

2009 Pandemic Flu Guide

Planning for a Public Health Crisis

NEA HIN
1201 16th Street, N.W
Suite 216
Washington, D.C. 20036

202-822-7570
www.neahin.org

INTRODUCTION

As educators, we are committed to keeping schools safe and to supporting children and their families. This guide is a supplemental resource, based on the National Education Association (NEA) and the National Education Association Health Information Network (NEA HIN) *School Crisis Guide*, and contains essential, to-the-point advice for schools and districts focusing on the emerging issue of preparing and responding to pandemic flu.

When crises hit schools, knowing what to do can make the difference between stability and upheaval. Using the same model as the *School Crisis Guide*, a step-by-step resource created by educators for educators, the *2009 Pandemic Flu Guide* can make it easier for NEA leaders and school district administrators and principals to keep schools safe and healthy—so teachers can teach and children can learn.

Because pandemic flu raises the possibility that schools may need to close for an extended period of time, this guide also suggests ways for NEA state and local associations to lend expertise and support so that learning may continue even if schools are not open.

Pandemic flu can lead to very special and localized conditions. Schools within one district may need to close while those in an adjacent district stay open. This means that strong relationships at the local level among education, public health, and other agencies are imperative. Local associations should have a seat at the planning table to ensure that the needs of staff and students are taken into account and that schools are safe and healthy places for all.

BEING PREPARED

A pandemic is a global outbreak of disease that occurs when a new virus appears that can spread easily from person to person. Because people have never been exposed to this new virus, they have little or no immunity to it; therefore, serious illness or death can result.

It is difficult to predict when a pandemic will occur or how severe it will be. A pandemic may come and go in waves and may last for months at a time. The effects of a pandemic can be lessened if preparations are made before a pandemic is declared.¹

Pandemic preparedness can become overwhelming if it is postponed until the last minute. This guide has been developed to assist in planning and preparing for a pandemic, as well as to provide tools and resources to guide the recovery and evaluation process. (This guide focuses primarily on flu, since that is what most of the national pandemic planning has addressed, but the principles outlined here will apply for other potential pandemics as well.)

GATHERING INFORMATION

COMMUNICATION:

Schools - Ensure that a reliable list of contact information for school personnel and necessary school board officials is available and distributed to everyone. This should include cell phones, homes phones, and e-mail addresses.

Communities - When working with partners outside the school setting, it's best for school officials to meet with decision makers from all involved sectors. Emphasis should be placed on collaborating with local agencies to ensure that necessary groups are communicating regularly. In the event that there is a report of pandemic-like illnesses in a school, essential information-sharing will be easier if school administrators and public health officials are in direct communication with each other.

Steps for establishing collaborative relationships include:

- Contacting local health department staff and working together with them to make sure that school and community health organizations are on the same page.
- Ensuring that each party is aware of the other's specific needs and responsibilities so that you can help each other in the planning process.
- Keeping each other up-to-date on pandemic preparedness plans.

Parents and Families - The number one barrier to treating students effectively is a lack of reliable emergency contact information. Ensure that you have reliable emergency contact information for parents or other caregivers throughout the year so that you can always reach at least one parent/guardian. One way to confirm that you have the appropriate contact information is to make it a homework assignment on the first day of classes. Have each student return a parent/guardian-signed contact form completed with the details necessary to reach them in an emergency. These forms should be re-verified on a regular basis.

COMMUNICATION RESOURCES

1. The U.S. Department of Education (DOE) has templates and guidance for communicating with parents in the event of a pandemic:
 - a. A letter from School Administrators to Parents for regular flu conditions:
<http://www.flu.gov/professional/school/currentfluconditions.html>
 - b. A letter from School Administrators to Parents for severe flu conditions:
<http://www.cdc.gov/h1n1flu/schools/toolkit/severefluconditions.htm>
2. The Centers for Disease Control and Prevention (CDC) and DOE have published a Communication Toolkit for Schools (Grades K-12). It can be found at:
<http://pandemicflu.gov/professional/school>
3. CDC's Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year can be found at:
<http://pandemicflu.gov/professional/school/schoolguidance.html>

AUTHORITY:

The CDC, through flu.gov, will use its website as its primary means of communication to the public during a pandemic flu. (In the case of other types of pandemic, CDC may use another site for the same purposes.) The CDC and other public health agencies will monitor national data on the number of people who seek care for pandemic illness, its geographic spread, and the number of related hospitalizations and deaths.

Local health departments will be responsible for making most of the decisions that will impact the community and schools. It is important to maintain ongoing contact with local health officials so that, in the event of a pandemic, there is no confusion about the concerns of the education community, and any communication can occur quickly and clearly.

When devising a plan to address future pandemics, states, communities, and schools should consider:

- who needs to be involved in the decision-making process, and include those people in regular communications (i.e. the school board, the local/state health department, local/state officials, etc.);
- the impact that a pandemic could potentially have within the community and schools; and
- the importance of a list of action steps and assigned responsibilities and roles so that your plan can be put into action if a pandemic occurs.

Local - Decision-makers and stakeholders who should be involved in the process of planning and implementing courses of action due to a pandemic include:

- State and/or local health officials
- State and/or local education officials
- State and/or local homeland security officials
- State and/or local governing officials (i.e. governors, mayors)
- Parent and student representatives
- School employee union representatives
- Teachers
- Healthcare providers and hospitals
- School nurses
- School food service directors
- Vendors that supply schools

Decision-makers should explicitly identify and communicate their objectives which might be one or more of the following: (a) protecting overall public health by reducing community transmission; (b) reducing transmission in students and school staff; and (c) protecting people with high-risk conditions.

The decision to dismiss students from school in the event of a pandemic should be made locally. It should balance the goal of reducing the number of people who become seriously ill with the goals of academic achievement and minimization of social disruption. Safety risks to children sometimes associated with school dismissal must also be considered. The potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students missing meals and interruption of students' education.²

Therefore, any pandemic plan should incorporate efficient communication with vendors and social service providers who operate through the school to minimize gaps in the provision of services to students. Additionally, contingency plans to continue education should be made at the start of every school year to account for class time that may be lost to a school closure (see *Continuity of Learning* for more on this topic).

State - In the event of a national flu pandemic, states and local communities can expect to see differences in the way the disease spreads throughout their regions. Since each state will regulate its own response, it is important that state and local school authorities are well integrated into a pandemic response plan.

The data that state officials collect will likely inform the decisions that schools and communities make in response to a pandemic. Data collected might include: the number of outpatient visits for flu-like illness; hospitalizations due to the flu; whether there are any groups disproportionately affected; and information about the development, effectiveness and availability of antiviral medications and/or vaccines. State authorities collect these data to help them make decisions for preventing and/or limiting the spread of the disease. School authorities should establish regular communication with state authorities to ensure an appropriate response to a pandemic at the school level.

Decision-makers at the state level include the state health department, state board of education, state homeland security office, and state officials and representative bodies (the governor, legislature, etc.). Ensuring that local school authorities maintain ongoing, well coordinated communication with both state and local officials is essential to establishing an effective school level pandemic response plan.

STATE RESOURCES

1. The CDC maintains a list of state health departments that is accessible at: <http://www.cdc.gov/h1n1flu/states.htm>.

National - The CDC monitors national data on illnesses and declares national pandemics. The agency is responsible for providing information on the name and symptoms of pandemic disease and the best methods of mitigation and response. State and local health authorities take their lead from the CDC. It is important to monitor CDC guidance on pandemics, and the most efficient means to do so is to review their website regularly (www.cdc.gov) for the most up-to-date information.

While the CDC is the authority on the public health measures that schools and communities should take in the event of a pandemic, the DOE will be the secondary source of guidance on school response to a pandemic. Therefore, the DOE's website (www.ed.gov) also should be monitored regularly for up-to-date information on the roles, responsibilities, and requirements of education personnel to respond to instances of widespread severe illness.

PLANNING:

A pandemic response plan is a written set of guidelines to help schools prevent, prepare for and respond to public health emergencies. The plan details actions that will help schools prepare for and respond to a pandemic. It also emphasizes prevention by instilling a culture of awareness and addressing all potential hazards and vulnerabilities that may face a school community.

The time to plan is now. An unprepared school is asking for chaos. Knowing what to do can keep students and staff out of harm's way during emergencies.

Whether designing a community or school level pandemic response plan, the team should designate an individual to spearhead the work and ensure that deadlines are met. Plans should be updated and practiced regularly.³

Within the Community - A strong relationship with the local health department is critical for developing a meaningful pandemic response action plan. A school district's crisis management plan should address pandemic preparedness. The district should work with local and/or state health departments and other community partners to establish a plan of action. The plan should standardize an organizational structure that establishes a line of authority, common terminology and procedures to be followed in response to an incident. Responsibility and resources should be delegated when developing the plan and timelines; deliverables and performance measures should be incorporated.⁴

1. Checklist

The DOE, CDC and the U.S. Department of Health and Human Services have developed checklists specific to school districts for crisis and contingency planning (see *Resources* for links to these documents). Below are some essential items to consider from these checklists:

- 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.
- Identify for all stakeholders the legal authorities responsible for executing the community operational plan.
- Implement an exercise/drill to test your pandemic plan and revise it periodically.
- Develop alternative procedures to assure continuity of instruction in the event of district school closures (see *Continuity of Learning*).
- Develop operations plans for essential central office functions including payroll and ongoing communication with students and parents.
- Establish policies and procedures for students and staff sick-leave absences unique to a pandemic.
- Develop a dissemination plan for communication with staff, students and families, including lead spokespersons and links to other communication networks.⁵

Within the School - Working out partnerships and agreements with support staff, administrative staff, and classroom teachers ahead of time can save resources and prevent headaches later. Be sure to analyze and assess the roles and responsibilities of school personnel and resources (see Figure 1 for a representation of the basic components of a

successful pandemic preparedness plan). Knowing your needs and the needs of those you represent is paramount to successful planning.

A well established plan will clearly identify and document how the following actions will be addressed and by whom:

- Development of an accurate distribution list (e-mail, telephone, text messages, etc.) to communicate with staff, parents and students.
- Creation of clear and accessible written roles and responsibilities of school personnel.
- Creation of a contingency plan accounting for staff members who may become sick during a pandemic.
- Development of a process for alerts to school staff about the nature of the pandemic and informative updates.
- Provision of support to teachers with backup staff to cover classes.
- Development of a process to release students to parents and guardians and an accountability system for verifying names.
- Management of crowds and movement during a school dismissal procedure.
- Provision of students and staff with transportation should a relocation become necessary.

