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Dear Day Care or School Planner,

In light of recent developments in Southeast Asia, health experts have become concerned that the high pathogenic H5N1 avian influenza virus may mutate so that it can infect people and spread easily from person-to-person. Because no one would have immunity to this new virus, a worldwide flu outbreak, called an influenza pandemic, could result.

Pandemics have happened in the past and, based on historical date, many scientists believe that we are overdue for another one. It is important that we take pre-emptive action and begin planning. If a pandemic occurs, McHenry County needs to be ready to respond, thus minimizing loss and suffering. It is also crucial that critical services, those essential to the well-being of the community, are maintained.

The National Strategy for Pandemic Influenza emphasizes local preparedness and acknowledges that that federal government will not be able to mobilize aid to the states during a pandemic. There could be high hospitalization and death rates that last week or months; the response to this will need to be on a local level. It is essential that all sectors of the community begin planning.

This tool was created to guide your organization in the development of a pandemic response plan. If your organization already has an emergency response plan, then pandemic planning can be included as an annex or appendix (much like a natural disaster). The toolkit will provide your agency with an overview of pandemic planning issues and a template to work from.

There are sections of the template that are open to revisions and should be edited to meet your organization's specific requirements. Some sections have lists of critical issues that should be considered and worked through by your planning team. Use and modify this toolkit however it suits your agency. Every school and daycare is unique, with its own needs; please feel free to contact the McHenry County Department of health with any questions you may have.

Best Regards,

McHenry County Pandemic Influenza Planning Steering Committee
School and Daycare Subcommittee

The School and Daycare Subcommittee is comprised of leaders from agencies throughout McHenry County and facilitated by the McHenry County Department of Health. Members from the following agencies collaborated on this project: McHenry County Regional Office of Education, McHenry County Department of Health, Community Coordinated Child Care (4-Cs), McHenry County College, Consolidated School District 158, Marian Central Catholic High School, Richmond-Burton Community High School District 157, Special Education District of McHenry County and McHenry Community Consolidated School District 15.

MCDH

Pandemic Preparedness Planning
For Schools and Daycares

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OVERVIEW

Mission Statement and Objectives

Many health experts believe that the possibility of an influenza pandemic is closer now than it has been in recent history. For that reason we need to prepare to plan and plan to prepare. While this effort is focused on the specific response to a possible pandemic, it is important to remember that emergencies can happen at any time. The work to develop these plans will be useful across a wide array of potential disasters.

UNDERSTANDING PANDEMIC INFLUENZA

Historical Perspective

An influenza pandemic is a global outbreak of the flu. It is unlike seasonal influenza that happens annually; an influenza pandemic will be caused by a new flu virus. People will not have any immunity against this virus, so the virus will spread quickly, infecting people of all ages. Based on pandemics that have occurred in the past 200 years, we know that they have happened every 10 to 49 years. The average time between pandemics is 24 years. No one knows for sure when the next pandemic will come, but since the last pandemic occurred in 1968, experts agree that we are overdue for one.

It is nearly impossible to know for certain the degree of severity of the next pandemic, because we do not know yet what flu strain will emerge to cause the pandemic. We can, however, make predictions based on past pandemics. In the last century, the world has experienced three pandemics with the 1918-1919 being the most serious. Global fatalities were estimated as high as 100 million people. The 1918-1919 pandemic, referred to as the "Spanish Flu" pandemic, caused the death of approximately 675,000 people in the United States. During that time, when global commerce was still developing, the virus made its way around the world in 2 months. In 1957-58, the "Asian Flu" caused the death of approximately 69,800 people in the United States and 1-2 million deaths worldwide. The deaths were mostly in people 65 years and older, but in the initial phase, nearly 40% of deaths were in people under the age of 65 years. The most recent pandemic was the "Hong Kong Flu" of 1968-1969. This virus caused approximately 33,800 deaths in the United States and 700,000 cases worldwide.

Summary of Pandemics in the 20th Century

Years	Name	Approximate Deaths U.S. / Worldwide
1918-1919	Spanish Flu	675,000 / 100 million
1957-1958	Asian Flu	69,800 / 1-2 million
1968-1969	Hong Kong Flu	33,800 / 700,000

From each of the three pandemics, health officials saw a rapid surge and an exponential increase in the number of ill people over a very brief time, measured usually in weeks. The virus had caused deaths in traditional high-risk populations (the very young, the elderly and those with a chronic conditions), but were also lethal in populations that were young and physically healthy. Pandemics are unpredictable and have varying severity.

Influenza pandemics occur in waves; a wave is a period of influenza activity followed by a period of reduced activity. Scientists cannot precisely say how many waves a future pandemic

may have or the wave duration. However, pandemics historically have two or three waves with each wave lasting approximately six to eight weeks spaced four to six weeks in between. Each pandemic wave has a specific geographic concentration. The 1918 Spanish Flu Pandemic first hit military bases in the United States. The disease slowly moved out and affected cities, towns, and villages in the second wave; in 1918, the second wave was more severe than the first.

H5N1 Avian Flu May Cause the Next Pandemic

Recent developments in Southeast Asia surrounding high pathogenic H5N1 (one type of "avian influenza" or "bird flu" virus) have increased concerns about the threat of pandemic influenza. Many in the scientific community fear the possibility of a pandemic caused by H5N1.

If H5N1 does cause the next pandemic, experts fear the worst. Studies have indicated a similarity in genetic structure between the H5N1 and the 1918 pandemic flu virus, possibly hinting at the degree of severity that people may face. Some flu experts have also noted that the highly pathogenic H5N1 virus is the most virulent flu virus they have seen (killing close to 100% of infected poultry and birds); if it can be efficiently transmitted from person-to-person, then the world may be facing a disaster.

PANDEMIC ALERT PHASES

Experts at the World Health Organization (WHO) and elsewhere believe that the world is now closer to an influenza pandemic than at any time since 1968, when the last of the previous century's three pandemics occurred. The WHO uses a series of six phases of pandemic alert as a system for informing the world of the seriousness of the threat and of the need to launch progressively more intense preparedness activities. The designation of phases, including decisions on when to move from one phase to another, is made by the WHO Director-General.

World Health Organization Pandemic Response Phases

PHASES	PUBLIC HEALTH GOALS
Interpandemic period ***Phase 1.*** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.	Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.
Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.
Pandemic alert period ***Phase 3.*** Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.

Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.
Pandemic period ***Phase 6.*** Pandemic is declared: increased and sustained transmission in general population.	Implement response measures including social distancing to minimize pandemic impacts.

As of _____, the world is presently in Phase _____.

(Source: http://www.who.int/csr/disease/avian_influenza/phase/en/index.html)

UNDERSTANDING THE INFLUENZA VIRUS

What is influenza (flu)?

Influenza, commonly called "the flu," is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). Unlike many other viral respiratory infections, such as the common cold, the flu causes severe illness and life-threatening complications in many people. Because the flu is a virus, it cannot be treated with antibiotics.

What are the symptoms of influenza?

Symptoms of seasonal flu include fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches. Symptoms of pandemic flu may be the similar, but more severe; pneumonia, severe respiratory diseases, and other life-threatening complications may be prevalent.

How does the flu spread?

The main way that influenza viruses are spread is from person to person in respiratory droplets of coughs and sneezes; this is called "droplet spread." This can happen when droplets from a cough or sneeze of an infected person are propelled (generally up to 3 feet) through the air and deposited on the mouth or nose of people nearby. The viruses also can be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose before washing their hands.

How soon will I get sick if I am exposed to the flu?

For seasonal flu, the time from when a person is exposed to flu virus to when symptoms begin is about one to four days, with an average of about two days.

How long is a person with flu virus contagious?

The period when an infected person is contagious depends on the age and health of the person. Studies show that most healthy adults may be able to infect others from one day prior to becoming sick and for five days after they first develop symptoms. Some young children and people with weakened immune systems may be contagious for longer than a week.

(Source: www.cdc.gov/flu/about/qa/disease.htm)

SEASONAL VERSUS PANDEMIC INFLUENZA

Flu Terms Defined

Seasonal influenza (flu) is a respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is available.

Avian (bird) flu is caused by influenza viruses that occur naturally among wild birds. The H5N1 variant is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and no vaccine is available.

Pandemic influenza (flu) is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

(Source: www.pandemicflu.gov)

How Does the H5N1 Virus Differ From Seasonal Influenza Viruses That Infect Humans?

Unlike seasonal influenza, which usually causes only mild respiratory symptoms in most people, H5N1 infection may follow an unusually aggressive clinical course, with rapid deterioration and high fatality. Primary viral pneumonia and multi-organ failure have been common among people who have become ill with H5N1 influenza.

Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 virus has caused the largest number of reported cases of severe disease and death in humans. In the current situation in Asia, Europe, and Africa, more than half of the people infected with the virus have died. Most cases have occurred in previously healthy children and young adults. However, it is possible that the only cases currently being reported are those in the most severely ill people and that the full range of illness caused by the H5N1 virus has not yet been defined.

(Source: www.pandemicflu.gov/season_or_pandemic.html)

ASSUMPTIONS

Pandemic Planning Assumptions

The following assumptions, based largely on the 1918 influenza pandemic, are being used throughout the federal government to define a severe case scenario. They need to be considered for any organization that is developing a pandemic response strategy.

- Susceptibility to the pandemic influenza virus will be universal.

- Efficient and sustained person-to-person transmission signals an imminent pandemic.

- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.

    - Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.

- Of those who become ill with influenza, 50% will seek outpatient medical care.

    - With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.

- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Two scenarios are presented based on extrapolation of past pandemic experience. Planning should include the more severe scenario.

    - Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.

- Rates of absenteeism will depend on the severity of the pandemic.

    - In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.

    - Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.

- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.

- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.

- On average, infected persons will transmit infection to approximately two other people.

- In an affected community, a pandemic outbreak will last about 6 to 8 weeks.

- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

(Source: www.pandemicflu.gov)

What Can Be Expected If a Pandemic Hits?

The actual impact of a future pandemic is unpredictable because it is not yet known how deadly the virus that causes the pandemic will be. Assumptions are based on the information from past pandemics and the 2003 SARS outbreak (which behaved similarly to a pandemic).

An important observation that was made during the 2003 SARS crisis was a sharp decline in consumer demand and workforce. Employees were ill or stayed home out of fear or to take care of others who were sick. Pandemic influenza will have short- and long-term effects. It is important for schools, daycares, individual businesses and critical services to evaluate their role in the community and how it will be impacted by:

- Surge in demand for health care services: hospitals, clinics, doctor's offices, or pharmacies.

- Self-quarantine: people voluntarily staying at home out of fear or to take care of a sick friend/family member

- Nonessential services that involve social contact may close: shopping malls, community centers, libraries, public transit, theatres, sporting events, museums or restaurants.

- Some services may close due to high absenteeism: schools, day-care centers and churches

- Critical infrastructure may operate below capacity: grocery stores, utilities, postal services, banking, telecommunications and waste-removal.

- Trade, travel and tourism will be greatly affected (as seen for SARS).

XXX Organization

Pandemic Response Plan

Date

A Template and Toolkit for Schools and Day Care Centers

(Italicized text in parentheses needs to be modified or deleted.)

SECTION 1 – ORGANIZATIONAL COMMAND AND CONTROL

OVERVIEW

Operating *(INSERT ORGANIZATION NAME*) during an influenza pandemic will utilize the same coordination and command structure that is employed in other incidents, whether man-made or naturally caused. Crucial decisions must be made in a timely fashion and it is imperative to have an organizational chart that:

- Outlines the chain of command
- Identifies two or three alternates for each member of the command staff
- Designates those persons with the authority to make key decisions (i.e. facility closure)
- Identifies people that have access to essential supplies and vital records

(See Annex A for a sample organizational tree.)

Each member of the command staff needs to know what their role is in an emergency, who they report to, who they are responsible for and for which position they may be the alternate. Furthermore, everyone should be clear on how authority is delegated, what the limits are to that authority, when alternate command staff assumes control and how notification takes place. *(See Annex B for an example of emergency contact sheets.)*

(If your organization already has a structure in place, you should at least do the following four steps.)

ACTION STEPS

1. Form a pandemic influenza planning committee

   When forming the committee, all departments and stakeholders should be represented so they can voice their concerns during the planning process. Having a well-rounded committee will help to ensure that all critical issues are considered. Members may include *(edit to fit your organization)*:
   - District Superintendent, Principal or CEO
   - Business/Finance Director
   - Human Resources Director
   - School Nurse
   - Transportation Director
   - Facilities or Maintenance Manager
   - Food/Supplies Director
   - Curriculum Director
   - Parent-Teachers Association Representative
   - Staff or Teacher Representative
   - Athletic Director

2. Appoint a pandemic influenza coordinator

   This person could be a member of the pandemic influenza planning committee. The responsibilities of the pandemic influenza coordinator include the following *(add other duties as needed)*:
   - Ensure that *(INSERT ORGANIZATION NAME)*'s plan is completed *(see Annexes L and M for planning checklists)*.

- Facilitate pandemic influenza committee meetings.
- Ensure that all departments and stakeholders are represented on the pandemic influenza committee.
- Be in contact with the McHenry County Department of Health regarding pandemic influenza issues.
- Be the source of accurate pandemic influenza information for *(INSERT ORGANIZATION NAME)* employees.
- Be the point of contact for parents and stakeholders regarding the *(INSERT ORGANIZATION NAME)'s* pandemic response.

