

PANDEMIC INFLUENZA PLAN

Purpose Statement

Erie 1 BOCES maintains a Comprehensive Emergency Management Plan (CEMP)/District-Wide School Safety Plan to identify, mitigate, respond and recover to potential threats to life safety, district property and the district's overall education mission. Pandemic Influenza is one such threat and has the potential to have an enormous impact upon human life and daily operations of the citizens of our community. This guidance document is designed to be fully integrated into the District Wide School Safety Plan and shall be designated Annex I.

Section I: General Considerations and Planning Guidelines

A. Introduction

Although remarkable advances have been made in science and medicine during the past century, we are constantly reminded that we live in a universe of microbes that are forever changing and adapting themselves to the human host and the defenses that humans create. While science has been able to develop highly effective vaccines and treatments for many infectious diseases that threaten public health, the United States faces a burden of influenza that results in approximately 36,000 deaths and more than 200,000 hospitalizations each year.

A pandemic could dwarf this impact and has the potential to cause more death and illness than any other public health threat. The last three pandemics, in 1918, 1957 and 1968, killed approximately 40 million, 2 million and 1million people worldwide, respectively. If a pandemic influenza virus with similar virulence to the 1918 strain emerged today, in the absence of intervention, it is estimated that 1.9 million Americans could die and almost 10 million could be hospitalized over the course of the pandemic, which may evolve over a year or more.

B. Partnerships

An influenza pandemic is a public health emergency and will be managed by public health agencies of the Federal, State and County Government. Furthermore, there is an expectation that the Town of Clarence will implement emergency response procedures consistent with the aforementioned governments and the National Response Plan. Erie 1 BOCES, while always striving to fulfill our educational mission, will partner with the appropriate agencies in preparing for, responding to and recovering from a pandemic episode.

C. Situation

Pandemics happen when a novel influenza virus emerges that infects and can be efficiently transmitted between humans of which there is little or no natural immunity. Animals are the most likely reservoir and vector for these emerging viruses.

The current pandemic threat stems from an unprecedented outbreak of SARS-CoV-2 (Coronavirus), a novel coronavirus that originated in Wuhan, China. The virus has infected populations in numerous countries including the United States and has resulted in over 900,000 deaths. While traditional control measures have been attempted, the virus created a pandemic.

It is important to note that a feature of the SARS-CoV-2 virus is its ability to spread quickly within a population.

A pandemic is likely to come in waves or phases, each lasting weeks or months. The unique characteristics and events of a pandemic will strain local, State, and Federal resources. It is unlikely that there will be sufficient personnel, equipment, and supplies to adequately respond and overwhelm our health and medical capabilities. The table identifies the World Health Organization's classification system of a pandemic.

Interpandemic Period	Phase 1	No new influenza virus subtypes in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Pandemic phase: increased and sustained transmission in the general population.

Table 1: WHO Pandemic Phases-Source: U.S. Department of Health and Human Services Plan for Pandemic Influenza; December, 2005

The severity of a pandemic will be based on the virulence of the virus that presents itself. While the virulence of the virus cannot be predicted, two scenarios may be considered based on historical pandemics. Table 2 below identifies the potential number of indexed cases, deaths, and healthcare utilizations with moderate and severe

pandemics.

Characteristic	Moderate (1958 / 68 - like)	Severe (1918 – like)
Illness	90 Million (30%)	90 Million (30%)
Outpatient Medical Care	45 Million (50%)	45 Million (50%)
Hospitalization	865,000	9,900,000
ICU Care	128,750	1,485,000
Mechanical Ventilation	64,875	742,000
Deaths	209,000	1,903,000

Number of Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenarios. These estimates based on extrapolation from past pandemics in the United States. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics- Source: U.S Department of Health and Human Services.

E. Assumptions (New York State & Erie County)

1. A pandemic is a public health emergency that rapidly takes on significant political, social, and economic dimensions. A pandemic is likely to affect all sectors of the critical infrastructure, public and private.
2. Susceptibility to the pandemic influenza subtype will be universal. The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
3. Of those who become ill with influenza, 50% will seek outpatient medical care. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios.
4. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
5. The public healthcare system itself will likely be overwhelmed. This may have a cascading effect on those seeking medical attention for other (non-pandemic) illnesses and diseases.
6. Workforce support for all levels of government and the private sector will be a necessary, if not vital, resource to acquire.
7. New York's public health system relies on LHDs with authority and

responsibility for public health preparedness and response at the local level. While the State Department of Health provides leadership, support, and coordination of this effort, all jurisdictional responsibilities are maintained.

