

Pandemic Influenza Preparedness:



A Planning Guide for Tennessee School Districts

NOVEMBER 2009

*Developed by the Office of School Safety and Learning Support, Tennessee Department of Education, in
collaboration with the Tennessee Department of Health*

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Disclaimer: This document is for general informational purposes only and should not be construed as advice concerning any specific circumstance. The template, tips and techniques provided in this manual are intended solely as examples of practices, do not impose or imply legal or regulatory requirements and may not apply to particular situations based upon those circumstances. This document does not substitute for any law, Tennessee State Board of Education or district policy, procedure, rule or regulation.

PREFACE

The Tennessee Department of Education (TDOE) with support and guidance from the Tennessee Department of Health (TDH) prepared the enclosed planning tool and information. The purpose of this collaborative effort is to assist school districts in developing pandemic influenza plans.

A distinction should be made between an epidemic and a pandemic. An epidemic is a disease that temporarily is prevalent in a community or throughout a large area. A pandemic is a global disease outbreak. *It should be noted that while these guidelines and recommendations focus on an influenza pandemic, many of the prevention and operational plans could be applied to other epidemics.*

During times of an emergency, many rely heavily on the assistance of local emergency response agencies. Relationships with these groups need to be established and cultivated long before an emergency occurs. Working with local agencies before a pandemic will decrease anxiety, confusion, and fear, as well as improve the response during an emergency. Tenn. Code Ann. §49-6-801 or the SAVE Act establishes specific expectations for districts regarding school safety planning. Expectations include the development of an emergency response plan (ERP) in conjunction with emergency response agencies. Additionally, districts are required to develop a continuity of operations plan in the event of significant loss of personnel and/or extended school closings related to an influenza pandemic (Indicator 1.21 of the SAVE Act Compliance Instrument). Pandemic influenza preparedness is an important requirement of comprehensive school safety planning and builds upon the existing multi-hazard approach to planning for emergencies.

This document includes specific planning elements relating to the following broad categories: planning and coordination, continuity of student learning and core operations, infection control policies and procedures, and communication planning. While these categories provide a general framework for planning, districts should build flexibility into their plans. Each influenza pandemic event will be different, requiring adaptability and flexibility during the response. Moreover, in the event of a pandemic specific recommendations, guidance, and/or appropriate interventions may be provided by the Commissioner of Health and communicated via the Commissioner of Education based on the particular circumstances of that event. In almost all instances, up-to-date guidance and direction will be found on government websites identified in this document or via local public health authorities.

Pandemic Influenzas are unpredictable. This document will help school districts plan for potential closing, large numbers of staff and student absences, loss of services, and methods to continue instruction should students remain at home. As we better understand this phenomenon, this Pandemic Planning/Self Assessment Tool will be updated periodically based on lessons learned. Questions regarding this document may be directed to Mike Herrmann or James Witty in the Office of School Safety and Learning Support at (615) 741-3248.

FREQUENTLY ASKED QUESTIONS (FAQ)

What is pandemic influenza (flu)?

An influenza pandemic (flu) is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). Influenza usually spreads from person to person when an infected individual coughs, sneezes, or talks sending the virus into the air. Influenza viruses may also spread when a person touches respiratory droplets on another individual or object and then touches their mouth or nose (or someone else's mouth or nose) before washing their hands. Influenza Pandemics can cause illness in all ages, and is more likely than other viral respiratory infections, such as the common cold, to cause severe illness and other life-threatening conditions. Annually, in the United States, more than 200,000 people are hospitalized due to influenza. Approximately 36,000 people die from influenza and its complications every year in the United States. Should an influenza pandemic occur, the incidence of illness and death from influenza might dramatically increase worldwide. For more information on the influenza pandemic and a brief history of the flu visit Appendix A. More information on the possible impact of an influenza pandemic on Tennessee visit Appendix B.

How can you help prevent the spread of influenza and other germs and viruses?

The main way illnesses like influenza and the common cold spread is by tiny droplets spraying into the air when someone coughs or sneezes. To prevent the spread of germs, cover your nose and mouth with a tissue or your upper sleeve when coughing or sneezing. Throw away used tissues immediately. Wash your hands thoroughly and often. That means using soap and warm water and washing for 20 seconds. Use alcohol-based hand sanitizers when hand washing is not possible, but not as a substitute. Avoid touching your eyes, nose or mouth. Finally, avoid close contact with those who are sick. For more information on preventing the spread of influenza and other germs and viruses plus additional health tips visit Appendix C.

Who has the authority to close schools during a pandemic in Tennessee?

A director of schools is authorized and may choose to close school(s) for a variety of reasons related to the health and safety of students and staff. In most instances relative to a pandemic, it will be the director of schools who makes school closure decisions. Additionally, under Tennessee Code Annotated, the Commissioner of Health, or designee, has the authority to initiate school interventions based upon the State Epidemiologist's recommendations. The State Epidemiologist will utilize the best information available on the pandemic disease severity and spread when making such a determination. The Commissioner of Education is responsible for assisting with the implementation of necessary interventions to include closure and dismissal of students from public and private preK-12 schools in affected areas for the duration of the pandemic. If the Tennessee Department of Health does not require school closure, the Commissioner of Education may still choose to recommend that districts close for absenteeism or other reasons. For more information on Tennessee laws related to public health visit Appendix D.

Does the local health department have the authority to close schools absent a directive from the Tennessee Departments of Health and Education?

No. Absent a directive from the Tennessee Department of Health or Tennessee Department of Education, local health departments cannot close schools. This authority lies specifically with the director of schools. However, local health department officials can recommend to the director that schools.

What are the roles and responsibilities at the local, state, and federal levels?

Roles and responsibilities during a pandemic vary at the federal, state, and local levels as well as among various departments at each level. All entities have some role in planning and preparing for a possible outbreak, monitoring the spread of the pandemic influenza, communicating information to other departments and to the public, working to protect citizens by infection control education, coordination of vaccines and other supplies, and collaboration during the decision making process. Some agencies have specific roles designated under the law. For example, the Commissioner of Health (based on the recommendation of the State Epidemiologist) has the authority to close schools (both public and private). For detailed information on specific roles and responsibilities relative to an influenza pandemic see Appendix E.

In the event of a severe influenza pandemic, will the United States Department of Education allow for flexibility in federal deadlines and requirements under the Elementary and Secondary Education Act of 1965, as amended by No Child Left Behind, Individuals with Disabilities in Education Act, and school nutrition programs?

Yes. The United States Department of Education has indicated that some flexibility will be allowed under current law. The waiver provision in section 9401 of the Elementary and Secondary Education Act of 1965 (ESEA), as amended by the No Child Left Behind Act of 2001 (NCLB), permits the Secretary to grant waivers of most requirements. If the Centers for Disease Control and Prevention (CDC) declare an influenza pandemic to be severe, the United States Department of Education will consider requests for waivers of statutory and regulatory requirements listed above. *Such requests would be coordinated by the Tennessee Department of Education with requests being made directly to the Commissioner of Education.* For more information related to this topic visit Appendix F.

What is the role of school districts relative to an influenza pandemic?

Tenn. Code Ann. §49-6-(3-15) or the SAVE Act establishes specific and consistent requirements for districts in providing a safe school environment. Indicator 1.21 of the SAVE Act Compliance Instrument provides that districts develop a continuity of operations plans in the event of significant loss of personnel and/or extended school closings related to a pandemic influenza event. In conjunction with the local health department, the district is required to develop a pandemic influenza plan. The basic goals in planning include limiting the spread of the illness, addressing emotional trauma, preserving the continuity of essential functions, minimizing the social and educational disruption, and minimizing instructional loss. For detailed information on specific roles and responsibilities relative to an influenza pandemic see Appendix E.

Should school districts notify the Tennessee Department of Education if they close due to a high number of pandemic influenza cases?

Yes. If a school or district chooses to close due to a high number of pandemic influenza cases, then the district should write a formal letter to the Commissioner of Education requesting permission to close for

an extended period of time per Tenn. Code Ann. §49-6-3004(e). Questions regarding this policy should be directed to the Office of School Approval at (615) 532-1677. For more information on Tennessee laws related to public health visit Appendix D.

Is there a monitoring system in place at the national level?

Yes. If a school closes due to a high number of pandemic influenza incidents or at the direction of the Commissioner of Education based upon the decision of the Commissioner of Health, then the district MUST report all school closures to the Centers for Disease Control and Prevention via their School Dismissal Monitoring System at: http://www.cdc.gov/h1n1flu/schools/dismissal_form/.

Is there any flexibility in the 180 days of instruction rule?

Under Chapter 272 of the Public Acts of 2009, in the event of a natural disaster or serious outbreaks of illness affecting or endangering students or staff during a school year, the Commissioner of Education may waive the 180 days of classroom instruction requirement. *Such requests would be submitted directly to the Commissioner of Education by the director of schools.* The waiver request could be for the entire LEA or individual schools within the district.

Do local school districts have the authority to restrict individuals (staff and students) who have a fever and cough or sore throat from work, class, or any other gathering?

Yes. A district may choose to restrict individuals with influenza-like symptoms from work, class, or any other gathering (e.g., sending a student or staff home). For more information on Tennessee laws related to public health visit Appendix D.

How can families prepare for an influenza pandemic?

Families can also prepare for an influenza pandemic. Just like school districts families also need to prepare for this type of an event. First, know both the magnitude of what can happen during an influenza pandemic and what actions to take in order to lessen the impact. Planning includes keeping a stockpile of emergency supplies and food handy for extended stays at home, and talking to your family about limiting the spread of germs and other viruses. See Appendix G for more information on family preparedness as it relates to an influenza pandemic.

Is there specific guidance for the current (2009-2010) influenza pandemic?

Yes. While the guidance in this document is designed to help school districts prepare for a wide range of events (from mild to severe), there are resources specific to the current influenza. The CDC has released guidance specific to the 2009-2010 influenza at <http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm> which was designed to help make decisions at the local level. A technical report was also released at <http://www.cdc.gov/h1n1flu/schools/technicalreport.htm>. Ongoing, up-to-date information on the 2009-2010 influenza may be found at the Centers for Disease Control and Prevention at <http://www.cdc.gov/>.

THE PLANNING PROCESS

School districts play a critical role in preventing and responding to a pandemic influenza event. Developing a plan is required under Indicator 1.21 of the SAVE Act Compliance Instrument as mandated under Tenn. Code Ann. §49-6-801-814. The district-level emergency planning team should help develop, guide, monitor and revise the plan as needed. To begin the planning process, the team should take the following steps:

Step One: Form a Subcommittee to Develop a Plan

As a part of the district's safety planning process, a subcommittee (of the District's Safety Team) should be identified to plan for a possible pandemic. Members might include the following: community stakeholders, local businesses, local emergency response agencies, public health officials, mental health professionals, faith-based organizations, parents, school administration, school nurses, school psychologists, school counselors, teachers, students, public information officers, food services, transportation, and environmental/facility services. It is particularly important to include representation from the local health department.

Step Two: Identify a Coordinator

The subcommittee should identify a coordinator to help lead the process, monitor and revise the plan as necessary, and execute the plan if needed.

Step Three: Utilizing a multi-hazard approach, integrate pandemic influenza planning into the existing Emergency Response Plan (ERP) with the instrument provided

The pandemic plan should be developed by your subcommittee in coordination with your local health department and other appropriate stakeholders. The pandemic plan should be integrated into your existing emergency response plan (ERP). Planning should address the following four broad areas to include: Planning and Coordination, Continuity of Student Learning and Core Operations, Infection Control Policies and Procedures, and Communications Planning. In the tool provided, it has been noted where planning activities overlap with requirements set forth under the SAVE Act Compliance Instrument as mandated under Tenn. Code Ann. §49-6-801-814.

Step Four: Communicate the Plan

Information regarding the pandemic plan should be communicated to staff, students, parents, and the community at large. All stakeholders should know what to expect in the event of a pandemic event. Additionally, the plan should be made available for public comment in conjunction with the district's emergency response plan as mandated under Tenn. Code Ann. §49-6-801-814.

Step Five: Test the Plan

In conjunction with the local health department, the district and other appropriate emergency response agencies exercise the plan regularly. Be sure to revise and update the plan based on functional exercises.

Step Six: Revise and Update the Plan as Needed

The pandemic plan should be revised and updated as needed and based on functional exercises when testing the plan. Additionally, Tenn. Code Ann. §49-6-801-814 requires school districts to review all emergency plans on an annual basis. Therefore, as a required component of the SAVE Act Compliance Instrument, this specific multi-hazard plan should also be reviewed on an annual basis. Any updates or revisions to the existing plan should also be delivered to all appropriate entities.

PANDEMIC PLANNING/ SELF ASSESSMENT TOOL

The following pandemic planning/ self assessment tool was developed by the Office of School Safety and Learning Support, a division of the Tennessee Department of Education, in collaboration with the Tennessee Department of Health and the Tennessee Emergency Management Agency. The plan was adapted specifically for Tennessee school districts from guidance provided by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. Additionally, the plan integrates current planning activities as mandated under Tenn. Code Ann. § 49-6-801-814 also known as the SAVE Act. Pandemic planning is also a requirement under Indicator 1.21 of the SAVE Act Compliance Instrument. The pandemic planning tool was designed to help school districts with meeting this particular indicator. Four broad areas of planning specific to an influenza pandemic are addressed and include the following: Planning and Coordination, Continuity of Student Learning and Core Operations, Infection Control Policies and Procedures, and Communications Planning.

1.0: Planning and Coordination

<i>Plan Component</i>	<i>Met</i>	<i>Not Met</i>
1.1 As a part of the district’s safety planning process, a subcommittee (of the District’s School Safety Team) is identified to plan for a possible pandemic. Members might include the following: community stakeholders, local businesses, local emergency response agencies, public health officials, mental health professionals, faith-based organizations, parents, school administration, school nurses, school psychologists, school counselors, teachers, students, public information officers, food services, transportation, and environmental/facility services (Indicators 1.1, 1.2, 1.4, and 1.21 of the SAVE Act Compliance Instrument). It is particularly important to include representation from the local health department.	<input type="checkbox"/>	<input type="checkbox"/>
1.2 The plan identifies the person or entity that has the official authority to activate the district’s pandemic influenza response plan and initiate the district’s incident command system (Indicators 1.12, 1.13, and 3.14 of the SAVE Act Compliance Instrument). Additionally the plan delineates accountability and responsibility for stakeholders engaged in planning and executing the operational plan.	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Mutual aid agreements exist with local response agencies that outline the type of assistance, identify a chain of command for activating the agreement, define a common language for communicating before, during, and after an emergency, and include response agencies when conducting functional exercises. The plan also outlines the roles and responsibilities of each agency in the identification, isolation, quarantine, movement restriction, healthcare services and emergency care of students during a pandemic (Indicators 1.2, 1.12, and 1.13 of the SAVE Act Compliance Instrument). Additionally, the mutual aid agreement outlines the use of facilities during a pandemic for essential services (e.g., schools designated as contingency hospitals, schools for feeding vulnerable populations, and other healthcare and mental health related services).	<input type="checkbox"/>	<input type="checkbox"/>
1.4 The plan incorporates the requirements of students with special needs, those in special facilities (e.g., juvenile justice facilities) as well as those	<input type="checkbox"/>	<input type="checkbox"/>

	who do not speak English as their first language (Indicator 1.18 of the SAVE Act Compliance Instrument).		
1.5	Planning is coordinated with the local community’s pandemic plan, integrates the district into the community’s local incident command structure, and includes the district in all community functional exercises (Indicators 1.1 and 1.2 of the SAVE Act Compliance Instrument).	<input type="checkbox"/>	<input type="checkbox"/>
1.6	The plan designates an individual (coordinator) that works cooperatively with local and state agencies to monitoring national, regional and local data related to epidemic respiratory infections. Additionally, the individual develops and coordinates a surveillance system to alert the local health department when a substantial increase in absenteeism occurs among students and staff (Indicator 1.13 of the SAVE Act Compliance Instrument).	<input type="checkbox"/>	<input type="checkbox"/>
1.7	In the event that a school district closes without directive from the State Departments of Education and Health, the district has a protocol in place to contact the Office of School Approval within the Tennessee Department of Education at (615) 532-1677 informing the Department of closure due to the influenza pandemic.	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Planning incorporates notifying the Center for Disease Control and Prevention when closing due to the influenza pandemic via the CDC’s website at: http://www.cdc.gov/h1n1flu/schools/dismissal_form/ .	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Planning integrates the recovery of essential services and addresses any health concerns prior to the reopening schools (e.g., proper cleaning and disinfection of all facilities before reopening to students).	<input type="checkbox"/>	<input type="checkbox"/>
1.10	The plan also integrates the postvention team where necessary. The team is accessible to provide counseling and other support for students, staff, and parents following a pandemic influenza event (Indicator 1.7 and 2.3 of the SAVE Act Compliance Instrument).	<input type="checkbox"/>	<input type="checkbox"/>
1.11	The plan is delivered (as with the district level emergency response plan) to local law enforcement, the health department, as well as, other appropriate agencies. All components of the plan are reviewed and revised annual based on deficiencies identified through drills, exercises, and actually implementation. Revisions are delivered to the above agencies ensuring that a current plan resides with these entities at all times (Indicator 1.22 and 1.25 of the SAVE Act Compliance Instrument).	<input type="checkbox"/>	<input type="checkbox"/>

2.0: Continuity of Student Learning and Core Operations

<i>Plan Component</i>	<i>Met</i>	<i>Not Met</i>
2.1 The plan addresses scenarios of a pandemic’s impact on student learning (e.g., student and staff absences) such as closings of schools based on the severity of the pandemic influenza. Planning also addresses the cancellation of any non-essential gatherings during a pandemic.	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Based on the level of intervention needed, the plan has procedures assuring the continuity of instruction (e.g., revised school calendars, web-based or distance education, telephone trees, instruction via local radio or television stations, materials for parent instruction, staggered schedules, etc.). Additionally, planning considers the distinct instructional needs of special populations during closures (e.g., special education and English language	<input type="checkbox"/>	<input type="checkbox"/>

	students). For more information on the continuity of student learning visit Appendix H.		
2.3	The district may choose to continue providing meals for low-income children who receive subsidized meals while at school. If so, district food service officials have developed and practiced a plan to continue providing this service in the event of long-term closures (e.g., planning might include the temporary establishment of a meals on wheels or food pantry).	<input type="checkbox"/>	<input type="checkbox"/>
2.4	The plan accounts for the continuation of essential core office functions including payroll and ongoing communication with staff, students, parents and the community.	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Planning addresses the process associated with restructuring the preapproved school calendar when long-term closures are necessary.	<input type="checkbox"/>	<input type="checkbox"/>
2.6	The plan establishes a line of succession for addressing the influenza pandemic in the event that the Director is unavailable or unable to make decisions for the district (Indicator 1.1, 1.4, and 1.5 of the SAVE Act Compliance Instrument).	<input type="checkbox"/>	<input type="checkbox"/>

3.0: Infection Control Policies and Procedures

	<i>Plan Component</i>	<i>Met</i>	<i>Not Met</i>
3.1	In partnership with local health officials, the plan establishes policies and procedures aimed at preventing and limiting the spread of influenza (e.g., promotion of hand hygiene and cough/sneeze etiquette).	<input type="checkbox"/>	<input type="checkbox"/>
3.2	The plan standardizes the continuous delivery of basic instruction in good hygiene practices to help protect children from infectious diseases such as the influenza (Indicator 2.4 of the SAVE Act Compliance Instrument). Instruction in such practices is ongoing establishing good hygiene practices. This might also include infection control posters in common areas of each school providing health tips and basic precautions to prevent the spread of the influenza and other germs and viruses. Posters are available at: http://www.cdc.gov/flu/protect/covercough.htm .	<input type="checkbox"/>	<input type="checkbox"/>
3.3	The plan contains policies and procedures for the stockpiling of sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), paper towels, surgical masks, tissues, and receptacles for their disposal.	<input type="checkbox"/>	<input type="checkbox"/>
3.4	The plan accounts for students and staff who are suspected to be ill or who become ill due to a pandemic. Sick leave policies unique to an influenza pandemic (e.g., non-punitive, liberal leave) are established. Staff and students with known or suspected influenza should not remain at the educational facility and should return only after their symptoms resolve and they are physically ready to return to school (always follow current Center for Disease Control and Prevention /Tennessee Department of Health guidance for the exclusionary period).	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Protocols for monitoring absenteeism trends are established with significant trends reported directly to the local health department via the director of schools or the pandemic planning coordinator.	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Policies and procedures are developed for the transporting of ill individuals	<input type="checkbox"/>	<input type="checkbox"/>

	including students and staff persons.		
3.7	The plan includes protocols for building-level health service personnel (registered nurses, licensed practical nurses, nursing assistants, or the principal’s designee) to screen all students and staff for influenza-like illness (ILI). Influenza-like illness is defined as fever (temperature \geq 100°F) and a cough or sore throat. Additionally, access control procedures are established and identify a main entrance and indoor screening area where students and staff may, when deemed appropriate, be screened prior to moving to other areas of the building (Indicator 3.6 of the SAVE Act Compliance Instrument). Each education facility has developed lock down procedures of certain entrances and exits, to divert individuals to the main entrance and indoor screening area.	<input type="checkbox"/>	<input type="checkbox"/>
3.8	The plan establishes a “sick room” for staff members and students that are showing influenza like signs and symptoms and awaiting pickup. A precaution sign should be placed on the isolation room. Additionally, individuals should be provided with a surgical mask to reduce exposure to others.	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Routines are established to disinfect all frequently-touched surfaces with an Environmental Protection Agency (EPA) registered household disinfectant labeled for cleaning bacteria and viruses. Labeled instructions should always be followed when using any of these items.	<input type="checkbox"/>	<input type="checkbox"/>
3.10	The plan assures that all health facilities conform to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan/sup4.html).	<input type="checkbox"/>	<input type="checkbox"/>
3.11	Planning includes an awareness campaign for staff and students that encourages vaccination for the regular seasonal influenza and provides promotional materials to educate individuals on the availability and desirability of vaccination. Activities <i>might</i> also include identifying local clinics that provide vaccinations for the regular seasonal influenza or an influenza pandemic and collaborating with the local health department to hold vaccination clinics (Indicator 2.4 of the SAVE Act Compliance Instrument).	<input type="checkbox"/>	<input type="checkbox"/>

4.0: Communication Planning

	<i>Plan Component</i>	<i>Met</i>	<i>Not Met</i>
4.1	The district has outlined a media response/communication plan to disseminate information to staff, students, parents, and the community at large. At minimum the plan includes the following: a designated public information officer (PIO), the establishment of one unified message, plan for communicating information to all stakeholders, identified and separate staging areas for the media, advisement on where to find up-to-date information, and guidelines on how to respond to media questioning during a pandemic (Indicators 1.15 and 1.16 of the SAVE Act Compliance Instrument). For more information on communication planning visit Appendix I.	<input type="checkbox"/>	<input type="checkbox"/>
4.2	The media response/communication plan addresses the distinct needs of special populations during a pandemic such as non-English-speaking students and families (Indicator 1.18 of the SAVE Act Compliance Instrument). Additionally, the plan ensures language (translation services	<input type="checkbox"/>	<input type="checkbox"/>

	when needed), cultural, and reading level appropriateness in all communications.		
4.3	The district has established linkages with local health sources and media outlets to provide information covering infection control during a pandemic covering topics such as the following: routine infection control (e.g., hand hygiene, respiratory etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for when to stay home and the at-home care of ill students and family members).	<input type="checkbox"/>	<input type="checkbox"/>
4.4	The plan utilizes a variety of media sources and platforms to communicate (e.g., newspaper, websites, local television or radio, hotlines, and other communication mechanisms) the current pandemic status and actions to be taken by staff, students, parents, and the community. Communication systems should be frequent and redundant to ensure the expedited transmission of information.	<input type="checkbox"/>	<input type="checkbox"/>
4.5	The plan contains and maintains an up-to-date list of key public health and district officials, as well as other individuals falling under the incident command structure. This establishes a network for communicating decisions and providing updates as a pandemic unfolds.	<input type="checkbox"/>	<input type="checkbox"/>
4.6	The plan advises staff, students, parents and the community to visit the following websites for reliable and up-to-date information during a pandemic: <ul style="list-style-type: none"> • http://www.cdc.gov/ (Center for Disease Control and Prevention) • http://health.state.tn.us/CEDS/pandemic.htm (Tennessee Department of Health) • http://www.state.tn.us/education/learningsupport/schsafetyctr/PandemicFluPreparedness1.shtml (Tennessee Department of Education) 	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Information is disseminated about the district's pandemic plan including information on the continuity of instruction and possible containment measures to be taken. The plan should be made available for public comment in conjunction with the district's emergency response plan as mandated under Tenn. Code Ann. §49-6-801-814.	<input type="checkbox"/>	<input type="checkbox"/>
4.8	The plan ensures access to timely information, as potential fear and anxiety could result in rumors and misinformation during a pandemic.	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX A:
BACKGROUND AND
HISTORY OF INFLUENZA
PANDEMICS**

The first recorded influenza pandemic was in 1510, when an influenza virus spread throughout Africa and Europe. Epidemiological historians believe other influenza pandemics occurred between the 16th century and the 19th century, but the details are unclear.

The Asiatic Flu was first reported in May of 1889 in Russia. It spread rapidly west and reached North America in December of 1889. In 1890, it spread to South America, India, and Australia. This particular influenza pandemic was caused by the H2N8 type of influenza virus and had a very high attack and mortality rate.

The Spanish Flu lasted from 1918-1919. Military personnel at Camp Funston, Kansas, first identified it in March of 1918 in the United States. By October of 1918, it had spread and become a worldwide pandemic. In just six months, 25 million people had died worldwide. An estimated 500,000 died in the United States alone.

From 1957-1958, the Asian Flu caused an estimated 70,000 deaths in the United States and 1.5 million worldwide. First identified in China in late February 1957, the virus had spread to the United States by June. It lasted well into late 1958.

The Hong Kong Flu, 1968-1969, was an Influenza A virus that caused about 35,000 deaths in the United States and 700,000 worldwide. The virus was first detected in Hong Kong in January of 1968 and reached the United States by June. Deaths from the virus continued into 1969.

An influenza pandemic (flu) is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). Influenza usually spreads from person to person when an infected individual coughs, sneezes, or talks sending the virus into the air. Influenza viruses may also spread when a person touches respiratory droplets on another individual or object and then touches their mouth, nose or eyes (or someone else's mouth or nose) before washing their hands. Pandemic influenza can cause illness in all ages, and is more likely than other viral respiratory infections, such as the common cold, to cause severe illness and other life-threatening conditions. Annually, in the United States, more than 200,000 people are hospitalized due to influenza. Approximately 36,000 people die from influenza and its complications every year in the United States. Should a pandemic influenza occur, the incidence of illness and death from influenza might dramatically increase worldwide.

Public Health authorities have identified characteristics and challenges unique to a pandemic influenza including the following:

- When the pandemic influenza virus emerges, its global spread is considered inevitable.
- Most people will have little or no immunity to a pandemic virus, and a significant percentage of the population may require medical care.
- Death rates may be high due to the significant number of people who become infected, the virulence of the virus, the characteristics and vulnerability of affected populations (elderly, those with chronic disease, and children), and the effectiveness of preventative measures.
- Past pandemics have spread globally in two, and sometimes three, waves.
- Medical supplies will be inadequate. Vaccine for the virus will possibly not be available for six months.
- Hospital beds and other supplies will be limited.
- Pandemics also cause economic and social disruption such as schools and businesses closing, travel bans, and canceling of community events.
- Care of sick family members and fear of exposure can result in significant absenteeism in the workforce, schools, and other social type situations.

**APPENDIX B:
POSSIBLE IMPACT OF A
PANDEMIC INFLUENZA
ON TENNESSEE**

The United States Department of Health and Human Services has provided a state-by-state estimate of the impact of a possible pandemic influenza. These estimates are divided into two categories: A moderate 1958-like or 1968-like pandemic and a more severe 1918-like pandemic. In the moderate pandemic scenario, approximately 1.8 million Tennesseans would become ill. Over 900,000 would require outpatient treatment and over 17,300 would need hospitalization. An estimated 4,180 would die from the virus. In the most severe pandemic scenario, approximately 1.8 million would become ill and over 900,000 citizens would require outpatient treatment. However, almost 198,000 would need hospital treatment and over 38,060 deaths would occur from the virus.

Even with a moderate pandemic, health care systems would be strained, as would other essential services. There may be business and school closures. A severe pandemic would most likely require widespread, if not complete, school closures and would impact almost every segment of society.

It should be noted that the 1918 influenza pandemic impacted almost every town, city and community in Tennessee, even the most remote small towns and communities. With modern transportation capability and mobility of citizens, a present day pandemic could spread quicker and to farther reaches than the 1918 pandemic.

**APPENDIX C:
PANDEMIC INFLUENZA
HEALTH TIPS**

Below is information on how to protect yourself from the spread of influenza and other germs and viruses. Steps for preventing the spread if you are sick are also included as well as health tips if you are sick. For more health tips visit the Centers for Disease Control and Prevention at <http://www.cdc.gov/germstopper/>.

Protect yourself against the spread of influenza and other germs and viruses by:

- The main way illnesses like the flu and the common cold spread is by tiny droplets sprayed into the air when someone coughs or sneezes. Cover your nose and mouth with a tissue or your upper sleeve when coughing or sneezing. Throw away used tissues immediately.
- Wash hands thoroughly and often. That means using soap and warm water and washing for 20 seconds. Use alcohol-based hand sanitizers when hand washing is not possible, but not as a substitute.
- Avoid touching your eyes, nose or mouth. Germs are often spread when you touch something contaminated with germs. Germs can live for two hours or more on surfaces like doorknobs, desks, or chairs.
- Avoid close contact with those who are sick.

If you do come down with a cold or the flu, take these steps to get well:

- Wash your hands often.
- Stay home and keep your distance from others to protect them from getting sick, too.
- Get plenty of rest.
- Drink lots of fluids like water, tea, broth or juice.
- Take acetaminophen or ibuprofen as needed for pain or fever.
- Use a vaporizer or saline drops to relieve congestion.

**APPENDIX D:
TENNESSEE LAWS
RELATED TO PUBLIC
HEALTH ISSUES**

Authority to Write and Enforce New Rules and Regulations:

Tenn. Code Ann. §68-1-201(2) provides that the Commissioner of Health has the power to declare quarantine and prescribe rules and/or regulations deemed necessary to prevent the introduction of an epidemic disease into the state or to control the spread of an epidemic disease within the state, with the least inconvenience to commerce and travel. Tenn. Code Ann. §4-5-208 also provides that if needed “emergency rules” can be written and put into effect for up to 165 days. See also Tenn. Code Ann. §68-5-104a(2).

Authority to Control a Communicable Disease:

Tenn. Code Ann. §68-5-104(a)(1) addresses the duty of local health authorities, on receipt of a report of a case, or suspected case to confirm or establish the diagnosis, to determine the source or cause of the disease, and to take such steps as may be necessary to isolate and/or quarantine the case or premise upon which the case, cause or source may be found, as may be required by the rules and regulations of the Tennessee Department of Health.

Authority to Review Medical and Non-medical Records Without Delay:

Tennessee Rules and Regulations 1200-14-1-.15(2) provides that medical and relevant nonmedical records shall be made available (when requested) for inspection and copying by an authorized representative of the Tennessee Department of Health when investigating a case, suspect case, or epidemic. The original medical records will not be removed from the health facility, and the information will be treated as confidential and sensitive.

Legal Control Measures:

The Commissioner of Health or designee may take steps to contain the spread of a pandemic influenza with enforcement ranging from unsupervised voluntary measures to court-ordered measures enforceable by law enforcement. The declaration of a state of emergency by the Governor of Tennessee may alter the requirements necessary to quarantine or isolate individuals and would likely streamline actions required for quarantine and isolation by the Tennessee Department of Health.

Authority to Waive 180 Days of Classroom Instruction Requirement:

Under Chapter 272 of the Public Acts of 2009, in the event of a natural disaster or serious outbreaks of illness affecting or endangering students or staff during a school year, the Commissioner of Education may waive the 180 days of classroom instruction requirement. *Such requests would be submitted directly to the Commissioner of Education by the director of schools.* The waiver request could be for the entire LEA or individual schools within the district.

Authority to Send a Student Home with Influenza-Like Symptoms:

Under State Board Policy 0520-01-03-.08, each local school system shall have a written policy for excluding pupils with communicable diseases and for readmitting them following recovery. In the case of diseases (listed in Regulations Governing Communicable Diseases in Tennessee: Tennessee Department of Health) the policy shall be in accordance with the recommendations of the State Department of Health as approved by the State Commissioner of Education.

Authority to Send a Staff Person Home with Influenza-Like Symptoms:

Tenn. Code Ann. §49-5-404 states that no person who has any contagious or communicable disease in such form as might endanger the health of school children shall teach in any school, and any teacher must submit to a physical examination by competent physicians, when so required by the local board of education.

Notification of Closure for Serious Outbreaks of Illness to the Commissioner of Education:

Tenn. Code Ann. §49-6-3004(e) states that upon approval by the Commissioner, excess instructional time may be used in case of natural disaster, serious outbreaks of illness affecting or endangering students or staff, or dangerous structural or environmental conditions rendering a school unsafe for use.

**APPENDIX E:
ROLES AND
RESPONSIBILITIES
DURING AN INFLUENZA
PANDEMIC**

In order to develop an effective response plan, it is important to understand the roles and responsibilities of various federal, state and local entities during a pandemic event. The following section provides a brief overview.

Role of School Districts:

Tenn. Code Ann. §49-6-(3-15) or the SAVE Act establishes specific and consistent requirements for districts in providing a safe school environment. This specifically includes the development of district and school level emergency response plans. Indicator 1.21 of the SAVE Act Compliance Instrument provides that districts develop a continuity of operations plans in the event of significant loss of personnel and/or extended school closings related to a pandemic influenza event.

In planning for a pandemic, the first step is for the district to form a subcommittee of the district's safety team. The team should evaluate the existing Emergency Response Plan (ERP) utilizing the Pandemic Planning/Self Assessment Tool and following the step-by-step planning process outlined in this document. In developing the plan, it is important to partner with the local health department. The planning instrument includes specific planning elements relating to the following broad categories: planning and coordination, continuity of student learning and core operations, and infection control policies and procedures. The basic goals in planning include limiting the spread of the illness, addressing emotional trauma, preserving the continuity of essential functions, minimizing social and educational disruption, and minimizing instructional loss.

A director of schools may choose to close school(s) due to a high number of pandemic influenza cases. This can be at the recommendation of the local health department or simply due to absenteeism related to the pandemic. Should the director choose to close school(s) due to a high number of pandemic influenza cases, then the district should write a formal letter to the Commissioner of Education requesting permission to close for an extended period of time.

Role of the Federal Government:

The federal government is responsible for the nationwide coordination of the pandemic influenza response. Specific areas of responsibility include the following:

- Surveillance in the United States and globally
- Epidemiologic investigation in the United States and globally
- Development and use of diagnostic laboratory tests and reagents
- Development of reference strains for vaccines
- Vaccine evaluation and licensure
- Determination of populations at highest risk and strategies for vaccination/antiviral use
- Assessment of measures to decrease transmission (e.g., travel restrictions, isolation, and quarantine)
- Deployment of federally purchased vaccine
- Deployment of antiviral agents that may be available as part of the Strategic National Stockpile
- Evaluation of the efficacy of response measures
- Evaluation of vaccine safety
- Deployment of the Commissioned Corps Readiness Force and Epidemic Intelligence Service officers
- Medical and public health communications
- Activation and deployment of additional regional, federal and Department of Defense resources

Role of Tennessee Department of Health:

Under Tennessee Code Annotated, the Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon the State Epidemiologist's recommendations. The State Epidemiologist will utilize the best information available on pandemic disease severity and spread when making such a determination. The Commissioner of Education is responsible for assisting with the implementation of necessary interventions, up to and including closure and dismissal of students from public and private preK-12 schools in affected areas for the duration of the pandemic influenza wave. If the Tennessee Department of Health does not require school closure, the Department of Education may still choose to recommend that local schools close for absenteeism or other reasons. Additional areas of responsibility for the Tennessee Department of Health include the following:

- Develop and update the state pandemic response plan
- Ensure implementation of planning and preparedness activities at state and local levels
- Exercise pandemic influenza plans and use the results to improve and refine planning and preparedness activities
- Identify crucial gaps in state and/or local infrastructure and resources
- Identify, brief regularly, and train key personnel how to mobilize in the event of the emergence of a new strain of influenza virus
- Coordinate planning with bordering jurisdictions, including counties, and other states
- Development of a state stockpile (antivirals, personal protective equipment, vaccines, laboratory diagnostics, and other technical support) for rapid deployment when needed
- Ensure procedures for rapid sharing of specimens or isolates for virus characterization and development of diagnostics and vaccine
- Develop surge capacity contingency plans for the internal management of state resources and essential workers during a pandemic influenza
- Maintain a pandemic influenza surveillance system to include the following 6 surveillance systems:
 - *Sentinel Provider Network* (Outpatient surveillance of individuals with the pandemic influenza)
 - *School Absenteeism* (Absenteeism data as reported by districts to the Tennessee Department of Education who in turn will shared this information with the Tennessee Department of Health)
 - *Hospital Surveillance* (Daily reports during a pandemic influenza from hospitals made directly to health departments)
 - *Laboratory surveillance* (Specimens testing positive for influenza at the Tennessee Department of Health laboratory and other research hospital laboratories)
 - *Syndromic surveillance* (Non-specific health information from a variety of sources such as 911 and other types of alerts from regional health departments about influenza activity)
 - *Animal Surveillance* (Surveillance for influenza among animals, primarily domestic poultry, by the Tennessee Department of Agriculture).
- Communicate surveillance systems findings directly to health departments, sentinel providers, and other interested parties
- Communicate with the Tennessee Department of Education and other appropriate state agencies

Role of the Tennessee Emergency Management Agency:

The federal Department of Homeland Security and Tennessee Emergency Management Agency have an established threat condition level scheme. Threat conditions levels may change during a pandemic. Under Tennessee's Standard Operation Plan and under authority of the Governor, the Tennessee

Emergency Management Agency will activate and operate the State Emergency Operations Center during a declared emergency such as a severe pandemic influenza.

Role of the Tennessee Department of Education in the Event of a Declared Emergency:

The Tennessee Department of Education is linked to the Tennessee Emergency Management Agency via the State Emergency Operations Center. When activated, this center links the resources of various state departments and agencies to facilitate a coordinated state response to an emergency.

When the Commissioner of Health, or designee, determines that school interventions should be initiated or lifted based upon the State Epidemiologist's recommendations, the Commissioner of Education is responsible for assisting with the implementation of necessary interventions. This includes closure and dismissal of students from public and private preK-12 schools in affected areas for the duration of the pandemic influenza. If the Tennessee Department of Health does not require school closure, the Commissioner of Education may still choose to recommend that local schools close for absenteeism or other reasons.

During an emergency, the Tennessee Department of Education activates an Incident Command Center. The Commissioner of Education is responsible for staffing the center and for ensuring the delivery of essential services. Staffs from the following divisions within the Department of Education are responsible for manning the Incident Command Center: Business Services, School Safety and Learning Support, Coordinated School Health, School Nutrition Services, Data Services, Facilities Management, LEA Support Services, Personnel and Human Resources, Technology, Public Information, Curriculum and Instruction, Special Education, Field Service Operations, and Legal Services.

The Tennessee Department of Education's Incident Command Center will become operational based on the recommendation of the Tennessee Emergency Management Agency or the Tennessee Department of Health, or if the Commissioner of Education decides that circumstances support activation of the Center. Direct communication links will be established and remain open at all times with the Governor's Office and all other state agencies involved with the response.

In the event of a severe pandemic, the Tennessee Department of Education will establish a telephone hotline, develop and manage a website with relevant up-to-date information, release pertinent information to the media, and communicate and share information with districts including public and private schools and other appropriate agencies.

Protocols are in place for the Commissioner of Education to respond to unique emergency related situations in the state that impact local school districts and/or the Department of Education. At the discretion of the Commissioner local school district requests, such as waivers for requirements found in the Elementary and Secondary Education Act of 1965 as amended by No Child Left Behind, may be addressed through the Incident Command Center, or by an ad hoc committee (also see Appendix G for questions and answers from the United States Department of Education). Decisions are based on emergency conditions and the best interests of students, parents, employees, communities, and the state. During any emergency, including an influenza pandemic, the Tennessee Department of Education's Incident Command Center will maintain an archive of district requests and reports for follow-up, referrals to appropriate state agencies, future reference, and documents necessary to file reimbursement claims

with the Federal Emergency Management Agency. The center will also provide technical assistance to districts regarding No Child Left Behind and special education issues related to that specific emergency, as well as general questions regarding curriculum and accountability. The Department of Education's Public Information Officer (PIO) will coordinate all communications with other agencies to ensure that information is consistently provided between and among agencies and to the public.

**APPENDIX F:
ELEMENTARY AND
SECONDARY EDUCATION
ISSUES DURING
INFLUENZA PANDEMIC
(GUIDANCE FROM US
DEPARTMENT OF
EDUCATION)**

Guidance on Flexibility and Waivers for SEAs, LEAs, Postsecondary Institutions, and Other Grantee and Program Participants in Responding to Pandemic Influenza (H1N1 Virus)

U.S. Department of Education
September 29, 2009

The U.S. Department of Education (Department) is issuing the following guidance to help prepare state educational agencies (SEAs), local educational agencies (LEAs), the Department of Interior's Bureau of Indian Education (BIE), schools, and postsecondary institutions in the event of an outbreak of the H1N1 influenza virus during the 2009-2010 school year. In general, this document discusses waivers (and other forms of relief) from federal education requirements that may provide SEAs, LEAs, BIE, BIE-funded schools, postsecondary institutions, and other grantee and program participants with the operational flexibility necessary to efficiently close schools and otherwise respond to the administrative challenges presented by an H1N1 outbreak such as prolonged school closures, excessive absenteeism, or other disruptions in the regular delivery of educational services to students for a prolonged period of time. It is important to emphasize that this guidance addresses only federal education requirements, and does not address the applicability of state and local education requirements, because those requirements can only be addressed by state and local officials.

This document is organized into the following sections:

- Part I – Elementary and secondary education issues;
- Part II – Adult education and career and technical education programs;
- Part III – Federal Student Aid (FSA) and other postsecondary education issues;
- Part IV – Grant administration requirements;
- Part V – Family Educational Rights and Privacy Act (FERPA) issues; and
- Part VI – Distribution of flu vaccines at school facilities.

Each section addresses the implications of a prolonged school closure or other disruptions in the regular educational services to students, addresses legal questions that may arise for school administrators when faced with an H1N1 outbreak, and discusses generally the possibility of waiving requirements or finding other flexibility in federal education laws and regulations.

For specific guidance on how to best respond to an H1N1 outbreak during the 2009-2010 school year, please visit the Centers for Disease Control and Prevention's ("CDC's") Web site:

<http://www.flu.gov/plan/school/schoolguidance.html>.

I. Elementary and Secondary Education Issues.

This section discusses potential legal issues that school administrators may face when considering whether to close a school or a district in response to an H1N1 outbreak and otherwise addresses disruption in educational services. Specifically, this section discusses

waivers and other forms of relief from elementary and secondary (K-12) federal education requirements and other kinds of flexibility the Department may provide.

A. Requirements under the Elementary and Secondary Education Act (“ESEA”).

A-1. In the event of an H1N1 outbreak, will the Department provide flexibility to SEAs and LEAs, BIE, and BIE-funded schools with regard to federal K-12 requirements?

Yes, to the extent permissible under law, the Department may provide SEAs, LEAs, BIE, and schools with as much flexibility as necessary to appropriately address the impact an H1N1 outbreak may have upon the normal functioning or delivery of educational services. Section 9401 of the ESEA (20 U.S.C. § 7861) permits the Secretary to grant waivers of many ESEA requirements, such as assessment, accountability, and reporting requirements, to SEAs, LEAs, BIE schools through their LEAs or BIE (as appropriate), and Native American tribes that receive ESEA funds and that request such waivers. Specifically, if warranted by an H1N1 outbreak that impedes functioning or delivery of educational services in a state, LEA or in a school, the Department may, upon request by SEAs, LEAs, BIE, BIE-funded schools, and Native American tribes, grant waivers of certain ESEA statutory and regulatory requirements, as it determines appropriate.

A-2. Who is responsible for requesting waivers (or other relief) related to federal K-12 requirements or deadlines?

While SEAs, LEAs, BIE, BIE-funded schools, and Native American tribes that receive funds under a program authorized by the ESEA can request waivers, the Department strongly encourages SEAs and BIE to coordinate waiver requests. SEAs and BIE should provide guidance and a process for LEAs and schools to work with the state or BIE, as appropriate, to request waivers from the Department. If an SEA or BIE believes a waiver may be needed, the SEA should immediately contact the Department to receive technical assistance in applying before the waiver is actually requested, if possible. An SEA should consider contacting the Department when contemplating a school closure, or when confronted with excessive absenteeism or other types of disruptions to the delivery of educational services. The Department may be able to assist the SEA or BIE in requesting a waiver.

As discussed in Section A of the Department’s Non-Regulatory Guidance on Title I, Part A Waivers (July 2009) (“Title I Waiver Guidance”), which may be accessed at <http://www.ed.gov/programs/titleiparta/title-i-waiver.doc>, if the Secretary grants an SEA’s or BIE’s request for a waiver, any LEA in the state or school funded by BIE interested in receiving the benefit of the waiver should then apply to the SEA or BIE respectively for approval to implement the waiver. The SEA or BIE should then review the LEA’s or school’s request in order to ensure that the request contains all required information, and that the LEA or BIE-funded school plans to implement the waiver in accordance with the conditions of the waiver. An SEA or BIE may not deny a request from an LEA or BIE-funded school to implement the

waiver if the waiver request includes all of the required information and meets all conditions for the SEA or BIE's waiver.

A-3. Does the ESEA allow for any flexibility without waiver approval?

Yes. Sections 1116(b)(7)(D) and 1116(c)(10)(F) of the ESEA contain “delay” provisions that provide flexibility to LEAs or schools when implementing the actions required for schools or LEAs in improvement, corrective action, or restructuring. These provisions provide flexibility to those LEAs and schools that do not make adequate yearly progress (AYP) because of “exceptional or uncontrollable circumstances,” such as an H1N1 outbreak that seriously disrupts the functioning or delivery of educational services. Specifically, the delay provision allows the LEA or school to delay implementing the school or LEA improvement requirements for a period of one year. For example, if a school fails to make AYP during the school year due to administrative challenges caused by an H1N1 outbreak, the school may “delay” meeting school improvement requirements for a period not to exceed one year.

Importantly, these delay provisions are self-executing; in other words, the SEA, BIE, LEA, or school does not have to obtain prior approval from the Department.

A-4. What is the general process for applying for a waiver of ESEA requirements?

To obtain a waiver, an SEA, LEA, BIE, or school (through its LEA or BIE), or Native American tribe must submit a request to the Assistant Secretary for Elementary and Secondary Education that contains the specific information identified in section 9401(b) of the ESEA. (As noted above, LEAs and schools do so through the SEA or BIE.) In general, an applicant should:

- Identify the federal program(s) affected by the requested waiver;
- List the statutory and/or regulatory requirements for which the applicant is seeking a waiver;
- Outline the circumstances that the applicant believes warrant a waiver (*e.g.*, the operational issues the applicant may be facing, such as excessive absenteeism, as a result of an influenza pandemic); and
- Describe how schools will continue to provide assistance to the same populations served by programs for which waivers are requested during the period the waiver applies.

An applicant may also describe what may occur if it does not receive a waiver. Note that there is additional information described in section 9401(b) of the ESEA that must be included in a waiver request. The Department encourages any SEA, LEA, BIE, or school (through its LEA), or Native American tribe that intends to seek a waiver to review section 9401 of the ESEA, which may be accessed at the following Web address:

<http://www.ed.gov/policy/elsec/leg/esea02/pg110.html#sec9401>.

In addition, Section A of the Department's Title I Waiver Guidance may be accessed at the following Web address:

<http://www.ed.gov/programs/titleiparta/title-i-waiver.doc>.

Section A of the Title I Waiver Guidance sets forth general information and requirements for any waiver sought pursuant to the authority in section 9401 of the ESEA, including a waiver related to an outbreak of the H1N1 virus. The appendices to the Title I Waiver Guidance also contain several examples of requests for waivers that may be useful in applying for waivers due to an outbreak of the H1N1 virus.

Finally, if an ESEA waiver request is made and granted, the Department nonetheless expects schools to maximize student achievement during a disruption of educational services or a school closure. For recommendations on continuing learning during an H1N1 outbreak, please visit the following Web address:

<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/guidance/continuity-recs.pdf>.

Affected agencies or schools may also contact the Department's Office of Elementary and Secondary Education with questions about ESEA waivers by calling (202) 401-0113.

A-5. If an LEA is required to provide equitable services to private school students under an ESEA program, during an H1N1 outbreak, how will LEAs communicate with officials of these private schools?

LEAs should, during the required consultation process with private school representatives or officials under such provisions in section 9501(c) of the ESEA, establish procedures and strategies, including a communication process, that will be implemented in the event of an H1N1 outbreak. Planning for this effort may require establishing a backup strategy that will be operational in the event of an H1N1 outbreak. LEAs should coordinate such planning with appropriate private school officials to make sure that they have access to information related to equitable services for their eligible students.

B. Requirements under the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act (Section 504), and Title II of the Americans with Disabilities Act (ADA).

Elementary and secondary schools must ensure equal access to educational opportunities for students with disabilities, and provide a free appropriate public education ("FAPE"). The following questions primarily address the obligations of, and best practices for, SEAs, LEAs, BIE, and schools with regard to these requirements when planning for an H1N1 outbreak.¹

¹ The questions in section I(B) primarily address the obligations of and best practices for states and LEAs when planning for an H1N1 outbreak; however, guidance related to accessibility to educational services provided during an H1N1 outbreak generally would apply to colleges, universities and other educational institutions.

B-1. Must an LEA continue to provide FAPE to students with disabilities during a school closure caused by an H1N1 outbreak?

The IDEA, Section 504, and the ADA do not specifically address a situation in which elementary and secondary schools would be closed for an extended period of time because of exceptional circumstances; however, LEAs must be sure not to discriminate on the basis of disability when providing educational services.

If an LEA closes its schools because of an outbreak of H1N1 that disrupts the functioning or delivery of educational services, and does not provide any educational services to the general student population, then an LEA would not be required to provide services to students with disabilities during that same period of time. Once school resumes, however, a subsequent individualized determination is required to decide whether a student with a disability requires compensatory education to make up for any skills that may have been lost because of the school closure or because the student did not receive an educational benefit.

If an LEA continues to provide educational opportunities to the general student population, then it must ensure that students with disabilities also have equal access to the same opportunities and to the provision of FAPE. SEAs, LEAs, BIE, and schools (including schools operated by Native American tribes that are not funded by BIE) must ensure that, to the greatest extent possible, each student with a disability receives the special education and related services identified in the student's individualized education program (IEP) developed under IDEA, or a plan developed under Section 504.

B-2. In the event of a school closure, how might educational services be provided to students with disabilities?

As part of their H1N1 planning, SEAs, LEAs, BIE, and BIE-funded schools must consider ways of ensuring that continuing education activities (*i.e.*, services provided during a school closure) are accessible to students with disabilities. Technology provides unprecedented opportunities for all students, including students with disabilities, to have access to high-quality educational instruction during an H1N1 outbreak, especially when continuing education must be provided through distance learning. SEAs, LEAs, BIE, and BIE-funded schools should consider the accommodations (*e.g.*, educational materials in accessible formats or through the use of auxiliary aids and services) that must be provided in order for a student with a disability to have an equal opportunity to participate in a distance learning program.

For recommendations on how to continue learning during a flu outbreak, please visit the following Web address:

<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/guidance/continuity-recs.pdf>.

B-3. What must a school do if it cannot provide services in accordance with a student's IEP or Section 504 plan because of an H1N1 outbreak or if

a student opts to stay home because the student is at high-risk for contracting the virus?

If a school continues to provide instruction to the general school population during an H1N1 outbreak, but is not able to provide services to a student with a disability in accordance with the student's IEP, the student's IEP team determines which services can be provided to best meet the student's needs. The team may meet by teleconference or other means to determine if some, or all, of the identified services can be provided through alternate or additional methods such as through tutoring by phone, the Internet, or closed-circuit programming. Appropriate personnel under Section 504 must take similar actions regarding a student who has a Section 504 plan. Once school resumes, or the danger to a high-risk student has passed, a student's IEP team, or appropriate personnel under Section 504, must determine whether, and to what extent, compensatory services are needed to ensure that the student receives educational benefit.

B-4. In the event that a school is closed, would an IEP team be required to meet? Would an LEA be required to conduct an evaluation of a student with a disability?

IEP teams would not be required to meet in person while schools are closed. IEP teams, however, must continue to work with parents and students with disabilities during such school closures, including conducting informal assessments (*e.g.*, assessments developed by a student's teacher) or formal assessments of the student, including parent surveys and standardized reports, and offer advice, as needed. If an evaluation of a student with a disability requires a face-to-face meeting or observation, the evaluation would need to be delayed until school reopens. Evaluations and reevaluations that do not require face-to-face assessments or observations may take place while schools are closed, if the parent consents. These same principles apply to similar activities conducted by appropriate personnel for a student with a disability who has a plan developed under Section 504.

B-5. What steps must be taken to serve a student with a disability who may have lost skills as a result of a prolonged absence from school?

The student's IEP team (or appropriate personnel under Section 504) must make an individualized determination as to whether, and to what extent, it may be necessary to provide compensatory education to help the student regain skills that might have been lost during the period in which special education and related services were not provided.

If appropriate, compensatory education could be provided in a number of ways, such as providing extended school year services, extending the school day, providing tutoring before and after school, or providing additional services during regular school hours. All such compensatory services must be directly linked to the denial of educational benefit, including any decline in the student's skills that occurred as a result of a student not receiving services during an H1N1 outbreak.

The student's IEP team also must review the student's IEP and determine whether any other changes in the IEP are needed. An IEP team may consider using informal assessments to

determine whether there have been changes in a student's performance. If changes have occurred, the IEP team must determine whether changes are needed in the services and supports currently provided to the student.

B-6. If an LEA is required to provide services to parentally placed private school students with disabilities during an H1N1 outbreak, how will the LEA communicate with these private schools?

LEAs should, during the required consultation process with private school officials under section 612(a)(10)(A)(iii) of the IDEA, establish procedures and strategies, including a communication process, that will be implemented in the event of an H1N1 outbreak. Planning for this effort may require establishing a backup strategy that will be operational in the event of an H1N1 outbreak. LEAs should coordinate such planning with appropriate private school officials to make sure that they have access to information related to IDEA equitable services for their eligible students.

II. Adult Education and Career and Technical Education Programs.

A-1. May states receive a one-year waiver of their maintenance of effort (MOE) requirements for adult education and career and technical education programs if an outbreak of the H1N1 virus causes a disruption in services?

Yes. Section 241(b)(4) of the Adult Education and Family Literacy Act (AEFLA) authorizes the Secretary to waive a state's MOE requirement due to exceptional or uncontrollable circumstances, "if the Secretary determines that a waiver would be equitable due to exceptional or uncontrollable circumstances, such as a natural disaster." Similarly, section 311(b)(2) of the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV) allows the Secretary to waive a state's MOE requirement due to exceptional or uncontrollable circumstances (such as an H1N1 outbreak) that affect a state's ability to meet such requirements. An H1N1 outbreak would meet the definition of an "exceptional or uncontrollable circumstance."

A-2. May states and local recipients renegotiate their agreed-upon performance levels for adult and career and technical education programs if an H1N1 outbreak occurs?

Yes, if an H1N1 outbreak makes it excessively difficult to meet performance goals. Section 212(b)(3)(A)(vi) of the AEFLA and section 113(b)(3)(A)(vii) of Perkins IV provide the Secretary with the authority to renegotiate annual performance goals if certain unanticipated circumstances arise. For the Perkins IV program, *see* the Office of Vocational and Adult Education's Questions and Answers Regarding Perkins IV Non-Regulatory Guidance, Version 3 (Questions B-40 through B-45):

<http://www.ed.gov/about/offices/list/ovae/pi/cte/perkins-iv-version3.pdf>.

For the AEFLA program, *see* the Office of Vocational and Adult Education’s Program Memorandum, “Guidance for Revisions in State Performance Levels for Vocational and Adult Education” at the following Web address:

<http://www.ed.gov/policy/sectech/guid/cte/progmemo200201.html>.

III. Federal Student Aid (FSA) and Other Postsecondary Education Issues.

This section discusses the waivers and other forms of relief the Department may provide to postsecondary institutions and other postsecondary program participants (institutions) regarding federal education requirements during an H1N1 outbreak that disrupts the functioning or delivery of educational services.

A. General Questions.

A-1. How should institutions prepare if an H1N1 outbreak disrupts the delivery of educational services?

The Secretary encourages institutions to develop alternatives for the delivery of educational programs in the event of an H1N1 outbreak. These alternatives could include creating or expanding distance learning opportunities, either through existing institutional capacity or through agreements with other institutions. Any written agreements with other institutions should be put in place as soon as possible so that they are available to address the needs of students, including students with disabilities. The requirements for these types of agreements for purposes of FSA programs can be found in 34 C.F.R. § 668.5 of the Student Assistance General Provisions regulations.

Because the ADA and Section 504 also prohibit discrimination on the basis of disability, institutions that receive federal financial assistance or that are covered by the ADA must ensure that students with disabilities have equal access to educational opportunities. This includes plans for distance learning. Institutions should prepare strategies to ensure that students with disabilities have equal access to these programs.

Institutions should have plans ready to serve all students residing on campus, or if the campus itself is used for other purposes by the state or local community. Institutions should prepare strategies in advance for such logistical issues in order to maintain operations to the maximum extent possible. Emergency preparedness and emergency response programs must also be accessible to individuals with disabilities. For additional information, *see* “An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities,” available at the following Web site:

<http://www.ada.gov/emergencyprepguide.htm>.

A-2. What should an institution do if it is unable to properly administer its federal student assistance programs under Title IV of the Higher Education Act of 1965 (HEA) due to an H1N1 outbreak?

If an institution determines that it is, or will be, unable to properly administer its Title IV programs (including continuation of its educational programs) as a result of an H1N1 outbreak, it should immediately contact for further guidance its FSA School Participation Team in the Department whose phone number can be found at the following Web address:

<http://ifap.ed.gov/ifap/helpContactInformationDetailedList.jsp?contactname=School%20Participation%20Teams>.

