

# **Infectious Disease and Pandemic Plan**

## **Appendix D**



**PORTLAND PUBLIC SCHOOLS**



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# **Portland Public Schools**

## **Pandemic Influenza Management Plan**



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## Introduction

Seasonal influenza epidemics occur yearly as influenza subtypes circulate worldwide. These epidemics are responsible for an average of 36,000 deaths and approximately 200,000 hospitalizations annually in the United States. Seasonal influenza epidemics are caused by a few known virus strains that circulate around the world. Over time, people develop immunities to these strains, and vaccines are developed to protect people from serious illness. Primarily, individuals with weaker immune responses (the very young, old and chronically ill) are impacted the most by seasonal influenza.

Influenza pandemics are distinct from seasonal influenza epidemics and represent one of the greatest potential threats to the public's health. Pandemic influenza refers to a worldwide epidemic caused by a new, dramatically different strain of influenza virus. A pandemic virus strain can spread rapidly from person to person and, if severe, cause high levels of disease and death around the world. Pandemic viruses develop in two primary ways. New pandemic influenza viruses can arise when influenza viruses that have been circulating in other species acquire the ability to infect and cause disease in humans, and then spread rapidly from person to person. Second, all influenza viruses experience frequent, slight changes to their genetic structure over time. Occasionally, however, influenza viruses undergo a major change in genetic composition. The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunity to the disease. It also means that new vaccines must be developed and, therefore, are not likely to be available for months, during which time many people could become infected and seriously ill.

Pandemics appear to occur on a semi-regular basis. The greatest pandemic of the 20th century, the 1918–1919 “Spanish flu” caused an estimated 40–50 million deaths worldwide. There have been two other pandemics in the 20th century: the “Asian flu” of 1957, and the “Hong Kong flu” of 1968, which were much less devastating. According to the Centers for Disease Control and Prevention, a modern pandemic could result in 2 million to 7.4 million deaths worldwide; however, the impact of a flu pandemic would extend far beyond mortality rates.

Pandemics appear to occur on a semi-regular basis. The most recent pandemic occurred in the spring of 2009. A novel influenza A (H1N1) virus emerged. It was first detected in the United States and spread quickly across the United States and the world. In that first year the virus kills a little over 12,000 people in the United States. Since the introduction of the H1N1 virus it has circulated seasonally in the U.S. causing illnesses, hospitalizations and deaths. The greatest pandemic of the 20th century, the 1918–1919 “Spanish flu” caused an estimated 40–50 million deaths worldwide. There have been two other pandemics in the 20th century: the “Asian flu” of 1957, and the “Hong Kong flu” of 1968, which were much less devastating.

Schools tend to be affected by outbreaks more than other settings because their occupants – primarily children - easily transmit illnesses to one another as a result of their close proximity and their inefficiency at containing the droplets produced by their coughs and sneezes. Lengthy and widespread absenteeism should be planned for because of the high susceptibility of student/staff exposure to a mutated virus and the possibility that an outbreak will be longer and more severe



due to lack of immunity and vaccine. In a worse-case scenario, the pandemic could force schools to close.

As of March 2020, the CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in almost 70 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “[public health emergency of international concern](#)” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19.

Global efforts at this time are focused concurrently on containing the spread and mitigating the impact of this virus. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat. The public health response is multi-layered, with the goal of detecting and minimizing introductions of this virus in the United States. CDC is operationalizing all of its pandemic preparedness and response plans, working on multiple fronts to meet these goals, including specific measures to [prepare communities](#) to respond to local transmission of the virus that causes COVID-19. There is an abundance of [pandemic guidance](#) developed in anticipation of an influenza pandemic that is being repurposed and adapted for a COVID-19 pandemic.

## Summary of Emergency Management Goals

Portland Public School District (PPS) in partnership with the Multnomah County Department of Health and Human Services (MCDOH), the Portland Bureau of Emergency Management (PBEM), will utilize their pandemic influenza plan for their agencies to achieve the following goals:

- Limit the number of illnesses and deaths
- Preserve continuity of essential school functions
- Minimize educational and social disruption

The plan will be coordinated with the plans of our community, state, and federal partners.