Basic Components of Pandemic Planning

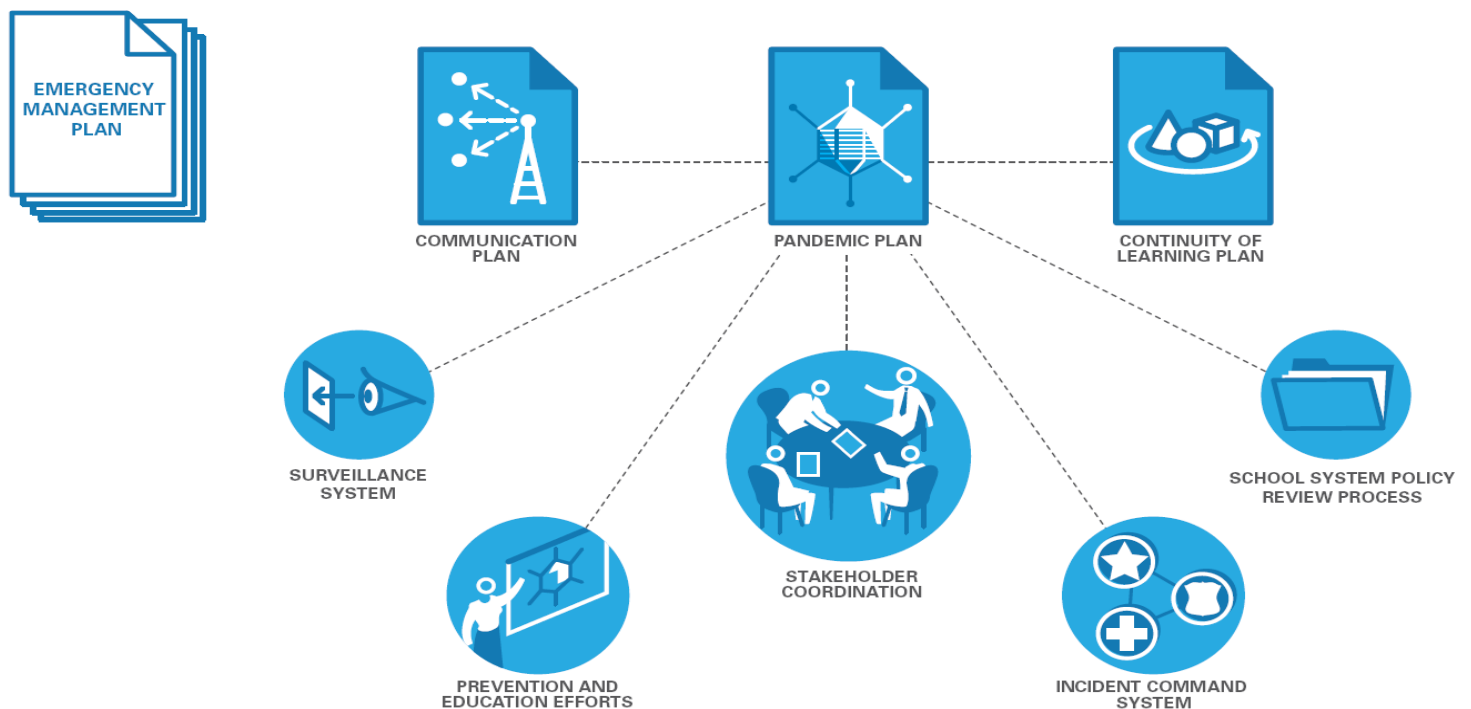


Figure 1. The basic components of pandemic planning are identified and each is essential to the development of a successful pandemic response plan. The original document is available from the U.S. Department of Education's *Pandemic Flu: A planning guide for educators* that can be found at: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html>.

1. The team for a school-level plan

Team members are selected largely from school staff. Their work should be coordinated with the district's plan. Team members include:

- Principal
- Assistant principal
- Representatives from the teaching staff
- Facility manager
- Food service representative
- Front office professional
- NEA affiliate representative and/or other association leaders
- Parent leader
- Physical/mental health professionals (e.g., counselor, school nurse, psychologist, social worker)
- Security officer
- High school student leader(s) (if applicable)
- Technology specialist
- Liaison to district communication office⁶

Providing for Students with Special Needs - When developing your pandemic response plan, ensure that requirements of students with special needs are taken into account. This should include individuals with physical impairments, low-income students who rely on the food provided at school for daily meals, as well as those who do not speak English as their first language.⁷

1. Physically Impaired or Medically Fragile Students

Children who are physically impaired or medically fragile may have unique needs related to the flu. They may be especially vulnerable due to underlying medical problems. Some may need extra assistance to practice the necessary hygiene. They may receive medical services at school that will need to be provided in an alternative setting if school is closed. Another issue is the provision of special education services. Finally, it will be important to ensure that the medical records of students with special needs are updated at least annually, so that, in the event of an emergency, school personnel will know how to care for each student. School districts should practice emergency response plans at least annually, with a focus on assisting students with physical and medical needs..

2. Low Income Students

Schools are a tremendous resource to communities in times of crisis and emergencies. Meal service options should be included in pandemic planning, and school food professionals should become actively engaged in the process. In addition to alternative meal service options, school food service staff and facilities are a significant resource to consider as part of the overall pandemic planning process. Beyond meal service to children, schools may serve as preparation facilities where volunteer organizations and other community resources prepare and deliver meals or food packages to other schools, as well as to individuals and families during emergency situations. To keep students engaged in learning if their schools are dismissed, reading materials and assignments

could be included in those food deliveries (see *Continuity of Learning* for more on this topic).

Schools, as an integral and trusted part of the community, are well positioned to serve as quick and effective sources of information for families who need referrals to food assistance programs. Schools should consider partnering with other community organizations to develop local emergency plans and to use the communication channels available to them, including websites, e-mail distribution lists, automated phone calling systems, and flyers to refer families to appropriate assistance programs.⁸

Disaster meal-service organizations may set up emergency kitchens at schools, churches, and other sites. Because of the need for “social distancing,” the meals prepared at these sites may be delivered to those in need, or individuals may be asked to pick the meals up for consumption at home instead of eating them in a congregate setting. Communities that choose to prepare meals for delivery or pick-up should check with local health authorities to make sure their efforts comply with appropriate requirements.⁹

When a presidential disaster or emergency is declared, money is available to provide reimbursement or replacement for USDA Food used. Absent a presidential declaration, the USDA or the state has the authority to declare a situation of distress. Reimbursement or replacement of USDA Food used for emergency feeding can be made to the extent that disaster funds are available. The school may also be eligible to receive reimbursement from the state for the cost of non-USDA Food used during presidential disasters or emergencies if the state has received reimbursement for such costs from the Federal Emergency Management Agency (FEMA).¹⁰

3. English as a non-native language

Any emergency preparedness plan should ensure that provisions for non-native English speakers are made well in advance. This will include incorporating translations of written materials and verbal broadcasts into every language of origin present in the school community. This will assist student comprehension of the public health emergencies and ensure that parents are capable of responding within the home. When messages are disseminated to parents via U.S. mail, e-mail or website, they should provide translations in all necessary languages. Schools should work with community organizations that can assist in providing written and verbal translations for necessary communications.

PLANNING RESOURCES

1. The NEA Health Information Network’s School Crisis Guide provides excellent tips to develop a response plan for any school crisis: www.neahin.org/crisisguide.
2. An example of a comprehensive pandemic response plan is provided by the DOE at: http://www.browardschools.com/info/pdf/draft_checklist.pdf.
3. Websites such as Google Translate offer free resources for simple interpretation of messages in multiple languages: http://www.translate.google.com/translate_t. For more complex translations please consult a professional translator.

4. The Richard B. Russell National School Lunch Act authorizes the provision of meal service to children who are not in school during non-summer months due to unanticipated school closure. Learn more at: <http://www.fns.usda.gov/cnd/Governance/Legislation/NSLA-10-2008.pdf>.
5. For more information on using USDA Food for emergency feeding, contact:
 - a. Your State Distributing Agency:
www.fns.usda.gov/fdd/contacts/SdaContacts.htm.
 - b. Your State Child Nutrition Director:
www.fns.usda.gov/cnd/Contacts/StateDirectory.htm.
 - c. USDA Food and Nutrition Service Regional Offices:
www.fns.usda.gov/cga/Contacts/RegionContacts.htm.

PREVENTION

HYGIENE:

Students and staff members should wash their hands often with soap and water, especially after coughing or sneezing. Washing your hands with soap and water for at least 20 seconds (the time it takes to sing the alphabet) is the best way to keep your hands from spreading the virus. Alcohol-based hand cleaners containing at least 60% alcohol are also effective. If soap and water are not available and alcohol-based products are not allowed in the school, other hand sanitizers that do not contain alcohol may be useful for cleaning hands. However, they will not be as effective as alcohol-based sanitizers.¹¹

The main way that the flu spreads is from person to person in the droplets produced by coughs and sneezes, so it's important to cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder, not into your hands. Avoid close contact (less than six feet) with sick persons as much as possible.

In the event that a pandemic illness begins to affect your environment, active screening practices should be put into place. Schools should begin to actively monitor students and staff for fever and other symptoms identified for the pandemic.¹²

If you must have close contact with sick persons (for example, holding a sick infant), spend the least amount of time possible in close contact and try to wear a facemask (or a surgical mask) or N95 disposable respirator. Facemasks and respirators may be purchased at a pharmacy, building supply or hardware store. If facemasks or respirators are used in your school, the following practices should be implemented:

- Used facemasks and N95 respirators should be placed immediately in the regular trash so they don't touch anything else.
- Re-using disposable facemasks and N95 respirators should be avoided if possible.
- If a reusable fabric facemask is used, it should be laundered with normal laundry detergent and tumble-dried in a hot dryer.
- After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand sanitizer.¹³

HYGIENE RESOURCES

1. For updated information on the use of facemasks and respirators to prevent pandemic disease, please visit www.cdc.gov and conduct a search, as the information will differ depending on the disease.
2. For updated information on the use of facemasks and respirators, conduct a search by typing the term N95 respirator at: www.cdc.gov. Recommendations for usage will change for each pandemic.
3. The Flu.gov website is dedicated to promoting healthy hygiene practices. Visit their site, <http://www.flu.gov/individualfamily/prevention/index.html>, for general information and links to more useful resources.

VACCINATION:

Schools tend to be affected by outbreaks more than other settings because their occupants—primarily children—easily transmit illnesses to one another as a result of their close proximity and their inefficiency at containing the droplets issued by their coughs and sneezes.¹⁴ High susceptibility of students and staff to exposure to a mutated virus as a result of proximity, as well as a lack of immunity and vaccines, could result in lengthy and widespread absenteeism. In a worst-case scenario, the pandemic could force schools to close, potentially prompting administrators to extend the academic year and expend additional resources for staff sick leave and substitute teachers. For these reasons, the CDC highly recommends that all school personnel and students receive a seasonal flu vaccine, as well as any vaccine that may be developed due to a pandemic outbreak of a new virus strain.

