, animal cases of the illness present possible human illness.	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs

Pandemic Alert

Phase	Description	Public Health Goals
Phase 3	Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Ensure rapid characterization of the new virus subtype and early detection, notification, and response to additional cases.
Phase 4	Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.	Contain the new virus within a limited area or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 5	Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible.	Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.

Pandemic Period

Phase	Description	Public Health Goals
Phase 6	Pandemic is declared. Increased and sustained transmission in the general population	Implement response measures including social distancing to minimize the pandemic impacts.

During all phases of a pandemic outbreak, the district will monitor and document the number of students and faculty who are absent and meet the definition of the illness. These numbers will help school and health officials make a decision on appropriate actions needed to maintain the health and safety of students, faculty, and staff. This documentation also determines whether the incident is increasing or decreasing in scope and whether the incident will qualify for reimbursement.

PREVENT - PROTECT - MITIGATE

Mitigation activities are taken in advance of a pandemic to prevent or temper its impact by preventing widespread illness as much as possible, until vaccine or other medical interventions can be developed or made available. Mitigation efforts should occur primarily during the early pandemic phases (Phases 1-3).

BVSD's pre-event mitigation activities include:

- Training and equipping staff to assure competencies and capacities needed to respond to a pandemic outbreak.
 - Specifically, the District Incident Management Team, District Crisis team, the Safety, Security and Emergency Services Department, the Health Services Department, and the Communication Department delegate necessary tasks and duties to all employees according to LPHA's and CDPHE's guidance and direction.
- Developing strategic partnerships with local community health care institutions and providers, and local, state and federal response agencies and their staff.
- Educating schools and parents about a pandemic and recommending prevention and preparedness measures such as NPIs
- Communicating with district employees, parents, and students about the potential impacts of a pandemic on essential services and school infrastructure
- Prioritizing essential staff functions and cross-train staff to ensure that if a large percentage of staff is gone, other employees are able to fulfill those roles
- Stockpiling necessary equipment and supplies that will be needed to respond to a pandemic
- Establishing ventilation (HVAC) standards to be used during each phase of the pandemic (such as filter change schedules, etc.).
- Developing and implementing surveillance and reporting procedures to monitor illness patterns in the schools.
- Developing Environmental management protocols for cleaning and sanitation of public surfaces.

Non-pharmaceutical Intervention (NPI)

Public health officials recommend prior to and in the early phases of a pandemic or outbreak, to practice every day good health habits and to non-pharmaceutical interventions (NPIs) to prevent and protect the human population from the spread of a highly infectious illness.

NPI strategies include the following:

- Avoid close contact with people who are sick. When you are sick, stay away from others to prevent passing on your illness to others.
- Stay home when you are sick so you prevent passing your illness on to others.

- Cover your mouth and nose when sneezing or coughing with a tissue and then throw away the tissue.
- Wash your hands after coughing or sneezing and often throughout the day. Washing the germs is always best and the preferred method. If soap and water is not available, hand sanitizer will kill the viruses, but not wash them away.
- Avoid touching your eyes, nose, or mouth. Germs are often spread touching these body parts.
- Practice other good health strategies – clean and disinfect surfaces in your home, especially when someone is ill. Get plenty of sleep, manage your stress, and be physically active.

Other NPIs and thoughtful mitigation strategies to protect the community include:

Social distancing – Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies include:

- **Closures** – canceling public assemblies and/or after school activities, closing schools and non-essential school functions,
- **Emergency Staffing** - implementing emergency staffing plans to increase telecommuting and other options
 - Reviewing leave procedures and negotiations to consider the possibilities of large amounts of employees are gone.
 - Preparing lesson plans ahead of time for distance learning options

Increased Communication - with employees, students, and community members to inform on updates of the outbreak or pandemic, good hygiene methods including handwashing protocols, signage, and reminders to stay home when sick.

PUBLIC HEALTH STRATEGIES DURING PHASES 1-3

Boulder and Broomfield Public Health Departments will:

- Educate elected officials, government leaders, school officials, response partners, businesses, the media and the public about pandemics and their consequences.
- Coordinate with elected officials, government leaders, school officials, response partners, and businesses regarding the use of using social distancing strategies, the associated impacts they cause and the process for implementing these measures.
- Confirm the decision making process and criteria for recommending social distancing strategies with key public officials.

Individual schools will:

- Increase respiratory hygiene education for staff, students and parents.
- Increase disease transmission control education for staff, students and parents.
- Increase symptom monitoring and attendance monitoring to ensure accurate reporting to the health departments

SOCIAL DISTANCING STRATEGIES DURING PHASES 4-6

Boulder and Broomfield Health Departments will recommend social distancing strategies to elected officials that are commensurate with the severity of illness and societal impact of the pandemic.

Specific, county-wide strategies that may be recommended by the Health Officers include:

- Encouraging government agencies and the private sector to implement pandemic emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate worksite options
- Encouraging the public to use public transit only for essential travel; therefore transportation to schools may be interrupted.
- Suspending all public events where large numbers of people congregate including sporting events, concerts, and parades.
- Closing public and private daycare centers, schools and community colleges/universities (if applicable).
- Suspending all government functions not dedicated to addressing the impacts of the pandemic or maintaining critical continuity functions.
- Monitoring the effectiveness of social distancing strategies in controlling the spread of disease and advising appropriate decision-makers when social distancing strategies should be relaxed or ended.

Individual Schools will:

- Follow health department guidance/guidelines as appropriate including following social distancing guidelines and emergency pandemic staffing plans.
- Cancel extracurricular activities or close schools as directed by the Local Health Officers.

When directed by our LPHAs, BVSD transitions to the **Response** phase.

RESPONSE

During an outbreak/pandemic, Boulder Valley Schools District focuses on the school district's response to and management of a confirmed case. Upon notification from our LPHA, identification of a confirmed case starts the process of an outbreak/pandemic emergent situation.

Conducting a full emergency operations situation at BVSD will take the guidance and expertise of the District Incident Management Team. The Director of Health Services or designated staff person will get direct communication and notification of a confirmed case of a highly infectious illness in a student or staff and then will work directly with the district Incident Commander and the leadership in the Department of Safety, Security and Emergency Services to activate proper operations.

Concept of Operations

Because the Boulder Valley School District crosses over both Boulder and Broomfield counties, both county health departments, at their respective county level will be the lead agency in coordinating the local health and medical response to a pandemic with State, Federal, and local agencies and officials.

The School District will maintain increased communications with the Colorado Department of Education, along with both the Boulder and Broomfield Public Health Departments. The school district, taking guidance from all three agencies, will then implement those procedures that increase the health and safety of the school community. See [Appendix 2 \(BVSD Pandemic Flu Preparedness Matrix\)](#) and Annexes A-I (Response).

The **School District** assumes the following responsibilities:

- Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and both Boulder and Broomfield County Public Health Departments.
- Identify chain of command in case of illness with a minimum of 2 back-ups for key administrators following the District's Emergency Operations Plan.
- Maintain district surveillance data and provide it to LPHAs and CDPHE as requested
- Develop plans to communicate regularly with individual schools about the status of the situation and provide guidance throughout the duration of the pandemic outbreak.
- Develop and implement pandemic preparedness activities and a continuity of operations plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of the pandemic outbreak.
- Review District sick leave policies and make adjustments as necessary to ensure non-punitive policies are in place.
- Review District policies regarding quarantines and pay continuation and make adjustments as necessary.
- Communicate with and educate the school community and parents about approved public health practices and what each person can do to prepare or respond to minimize health

risks.