3. Complete a risk assessment for *(INSERT ORGANIZATION NAME)*. *(See Annex C for a risk assessment worksheet.)*

4. Identify essential tasks and personnel

    - Identify at least two alternates for all key command staff members in case the primary is unable to perform their duties.
    - Define who key decisions makers are, how their authority is delegated in their absence, what the limits are to that authority, when alternate command staff assumes control and how notification takes place.
    - Classify specialists within *(INSERT ORGANIZATION NAME);* specialists are defined as people that are competent the use of certain equipments or in carrying out particular tasks. Consider cross training other staff members on any essential services performed by specialists. Then, if a specialist is unable to perform a critical task, it can still be completed.
    - Make sure there are personnel assigned to each of the essential tasks (those services of *INSERT ORGANIZATION NAME* that **must** be completed).

After setting *(INSERT ORGANIZATION NAME)'s* structure and command procedures it will be exercised on an *annual* basis. By practicing elements of the command and control plan, as well as the pandemic preparedness plan, lessons will be learned to help improve *(INSERT ORGANIZATION NAME)'s* response.

SECTION 2 – CLOSURE AND RE-OPENING OF FACILITIES

(This section, in particular, must be tailored to each organization. It needs to incorporate the means by which operations are managed/governed and consider the principles and views of the community.)

Closure of facilities at *(INSERT ORGANIZATION NAME)* is deemed necessary when it is no longer feasible to continue operations due to a decrease in student attendance, a reduction in faculty and staff presence or if the continued operation of the facility poses a serious health risk.

Below is a list of events that will likely lead up to the declaration of a pandemic. Each trigger point establishes a scenario that will require *(INSERT ORGANIZATION NAME)* to respond accordingly. These trigger points are dynamic and the reaction by *(INSERT ORGANIZATION NAME)* will be have to be flexible. The following actions are intended to serve as guidance for this response.

Trigger Points for Action

Prior to a pandemic, administrators of *(INSERT ORGANIZATION NAME)* need to decide whether to have pre-scripted messages established for each trigger point. Pre-scripted messages can be edited, but a procedure for the approval of corrections and modifications must also be outlined ahead of time. *(See Annex D for sample key messages.)*

Trigger 1: Report of first avian flu case in poultry in the United States
Actions:

- Information on the status and impact will be received from McHenry County Department of Health.
- Students and parents will be educated on the importance of this event.
- Staff and faculty will be instructed on the impact of this event on their health.
- Decide on *(INSERT ORGANIZATION NAME)*'s message, to be sent out to faculty, staff, students and parents through letters and inter-office memos.
- Revise **sample parent letter #2** and send. *(See Annex E for sample parent letters.)*

Trigger 2: Report of first human avian flu case in the United States
Actions:

- Information on the status and impact will be received from McHenry County Department of Health.
- Students and parents will be educated on the importance of this event.
    1. Addition / update to website
    2. Develop phone message
- Staff and faculty will be instructed on the impact of this event on their health.
- Decide on *(INSERT ORGANIZATION NAME)*'s message, to be sent out to faculty, staff, students and parents through letters and inter-office memos.
- Revise **sample parent letter #3** and send. *(See Annex E for sample parent letters.)*

Trigger 3: Report of mutation in H5N1 virus / change in W.H.O. phase
Actions:

- Information on the status and impact will be received from McHenry County Department of Health.

- *(INSERT ORGANIZATION NAME)* nurse / administrator / pandemic influenza coordinator must establish a direct line of communication with the health department for current, up-to-date status reports
- Students and parents will be educated on the importance of this event.
- Staff and faculty will be instructed on the impact of this event on their health
    1. Review of policies and procedures outlined in the pandemic response plan
    2. Implementation of steps that correspond with change of status as outlined in pandemic response plan.
- Increase basic hygiene messages.
- Decide on *(INSERT ORGANIZATION NAME)*'s message, to be sent out to faculty, staff, students and parents through letters and inter-office memos.
- Revise **sample parent letter #4** and send. *(See Annex E for sample parent letters.)*

Trigger 4: Report of first influenza pandemic outbreak outside of the United States, NOT in North America
Actions:

- Decide on *(INSERT ORGANIZATION NAME)*'s message, to be sent out to faculty, staff, students and parents through letters and inter-office memos.
- Information will be obtained from McHenry County Department of Health.
- Students and parents will be educated on the importance of this event.
- Staff and faculty will be instructed on the impact of this event on their health.
    1. establish a reporting routine (time of day when update given)
    2. review of policies and procedures outlined in the pandemic response plan

Trigger 5: Report of first influenza pandemic outbreak outside of the United States, BUT IN North America
Actions:

- Decide on *(INSERT ORGANIZATION NAME)*'s message, to be sent out to faculty, staff, students and parents through letters and inter-office memos.
- Students and parents will be educated on the importance of this event.
- Information will be obtained from McHenry County Department of Health.
- Staff and faculty will be instructed on the impact of this event on their health.
- Status of school will be decided based on recommendations made by the health department.
- Increased surveillance and monitoring of school absences (see Section 8 on Surveillance)

Trigger 6: Report of first influenza pandemic outbreak in the United States
Actions:

- Decide on *(INSERT ORGANIZATION NAME)*'s message, to be sent out to faculty, staff, students and parents through letters and inter-office memos.
- Students and parents will be educated on the importance of this event.
- Information will be obtained from McHenry County Department of Health.
- Staff and faculty will be instructed on the impact of this event on their health.
- If appropriate, revise **sample parent letter #5** (school closure) and send. *(See Annex E for sample parent letters.)*

Re-opening of schools
Actions:

- Information on the status of illness and safety to re-open facilities will be received from McHenry County Department of Health.

- Decide on *(INSERT ORGANIZATION NAME)*'s message, to be sent out to faculty, staff, students and parents through letters and inter-office memos.
- Educate faculty, staff, students and parents about the possibility of another wave of the flu and stress non-pharmaceutical intervention measures.
- Revise **sample parent letter #6** and send. *(See Annex E for sample parent letters.)*

Other trigger points that *(INSERT ORGANIZATION NAME)* should consider:

- Increase in school bus driver absence.
- School closures in neighboring counties.
- Supply chains interrupted (i.e. insufficient food available for cafeteria services).

SECTION 3 – ESSENTIAL SERVICES

(If your organization has a Continuity of Operations (COOP) Plan in place, portions of this section may have already been addressed. If your organization does not have a COOP plan and is interested in compiling one, please visit:
http://www.wasc.noaa.gov/wrso/oep-coop/coop_plan_template_instructions.doc
http://www.fema.gov/doc/government/coop/coop_plan_blank_template.doc)

OVERVIEW

(INSERT ORGANIZATION NAME) will identify the essential services that are necessary for continuity of operations, under the pressure of high staff absenteeism and limited supplies associated with pandemic influenza. An essential service is defined as a task that an agency must continue with little or no disruption. To ensure continuity of operations, *(INSERT ORGANIZATION NAME)* describes what services, personnel and equipment are critical for maintaining the organization's mission.

If *(INSERT ORGANIZATION NAME)* remains open during a pandemic, at least until a recommendation for closure is given, the essential services must be maintained. Staff, as well as back-ups, is assigned for each of the services identified. *(INSERT ORGANIZATION NAME)* has ensured that alternates are qualified to perform essential tasks.
(See Annex C for a risk assessment worksheet.)

RECOMMENDED ACTION STEPS

1. List the essential services and supplies necessary for continuity of operations. Examples of functional areas that may contain critical issues are:
    a. Administration
    b. Finance / Payroll
    c. Food services
    d. Transportation
    e. Safety / Security

2. Identify essential staff positions
    a. Create a strategy for completing essential tasks if absenteeism is high
    b. Make a list of all staff members
        i. Catalog existing skills and competencies
        ii. Identify methods for cross training
    c. Consider alternates for teaching staff
        i. Substitutes
        ii. Retirees
        iii. Certificated district office staff
    d. Alternates for support service staff
        i. Cross-training
        ii. Volunteers
    e. Take into account labor union issues

SECTION 4 – MODIFIED HUMAN RESOURCE POLICIES

(Every organization has different leave policies and rules for compensation; therefore, issues in this section will have to be revised specially for your organization. A modification of the leave policy with an emphasis on non-punitive absences will be important to the health and safety of your students and staff. This will encourage ill staff to isolate themselves at home which will prevent the spread of infection to other healthy staff and students. However, if employees fear that taking days off may put their job in jeopardy, they may be more likely to come to work while still infectious.)

OVERVIEW

During a pandemic, students and staff may be absent for more than several days and it has been estimated that up to 40% may be absent at the peak of a pandemic. Staff absences could be due to illness, caring for sick family members, relatives, neighbors or friends, imposed quarantine, loss of childcare (i.e. schools and daycares are closed) or fear.

The pandemic influenza virus will be highly transmissible and very deadly. For the safety of everyone at your facility, ill staff and children should remain home until they have recovered.

HUMAN RESOURCE ISSUES TO BE ADDRESSED

Below are human resource-related issues that should be addressed before a disaster happens. Once policy has been modified, staff should be educated on any changes made.

1. Extended absence *(employees may be absent for periods beyond their number of accrued leave days)*
    a. How is leave time accrued for employees
        i. Full-time
        ii. Part-time
    b. Are leave days interchangeable for personal illness, caring for a sick family member, bereavement and loss of childcare or are they accrued separately?
    c. What happens when an employee's accrued leave time is completely used up?
        i. Are employees expected to remain home without pay? Would this encourage ill staff to return while still infectious?
        ii. Is there an emergency supply – a bank where all employees donate one-to-two leave days?
        iii. Would implementation of a program similar to wage continuation benefit help? *(Where the employee pays into an insurance-like program that insures payment in times of disasters and emergencies.)*
        iv. How long will the organization have funds to extend paid leave?
            1. Pay out full salary?
            2. Pay out partial salary?
        v. Are employees with accrued leave time expected to use it up while those with no days get "free" leave days?
        vi. Can employees "borrow" leave days, to be paid back at a later date?

2. Documentation and approval
    a. Determine documentation requirements for compensation of leave days
        i. Personal or family illness – medical documentation
        ii. Quarantine Order – copy of order

iii. Closure of school / day care center – copy of order, documentation of affected dates
iv. Protective sequestration *(isolating oneself voluntarily to avoid illness)*
v. What if the employee cannot or will not provide documentation?

b. Does the amount of excess leave differ for personal illness, caring for an ill family member, school closure, etc?
c. Who approves requests for leave extensions?
d. What is the policy for requests longer than those approved in the policy?

3. Reassignment of staff roles *(if an organization experiences high absenteeism, staff may need to be reassigned in order to maintain essential services)*
    a. Compensation
        i. If reassigned to a job in a lower pay class, employees keep original salary
        ii. If reassigned to a job in a higher pay class, employees receive higher salary
    b. Training for reassigned roles must be provided
        i. Employees should not be expected to perform a task for which they have not been trained
        ii. Employees should be compensated for time spent in training
        iii. Just-in-time training
            1. Who will conduct it?
            2. Where will it be conducted?
        iv. Pre-event, scheduled trainings
            1. Who will conduct it?
            2. Where will it be conducted?
    c. Consider liability issues for staff performing reassigned roles

4. Facility closure
    a. Will your organization continue to pay employees if it has to temporarily close?
        i. Pay out full salary?
        ii. Pay out partial salary?
    b. Will your organization continue to pay both salaried and hourly personnel?
    c. How long will your organization continue to pay employees?

5. Illness reporting and tracking
    a. Absences due to illness should be reported
        i. Establish procedures for calling in
            1. What number do employees call
            2. Who receives these calls
            3. Where is the information entered
        ii. Agencies may, by law, not be allowed to ask what illness the sick person has
        iii. Agencies may ask what symptoms they have
    b. Duration of absences due to illness should be recorded and tracked *(see Annex F for a sample signs and symptoms log)*
    c. Employees returning to work may need a written confirmation of wellness from a physician

6. Enforcement of absence, due to confirmed illness
    a. What is the policy for screening staff entering the facility?
    b. What is the organization's policy for sending an ill person home (especially if they do not want to leave)?
    c. Will there be penalties if staff violates an order to remain at home?

    d. What are the legal issues if an ill employee returns to work and this results in the illness or death of someone else?

7. Funding
    a. What alternate sources are in place for funding payroll (if income is reduced and absenteeism is high)?
        i. Will insurance provide any assistance?
        ii. Is there a reserve of money set aside for this eventuality?
    b. What is the priority for other expenses or bills?

8. Labor unions
    a. Are there labor unions at the organization?
    b. Do these raise any unique concerns, with regard to salary, safety or leave time?

9. Alternate scheduling policies *(when possible, limiting contact between people may help to reduce the spread of infection)*
    a. Are employees able to do any of their work from home?
    b. Are employees allowed to flex their hours?

SECTION 5 – COMMUNICATION

(This section will suggest ways to communicate with the population you serve; both internally and externally. However, it must be tailored to meet your organizational structure, funds available and the technology on hand.)

OVERVIEW

It is of utmost importance for *(INSERT ORGANIZATION NAME)* to communicate regularly with their employees, students, parents and stakeholders before, during and after a pandemic. *(INSERT ORGANIZATION NAME)* must be prepared to address questions posed to them and they must be aware of where to find accurate information.