School-Located Vaccination - The CDC's Advisory Committee on Immunization Practices (ACIP) is the authority for vaccination information and guidance on provisions of vaccines to the public. According to a document ACIP produced during the 2009 H1N1 pandemic,¹⁵ school-located vaccination (SLV) may be considered for distribution of special vaccines to address the illness in the event of a pandemic. SLV is administered on school grounds; targets enrolled students and potentially others; is held before, during, and/or after school hours; and typically involves collaboration between public health departments and public and private schools/school districts. Schools may consider hosting an SLV clinic and should look to CDC and their local health department for guidance on laws, regulations, and procedures. While most of the focus in school-located vaccination has been on vaccinating children, this can be an effective way to serve school employees who are eligible for vaccination.

The public health department traditionally has led SLV efforts, but a school/school district or a private organization also could take primary responsibility. Partnerships between schools and public health organizations are essential. SLV planners may choose or be required to establish a memorandum of understanding or a similar document that identifies the roles and responsibilities of each partner (e.g., who will be the main contacts from public health and the school/school district, who will be responsible for collecting parental consent forms and communicating with parents/guardians).

Where principals have the authority to make decisions on conducting/participating in SLV clinics autonomously, the reverse order of communication should be applied. If the public health department initiates the SLV program, the first step should be to contact school district superintendents. It also is essential to form partnerships with the school board and to communicate with and gain support of school principals, who ultimately oversee all activities within their schools.

Informing and Involving Staff - Implementing SLV clinics may require staffing capacity that exceeds that of the local public health department. Therefore, planners should consider recruiting additional staff, both medical and non-medical.

School staff can contribute greatly to the success of an SLV clinic. For example, school nurses can play a critical role in SLV clinics by answering questions from parents and educating school staff about the consent process and the SLV clinic. Additionally, they can serve as liaisons between the public health department and the school community. Note, however, that competing priorities and other school responsibilities may serve to limit their involvement, and school administrators are responsible for determining the roles their staff will play in carrying out an SLV clinic.

The SLV clinic should be viewed as a partnership between staff from public health departments and the schools/school districts as well as any other organizations that participate. For each participating school, a liaison or point of contact through whom planning communications are to be directed should be identified.

It also is important that school staff be able to answer questions from parents or others about the SLV clinic or to know the appropriate staff member(s) to whom questions should be directed. School districts and schools should consider appointing a single spokesperson and should provide information about the clinic on their websites. Additionally, all school staff should be appropriately educated about both the pandemic and the SLV clinics, and they should know where to direct more complex questions.

Parental Consent - Students may be more likely to participate in an SLV program when they thoroughly understand the benefits and risks of vaccination. Classroom-based instruction and school-wide assemblies have been effective in educating students prior to immunization. Of course, because parents/guardians must provide consent for their child to be vaccinated, parent education also is important.

Because the idea of vaccinating children at school may be unfamiliar to some parents/guardians, there may be reluctance to consent to vaccination at school. The success of SLV programs also will be enhanced by enlisting the support of local health care providers, especially pediatricians, family practitioners, obstetricians/gynecologists, and workers at community health clinics. Keeping providers informed about planned SLV clinics also will help them estimate how much vaccine they will need to order for their own patients.

State and local planners may consider distributing consent forms to parents in advance of vaccine licensure. If this practice is determined to be legally viable and feasible in the jurisdiction that will be offering SLV clinics, vaccine may be given expeditiously to

consented children as soon as it is received by the vaccinator, and planners may be able to plan better for adequate staff, vaccine, and supplies.

Legal and Logistical Considerations - Planners will need to decide whether to hold SLV clinics before, during, and/or after school hours. Regardless of when an SLV clinic is held, school officials may need to consult with local union representatives if holding such a clinic has an impact on staff members' rights under a collective bargaining agreement.

Planners will need to identify which population(s) will be offered the opportunity to be vaccinated and should be aware that some schools include students who are older than age 18 or younger than age 5.

States should consult their legal counsel for advice concerning the applicability of legal immunity, licensure, and privacy laws that may exist with respect to persons involved in vaccination programs.

VACCINATION RESOURCES

1. ACIP guidelines on SLVs can be found online at:
<http://www.cdc.gov/h1n1flu/vaccination/slv/planners.htm>

SOCIAL DISTANCING:

School officials should think creatively about ways to increase the space between people while keeping students in school. It is important to consider options for social distancing if schools are going to remain open. Some options follow:

- rotating teachers between classrooms while keeping the same group of students in one classroom;
- canceling classes that bring students together from multiple classrooms;
- holding classes outdoors;
- postponing class trips;
- discouraging use of school buses and public transit;
- dividing classes into smaller groups;
- moving desks farther apart; and
- moving classes to larger areas to allow more space between students.

CLEANING:

Local health department and institutional policies dictate the appropriate procedures to take when sterilizing school environments during influenza outbreaks. Due to staffing issues, many school districts do not have consistent custodial care or even a custodian on premises. If this is the case in your school, staff members might choose to take responsibility for sanitizing their work areas and the hard surfaces that are commonly touched. If your school is understaffed for custodial care, please refer to *Employee Protection, Rights and Organizing* for further information.