- Develop and implement educational support plans for students who are isolated or quarantined and coordinate these plans with the social support plans developed by both Boulder and Broomfield County Public Health Departments along with the Colorado Dept. of Education.
- Develop a recovery plan that provides for education support and emotional support for staff and students. If there is loss of life, implement procedures located in the District's Emergency Operations Plan.
- If needed, activate the Trauma Response Teams.
- Document all actions and expenditures taken.
- Develop procedures/policies for sending ill individuals (students and staff) home and plans for staffing adjustments.

Each **School** assumes the following responsibilities:

- Identify chain of command in case of illness with a minimum of 2 back-ups for key administrators following School's Emergency Operations Plan.
- Review best practices for respiratory hygiene and universal precautions and train all school staff, volunteers and students.
- Identify and procure needed resources.
- Review and implement district procedures for sending ill individuals home.
- Implement district surveillance reporting process to report the number of absent staff and students due to flu or symptoms related to the novel illness.
- Document all actions taken.
- Update staff and provide information on the extent of infection at school sites and potential changes that might take place at school.
- Follow District recovery plan that provides for education support and emotional support for staff and students.
- Maintain communications with the District Office to provide updates on the status of the situation at individual schools.
- Provide information to parents about the status of the situation using parent letter templates provided by the District Communications Office in concert with both Boulder and Broomfield County Public Health Departments.

Personal Protective Equipment (PPE) – if needed, will be provided and guided by LPHAs to BVSD. Instructions on this equipment for utilization and proper maintenance may involve the district RNs and other staff to assist in training and implementation of this equipment.

COMMUNICATIONS

Communications with the schools, the parents, and the public will be one of the most critical strategies for the district in supporting the public health efforts and containing the spread of the influenza. This plan's communications goals are to:

1. Provide accurate, consistent, and comprehensive information about the pandemic's impact on the schools, the staff, the parents, and the students. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
2. Instill and maintain public confidence in the schools and both counties' public health care systems and their ability to respond to and manage a pandemic.
3. Ensure an efficient mechanism for managing information between the district, the schools, the public health departments, the emergency response agencies, health system partners and the parents.
4. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
5. Ensure that all information released to the public is provided through the District's Public Information Officer as identified in the District's Emergency Operations Plan.

Communications During Pandemic Phases 1-3

Both Boulder and Broomfield County Departments of Public Health will:

- Educate providers, public officials, schools and emergency responders about pandemics and steps they should take to plan for pandemic outbreaks.

Under the direction of the District Incident Management Team/Designee, the District administration will:

- Assess the needs of the schools.
- Assess the information needs of the school community.
- Intensify public education efforts about pandemics and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, parent letters, school newsletters, television and radio broadcasts.
- Identify hard to reach families and ensure communications in the home language whenever possible.
- Coordinate with both Boulder and Broomfield County health departments as well as the Colorado Department of Education to develop common health messages and education materials in multiple languages.
- Develop a network of bilingual staff that can serve as information conduits to vulnerable school families and build sustainable preparedness capabilities.

Communications During Pandemic Phases 4 - 6

During Phase 4, the School District should maintain communication with staff and parents to provide information on the current status of the situation and to alert them to a possible school closure.

During Phase 5, communication with staff and parents should be increased regarding the current status and to alert them to the likelihood of school closure in the near future.

During Phase 6 and as the situation warrants, schools may be closed. Maintain communication with parents at home and with staff about the current status and plans for reopening school.

The following information applies in the event that both Boulder and Broomfield Counties activates one or both of their Emergency Operations Centers:

Each County Public Information Officer (PIO) will evaluate the need to establish a Joint Information System (JIS) in conjunction with the appropriate health system and response partners and will coordinate with the District PIO. A JIS will be activated when the EOCs deems it necessary based on specific characteristics of the pandemic. If school closures are considered, the School District PIO will coordinate all information to be disseminated to the public collaboration with the JIS.

The County Public Health Departments, as the lead agencies, will develop a communications strategy and will relay this information to the School District. It will include identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless students and their families. The School District will assist in translations for the school community whenever possible.

As the pandemic expands, the County designated PIO will provide regular updates on the pandemic and will organize regular media briefings (through the JIS when activated). This information will be conveyed to the School District.

Each County designated PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

The District PIO will evaluate the need to establish a school information call center to respond to public inquiries and may disseminate web alerts per JIS guidelines or refer calls to the County Call Center.

ESSENTIAL FUNCTIONS

One of the critical needs during a pandemic will be to maintain essential community services.

With the possibility that 30-60% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.

There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public utility personnel are unable to carry out critical functions due to illness. Individual schools or the entire district may be adversely disrupted.

Government agencies, private businesses and schools, particularly those that provide essential services to the public, must develop and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.

The School District Continuity of Operations Plan Considerations (See Appendix 3) addresses, at a minimum:

- ❖ Line of Succession for the agency.
- ❖ Approval of continuity of operations plans by the District Incident Management Team and School Board.
- ❖ Identification of mission-essential services and priorities.
- ❖ Procedures for the reassignment of employees to support mission-essential services.

Maintenance of Essential Services During Phases 1-3

- The School District will develop plans for maintaining essential departmental services during a pandemic.
- The School District will educate school administrators, school board and the school community that provide essential services about the need for continuity of operations planning in advance of a pandemic.

Maintenance of Essential Services During Phases 4-6

- The School District will update its essential services plans and will assist the schools in updating their plans.
- The District Incident Management Team or designee will determine the appropriate time to implement the continuity of operations plans and protocols and will notify school administrators.

RECOVER

School recovery from an influenza pandemic will begin when District officials receive notice from the Local Health Officer that schools may resume normal operations. The District Incident Management Team/Designee will determine if normal supplies, resources and response systems are adequate to manage ongoing school activities.

In consultation with both Boulder and Broomfield County Public Health Departments, the District Incident Management Team/Designee will recommend specific actions to be taken to return the schools to pre-event status.

The school district will:

- Provide guidance for all staff, students, parents, and community members to focus on “getting back on track” and stressing the importance of returning to normal practice and procedures for the health and safety of everyone.
- Communicate when it is safe to return to school and what precautions, if any, will need to occur.
- Return as quickly as possible to normally scheduled school days including all scheduled events.

- Assess the need for additional mental health support resources and provide as much as possible to staff, students, parents, and the community.
- Assist in supporting BVSD families with any resources that may be needed
- Establish a “return to learning” program to get students who have missed several days of instruction back on track.

Debrief

Debriefing between CDPHE, local public health agencies and, BVSD will occur many times post-event to ensure adequate data collection was successful and to begin proper preparation for the next disease outbreak/pandemic. Successes and failures will be discussed in transparency to determine the proper planning in the future.

The School District will:

- Assess and address the economic and educational impact of the pandemic on the schools.
- Evaluate the response actions taken by the school district as a result of the pandemic.
- Determine the effectiveness of the existing plan to respond to similar events in the future.
- Revise the existing plan as necessary to address any deficiencies.

APPENDIX 1 - INFECTIOUS DISEASES SUMMARIES

Pandemic Flu – Influenza –

Influenza (flu) viruses can cause a severe illness, even death. Younger and older populations as well as populations with certain health conditions (asthma, COPD, heart disease, neurological disorders, blood disorders, endocrine disorders, kidney disorders, and weakened immune systems) are at a high risk of serious flu complications.