Through effective communication, fear and panic in the community can be minimized. Parents will be more willing to send their children to school, if they are aware of the plans that *(INSERT ORGANIZATION NAME)* has discussed and prepared to implement. Also, when the crisis has passed, people will remember how well an organization responded.

PLANNING CONSIDERATIONS

1. Appoint a communication officer and an alternate *(if your organization is large enough, you may also consider creating a communication committee to support the officer)*
   a) This person can be selected from the pandemic planning committee or can be *(INSERT ORGANIZATION NAME)'s* normal public information officer.
   b) Responsibilities, related to pandemic influenza, will include *(edit based on organization)*:
      i) Serving as the point of contact for communications with external agencies *(i.e. regional supervisor or superintendent, school board president, health department, local law enforcement, DCFS, etc.)*
      ii) Serving as the main source of information for staff of *(INSERT ORGANIZATION NAME)*
      iii) Serving as the point of contact for parents and students
      iv) Providing periodic information and updates to staff, faculty, parents and students regarding pandemic preparedness via *(see Annex G for family preparedness information)*:
         1. Monthly newsletter
         2. School newspaper article
         3. School run news program
         4. Website
         5. Direct mailings (see Annex E for sample parent letters)
         6. Posters or flyers (see Annex H for sample posters and flyers)
         7. Inclusion with other handouts (i.e. include preparedness tips on the bottom of school lunch menus)
      v) Making presentations to staff, faculty, parents and students on pandemic issues
      vi) Ensuring *(INSERT ORGANIZATION NAME)'s* website is continuously updated
      vii) Monitoring credible sources for information updates
      viii) Establish a relationship with any key partners that will be critical during a pandemic *(i.e. Health Department, media representatives, etc. These connections should be made BEFORE an emergency occurs.)*
      ix) Maintain contact lists for key groups *(edit based on organization)*:
         1. Staff (after hours)
         2. Parents

3. Health Department
4. Suppliers
5. Hospitals
6. Police
7. Fire and EMS
8. Union representatives

2. Develop messages based on the benchmarks listed below. Some of these events are major trigger points that could occur as a pandemic develops (a-f); they may not all occur and they may not occur in this order. At each stage, there will be media coverage which will prompt staff, faculty, parents and students to question *(INSERT ORGANIZATION NAME)'s* response strategy. It is important to anticipate these events and prepare to respond. There are sample parent letters included in Annex E and key messages in Annex D; these will be adapted to meet *(INSERT ORGANIZATION NAME)'s* plans and policies.
    a. Report of first avian flu case in poultry in the United States. *(At this point, we are concerned with the highly pathogenic version of H5N1 avian influenza.)*
    b. Report of first human avian flu case in North America
    c. Report of mutation in *(H5N1)* virus / change in W.H.O. phase to Pandemic (Phase 6)
    d. Report of first influenza pandemic outbreak outside of the United States, not in North America
    e. Report of first influenza pandemic outbreak outside of the United States, but in North America
    f. Report of first influenza pandemic outbreak in the United States
    g. Increase in school bus driver absence
    h. Reduction in or loss of critical supplies (i.e. food)
    i. Facility closures in neighboring counties
    j. Facility closures in McHenry County
    k. Decontamination of facilities
    l. Re-opening of facilities

3. Establish a plan for internal communication
    a. Identify key decision makers and/or points of contact in each department
        i. Compile staff contact information
            1. Update regularly
            2. Exercise contact procedures
        ii. Include alternates for command staff (in case of their absence)
    b. Determine a policy for communicating time sensitive information to staff
        i. Type of information may include:
            1. Status of the pandemic
            2. Infection control policies
            3. Enhanced surveillance by staff
            4. Status of facility (open or close)
            5. Updates or changes to human resource policies
            6. Job reassignments
            7. Continued employment obligations (such as distance learning)
        ii. Method for disseminating information
            1. Consider different scenarios for providing information to staff
                a. If facility is open
                b. If facility is closed
                c. During working hours

d. After hours
e. Immediate/time-sensitive information
f. Not time-sensitive information

2. Methods for communicating may include:
    a. Email
    b. Telephone hotline
    c. Website
    d. Automated phone calls
    e. Phone tree
    f. Mass distribution to on-site voicemail boxes
    g. Including information in paychecks
    h. Postings around the facility

4. Develop an external communications plan
    a. Identify how you will communicate critical information to:
        i. Parents
        ii. Students
        iii. Other stakeholders
    b. Consider the following methods for disseminating information:
        i. Email
        ii. Telephone hotline
        iii. Website
        iv. Automated phone calls
        v. Newsletter
        vi. Postings around the facility
        vii. Local radio stations
        viii. Scrolling text on cable access stations
    c. Identify methods for ensuring messages are understandable for everyone, including those with special needs
        i. Reading levels
        ii. Non-English speaking
        iii. Other disabilities (i.e. low vision or hearing)

SECTION 6 – INFECTION CONTROL

OVERVIEW

(INSERT ORGANIZATION NAME) is concerned about the health and safety of its staff, faculty, students and their families. *(INSERT ORGANIZATION NAME)* strives to take reasonable steps for protection and mitigation of those risks. Common sense steps to good health habits should be promoted, including eating a balanced diet, exercising daily, getting sufficient rest and taking steps to stop the spread of germs.

(INSERT ORGANIZATION NAME) understands that, if a pandemic occurs, the world may have to wait six to eight months after the first human pandemic flu case for a vaccine to be available. There may also be a shortage of antiviral medications. *(INSERT ORGANIZATION NAME)* will focus on getting faculty, staff, students and their families prepared to control the spread of infection without reliance on vaccine or antivirals. *(See Annex I for guidelines for responding to influenza outbreaks.)*

ACTION STEPS

1. Guidelines
    a. Pre-Pandemic: general infection control practices and education are in place to combat seasonal influenza outbreaks. These same practices would be applied during a pandemic. Students and staff should be re-educated on proper hygienic practices and seasonal vaccinations should be encouraged. Posters should be put up around *(INSERT ORGANIZATION NAME),* curriculum added to health classes and staff-in services offered. *(See Annex H for sample posters and flyers.)*
        i. Educate about both seasonal and pandemic influenza
        ii. Describe *(INSERT ORGANIZATION NAME)*'s pandemic response plan
            1. Advocate individual / family preparedness *(see Annex G for family preparedness materials)*
            2. Send a letter to parents about preparedness *(see Annex E for sample parent letters)*
        iii. Promote proper infection control practices
            1. Hand washing
            2. Covering coughs and sneezes
            3. Social distancing
            4. Keep living and working areas clean
    b. Pandemic: students and staff should be reminded to maintain good infection control practices
        i. Social distancing strategies should be explained and promoted
            1. Stay home if ill
            2. Keep distance from those who are sick
            3. Avoid crowds
            4. Stagger working hours or work from home, if possible
        ii. *(INSERT ORGANIZATION NAME)* will decide on what personal protective equipment (PPE) will be made available to staff, faculty and students
            1. Who is required to wear PPE? Are there prioritizations for the groups?
                a. *Nurses*
                b. *Administrative staff*
                c. *Janitorial Staff*
            2. What is required to be worn?

a. Masks
    i. N-95
    ii. Surgical
b. Gloves
c. Aprons
d. Goggles

3. Is *(INSERT ORGANIZATION NAME)* taking responsibility in providing PPE for all staff, faculty and students?
    a. If so, what are the policies for use?
    b. Where is funding coming from?

c. Post-Pandemic: students and staff should be reminded to maintain good infection control practices in case some people are still infectious. *(See Annex I for guidelines for responding to influenza outbreaks.)*
    i. Maintain consistent hygiene practices
    ii. Keep social distancing strategies in place until no one is infectious
    iii. Disinfect surfaces as needed

2. Education
    a. Good hygienic practices are important and will reduce the risk of infection from all influenza viruses.
        i. Students and staff should be educated on the important messages and reminded of the proper actions that should be taken.
        ii. This message should be emphasized year round.
        iii. Hand-washing messages should focus primarily on proper techniques:
            1. Hands should be washed using soap and water.
            2. Proper hand washing should last at least 20 seconds ("Happy Birthday" song sung twice).
            3. Remind students and staff to thoroughly rub hands together, getting between fingers.
            4. Hand-sanitizers with a minimum of 60% alcohol should be used only when soap and running water are not available.
            5. If hands are visibly soiled, soap and water should be used.
    b. Informational flyers should be posted throughout *(INSERT ORGANIZATION NAME)* in strategic places to remind students and staff the important message. *(INSERT ORGANIZATION NAME)* should have several different formats on hand, and the flyers should be rotated to continue attracting attention. *(See Annex H for sample posters)* Example of places include:
        i. Bathrooms
        ii. Cafeteria
        iii. Gymnasium
        iv. Music Room
        v. Library
        vi. Staff lounge

3. Supplies
    a. Maintain inventory of essential supplies
        i. Soap
        ii. Paper towels
        iii. Tissues
        iv. Trash bags
        v. Alcohol-based sanitizers *(if permitted by your organization's Health, Life and Safety code)*
    b. Periodically inspect and maintain soap dispensers in all washrooms.

c. Make hand sanitizer available in critical areas where a sink is not easily accessible (i.e. fitness center, locker rooms, kitchen, allied health classrooms, etc.).
d. Have enough Personal Protective Equipment (PPE) for *(INSERT ORGANIZATION NAME)*'s priority groups
    i. Masks
        1. Are those in the priority group fit-tested?
        2. Are there enough for each of the required sizes?
    ii. Other protective equipment (goggles, aprons)
e. Re-Supply schedule
    i. Maintain supplies in sensitive areas
    ii. Frequent inventory of supplies
f. Medical supplies for students and staff with special needs, such as:
    i. Diabetes
    ii. Asthma

4. Policy
    a. Review policy for employees to insure compliance with good hygiene practices. Include information on hand washing in required trainings (i.e. blood borne pathogen training).
        i. Focus on employees that are in greater contact with students:
            1. food service employees
            2. fitness center employees
            3. teachers
    b. Sick children
        i. Should stay home if they have a temperature of 101.5 F or higher and any of the following symptoms:
            1. cough
            2. sore throat
            3. headache
            4. muscle aches
            5. Send flyer that describes the difference between flu and common cold
        ii. Children exhibiting flu-like symptoms at school will be sent home
            1. Is there a designated area / room where the child can be isolated to avoid transmission?
            2. What are the procedure if parents unable to pick child up?
            3. Will ill staff or children be given a mask?
    c. Review custodial procedures for cleaning and increase frequency during peak seasons

SECTION 7 - PRE-PANDEMIC EDUCATION AND PREPAREDNESS

One of the most important objectives for *(INSERT ORGANIZATION NAME),* before a pandemic strikes, is to keep the *public and stakeholders* well informed of what is occurring, what is to be expected and what they should be doing to prepare. By receiving guidance before an event, people are reassured that the organization is aware of and planning for the situation. Furthermore, good, consistent communication will help to relieve confusion and panic that people may experience. Throughout the process, they will need to know what *(INSERT ORGANIZATION NAME)* is doing, what they can do themselves and what is going on locally, regionally, federally and around the world.

This section details the strategy that *(INSERT ORGANIZATION NAME)* is following to educate and prepare its faculty, staff, students, parents and other stakeholders before a pandemic.

OVERVIEW

When the public trusts an organization, they are more apt to listen to messages and instructions about an emergency. Messages that are calm and consistent will help to establish this credibility. Before a pandemic hits, *(INSERT ORGANIZATION NAME)* needs to create a level of balance between under-preparing and over-reacting; if the *public and stakeholders* believe the agency leans too much to one of these extremes, they will be less likely to listen. The goal is to have the public feel that pandemic preparedness is an important issue, but not one which should create imminent fear or panic. Much of this will depend on how messages are phrased and delivered.

The pre-event education and preparedness action items that *(INSERT ORGANIZATION NAME)* is implementing will be valuable even if a pandemic does not happen. That is a critical point to bring up when promoting preparedness to already busy people; the time people spend getting ready for a pandemic will not be wasted. Also, by repeatedly presenting this information and offering it through different resources, it helps to keep it on their radar. The more the community hears the pandemic preparedness messages, the more it will sink in.

EDUCATION

This portion of the plan will be used in conjunction with Communication Section 5, to ensure that messages are effectively relayed to internal and external audiences. This will also make certain that special needs populations are reached (i.e. those with difficulty reading or understanding English).

Educational materials must contain accurate and timely information. To further increase credibility, *(INSERT ORGANIZATION NAME)* uses the following, reliable sources *(add or remove to fit your organization)*:

- McHenry County Department of Health (MCDH) – www.mcdh.info
- Illinois Department of Public Health (IDPH) - www.idph.state.il.us
- Centers for Disease Control and Prevention (C.D.C.) - www.cdc.gov/
- U.S. Department of Health and Human Services (U.S. DHHS) - www.pandemicflu.gov
- World Health Organization (W.H.O.) - www.who.int/en/

Appropriate educational materials should be created and distributed to *(add or remove to fit your organization)*:

- Faculty
- Staff
- Parents or guardians
- Students
- Volunteers
- Any other critical, outside partners that your organization deals with *(list)*.

The following are issues that will be addressed in *(INSERT ORGANIZATION NAME)'s* educational materials *(add or remove to fit your organization)*:

- Basic facts on influenza
- Definitions and frequently asked questions about pandemic influenza
- Current status of avian influenza (W.H.O. or C.D.C. websites)
- What to expect during a pandemic and at each W.H.O. phase
- *(INSERT ORGANIZATION NAME)* response during a pandemic and how that would affect them, including:
    - Facility closures
    - Infection control policies
    - Ill persons not allowed at facility
- Non-medical intervention measures to prevent disease spread and remain healthy, such as handwashing, personal protective equipment, social distancing, etc
- Where they can expect to receive information during a pandemic
- What they can do to prepare at home and work
- Vaccine and antiviral information
- What to do if someone becomes ill and how to take care of loved ones
- What will be expected of staff
- Policies and procedures for staff, including human resource information

(See annex H for sample posters and flyers. These may be copied, posted or distributed.)

(INSERT ORGANIZATION NAME) is employing the following methods for distributing educational materials *(add or remove to fit your organization)*:

- Placing posters in and around the facility. Posters will be rotated between locations to ensure maximum exposure. Some beneficial sites may include bathrooms (on stall doors), cafeterias, staff lounges and bulletin boards.
- Distributing flyers through staff, parents, students or extracurricular organizations
- Sending letters home *(see annex E for sample parent letters)*
- Incorporating into health classes
- Referencing websites (*(INSERT ORGANIZATION NAME) website*, health department and pandemicflu.gov)
- Including in student run news programs or newspapers
- Hosting in-services by school nurses, health department, etc.
- Organizing town hall meetings
- Addressing frequently asked questions on the back or bottom of cafeteria lunch schedules.

PREPAREDNESS

One crucial message to relate to stakeholders is the necessity for individuals and families to take responsibility for their own preparedness. A pandemic will strike numerous locations at the

same time; thus, local, state and federal resources will be stretched thin. *(INSERT ORGANIZATION NAME)* and those under its care will not be able to depend on these agencies for a great deal of assistance. Pre-event preparedness is essential for both organizations and individuals. Planning, preparation and response will be on a local level. *(See Annex G for Family Preparedness information.)*

SECTION 8 – SURVEILLANCE AND REPORTING

OVERVIEW

(INSERT ORGANIZATION NAME) cares about the safety and well-being of staff, faculty, students and their families. Therefore, *(INSERT ORGANIZATION NAME)* will work closely with the McHenry County Department of Health in detecting and reporting influenza symptoms. Through the established surveillance program, stakeholders will be informed of the illness trends in McHenry County, and also, specifically the status of *(INSERT ORGANIZATION NAME).*

A major part of the surveillance and reporting system will be the active involvement of parents and staff. *(INSERT ORGANIZATION NAME)* will inform parents and staff on the importance of detecting influenza early and how sound surveillance can prevent illness. *(INSERT ORGANIZATION NAME)* will also tell parents and staff how to accurately report symptoms, thus best tracking the spread of influenza. The specific symptoms that health officials are looking for (also known as the "case definition") cannot be detailed until the pandemic has begun.

(INSERT ORGANIZATION NAME) will implement this same system during annual influenza seasons, when a pandemic is not occurring. This action will show parents and staff the usefulness of *(INSERT ORGANIZATION NAME)'s* actions and the vigilance of *(INSERT ORGANIZATION NAME)*. This action will also test the surveillance system for *(INSERT ORGANIZATION NAME)* and for McHenry County. Any suggestions or corrections that could make the system more efficient should be communicated to the epidemiologist at the McHenry County Department of Health at (815) 334-4510. *(If your organization implements any modifications to your surveillance system, you should inform the Health Department of the changes.)*

GUIDELINES

Outbreak of Flu Disease	**Less than 10% Students Absent**
"Heightened Surveillance"	**at** *(INSERT ORGANIZATION NAME)*

- Change voice recordings for all sick lines to the following: **"Please leave the name of your child, their teacher's name and the symptoms your child is having so we can adequately monitor current illness trends in our school".**
- The designated health staff will monitor the occurrence of unscheduled absences and potential trends in illness or symptoms among employees and students.
- Secretary or Attendance Officer will complete the attached Student Sign and Symptom Log and give to nurse or health aides by mid-morning. *(See Annex F for an example signs and symptoms log.)*
- Educate staff on symptoms of flu and encourage them to:
    1. Stay home when experiencing symptoms of the flu.
    2. Encourage them to call school nurse/health aide to provide a list of their symptoms.
    3. Nurse/aide to complete attached Staff Sign and Symptom Log.
- If sick calls are taken by a "live" person, the following questions should be asked:
    - "What are the student's symptoms?" If a fever is mentioned, "How high is the fever?"
    - "When did the illness begin?"

    - "Are any other family members ill?"
    - "Have you seen the doctor?"
    - "What diagnosis did the doctor provide?"
- Surveillance reports will be faxed weekly to the McHenry County Department of Health. *(See Annex J for a sample surveillance report.)*

Expansion of the Outbreak "Intensive Surveillance"	**>10 % and < 30% Students Absent at** *(INSERT ORGANIZATION NAME)*

- Continue above "Heightened Surveillance" actions.
- Have teachers complete a periodic "Flu Check" where students exhibiting flu symptoms will be sent to the health office.
- Begin preparation for facility closure.
- Surveillance reports will be faxed daily to the McHenry County Department of Health.

Continued Expansion of the Outbreak	**>30% Students Absent at** *(INSERT ORGANIZATION NAME)*

- Facility closed.
- If possible, track staff and faculty illness.

Following the Outbreak

- Continue "Heightened Surveillance" activities.

SECTION 9 – DISTANCE LEARNING

OVERVIEW

Since a pandemic may last for an extended period, education institutes have to consider alternate methods of instruction during that time. Parents may be unwilling to send their children to school because of recommendations by the health department to avoid crowded areas. One popular alternative is online education, but other alternatives need to be considered if there is a loss in telecommunications.

(The methods best fitting your organization's structure, population and available technology should be chosen. Although you may not be able to mandate distance learning, plans should be in place for its utilization. Keep in mind that every family may not have access to each type of media.)

SUGGESTIONS

1. Online curriculum that can be accessed through a website
    - Format options
        - Interactive assignments
        - Teachers post weekly activities/lessons/assignments
        - Webcast
    - Assign specific time slots to avoid "traffic jams" that slow internet activity
    - Development of website
        - Create a new website for the purpose
        - Utilize the *District, School or Facility's* existing website
        - Collaborate to develop a county-level or state-level website
    - Procuring equipment and staff to maintain heavy usage
    - Institute a system to allow for follow up or "grading"
    - Consider the website capacity and what would happen if the telecommunication system was overloaded / went down.

2. Students can post questions for teachers on message board regarding assignments
    - Staff should set up alternatives to question-answer sessions
    - County-wide FAQ's
    - Faculty telephone office hours

3. Devise other methods to deliver education
    - Video streaming on particular topics
    - Merging of classes throughout the county
    - Cable access
    - Develop an alternative method to distribute assignments
        - Text messaging through cell phones
        - Direct mail
        - Newsletters
        - Newspaper
        - Telephone hotline

SECTION 10 – SECURITY

OVERVIEW

During a pandemic, people may be experiencing high levels of stress and anxiety. Actions that would normally seem out of the ordinary may be more typical. For those reasons, security at *(INSERT ORGANIZATION NAME)* is an important component of pandemic response.

RESPONSIBILITIES

1. Enforce school policies that are related to the health and safety of faculty, staff and students
2. Assign personnel to provide security for essential supplies that may be in great demand during a pandemic
3. Protect and lock down the facility when appropriate (i.e. facility closure)

RECOMMENDED ACTION STEPS
(Edit to fit your organization.)

1. Establish an emergency calling directory
2. Set up a radio system for security personnel *(if applicable)*
3. Start a Campus Emergency Response Team - CERT
4. Find out what the legality is for (*INSERT ORGANIZATION NAME)'s* policy limiting access to the facility
5. Have an alternate site ready for classes or operations
6. Maintain an emergency equipment checklist
7. Identify on-call security that can be ready to help if regular security are ill
8. Keep infected/infectious persons in a designated area
    a. If infected people are already in the building, they may need to be isolated
    b. Restrict access to those who are infectious
9. Make sure security personnel know what personal protective equipment is appropriate and how to wear it correctly
10. Post signs on entrances and exits that specify policies of restricted movement or access

SECTION 11 – SUPPLIES

OVERVIEW

Basic non-medical supplies can help maintain the health and safety of students. Maintaining the inventory of these supplies is important and should be regularly examined, especially during a pandemic. If a pandemic hits, supply chains could be disrupted, affecting the inventory. *(INSERT ORGANIZATION NAME)* will take steps to ensure that a functional amount of supplies will be available to faculty, staff and students.

RECOMMENDED ACTION STEPS

1. Vendors
    a. *(INSERT ORGANIZATION NAME)* will hold discussions with their primary vendors for the supplies listed below.
    b. *(INSERT ORGANIZATION NAME)* will look for assurances from their primary vendor that supplies can be delivered during a pandemic that will affect transportation.
    c. *(INSERT ORGANIZATION NAME)* will look into back-up or emergency vendors that can deliver the needed supplies during a pandemic, if the primary vendor fails to fulfill their agreement.
2. Inventory
    a. *(INSERT ORGANIZATION NAME)* will keep an adequate inventory of necessary supplies.
    b. *(INSERT ORGANIZATION NAME)* will stockpile essential items that may be in short supply or may not be available during a pandemic.
    c. *(INSERT ORGANIZATION NAME)* will secure the supplies and assign person(s) to safeguard and inventory the supplies.
3. Policies
    a. *(INSERT ORGANIZATION NAME)* will develop rules identifying the people who will be in charge of the supplies.
    b. *(INSERT ORGANIZATION NAME) w*ill develop a policy for actions taken when critical supplies reach depleted levels.
    c. *(INSERT ORGANIZATION NAME)* will develop procedures for ordering supplies from alternate vendors or with different fiscal processes.

(INSERT ORGANIZATION NAME) should also encourage students and staff to bring their own personal supply of these basic non-medical materials. This way, each student and staff has their own supply and could help contribute to the overall supply of the facility.

(This is a preliminary list of necessary supplies; official guidance may change as a pandemic unfolds.)

SUPPLIES

- Soap
- Paper towel
- Hand sanitizers containing at least 60% alcohol *(if permitted in the facility by the Health, Life and Safety Code)*
- Toilet paper

- Tissues
- Masks
    - N-95 to be primarily used by_____
    (If N-95 masks are used they must be properly fit-tested.)
    - Surgical masks to be primarily used by_____
    (Official guidance dictating which situations necessitate which mask may change as a pandemic unfolds.)
- Gloves
- Disinfectant
- Bleach
- Food and beverage

SECTION 12 – SPECIAL NEEDS POPULATIONS

OVERVIEW

If a pandemic happens, the number of critical issues facing an organization could be staggering. Taking this into account, *(INSERT ORGANIZATION NAME)* wants to ensure that it does not overlook its special needs population. *(INSERT ORGANIZATION NAME)* is dedicated to ensuring that every faculty, staff, student or parent is safe and secure while in the facility and receives and understands any essential information.

RECOMMENDED ACTION STEPS

1. Identify faculty, staff and students that have special needs, including:
    a. Language
    b. Medical
        i. Physical
        ii. Emotional
        iii. Developmental
    c. Take into account HIPAA or privacy considerations
2. Ensure that critical, written information is available in various forms, such as:
    a. Multiple languages *(choose languages based on your community)*
    b. Appropriate for visually challenged (i.e. Braille or large print)
3. Provide an interpreter for oral communications
    a. Non-English languages *(choose languages based on your community)*
    b. Sign language
4. Resources for an in-home support and respite for medically fragile student
5. Consider possibility of keeping medically fragile students home at an earlier point due to possibility of higher susceptibility / lower immune system
6. Create individualized emergency plans for individual students based on medical status. Make part of Individualized Educational Program (IEP).

SECTION 13 – TRAINING AND EXERCISE PLAN

Once plans are developed, training and exercising ensures that all of *(INSERT ORGANIZATION NAME) and its stakeholders* are aware of this response plan, how it is activated, how it is managed and how it affects them. *Staff, faculty students and parents* must be familiar with their roles and responsibilities in a pandemic or any emergency.

Training will be scheduled by the *(INSERT ORGANIZATION NAME) TRAINING/PLANNING GROUP (which could be a subset of the pandemic influenza planning committee)*. Additional training needs can be identified and scheduled with essential and core personnel and their back-ups. *(See Annex K for examples of tabletop exercises/scenarios that could be used to prepare for an influenza pandemic.)*

SECTION 14 – RECOVERY

Handling the recovery from a pandemic or any emergency is the final, important responsibility of *(INSERT ORGANIZATION NAME)*. The following table illustrates how recovery is defined by the World Health Organization's pandemic phases:

Post-pandemic Period Return to inter-pandemic period	**Ready** None or sporadic cases only (anywhere in the world); no cases in the local region or facility.

At this point in the pandemic, staff shortages due to disease, death, staff "burn-out" and other factors will likely be an issue for health care providers, public health departments, emergency response organizations, schools, daycares and community service providers. (INSERT ORGANIZATION NAME) must consider the means for compassionately, yet efficiently, transitioning employees back to their normal routine. Human Resource leaders will need to consider modifying policies so they take into account the unique needs of their employees during recovery.

CONTINUED SURVEILLANCE

With confirmation that the pandemic has ended, activities undertaken during the preparedness phase should be resumed. This plan should be reviewed by all appropriate parties and revised as necessary, taking into consideration the lessons learned during the previous phases of the pandemic.

RE-ENTRY CONSIDERATIONS AND ENVIRONMENTAL SAFETY

It can be expected that the local health department and/or IDPH will be consulted as re-entry criteria and environmental decontamination begin to be established. Typically, influenza viruses do not live on surfaces, at the outset, any longer than 48 hours. However, this time is subjective and may be different for the pandemic strain. A portion of the decontamination may be carried out to ease the minds of the staff, parents and community.

An environmental contractor usually executes environmental decontamination. In the case of pandemic influenza, environmental surfaces may be decontaminated with ordinary household detergents such as alcohol or a bleach solution. Clothing and linens may be laundered with a minimum of warm water and detergent. Health officials will advise health care facilities, first responders, and others, including the general public, as to the specific decontamination guidelines at the time of the pandemic.

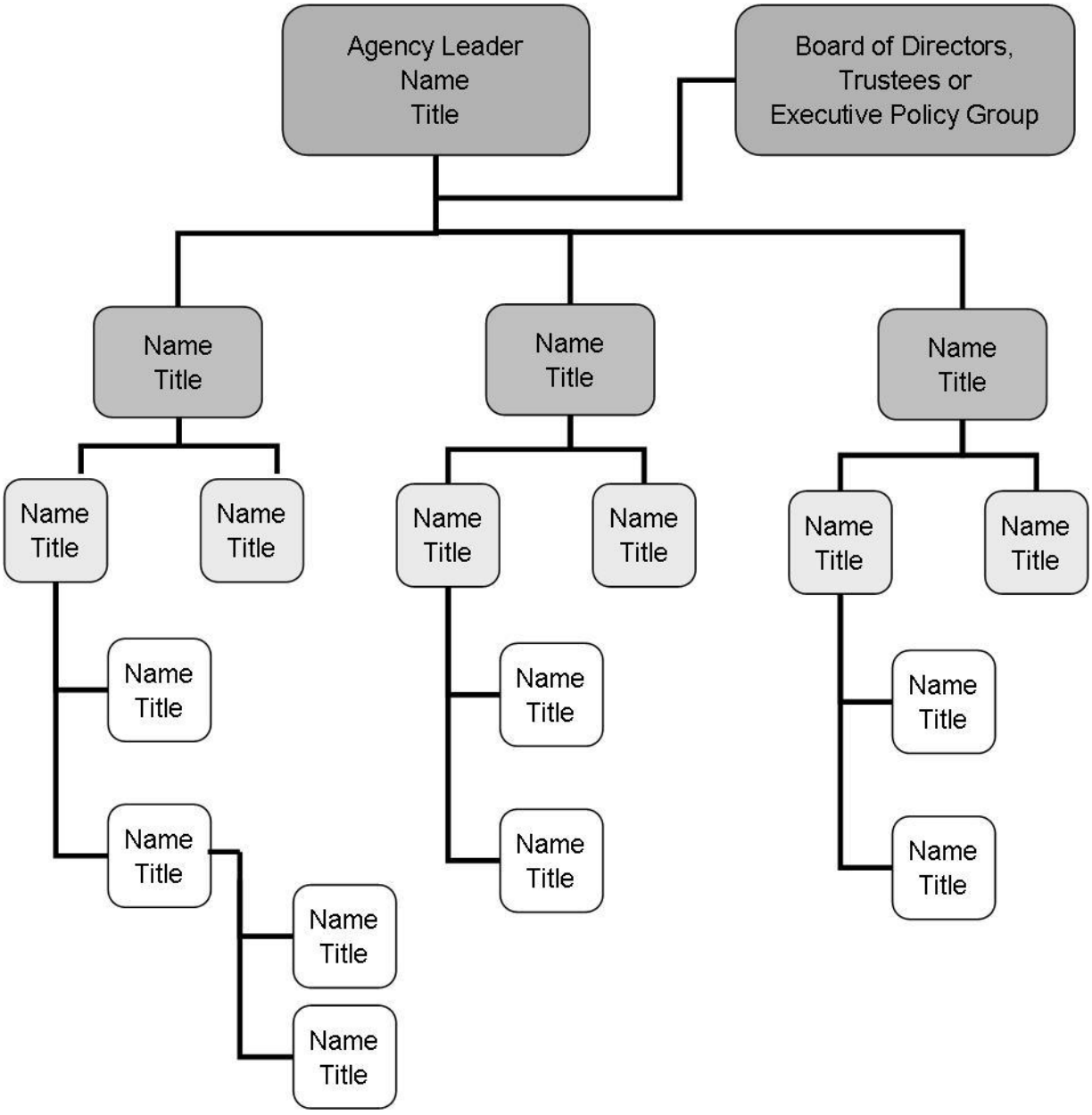
MENTAL HEALTH CONSIDERATIONS

After the world has reached the end of a pandemic, mental wellness will be made a priority. Although influenza cases will have significantly decreased, the world will have deal with everything it has suffered through. Counselors should be available to deal with the grief and sadness; special attention must be given to helping children cope with their losses and confusion.

ANNEX A – ORGANIZATIONAL CHARTS

(The following is a sample of a blank organizational flowchart. The number of tiers may need to expand or shrink, depending on the size of your organization. Keep in mind that alternate staff should be designated for any key positions.)

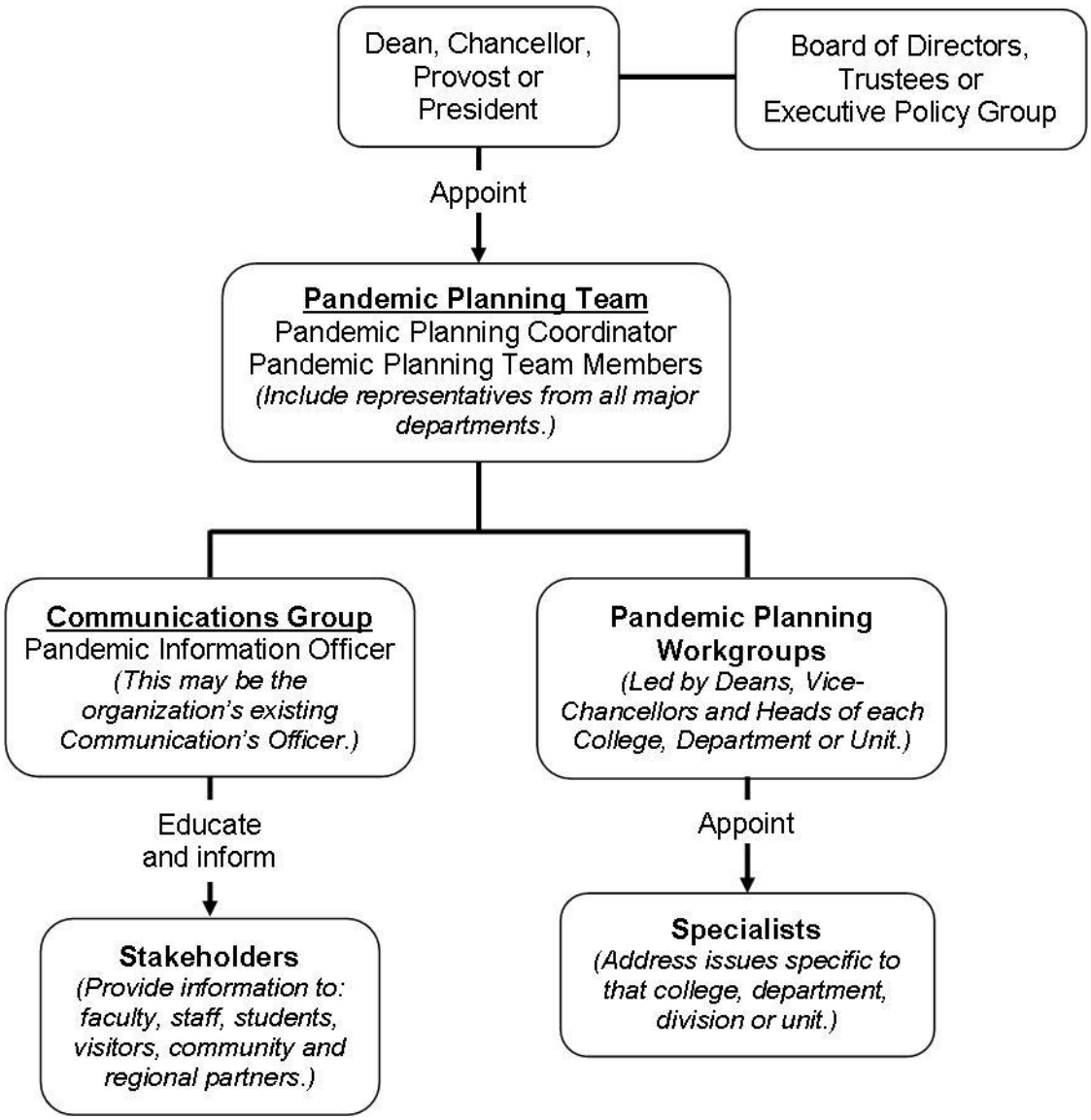
Organizational Flowchart



ANNEX A – ORGANIZATIONAL CHARTS

(The following is a sample Pandemic Planning Flowchart. The levels may need to expand or shrink depending on the size of your organization.)

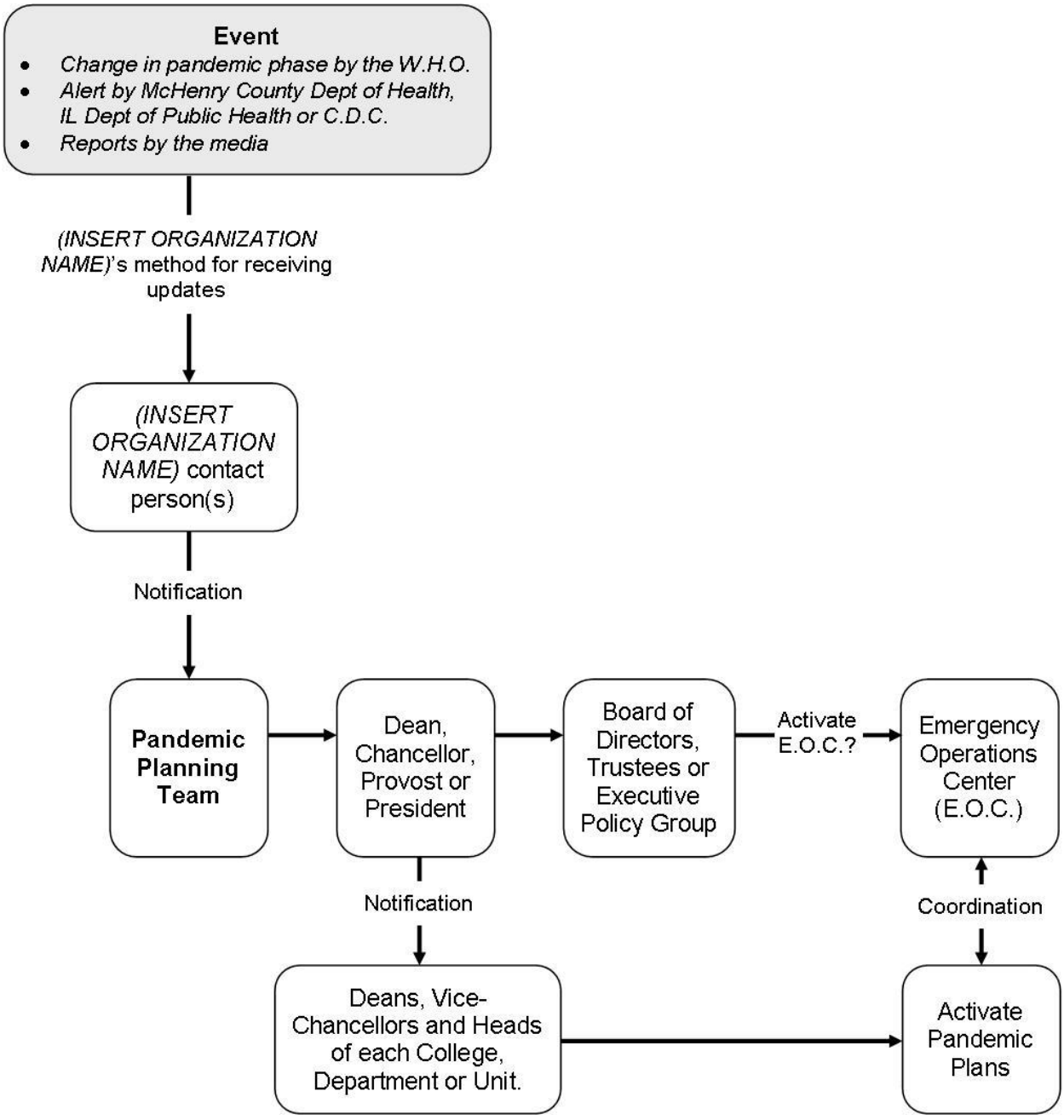
Pandemic Planning Flowchart



ANNEX A – ORGANIZATIONAL CHARTS (CONT)

(The following is a sample Pandemic Response Flowchart. The levels may need to expand or shrink depending on your organization. Modify the stages to mirror the way your organization would receive and disseminate information. "Activate E.O.C.?" refers to the decision to gather together command staff in one location. Your organization may not have an E.O.C. If that is the case, this would refer to any location where operational command takes place.)

Pandemic Response Flowchart



ANNEX B – EMERGENCY CONTACT SHEETS

(The follow is a sample Internal Communication List that can be edited to fit your organization.)

(INSERT ORGANIZATION NAME) AFTER-HOURS EMERGENCY CONTACTS

DURING REGULAR WORKING HOURS (7:30 AM TO 4:30 PM, MONDAY - FRIDAY):
Contact the Administration Office at *(815) 123-4567*

AFTER REGULAR WORKING HOURS, SATURDAYS, SUNDAYS AND HOLIDAYS:
Refer to the chart below

**** PERSONS IN BOLD SHOULD BE CONTACTED FIRST ****

Task or Responsibility	Contact Person	Contact Information
Current Status of Pandemic Influenza	***Adam Barry – Pandemic Influenza Coordinator***	***Home815-123-5678 Cell 815-987-1234***
	Claire Daniels – Administrator	*Home 815-123-5678 Cell 815-987-1234*
	Elvin Feoria – School Nurse	*Home 815-123-5678 Cell 815-987-1234*
Surveillance – Reporting of Absences and Illness	***Elvin Feoria – School Nurse***	***Home 815-555-5678 Cell 815-977-5634***
	Claire Daniels – Administrator	*Home 815-123-5678 Cell 815-987-1234*
	Greg Hamblen – Asst Administrator	*Home 815-313-8778 Cell 815-787-4334*
School Closure	***Claire Daniels – Administrator***	***Home 815-123-5678 Cell 815-987-1234***
	Greg Hamblen – Asst Administrator	*Home 815-313-8778 Cell 815-787-4334*
	Adam Barry – Pandemic Influenza Coordinator	*Home815-123-5678 Cell 815-987-1234*
Inventory of Supplies	***Adam Barry – Pandemic Influenza Coordinator***	***Home 815-123-5678 Cell 815-987-1234***
	Elvin Feoria – School Nurse	*Home 815-123-5678 Cell 815-987-1234*
	Greg Hamblen – Asst Administrator	*Home 815-313-8778 Cell 815-787-4334*
External Communication Pre-recorded messaging, website information, delivery of pre-scripted messages	***Adam Barry – Pandemic Influenza Coordinator***	***Home815-123-5678 Cell 815-987-1234***
	Ian Johnson – Information Technology Director	*Home815-223-5558 Cell 815-977-5484*
	Claire Daniels – Administrator	*Home 815-123-5678 Cell 815-987-1234*

Illinois Department of Public Health	217-782-4977 Fax 217-782-3987 TTY 800-547-0466
McHenry County Department of Health	815-334-4510 Fax 815-338-7661
Regional Office of Education	815-334-4475 Fax 815-338-0475

ANNEX C – RISK ASSESSMENT WORKSHEET

The following worksheet will help *(INSERT ORGANIZATION NAME)* think about the impact of a possible pandemic. Please modify the questions according to your needs.

Issues	Status
Number of current staff, faculty or students	
Minimum number of staff required for essential functions?	
Number of employees absent at a 1**5%** absentee rate	
Number of employees absent at a **30%** absentee rate	
Number of employees absent at a **40%** absentee rate	
How many employees currently care for dependents (children, disable family members, or seniors)? *This may be used to estimate how many people may be unable to work if "snow-day" or other quarantine/containment measures are implemented.*	
Number of current employees with special needs *Rely on public transportation* *Disabilities* *Non-English speaking (translator required)*	
How will disruption of utilities impact your organization? *Water, electricity, telecommunications, waste-disposal*	
Do your organization's essential services depend on daily deliveries? *Inbound or outbound.*	
How long can your organization function: • *Without resupply* • *With limited staff* • *With performing only essential services* • *If your organization must close*	
What is the economic impact if your business is forced to close? *Loss in revenue* *Affect on customers* *Affect on employees* *Insurance coverage*	
Where does your staff, students and parents most frequently travel to? *Are they in current high-risk areas?* *Densely-populated cities?* *Nationally or Internationally?*	

ANNEX D – KEY MESSAGES

(The following sample communication phrases are provided as examples of what could be employed by agency leaders throughout the different stages of an emerging pandemic. Edit the content to fit your organization and the events unfolding. The messages themselves are contained as an external file - Annex D Key Messages.doc.)

ANNEX E – PARENT LETTERS

(The following letters are provided as examples of what could be distributed to parents at different stages of an emerging pandemic. Edit the content to fit your organization and the events unfolding. This list describes the six letters available, but the letters themselves are contained in an external file - Annex E Parent Letters.doc.)

SAMPLE PARENT LETTER #1 -- Preparedness
Use this letter to help prepare families for pandemic flu before there are any occurrences in the U.S.

SAMPLE PARENT LETTER #2 -- First Bird Case
After confirmation that a bird infected with highly pathogenic avian flu bird case was found in the U.S., use this letter to help prepare parents for pandemic flu. Even though this does not signal a pandemic, there may be confusion and concern.

SAMPLE PARENT LETTER #3 -- Human Case in the U.S.
Use this letter to let parents know that there are human cases of bird flu in the U.S. but schools are still open.

SAMPLE LETTER TO PARENTS #4 -- Expanded Outbreak
Use this letter to let parents know that the World Health Organization (WHO) has declared a pandemic. Schools are open, but ill children are urged to stay home.

SAMPLE LETER TO PARENTS #5 -- School Closure
Use this letter to inform parents that a pandemic outbreak is still occurring and schools are closed.

SAMPLE LETER TO PARENTS #6 -- School Re-Opens
Use this letter to inform parents that pandemic flu activity has waned and schools are re-opened.

ANNEX F – SIGNS AND SYMPTOMS LOG

(This section provides an example of logs that can be used to track signs and symptoms of persons in your facility. There are two samples provided: one for staff members and one for students. Please edit to include any other relevant information your organizations needs. The logs themselves are contained in an external file - Annex F Signs&Symptoms Log.doc)

ANNEX G – FAMILY PREPAREDNESS

Individual and family preparedness is a major concern during any emergency. Working adults need to feel assured that their families are safe before they are willing to leave home and perform their jobs. Having individuals and families prepared **before** an Influenza Pandemic occurs will help society continue to function more normally and reduce fear and panic.

It is important to remember that during an influenza pandemic, many communities will be affected simultaneously. The response will be at a local level and government may not have the resources to help every citizen. The public needs to take responsibility for its own preparedness. This section presents some basics on how to start getting families prepared.

There are four main steps for individual and family pandemic preparedness:

1. Learn more about preparedness and educate yourself and your family
    a. What is pandemic influenza?
    b. How could it affect your family?
    c. What are the pandemic plans at your work, school, daycare and other places your family spends time?
    d. What are ways to prevent getting the flu?
    e. How do you care for loved ones that have the flu?
2. Create an individual or family plan
    a. Decide how your family would respond to a pandemic
    b. Be sure to consider the following:
        i. Children
        ii. Pets
        iii. People with special needs
3. Assemble an emergency kit/stockpile
    a. Include two to six weeks of non-perishable food and water
    b. Maintain a cache of health supplies
        i. Prescription drugs
        ii. Non-prescription drugs
        iii. Other health supplies
    c. Other emergency supplies
4. Practice and maintain your plan

More information can be found at: www.pandemicflu.gov/planguide

*(Additional family and individual preparedness material is contained in the following external files: Annex H Posters and Flyers\ **Family_Preparedness_Brochure.pdf** and **You_can_prepare.pdf**.)*

ANNEX H – POSTERS AND FLYERS

(The section contains sample posters that can be used around your facility and distributed for educational purposes. Choose those which will be most appropriate for your staff and students. These objects may be reproduced unless otherwise indicated. There are many other poster options available on the web. Also consider creative methods of displaying your posters. For example, post on the inside of bathroom stall doors and rotate posters so that people do not get bored with them. The list of postings and their websites of origin are included here, but the items themselves are contained in an external folder - Annex H Posters and Flyers.)

Daycares and younger students

Keep Your School Healthy: Henry the Hand Foundation
www.henrythehand.com
(Insert Henry_Hand_keep_school_healthy.doc)
This poster is customizable to say "Help Keep (your school name) Healthy". There is also a coloring book available on this website
(www.henrythehand.com/pages_blocks_v3/images/links/HTH_coloringbook_BW.pdf).

Be a Germ Buster: Washington State Department of Health
www3.doh.wa.gov/here/materials/PDFs/12_GermBust_B99H.pdf
(Insert GermBuster.pdf which contains both the English and Spanish versions.)
This poster breaks down handwashing into six basic steps. There are not many words on the poster so it would be beneficial to younger children and could be placed by a sink. It is also available in Spanish.

Grade school students

Germstoppers: Centers for Disease Control and Prevention
www.cdc.gov/germstopper/materials.htm
These posters are available with either a boy or a girl as the primary image. They are also given in color or black and white. The message presented is about clean hands and covering coughs and sneezes.
(Insert GermStopperBoy_Color.pdf, GermStopperBoy_BW.pdf, GermStopperGirl_Color.pdf, GermStopperGirl_BW.pdf)

Keep Your School Healthy: Henry the Hand Foundation
www.henrythehand.com
(insert Henry_Hand_keep_school_healthy.doc)
This poster is customizable to say "Help Keep (your school name) Healthy"

Henry the Hand's Hand Washing Guide: Henry the Hand Foundation
www.henrythehand.com/pages_blocks_v3/images/links/HandWashcolor.pdf
This handwashing guide has more words and is a little busier; however, it still would be beneficial for the lower elementary school grades.
(Insert HenryTheHand_HandWashcolor.pdf)

4 Principles of Hand Awareness: Henry the Hand Foundation
www.henrythehand.com/pages_blocks_v3/images/links/Henry4PrinciplesColor.pdf

This poster relates four ideas that further the handwashing message. It can be used in conjunction with the Hand Washing Guide above and is worthwhile for lower elementary school grades.
(Insert Henry4PrinciplesColor.pdf)

Be a Germ Buster: Washington State Department of Health
www3.doh.wa.gov/here/materials/PDFs/12_GermBust_B99H.pdf
(insert GermBuster.pdf)
This poster breaks down handwashing into six basic steps. There are not many words on the poster so it would be beneficial to younger children and could be placed by a sink. It is also available in Spanish.

Cover Your Cough: Centers for Disease Control and Prevention
www.cdc.gov/flu/protect/pdf/covercough_school8-5x11.pdf
(Insert covercough_color.pdf)
This poster deals with basic cough etiquette and handwashing. It may be useful to the higher elementary grades because it does not have childlike cartoon characters/mascots.

The 6 Steps of Handwashing: NSF Scrub Club
www.scrubclub.org/assets/pdf/6steps_poster.pdf
This is an alternate choice for handwashing instruction. It is also available in Spanish.
(Insert 6steps_poster.pdf and 6stepsposter_SP.pdf)

Older students and staff

Cover Your Cough: Centers for Disease Control and Prevention
www.cdc.gov/flu/protect/pdf/covercough_school8-5x11.pdf
(Insert covercough_color.pdf)
This poster deals with basic cough etiquette and handwashing. It may be useful for older students because it does not have childlike cartoon characters/mascots.

Healthy Habits: Centers for Disease Control and Prevention
www.cdc.gov/germstopper/materials.htm
This poster is targeted at adults; the aim is to encourage good hygiene by emphasizing the benefits (keeping students in school).
(Insert HealthyHabits_color.pdf and HealthyHabits_BW.pdf)

What Can I Do to Prevent the Flu: McHenry County Department of Health (adapted from the NSHPC)
This poster is broken down into four areas of non-medical intervention measures. The language is simple and the actions are within the capabilities of people not working in the healthcare field.
(Insert FluPrevPosterSm.pdf)

You Can Prepare: McHenry County Department of Health
This poster is more directed towards pandemic influenza. It provides the reader with straightforward steps to prepare their family for a pandemic. No background information or definitions about a pandemic are included.
(Insert You_can_prepare.pdf)

ANNEX I – GUIDELINES FOR RESPONDING TO INFLUENZA OUTBREAKS

Outbreak of Flu Disease — Less than 10% Students Absent

- Train nurses, health aides and staff on symptoms of flu. Encourage staff to send students exhibiting symptoms to health office.
- Post flu information signs on cough etiquette and actions steps at entrances of buildings, bathrooms, cafeteria entrances and lobby. Rotate signs periodically to maintain freshness of message. *(See Annex H for sample posters and flyers.)*
- Students with a fever over 100 and a cough will be asked to wear a mask until the student is picked up by parent.
- Newsletter articles and school notices will be sent home to parents outlining when to keep students home.
- Teach staff and students proper sneeze/cough etiquette and hand washing procedures.
- Teachers will be provided with hand sanitizer (alcohol > 60%) for their classrooms.
- Encourage hand washing before lunches and snack.
- Custodians to disinfect all handrails, door knobs, hand plates, drinking fountains, student desk, teacher desk, cafeteria tables, bathrooms and health office/health office equipment.
- Notify parent of immuno-compromised students of increased illnesses in school.
- Secretaries/administration to deny entrance to visitors exhibiting flu symptoms.
- Revise sample parent letter #3 and send home to parents.

Expansion of the Outbreak — >10 % and < 30% Students "Epidemic Declared"

- Teachers MUST have students wash hands before lunch and snack.
- Teachers will be provided hand sanitizers (alcohol > 60%) for classrooms.
- Secretaries/administration to deny entrance to visitors exhibiting flu symptoms.
- Encourage staff to change their clothes and wash hands before coming in contact with their own families.
- Custodians to use bleach and water solution to clean the above listed areas.
- Revise sample parent letter #4 and send. Also include the following:
    1. Reminder to parents to update their emergency numbers.
    2. Explain health situations in which it is mandatory that parents pick their child up from school.
- Distancing: All students exhibiting symptoms will wear a mask, be isolated (if possible) until sent home.
- Nurses/health aides to don masks when in company of children with flu symptoms.
- Maintenance staff to increase ventilation to facility.

Continued Expansion of the Outbreak — >30% Students

- Schools closed.
- Revise sample parent letter #5 and send – need translated versions
- Cancel all academic and non-academic events (including community organizations)

Following the Outbreak

- Custodians to continue disinfection procedures.
- Continue hand washing before lunch and snacks.
- Revise sample parent letter #6 and send – need translated versions
- Restart Expansion protocol if warranted.

ANNEX J – SURVEILLANCE REPORTS

(The following is a sample of the surveillance report used by the McHenry County Department of Health; in the event of a pandemic, it may be modified. Updates will be provided by the Health Department.)

WEEKLY SUMMARY REPORT OF ILLNESSES AND SYMPTOMS

McHenry County Department of Health
2200 North Seminary Avenue
Telephone: 815-334-4500

Annex B
Woodstock, Illinois 60098
Fax: 815-337-8740

SCHOOL _____ # OF STUDENTS ENROLLED _____

CITY _____ # OF STAFF/FACULTY _____

WEEK ENDING_____ REPORTED BY:_____

MM / DD / YYYY

20 ILCS 2305 authorizes rules that require reporting of communicable diseases; 77 Ill. Adm. Code 690.350 mandates reporting by mail, telephone, or fax as soon as possible, but within seven days.

PLEASE HAVE WEEKLY REPORTS SUBMITTED BY 10:00 AM FRIDAY.
If you notice an unusual increase of a specific symptom or illness, please notify MCDH immediately.

	NUMBER OF STUDENTS			NUMBER OF STAFF			BRIEF DESCRIPTION (if possible)
	FEMALE	MALE	Unspec	FEMALE	MALE	Unspec	
ABDOMINAL PAIN							
CHEST CONGESTION, and /or RESPIRATORY FLU LIKE ILLNESS							
COUGH							
DIARRHEA							
EYE IRRITATION							
FEVER							
HEADACHE							
NAUSEA / VOMITING							
NASAL CONGESTION							
RASH							

		AGE BREAKDOWN					
Chickenpox	**Gender**	**< 12 mos.**	**1-4**	**5-9**	**10-14**	**15-19**	**> 20 Years****
	Male						**
	Female						**
	Unspecified						**

**** Chickenpox in adults (> 20 years of age) must be reported directly to MCDH communicable diseases within 24 hours at (815) 334-4500.**

ANNEX K – TRAINING AND EXERCISE

(The following is adapted from the UC Davis Avian Influenza Pandemic Business Continuity Planning Guide.)

Pandemic Scenario – W.H.O. Alert Phase II

Scenario

In spite of heavy surveillance, the avian flu strain H5N1 has been found in live poultry in New York City outdoor markets. Public health officials from New York and the USDA have ordered mass destruction of poultry in that area. They have put the rest of the continental United States on alert. Experts are predicting that it is only a matter of time before the disease spreads to poultry and perhaps other animals in the rest of the U.S. Some media reports are characterizing this outbreak as "one step from human infection".

There are some concerns being expressed among staff and faculty about the recent events, with questions about whether it is still safe to eat poultry, what other animals might be infected and exactly how transmissible this is to humans.

Questions

1. Is there an updated contact list (phone, email, cell, etc) for everyone within the *facility, division, department, school, college, unit*?

2. Where is the contact list kept? Does more than one person know where the list is?

3. Who is responsible for updating the contact list? How often is it updated?

4. Is there a method for quickly contact everyone within the *facility, division, department, school, college, unit*? (For example: a phone tree?) Who can initiate the contact procedure?

5. Communications to *employees, faculty or students in the facility, division, department, school, college, unit* is distributed via what method?

6. At this stage, would you be communicating with your *employees, faculty or students*? If so, what would your message be?

7. Have you stood up your emergency response team?

Pandemic Scenario – W.H.O. Alert Phase IV

Scenario

For the past week, there have been rumors and unconfirmed reports of small clusters of person-to-person spread of H5N1 in Southeast Asia. The W.H.O. has intensively investigated and initially could not confirm this development, although the level of suspicion is high and increasing all the time. As the W.H.O. was attempting to verify the reports, CNN comes out with a report that the Pandemic Flu has arrived and is causing many deaths among residents and tourists in Southeast Asia. Finally, the W.H.O. confirms that the virus has mutated and it is transmissible among humans, but it is still unclear how virulent it is. International efforts are attempting to contain these known outbreaks so the full range can be ascertained, although experts don't expect to be able to contain it for very long. Intensive surveillance in the U.S. has not found any evidence of H5N1 among the influenza-like illnesses that are normally present at low levels in the general population.

At your facility, there are nervous questions from the *employees, faculty or students* about your plans to deal with an outbreak. Some *students, children* are being removed from the facility because their parents demanded they stay at home. Public health officials urge caution until facts are verified.

Questions

1. Who in the *facility, division, department, school, college, unit* tracks and records employee absences?

2. Is there a method for monitoring employee/staff who are ill with flu-like symptoms, including contacting staff who are unexpectedly absent from work?

3. Does your *facility, division, department, school, college, unit* encourage sick *employees, faculty, students* to stay home when ill? Are those same *employees, faculty, students* sent home if they come to the facility when ill?

4. Do *employees, faculty, students* have access to the latest information about disease transmission and does *facility, division, department, school, college, unit* provide basic infection control supplies (i.e. hand sanitizer, tissues, masks) at work?

5. At this stage, who are you communicating with and what is the message you are relaying?

Pandemic Scenario – W.H.O. Alert Phase V

Scenario

Cases of H5N1 influenza have been verified in the United States and some of those cases are in Illinois. Some countries have closed their airspace to all inbound flights. There is a public health alert notice from the Illinois Department of Public Health and the state's Pandemic Flu Plan has been activated. Known cases and their contacts are being quarantined and areas are considering stopping all traffic moving in or out of infected areas.

School absenteeism rates (AT all levels) are extremely high and there have been "unusually light" commutes the last few days. There is high absenteeism in all offices. Some stores have remained closed because of high employee absenteeism and those that are open are busy with consumers trying to purchase supplies. All business is disrupted, which includes normal deliveries of goods and services. Public transportation services are disrupted. Markets are being shopped out and there are long lines at gas stations. Hospitals and health centers are quickly being overwhelmed with both the sick and the "worried well". There is discussion about activating the National Guard.

McHenry County does not yet have any confirmed cases of H5N1. Many *students, children* are being removed from the facility because their parents demanded they stay at home; classes are being cancelled due to the high absenteeism rates in both staff and students. Absenteeism is caused by personal and family illness and staff choosing to stay home. Those staff that did come to work are wearing personal protective equipment and avoiding their colleagues. The *Chancellor, Dean, Provost, Owner* is considering closing the facility.

Questions

1. Assuming an absenteeism rate of 40% for, at least, the next several weeks:
   - What are the critical functions and processes that must be maintained?

   - What level of staffing is required to maintain these function and processes?

2. If the facility is shut down, what projects or services could be postponed?

3. What policies are in place for prolonged employee absences?

4. Are there any employees who are traveling abroad? Do you know how to contact them?

5. What alternatives can be considered for delivery of services or classes? *How will you handle the fact that some students took advantage of distance learning opportunities while others did not?*

Pandemic Scenario – W.H.O. Alert Phase VI

Scenario

The first Pandemic Flu cases were reported several months ago. While the virus isn't spreading as fast as predicted, thousands of people have become ill. The death rate in the United States among those who become ill is about 10% -- higher among children, teenagers, older people and those with compromised immune system. The death rates in less developed countries are being reported as much higher, but travel restrictions are making it difficult to ascertain the total situation. There are worldwide travel restrictions and screenings. Most social activities (events, conferences, etc) and tourism have been cancelled or postponed and heightened health care precautions are widely used (masks, gloves, etc). A vaccine has been identified and is being produced, but it is not expected to be generally available for several more weeks. Although the CDC is predicting another outbreak in the next few weeks, it is being suggested that the social and economic conditions will continue to improve slowly.

Your facility has now been open, but on a restricted level. Critical infrastructure functions and human life safety issues are being managed. *The academic calendar was adjusted and some classes have resumed*. Continued absenteeism is caused by personal illness, family illness, school closures and bereavement. There is a significant need for mental health services for *employees, faculty, students and children*. Supply lines are still unpredictable and most markets/stores are only open during limited hours.

Questions

1. What are the critical issues for *facility, division, department, school, college, unit* to consider in recovering from this disaster?

2. What mitigation measures could have been put in place ahead of time that would have helped *facility, division, department, school, college, unit* weather this disaster better?

3. How will you convince staff and parents that your facility is safe to return to?

4. Do you have plans in place to deal with the mental well-being of your *employees, faculty, students and children?*

ANNEX L – MODIFIED HHS/CDC CHECKLIST FOR EDUCATIONAL INSTITUTIONS

PREPARING FOR PANDEMIC INFLUENZA – A WORKSHEET FOR SCHOOLS AND DAYCARES

Activity	Name(s) and Information	Time Frame to be Completed	Completion Date
A. Planning and Decision Making Designate a Pandemic Planning Coordinator *This person may be the same person responsible for emergency response planning. Also, this person may be responsible for activating the response plan.*			
Create a Pandemic Planning Committee *This committee should be multi-disciplinary and represent all aspects of your agency. This committee can be very small or very large depending on the size and needs of your agency. At the first meeting discuss: meeting frequency, duties and responsibilities, and steps that need to be addressed in the creation of a response plan.*			
Designate a point of contact within your organization to receive and disseminate information. *This person will need to communicate with the community, and public health officials as well as between other departments in your organization.*			
Decide how often this plan is to be exercised. *Include information on how to evaluate the exercise and revise the plan based on observations from the exercise.*			

Activity	Person Responsible for Activity	Time Frame to be Completed	Completion Date
B. Response Plan Assess the impact of an influenza pandemic would have on your organization utilizing best and worse case scenarios. *You should assess the impact that pandemic influenza would have before, during and after the event.*			
Consider ways that Isolation and Quarantine, if enacted by public health authorities, would impact your organization.			
Develop an internal communications plan.			

Outline the flow of information; identify key decision makers and points of contact. Determine when and how you will communicate with your employees.			
Determine at what point you will reduce business services. Determine at what point you will reinstate business services.			
Determine who has the authority to reduce business services. Determine who has the authority to reinstate business services?			
Identify partners that are critical to maintaining operations. *How will you continue to receive essential supplies? Are you aware of their pandemic flu plans? Are they part of your communication plan?*			
Develop an external communications plan. *Outline how you will communicate to the public and your stakeholders. Investigate the possibility of developing "pre-scripted" messages. How will you ensure messages are understandable to everyone?*			
Develop a documentation system that would be used to track actions and decisions during the pandemic.			
Establish a system to track and maintain records of staff and student absentee rates.			
Develop a system to stay up to date on current pandemic influenza information.			
Determine when and how often the pandemic influenza plan will be exercised and revised.	Date of Exercise: _____		
C. Continuity Plan Identify tasks essential to maintaining organizational functions.			
What is the minimum number of employees needed to maintain essential business functions? *Examples include: accounting, payroll. Information technology, etc. Design cross-training methods to assure back-ups to each essential roll.*			

Develop a liberal/non-punitive absentee policy. *This plan should contain the following considerations: absentee due to illness, quarantines, personnel who need to care for sick family members, bereavement, child care, or site closures. Compensation issues should be addressed as well as conditions when employees should not come to work and when they should return to work.*			
Ensure that pandemic-specific absentee policies are communicated to all employees. *Address the following:* *How will employees become aware of the policies? Do all employees understand the policy? What actions should be taken if employees disregard the policy and come to work sick?*			
Create polices for staff working altered shifts. *Include information on compensation, use of temporary employees, etc.*			
Develop strategies for dealing with issues such as: utility interruptions, need for increased security, and meeting payroll.			
D. Social Distancing Strategies			
Develop strategies to minimize face-to-face contact among employees and between employees and customers. *Consider utilization of an off-site workplace, telecommuting or distance learning, use of the internet, or staggered work shifts.*			
Address issues of security and network access if establishing an offsite workplace. *Include information on: utilizing a company intranet, taking work home, and maintenance of business servers.*			
Develop back-up systems to maintain documents, records and references in the event that the internet does not function.			
E. Health of Employees and Customers			
Provide health education on pandemic			

influenza issues. *Consider developing a program and or/materials for employees, students, family members and key customers.*			
Develop a strategy to disseminate information regarding family preparedness. *Possibilities include: newsletters, e-mails, informational sessions, telephone trees, hotlines and media outlets.*			
Provide health education materials regarding pandemic influenza prevention measures. *Include: posters, fliers, information sessions, websites, etc.*			
Maintain sufficient amount of infection control supplies and make sure everyone has easy access to the supplies. *(Soap, paper towels, hand-sanitizing gels, tissues, waste baskets, surface cleaners, etc.)*			
Develop plans to address the mental health of your employees.			