## Planning Assumptions

- A pandemic is a public health emergency with political, social, and economic dimensions; it will likely affect everyone in Oregon in some manner.
- The entire population will be at risk of illness from a novel virus or a new subtype of influenza.
- Of those who become ill, at least 50% will seek medical care.
- The case-fatality rate could range from that of seasonal influenza (~0.1%) to the CDC's highest severity level (case-fatality ratio >2.0%).
- Even if virulence is similar to seasonal influenza, the number of hospitalizations and deaths will be greater than with seasonal influenza because of susceptibility of the population.
- Children and young adults and those with compromised immune systems are likely to be at higher risk. With the novel COVID-19 virus it appears that the older population is at greater risk for illness.
- The incubation period will be 1-7 days (most likely 1-4). For the novel COVID-19 virus it appears that incubation period is between 2 and 14 days.
- People who become ill may shed virus for up to one day prior and 7 days after onset of symptoms; children may shed for longer periods. With novel virus outbreaks this information may not yet be known.
- Individual outbreak "waves" will last up to twelve weeks, separated by weeks to months over a period of up to 18 months.
- Outbreaks will occur throughout the US, limiting the potential for mutual aid.
- Vaccination is the most important best proven strategy to mitigate the consequences of influenza. As many as 160 million doses of vaccine for the pandemic H1N1 virus were available during October-December 2009; two doses, given at least 21 days apart, were required for protection. There currently is no vaccine for COVID-19.
- Antiviral medications will not be available for widespread prophylaxis; depending upon the severity of the pandemic, they may be used for limited post-exposure prophylaxis for those at high risk for complications and, rarely for pre- or post-exposure prophylaxis in other settings. There currently is no anti-viral available for COVID-19 virus.
- Non-pharmaceutical measures (e.g., social distancing and respiratory hygiene) may slow the spread of influenza.
- Closure of schools is costly and disruptive; it may be employed in Oregon as school districts deem appropriate, but will not be recommended on a large scale by public health officials unless the influenza proves to be unusually severe.
- Data regarding numbers of persons with severe illness will be needed to guide public health decision making.



- Worker absenteeism could reach 40%.
- Planning for continuity of operations will help school districts, governmental and private businesses to maintain essential services and critical infrastructure during a pandemic.
- Coordinated public communications will promote effective use of mitigation strategies (e.g., vaccine, antiviral and non-pharmaceutical interventions) among members of the public.

## Authorities

In Multnomah County, various public officials have overlapping authorities in regards to protecting public health and safety. The Governor, the State Secretary of Health, City of Portland officials and the Local Health Officer (LHO) each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders, the EOC, the Local Health Officer and schools to ensure decisions and response actions are clear and consistent. The Director of Public Health, the Local Health Officer for Multnomah County may direct the isolation and quarantine of individuals or groups. The local law enforcement officials, the Portland Police Bureau, have the authority to enforce the orders issued by MCDOH or Superior Court Judges within their jurisdiction.

The Incident Management Team is led by the Superintendent or designee. In complex incidents, the Incident Management Team will be convened at the District Office EOC. The role of the Incident Management Team is to:

1. Support the Incident Commander
2. Provide policy and strategic guidance
3. Help ensure that adequate resources are necessary
4. Identify and resolve issues common to all organizations
5. The Superintendent or designee will provide the School Board with an overview of the situation and will give periodic updates throughout the course of the event.

The School Board has the following authority and responsibilities:

1. Declare an emergency – the board may declare an emergency if it determines that all or part of the District is in imminent danger of suffering either a natural or manmade event that may cause injury or death to persons or disrupts the ability of the schools to provide a safe educational environment.
2. Establish and update policy related to Safety and Emergencies.
3. Implement emergency authorities including those necessary to manage the budget.



## Phases of a Pandemic

The World Health Organization (WHO), the medical arm of the United Nations, has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic.

This classification system consists of six phases. The CDC (Centers for Disease and Control) also has a numbered system of stages of pandemic progression. The WHO phases and the CDC stages are compared in Table 1. Each phase or stage is defined by the efficiency with which a new influenza virus can be transmitted from an animal host to humans and human-to-human transfer.

The Director General of WHO formally declares the current global pandemic phase and then adjusts the level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries should implement.