8. The county may need to implement protective actions (non-medical containment) that will likely be unfavorable to the general public. This may include closing schools, restricting travel, suspending mass gatherings and imposing isolation or quarantine measures on the general public.

9. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days. Non-medical containment will likely be covering the span of the incubation period until symptoms are presented.

10. Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccine and/or antiviral medications are available.

11. Response actions need to be swift and decisive, necessitating the use of a variety of county and state statutes and authorities to effectively respond to and recover from a pandemic.

12. Vaccination and antiviral treatment are anticipated to be the most effective medical strategies for reducing pandemic influenza morbidity and mortality. However, effective vaccines or antiviral medications may be non-existent or in limited supply. The county will coordinate the use of vaccines and/or antivirals based on their availability and the best scientific evidence at the time.

13. Activities identified in any given pandemic phase are not necessarily assumed to be completed during that phase; activities started in one phase may continue into subsequent phases or reoccur as additional waves of the pandemic become evident.

14. County agencies supporting this Annex may need to fully develop and implement agency-specific continuity of operations plan. Plans should include lines of succession at least three persons deep.

15. Government at all levels will likely be overwhelmed in a pandemic. This may have an adverse effect on the ability for the county to acquire support from the State or federal support under the National Response Plan.

F. Concept of Operations (New York State & Erie County)

1. Initial notification of pandemic flu cases (in non-humans) may be realized through Federal or State agricultural agencies. Similarly, initial notification of a potential case of a pandemic influenza in humans may be realized through Federal or State health surveillance networks. In either of the above noted

cases, this information will be quickly disseminated throughout the Nation, the State of New York and Erie County.

2. If a pandemic influenza is discovered in the county (in non-humans), response actions will commence as identified in the Annex for *Emerging Infectious Diseases in Non-Human Populations*. Surveillance in the public health sector will be elevated to identify potential cases of the virus in humans.

3. Initial notification of a potential case of pandemic influenza in county will likely come from practitioners, the health departments or from hospital emergency departments. This information will be realized through a variety of formal information and reporting mechanisms that exist within the health and hospital networks, overseen by the State Department of Health.

4. Samples for testing and surveillance taken by the provider will be sent to a local or State laboratory for analysis and confirmation.

5. Upon receipt of a confirmation that a potential pandemic has started or is imminent, notifications will be made to county public health sector via the mechanisms managed by the State Department of Health. The county health department will, in turn, notify the county emergency management office.

6. Upon receipt, the Erie County Emergency Manager will consult with the county health and other county agencies, as appropriate, to determine if conditions warrant a collective county response. At this point, the Group will consider the demographics and implications of the potential event and explore the anticipated response issues and consequences specific to the disease. The discussion should determine if the event can be mitigated through daily statutory-type responses (at the local level) or if the response warrants an activation of the county Emergency Operations Center (EOC).

7. If conditions warrant the activation of the EOC, the county emergency manager will notify other appropriate county agency representative and the State Emergency Management Office) SEMO Regional Office.

8. The county may implement a variety of protective actions in responding to the event. These include imposing isolation and quarantine, distributing vaccine and antivirals (if available) through the use of traditional and/or non-traditional points of dispensing (PODs), implementing movement restrictions and controls, and responding to human needs issues.

9.

10. The county chief elected official may declare a local State of Emergency and promulgate emergency orders to assist in the overall management of the incident.

11. If the county is overwhelmed, the county emergency manager will request state assistance from SEMA, who will coordinate the multi-agency State response activities in support of the State Department of Health.

12. State assistance will be supplemental to local efforts. Support may include providing public health and emergency medical support, mortuary support, implementing traditional and/or non-traditional points of dispensing (PODs) for vaccine, providing security in quarantine and isolation, providing human-needs support and requesting/supporting operations of the Strategic National Stockpile (SNS).

13. The Governor could exercise his authority in declaring a State Disaster Emergency, directing any and all State agencies to provide assistance under the coordination of SEMO on behalf of the State Disaster Preparedness Commission.

14. SEMO will coordinate with the Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) in implementing the activation of the National Response Plan (NRP) and federal Emergency Support Functions (ESF) #8 (Health and Medical) and other ESFs as needed.