Flu viruses are grouped into three types, designated A, B, and C.

Type A – can affect both humans and animals, and are associated with more severe illness. Usually the cause of global pandemics.

Type B – infect only humans and cause seasonal outbreaks and less severe disease than A in the United States (US). Does not cause pandemics

Type C – Very common, usually cause mild respiratory symptoms.

The average incubation period (time between infection and onset of symptoms) for seasonal flu is TWO days. Flu symptoms are only passed human to human by respiratory secretions. People infected with the flu viruses may shed the virus and transmit the infection up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first three-four days after the onset of symptoms.

An influenza pandemic is a global outbreak of a NEW INFLUENZA VIRUS that is very different than current and circulating influenza A viruses. Pandemics happen when new influenza A viruses emerge which are able to infect people easily and move quickly person to person.

Influenza viruses come from different animals including birds and pigs from the past, most recent pandemics. In a pandemic influenza, the influenza A virus in these animals may shift to what’s called an “antigenic shift.” The antigenic shift represents an abrupt, major change in an influenza A virus. This can result in a direct non-human to human transmission. Once this occurs in one person and is able to move to another person, this is now defined as a pandemic. Pandemics happen quickly and move fast from country to country.

Differences between seasonal influenza and pandemic influenza:

Seasonal Flu:	Pandemic Flu:
Happens annually and peaks between December and February	Rarely happens: 3 times in 20 th century
Usually there is some immunity from previous exposures and influenza vaccines	Most people have little or no immunity because they have no previous exposure to the virus or similar viruses
Certain people are at risk for flu complications – elderly, infants, people with chronic health conditions	Even healthy people are at risk for serious complications
Health care providers can meet the needs of patients easily	Health care providers and hospitals are overwhelmed and it is very difficult to meet the needs of the exposed public

Vaccines are updated annually and one dose is sufficient	Although the US govt maintains a stockpile of pandemic vaccines, the overwhelming need of vaccines may not be available, and may require 2 doses
Usually cause minor impact on schools and the public. Sick people should stay home	May cause major impact on the general public. May cause travel restrictions, school and business closings
Antiviral drugs are readily available and help within the first 48 hours of presenting symptoms	Antiviral drugs will still be prescribed, but will be less readily available and more difficult to come by. Symptoms will also be more severe and antivirals may not be as helpful

Treatments for pandemic flu include antiviral drugs and non-pharmaceutical interventions (NPIs). These actions do not include medications or vaccinations. NPIs will be the only early intervention tools that will most likely mitigate the quick transmission from person to person.

CORONAVIRUSES

COVID-19 – Symptoms of COVID-19 have reportedly caused mild to severe respiratory illness accompanied by fever, cough, and shortness of breath. The 2019 outbreak originated in the Wuhan province of China. As the information on COVID 19 develops see the [CDC](#) for the most up to date information.

Symptoms may appear 2-14 days after exposure. The virus is spread person-to-person between people within close contact (about 6 feet), via respiratory droplets produced when an infected person sneezes or coughs, and these droplets then land in the mouth or nose of people who are nearby. Droplets are then inhaled into the lungs. Transmission may also be possible through contact with contaminated surfaces, but this is not thought to be the main way of transmission.

[Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#) - CDC

[Frequently Asked Questions and Answers: Coronavirus Disease-2019 \(COVID-19\) and Children](#) - CDC

MERS – Middle East Respiratory Syndrome

A fairly new respiratory virus for humans. Symptoms include fever, cough, diarrhea, and shortness of breath. Some experience symptoms involving the gastrointestinal tract as well causing nausea, vomiting, and diarrhea. Spread through respiratory droplets is the believed transmission, however this is still being studied. The incubation period is approximately 5-7 days. Mortality hits one-third of diagnosed cases.

Spread is uncommon outside of hospitals, thus the risk to the global community is fairly low. No diagnosed cases in the US since 2014. No vaccine or treatment.

SARS – Severe Acute Respiratory Syndrome

Severe respiratory illness that started in southern China. No cases have been diagnosed since 2004. Initial symptoms are flu-like including muscle pain, high fever, sore throat, cough, severe muscle aches, and possible diarrhea. These symptoms may lead to shortness of

breath and/or pneumonia. Incubation period is 4-6 days, although it has been known to incubate for one day.

Transmission is through respiratory droplets. Although there is some belief that SARS may be spread through airborne transmission – meaning spread by tiny pathogens in the air that are inhaled.

Anthrax – A serious infectious disease can cause death. Anthrax gets into the body through the skin, lungs, or gastrointestinal tract. All types of Anthrax are bacterial and can spread throughout the body quickly if not treated with antibiotics.

- Cutaneous – most common and least dangerous – through the skin. Possible exposure comes from workers who handle contaminated animal products and get spores in a cut or scrape on their skin. Infection develops in 1-7 days after exposure.
- Inhalation – Most deadly form of Anthrax. Occurs when a person inhales spores that are aerosolized during the industrial processing of contaminated materials, such as wool, hides, or hair. Infection develops within a week after exposure, but it can take up to 2 months.
- Gastrointestinal – Rarely reported in the US. People who eat raw or undercooked meat from infected animals could get sick with this. Infection develops from 1-7 days after exposure.
- Injection – This Anthrax has never been reported in the US. Seen in northern Europe in people injecting heroin.

People at risk are people who handle animal products, veterinarians, livestock producers, travelers, laboratory professionals, mail handlers, military personnel, and response workers. The Anthrax vaccine is currently provided only to people who are at an increased risk of coming in contact with anthrax spores, such as members of the US military, certain laboratory workers, and some people who handle animals or animal products. The vaccine is not licensed for use in children under age 18, adults over age 65, or pregnant and nursing women.

We do not know when Anthrax will occur, however, federal agencies have worked for years with health departments across the country to plan and prepare for an anthrax attack. Anthrax can be used as a weapon because spores are easily found in nature, can be produced easily, and can last a very long time in the environment. These spores are released quietly and without anyone knowing. The spores cannot be seen, smelled, or tasted.

Ebola – a rare viral hemorrhagic fever in humans and non-human primates. The virus starts between 2 days and 3 weeks after contracting the virus. Symptoms show up as a fever, sore throat, muscular pain, and headaches. Vomiting, diarrhea, and a rash may follow along with decreased function of the liver and kidneys. An infected person may bleed both internally and externally and has a very high risk of death, killing between 25-90% of those infected. Death often occurs from low blood pressure due to loss of blood. The virus spreads through direct contact with body fluids, such as blood, urine, feces, semen, breast milk, sweat, and vomit. An Ebola vaccine is currently being studied in Africa with promising factors, nothing current in the US thus far. No specific treatment is singled out for Ebola, however, supporting treatments will have to take place such as intravenous fluids, pain management, anti-nausea, and fever control. If infected, recovery depends on the person's immune response. Ebola survivors may carry the illness in their blood for up to 10 years post-recovery.