**Table 1: WHO pandemic phases and CDC pandemic stages**

PERIOD	WHO PHASE		CDC STAGE	
Inter-Pandemic	1	<b>Low risk of human cases-</b> No new influenza virus subtypes detected in humans. It may be present in animals. If present in animals, the risk of human infection or disease is considered low.	0	<b>New domestic animal outbreak in an at-risk country</b>
	2	<b>Higher risk of human cases-</b> No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.		
Pandemic Alert	3	<b>No or very limited human cases-</b> Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instance of spread to a close contact.	0	<b>New domestic animal outbreak in an at-risk country</b>
			1	<b>Suspected human outbreak overseas</b>
	4	<b>Evidence of increased human to human transmission-</b> Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.	2	<b>Confirmed human outbreak overseas</b>
5	<b>Evidence of significant human to human transmission-</b> Large cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)			
Pandemic	6	<b>Efficient and sustained human to human transmission-</b> Pandemic is declared. Increase and sustained transmission in the general population.	3	<b>Widespread human outbreaks in multiple overseas locations</b>
			4	<b>First human case in North America</b>
			5	<b>Spread throughout United States</b>



## CDC Pandemic Severity Index

The CDC also has developed a numerical scale to define the severity of a pandemic (Table 2). This scale reflects the wide range of severity seen in previous pandemics.

**Table 2: CDC Pandemic Severity Index**

Characteristics	Pandemic Severity Index (PSI)				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1-<0.5	0.5-<1.0	1.0-<2.0	≥2.0
Excess Death Rate (per 100,000)	<30	30-<150	150-<300	300-<600	≥600
Illness Rate (percentage of the population)	20-40	20-40	20-40	20-40	20-40
Potential Number of Deaths (based on 2006 U.S. population)	<90,000	90,000-<450,000	450,000-<900,000	900,000-<1.8 million	≥1.8 million
20 <sup>th</sup> Century U.S. Experience	Seasonal Influenza (illness rate 5-20%)	1957,1968	None	None	1918 Pandemic

## Concept of Operations

This plan is an appendix to the Portland Public School District Emergency Operations Plan (EOP). This appendix describes additional and/or different emergency management structures and processes that Portland Public School District will implement for a pandemic influenza response.

### A. Overview

The MCDOH will be the lead agency in coordinating the county’s pandemic preparedness, mitigation, response, and recovery activities. This pandemic response plan will comply with National Incident Management System (NIMS) provisions. MCDOH has primary responsibility for activating the pandemic influenza or illness response at the level appropriate to the specific phase and severity of the pandemic. Within the MCDOH the structure of the response organization will include the DHHS Administrator, the Public Health Officer, and various local public health program staff. PPS will activate its pandemic flu plan at the level set by the MCDOH.



- Throughout a pandemic, PPS will take direction from the MCDOH regarding public health response activities, surveillance, social distancing and other possible mitigation measures.
- PPS will establish an Incident Command System (ICS) that is consistent with the National Response Framework (NRF) and National Incident Management System (NIMS). Because a pandemic will be worldwide in scope, cross-jurisdictional coordination using processes and systems described in the NIMS will be critical to an effective response.
- PPS will assume the following responsibilities:
  - Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and the Multnomah County Health Officer.
  - Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of a pandemic.
  - Communicate with, and educate, the school community about approved public health practices and what each person can do to prepare or respond to minimize health risks.
  - In consultation with the Oregon Health Authority (OHA), the MCDOH will create and finalize recommendations regarding mass vaccination plans. The vaccination plans will be based on priority group recommendation from CDC, vaccination supply and severity of pandemic influenza. PPS will coordinate with MCDOH to implement the plan.
  - Develop and implement educational support plans for students who are isolated or quarantined. Coordinate these plans with social support plans developed by the MCDOH and Oregon Department of Education (ODE).
  - Develop or review a recovery plan that provides for educational and emotional support of staff and students.

## **B. Communication**

Communication within the district as well as with the school community and partner agencies will be one of the most critical strategies for containing the spread of the virus and for managing the utilization of health care services. The communication goals throughout all phases of an influenza pandemic are:

- Provide accurate, consistent and comprehensive information about pandemic influenza including district preparedness and response activities, updates on current conditions, local, state and federal efforts.



