Preparing for a Pandemic Illness: Guidelines for School Administrators and Crisis Teams

Among the many emergencies to which schools must be prepared to respond is the possibility of a local and community-wide infectious disease outbreak. While it is difficult to predict if or when an illness will rise to an epidemic or even pandemic level, there are steps that schools can take to work collaboratively and effectively with local and state health departments in order to limit the spread of disease and to provide safe learning environments. The information provided here is based on U.S. Department of Education (DoE) guidance and NASP’s PREPaRE School Crisis Prevention and Intervention Training Curriculum. It draws on pandemic influenza guidelines that can be applied to any potential infectious disease event, including the current COVID-19 (coronavirus) virus. (See also interim CDC guidance for schools regarding COVID-19.)

School Emergency Operations Plan (EOP) Annexes

Each school or school district should have an emergency operations plan (EOP)—commonly referred to as a crisis plan—to help them respond to multiple emergencies that can occur during the school year. The U.S. Department of Education developed a guide in collaboration with other federal agencies (e.g., FEMA, DHS, and Homeland Security) to support schools in updating their EOP. The EOP should provide information to support pandemic illness planning. There are multiple functional annexes (sub-plans) that will support a pandemic illness crisis response including but not limited to:

- Communication and Warning Annex
- Public Health, Medical, and Mental Health Annex
- Continuity of Operations (COOP) Annex
- Recovery Annex

Your school should have a Pandemic Illness threat- and hazard-specific annex that incorporates the functional annexes above. The annex should be developed in collaboration with public health and safety organizations. While this document cannot go in depth into the development of each of these annexes, it will provide some information to help guide the preparedness process.

Communication and Warning Annex

The primary focus of the Communication and Warning Annex is to ensure timely, accurate information gets to key stakeholders (e.g., staff, families, students, community) in a controlled and reliable process that facilitates the goals of the EOP.
• Protection/Mitigation
  ▪ Create draft communication messages for families and the community with the local health department to inform them, with updated information about the pandemic illness and how to remain healthy. Schools should prepare a letter and social media posts for when the illness is confirmed in the community, when a significant number of students are found ill, and when schools need to close due to the illness.

• Response
  ▪ Communication should go out via multiple methods (e.g., television, social media, email, letters home, voicemail).
  ▪ Information should provide current information about actions schools are taking to help ensure physical safety and also provide guidance that empowers families to help students cope emotionally with the crisis event.

Public Health, Medical, and Mental Health Annex

The primary purpose of the Public Health, Medical, and Mental Health Annex is to put in place systems and protocols to prevent and/or limit physical and mental health harm and to facilitate healthy coping and responsive behaviors among adults and students. Obviously, this annex is central to the overall plan for response to significant infectious disease outbreak.

• Protection/Mitigation: Public Health/Medical
  ▪ Promote daily preventive actions for all staff, students, and families. This includes the following:
    o Helping staff and students understand how to protect themselves and that the practice of healthy habits can help to reduce the potential of traumatic impact on people. Providing this information can increase the level of control that people perceive that they have over the crisis event.
    o Encouraging students to practice everyday good hygiene—simple steps to prevent spread of illness:
      − Wash hands multiple times a day for at least 20 seconds (singing “Twinkle, Twinkle Little Star” slowly takes about 20 seconds)
      − Covering their mouths with a tissue when they sneeze or cough and throwing out the tissue immediately, and not sharing food or drinks. They can also sneeze or cough into the bend of their elbow.
      − Practice giving fist or elbow bumps instead of handshakes. Fewer germs are spread this way.
    o Giving students guidance on what they can do to prevent infection gives them a greater sense of control over disease spread and will help to reduce their anxiety.
    o Encouraging students to eat a balanced diet, get enough sleep, and exercise regularly—this will help them develop strong immune systems to fight off illness.
  ▪ Develop a policy that enables school administrators to control access to the buildings.
  ▪ Each school should have a plan to lock down certain entrances and exits and to monitor others, if necessary.
  ▪ Develop plans for stockpiling and distributing infection-control supplies.
  ▪ Provide routine training about flu transmission, prevention, and control measures.
  ▪ Conduct mock exercises related to surveillance and infection control in pandemic flu.
  ▪ Educate employees and visitors not to come to the facility if they have flu symptoms.
  ▪ Assess adequacy of infection-control supplies and review distribution plan.
  ▪ Air conditioning system filters should be cleaned and changed frequently.