APPENDIX 2 - BVSD PANDEMIC FLU PREPAREDNESS MATRIX

APPENDIX 3 - CONTINUITY OF OPERATIONS PLAN CONSIDERATIONS

Pandemic planning issues to be reconsidered or added to the existing Emergency Operations Plan:

At the District Level:

- Ensure a line of Succession:
 - All Management/Command Staff should have a primary and two alternates identified.
 - All Section Chiefs should have a primary and two alternates identified.
 - Clarify roles and lines of succession for School Board Members.
- Identify critical functions and processes:
 - Life / health/ safety
 - Essential to accomplishing the mission of the school district
 - Critical "Daily" functions that need to be provided EVEN during an event although at a reduced level
 - Identify Standard Operating Procedures of critical functions/processes and clearly document so resources pulled from non-essential functions can perform in an emergency and/or "surge" activity
 - Identify positions needed to carry out critical functions
 - Identify and assign key team leaders and alternates - *refer to the District's Emergency Operations Plan /CS Staffing Chart*
 - Document processes & task checklists
 - Identify critical functions that can be performed via telecommuting and/or manual processes if IT systems are overloaded or if re-assigned staff is not familiar with applications
 - Data entry
 - Records management
 - Payroll processing
- Ensure continuity of education:
 - Review continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
 - Determine, in consultation with school district officials or other relevant state or local partners:

- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
 - How to convert face-to-face lessons into online lessons and how to train teachers to do so;
 - How to triage technical issues if faced with limited IT support and staff;
 - How to encourage appropriate adult supervision while children are using distance learning approaches; and
 - How to deal with the potential lack of students' access to computers and the Internet at home.
- Ensure continuity of meal programs.
 - Consider ways to distribute food to students.
 - If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.
 - Consider alternatives for providing essential medical and social services for students.
 - Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

At the School Level:

- Identify essential services and priorities for each school or department for Pandemic Level 5 or 6 (plan for 3 months)
- Each school administration should work with the school Emergency Response Team to implement school-based procedures as outlined in plan including identifying issues and needs such as:
 - What to do if there is a large reduction in workforce
 - What to do if schools are closed for 1-2 months (or greater)
 - Identifying resource needs such as paper towels, soap, masks, gloves, etc.
 - Implementing increased symptom monitoring and attendance monitoring to ensure accurate reporting.

Other issues to consider:

- Identify technology needs related to large-scale telecommuting and conference calling.
- Access to Chromebooks and/or laptops

- Remote Access
- Information "SECURITY"
- Review human resource policies to determine whether staff can be prevented from remaining at work if symptomatic for pandemic illness.
- Determine whether critical functions could be performed through flex shifting.
- Establish shifts, longer hours of operations, alternate work days, etc.
- Review human resource and labor policies regarding the implementation of flex schedules.
- Identify procedures for the reassignment of employees to support mission essential services
- Identify staff that can be cross-trained to backfill critical functions.
- Identify functions that can be suspended while the staff is reassigned to more critical roles.
- Develop mechanisms to track department absenteeism and reporting protocols.

APPENDIX 4 - PUBLIC INFORMATION MESSAGE SAMPLES

Colorado Department of Public Health and Environment (CDPHE), [How Sick is Too Sick? When Children and Staff Should Stay Home from School or Child Care](#) English - Dec 2019

Colorado Department of Public Health and Environment (CDPHE), [How Sick is Too Sick? When Children and Staff Should Stay Home from School or Child Care](#) Spanish - Dec 2019

CDPHE, [Sample Illness Policy](#) - Dec 2019

Boulder County Public Health (BCPH), [Health Communication, General Illness Notice](#) - Jan 2020

BVSD, [Public Health Notice: Measles](#) - May 2019

BVSD Website Post, [Local Officials are keeping a watchful eye on the coronavirus](#) - Jan 2020

[BVSD Talking Points, 2019 Novel Coronavirus](#) - February 2020

BVSD, [Coronavirus Updates for DLT](#) - Feb 2020

BVSD, [Updates on Coronavirus for Staff and Families](#) - Feb 2020

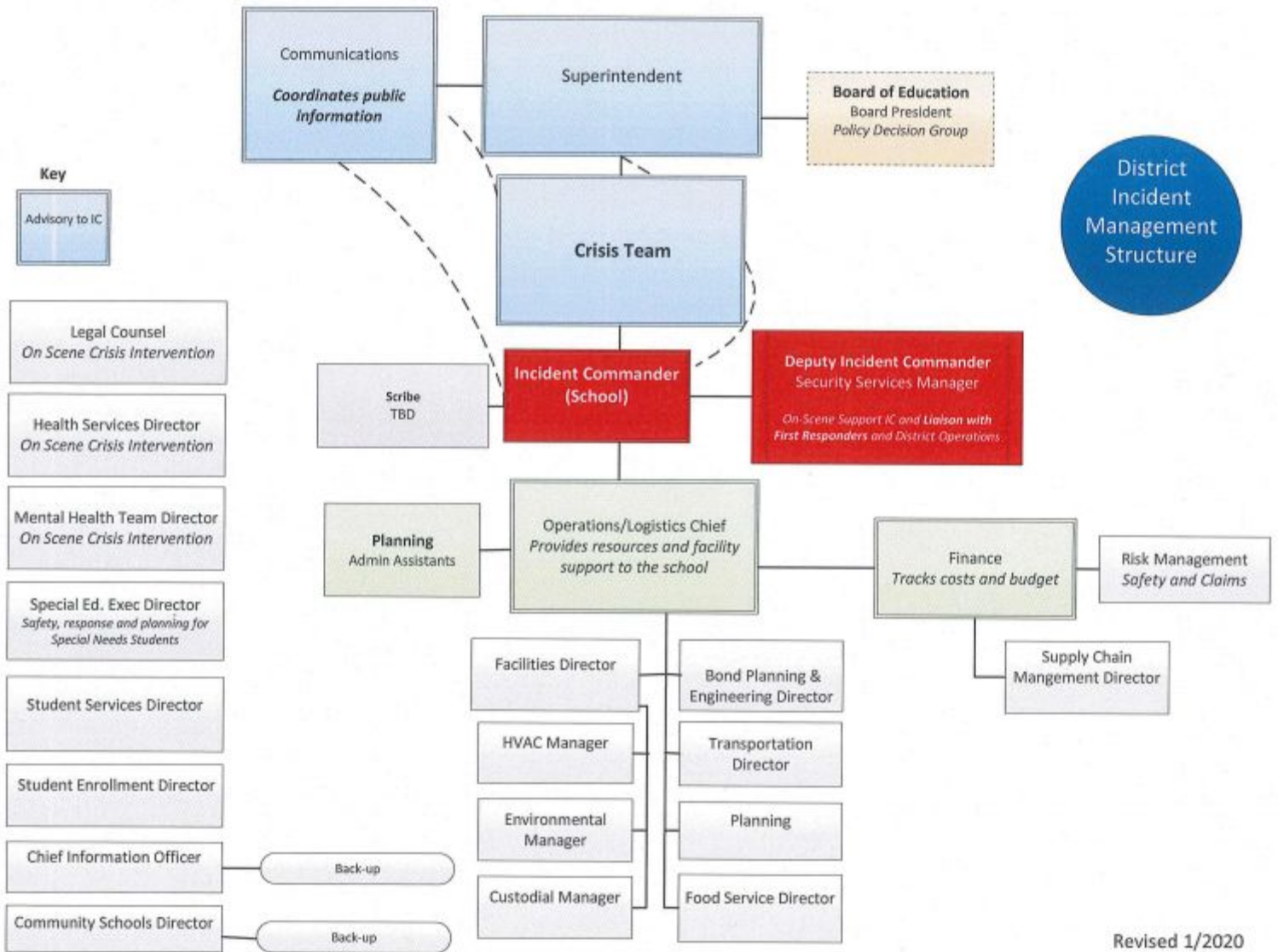
APPENDIX 5 - BVSD RESPIRATORY ILLNESS PREVENTION PROGRAM

The following Respiratory Prevention Program will be implemented annually by Boulder Valley School District during the fall, knowing that September is National Preparedness Month hosted by the federal government. Responsibility for execution of this program resides with the school principals and will be supported by the District Incident Management Team and Board of Education.

Respiratory illness prevention training concept all schools:

- Teachers in all schools will provide five (5) minutes of instruction on the prevention of respiratory illness three times per year. This will include prevention of pandemic illness through standard infection control protocols/procedures, i.e. wash hands, cover coughs, stay home when sick,, etc.
- Principals in each school may select one grade level per whereby each student in that grade level will produce a poster(s) about prevention of respiratory illness through standard infection control protocols/procedures, i.e. wash hands, cover coughs, stay home when sick, etc. This may or may not be a poster contest, but the posters will be displayed around the school to raise awareness.
- The district will provide commercial-grade posters to be displayed in the schools.
- The district will produce one-page flyers on respiratory illness prevention activities, to be posted around the school, and to give to parents at parent-teacher meetings.

APPENDIX 6 - BVSD INCIDENT COMMAND STRUCTURE



ANNEX A - Administration

Preparedness and Prevention Strategies:

The purpose of this plan is to assist in managing the impact of a pandemic on schools based on two main strategies:

- Reduce the spread of the virus within school facilities.
- Sustain educational functions and District operations.

Boulder Valley School District Administration and Board of Education will administer this Pandemic Plan by performing the following key functions:

1. Participate fully with Public Health Officials to institute their recommendations and facilitate the dissemination of health communications.
2. Support District employees as they perform duties as delegated and assigned within the execution of this plan.
3. Provide for and effectively manage material resources of BVSD.
4. Provide for and effectively manage human resources of BVSD.
5. Promote the continuity of educational functions and follow Public Health recommendations regarding the scheduling/cancellation of large group events or school closures.
6. Ensure uninterrupted economic viability and maintain the functioning of District business operations.
7. Maintain BVSD Pandemic Response Plan.

Participate fully with Public Health Officials to institute their recommendations and facilitate the dissemination of health communications.

1. Align BVSD pandemic response policies and procedures with Boulder and Broomfield County Health departments and CDPHE pandemic recommendations.
2. Partner closely with Boulder and Broomfield County Health departments to establish efficient and effective communication mechanisms.
3. Identify a chain of command for the District and each school building, utilizing established emergency response and crisis management procedures.
4. Facilitate link of communications between schools, parents/guardians, and external partners regarding the pandemic influenza virus.
5. Facilitate internal communications within the District and buildings.
6. Communication considerations include:
 - a. Communication links with local public health agencies will be established and external communications filtered through the BVSD Health Services Director and BVSD Communications Officer, who in turn will disseminate accurate information to administration, employees and student/families.
 - b. A primary communication link will be the public health website at <http://www.cdphe.state.co.us/index.html>. Specific information for schools will also be made available through this website and local public health agencies. (Note: Utilize only materials that have been cleared and approved by the local public health officials. This will prevent the release of inaccurate or misleading information.
 - c.

Respond to the needs of District employees as they perform duties as delegated and assigned within the execution of this plan.

1. Delegate duties and responsibilities as outlined in this plan.
2. Address potential compensation and budgetary implications of the plan.
3. Review and revise the delegation of duties as indicated.

Provide for and effectively manage material resources of the BVSD.

1. Initiate actions that reduce the spread of the virus including the thorough cleaning and disinfecting of the facilities. This will require the acquisition of adequate cleaning supplies, gloves, toweling, etc to last ideally a minimum of six to eight weeks.
2. Reduce the risk of person to person infection by maintaining an adequate central supply stock of basic supplies such as waterless hand cleaning products, disposable facial tissue, trash can liners for potentially virus-contaminated materials, hand soap, toweling, and toilet tissue. (Assure adequate stock supply in event of transit or shipping halts due to influenza outbreak.) If the level of concern increases be prepared to purchase health services materials and protective gear, such as masks and gloves, as may be specified by state or local county health departments.
3. Manage food supplies and inventory. Develop contingency plans in the event of limited arrival of food shipments.
4. Prioritize material needs and purchases during the pandemic period.

Provide for and effectively manage human resources of the BVSD.

1. Identify essential staff and functions. (Prioritize functions and back up staff.)
2. Delegate or reassign employees to cover essential tasks. Discontinue functions that are deemed non-essential.
3. Require that all District employees, who exhibit a temperature of 100 degrees or higher, have active vomiting or diarrhea, a generalized body rash of undiagnosed origin, a chronic, persistent, or productive cough, or are experiencing any additional symptoms that may be specific to the active strain of pandemic illness, be excluded from work. District protocol for reporting absence due to illness should be followed. Employees who develop these symptoms while at work shall be excluded from the building as soon as possible to minimize pathogen spread.
4. BVSD staff shall initiate a screening process for student or staff absence using the basic intake form (Annex H) when there is evidence of increased transmission in the community. This form will record the type of symptoms exhibited by the ill individual. The informational data retrieved will be reported to the Boulder and Broomfield County Health Departments, and remain securely filed in the health office. This information will then be destroyed at the conclusion of the pandemic event when cleared to do so by the local health department.
5. Plan for absenteeism of staff (i.e. develop contingency or back up plans for functioning with 30% of school employees absent due to personal or family illness).
6. Address potential implications for District sick leave policies.

Promote the continuity of educational functions and follow Public Health recommendations regarding the scheduling/cancellation of large group events or school closures.

1. Plan for absenteeism of students due to illness.
2. Develop mechanisms for continuing educational endeavors with students who are excluded from attending or recovering from illness.

3. Develop alternative methods for continuing educational functioning in the event of prolonged school closure (i.e. Internet posting of assignments on school websites, emailing of assignments, etc.).
4. Maximize student spacing and distancing individuals to reduce the spread of pathogens using the following strategies if possible:
 - a. Space student desks three (3) feet apart or in small pods or clusters.
 - b. Discourage prolonged congregation in hallways or entryways during passing, arrival and dismissal times.
 - c. Limit group activities and interactions between classes.
 - d. Consider canceling classes such as PE, choir, band, orchestra, or other school activities that typically place individuals in close proximity.
 - e. Postpone school events or activities where large groups of people congregate (only when deemed necessary by public health officials).
 - f. As may be directed by administration to stagger lunchtimes and shorten time in the cafeteria, to minimize the number of students in the cafeteria at one time. This may require schedule changes and flexibility to accommodate this component of the pandemic response plan.
 - g. Staggered school times and bussing schedules may be considered when absenteeism of transportation or school staff warrants and when a decrease in numbers of riders per bus is desired.

In the rare event that schools would be closed by order of the Board or state, students and school staff will be directed to return home and stay home during the school closure. Closing school is a last resort and is only effective for disease containment if the staff and students eliminate contact with others by staying home.

Ensure uninterrupted economic viability and maintain functioning of District business operations.

1. Ensure that core functions, people and skills have been identified and that strategies are in place to manage these prior to the pandemic (i.e. cross-training, delegation, prioritization of functions).
2. Identify a process for maintaining the operations of the central office including budget, payroll, and ongoing communications with employees, students and student families.

Maintain the BVSD Pandemic Response Plan.

1. Ensure that the BVSD Pandemic Plan is reviewed and revised annually, with consultation provided by state and county authorities.
2. Ensure that the BVSD Pandemic Plan is exercised and tested bi-annually.
3. Ensure that the results of the plan exercise are evaluated and that revisions are made if indicated.
4. Ensure that contact information for key stakeholders and partners in the plan is maintained in an accessible location and updated annually.
5. The BVSD Pandemic Plan should be integrated into the County Pandemic Plan.
6. The BVSD Pandemic Plan may be shared with:
 - a. Boulder County Health
 - b. Broomfield County Health
 - c. State and Federal authorities
 - d. Individual schools and charter schools within the BVSD
 - e. Neighboring schools/districts
 - f. Local emergency response teams, hospitals and other health care agencies

ANNEX B - District Nurses and Health Room Staff

Adhere to the core preparedness and prevention strategies (common to all employee groups):

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Practicing Universal Precautions at all times.
 - b. Minimizing sharing desktop surfaces, keyboard, and telephone hand-pieces with others.
 - c. Daily wiping desktop and telephone hand-pieces with disinfectant solution during times of high incidence of illness.
 - d. Periodically cleaning shared computer keyboards with disinfectant wipes.
2. Do not report to work if you are not feeling well and have a temperature of 100 degrees or higher, active vomiting or diarrhea, a chronic, persistent, or productive cough, or a generalized body rash of undiagnosed origin. Follow District protocol for reporting absence due to illness.
3. Promote healthy hygiene habits (i.e. hand washing after restroom use, hand washing prior to and after mealtime, covering coughs and sneezes, use and proper disposal of personal tissues).
4. Be familiar with the valuable role you have in the execution of this Pandemic Plan.

Preparedness and Prevention Strategies in the School Health Office:

1. Prevention strategies specific to Nurses and Health Room staff: prevent personal exposure to germs and illness-causing pathogens by:
 - a. Wearing protective gear such as gloves, masks, and goggles when indicated.
 - b. Disinfecting cots and other shared surfaces after each student or staff intervention.
2. Dispose of waste materials in a safe and efficient manner. Liners will be needed in all waste cans that are collecting potentially contaminated materials (recycled grocery bags may be used).
3. Work with schools to plan ahead for situations where parents may not be available to pick up their children right away.
4. Refer ill students or staff to the Health Office and isolate those who exhibit a temperature of 100 degrees or higher, active vomiting or diarrhea, a generalized body rash of undiagnosed origin, or a chronic, persistent, or productive cough.
5. Post and disseminate health-related communications and public health materials to employees and students/families ONLY as directed and approved by the District Health Services and the Public Health officials.
6. District nurses will distribute school health office protocols to school health clerks.

Response to Pandemic or period of high incidence illnesses:

1. Initiate the above-listed prevention strategies if not already being utilized.
2. BVSD nurses serve as a professional resource to school administrators as the pandemic plan is initiated and sustained in the school setting.
3. Review recommended hygienic practices for disease prevention (provided to you by the local county health departments and BVSD nurses - these maybe posters, video segments, or printed materials).

4. Promote health communication with our staff and students/families including the medically fragile or immune-compromised (as indicated), by distributing any printed materials as directed by Board or state, District nurses or Administration.
5. BVSD nurses identify additional resources available for accurate health information updates regarding the pandemic event and influenza as recommended by the Public Health officials. This may include postings and alerts on the BVSD website.
6. BVSD nurses serve as a resource for interpretation and understanding of all health communications.

Assist in reducing the spread of pathogens using the following strategies:

1. Health care providers such as District nurses and school health staff should be provided with appropriate personal protective equipment (such as face masks) while caring for individuals who present with possible pandemic symptoms.
2. Refer ill students or staff to the Health Office and isolate those who exhibit a temperature of 100 degrees or higher, active vomiting or diarrhea, a generalized body rash of undiagnosed origin, a chronic, persistent, or productive cough, or any additional symptoms that may be specific to the strain of influenza currently active.
3. Remove the ill person from the school as quickly as possible to minimize possible exposures. Release ill students to parent/guardian or a parent approved emergency contact person only. Isolate ill individuals as much as possible until they exit the building. If pandemic illness is suspected, the ill individual may wear a face mask until dismissed.
4. Direct the student and the student's parent/guardian that the student is not to return to school until the illness has resolved or their physician or public health professionals release them for return to school.
5. Facilitate referral processes as indicated.
6. A screening process for a any call-in of a student or staff absence, as directed by the local health department, could be initiated, using a basic intake form (see sample in Annex H). Authorized staff will record the type of symptoms exhibited by the ill individual. The informational data retrieved will be reported to local county health departments and remain securely filed in the health office. This information will then be destroyed at the conclusion of the pandemic event when cleared to do so by the local county health departments.
7. A second more detailed interview process may be required as indicated by the local county health departments (Annex I). The District nurse or a qualified designee shall conduct this interview. The data retrieved will be handled as noted above.
8. Identify and inform close contacts of an ill individual if directed to do so by public health representatives. Share recommendations or information as provided by public health officials. Refer an individual to their health care provider if additional medical advice is desired.
9. Promote all aspects of the pandemic response plan that minimize the spread of the illness, such as healthful hygienic practices, student spacing recommendations, thorough cleaning of the school environment (daily), and school schedule/activity alterations.
10. BVSD nurses will assist to coordinate the administration of any influenza vaccinations or antiviral medications as directed and made available by the local county health departments.

In the rare event that schools would be closed by order of the Board or state, students and school staff will be directed to return home and stay home during the school closure. Closing school is a last resort and is only effective for disease containment if the staff and students eliminate contact with others by staying home

ANNEX C - Principals and Teachers

Adhere to the core preparedness and prevention strategies (common to all employee groups):

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Practicing Universal Precautions at all times.
 - b. Minimizing sharing desktop surfaces, keyboard, and telephone hand-piece with others.
 - c. Daily wiping desktop and telephone hand-pieces with a disinfectant solution during times of high incidence of illness.
 - d. Periodically cleaning shared computer keyboards with disinfectant wipes.
2. Do not report to work if you are not feeling well and have a temperature of 100 degrees or higher, active vomiting or diarrhea, a chronic, persistent, or productive cough, or a generalized body rash of undiagnosed origin. Follow District protocol for reporting an absence due to illness.
3. Promote healthy hygiene habits (i.e. hand washing after restroom use, hand washing prior to and after mealtime, covering coughs and sneezes, use and proper disposal of personal tissues).
4. Strongly encourage voluntary participation in annual influenza or flu shot clinics as offered through District nurses or through your personal health care provider or physician.
5. Be familiar with the valuable role you have in the execution of this Pandemic Plan.

Preparedness and Prevention Strategies in School Buildings:

1. Refer students with any signs of illness in the classroom to the health office for identification of symptoms, and referral to parents and/or District Nurses for further evaluation.
2. District Nurses provide continuing education to school staff about individual susceptibility to disease.