- Instill and maintain public confidence in the district and the county's public health care systems and their ability to respond to and manage an influenza pandemic.
- Ensure an efficient mechanism for managing information between the Portland Public School District and MCDOH, the county EOC, and first responders.
- Provide accurate, rapid and complete information in order to minimize panic, facilitate compliance and maintain order.
- Address rumors, inaccuracies, and misinterpretations as quickly as possible and prevent the stigmatization of affected groups.

## **Interpandemic Period (Phases 1-2) and Phase 3 of the Pandemic Alert Period**

### **A. Mitigation Strategies**

Mitigation activities are often taken in advance of an influenza pandemic to prevent or temper its impact.

- Develop, exercise, evaluate and revise the Pandemic Influenza Management Plan.
- Identify essential staff that can maintain health and safety. Cross-train as needed.
- Develop strategic partnerships with local community health care agencies and first responders.
- Educate staff, students, parents/guardians about influenza pandemic and recommended preparedness measures.
- Educate and encourage good hand washing, proper respiratory etiquette, and flu vaccination.
- Distribute educational handouts and posters to schools.
- Stockpile necessary equipment and supplies to be used during each phase of the pandemic.
- Review cleaning techniques as directed by CDC and MCDOH.
- Develop plan for transporting ill students.
- Identify low income students on free and reduced lunch programs.
- Formulate plans for alternative dining services (classrooms instead of lunchrooms, covered /packaged food).
- Mobilize Student Support Teams to address emotional impact of pandemic flu as needed.



## **B. Surveillance**

- PPS will follow the MCDOH Communicable Disease Guidelines for exclusion.
- Unusually high absenteeism in students or staff with fever and cough and/or sore throat. The following will be reported to MESD Nurses: Nursing will notify MCDOH.
  - 10 or more students/staff absent or 20% or greater in a building that are absent for 3 or more days
  - 40% or greater absent from any one classroom.

## **C. Communication**

- PPS will educate district employees, students and parents about influenza pandemics and steps they should take to plan for pandemic outbreaks.
- The district will identify hard to reach families and ensure communications in the home language.
- The district will coordinate with MCDOH to develop common health messages and education materials in multiple languages as well as ensure that bilingual staff can serve as information conduits to vulnerable school families and build sustainable preparedness capabilities.
- Develop template pandemic information letters for parents/guardians.
- Identify procedures for communicating with the media during normal and emergency conditions.
- Nurses will communicate individually with the epidemiology branch of MCDOH for health concerns related to their assigned schools.
- Nurses will communicate with appropriate administration on an individual basis regarding communicable disease issues.

## **Pandemic Alert Period (phases 4-5)**

In cooperation with MCDOH and PBEM, consider implementing an emergency management system, using ICS.

### **A. Mitigation Strategies**

- Intensify education with staff, students and parents about pandemic influenza, current conditions and steps that can be taken to reduce risk of exposure.
- Intensify hand washing and respiratory etiquette campaigns.
- Educate staff, parents on steps to take if they or a family member becomes ill. Emphasize the importance of early treatment for high-risk students and staff.



- Routine cleaning of all common surfaces with approved cleaning products.
- Instruct staff, students and parents that persons with influenza-like illness should remain home for at least 24 hours after they are fever free without the use of fever-reducing medications.
- Update parent/emergency contact information in case your student becomes ill at school and needs to be sent home.
- Distribute or restock personal protective equipment (PPE) to schools such as masks, gloves as well as hand sanitizer and tissue.
- Mobilize Student Support Team to address emotional impact of pandemic flu (if not already mobilized).

## **B. Surveillance**

- Continue to follow MCDOH Communicable Disease Guidelines for exclusion.
- Consider implementing intensified disease surveillance measures in the direction of MCDOH (may include daily reporting to MCDOH).
- Immediate contact with MCDOH if it is suspected that a staff member or student may have current novel viral infection.