• Protection Mitigation: Mental Health
  ▪ Let students know adults are working to ensure their safety. Especially among younger students, controllability of the situation is increased when they understand that adults are working hard to shield them from danger. For older students, to the extent such information is accurate and available, this may include bringing to their attention advances being made in finding vaccines and effective treatments.
  ▪ Share helpful information for parents and other caregivers on how to reduce children’s anxiety and reinforce their coping skills. (See guidance from NASP and NASN.)
• Response: Public Health/Medical
  ▪ Identify a main entrance and an indoor screening area where students and staff will be screened prior to moving to classrooms or other areas of the building for each school.
  ▪ Identify administrative measures to accomplish social distancing. Social distancing can be keeping sick students and staff isolated in certain sections of the building or the nurses/health office. This can also mean allowing staff to telework and students to complete assignments at home.
  ▪ Identify areas within the school facility that can be used for isolation and quarantine.
  ▪ Initiate screening for influenza-like illness at front desk and nurses’ offices.
  ▪ Conduct active surveillance to look for influenza cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths). Interview influenza-like illness cases for pandemic risk factors and obtain “pandemic” flu cultures if risk factors are present.
  ▪ Isolate and send home staff or students with flu-like symptoms, utilizing supervised isolation areas in the school; access to this room should be strictly limited and monitored (i.e., parents picking up their ill children should be escorted to and from the isolation area); a carefully monitored student checkout system should be activated.
  ▪ During the day, where operationally possible, increase ventilation to the facility to decrease spread of disease. Following each school day, the school should be thoroughly ventilated and cleaned—opening all doors and windows or turning the air conditioning/heating systems up.
  ▪ If possible, maintain Incident Command Center operations and essential services; if not possible, central office staff should maintain telephone contact on a regular basis with the superintendent, such as daily conference calls.
  ▪ Know the symptoms of pandemic illness. Communicate accurate information from health officials to the public and to students in developmentally appropriate ways.
  ▪ Reinforce procedures for families to let the school know if their child is sick and to keep them home. The school also needs to know why the child is kept home to be able to track symptoms. If children are diagnosed with the illness, parents must let the school know so they can communicate with and get guidance from local health authorities.

• Response: Mental Health
  ▪ School personnel should communicate to parents who to contact if their child is having difficulties as a result of anxiety or stress related to the illness. Appropriate personnel would include the school nurse, school psychologist, school counselor, or school social worker. These professionals are able to give guidance and support to students at school.
  ▪ Especially among primary grade students, appreciate that understanding of the danger presented by a situation is determined by the behavior of caregiving adults. Ensure behavior of these caregivers (especially teachers) is consistent with the objective threat presented by the infectious disease outbreak. Specific instructions to share with staff include:

Role of School Mental Health Professionals

The potential mental health risks associated with a crisis event cannot be underestimated. In many cases, more people will experience some level of mental health reaction (e.g., anxiety, stress, trauma) than those who are affected physically. With proper supports, most people will cope with these reactions without needing more intensive interventions. However, without proper attention, crisis reactions can escalate.

Given the nature of pandemic illnesses, reactions to the anticipation of potential harm can begin long before any actual risk occurs and in locations far from an actual outbreak.

It is imperative that school leaders attend to student and staff mental health. School psychologists and other school-employed mental health professionals should be integral members of the school crisis—or ICS—team to ensure that the appropriate mental health prevention, response, and recovery processes are in place. This can include assessment of need, providing teachers with strategies to support students, psychoeducation for staff and students, counseling and referral of students to outside supports, communication with families and community members, data collection and ongoing monitoring of risks, and care for the caregiver guidance.
- **Remain calm and reassuring.**
  - Students will react to and follow adult verbal and nonverbal reactions.
  - Remind school staff of the importance of creating a calm and supportive environment for the students. Sharing basic information about the incident and providing psychological supports for students and staff who may need it assists in the recovery process. What adults say and do about the pandemic illness, current prevention efforts, and related events can either increase or decrease a child’s anxiety.
  - If true, emphasize to students that they and their families are fine.
  - Remind them that the adults at their school are there to keep them safe and healthy.
  - Let students talk about their feelings and help reframe their concerns into the appropriate perspective.
- **Make yourself available.**
  - Students may need extra attention from adults and may want to talk about their concerns, fears, and questions.
  - It is important that students know they have someone who will listen to them—staff and parents should make time for them.
  - Remind parents/guardians to tell students that they love them and to give them plenty of affection.
- **Avoid excessive blaming.**
  - Remind staff that when tensions are high, sometimes people try to blame someone.
  - It is important to avoid stereotyping any one group of people as responsible for the pandemic illness.
  - Bullying or negative comments made toward others should be stopped and reported to the school.
  - Be aware of any comments that adults are having around students. Remind all staff that students are listening to what they are saying in the building.
- **Be honest and accurate.**
  - In the absence of factual information, students often imagine situations far worse than reality.
  - Don’t ignore student concerns, but do provide factual information about the illness in developmentally appropriate messages.
  - Provide developmentally appropriate information on how the pandemic illness is spread. Developmentally inappropriate information (i.e., information designed for adults) can cause anxiety or confusion, particularly in young students.