Response to Pandemic or period of high Incidence illnesses:

1. Initiate the above-listed prevention strategies if not already being utilized.
2. Review recommended hygienic practices for disease prevention (provided to you by the local county health departments and BVSD nurses - maybe posters, video segments, or printed materials).
3. Promote health communications with our students' families by distributing any printed materials as directed by Board or state, District Health Services or Administration.
4. Maximize student spacing and distancing individuals to reduce the spread of pathogens using the following strategies:
 - a. Stagger lunchtimes and shorten the time in the cafeteria, to minimize the number of students in the cafeteria at one time. This may require schedule changes and flexibility to accommodate this component of the pandemic response plan.
 - b. Promote frequent air exchanges in the classroom, by closing the door to the hallway.
5. Promote continuity of the educational process by utilizing one or more of the following strategies or instituting another avenue for providing the same:
 - a. Pre-arranging lesson plans for substitute's use in event of teacher absence due to personal or family illness.

- b. Posting homework assignments on Schoology, using a phone messaging system, or emailing assignments to a student's home.
- c. Collecting and preparing packets of take-home assignments for pick up in the main office or postal mail delivery.

In the rare event that schools would be closed by order of the Board or state, students and school staff will be directed to return home and stay home during the school closure. Closing school is a last resort and is only effective for disease containment if the staff and students eliminate contact with others by staying home.

ANNEX D - Counselors, Psychologists, Behavioral Health Advocates and other Mental Health staff

Adhere to the core preparedness and prevention strategies (common to all employee groups):

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Practicing Universal Precautions at all times.
 - b. Minimizing sharing desktop surfaces, keyboard, and telephone hand-piece with others.
 - c. Daily wiping desktop and telephone hand-pieces with disinfectant solution during times of high incidence of illness.
 - d. Periodically cleaning shared computer keyboards with disinfectant wipes.
2. Do not report to work if you are not feeling well and have a temperature of 100 degrees or higher, active vomiting or diarrhea, a chronic, persistent, or productive cough, or a generalized body rash of undiagnosed origin. Follow District protocol for reporting an absence due to illness.
3. Promote healthy hygiene habits (i.e. hand washing after restroom use, hand washing prior to and after mealtime, covering coughs and sneezes, use and proper disposal of personal tissues).
4. Strongly encourage voluntary participation in annual influenza or flu shot clinics as offered through District nurses or through your personal health care provider or physician.
5. Be familiar with the valuable role you have in the execution of this Pandemic Plan.

Preparedness and Prevention Strategies in School Buildings:

1. Refer students with any signs of illness in the classroom to the health office for identification of symptoms, and referral to parents and/or District Nurses for further evaluation.

Response to Pandemic or period of high incidence illnesses:

1. Initiate the above listed prevention strategies if not already being utilized.
2. Review recommended hygienic practices for disease prevention (provided to you by the local county health departments and BVSD nurses - may be posters, video segments , or printed materials).
3. Provide emotional-psychological support to students and staff via counseling.
4. Follow up with staff and student referrals to other community agencies for intervention as need indicates.
5. Be aware of the effects of cumulative stress on caregivers. Provide education and resources regarding the effects of cumulative stress on caregivers. Caregivers may include such as office staff, District nurses, teachers, paraprofessionals, school counselors, administrators and other employees who may be under additional stress or working extended hours during the pandemic event.
6. Be prepared to serve in other District schools to fill in for a part-time or absent counselor.

7. Plan for safe areas for students or staff to utilize during times of high stress or when emotionally distraught.
8. Make educational materials available to families and staff on topics such as how to support your loved one while recovering from illness, common symptoms of grief or loss, and describe aspects of effective versus ineffective coping mechanisms.
9. Contact Learning Services administrator for additional District resources such as help from a Trauma Response Team as needed.

In the rare event that schools would be closed by order of the Board or state, students and school staff will be directed to return home and stay home during the school closure. Closing school is a last resort and is only effective for disease containment if the staff and students eliminate contact with others by staying home.

ANNEX E - Operations and Maintenance

Adhere to the core preparedness and prevention strategies (common to all employee groups):

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Practicing Universal Precautions at all times.
 - b. Minimizing sharing desktop surfaces, keyboard, and telephone hand-piece with others.
 - c. Daily wiping desktop and telephone hand-pieces with disinfectant solution during times of high incidence of illness.
 - d. Periodically cleaning shared computer keyboards with disinfectant wipes.
2. Do not report to work if you are not feeling well and have a temperature of 100 degrees or higher, active vomiting or diarrhea, a chronic, persistent, or productive cough, or a generalized body rash of undiagnosed origin. Follow District protocol for reporting an absence due to illness.
3. Promote healthy hygiene habits (i.e. hand washing after restroom use, hand washing prior to and after mealtime, covering coughs and sneezes, use and proper disposal of personal tissues).
4. Strongly encourage voluntary participation in annual influenza or flu shot clinics as offered through District nurses or through your personal health care provider or physician.
5. Be familiar with the valuable role you have in the execution of this Pandemic Plan

Preparedness and Prevention Strategies:

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Perform cleaning duties according to established protocol.
 - b. Wear protective gear when indicated.
2. Refer students with any signs of illness in the classroom to the health office for identification of symptoms, and referral to parents and/or District Nurses for further evaluation.
3. Maintain adequate stores of supplies for use in event of a pandemic outbreak that could last several weeks. Supplies needed include:
 - a. Cleaning supplies, including bottles of disinfectant and wiping cloths for each classroom
 - b. Protective wear: masks, gloves, goggles
 - c. Waste liners
 - d. Restroom supplies: hand soap, toweling, and toilet tissue.

Response to Pandemic or period of high incidence illnesses:

1. Initiate the above listed prevention strategies if not already being utilized.
2. Review recommended hygienic practices for disease prevention (provided to you by the local county health departments and BVSD nurses - may be posters, video segments, or printed materials).
3. Read all health communications distributed to employees from Board or state, District

- Health Services or Administration.
4. Maximize personal spacing and distance individuals to reduce the spread of pathogens. Avoid close contact with others that may be ill.
 5. Post health related posters as directed by the Board or state, District nurses or BVSD administration.
 6. Position waterless hand washing stations at designated sites for staff and student use. Refill stations often.

School cleaning recommendations for CUSTODIANS during pandemic outbreak:

1. Disinfect daily (or more often if possible) common or shared surfaces, desktops, counters, railings, and door knobs/handle mechanisms. Standard cleaning solutions or products are adequate - no specialized solutions are indicated. Detailed information regarding cleaning solutions can be found on the Colorado Department of Health and Environment website: <http://www.cdphe.state.co.us/bt/public/PanFluBrochure.pdf>.
2. Dispose of waste materials in a safe and efficient manner. Liners will be needed in all waste cans that are collecting potentially contaminated materials.
3. Following each school day, thoroughly ventilate the building by turning up air conditioning or heating systems to promote air exchanges.
4. Report any potential areas of contamination or concern to your supervisor.

School cleaning recommendations for MAINTENANCE STAFF during pandemic outbreak:

1. Where operationally possible, promote frequent air exchanges and increase ventilation in the building. During the day, air exchanges in the facility.
2. Report any potential areas of contamination or concern to your supervisor.
3. Filters of air conditioning or heat exchange units should be cleaned and changed frequently.

In the rare event that schools would be closed by order of the Board or state, students and school staff will be directed to return home and stay home during the school closure. Closing school is a last resort and is only effective for disease containment if the staff and students eliminate contact with others by staying home.