## **C. Communication**

- Intensify education efforts about influenza pandemics and steps to reduce exposure to infection. Information may be disseminated via website postings, parent letters, and school newsletter, list serve, and phone tree.
- Communicate steps the district is taking to prevent the spread of disease.
- Communicate to staff and parents information on the extent of infection and potential changes that may take place.
- The MCDOH Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with county incident command. A JIC will be activated when the county PIO and the MCDOH PIO deem necessary based on specific characteristics of the pandemic. If school closures are considered, the Portland School District PIO will work with the JIC.
- If the district has initiated its incident command structure (ICS), a point of contact with MCDOH will be established. A district employee will become the point of contact between nursing services and MCDOH. The district employee(s) will streamline information from nursing services, MCDOH directly to Incident Commander.
- The District PIO and Incident Commander will evaluate the need to establish a district information call center to respond to public inquiries. The District PIO will disseminate web alerts per JIC guidelines and as necessary.



- As the pandemic expands, the PPS PIO will provide updates on the pandemic and will organize regular media briefings.

## **Pandemic Period (phases 6)**

### **A. Social Distancing Strategies**

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. Potential social distancing strategies depending on the severity of a pandemic disease may include:

- Discourage handshakes.
- Rotating teachers between classrooms while keeping the same group of students in one classroom.
- Postponing class trips.
- Cancelling classes.
- Discouraging use of school buses and public transit.
- Cancelling extracurricular activities include sporting events.
- Other strategies as provided by CDC, MCDOH, or ODE.

### **B. Moderate Pandemic**

- Educate staff, parents and students on pandemic exclusion criteria.
- Those with flu-like illness should stay home for at least 24 hours after fever (100.5° F or greater) is gone without use of fever-reducing medicines.
- Ill students should be sent to the health room for evaluation.
- Review case definition of pandemic flu with health room staff as defined by MCDOH.
- Continue emphasizing the importance of hand hygiene and respiratory etiquette.
- Educate staff and parents on early treatment of high-risk persons. People at high risk include those who are pregnant, have asthma, diabetes, compromised immune systems or have neuromuscular diseases.
- Develop and implement an isolation plan (sick room) in order to separate ill students and staff who present with flu-like illness until they can be sent home.
- Room should not be one commonly used for other purposes or one through which others regularly pass. The room does not need to have a separate air supply (HVAC) but it should be well ventilated and allow for at least six feet of distance between ill students/staff.



- A limited number of staff should be designated to care for ill persons until they can be sent home.
- Those caring for ill persons should not be at increased risk of influenza complications and should use PPE as necessary.
- Routine cleaning of all areas and items that are more likely to have frequent hand contact (keyboards, desks, door knobs, water fountains). Normal cleaning products may be used.
- Initiate bus cleaning protocols.
- The District will participate in conference calls with neighboring school districts, the Local Health Officer, and MCDOH for current updates on the spread of outbreak in the community, changes in severity of influenza, changes in current recommendations.
- Daily briefings as influenza or viral disease cases increase in district.
- The District Team will provide support to all staff and students in dealing with the emotional impact of a pandemic.
- Selective school dismissal may be considered under specific circumstances such as the majority of school population is out ill, schools with medically fragile populations). The Portland Public School District will coordinate any school closure with MCDOH and the Local Health Officer.

### **C. Severe Pandemic**

Additional measures may be recommended by MCDOH if the CDC assesses that the pandemic influenza is causing more serious disease.

- Throughout the day, staff should stay vigilant in identifying students or staff who appear ill.
- Vulnerable students and staff may choose to self-quarantine in consultation with their health care providers.
- Students and staff with ill household members may be advised to remain home or self-quarantine for up to 14 days. Follow guidelines provided by the OHA and MCDOH.
- Those with symptoms will be advised by their health care provider or the MCDOH on how long they should stay home.
- Consider social distancing measures.
- Possible school closures.
- The district will work closely with MCDOH and Local Health Officer to balance risks of illness in their community with the impacts that school dismissal will cause.
- Length of closure will vary depending on severity of illness and extent of illness.
- If schools dismiss students, the District will follow the recommendation from the MCDOH as to whether the school can remain open for staff.



## Mass Vaccination

Vaccination efforts are designed to help reduce the impact and spread of a novel virus. The key populations include those who are at higher risk of disease or complications, those who are likely to come in contact with the novel virus, and those who could infect young infants. When a vaccine is first available, the committee may recommend that programs and providers try to vaccinate those identified as being at the highest risk for disease and complications before vaccinating the general population.