15. The county will interoperate with the State's response through the use of a variety of command elements consistent with the National Incident Management System (NIMS) and Homeland Security Presidential Directive (HSPD) 5. These include coordinating with the State Incident Management Assistance Team (IMAT), Area Command, a Joint Information Center (JIC) and the State EOC.

16. Disaster recovery in the county will be coordinated by the Erie County Emergency Management Office in coordination with SEMO.

G. Authorities

The authority to develop this Annex and implement specific response actions to effectively respond to a pandemic can be found in a variety of New York State Laws, regulations and Federal authorities, including:

1. Local & State Authorities

NYS Executive Law, Article 2B.

NYS Public Health Law; Multiple Articles and sections.

NYS Code Rules and Regulations; Title 10, multiple citations.

2. Federal Authorities

Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 247d) authorizes the Secretary to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state or possession into any other state or possession. CDC administers these regulations as they relate to quarantine of humans. Diseases for which individuals may be quarantined are specified by Executive Order 13375, which amended the Executive Order 13295 to include pandemic influenza. Other provisions permit HHS to establish

quarantine stations, provide care and treatment for persons under quarantine, and provide for quarantine enforcement.

H. Plan Maintenance and Updating

This Annex will be routinely updated and supplemented as Federal, State, County and local plans and procedures evolve. Plan changes may be based upon experiences and lessons-learned from exercises, or from real-world events.

Section II: Risk Reduction

A. Preparedness

To some extent, risk reduction measures are taken on an on-going, routine basis. While more risk reduction activities will be implemented during a pandemic alert phase and pandemic period, recent events throughout the world have resulted in additional preparedness measures in a variety of ways.

1. Awareness and Surveillance

A. The U.S. Department of Health and Human Services (HHS) conducts extensive surveillance and monitoring through the U. S. Centers for Disease Control (CDC). Surveillance nodes include state-level information as well as outpatient surveillance, mortality surveillance, hospital surveillance and virologic surveillance.

B. In the United States, surveillance for avian and swine influenza is conducted by states, the poultry industry, and the U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS).

C. The New York State Department of Health utilizes several disease surveillance networks that actively collect and analyzes information to determine an outbreak of a disease, including a pandemic. Erie County Health is actively involved in the surveillance in the county.

D. In coordination with the State Department of Health, the county health department has, and will continue to promote pandemic awareness throughout the public health sector.

E. School health professionals will coordinate with Erie County Health Department to establish passive and active surveillance techniques. Passive surveillance is the ongoing monitoring of schools district members that present themselves for treatment and exhibit influenza symptoms. Upon recommendation of appropriate health officials, active surveillance constitutes proactive interaction with members of the school district in order to identify individuals with influenza symptoms.

2. Planning and Training

A. State-Level planning includes the *New York State Department of Health Pandemic Influenza Plan*, which applies public health support to local government and the health sector. In addition, the State of New York has developed a Pandemic Annex to the State CEMP, which coordinates response activities to other sectors in a multi-agency setting.

B. The Erie County health plan identifies that county health will promote and institute a variety of training throughout the public health sector before, during and after a pandemic.

C. Erie County has participated in pandemic exercises (and will continue to do so), which have served as training and planning components in preparing for a pandemic.

D. Erie County has developed points of dispensing (PODs) plans to provide vaccinations, and possibly antivirals, in times of emergencies. This capability can be utilized during a pandemic as the vaccine or antivirals become available.

E. Hospitals in New York State are already assessing surge capacities and mortuary issues, including an assessment of refrigeration capabilities that will provide valuable input into a needs assessment for Erie County.

F. Erie 1 BOCES will continue to work with Erie County in the development of this response plan and will provide the school district community information that will outline possible actions in the event of an emergency.

G. Erie County may coordinate school response actions with county response operations, including the utilization of the school as a public shelter or other function in support of the response.

3. Continuity of Operations Planning

A. In the event of a pandemic, the Superintendent of Schools or designee should expect and seek guidance from State and County Health and Education Officials regarding expectation of daily operations. Erie 1 BOCES also recognizes that in the absence of governmental guidance, that preventative measures shall be considered in order to ensure the welfare of the students and staff. Erie County has a stated intention to activate the Emergency Operation Center (EOC) upon receipt of confirmation of suspected knowledge of a pandemic event. Depending on the nature of the threat, the EOC may provide guidance or directives pursuant to the authority granted under NYS Executive Law.

B. Following guidelines from the CDC that are based on a Pandemic Severity Index, the focus of the NYSDOH and the ECDOH will be to keep schools open. However, orders for preventative school closures by the NYSDOH and ECDOH could be issued, also known as “Snow Days” that may last as long as 12 weeks depending on the Pandemic Severity Index. In the event of long term closures, Erie 1 BOCES will identify critical staff to assist in the basic operation of the administration, alternative instruction and maintenance of the physical plant. If necessary, individuals identified will be provided basic personal protective equipment and will minimize person to person contact and contact with common objects where possible.

C. If a pandemic threat becomes evident, immediate consideration will be given to enter into a dialogue with the employee bargaining agents to seek freedoms and waivers from current labor agreements that have provisions that will make it impossible for the district to maintain key physical plant operations and altered student instruction.

D. Erie 1 BOCES is currently examining alternative methods of instruction, in the event that public health concerns require interruption to traditional methods. These alternative methods may include web based instruction, distance learning, email and US Postal Mail communication, telephonic delivery of assignments and instruction, utilization of radio, public television and cable access. Continuity of student learning and core operations is a priority.

Section III: Response

A. Overview

Response to a pandemic will be coordinated local by the Erie County Health Department. In identifying the county's response actions, it is important to note that during a pandemic, the Erie County Health Department will retain their responsibility. The key functional areas of the pandemic influenza response are surveillance and epidemiologic investigation, vaccine and antivirals operations, non-medical containment, surge capacity, infection control guidance to healthcare facilities, and risk communications. The role of the county emergency management is to provide the coordinative controls and support outside the direct purview or statutory responsibility of the county health department. The role of this school district is to follow applicable guidance from State and County authorities, promote the health and wellness of the school district community and remain focused on our mission of education.

B. Alert, Notification and Activation

(The following measures are NYS recommendations. Erie County may or may not elect to utilize these levels of EOC activation)

Activation of the Erie County Emergency Operations Center (EOC) will be as follows:

1. **Level 1:** The Erie County maintains a readiness posture, while conducting normal day-to-day operations, and conducts surveillance and monitoring of any potential emergency. Similarly, diseases surveillance is ongoing at a county and State level.

2. **Level 2:** This level is initiated when the county emergency management office receives notification from the county health department that a potential pandemic may be imminent or is occurring in the region/county and can be identified as being in one of the following phases:

- Phase 3: Pandemic Alert Period - Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
- Phase 4: Pandemic Alert Period- Small clusters(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

At this point, an education community representative may be asked to attend a county meeting of a local Multi-Agency Coordination (MAC) Group to consider and discuss the implications of the event. The MAC will be composed of members from county and local agencies with direct incident management responsibilities or significant incident management support or resource responsibilities. The county MAC will:

- ensure that each agency involved with incident management or incident support activities (if any) is providing appropriate situational awareness and resource status information to the county emergency manager.
- ensure that each agency establishes priorities in preparing for the event, including identifying available resources, potential resource shortfalls, and the ability to implement an agency-specific continuity of operations plan;
- coordinate and resolve potential legal or policy issues arising from the event, and provide strategic coordination as required.

The MAC may initially include members from the following agencies:

County Manager	County Emergency Management
County Health	County Sheriff
County EMS Coordinator	County Fire Coordinator
Local law enforcement	County Coroner
Red Cross Chapter	BOCES School Representative(s)
Tribal Representative (if any)	Cooperative Extension (if animal-borne)

3. **Level 3:** This level is initiated when the emergency manager receives notification from the county health department that a potential pandemic may be imminent or is occurring in the region/county and can be identified as being in the following phase:

- Phase 5: Pandemic Alert Period - Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). It begins when notification of the event is realized through disease surveillance (State and local) and/or laboratory testing.

For a Level 3 activation, the emergency management office will request the following agencies to send a representative to the EOC:

County Manager	County Emergency Management
County Health	County Sheriff
County EMS Coordinator	County Fire Coordinator
Local law enforcement	Cooperative Extension (if animal-borne)
Red Cross Chapter	BOCES School Representative(s)
Tribal Representative (if any)	

At this level, the following actions may be taken:

- The initiation of Level 3 is based on information received from the county health department.
- The county health department may request emergency measures of Erie County to support local response activities.
- Risk communications will be disseminated to the general public, to include subject matter as identified in the county health department plan. (Guidance was issued to LHDs for risk communications by the State Department of Health).
- Preparations may be made to implement isolation or quarantine measures.
- Travel restrictions may be imposed for the area of concern.
- Schools and public gatherings in the area of concern may be cancelled or closed. Other institutions, such as rehabilitation facilities, hospitals, correctional facilities and universities may impose restrictions on ingress and egress in the area of concern.