A-3. What steps should institutions take if incoming freshmen are unable to complete high school graduation requirements due to an H1N1 outbreak that disrupts the functioning or delivery of educational services?

Under institutional eligibility requirements for the Department's postsecondary education programs (34 C.F.R. §§ 600.4(a)(2), 600.5(a)(3), and 600.6(a)(2)), institutions must admit as regular students only persons who have a high school diploma, have the recognized equivalent of a high school diploma, or are beyond the age of compulsory school attendance in the state in which the institution is physically located. Accordingly, institutions are strongly encouraged to consult with the high school the student was attending to best address a plan for the student to receive the high school diploma or its equivalent. The Department recognizes this may be a difficult task, particularly for students attending high school in a different state from the state in which the institution is located; however, officials at the high school will be the most aware of any modifications or waivers provided by the SEA or LEA.

B. Accreditation and Institutional Eligibility.

B-1. What if an institution's accreditation is up for renewal during an H1N1 outbreak and the accrediting agency cannot complete its work on time?

The Secretary urges accrediting agencies to establish reasonable written policies to extend accreditation or pre-accreditation in the event of an H1N1 outbreak. Generally, the Department will consider policies granting six-month extensions of accreditation or pre-accreditation due to expire within three months of an H1N1 outbreak as reasonable and consistent with good practice. For institutional eligibility purposes, the Department will accept reasonable extensions of accreditation or pre-accreditation even if granted by an agency that lacks a plan for addressing an H1N1 outbreak.

B-2. What if an institution's certification to participate in the FSA program expires and cannot be submitted because of an H1N1 outbreak?

The Department will consider extending the institution's Program Participation Agreement for up to six months if it expires within three months of an H1N1 outbreak.

C. **Administration of Federal Student Aid.**

C-1. **What if an institution closes for several weeks during an academic year and it is not possible to reschedule instructional time?**

If, as a result of an H1N1 outbreak, institutions are temporarily closed for a period of time that impacts the length of their academic year, the Department, through the FSA School Participation Team, will assist such institutions to determine the continued eligibility of their programs and their students for HEA Title IV assistance. The Secretary may permit institutions with academic years of 30 weeks or longer to shorten their academic years to not less than 26 weeks, on a case-by-case basis under section 481(a) of the HEA, and 34 C.F.R. § 668.3.

C-2. **What can an institution do to mitigate the impact that an H1N1 outbreak may have on the financial aid that students receive?**

To reduce the impact that an H1N1 outbreak may have on student financial aid, the Department suggests the following:

• **Professional Judgment:** Section 479A of the HEA specifically provides the financial aid administrator (FAA) the authority to use professional judgment to make adjustments to the cost of attendance or to the values of the items used in calculating the Expected Family Contribution (EFC) to reflect a student's special circumstances. The Secretary encourages FAAs to use professional judgment in order to reflect more accurately the financial need of students and families affected by an H1N1 outbreak. The use of professional judgment is discussed in the Department's FSA Handbook, which can be accessed at the following Web address:

<http://ifap.ed.gov/ifap/byAwardYear.jsp?type=fsahandbook&awardyear=2008-2009>.

• **Refunds and Re-Enrollment:** The Department strongly encourages institutions to provide a full refund of tuition, fees, and other institutional charges, or to provide credit in a comparable amount against future charges, for students who withdraw from school as a direct result of an H1N1 outbreak. The Department also urges institutions to consider providing easy and flexible re-enrollment options to such students.

• **Satisfactory Academic Progress:** When a student fails to meet the institution's satisfactory academic progress standards due to an H1N1 outbreak, the institution may apply the "other special circumstances" exception provision in 34 C.F.R. § 668.34(c)(3) of the Department's Student Assistance General Provisions regulations.

• **Return of Title IV Funds:** If a student withdraws from school because of an H1N1 outbreak, the institution must perform the return of Title IV funds calculations in accordance with 34 C.F.R. § 668.22, as it must for any student who withdraws (*see* Treatment and Return of Federal Student Aid (34 C.F.R. § 668.22)).

• **Late Disbursements:** The Department's disbursement regulations allow, under certain conditions and within certain timeframes, for a late disbursement of Title IV funds when the late disbursement was not the fault of the student. These regulations would permit a disbursement of

Title IV funds to accommodate students affected by an H1N1 outbreak (*see* Late Disbursements (34 C.F.R. § 668.164(g))).

C-3: What relief from the requirements in the Student Assistance General Provisions regulations will the Department provide to institutions?

If appropriate, the Department may provide the following relief to institutions:

• **Cash Management:** The Secretary will work with institutions affected by an H1N1 outbreak to address specific problems arising from regulatory requirements regarding credit balances, notices and authorizations, excess cash, and the handling of Federal Family Education Loan Program Fund Proceeds (*see* Cash Management (34 C.F.R. part 668, subpart K)).

• **Campus Security Report and Equity in Athletics Disclosure Report:** If an institution is unable to provide the Department with its Annual Campus Security Report or its Equity in Athletics Disclosure Report by the established deadlines because its administrative capability is directly impacted by an H1N1 outbreak, the Department will consider adjusting the reporting deadlines (*see* Campus Security Reporting and Equity in Athletics Disclosures (34 C.F.R. § 668.41)). This also includes the dissemination of Campus Crime reporting to the school's community by October 1 of each year.

• **Student Status Confirmation Reports and Other Enrollment Reporting:** If an institution is unable to complete and return a Student Status Confirmation Report to the National Student Loan Data System (NSLDS) according to the established schedule as a direct result of an H1N1 outbreak, it must contact NSLDS Customer Service at 1-800-999-8219 to modify its reporting schedule.

C-4: What administrative relief can the Department provide to institutions regarding campus-based programs?

Section 413D(d) of the HEA penalizes institutions for underutilization of their campus-based funding. Section 413D(d)(2) of the HEA, however, authorizes the Secretary to waive this penalty for an institution if enforcing the reduction would be contrary to the interest of the program. The Secretary will consider the failure of an institution to expend funds due to an H1N1 outbreak as an appropriate basis for granting a waiver (*see* Allocation Reduction Due to Underutilization (34 C.F.R. § 673.4(d)(3))).

The HEA also requires an institution to use at least seven percent of the total amount of its Federal Work Study (FWS) allocation to compensate students employed in community service (42 U.S.C. 2753(b)(2)(B)). The Secretary may waive this requirement if the Secretary determines that enforcing it would cause a hardship for students at the institution. The Secretary will consider the failure of an institution to expend at least seven percent of its FWS allocation for community service due to an H1N1 outbreak that disrupts the functioning or delivery of educational services as an appropriate basis for a waiver (*see* Community Service Expenditure Requirement (34 C.F.R. § 675.18(g))).

In addition, the Secretary will consider extending the Fiscal Operations Report and Application to Participate reporting deadlines if an H1N1 outbreak affects an institution's ability to meet these required reporting deadlines.

C-5: What administrative relief can the Department provide to institutions and/or loan holders regarding enrollment reporting requirements?

The Secretary will consider that any borrower who maintains an "in-school" status but is unable to complete course requirements or enroll in classes because of an issue caused by an H1N1 outbreak will maintain his or her "in-school" status during the relevant period of nonattendance until the borrower withdraws or re-enrolls in the next regular enrollment period (whichever is earlier). The relevant period of nonattendance should not require a borrower to enter or use any of his or her grace period.

This guidance does not affect the way an institution should report a borrower's enrollment status on its Student Status Confirmation Report (SSCR).

C-6: What administrative relief will the Department provide to institutions regarding the Direct Loan program?

Generally, institutions are required to submit the Direct Loan promissory note, loan origination record, and initial disbursement record for a loan to the Secretary no later than 30 days following the date of the initial disbursement of the loan. In the event of an H1N1 outbreak, however, the Secretary, through the appropriate FSA School Participation Team, would take steps to address an institution's concerns about meeting these deadlines on a case-by-case basis (*see* Submission of Promissory Note, and Loan Origination and Disbursement Records (34 C.F.R. § 685.301(e))).

C-7: What administrative relief can the Department provide to institutions regarding the Federal Perkins Loan program?

In the event of an H1N1 outbreak, the Secretary, through the appropriate FSA School Participation Team, will consider addressing concerns about the billing and collection activities required on a case-by-case basis (*see* Borrowers in Default-Due Diligence (34 C.F.R. § 674, Subpart C)). If an institution contracts with a third party servicer for this activity, that billing and collecting service of prior year borrowers should continue. The Secretary, through the appropriate FSA School Participation Team, will also consider addressing, on a case-by-case basis, concerns about borrowers in initial and post-deferment grace periods (*see* Borrowers in Initial or Post-Deferment Grace Periods (34 C.F.R. § 674.42)).

The Secretary will consider authorizing the institution to grant forbearance, for a period not to exceed three months, to a borrower who is in repayment, but is unable to continue to repay the loan due to the pandemic. A borrower may request this forbearance orally, or in writing, and would not be required to submit documentation to be considered eligible for this forbearance. This period of forbearance would be counted toward the three-year maximum limit on the number of years of forbearance that may be granted to a borrower. In order to receive

forbearance beyond the three-month period, the borrower would have to make a written request to the institution and provide supporting documentation (*see* Borrowers in Repayment (34 C.F.R. § 674.33)).

C-8: What administrative relief can the Department provide to institutions and/or loan holders regarding enrollment status requirements for Federal Family Education Loan (FFEL) and Direct Loan borrowers?

In accordance with the Department's regulations, loan holders may grant an administrative forbearance to borrowers who have been adversely affected by an H1N1 outbreak. The holder may grant forbearance for up to three months and must document the reasons why it granted the forbearance, but does not need to obtain supporting documentation or a signed written agreement from the borrower (*see* Administrative Forbearance (34 C.F.R. §§ 682.211(f)(11) and 685.205(b))). The Secretary believes that it is in the best interest of the student loan programs to consider each Federal Stafford or PLUS loan that is in an "in-school" or in an "in-school" deferment status on the date the borrower's attendance at the institution was interrupted due to an H1N1 outbreak to be in an "in-school" status. Each loan should continue in that status until the borrower withdraws or re-enrolls in the next regular enrollment period, whichever is earlier. This period of pandemic flu-related nonattendance should not result in a borrower entering or using any of his or her grace period on the loan (*see* Converting the Borrower to Repayment (34 C.F.R. §§ 682.209(a) and 682.210)).

The Secretary will treat Direct Loan borrowers in accordance with the administrative forbearance guidance provided in the FFEL section above.

C-9: What should guaranty agencies and lenders do with loan proceeds that have not been disbursed?

The Secretary authorizes lenders not to disburse loan proceeds to institutions affected by an H1N1 outbreak, according to the originally established disbursement schedules, if the lenders have been informed that an institution has delayed opening for a scheduled term or has ceased operations for an undetermined period of time. Lenders should wait for revised disbursement schedules from the affected institutions. Institutions also are urged to request revised disbursement dates.

The Secretary will instruct guaranty agencies and lenders to revise information on loan periods, graduation dates, and so forth, on the loan records related to these disbursements as the information becomes available. This instruction means that a borrower need not reapply for the loan. This will allow a student to receive his or her loan proceeds according to a schedule that fits the institution's adjusted academic schedule.

C-10: What administrative relief can the Department provide institutions regarding the Federal Pell Grant, Academic Competitiveness Grant, and National SMART (Science and Mathematics Access to Retain Talent) Grant disbursement records?

Normally, an institution must submit to the Department a Federal Pell Grant, Academic Competitiveness Grant, and National SMART Grant disbursement record for a student not later than 30 calendar days after the institution makes a payment to the student. In addition, if the institution becomes aware that a previously reported payment or expected payment for a student is no longer accurate, the institution must submit an accurate disbursement record for that student to the Department not later than 30 calendar days after becoming aware of the need to make the change. The Secretary will consider revising these deadlines in the event of an H1N1 outbreak (*see* Deadline for Reporting Disbursement Records (34 C.F.R. §§ 690.83 and 691.83)).

IV. Administrative Grant Requirements.

This section discusses the waivers and other forms of relief that the Department may provide to states, SEAs, LEAs, postsecondary institutions, and other grantees regarding federal grant requirements in the event of an H1N1 outbreak.

A. General Questions Regarding Grants.

A-1. How will the Department communicate with the grants community during an H1N1 outbreak?

In the event of an H1N1 outbreak, grantees should review the Department's Web site (<http://www.ed.gov>) to obtain information related to the programs under which they have awards, as well as information about procedures the Department has implemented to streamline the grants application, operation, and revision process. Grantees may also seek guidance from their Department project officers, but should recognize that these individuals may not be available during an H1N1 outbreak. The Department's Web site will provide general contact information for grantees that are unable to reach their project officer.

A-2. Will the Department continue to award grant funds?

To the extent practicable, and as resources permit, the Department will continue to award grant funds during an H1N1 outbreak. The Department will make every effort to continue operations as usual, while affording grantees the maximum allowable flexibility in applying for and operating grants.

A-3. How will the Department provide flexibility to entities applying for discretionary grants?

If appropriate and permissible under the law, the Department will consider postponing discretionary grant competitions and extending application and other filing deadlines to address the effects of an H1N1 outbreak. Most funds, however, are made available for a specific period of time and, in most cases, the Department will not have the authority to extend that period of time. Additionally, appropriations acts generally provide funds for specific programs, purposes, and activities. The Department has very limited authority to redirect funds appropriated for one program or purpose to another program or purpose. As conditions warrant, in the event of an H1N1 outbreak, the Department will:

- Ensure that any funds that have been authorized for pandemic relief efforts are awarded to eligible recipients; and
- Determine on a program-by-program basis whether the regular grant competition schedule should be suspended.

A-4. How will an H1N1 outbreak affect a grantee's receipt of funds?

Until a Department official has obligated federal education program funds to a grantee, no binding commitment exists with regard to these funds. If delays in federal obligations are caused by an outbreak of H1N1, the Department staff will work with grantees on the obligations to the extent permitted by law, and warranted by the conditions and effects of an H1N1 outbreak, and consider using the "pre-award period" to negotiate a delay of the grant start-up date, and to authorize pre-award costs.

A-5. Will a grantee be able to draw grant funds to pay for grant activities during an H1N1 outbreak?

The Department is committed to making every effort to have its existing electronic infrastructure available so that grantees can continue to draw funds for allowable grant expenditures that are consistent with their progress on the project. Grantees are cautioned that they should draw down grant funds only at the rate that they are able to carry out grant activities. Grantees should refer to 34 C.F.R. §§ 74.22 and 80.21 for further information.

A-6. What if a grantee has difficulty fulfilling grant activities because it is affected by an H1N1 outbreak?

During an H1N1 outbreak, grantees are expected to notify the relevant Department program office as soon as they are aware of any delays or interruptions of grant project work occurring as a result of an H1N1 outbreak. The Department is committed to working with its grantees to provide them with the maximum flexibility in making changes to project activities that might become necessary as a result of an H1N1 outbreak. Additionally, with regard to formula grant programs, LEAs should work through their SEAs to renegotiate and/or redirect the scope of their work plans, as needed. Grantees should refer to 34 C.F.R. §§ 74.25 and 80.30 for further guidance.

A-7. Generally, is another entity allowed to perform activities related to a grantee's project, if the grantee is unable to do so?

Generally, yes, but such an arrangement would require approval by the Department. As a part of their planning for an H1N1 outbreak, grantees are encouraged to develop a backup plan for the operation of their grants that includes sharing project responsibilities and activities with other entities in the event that the grantee is not able to perform them. When the backup plan needs to be invoked, the grantee should seek approval from the Department to revise the grant in accordance with 34 C.F.R. §§ 74.25 and 80.30. Grant backup plans might include, for example:

- Entering into arrangements and agreements with other organizations in the region to ensure the continuity of grant operations during an H1N1 outbreak, including sharing or loaning of staff, facilities, space, materials, and supplies (contracting work to a third party must receive approval from the Department);

- Shifting various activities and responsibilities to other members of an already approved partnership or consortium; or

- Transferring an entire grant to another entity (such a transfer must be approved and implemented according to Department policies).

For more specific information regarding the transfer of state-administered grants and discretionary grants, see questions A-8 and A-9 below.

A-8. For state-administered grants, is another entity allowed to perform activities related to a grantee's project, if the grantee is unable to do so?

Yes, but states and their subgrantees would continue to be legally responsible for the administration of the grants and subgrants. States have some discretion to make changes to their grants without prior approval by the Department under 34 C.F.R. § 80.30. If a change requires prior approval, however, 34 C.F.R. § 80.30 sets forth the procedures states would need to follow to request prior approval from the Department. The Department will consider these requests on an expedited basis and will generally approve those that are consistent with the state plan or application that was filed and approved by the Department and reasonable in light of the circumstances of the H1N1 outbreak.

A-9. For discretionary grants, is another entity allowed to perform activities related to a grantee's project, if the grantee is unable to do so?

Yes, in limited circumstances a discretionary grant may be transferred from one entity to another. The transfer, however, requires formal approval by the Department, and the grantee must follow procedures to ensure that the grant continues to serve the same or a very similar population, and is of the same scope and meets the objectives as approved by the Department. To ensure that proposed changes are within the scope and objectives of the grant as approved, amendments to grant awards require formal approval by the Department under 34 C.F.R. § 74.25.

A-10. Must a grantee follow the various administrative requirements related to a grant (e.g., meeting reporting deadlines and obtaining administrative approvals) if it is affected by an H1N1 outbreak?

Generally yes, but the Department understands that grantees may need to make administrative changes to grant projects during an H1N1 outbreak. Grantees should be aware that they have flexibility under 34 C.F.R. §§ 74.25 and 75.261 to make some changes without

Department approval. Any relief from regulatory requirements provided to all applicants during an H1N1 outbreak will be posted on the Department's Web site.

A-11. In the event that grant-related activities are not being implemented because schools have been closed or staffing resources are not available, will the Department provide relief from meeting evaluation requirements?

Yes, in such cases, the Department would consider modifying the project evaluation requirements, if appropriate; however, once grant activities resume, a proper evaluation of the project must be completed.

A-12. If a grantee is required to provide services to partners, how can these partners receive grant management and grant administrative information needed to maintain their grant-related activities?

Grantees are encouraged to establish communication systems with partner organizations, such as contractors and consortium members, in advance of an H1N1 outbreak. Such planning may require establishing a backup strategy that will be operational in the event of an H1N1 outbreak. Grantees should coordinate such planning with their partners to make sure all affected entities have equitable access to grant-related information.

Grantees can view examples of local plans at the following Web address:

<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/sampleplans/index.html>.

In addition, grantees also are encouraged to visit federal grant-related Web sites that provide information that may assist a grantee's advance planning efforts, such as:

- The Department of Health and Human Services flu Web site at the following Web address:

<http://www.flu.gov>.

A-13. If a grantee is required to provide equitable services to private school students and teachers, how will private schools be notified of the availability and delivery of such services during an H1N1 outbreak?

Grantees should, during the required consultation process with private school officials under sections 1120(b), 5142(a)(1), and 9501(c) of the ESEA, establish procedures and strategies, including a communication process, that the entity will implement in the event of an H1N1 outbreak. Planning for this effort may require establishing a backup strategy that will be operational in the event of an H1N1 outbreak. Grantees should coordinate such planning with private school officials to make sure that all appropriate private schools have access to information related to federal education equitable services to their private school students and teachers.

A-14. Grantees have specific performance targets that are approved in their applications. Will the Department renegotiate performance targets due to delays in project implementation, school closings, or reduced staff capacity?

Yes. In general, the Department expects grantees to strive to achieve performance targets as stated in their approved grant applications; however, the Department understands that grantees may experience delays in achieving performance targets due to circumstances beyond their control as a result of an H1N1 outbreak. If necessary, grantees may request approval from the Department to adjust project timelines so that approved performance targets can be met, but at a later date than originally planned. In addition, grantees may exercise the administrative flexibility in 34 C.F.R. §§ 74.25 and 75.261 and initiate a one-time extension of up to one year without prior approval to complete unfinished project activities, and thereby meet approved performance targets in accordance with revised project timelines.

A-15. What does the Department expect with regard to the treatment of institutional employees who are supported by federal higher education grants or other employees paid with federal education program funds?

Institutional employees who are supported with federal grants awarded by the Department, including grants authorized by Titles II, III, IV, V, VI, and VII of the HEA, and the other programs discussed in this guidance such as Title I of ESEA, and IDEA, should be treated the same as similarly situated employees of the institution. In the case of programs serving K-12, federally-funded employees should be treated the same as similarly situated state and locally-funded employees. This means that if the institution's policy or state and local law and policies provide for similarly situated employees to be paid during an H1N1 outbreak, those supported with federal grants would also be paid. These employees should return to the duties for which the grant funds were provided as soon as possible, and to the extent practicable, should work on project activities during the time the school is closed. Employees supported with federal grant funds who are intended to provide direct services to students may maintain contact with students during the period of an H1N1 outbreak using alternative, appropriate methods such as telephone, videophone, and e-mail.

V. FERPA Requirements.

A. Will LEAs and Postsecondary Institutions be permitted to disclose information on affected students to local and state authorities (and BIE-funded schools to BIE) in the case of an H1N1 outbreak?

Yes. FERPA permits school officials to disclose, without consent, education records, or personally identifiable information from education records, to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of the students or other individuals. *See* 34 C.F.R. §§ 99.31(a)(10) and 99.36. This exception to FERPA's general rule of consent is limited to the period of the emergency and generally does not

allow for a blanket release of personally identifiable information from a student's education records. Typically, law enforcement officials, public health officials, and trained medical personnel are the types of parties to whom information may be disclosed under this exception to FERPA.

When making a disclosure under the health or safety emergency provision in FERPA, educational agencies and institutions are specifically required to record the articulable and significant threat to the health or safety of a student or other individuals that formed the basis for the disclosure and the parties to whom the school disclosed the information. The record must be maintained with the education records of each student as long as the records are maintained. This requirement enables parents and eligible students who do not provide consent for disclosure of education records to see the circumstances under which and the parties to whom their information was disclosed. *See* 34 C.F.R. § 99.32(a)(5).

The educational agency or institution has the responsibility to make the initial, case-by-case determination of whether an articulable and significant threat to the health or safety of students or other individuals exists, such that the disclosure of personally identifiable information is necessary to protect the health or safety of students or other individuals. However, the Department is available to work with institutions to assist them in making such decisions in order to ensure that the disclosure falls within the exception to FERPA's requirement of prior written consent.

The Department plans to issue additional, more specific guidance regarding FERPA-related issues that may arise during an H1N1 outbreak. School officials may also contact the Family Policy Compliance Office with any additional questions about FERPA by calling (202) 260-3887 or by emailing FERPA@ed.gov.

VI. Distribution of Flu Vaccine at School Facilities.

A. General Questions.

A-1. Can LEAs or school officials be held liable if an injury occurs while the flu vaccine is administered on school property?

In general, no. The Public Readiness and Emergency Preparedness Act (the "PREP Act") authorizes the Secretary of the Department of Health and Human Services (the "HHS Secretary") to issue a declaration that generally provides LEAs and their employees, among others, immunity from legal (*i.e.*, tort) liability for claims that result from administration of the flu vaccine on school property. However, as discussed in the response to question A-2 below, an LEA or school official can be liable for "willful misconduct."

On June 15, 2009, the HHS Secretary declared that the 2009 H1N1 influenza (and resulting disease) constituted a public health emergency under the PREP Act. This declaration will provide immunity (except with regard to willful misconduct) to LEAs and their employees that allow their school facilities to be used as vaccine administration sites.

A-2. Are there any limitations on immunity from liability?

Yes, but only where death or serious physical injury (the basis of the lawsuit) is caused by an LEA or its employees' "willful misconduct." For this purpose, a serious physical injury is life-threatening, or results in or requires medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure.

The LEA and an individual employee, such as a school official, who would ordinarily be protected under the PREP Act can be sued and held liable if he or she intentionally causes death or a serious physical injury to another person while the vaccine is being administered on school property. In order for there to be "willful misconduct," all three of the following conditions must exist: the LEA or school official acts (1) intentionally to achieve a wrongful purpose; (2) without justification; and (3) in disregard of a known risk that was so great as to make it highly probable that the harm would outweigh any possible benefit.

**APPENDIX G:
PANDEMIC INFLUENZA
PREPAREDNESS FOR
FAMILIES**

Families can also prepare for an influenza pandemic. Just like school districts families also need to prepare for this type of an event. First, know both the magnitude of what can happen during a pandemic and what actions to take in order to lessen the impact. Planning includes keeping a stockpile of emergency supplies and food handy for extended stays at home, and talking to your family about limiting the spread of germs and other viruses. The checklist below will help you gather the information and resources you may need in case of a pandemic.

To plan for a pandemic:

- Store a two-week supply of food and water. During a pandemic influenza, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Ask your employer about how business will continue during a pandemic or if you will be able to work from home.
- Plan alternative childcare in the event that schools, school-based childcare, and/or or extended learning programs are closed and parents still must work.
- Plan for a possible reduction or loss of income, if you are unable to work or your place of employment is closed due to a pandemic.
- Check with your employer about current leave policies.
- Talk with family members and loved ones about how they would be cared for if they got sick or what will be needed to care for them in your home.
- Plan recreational activities that your children can do at home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for a pandemic influenza.

To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

If someone in your family develops flu symptoms (fever, cough, muscle aches):

- Encourage the person to drink plenty of fluids.
- Keep the ill person as comfortable as possible. Rest is important.
- For adults with fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol).
- Do not use aspirin in children or teenagers; it can cause Reye's syndrome, a life-threatening illness.
- Sponging with tepid (wrist-temperature) water lowers fever only during the period of sponging. Do not sponge with alcohol.
- Keep tissues and a trash bag close within reach of the individual.
- Family members should wash their hands frequently.
- Keep other family members and visitors away from the person who is ill.

Items to have on hand for an extended stay at home:

- Ready to eat canned meats, fruits, vegetables, soups
- Prescribed medical supplies such as glucose and blood pressure monitoring
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter and jelly
- Dried fruit, nuts, and trail mix
- Crackers
- Canned juices
- Canned or jarred baby food
- Baby formula
- Soap and water or alcohol-based hand wash
- Medicines for fever, such as acetaminophen (Tylenol) or ibuprofen (Motrin)
- Thermometer
- Vitamins
- Fluids with electrolytes, such as Pedialyte®
- Bottled water
- Flashlight with extra batteries
- Portable radio with extra batteries
- Manual can opener
- Garbage bags
- Tissues, toilet paper, and disposable diapers

For more information on the pandemic influenza:

- Visit the United States' Department of Health and Human Services at: www.pandemicflu.gov.
- Call the Centers for Disease Control and Prevention (CDC) hotline at 1-800-CDC-INFO or 1-800-232-4636 (available in English and Spanish, 24 hours a day, 7 days a week).
- Questions can also be e-mailed to the Centers for Disease Control and Prevention to: cdcinfo@cdc.gov.
- Visit the Tennessee Department of Health's website at: <http://health.state.tn.us/>.

For more information on emergency planning for your family:

- Visit the Tennessee School Safety Center at:
<http://www.state.tn.us/education/learningsupport/schsafetyctr/Family.shtml>.

**APPENDIX H:
CONTINUITY OF
STUDENT LEARNING
RESOURCES/STRATEGIES
(GUIDANCE FROM US
DEPARTMENT OF
EDUCATION)**



PREPARING FOR THE FLU: DEPARTMENT OF EDUCATION RECOMMENDATIONS TO ENSURE THE CONTINUITY OF LEARNING FOR SCHOOLS (K-12) DURING EXTENDED STUDENT ABSENCE OR SCHOOL DISMISSAL

As the CDC releases its "[Guidance for School Responses to Influenza During the 2009-2010 School Year](#)," the U.S. Department of Education ("the Department") wishes to remind states, districts, schools, students, staff, families, and communities alike about the importance of ensuring the continuity of learning in the event of student or school dismissals.

The purpose of this document, therefore, is to provide recommendations to help schools maintain the continuity of learning for 1) individual or small groups of students who are out-of-school for extended periods and 2) large groups of students disrupted by school dismissals or large numbers of faculty absences.

These recommendations present considerations for education stakeholders to plan for and improve their ability to provide continuous learning ranging from take-home assignments to online learning capabilities. It offers key questions for states, districts, school leaders, teachers, parents, and students, as well as provides resource opportunities and best practices.

There are a number of reasons why students may be out-of-school for extended periods. For example, schools may pursue *selective* dismissals of students at high-risk of flu complications (to prevent the spread of flu to vulnerable communities), *reactive* dismissals (when a significant proportion of students in school have a documented fever), or *preemptive* dismissals (to proactively decrease the spread of flu). Whatever the reason and regardless of the duration of such interruptions, all education stakeholders should consider the effects of significant absences on student achievement and establish plans that not only ensure health and safety, but also maintain a continuity of learning.

Options to get the material to students who are at home

We are mindful that available resources will play a part in determining how each school creates its continuity of learning plan. This framework offers several options, all aimed at helping districts, schools, and teachers plan and execute distance learning with whatever resources they have or are able to obtain. The strategies outlined below range from sending copies of assignments home with students to web-based distance learning coursework. Specifically, they include:

- **Hard copy packets:** Photocopies of reference materials, curriculum, and assignments can be prepared in advance for distribution to affected students;
- **Online materials or other aligned content:** Digital copies of reference materials, assignments, and audio-visual learning supports can be made available on the Internet using e-learning and other Learning Management Systems (LMS) (e.g., school websites, etc.);

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- **Teacher check-ins and tutorials:** A variety of technologies (telephone, email, web conferencing) can be used to facilitate one-on-one interaction between students and teachers, counselors and other appointed adults (e.g., tutors) during prolonged absences or dismissals;
- **Recorded class meetings:** Using audio or video technology, recorded class meetings can be given to some or all absent students via podcasts, live or on-demand television, DVD, captioned closed-circuit or public access television, or online;
- **Live class meetings:** Schools can use available tools such as conference calling or webinars, online courses, or virtual schools with two-way interaction between the teacher and students;
- **Other student supports:** Schools can use any of the above methods to promote non-classroom priorities, such as college and other counseling support, including student loan preparation (Free Application for Federal Student Aid) or study groups that are enabled through web-based tools.

Considerations for ensuring continuity of learning

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

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

A decision table attached to these recommendations (Appendix A) includes detailed questions that will lead schools, districts, and states to inventory instructional content and available technology; evaluate educator, student, and parent readiness to participate successfully in distance learning; and evaluate state and district operating plans to support various distance learning options.

Potential resources and partnerships to close the gaps

Some states, districts and schools have some or all of the resources and capabilities to fully develop and implement their continuity of learning plans; however, most will require additional planning and support to ensure these strategies are effective across all schools and student populations. To assist in these efforts, the Department has assembled tools from prior state and district responses to similar circumstances (see Appendix A). The Department also has requested that a range of providers prepare to respond to state and district requests for assistance to increase the accessibility of resources, including technology to all affected parties. These tools and resources include:

- **Comprehensive learning continuity planning and implementation support:** Guidance regarding how to develop and implement a systematic plan, including technology resources to ensure that all students can learn in a variety of environments;
- **Physical instructional resources:** Publishers and other instructional material providers that can help make content available in hard copy to students unable to physically attend school;

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- **Digital instructional resources:** Publishers and other instructional material providers that can help make content available digitally so that it can be shared via email and through other web-based tools;
- **Organization and distribution of digital content:** Technology that offers tools and systems to share not only instructional content, but also teaching and learning experiences via the Internet;
- **Phone conferencing:** Conference calls to allow teachers to interact with multiple students simultaneously using the telephone;
- **Webinar support:** Web-based technology that allows teachers not only to interact with multiple students on a conference call, but to also simultaneously show students instructional tools such as literature passages or math solutions on a shared Internet site;
- **Online courses and virtual classrooms:** Electronic, learning communities where students and teachers interact in real time using web-based tools;
- **Virtual server capacity:** Companies willing to provide technology to store and deliver large amounts of instructional content using the Internet.

By reflecting on how existing tools may be used to develop effective distance learning strategies and accessing new resource opportunities, schools and districts can sustain student attainment and achievement during prolonged absences or school dismissals. The Department will post a full list of these resources on its website at <http://www.ed.gov/h1n1flu>.

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Appendix A: Continuity of Learning – Decision Table¹

Instructional delivery options	Considerations	Resource Opportunities²
General planning to ensure continuity of learning	<ul style="list-style-type: none"> - Are there distribution plans to ensure student access to resources in the event of sudden absences or school closure? - Are contact information records for students, parents, guardians, and all staff (email addresses, physical addresses, phone numbers, including mobile, etc.) on file and do teachers have access to that information to check-in with absent students regarding academic progress? Are policies regarding privacy and sharing of personal information in place and clear to all parties? - How can schools and districts leverage distance learning resources from other sources, including current vendors, community colleges and universities, and online sources of open content? - Are policies in place for awarding credit and articulation of courses in the event of sustained distance learning (i.e. credit without seat time, credit if courses are taken online from a commercial provider or from another district)? - Are there defined staffing plans to support distance learning in the event of small or large student or faculty absences? - Will staff be permitted to return to school to use school-based equipment and resources? 	<ul style="list-style-type: none"> - Comprehensive learning continuity planning and implementation support - US Department of Education Readiness and Emergency Management for Schools (REMS) Technical Assistance Center: http://rems.ed.gov - Los Angeles County Office of Education: Continuity of Instruction Resources - Standards for online programs in schools: http://www.inacol.org/resources/docs/KeepingPace07-color.pdf
Hard copy packets	<ul style="list-style-type: none"> - Are adequate resources or agreements in place to support copying and distributing learning packets and materials for students to use at home for up to 12 weeks if necessary? - Are adequate resources or agreements in place to support copying and distributing learning packets and materials for students to use 	<ul style="list-style-type: none"> - Physical instructional resources - www.free.ed.gov: federally supported teaching and learning resources from dozens of federal agencies

¹ Some considerations, such as an inventory of tools to support distance learning apply to multiple instructional delivery options.

² While these resources are relevant to the Department’s mission, they are available from a variety of sources and their presence here does not constitute an endorsement by the Department.

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Instructional delivery options	Considerations	Resource Opportunities ²
	<p>at home for up to 12 weeks if necessary?</p> <ul style="list-style-type: none"> - Are districts working with textbook publishers and the relevant education vendor community about ways to provide free, or near free education services (materials, take home kits, etc.) to meet the needs of affected students, including students with disabilities and students with limited English proficiency, and schools? 	
Online materials or other aligned content	<ul style="list-style-type: none"> - Can instructional materials and assignments be posted online? - Have districts contacted local business leaders about donating, loaning, or renting equipment to fill gaps identified by inventories (e.g., used or low-cost laptops, mobile broadband cards, webcams, etc.)? - What is the speed and scale of internet capacity to be used by students and teachers? How many people can connect to web-based material at one time? - Are systems in place to develop and provide materials in alternative formats suited to meet the needs of students with disabilities and to accommodate students with limited English proficiency? 	<ul style="list-style-type: none"> - Tools to organize and distribute digital content - Virtual server capacity - North American Council for Online Learning (NACOL) Online Clearinghouse: http://www.edgateway.net/cs/nacol/print/docs/437 - San Diego County Office of Education: http://www.sdcoe.net/news/07-10-25_Home_learning.asp
Teacher check-ins and tutorials	<ul style="list-style-type: none"> - Have plans been created with teacher input for teachers to conduct telephone conferences with students, parents, or guardians to review student progress, assignments, as well as provide tips for building structured learning time at home? 	<ul style="list-style-type: none"> - Phone conferencing
Recorded class meetings	<ul style="list-style-type: none"> - Are there contingency plans to incorporate captioned close-circuit, public television, web-based tools, or cable channels to deliver live or pre-recorded lessons? 	<ul style="list-style-type: none"> - Digital instructional materials - Wisconsin Educational Communications Board: http://explore.ecb.org/ecbschema/plsql/ITVSCHED2?sched=04262009
Live class meetings	<ul style="list-style-type: none"> - If districts or schools pursue conference calls or web meetings, what 	<ul style="list-style-type: none"> - Webinar support

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Recommendations to Ensure Continuity of Learning

Instructional delivery options	Considerations	Resource Opportunities ²
	<p>technology is needed centrally and for users (phones, computers, Internet, and webcams)? If not currently available, how will it be acquired?</p> <ul style="list-style-type: none"> - Have teachers taught a class or portion of a class via distance learning? Are they familiar with the tools? Have they developed or can they access the necessary content and technology? - Have students participated in distance learning? Are they comfortable with the tools? Can they access the necessary resources? For example, have they visited the Learning Management System or school website from their home computer or another off-campus computer? Do students with disabilities have the necessary assistive technology? - What tools to support distance learning do students and staff have access to at home or other accessible sites (e.g., phone, cable television, computer, internet, high speed internet, Mp3 players, DVD players, assistive technology, etc)? - What tools to support distance learning does the district or schools have (audio conferencing, Mp3 players, computers, web conferencing, e-learning, or LMS, etc.)? 	<ul style="list-style-type: none"> - Online courses and digital classrooms - Arkansas Distance Learning Development Program: http://ardl.k12.ar.us/Pages/Default.aspx - National Education Association Guide to Online High School Courses: http://www.nea.org/home/30103.htm
Other student supports	<ul style="list-style-type: none"> - Have teachers or guidance counselors developed plans to ensure that time sensitive supports for students are available (e.g., FAFSA preparation, ACT/SAT preparation)? - How will lessons and materials be accessible to all students, including students with limited English proficiency or students with disabilities? - Have district or school officials contacted local business leaders about adjusting work schedules so that caretakers are able to be at home in the event of prolonged school dismissals? 	<ul style="list-style-type: none"> - New York City Learn at Home Instructional Activity Guide: http://schools.nyc.gov/Academics/learnathome/default.htm - Guidance on accessible materials: http://nimas.cast.org/

Districts and schools should also consider inter-school and inter-district partnerships by compiling and sharing best practices, available resources, and commonly agreed-upon online resources across jurisdictions.

**APPENDIX J:
A COMMUNICATION
TOOLKIT FOR SCHOOLS
(GUIDANCE FROM US
DEPARTMENT OF
EDUCATION)**

Preparing for the Flu

(Including 2009 H1N1 Flu)

A Communication Toolkit for Schools (Grades K-12)



Preparing for the Flu: A Communication Toolkit for Schools (Grades K-12)

The purpose of “Preparing for the Flu: A Communication Toolkit for Schools” is to provide basic information and communication resources to help school administrators implement recommendations from CDC’s Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year.

The toolkit includes:

- ▶ **Questions and Answers** about CDC’s *Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year*
- ▶ **2 Fact Sheets to Inform Schools and Teachers**
 - *Action Steps for Schools to Prevent the Spread of Flu*
 - *Action Steps for Teachers to Prevent the Spread of Flu*
- ▶ **3 Fact Sheets to Inform Parents**
 - *Action Steps for Parents if School is Dismissed or Children are Sick and Must Stay Home*
 - *Action Steps for Parents to Protect Your Child and Family from the Flu this School Year*
 - *Action Steps for Parents of Children at High Risk for Flu Complications*
- ▶ **Information on Where to Find Posters for Schools about Flu Prevention**
- ▶ **2 Template Letters (or E-mails) for Schools to Send to Parents**
 - *Steps the School is Taking During Current Flu Conditions*
 - *Steps the School is Taking During More Severe Flu Conditions*

Questions and Answers about CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year

Q. How does CDC's new flu guidance for schools differ from the previous school guidance documents?

The new guidance applies to any flu virus circulating during the 2009-2010 school year, not only 2009 H1N1 flu. The new guidance recognizes the need to balance the risks of illness among students and staff with the benefits of keeping students in school. It offers specific steps for school staff, parents, and students to take given the current flu conditions as well as for more severe flu conditions. The new guidance also provides information for making decisions at the community level about when to use these strategies aimed at schools.

In addition, this guidance recommends that, based on current flu conditions, students and staff with flu-like illness stay home until at least 24 hours after they no longer have a fever or signs of a fever. This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen). This is a shorter time period from the previous guidance which recommended that sick students and staff stay home 7 days after symptoms begin. The 7 day period away from school for sick students and staff would still be recommended under more severe flu conditions. In addition, this longer period should be used in healthcare settings and in any place where a high number of high-risk people may be exposed, such as childcare facilities for children younger than 5 years of age.

Q. Why should we be concerned about the spread of flu in schools?

Students can get sick with flu and schools may act as a point of spread, where students can easily spread flu to other students and their families. So far, with 2009 H1N1 flu, the largest number of cases has been in people between the ages of 5 and 24-years-old.

Q. Which students and staff are at higher risk for complications from flu?

Anyone can get the flu (even healthy people), and serious problems from the flu can happen at any age. However, children under the age of 5 years, pregnant women, people of any age with chronic medical conditions (such as pulmonary disease, including asthma, diabetes, neuromuscular disorders or heart disease), and people age 65 years and older are more likely to get complications from the flu.



Q. How will schools and communities decide what steps to take?

CDC and other public health agencies will be monitoring national data on the number of people who seek care for flu-like illness, as well as the number of hospitalizations and deaths. CDC will also look at the geographic spread of flu-like illness and will look for changes in the characteristics of the virus. By comparing data on a weekly basis with seasonal flu trends and trends from the 2009 H1N1 flu during the spring, CDC will be able to provide advice to state and local agencies on appropriate steps to take. States and local communities can expect the impact of flu in their communities to be different from that seen in other parts of the country. States, communities, and schools should consider:

- ▶ who needs to be involved in the decision-making process and include those people in regular communications,
- ▶ the severity of flu and the impact in the community and in the schools, and
- ▶ the goals, feasibility, and community's acceptability of the action steps being considered.

Q. What can families, students, and school personnel do to keep from getting sick and spreading flu?

Families, students, and school staff can keep from getting sick with flu in three ways:

- ▶ **Practicing good hand hygiene.** Students and staff members should wash their hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
- ▶ **Practicing respiratory etiquette.** The main way that the flu spreads is from person to person in the droplets produced by coughs and sneezes, so it's important to cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder, not into your hands.
- ▶ **Staying home if you're sick.** Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others.

Students, staff, and their families must take personal responsibility for helping to slow the spread of the virus by practicing these steps to keep from getting sick with flu and protecting others from getting the flu.

Q. What is the best way to practice good hand hygiene?

- ▶ Washing your hands with soap and water for at least 20 seconds (the time it takes to sing “Happy Birthday” twice) is the best way to keep your hands from spreading the virus.
- ▶ Alcohol-based hand cleaners containing at least 60% alcohol are also effective.
- ▶ If soap and water are not available and alcohol-based products are not allowed in the school, other hand sanitizers that do not contain alcohol may be useful for cleaning hands. However, they may not be as effective as alcohol-based sanitizers.

Q. What steps can schools take to keep students and staff from getting sick?

Schools should take the following steps to help keep students and staff from getting sick with flu. These steps should be followed ALL the time, and not only during a flu pandemic.

- ▶ Encourage respiratory etiquette by providing staff and students
 - education and reminders about covering coughs and sneezes, and
 - easy access to tissues and running water and soap or alcohol-based hand cleaners.
- ▶ Remind staff and students to practice good hand hygiene and provide the time and supplies for students and staff to wash their hands when needed.
- ▶ Send sick students and staff home. Advise students, staff, and families that sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever. This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). They should stay home until at least 24 hours after they no longer have a fever even if they are using antiviral medicines. Schools should revise their policies and incentives to avoid unknowingly penalizing students who stay home when they are sick (e.g., perfect attendance awards).
- ▶ Clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended. Some states and localities have laws about specific cleaning products used in schools. School officials should contact their state health department and department of environmental protection for additional guidance.
- ▶ Move students and staff who become sick at school to a separate room until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask for the sick person to wear if they can tolerate it.
- ▶ Have Personal Protective Equipment (PPE) such as masks available and ensure it is worn by school nurses and other staff caring for sick people at school.

- ▶ Encourage sick students and staff at higher risk of complications from flu to get a medical evaluation as soon as possible. Taking antiviral medicines early might prevent severe complications from the flu, such as hospitalization or death.
- ▶ Consider dismissing students if a large proportion of staff are at higher risk of flu-related complications. This strategy would be applicable to very few schools nationwide. Settings where this strategy might be appropriate are in schools for pregnant women and schools with many medically fragile children.