ANNEX F - Food Services

Adhere to the core preparedness and prevention strategies (common to all employee groups):

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Practicing Universal Precautions at all times.
 - b. Minimizing sharing desktop surfaces, keyboard, and telephone hand-piece with others.
 - c. Daily wiping desktop and telephone hand-pieces with disinfectant solution during times of high incidence of illness.
 - d. Periodically cleaning shared computer keyboards with disinfectant wipes.
2. Do not report to work if you are not feeling well and have a temperature of 100 degrees or higher, active vomiting or diarrhea, a chronic, persistent, or productive cough, or a generalized body rash of undiagnosed origin. Follow District protocol for reporting an absence due to illness.
3. Promote healthy hygiene habits (i.e. hand washing after restroom use, hand washing prior to and after mealtime, covering coughs and sneezes, use and proper disposal of personal tissues).
4. Strongly encourage voluntary participation in annual influenza or flu shot clinics as offered through District nurses or through your personal health care provider or physician.
5. Be familiar with the valuable role you have in the execution of this Pandemic Plan

Preparedness And Prevention Strategies in School Kitchens:

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Performing kitchen and cafeteria cleaning duties according to established protocol.
 - b. Utilizing mechanical dishwashers at the appropriate temperature setting and for full-cycle washing. (This effectively eliminates potential disease-causing pathogens on kitchenware and tableware.)
 - c. Preparing foods as directed, achieve and maintain ideal temperatures for hot and cold foods.

Note: Food Services administrators will develop contingency plans in the event of high amounts of absenteeism due to illness, for coverage of essential food service duties. Cross-training of food service personnel may be indicated to support continuity of Nutrition Services during high absenteeism. Another area of consideration for Food Services will be in the event that food supply deliveries are limited or shipments suspended.

Response to Pandemic or period of high incidence illnesses:

1. Initiate the above-listed prevention strategies if not already being utilized.
2. Review recommended hygienic practices for disease prevention (provided to you by the local county health departments and BVSD nurses - maybe posters, video segments, or printed materials).
3. Read all health communications distributed to employees from Board or state, District Health Services or Administration.

4. Maximize personal spacing and distance individuals to reduce the spread of pathogens. Avoid close contact with others that may be ill.
5. Post health-related posters as directed by the Board or state, District nurses or BVSD administration.
6. Waterless handwashing stations may be positioned at entrances to the cafeteria for staff and student use before and after eating. Contact custodian staff if the station requires a refill of solution.
7. Minimize the handling of food and utensils by non-food-services personnel.
8. Minimize food and drink sharing.

School cleaning recommendations during pandemic outbreak:

1. Disinfect daily (or more often if possible) common or shared surfaces, paperwork surfaces, counters, railings, and doorknobs/handle mechanisms. **Cafeteria tabletops and seats should be disinfected after each seating of students.** Standard cleaning solutions or products are adequate - no specialized solutions are indicated. Detailed information regarding cleaning solutions can be found on the Colorado Department of Health and Environment website: <http://www.cdphe.state.co.us/bt/public/PanFluBrochure.pdf> .
2. Dispose of waste materials in a safe and efficient manner. Liners will be needed in all waste cans that are collecting potentially contaminated materials.
3. Where operationally possible, promote frequent air exchanges and increase ventilation in the building. During the day, air exchanges in the kitchen and cafeteria. Following each school day, thoroughly ventilate the building by either opening all doors and windows or turning up air conditioning or heating systems to promote air exchanges.
4. Report any potential areas of contamination or concern to your supervisor.

In the rare event that schools would be closed by order of the Board or state, students and school staff will be directed to return home and stay home during the school closure. Closing school is a last resort and is only effective for disease containment if the staff and students eliminate contact with others by staying home.

Government agencies, such as the USDA, may use school kitchens to meet community needs even if schools are closed. Food in stock may be taken for use at local shelters.

ANNEX G - Transportation

Adhere to the core preparedness and prevention strategies (common to all employee groups):

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Practicing Universal Precautions at all times.
 - b. Minimizing sharing desktop surfaces, keyboard, and telephone hand-piece with others.
 - c. Daily wiping desktop and telephone hand-pieces with disinfectant solution during times of high incidence of illness.
 - d. Periodically cleaning shared computer keyboards with disinfectant wipes.
2. Do not report to work if you are not feeling well and have a temperature of 100 degrees or higher, active vomiting or diarrhea, a chronic, persistent, or productive cough, or a generalized body rash of undiagnosed origin. Follow District protocol for reporting absence due to illness.
3. Promote healthy hygiene habits (i.e. hand washing after restroom use, hand washing prior to and after mealtime, covering coughs and sneezes, use and proper disposal of personal tissues).
4. Strongly encourage voluntary participation in annual influenza or flu shot clinics as offered through District nurses or through your personal health care provider or physician.
5. Be familiar with the valuable role you have in the execution of this Pandemic Plan

Preparedness and Prevention Strategies for Bus Drivers:

1. Prevent personal exposure to germs and illness-causing pathogens by:
 - a. Performing bus-cleaning duties according to established protocol.
 - b. Wearing protective gear when indicated.
 - c. Disposing of waste materials on a regular basis.
 - d. Wiping steering wheel, shift levers, student seats and railings with disinfecting solution daily during times of high incidence of illness.
2. Refer students with any signs of illness to the school health office for identification of symptoms, and referral to parents and/or District Nurses for further evaluation.
3. Maintain adequate stores of supplies for use in event of a pandemic outbreak.
Supplies needed include:
 - a. Cleaning supplies, including disinfectant (such as a fresh bleach solution or disinfectant wipes), wiping cloths and gloves
 - b. Waste containers with liners (such as recycled grocery bags)
 - c. Waterless hand cleaner
 - d. Facial tissues for student/staff use.

Response to Pandemic or period of high incidence illnesses:

1. Initiate the above-listed prevention strategies if not already being utilized.
2. Review recommended hygienic practices for disease prevention (provided to you by the local county health departments and BVSD nurses - maybe posters, video segments, or printed materials).
3. Read all health communications distributed to employees from the Board or state, District Health Services or Administration.
4. Maximize personal spacing and distance individuals to reduce the spread of pathogens.

- Avoid close contact with others that may be ill.
5. Post health-related posters as directed by the Board or state, District nurses or BVSD administration.

Bus cleaning recommendations during pandemic outbreak:

1. Disinfect daily (or more often if possible) common or shared surfaces, such as bus seats, railings, steering wheel and shift levers. Standard cleaning solutions or products are adequate - no specialized solutions are indicated. Detailed information regarding cleaning solutions can be found on the Colorado Department of Health and Environment website:
<http://www.cdph.state.co.us/bt/public/PanFluBrochure.pdf>
2. Dispose of waste materials in a safe and efficient manner. Liners (such as recycled grocery bags) are needed in all waste cans that are collecting potentially contaminated materials.
3. Where operationally possible, promote frequent air exchanges and increase ventilation on the bus. Following each school day, thoroughly ventilate the bus by opening bus doors and windows.
4. Report any potential areas of contamination or concern to your supervisor.

In the rare event that schools would be closed by order of the Board or state, students and school staff will be directed to return home and stay home during the school closure. Closing school is a last resort and is only effective for disease containment if the staff and students eliminate contact with others by staying home.

ANNEX H - Health Room Sick Visit Symptom Log

School or Facility Site:

Date:

	Name	Student	Staff	Fever	Cough	Head-ache	Nausea /Vomit	Diarrhea	Rash	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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17										
18										
19										
20										

ANNEX I - Public Health Symptom Questionnaire

Link to Public Health Pandemic Illness Symptom Questionnaire if applicable