Standard pandemic cleaning guidelines - Standard pandemic cleaning procedures are established by the CDC with reference to the American Academy of Pediatrics and include:

- cleaning and sanitizing countertops/tabletops, floors, doors and cabinet handles daily and when soiled

- cleaning carpets and large area rugs daily with a method approved by your local health authority (carpets should be cleaned when time is sufficient for them to dry before children will be present)
- cleaning and sanitizing daily (immediately if visibly soiled) all restroom surfaces, including the floor
- cleaning and sanitizing immediately any surface that has been contaminated with body fluids (this includes saliva, mucus, vomit, urine, stool or blood)¹⁶

CLEANING RESOURCES

1. The U.S. Environmental Protection Agency's guidelines for hard surface cleaning to prevent the flu are available at: <http://www.pandemicflu.gov/plan/individual/panfacts.html>.
2. The American Academy of Pediatrics (AAP) provides an outline of the frequency of cleaning and suggestions for products to use (see pages 104-107 of the pdf) available at: <http://nrckids.org/CFOC/PDFVersion/National%20Health%20and%20Safety%20Performance%20Standards.pdf>.
3. The CDC will provide guidance on cleaning standards for specific pandemics on its website at www.cdc.gov.

EMPLOYEE PROTECTION, RIGHTS AND ORGANIZING

While responsibility for providing a safe and healthy school environment falls mainly on the school district, union and association members can play a key role in ensuring that standards are developed, met and maintained. Organizing around an issue, such as a pandemic, can lead to positive outcomes for a local association. It can lead to better community relations, improved credibility, leadership development, increased member satisfaction and increased membership. Effective strategies include forming health and safety committees, negotiating contract language and district policies, conducting school walkthroughs, and administering health and hazard surveys. Here are some simple steps to get you going:

1. Develop contact lists that include phone numbers and e-mail addresses for your local UniServ director, your association president, the school board, and public health officials.
2. Identify and review contracts, and district and HR policies.
3. Contact your local association leadership to organize a meeting and ensure that all concerns (personal and communal) are addressed.

Local associations should consider engaging proactively in discussions with school districts regarding the impact that a local or national pandemic response plan might have on the work environment. Regardless of whether these discussions are initially held as formal negotiations, lobbying efforts, or labor/ management meetings, associations can take steps to affect the end result of the discussions. For example, the association could press for a formal written document that outlines the terms and conditions between the parties prior to any employer attempt at unilateral implementation of a pandemic response plan (either local or national). Some specific bargaining considerations include the following:

- Negotiate a predetermined beginning and end of the newly bargained working conditions related to a pandemic.
- Research and review the past practices between the parties (local union and the district) regarding similar instances in which a school is shut down for health reasons (including, but not limited to, inclement weather, building conditions, etc.).
- Consider language or policy that would include the local affiliate, as well as the district, in developing and implementing professional development opportunities.
- Work with the district to create curricula to ensure that the information being taught is relevant, practical, research-based, and approved by employees who are responsible for the day-to-day application of curricula.
- Analyze and bargain protections from any unintended consequences on ESP employment from the implementation of any pandemic language (including, but not limited to, restrictions regarding cleaning buildings during the pandemic; the reduction of bus routes; the possible loss or gain of hours for teaching assistants; and the potential impact on the reduced need for cafeteria meals).¹⁷

EMPLOYEE PROTECTION, RIGHTS AND ORGANIZING RESOURCES

You may find some of the following documents helpful in determining which organizing issues you might want to address:

1. Chapter 5 of the NEA HIN IEQ online academy course provides essential details on how to organize around any issue. Register for “What’s your IEQ” online at: www.neacademy.org.

CONTINUITY OF LEARNING

It is not possible to determine in advance whether schools will be closed or for how long since all pandemics are different in their scope and severity. However, it is well established that infectious disease outbreaks most often start in schools, and so schools may close early if an event takes place. The duration of school closings can be determined only at the time of the event based on the characteristics of the pandemic, but it is unlikely that schools will be closed for less than two weeks (based on the incubation period of the disease and the length of time people are contagious). Schools could be closed as long as eight weeks.¹⁸

SCHOOL CLOSURES:

There are multiple levels of school closure that decision-makers may consider. For example, schools may pursue *selective* dismissals of students who are at high risk for pandemic complications (to prevent the disease’s spread to vulnerable communities); *reactive* dismissals (when a significant proportion of students in school have a documented fever); or *preemptive* dismissals (to act proactively to decrease the spread of a pandemic). Whatever the reason and regardless of the duration of such interruptions, all education stakeholders should consider the effects of significant absences on student achievement and establish plans that both ensure health and safety and maintain a continuity of learning.¹⁹

The following guiding questions will help districts and schools develop learning continuity strategies and action plans:

1. How will affected parties communicate during individual or prolonged absences or during school-wide dismissals?
2. How will students understand and access available academic resources and other supports from home?
3. What equipment and other resources are available or need to be acquired to enable school and district learning continuity plans?
4. What additional training or experience is required to prepare all parties to respond appropriately when needed?

Some examples of strategies to ensure the continuity of learning during a school closure are:

- *Hard copy packets:* Photocopies of reference materials, curriculum, and assignments can be prepared in advance for distribution to affected students.
- *Online materials or other aligned content:* Digital copies of reference materials, assignments, and audio-visual learning supports can be made available on the Internet using e-learning and other Learning Management Systems (LMS) (i.e., school websites, etc.).
- *Teacher check-ins and tutorials:* A variety of technologies (telephone, e-mail, web conferencing) can be used to facilitate one-on-one interaction between students and teachers, counselors and other appointed adults (e.g., tutors) during prolonged absences or dismissals.
- *Recorded class meetings:* Using audio or video technology, recorded class meetings can be given to some or all absent students via podcasts, live or on-demand television, DVD, captioned closed-circuit or public access television, or online.
- *Live class meetings:* Schools can use available tools such as conference calling or webinars, online courses, or virtual schools with two-way interaction between the teacher and students.
- *Other student supports:* Schools can use any of the above methods to promote non-classroom priorities, such as college and other counseling support, including student loan preparation (Free Application for Federal Student Aid) or study groups that are enabled through web-based tools.