4. **Level 4:** This level is initiated when the emergency management office receives notification from the county health department that a pandemic is occurring in the county and can be identified as being in the following phase:

- Phase 6: Pandemic Period - Increased and sustained transmission in general population.

For a Level 4 activation, In addition to those identified in Level 3, the county emergency management office will request the following county agencies to send a representative to the State EOC:

Other agencies:

County Attorney	Office for the Aging
Public Works	Purchasing
Civil Service	Consumer Affairs
County Clerk	Economic Development
General Services	Human Resources
Management and Budget	Citizen Corps (if established/available)
Medical Reserve Corps (MRC)	representative (if established/available)

At this level, the following actions may be taken:

- Invoking isolation, quarantine or social-distancing requirements using local and State authorities, as appropriate, and coordinating with the State on measures to prevent the intrastate spread of influenza. Actions may include the closing of schools, cancelling public gatherings and imposing movement restrictions in the general public and institutions, such as rehabilitation facilities, hospitals, correctional facilities and universities.
- Utilizing local facilities that can serve as triage and treatment centers, medical facilities, distribution sites and staging areas.
- Coordinating the implementation of public health and medical response assets (if available) to include drugs and medical supplies such as antivirals, vaccine (if available) and assets from the MERC and/or the Strategic National Stockpile. This may be accomplished through the use of traditional and/or non-traditional PODs.

It is important to reiterate that multiple waves of a pandemic can be anticipated throughout the life cycle of the event. If the county, in its response, identifies that a pandemic is subsiding or is between waves, response efforts will slightly scale back to assess the response and prepare for the next wave, if any. During this time, the EOC activation level will return to a Level 2 with the ability to quickly return to a higher level, if needed.

C. Response Organization

The State of New York, Erie County and Erie 1 BOCES endorse the use of one response organizational structure that will include all responding agencies: local, State and federal. State agencies will be organized under the framework of the National Incident Management System (NIMS) Incident Command System as required Homeland Security Presidential Directive (HSPD) #5. ICS will be incorporated at the local and federal levels as well. Specific to pandemic, the county will utilize a Unified

Command structure to coordinate the overall county response and will utilize all of the NIMS components deemed necessary to effectively manage the incident. If school representation is required at the Erie County EOC, the BOCES District Superintendent or designee will report and act as liaison to his/her component LEAs.

The Education representative to the EOC will:

- Utilizing guidance from county health, disseminate safe practices, risk information and sanitary information to the school community at-risk.
- Coordinate the response actions of the schools with county response operations, including requesting the utilization of various schools as public shelters or other function in support of the response.

Section IV: Recovery

A. Overview

The nature of a pandemic is such that the event will not likely conclude within a set period of time. Unlike other natural disasters, a pandemic will likely come in waves, causing resurgence in the response until immunity is developed or vaccine has been widely distributed. While the period between waves may be difficult to identify or predict, recovery from an influenza pandemic begins while the pandemic is still in progress, and continues during the periods between waves and following the pandemic.

B. Demobilization of the Response

The Post Pandemic Phase is initiated when county emergency management office receives notification from the county health department that a pandemic is subsiding or is between waves. This will be based on disease surveillance from the county and State Department of Health surveillance networks, including federal counterparts. As the pandemic subsides and the county EOC demobilizes, several actions or activities may be realized, including:

- Relaxing quarantine and isolation measures, rescinding the State of Emergency or Emergency Orders, relaxing traffic and access control points, if not already demobilized.
- Assessing resources and authorities that may be needed for subsequent pandemic waves.
- Communicating with the State, healthcare providers, the media, and the public about any subsequent pandemic waves.
- Conducting an assessment of coordination during the period of pandemic

disease and revise response plans, as needed. This may include a formal after-action review of pandemic response activities.

C. The Recovery Process

1. Funding and Compensation

Whenever the Governor finds that a disaster has occurred or may be imminent and local capabilities may be exceeded, the Governor may declare a State Disaster Emergency. Whenever the Governor finds that the event is of such severity and magnitude that the State will be overwhelmed, the Governor can request federal assistance.

The State Comprehensive Emergency Management Plan outlines the disaster relief funding and programs that would be applicable for an incident of this type. Included are provisions for Public Assistance (PA) and Individual Assistance (IA), which would aid in supporting government response operations and provide some recovery assistance for individuals and their families, businesses and sectors identified in the preceding pages.

The County has provisions to implement disaster recovery mechanisms, including IA and PA, at the local level. County personnel have been identified to support applicant briefings, damage assessments and the administration of other State and/or federal programs. The implementation of the complete recovery process is identified in Section IV of the Erie County CEMP.

2. Social and Economic Effects

The economic effects of a pandemic on the district, even on a small scale, may be enormous to the victims and their families. Employment may be affected.

3. Continual Mental Health and Support Services

While unfortunate, it is recognized that a pandemic will likely result in a number of fatalities. In doing so, a pandemic will not discriminate when impacting the population. The district community may need support from experiencing the loss of loved ones, but also from experiencing movement and restriction controls that are extremely uncommon to our way of life.

During the response phase, disaster mental health services will be provided through the county office of mental health. Mental health is the lead in ensuring that mental health services are available at the local level and is responsible for coordinating State and federal mental health resources that are requested through county emergency management office to SEMO.

4. Risk Reduction in Recovery

A. Surveillance

Surveillance in the post-pandemic phase will be conducted by local, State and federal public health care settings. In the State, ongoing virologic surveillance will be carefully coordinated by the State Department of Health to optimize the available resources and surveillance methodologies. Similarly, in the county, the county health department will be utilizing the public health surveillance systems in the county which would include schools. The surveillance will be key in quickly identifying any potential imminent waves of the pandemic to allow the county and the State to resume the response posture.

B. Public Awareness

Public awareness and risk communications will be vital in a successful recovery process and resumptions of normal operations.

Additional Resources

- *National Strategy for Pandemic Influenza*, Homeland Security Council; November, 2005.
- U.S. Department of Health and Human Services *Plan for Pandemic Influenza*; December, 2005.
- Source: U.S. Centers for Disease Control
- U.S. Department of Health and Human Services *Plan for Pandemic Influenza*; December, 2005
- *National Strategy for Pandemic Influenza Implementation Plan*; May, 2006
www.flu.gov
- http://www.redcross.org/services/prepare/0,1082,0_239_00.html
- www.erie.gov/health
- www.nyhealth.gov

Considerations and Potential Action Items

Actions Now

- Cross training staff in essential positions
- Passive influenza screening and reporting systems
- Develop awareness training programs for immediate implementation, with ability to enhance degree of training in relation to current situation
 - Training programs should be age appropriate and utilize existing public health guidelines and standards on infection control procedures (Hand washing, covering coughs, communicating when you are ill, etc)
- Open up lines of communication between various agencies and government
- *Reasonable* Stock Piling (Soaps, towels, masks, gloves, tissues)
- Exercise your emergency plans. Familiarize key staff on expectations during emergencies.
- Policy Statements (Modified attendance, transporting ill students, sick leave staff/students, use of sick days/compensation/disability)
- Direct deposit for all staff
- Public relations – Communicate your efforts and identify how you will share information to your school community during a pandemic.

Actions Upon Warning of Pandemic

- Identify responsible persons to develop a plan for active screening.
- Implement isolation procedures (stay home) for those who are sick or have close contact with sick. (i.e. Family member, classmates, teammates, close friends,)
- Massive education blitz of infection control procedures
- Hazard assessment – is threat legitimate? How will it affect my district? Where did the information come from? (State? County? CNN?)
- Public relations – Communicate intentions and future actions

Actions Upon Arrival of Pandemic

- Focus will be on keeping schools open.
- If needed, incremental dismissal plan with minimal person to person contact.
- Close School “Snow Day” 12 weeks is a possible NYSDOH Recommendation
- Implement alternative communication methods. (limited face to face contact)
- Coordinate with local/government authorities for use of school facilities for community contingency shelters/hospitals-clinics/meal preparation/ morgue operations

Continuity of Operations Issues

- Staffing plan to maintain facilities (25%, 50% staffing?? – assess your needs)
- Staffing plan to maintain central office (business office, payroll, personnel, superintendent’s office)
- Home & alternative instruction
- Redundancy of essential positions
- Phased return
- Contingency planning for abbreviated school year.
- Mental health services – develop method to identify those in need of assistance