

Communicable Disease ***Management Plan***

People Involved in Education, Inc.
Sand Ridge Charter School
Sweet Home Charter School
P.I.E. Preschool

Developed by P.I.E., Inc.
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School Officials Responsible For The Plan

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Additional Health/Communicable Disease Response Resources

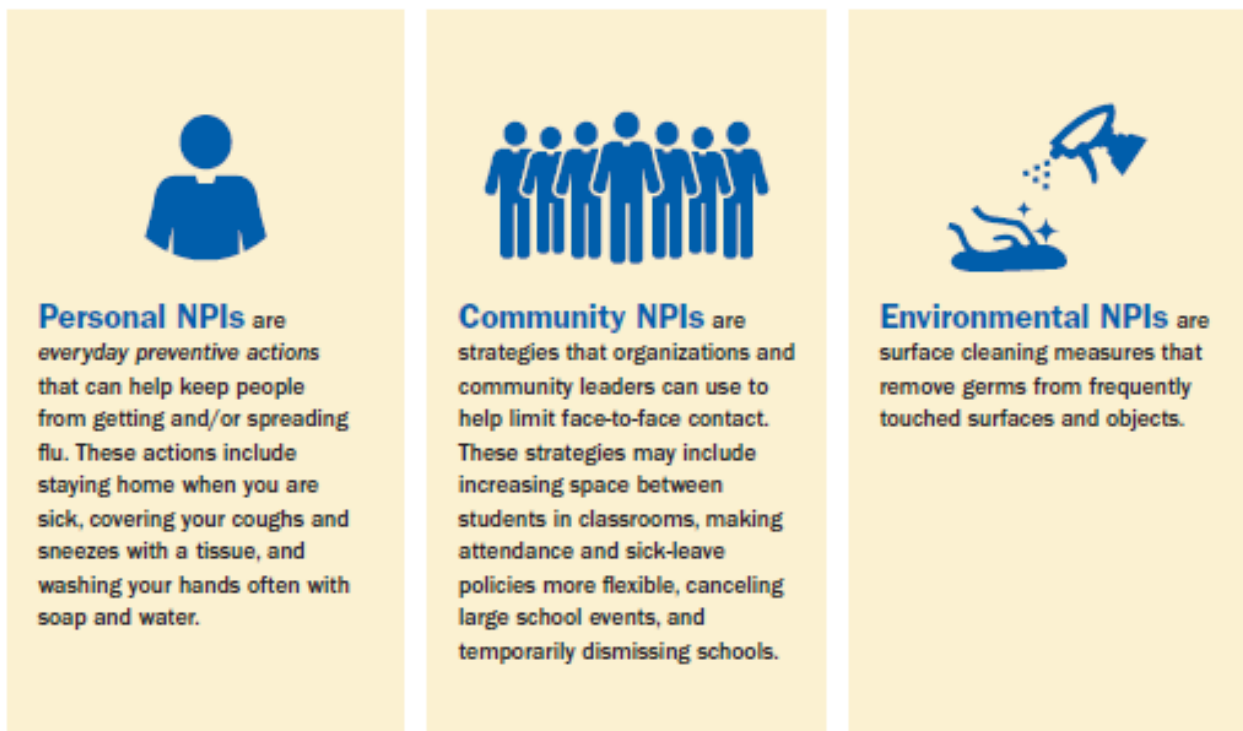
Lebanon Community School District Health & Wellness Department 485 South 5 th Street, Lebanon, OR 97355	541-451-8524, ext. 1723 541-451-8555, ext. 1012 <i>Lebanon.k12.or.us/departments/health-wellness</i>
Sweet Home School District Health Services Department, District Nurse 1920 Long Street, Sweet Home, OR 97386	541-367-7132 <i>Sweethome.k12.or.us/departments/health</i>
Linn County Department of Health Services 315 4 th Ave SW, Albany, OR 97321	1-800-304-7468 <i>www.linncountyhealth.org</i>

Purpose

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

Control Measures

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











(Image: CDC)

Everyday Measures

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

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 72 hours fever free, without the use of fever-reducing medication.

<p>EVERYDAY PREVENTIVE ACTIONS</p> <p><i>Everyone should always practice good personal health habits to help prevent flu.</i></p> <p> Stay home when you are sick. Stay home for at least 24 hours after you no longer have a fever or signs of a fever without the use of fever-reducing medicines.</p> <p> Cover your coughs and sneezes with a tissue.</p> <p> Wash your hands often with soap and water for at least 20 seconds. Use at least a 60% alcohol-based hand sanitizer if soap and water are not available.</p> <p> Clean frequently touched surfaces and objects.</p>	<p>NPIs RESERVED FOR A FLU PANDEMIC</p> <p><i>Educators should be prepared to take these additional actions, if recommended by public health officials.*</i></p> <p> Be prepared to allow your staff and students to stay home if someone in their house is sick.</p> <p> Increase space between people at school to at least 3 feet, as much as possible.</p> <p> Modify, postpone, or cancel large school events.</p> <p> Temporarily dismiss students attending childcare facilities, K-12 schools, or institutions of higher education.</p> <p><small>*These additional actions may be recommended for severe, very severe, or extreme flu pandemics.</small></p>
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(Image: CDC)

Communicable Disease Control Measures – Guidelines for Exclusion

Students and school staff who are diagnosed with and/or exhibit symptoms of a school-restricted disease must be excluded from work or attendance. Susceptible students and school staff may also be excluded following exposure to selected diseases, per instructions to the school administrator from the local public health authority or per OHA state-wide posted notices. [OAR 333-019-0010; 333-019-0100]

Students and staff will also be excluded from school if they exhibit:

- 1) **Fever:** a measured oral temperature of 99.5°F, with or without the symptoms below.
 - a) Stay home until temperature is below 99.5°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin.

- 2) **COVID-19:** symptoms, diagnosis, and/or potential exposure to COVID-19
 - a) Quarantine for periods of seven days with no symptoms and a negative COVID test at the end of the week; 10 days with no symptoms.
 - b) If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.

- 3) **Skin rash or sores:** ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage.
 - a) Stay home until rash is resolved OR until sores and wounds are dry or can be completely covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider.

- 4) **Difficulty breathing or shortness of breath** not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
 - a) Seek medical attention; return to school when advised by a licensed healthcare provider.

- 5) **Concerning cough:** persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.
 - a) Stay home until 72 hours after cough resolves.
 - b) If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.

- 6) **Diarrhea:** three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so
 - a) Stay home until 48 hours after diarrhea resolves.

- 7) **Vomiting:** at least 1 episode that is unexplained
 - a) Stay home until 48 hours after last episode

- 8) **Jaundice:** yellowing of the eyes or skin (new or uncharacteristic)
 - a) Must be seen by a licensed prescriber and cleared before return to school

- 9) **Concerning eye symptoms:** colored drainage from the eyes OR unexplained redness of one or both eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.

- a) Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.

10) **Major health event:** may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.

- a) Student should not be at school until health and safety are addressed.
- b) School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

11) **Student requiring more care than school staff can safely provide**

- a) Student should not be at school until health and safety are addressed.
- b) School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Students and staff members must receive clearance to return to school if they are diagnosed with, but not limited to, any of the following: Chickenpox, COVID-19, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis (whooping cough), rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic E. coli (STEC) infection, shigellosis, and infectious tuberculosis. Students and staff members with any diagnosis and/or symptom listed will be excluded from school until the symptoms are no longer present and/or until the individual is cleared to return by a health care provider.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively. That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the school setting. Control measures are incremental based on the current situation. The current situation will be defined by the public health entities based on the severity, the incidence and the proximity to the school setting leading to level-based responses.

When cases of novel viruses are identified globally

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

events, it is the staff and parent’s responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

ROUTINE PRACTICES

<i>Personal NPI’s</i>	<i>Community NPI’s</i>	<i>Environmental NPI’s</i>	<i>Communication</i>
<ul style="list-style-type: none"> • Routine hand hygiene. • Respiratory Etiquette • Stay home when ill. 	<ul style="list-style-type: none"> • Routine illness exclusion (Appendix A). 	<ul style="list-style-type: none"> • Routine sanitizing 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication.