**Recovery**
- School personnel, in collaboration with local health officials, decide when it is safe to return to normal school activities. School personnel should communicate to parents who to contact if their child is having difficulties as a result of anxiety or stress related to the crisis event. Appropriate personnel would include the school nurse, school psychologist, school counselor, or school social worker. These professionals are able to give guidance and support to students at school.

**COOP Annex**

The primary purpose of the COOP Annex is to ensure that, to the extent possible, the critical functions of the school can be maintained during (if a longer-term event) and after a crisis event occurs. This includes functions such as continuity of learning for students who cannot be in school; succession of leadership to ensure appropriate decision-making; and clarity regarding who is in charge, essential operations, and staff roles within each department.

- All COOP activities should be completed in advance of a crisis event during Protection/Mitigation preparation.
  - Getting academic activities to students sick at home
  - Online learning activities
  - Web-based teacher tutorials or check-ins
• Live classes
• Guidance on providing services to students with disabilities during extended student absences or dismissal during pandemic illness can be found at https://rems.ed.gov/Docs/DoE_Questions_and_Answers_on_Providing_Services_to_Children.pdf

• Guidelines for Order of Succession and Delegation of Authority
  • Who assumes leadership in your school/district if high level staff are incapacitated or unavailable during an emergency?
  • Who has the authority to make key decisions during an emergency when the primary decision maker is unavailable?
  • How will decisions be made when board of education or public meetings are canceled for extended periods of time?

• Essential Operations
  • What are the essential activities and duties for each office or department?
  • What activities need to continue if a school district is shut down for an extended period of time? Examples include teaching, providing special education and Title 1 supports, assessing and planning for ongoing student and staff needs, and planning for postcrisis operations.
  • Will staff be able to work from home or telework?
  • What are the procedures for teachers to telework? Who has the authority to determine who can telework? Are there state laws that govern telework for educators?

• Guidelines for Essential Employees
  • Who needs to work to continue essential operations?
  • How will staff be compensated for working during essential operations?
  • Which staff are needed to work with other local agencies to respond and recovery from the pandemic?

Recovery Annex

The primary purpose of the Recovery Annex is to facilitate a return to normal functioning (even if it’s a “new normal”) once the crisis event itself has ended. Among the functions addressed would be ongoing assessment of student and staff health and mental health needs, how to reinstate classroom learning and daily schedules (accommodating individual student needs), continued monitoring of potential risk (e.g., suicide or copycat behaviors in cases of trauma or violence), staffing levels, and continued communications with parents and other caregivers. In the case of an infectious disease outbreak, the end of the crisis may be less clear, and recovery strategies may be implemented in some capacity for some students/staff as the outbreak evolves and wanes. Some specific examples include:

• Maintain surveillance for influenza (to detect subsequent waves of pandemic influenza).
• Maintain communication with local public health officials.
• Evaluate the effectiveness of surveillance and infection-control measures during the pandemic flu, and summarize observations.
• Evaluate the adequacy of infection control supplies and restock as needed.
• A mental health status report, based on guidelines provided by the counselors and the ICS Team, should be provided to the Command Center each day. This report should include the mental status of students and staff in order to determine if additional mental health services are needed. Plan for academic recovery in the event schools are closed for a period of time. Identify how to provide alternative educational programming.

RELATED RESOURCES

NASP

Preparing for Infectious Disease Epidemics: Brief Tips for School Mental Health Professionals

Talking to Children About COVID-19 (Coronavirus): A Parent Resource

Federal Government


General information on pandemic flu: https://www.cdc.gov/flu/pandemic-resources/


How to Disinfect Schools to Prevent the Spread of Flu:

Handwashing and Hand Sanitizer Use at Home, at Play, and Out and About,

  A Spanish version can be found at https://store.samhsa.gov/system/files/sma14-4885spanish.pdf


Emergency and Crisis Preparedness


For more information related to schools and physical and mental health, visit www.nasponline.org and www.nasn.org


Please cite this document as: