Pandemic Flu Checklist for Local Educational Agencies in California

Pandemic flu starts when a new flu virus develops and begins to spread around the world. Right now, there is no pandemic flu. But experts believe the current virus that is now seen in birds (avian flu) could change into a virus that can be transferred from person to person. That may lead to a pandemic. There are steps that individuals, families, and communities (including schools) can and should take to prepare.

Schools must help protect the health and safety of staff and students. Experts believe that up to 30 percent of the population may be sick at the same time. When pandemic flu occurs, there will likely be NO VACCINE for the first six months of the pandemic, and anti-viral medication will be in very limited supply. To control the spread of illness, social distancing, such as closing schools and having people stay at home, will be the primary approach to preventing the spread of the flu virus. Schools may have to be closed for a few weeks to a month or more if there is an outbreak of flu in the area.

We hope that the following checklist will help schools and before- and after-school programs plan for a possible flu pandemic. Please note that a separate checklist for child care agencies and preschools is available at http://www.cde.ca.gov/ls/he/hn/fluinfo.asp. Not everything on this list will apply to every school and before- and after-school program. This list will serve as a guide to schools and before- and after-school programs as they develop their own plans. It is important for all schools and before- and after-school programs to communicate with and know the roles and policies of local agencies, such as the local health department and local office of emergency services. Both of these agencies will have important roles if there is a pandemic.

### 1. Mitigation and Prevention:

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1.1 Identify or create a countywide, districtwide, or regional committee to provide guidance regarding pandemic flu preparations to district school sites, including charter schools and private schools. The committee should include (if available):
- District administrators from instructional departments
- District administrators from operations departments, such as custodial supervisor, human resources director, information officer, information technology/computer specialist, legal adviser, risk manager, and transportation director
- Site administrators
- School nurse/health services administrator
- Adult education director
- Food services director
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| • Charter school representative  
• Private school representative  
• Before- and after-school program providers  
• Local health department representative  
• Mental health professional  
• Teachers  
• Parents |

1.2 Review communicable disease policies as well as district and school emergency/crisis response and safe school plans.

1.3 Determine if any additional policies or procedures are needed.  

1.4 Develop procedures for communicating with the local health department and the media during normal and emergency conditions.

1.5 Prepare for the possibility of schools functioning with up to 30 percent of all school staff absent.  

1.6 Assess the financial impact of alternate scheduling, school closures, and before- and after-school programs closures.

1.7 Assess the requirements of medically fragile students and students with special needs and incorporate the requirements into the emergency/pandemic response plan.

1.8 Develop communication and dissemination plans for staff, students, and families, including information about schedule changes, busing changes, and possible school closures.

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1 This person should be the health officer or local health department designee who is the authority responsible for declaring a public health emergency and who will activate the district’s pandemic influenza response plan in the event of a pandemic. (Find a list of local health officers at [http://www.dhs.ca.gov/cclho/default.htm](http://www.dhs.ca.gov/cclho/default.htm).)

2 For example, policies regarding staff and student absences (non-punitive), sick leave, infirmaries for temporary placement of ill students, and transporting ill students.

3 High rates of absenteeism may be clustered by neighborhood or may occur district- or countywide. Look at alternatives, such as staggered school times, changes in busing, and telecommunications, and develop a substitute pool list for all levels and types of staff.

4 Possible avenues of communication may include automated phone messages, e-mail, Web sites, text-messaging, local media outlets, and cable television.
1.9 Develop information about alternative instructional delivery systems and communicate that information to staff, students, and families to ensure that students continue to receive instruction and academic credit in the event of school closures.\(^5\)

1.10 Identify school-based individual(s) to work with the local health department pandemic planning committee on the possible need for school sites to help meet temporarily the health-related needs of the community.\(^6\)

1.11 Identify strategies to provide meals for those children who rely on school meals as their primary source of daily nutrition.

1.12 Identify school-based individual(s) to educate all staff, including before- and after-school program staff, about pandemic flu and the school plan.

1.13 Identify school-based individual(s) to educate students, staff (including before- and after-school program staff), and parents about washing hands, following hygiene/cough etiquette, obtaining seasonal influenza vaccine, and staying home when sick.

1.14 Identify individual(s) to ensure (1) each room has adequate supplies of soap/water/paper towels or waterless hand sanitizer for hand washing and receptacles for disposal; and (2) basic hygiene supplies are replaced daily and trash is disposed of daily.


1.16 Identify individual(s) to educate families about pandemic flu and the school plan. Family resources are available online at http://pandemicflu.gov/plan/tab3.html and http://pandemicflu.gov/planguide/checklist.html.

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\(^5\) Develop procedures to ensure continuity of instruction (e.g., Web-based distance instruction, e-mailed lessons and assignments, automated phone messages, print media, cable television).