When cases of novel viruses are identified regionally or nationally

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

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

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

LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION-PREVENTION FOCUSED

<i>Personal NPI’s</i>	<i>Community NPI’s</i>	<i>Environmental NPI’s</i>	<i>Communication</i>
<ul style="list-style-type: none"> • Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. 	<ul style="list-style-type: none"> • Identify baseline absentee rates to determine if rates have increased by 20% or more. • Increase communication and 	<ul style="list-style-type: none"> • Increase sanitizing of flat surfaces and shared surfaces • Devise prevention and post-exposure sanitizing strategies 	<ul style="list-style-type: none"> • Provide communications to families based on the current situation, general information, and public health guidance.

<ul style="list-style-type: none"> • Cover coughs/ sneezes, throw away tissues at each use, wash your hands. • Stay home when ill for at least 72 hours after fever free without the use of fever-reducing medication. 	<p>education on respiratory etiquette and hand hygiene in the classroom.</p> <ul style="list-style-type: none"> • Teachers can provide age-appropriate education. • Communicable Disease surveillance - monitoring and reporting student illness (Appendix C). • Increase space between students in the classroom. • Instruct students in small groups as feasible. 	<p>based on current recommendations.</p> <ul style="list-style-type: none"> • Isolate students who become ill at school with febrile respiratory illness until parents can pick up. • Discourage the use of shared utensils in the classroom. 	<ul style="list-style-type: none"> • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers in regards to attendance.
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When cases of novel viruses are identified in the community

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow local public health guidance as well. When the local transmission is detected, planning for dismissal and academic continuity should be prioritized. As well, plans for prolonged staff absences should be prioritized.

**LEVEL TWO ACTIONS:
INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]**

<i>Personal NPI's</i>	<i>Community NPI's</i>	<i>Environmental NPI's</i>	<i>Communication</i>
<ul style="list-style-type: none"> • Public health specific guidance • Be prepared to allow your staff and students to stay home if someone in their house is sick. 	<ul style="list-style-type: none"> • Public health guidance • Increase space between people at school to at least 3 feet, as much as possible. • Temporarily dismiss students attending childcare facilities, K-12 schools (Teachers report to work, 	<ul style="list-style-type: none"> • Public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with LHD. 	<ul style="list-style-type: none"> • Work with LHD to establish timely communication with staff and families. • Provide communication to staff about the use of sick time and a reminder to stay home when sick. • Advise parents to report actual

	students do not report to school).		symptoms when calling students in sick as part of communicable disease surveillance.
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When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the man power to impose individual restrictions and may create public statements that the school district should reiterate.

**LEVEL THREE ACTIONS:
RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]**

<i>Personal NPI's</i>	<i>Community NPI's</i>	<i>Environmental NPI's</i>	<i>Communication</i>
<ul style="list-style-type: none"> Follow public health direction. 	<ul style="list-style-type: none"> Follow exclusion guidance designated by the Local Public Health Authority, which may include student dismissal. 	<ul style="list-style-type: none"> Follow local public health direction on environmental cleaning, which may include school closure and canceling major events. 	<ul style="list-style-type: none"> Coordinate Communication with the Local Public Health Authority. Identify potentially impacted student populations such as Seniors and graduation track.

POST EVENT

<i>Personal NPI's</i>	<i>Community NPI's</i>	<i>Environmental NPI's</i>	<i>Communication</i>
<ul style="list-style-type: none"> Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. Stay home when ill and until 72 hours fever free without the use of fever-reducing medications. 	<ul style="list-style-type: none"> Routine illness exclusion when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> Routine sanitizing when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> Routine seasonal illness prevention and exclusion communication. Participate in post event evaluation to determine what worked in a response plan and what needs to be revised. Determine the plans needed to make up lost academic time.