MCDOH is finalizing mass vaccination plans addressing the possibility that school age children may need to be vaccinated. PPS will work with MCDOH and other partner agencies to implement vaccination of students as recommended.

COVID-19 Viral Illness: At this time, there is no vaccine to protect against this new virus and no medications approved to treat it. Promising vaccines are under development by Gilead, moving to phase 1 safety trials with a possible deployment in 18 months.

## Maintaining Essential Services

One of the critical needs during a pandemic illness will be to maintain essential district functions and maintain adequate staffing levels. The IC, in conjunction with MCDOH will continue to assess the impact and provide critical services as needed.

## Recovery

Recovery from a pandemic will begin when school officials determine that normal supplies, resources, and response systems can manage ongoing school activities without continued assistance from pandemic response systems.

- Recovery plans will depend on the severity and duration of the pandemic.
- PPS, in coordination with PBEM and ODE will assess the economic and educational impact of the pandemic.
- In consultation with MCDOH, specific actions will be taken to return schools and district offices to pre-event status including environmental sanitation.
- The Incident Management Team conducts an after action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Emergency Operations Plan including the Pandemic Influenza Management Annex.
- Provide educational materials to families and staff on topics such as recovery from illness, common symptoms of loss and grief, coping with stress.



- Send communications to families on school recovery progress.
- Identify students and staff who may require long-term physical/mental health may need support. Coordinate with MCDOH to identify school and community resources and partners to provide these services.
- Utilize Employee Assistance Programs for assistance with coping with loss and stress.

## Annex Development and Maintenance

This plan will be reviewed routinely. The plan will also be reviewed following use in actual incidents or emergency exercises, and will be updated to reflect regional or state organizational changes and revisions in federal or state planning guidance.

## School Posters, Fliers

- [CDC Print Resources COVID-19](#)
- CDC – Stop the spread of germs poster- [English](#) | [Spanish](#) | [Simplified Chinese](#)
- CDC – Handwashing poster – [English](#) | [Spanish](#)
- Scrub Club – The Six Steps of Handwashing Poster [English](#) | [Spanish](#)

## Parent and Family Resources

These are basic communications that include information on proper preventative measures and local health department contact information.

- [Pandemic Flu Planning Checklist for Individuals and Families \(PDF - 667.69 KB\)](#)

## Teacher Resources

- “Glo Germ” – tool to demonstrate hand washing, surface cleaning, hygiene, and containment techniques. [www.glogerm.com/](http://www.glogerm.com/)
- National Association of School Nurses. Intended for middle and high school. <http://www.nasn.org/Default.aspx?tabid=316>
- Henry the Hand: From Henry the Hand Foundation. Intended for elementary. Information, classroom activities, downloadable songs and video. Some activity sheets and posters in international languages. <http://www.henrythehand.com>
- Scrub Club: From NSF International. Intended for elementary. Webisodes, downloadable materials, audio files, and classroom activities. <http://www.scrubclub.org>



## Additional Resource Links

- US government pandemic flu website: [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.flu.oregon.gov](http://www.flu.oregon.gov)
- World Health Organization (WHO) COVID-19 website:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Multnomah County Health Department website: <https://multco.us/health>



## Glossary

CDC	Centers for Disease Control and Prevention
DHS	Department of Human Services
DHHS	Department of Health and Human Services
EOC	Multnomah County's Emergency Operations Center
EOP	Emergency Operations Plan
IC	Incident Commander
ICS	Incident Command System
LHD	Local Health Department
NIMS	National Incident Management System
OEM	Oregon State Office of Emergency Management
OHA	Oregon Health Authority
OPHD	Oregon State Public Health Division
PBEM	Portland Bureau of Emergency Management
PPS	Portland Public School District
MCDOH	Multnomah County Department of Health and Human Services
WHO	World Health Organization

## References

1. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), School District (K-12), Pandemic Influenza Planning Checklist.
2. U.S. Department of Health and Human Services, Center for Disease Control, Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States. Appendix 6.
3. Seattle Public Schools Emergency Management Plan, April 2006.
4. Hillsboro Public Schools Pandemic Plan
5. The Oregon Department of Health and Human Services (ODHHS) Pandemic Influenza Emergency Management Plan, December 2008.