ANNEX M – HHS/CDC CHECKLISTS

(This section supplies you with the planning checklists provided by the HHS and CDC. These checklists may be helpful in designing a new or evaluating a completed pandemic response plan. The three that are relevant to schools and daycares are:

CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST
SCHOOL DISTRICT(K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST
COLLEGES AND UNIVERSITIES PANDEMIC INFLUENZA PLANNING CHECKLIST

The checklists themselves are not contained in this document. They can be downloaded from www.pandemicflu.gov/plan/school/index.html or found in the external folder Annex M HHS_CDC Checklists.)

ANNEX N – DEFINITIONS

Antibiotic: a naturally occurring substance that is capable of killing bacteria; it is usually in medication form. Examples include doxycycline and amoxicillin.

Antiviral medications: medicines that can help to lessen the symptoms and duration of diseases that are caused by viruses.

Attack rate: the number of people who become ill after being exposed to an infectious agent.

Avian Flu: influenza virus that is transmitted among bird species and very rarely infects humans. The current reference to Avian flu is to a specifically deadly disease, killing nearly 100% of birds that become infected. This type is often identified by its serotype, H5N1, and is the current viral strain that is causing severe illness and death in humans in the Southeast Asia region. Avian flu (H5N1) may be the next pandemic flu.

Case-fatality rate: an epidemiological term that describes the lethality of a particular virus, looking at the number of dead from those infected.

Contagious: the ability for an infectious agent to be spread from one person to another.

Endemic: a illness or disease that occurs frequently and at sustained levels within a given geographic region. Examples of endemic diseases include hypertension and asthma.

Epidemic: a grouping of symptoms or specific diseases that are clearly above the normal amount of illness typically seen in a population. Examples include: Foodborne illness outbreaks or seasonal influenza outbreaks in certain sections of the Country.

Epidemiology: the branch of science that studies where and when diseases occur and how they are transmitted through a population.

H5N1: a severe strain of avian influenza (bird flu) that has killed millions of birds, especially poultry, in dozens of countries and has resulted in some human illness and death.

Host: an organism that is infected with an infectious agent. For example, a person (the host) infected with an influenza virus.

Incubation period: the time between exposure to an infectious agent and when symptoms of illness begin. This is the time when the microorganism is multiplying in the body.

Influenza: the flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

Isolation: separating people who are sick with a contagious disease from those who are healthy. This protects healthy people from getting sick.

N95 mask/respirator: a device placed over the nose and mouth to filter out particles or fumes from inhaled air. A N95 mask that is NIOSH certified provides respiratory protection for the wearer by its filter efficiency of 95%. It is not resistant to oil and the 95% refers to particulate aerosols greater larger than 0.3 micron.

Pandemic: a disease that spreads around the world. An example would be the Spanish Flu pandemic of 1918.

Pandemic Flu: refers to the new virus that no one has immunity against and is spread world-wide. The Pandemic Flu strain has a potential to cause more sick in all age groups and trigger more cases of serious illness and death in a very short time period.

Pathogenic: the ability of the infectious agent to cause disease by overcoming the body's immune system.

Personal protective equipment (PPE): gear (clothing or devices) that is worn to help isolate a person from direct exposure to a hazardous material or situation. This can include protective clothing, respiratory protection and eye protection. For example, a healthcare worker would wear gloves and a mask to avoid infection when treating patients who have a contagious disease.

Quarantine: separating and restricting the movement of people who have been exposed to a contagious disease, but who are not yet ill. Quarantine stops the spread of infectious diseases to other people.

Seasonal flu: the regular, annual occurrence of influenza in the world. Vaccines are available for this disease.

Snow days: in the context of pandemic influenza, days when schools and other public places or gatherings will be closed to limit person to person contact and reduce the spread of germs.

Social distancing: the strategy of limiting person to person contact to reduce the spread of germs. For instance, staying home from work and avoiding public places.

Surge capacity: the ability to handle a much greater amount of work in a very short period of time.

Virulent (virulence): the severity of symptoms caused by an infectious agent.

Virus: the smallest of all infectious agents. Viruses are unable to multiply on their own, so they must infect host cells in order to multiply. Viruses cannot be treated with antibiotics.

ANNEX O – WEBSITES

The following websites may serve as helpful resources before, during or after a pandemic.

GENERAL

- McHenry County Department of Health – www.mcdh.info
- McHenry County Department of Health, Emergency Response – www.mcdhprepare.info
- McHenry County Government - www.co.mchenry.il.us/
- McHenry County Emergency Management Agency - www.co.mchenry.il.us/Common/CountyDpt/esda/default.asp
- Centers for Disease Control and Prevention (Flu) - www.cdc.gov/flu/
- Pandemic Flu (U.S. Department of Health & Human Services) – www.pandemicflu.gov/
- Illinois Department of Public Health - www.idph.state.il.us/
- Federal Emergency Management Agency - www.fema.gov/
- American Red Cross - www.redcross.org/
- World Health Organization (Avian Flu) - www.who.int/csr/disease/avian_influenza/en/

LOCAL HOSPITALS

- Centegra Health System (Memorial Medical Center and Northern Illinois Medical Center) - www.centegra.com/
- Mercy Health System (Mercy Harvard Hospital) - www.mercyhealthsystem.org/
- Sherman Hospital - www.shermanhealth.com/
- Advocate Good Shepherd Hospital - www.advocatehealth.com/gshp/
- Provena St. Joseph Hospital - www.provenasaintjoseph.com/

FOR SCHOOLS AND DAYCARES

- United States Department of Education - www.ed.gov/admins/lead/safety/emergencyplan/pandemic/index.html
- Pandemic Flu for Schools (HHS) – www.pandemicflu.gov/plan/tab5.html
- American Red Cross, Prepare at school - www.redcross.org/services/prepare/0,1082,0_454_,00.html
- FEMA for Kids - www.fema.gov/kids/index.htm
- U.S. Department of Homeland Security, ReadyKids - www.ready.gov/kids/home.html
- McHenry County Regional Office of Education - www.mchenry.k12.il.us/
- National Association of Child Care Resource and Referral Agencies - www.naccrra.org
- American Academy of Pediatrics – www.aap.org
- National Child Care Information Center – www.nccic.org
- Illinois Department of Child and Family Services - www.state.il.us/dcfs/index.shtml

FOR INDIVIDUALS, FAMILIES, SPECIAL NEEDS OR COMMUNITY ORGANIZATIONS

- Pandemic Flu for Individuals (HHS) – www.pandemicflu.gov/plan/tab3.html
- General Family Preparedness (DHS) - www.ready.gov/america/
- Detailed Emergency Kit Information (DHS) - www.ready.gov/america/get_a_kit.html
- Ready America Special Needs Items (DHS) - www.ready.gov/america/special_needs_items.html
- Disaster Preparedness for Seniors by Seniors - www.redcross.org/services/disaster/beprepared/seniors.html
- Individuals with Special Needs (FEMA) - www.fema.gov/plan/prepare/specialplans.shtm
- Pandemic Flu for Communities (HHS) – www.pandemicflu.gov/plan/tab7.html

ANNEX P – LOCAL CONTACT INFORMATION

(The following contact information has been provided as a sample of what may be helpful to your organization. Add, edit or delete entries to suit the needs of your agency.)

HEALTH/HOSPITALS

McHenry County Department of Health
McHenry County Government Center, 2200 North Seminary Avenue, Woodstock, Illinois 60098
(815) 334-4510
http://www.mcdh.info, http://www.mcdhprepare.info,
http://www.co.mchenry.il.us/CountyDpt/health/default.asp

Illinois Department of Public Health
535 West Jefferson Street, Springfield, Illinois 62761
(217) 782-4977
http://www.idph.state.il.us/

Centegra Memorial Medical Center
3701 Doty Road, Woodstock, Illinois 60098
(815) 338-2500
http://www.centegra.com/

Centegra Northern Illinois Medical Center
4201 Medical Center Drive, McHenry, Illinois 60050
(815) 344-5000
http://www.centegra.com/

Mercy Harvard Hospital
901 Grant Street, Harvard, Illinois 60033
(815) 943-5431
http://www.mercyhealthsystem.org/

Sherman Hospital
934 Center Street, Elgin, Illinois 60120
(847) 742-9800
http://www.shermanhealth.com/

Advocate Good Shepherd Hospital
450 West Highway 22, Barrington, Illinois 60010
http://www.advocatehealth.com/gshp/
(847) 381-0123

Provena St. Joseph Hospital
77 N Airlite Street, Elgin, Illinois 60123
(847) 695-3200
http://www.provenasaintjoseph.com/

GOVERNMENT - COUNTY

McHenry County Government Center
2200 North Seminary Avenue, Woodstock, Illinois 60098
(815) 334-4000
http://www.co.mchenry.il.us/

McHenry County Emergency Management Agency
McHenry County Government Center, 2200 North Seminary Avenue, Woodstock, Illinois 60098
(815) 338-6400
http://www.co.mchenry.il.us/Common/CountyDpt/Esda/default.asp

GOVERNMENT – CITIES AND VILLAGES

Village of Bull Valley
1904 Cherry Valley Road, Bull Valley (Woodstock), Illinois 60098
(815) 459-4833

City of Crystal Lake
100 W. Municipal Complex (P.O. Box 597), Crystal Lake, Illinois 60039-0597
(815) 459-2020
http://www.crystallake.org/

Village of Algonquin
2200 Harnish Drive, Algonquin Illinois 60102
(847) 658-2700
http://www.algonquin.org/

Village of Barrington Hills
112 Algonquin Road, Barrington Hills, Illinois 60010-5199
(847) 551-3000
http://www.ci.barrington-hills.il.us/

Village of Cary
655 Village Hall Drive, Cary, Illinois 60013
(847) 639-0003
http://www.caryillinois.com/

Village of Fox Lake
66 Thillen Drive, Fox Lake, Illinois 60020
(847) 587-2151
http://www.foxlake.org/

Village of Fox River Grove
305 Illinois Street, Fox River Grove Illinois 60021
(847) 639-3170
http://www.foxrivergrove.org/

City of Harvard
201 West Front Street (P.O. Box 310), Harvard, Illinois 60033

(815) 943-6468
http://www.cityofharvard.org/

Village of Hebron
10317 Freeman Road (P.O. Box 372), Hebron, Illinois 60034
(815) 648-2353

Village of Holiday Hills
1304 Sunset Drive, Holiday Hills (McHenry), Illinois 60050
(815) 344-4720

Village of Huntley
11704 Coral Street (P.O. Box 1018), Huntley, Illinois 60142
(847) 669-9600
http://www.huntley.il.us/

Village of Island Lake
3720 Greenleaf Avenue, Island Lake, Illinos 60042
(847) 526-8764
http://www.villageofislandlake.com/

Village of Johnsburg
1515 Channel Beach Drive, Johnsburg, Illinois 60050
(815) 385-6023
http://www.johnsburg.org/

Lake in the Hills
600 Harvest Gate, Lake in the Hills, Illinois 60156
(847) 960-7400
http://www.lith.org/

Village of Lakemoor
234 W. Rand Rd. (Rt. 120), Lakemoor, Illinois 60051
(815) 385-1117
http://www.lakemoor.net/

Village of Lakewood
2500 Lake Avenue, Village of Lakewood, Illinois 60014
(815) 459-3025
http://village.lakewood.il.us/

City of Marengo
132 East Prairie Street, Marengo, Illinois 60152
(815) 568-7112
http://www.cityofmarengo.com/

City of McHenry
333 South Green Street, McHenry, Illinois 60050
(815) 363-2108
http://www.ci.mchenry.il.us/

Village of Port Barrington
69 South Circle Avenue, Port Barrington, Illinois 60010
(847) 639-7595
http://www.portbarrington.net/

Village of Prairie Grove
3125 Barreville Road, Prairie Grove, Illinois 60012
(815) 455-1411
http://www.prairiegrove.org/

Village of Oakwood Hills
3020 North Park Drive, Oakwood Hills, Illinois 60013
(815) 444-9435
http://www.oakwoodhills.org/

Village of Richmond
5600 Hunter Drive, Richmond, Illinois 60071
(815) 678-4040
http://www.richmond-il.com/

Village of Spring Grove
7401 Meyer Road, Spring Grove, Illinois 60081
http://www.springgrovevillage.com/

Village of Union
6105 Main Street, Union, Illinois 60180
(815) 923-4153

City of Woodstock
121 W. Calhoun Street, Woodstock, Illinois 60098
(815) 338-4300
http://www.woodstock-il.com/

Village of Wonder Lake
4200 Thompson Road, Wonder Lake, IL 60097
(815) 728-0839
http://www.villageofwonderlake.org/

SCHOOLS

McHenry County Regional Office of Education
McHenry County Government Center, 2200 North Seminary Avenue, Woodstock, Illinois 60098
(815) 334-4475
http://www.mchenry.k12.il.us/