Special Considerations

Employee Sick Leave

Administration and human resources should work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regard to lost work, such as maximum incubation period exclusion (14 calendar days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised or who are identified as potential cases.

School Closures

If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration to ensure processes are consistent with legal preparedness processes.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their provider.

References

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Appendix A Letter to Parents/Guardians

Dear Parent/Guardian:

Please help us maintain a healthy and safe school environment.

DO NOT SEND AN ILL STUDENT TO SCHOOL.

Please call the school office to notify us if your child is ill. The box on the back of this page gives examples of when a student should not be in school.

If your child's symptoms are related to a chronic condition, contact the school, and follow school policies for chronic condition management.

Please contact your health care provider about serious illness, including any fever of 103°F or higher. If you need help in finding a health care provider, you may contact your local health department.

Notify school staff if your child requires medication during school hours. Follow school protocols for medication at school. Unless otherwise instructed, if your child's illness requires antibiotics, the student must have been on antibiotics for 24 hours before returning to school. Antibiotics are not effective for viral illnesses.

To help protect all students, please notify the school if your child is diagnosed with any of these diseases: *chickenpox, COVID-19, diphtheria, E. coli diarrhea, hepatitis, measles, mumps, pertussis, rubella, Salmonella, scabies, shigellosis, tuberculosis, or another disease as requested*. The school will protect your private information as required by law. [OAR 333-019-0010]

This year, more than ever, it is crucial for all of us (staff, students, and the entire school community) to each do our part to maintain an open, in-person, healthy school environment. When symptoms arise please consult with your doctor about your child's health in order to ensure and keep all members of our school community safe, healthy, and ready to learn.

When Should I Keep My Child Home?

NOTE: These are school instructions, not medical advice. Please contact your doctor with health concerns.

Student's Symptoms or Illness	Student May Return to School When
Fever: temperature by mouth greater than 99.5 degrees	No fever for at least 72 hours without the use of fever reducing medicine.
COVID-19: symptoms, diagnosis, and/or potential exposure to COVID-19	Stay home/isolation for at least 14 calendar days. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
Skin rash or open sores	Rash is gone; sores are dry or can be completely covered by a bandage; or with orders from a health care provider.
New Cough illness	In general, when symptom-free for 72 hours. If pertussis (whooping cough) is diagnosed, after taking 5-day course of prescribed antibiotics, or when cleared for return by local public health authority. If COVID-19 is diagnosed, with orders from local public health authority.
Diarrhea: 3 loose or watery stools in one day OR newly not able to control bowel movements	Symptom-free for 48 hours.
Vomiting	Symptom-free for 48 hours.
Jaundice: (new) yellow color in eyes or skin	After orders from doctor or local public health authority to school nurse.
Concerning eye symptoms: Redness in eyes and/or yellow or brown drainage from eyes	Redness and discharge is gone OR with orders from a health care provider.
Major health event, like surgery OR an illness lasting 2 or more weeks	After orders from a health care provider.
Student's health condition requires more care than school staff can safely provide	After measures are in place for student's safety.

Appendix B

SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST



Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <https://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contribute to the local health department's operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community's pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

1. Planning and Coordination (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your pandemic plan and revise it periodically.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g., promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for transporting ill students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.

4. Communications Planning (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.



Respiratory Illness Surveillance

Student initials	ID #	Today's Date	Date of onset	Symptoms					Outcome <i>(sent home?)</i>
				Fever <i>(indicate temperature below)</i>	Cough	Shortness of breath	Body Aches	Other symptoms	

1. School Secretary & Classroom Teachers- Determine baseline absence rates (daily average)
2. Identify with the school administrator when absence rate in the cohort has increased by 20%
 - a. Report this increase to the P.I.E., Inc. Director of Operations for further monitoring
3. Use the Respiratory Surveillance spreadsheet to document all students with respiratory illness.
 - a. Request that parents report symptoms students are experiencing rather than just calling their students in sick.
 - b. Identify and document symptoms students are experiencing when students are going home sick.
4. Document these accordingly. Do not use student names use initials and numbers, because this is a shared spreadsheet.