\(^6\) For example, school may be designated as a contingency hospital, vaccination center, casualty collection site/temporary morgue, site for feeding vulnerable populations (keeping in mind that not all schools have kitchens). Community may also need to utilize the LEA’s healthcare and mental health staff, etc.
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1.17 Anticipate the potential fear and anxiety of staff, students, and families due to rumors and misinformation and plan communications accordingly. Consider developing key messages for various scenarios.

1.18 Identify school-based individual(s) to implement a tabletop exercise/drill to practice the emergency/pandemic response plan.

### 2. Preparedness:

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In addition to the steps listed above:

2.1 Continue educating staff, families, and students on pandemic flu prevention and school plans.

2.2 Identify the district and school site staff chain of command in case of illness. Establish a backup chain of command if necessary.

2.3 Develop a continuity of operations system for essential central office functions, including payroll, custodial service, waste management, food service, transportation, and facility maintenance (including daily cleaning of student and staff restrooms, kitchen and dining areas, and classrooms).

2.4 Review procedures for communicating with staff, students, and families.

2.5 Identify the languages spoken by the student population, including the communicatively disabled (such as students who are blind or deaf), and the information to be translated into those languages.

2.6 Identify and recruit translators; translate information into template form so only minor changes will need to be made later. Recruit and train a pool of interpreters who can help deliver public announcements to students and families when a pandemic occurs.

2.7 Review policies and procedures for identifying ill students and staff, isolating them as necessary, and sending them home.
2.8 Use prevention strategies now for reducing the spread of germs this flu season; look at results to gauge how these efforts are working and what more will need to be done in the event of a pandemic.

2.9 Preplan for recovery: Identify and prescreen health and grief service providers, develop template letters, and provide training for school staff regarding grief and possible health problems.

2.10 Identify or develop educational materials for families and staff on topics such as how to support their student with recovery from pandemic flu, common symptoms of loss and grief, and constructive ways to cope with stress.

### 3. Response:

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3.1 Track the number of staff and students absent daily.

3.2 Report to the district office and to the local health department the number of students absent if it is over ten percent of the student population or as requested.

3.3 Finalize the information that needs to be communicated to staff, students, and families.

3.4 Have translators review information templates and finalize the written and oral information that will be provided to non-English-speaking families.

3.5 Hold staff meeting(s) to provide information on the extent of infection at the school site and potential changes that may take place.

3.6 Conduct timely debriefings with the districtwide and/or community pandemic committee to identify lessons learned and make necessary changes to the response plan.

### 4. Recovery:

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4.1 Mobilize the district crisis recovery team that provides emotional-psychological support. If there is a loss of life

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7 Teach and practice hand washing and hygiene/cough etiquette. Although annual flu vaccine does not protect against pandemic flu, health officials recommend encouraging students, staff, and families to obtain seasonal influenza vaccine and to stay home when sick.
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in the school community, establish the location of a “safe room” for counseling services to be provided.

- [ ] 4.2 Hold staff meetings and provide information on the extent of pandemic flu in the community.
- [ ] 4.3 Provide staff with information on activities that may assist students and inform staff of the signs and symptoms of emotional distress to watch for.
- [ ] 4.4 Announce counseling support services available to faculty and staff. Utilize employee assistance programs for assistance in coping with loss and stress.
- [ ] 4.5 Announce counseling support services that are available to students and families.
- [ ] 4.6 Provide rest places for those staff and students who tire easily.
- [ ] 4.7 Make educational materials available to families and staff on topics such as how to support their student with recovery from pandemic flu, common symptoms of loss and grief, and constructive ways to cope with stress.
- [ ] 4.8 Identify students, families, and staff who may need long-term physical and mental health support or intervention and develop school and community resources to provide these services.
- [ ] 4.9 Assign staff to monitor the effects of cumulative stress on caregivers, such as office staff, school nurses, teachers, aides, school counselors, and other crisis team members.
- [ ] 4.10 Consider offering school-based health and mental health services, if available, by community, university, or public/nonprofit mental health agencies and identify funding to support these services.
- [ ] 4.11 Modify work roles and responsibilities or add volunteer or support staff as needed.
- [ ] 4.12 Follow up with student referrals made to community agencies.
- [ ] 4.13 Conduct debriefings with the crisis recovery team.
- [ ] 4.14 Document “lessons learned” and incorporate them into revisions and training.
References:


Tacoma/Pierce County Health Department, “Pandemic Flu Model Plan—Planning Tool for Schools.” [http://www.tpchd.org/files/library/a4eaa3b511a9687a.pdf](http://www.tpchd.org/files/library/a4eaa3b511a9687a.pdf)

U.S. Department of State, “Pandemic Response Matrix.” [http://www.state.gov/m/a/os/c17204.htm](http://www.state.gov/m/a/os/c17204.htm)