Some states, districts and schools have some or all of the resources and capabilities to fully develop and implement continuity of learning plans. Most, however, will require additional planning and support to ensure that these strategies are effective across all schools and student populations. Some useful tools and resources suggested by the DOE include:

- *Comprehensive learning continuity planning and implementation support:* Guidance regarding how to develop and implement a systematic plan, including technology resources to ensure that all students can learn in a variety of environments
- *Physical instructional resources:* Publishers and other instructional material providers that can help make content available in hard copy to students unable to physically attend school
- *Digital instructional resources:* Publishers and other instructional material providers that can help make content available digitally so that it can be shared via e-mail and through other web-based tools
- *Organization and distribution of digital content:* Technology that offers tools and systems to share not only instructional content, but also teaching and learning experiences via the Internet
- *Phone conferencing:* Conference calls to allow teachers to interact with multiple students simultaneously using the telephone

- *Webinar support*: Web-based technology that allows teachers not only to interact with multiple students on a conference call, but to show students instructional tools such as literature passages or math solutions on a shared Internet site simultaneously
- *Online courses and virtual classrooms*: Electronic learning communities where students and teachers interact in real time using web-based tools
- *Virtual server capacity*: Companies willing to provide technology to store and deliver large amounts of instructional content using the Internet

By reflecting on how existing tools may be used to develop effective continuity of learning strategies and to access new resource opportunities, schools and districts can sustain student attainment and achievement during prolonged absences or school dismissals.

TECHNOLOGY:

With the increasing sophistication of the Internet and other digital communication technologies, the use of distance education in all of these contexts likely will expand in the years ahead. According to the NEA, the term “distance education” means a form of education in which courses are delivered via the Internet (or other forms of digital technologies) without face-to-face interaction between student and instructor. Distance education has the potential to improve learning opportunities for students, the quality of instruction, and the effectiveness of education employees.²⁰

When used properly, distance education can enrich and enhance the education provided to students, but distance education is not an alternative to traditional education. Once the decision to use distance education has been made, it should enrich and enhance current programs, not dilute their overall value. Distance learning should be subject to the same criteria as traditional face-to-face instruction. Because distance education presents unique concerns, certain additional criteria should be used in evaluating its quality.

Because of the absence of face-to-face interaction between student and instructor, validating the authenticity of student work can be particularly challenging in distance education. Such validation can be done by the use of multiple assessment mechanisms on a regular and continuing basis throughout the course, including appropriate technological safe-guards.

Decisions as to whether to use distance learning have an impact on the working conditions of education employees and should be the subject of collective bargaining or other process of bilateral decision-making between the affiliate and the employer (see *Employee Protection, Rights and Organizing* for more information).

The ownership rights of education employees who create copyrightable materials should not prevent others from making appropriate use of such materials in providing educational services to their students. According to the NEA, The Technology, Education, and Copyright Harmonization (TEACH) Act provides an appropriate balance between the interests of education employees who are owners of copyrighted distance education materials and the interests of others who seek access to such materials for educational purposes.

TECHNOLOGY RESOURCES

1. The NEA has developed a position statement on Distance Education that can be accessed at: <http://insidenea.nea.org/governance/neapolisdocuments/Documents/PolicyDocuments/2008-2009%20Policy%20Statements.pdf>
2. The DOE has produced guidance on the continuity of learning that may be accessed at: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/guidance/continuity-recs.pdf>

BEING RESPONSIVE

During a pandemic flu, it will be necessary to place your plan into action quickly and efficiently. It is also critical that school officials and others continue to assess the implementation of the plan and make revisions as needed by circumstances. For example, if closures are extended longer than planned, what needs to happen to ensure that all services are maintained?

Good communication is the most essential action required at the onset of and throughout a pandemic. Before information can be disseminated, it must be gathered. Once a pandemic has been declared, the person tasked as the designated school communicator will need to contact the local health department and board of education to assess the situation. Next, communication with staff, parents and students must begin.²¹

Start by developing a preliminary statement that explains what is happening and the immediate response needed/taken. Next, a script should be developed and distributed to any staff who will talk with the public (students, parents, community members) and that will allow them to answer common questions (what is the pandemic, how many people are affected, what action is the school taking?).

Finally, initiate direct communication with parents by disseminating prepared messages informing them of the situation and notifying them of any actions the school is taking in response. This process should include the creation of a recorded message on the school messaging system that answers frequently asked questions and provides a phone number to reach a “real” person if necessary. This message should be updated regularly.

Another mode of communication to consider is the school and district websites. If available, these sites should be updated with information relevant to the pandemic and should mirror written and recorded messages.

To address the needs of continuing education due to high absenteeism or school closure, schools should consider designating a pick-up location for parents/guardians to retrieve or deliver academic materials, such as course packets or homework assignments (see *Continuity of Learning* for more information).

To ease the process of information gathering and dissemination, a volunteer coordinator may be identified who will solicit assistance from the community to help with answering phones, making copies, and providing physical assistance where necessary. This person can screen volunteers and

assign them to appropriate duties, ensuring that all persons are trained with accurate, updated information.

Maintaining contact with school staff is essential to a successful pandemic response. Make sure that staff are valued and informed through daily meetings and phone calls. While social distancing may make in-person meetings impractical, phone and web conferencing are viable and affordable options in most cases.

Continue to communicate and coordinate with the community leaders and agencies. In a pandemic response, school actions will always be made in concert with the local health department and the superintendent. Parent, union and student representatives also should be contacted, and if possible, included in decision-making discussions that will develop over the course of the pandemic.

If school stays open, teachers should be encouraged to provide classroom activities that engage students in learning and responding to the pandemic. Resources for educating students about good hygiene and pandemic influenza may be found at:

- www.neahin.org
- www.flu.gov
- www.nea.org

BEING THOROUGH

Following a pandemic experience, it will be essential for school, district, health department, and community leaders to collaborate in evaluating the pandemic response plan. The key questions to answer will be: 1) What worked? and 2) What didn't work?

While all areas of the response should be addressed in the review, several may need special scrutiny. These include:

- Hygiene and cleaning
 - Did schools have the supplies they needed?
 - Did students and staff have the time to wash their hands, etc.?
 - Was staffing sufficient to allow for proper cleaning?
- Communication
 - Did parents and families get the information they needed?
 - Did staff get the information they needed?
 - Was communication to the community clear and consistent?
 - Was information available in the needed languages?
- Services
 - Did children receive meals?
 - Did children receive special medical services?
- Continuity of learning
 - Were all children able to access learning materials?
 - Were alternative methods put in place as problems developed?
 - Are provisions in place to help students catch up?

- Staff
 - Did staff receive pay as scheduled?
 - Was staff able to follow the continuity of learning provisions?

Plan for Next Year - Once the review has been completed, the planning committee should propose any needed changes to the plan for the following year (or future years). Ideally, the pandemic response plan should be integrated into other school crisis plans.

¹ U.S. Department of Education, *Pandemic Flu: A planning guide for educators*. Found at: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html>. September 2006.

² U.S. Centers for Disease Control and Prevention, *CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year*. Found at: <http://www.flu.gov/professional/school/schoolguidancepdf.pdf>.

³ NEA Health Information Network, *School Crisis Guide: Help and Healing in a Time of Crisis*, 2007. Available at: www.neahin.org/crisisguide.

⁴ U.S. Department of Health and Human Services, *School District (K-12) Pandemic Influenza Planning Checklist*. Found at: <http://www.cdc.gov/flu/pandemic/pdf/pandemicfluchecklist.pdf>.

⁵ *Ibid.*

⁶ NEA Health Information Network, *School Crisis Guide: Help and Healing in a Time of Crisis*.

⁷ U.S. Department of Health and Human Services, *School District (K-12) Pandemic Influenza Planning Checklist*.

⁸ U.S. Department of Agriculture, *Joint Department of Agriculture - Department of Education Letter to School Nutrition Programs*. Found at: http://www.fns.usda.gov/disasters/pandemic/usda-ed_letter.pdf

⁹ U.S. Department of Agriculture, *Using USDA Food During An H1N1 Flu Outbreak: Options for Schools and Communities*. Found at: <http://www.fns.usda.gov/disasters/pandemic/panflu.pdf>.

¹⁰ *Ibid.*

¹¹ Reynolds SA, Levy F, Walker ES., *Hand sanitizer alert*, U.S. Centers for Disease Control and Prevention Emerging Infectious Diseases. Found at: <http://www.cdc.gov/ncidod/EID/vol12no03/05-0955.htm>.

¹² U.S. Department of Health and Human Services, *School District (K-12) Pandemic Influenza Planning Checklist*.

¹³ U.S. Centers for Disease Control and Prevention, *Interim guidance on the use of facemasks and respirators*. Found at: <http://www.cdc.gov/h1n1flu/masks.htm>. For updated information, conduct a search by typing the term N95 respirator at the cdc.gov website.

¹⁴ U.S. Food and Drug Administration, *2009-2010 Seasonal Influenza Vaccines*. Found at: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm100139.htm>.

¹⁵ U.S. Centers for Disease Control and Prevention, *2009 H1N1 Influenza School-Located Vaccination (SLV): Information for Planners*. Found at www.cdc.gov/h1n1/vaccination/slv/planners.htm.

¹⁶ The American Academy of Pediatrics, National Health and Safety Performance Standards. Found at: <http://nrckids.org/CFOC/PDFVersion/National%20Health%20and%20Safety%20Performance%20Standards.pdf>.

¹⁷ National Education Association, Collective Bargaining and Member Advocacy, *School Closings due to a Pandemic: A Bargaining Implications Notice*, September 2009.

¹⁸ Seattle Public Schools, *Biological Incident Index: Pandemic Management Plan, Emergency Management Plan*. Found at: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/sampleplans/index.html>.

¹⁹ U.S. Department of Education, *Preparing for the Flu: Department of Education Recommendations to Ensure the Continuity of Learning for Schools (K-12) During Extended Student Absence or School Dismissal*. Found at: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/guidance/continuity-recs.pdf>.

²⁰ National Education Association, *Distance Education, National Education Association Policy Statements 2008-2009*, pp. 13-17. Found at: <http://insidenea.nea.org/governance/neapolicydocuments/Documents/PolicyDocuments/2008-2009%20Policy%20Statements.pdf>.

²¹ NEA Health Information Network, *School Crisis Guide: Help and Healing in a Time of Crisis*.