Q. What should I do if I'm pregnant and I work or attend a K-12 school?

Pregnant women working in or attending schools should follow the same guidance as the general public about staying home when sick, hand hygiene, respiratory etiquette, and routine cleaning. Pregnant women are at higher risk of complications from flu and should speak with their doctor as soon as possible if they develop a flu-like illness to find out whether they should take antiviral flu medicines. Any person at high risk for flu complications should do the same. Early treatment with antiviral flu medicines is recommended for pregnant women who have the flu. Pregnant women and their doctors should know that they are part of the first priority group to receive the 2009 H1N1 flu vaccine.

Q. What are fever-reducing medications and when would I stop giving them to my child?

Fever-reducing medications are medicines that contain acetaminophen (such as Tylenol) or ibuprofen (such as Motrin). These medicines can be given to people who are sick with flu to help bring their fever down and relieve their pain. Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have flu; this can cause a rare but serious illness called Reye's syndrome.

A sick student can return to school after 24 hours have passed with a normal temperature (98.6 degrees Fahrenheit or 37 degrees Celsius) without the use of fever-reducing medications. As the sick person begins to feel better you may decide to stop giving fever-reducing medicines. Continue to monitor their temperature until the temperature has been normal for 24 hours.

Q. Can the virus live on surfaces, such as computer keyboards?

- ▶ Yes, flu viruses may be spread when a person touches droplets left by coughs and sneezes on hard surfaces (such as desks or door knobs) or objects (such as keyboards or pens) and then touches his or her mouth or nose. However, it is not necessary to disinfect these surfaces beyond routine cleaning.
- ▶ Clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Some states and localities have laws about specific cleaning products used in schools. School officials should contact their state health department and department of environmental protection for additional guidance.

Q. How do I recognize a fever or signs of a fever?

A fever is a temperature taken with a thermometer that is equal to or greater than 100 degrees Fahrenheit (38 degrees Celsius). If you are not able to measure a temperature, the sick person might have a fever if he or she

- ▶ feels warm,
- ▶ has a flushed appearance, or
- ▶ is sweating or shivering.

Q. How long should a sick student or staff member be kept home?

In the current flu conditions, students and staff with symptoms of flu should stay home for at least 24 hours after they no longer have fever or do not feel feverish, without using fever-reducing drugs. If the flu conditions become more severe, CDC recommends that a sick person stay home for 7 days. A person who is still sick after 7 days should stay home until 24 hours after the symptoms have gone away. In addition, this longer period should be used in healthcare settings and in any place where a high number of high-risk people may be exposed, such as childcare facilities for children less than 5 years of age.

Sick people should stay at home, except to go to the doctor's office, and should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected. Because high temperatures are linked with higher amounts of virus, people with a fever may be more contagious.

Q. Should family members of sick students stay home too?

Not unless the flu conditions are determined to be more severe. If flu conditions are more severe, school-aged children should also stay home for 5 days from the time someone in their home became sick. It is possible that family members could already be sick with flu and not be showing symptoms yet. The 5-day period provides enough time to know if anyone else is sick with flu. Parents should continue to monitor their health and the health of the sick child, as well as the health of their other children.

Q. What additional steps should schools and families take to keep students and staff from getting sick in the event that [the flu is more severe](#)?

In addition to the steps that schools should be taking all the time, if flu conditions become more severe, schools and families should consider adding the following steps.

- ▶ Extend the time sick students or staff stay home to at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- ▶ Schools should allow high risk students and staff to stay home. These students and staff should make this decision in consultation with their doctor.

- ▶ Schools should conduct active symptom screening of students and staff upon arrival at school. Any sick students or staff should be separated from others, offered a surgical mask, and sent home.
- ▶ If a household member is sick, parents should keep any school-aged children home for 5 days from the time the first person in the home became sick. Parents should monitor the health of their other children for fever and other symptoms of the flu.
- ▶ Schools should find ways to increase social distances (the space between people) at school if possible.
- ▶ Schools should work closely with their county and state public health officials to decide how and when to dismiss students. If the decision is made to dismiss students, schools should notify public health and education agencies by submitting a report about the dismissal at www.cdc.gov/FluSchoolDismissal. Students should be dismissed for 5 to 7 days and near the end of this period, communities should reassess to determine if students can return to school.

Q. What can schools do to increase social distance during a more severe flu outbreak?

School officials should think creatively about ways to increase the space between people, but still keep students in school. Not everything will be feasible for all communities, but it is important to consider some options for social distancing if schools are going to remain open. Some options are—

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

Q. What is the difference between a school dismissal and school closure?

A school closure means closing the school and sending all the students and staff home.

In a school dismissal, the school may stay open for staff while the children stay home.

Keeping school facilities open allows teachers to develop and deliver lessons and materials and other staff to continue to provide important services.

Q. What are the different types of school dismissals?

There are three types of school dismissals:

- ▶ **Selective dismissal** is used when all or most students in the school are at higher risk for complications once infected with flu. For example, a school for medically fragile children or for pregnant students may decide to close based on the local situation while other schools in the community may remain open.
- ▶ **Reactive dismissal** is used when many students and staff are sick and are not attending school, or many students and staff are arriving at school sick and are being sent home.
- ▶ **Preemptive dismissal** is used early during a flu response in a community to decrease the spread of the flu before many students and staff get sick. This is based on information about the spread of *severe flu* in the region. This dismissal is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

No matter what type of school dismissal is chosen, all school-related mass gatherings should be canceled or postponed in order to decrease the spread of flu among students, their families and staff. This includes sporting events, school dances, performances, rallies, commencement ceremonies, and other events that bring large groups of people into close contact with one another.

Q. What is a medically fragile child?

For this guidance, a medically fragile child is a child who needs intensive, life sustaining medical assistance or therapy, and needs assistance with daily living (for example, a child who uses an oxygen tank, has trouble moving, is fed through a tube, needs suctioning, or is on a ventilator). Many of these children need skilled nursing care and special medical equipment. These medically fragile children may have chronic lung disease, severe cerebral palsy, muscular dystrophy, immunodeficiency, or problems with their metabolism.

Q. How will the decision be made to dismiss schools?

The decision to dismiss students will be made at the community level. School officials should work closely with their local and state public health and government officials to make sound decisions, based on local conditions. The decision should consider

- ▶ the number and severity of cases in an outbreak (looking at national, regional, and local data),
- ▶ the risks of flu spread and benefits of dismissal,
- ▶ the problems that school dismissal can cause for families and communities, and
- ▶ different types of dismissal (selective, reactive, and preemptive).

CDC may recommend preemptive dismissals based on information that the outbreak is becoming more severe. An increase in flu spread without an impact on disease outcomes will not lead to the use of preemptive dismissals in most cases.

Q. How will communities know if the flu is more severe and that they need to consider taking additional action steps?

CDC and other public health agencies will be monitoring national data on the number of people who seek care for flu-like illness, as well as the number of hospitalizations and deaths. CDC will also look at the geographic spread of flu-like illness and will look for changes in the virus. In addition, CDC will compare data on a weekly basis with seasonal flu trends from other years and with data collected during the spring 2009 outbreak. State and local health departments will also be on the lookout for increases in severe illness in their areas.

Q. How long will schools have to stay dismissed?

The length of time school should be dismissed will vary depending on how severe the flu is and how many people are sick. When the decision is made to dismiss students, CDC recommends doing so for 5-7 calendar days. Near the end of this period, communities should reassess the severity and impact of the flu, the benefits of keeping students home, and the consequences of doing so. Based on this reassessment, communities can decide whether to extend the school dismissal for another week or to reopen the school. However, if a flu outbreak is determined to be severe, a longer time period may be recommended.

Q. Why would one school dismiss students and another school continue to remain open?

School action steps should vary based on the severity of the pandemic and the impact it is having in the school. Decisions for school dismissal will be made at the community level, based on the number and severity of cases in the school and community. Because the impact of flu on a community will differ from location to location, the steps that are taken will also be different.

Also, certain schools may have a large number of students who are at high risk for complications from the flu (such as a school for pregnant teens). These schools may decide to close based on the local situation while other schools in the community remain open.

Q. What can a parent do to prepare for flu during the 2009-2010 school year?

- ▶ Plan for child care at home if your child gets sick or their school is dismissed (for a minimum of 5 school days).
- ▶ Plan to monitor the health of the sick child and any other children by checking for fever and other symptoms of flu.
- ▶ Update emergency contact lists.
- ▶ Identify a separate room in the house for care of sick family members. Consider designating a single person as the main caregiver for anyone who gets sick.
- ▶ Pull together games, books, DVDs and other items to keep your family entertained while at home.
- ▶ Talk to your school about their flu pandemic or emergency plan.
- ▶ Get your family vaccinated for seasonal flu and 2009 H1N1 flu when vaccines are available.

Q. What can a school do to prepare for flu response during the 2009-2010 school year?

- ▶ Review and revise existing pandemic plans and focus on protecting high risk students and staff.
- ▶ Update student and staff contact information as well as emergency contact lists.
- ▶ Identify and establish a point of contact with the local public health agency.
- ▶ Develop a plan to cover key positions, such as the school nurse, when staff stay home because they are sick.
- ▶ Set up a separate room (a sick room) for care of sick students or staff until they can be sent home.
- ▶ Purchase Personal Protective Equipment (PPE) such as masks for nurses and other staff providing care for sick people at school. Provide training for this staff about basic infection control and the use of PPE.

- ▶ Develop an education campaign to encourage hand hygiene and respiratory etiquette.
- ▶ Develop communication tools (e.g., letters to parents) that can be used to send sick students home, dismiss students, help families identify students who are at high-risk of complications from flu, help staff members self-identify who is at high risk of complications from flu, or cancel mass gatherings. Remind parents and staff how long sick students and staff should remain at home.
- ▶ Identify ways to increase social distance (the space between people).
- ▶ Review school policies and awards to encourage social distancing and avoiding any incentives for people or staff to go to school when they are sick (e.g., cancel perfect attendance awards).
- ▶ Develop a school dismissal plan and options for how school work can be continued at home (e.g., homework packets, web-based lessons, phone calls), if school is dismissed or students are sent home when sick. Communicate this plan to all community members who would be affected.
- ▶ Collaborate with the local health department, community organizations, local businesses, and social services on a plan for response.
- ▶ Help families and communities understand the important roles they can play in reducing the spread of flu in schools.

Q. What can local businesses do to help families and schools during a flu response?

Local business support is essential. If employees are not able to stay home when a child is sick without losing pay or losing their job, it will be even more difficult for families and schools to follow these school-based public health steps and ensure appropriate care for their children at home. Businesses and employers should offer flexible leave policies that support public health steps to decrease the spread of flu. Employers should explore telework alternatives when possible given the nature of the business. Telework refers to activity of working away from the usual workplace (often at home) through telecommunications or other remote access means (e.g., computer, telephone).

Q. What can community- and faith-based organizations do to help families and schools during a flu response?

Community-based and faith-based service organizations can help teach their members about how to stay healthy. They also can offer support to families by providing meals, transportation, and other services to make it easier to stay home if a family member is sick or school is dismissed.

Q. How does CDC's Guidance for School Response apply to my child at boarding school?

This guidance only applies to nonresidential K-12 schools. If you would like to learn more about what to do if your child lives away at school, please see CDC's Guidance on Day and Residential Camps: www.cdc.gov/h1n1flu/camp.htm. More information about residential students is available in the Guidance for Institutions of Higher Education: www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm. Continue to monitor CDC's website for information about flu. CDC will continue to update the website and guidance recommendations as more is learned about the 2009 H1N1 influenza or flu conditions change.

Q. How does CDC's Guidance for School Response apply to my child at college?

This guidance only applies to K-12 schools. If you would like to learn more about what to do if your child is in a college or university, please visit the Guidance for Institutions of Higher Education: www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm. Continue to monitor CDC's website for information about flu. CDC will continue to update the website and guidance recommendations as more is learned about the 2009 H1N1 influenza or flu conditions change.

**Fact Sheets to Inform Schools
and Teachers**

Action Steps for Schools to Prevent the Spread of Flu

Take the following steps to help keep students, teachers, and staff from getting sick with flu. These steps should be followed ALL the time and not only during a flu pandemic.

- ▶ **Educate and encourage students and staff to cover their mouth and nose** with a tissue when they cough or sneeze. Also, provide them with easy access to tissues and running water and soap or alcohol-based hand cleaners. Remind them to cover coughs or sneezes using their elbow instead of their hand when a tissue is not available.
- ▶ **Remind teachers, staff, and students to practice good hand hygiene** and provide the time and supplies for them to wash their hands as often as necessary.
- ▶ **Send sick students, teachers, and staff home** and advise them and their families that sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine).
- ▶ **Clean surfaces and items** that are more likely to have frequent hand contact such as desks, door knobs, keyboards, or pens, with cleaning agents that are usually used in these areas.
- ▶ **Move students, teachers, and staff to a separate room** if they become sick at school until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask for the sick person to wear if they can tolerate it.
- ▶ **Have Personal Protective Equipment (PPE) such as masks** available and ensure the equipment is worn by school nurses and other staff caring for sick people at school.
- ▶ **Encourage early medical evaluation for sick students and staff** at higher risk of complications from flu. People at high risk of flu complications who get sick will benefit from early treatment with antiviral medicines.
- ▶ **Stay in regular communication with local public health officials.**

If the flu conditions become MORE severe, schools should consider adding the following steps:

- ▶ **Extend the time sick students, teachers, or staff stay home** for at least 7 days, even if they feel better sooner. Those who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- ▶ **Allow high-risk students, teachers, and staff to stay home.** These students, teachers, and staff should make this decision in consultation with their physician and/or health professional.
- ▶ **Conduct active fever and symptom screening** of students, teachers, and staff upon arrival at school. Any sick students, teacher, or staff should be separated from

others, offered a surgical mask, and sent home.

- ▶ **Find ways to increase social distances** (the space between people) at school such as rotating teachers between classrooms while keeping the same group of students in one classroom, moving desks farther apart, or postponing class trips.
- ▶ **Consider how and when to dismiss students** by working closely with your local and state public health officials. If you decide to dismiss all students, notify CDC and your state health and education agency by reporting a school or school district dismissal at www.cdc.gov/FluSchoolDismissal.

Follow these steps to prepare for the flu during the 2009-2010 school year:

- ▶ Review and revise existing pandemic plans and focus on protecting high-risk students, teachers, and staff.
- ▶ Update student, teacher, and staff contact information as well as emergency contact lists.
- ▶ Identify and establish points of contact with the local public health and education agencies.
- ▶ Develop a plan to cover key staff positions, such as the school nurse, when staff stay home because they are sick.
- ▶ Develop communication tools (e.g., letters to parents, Web site postings) that can be used to send sick students home, dismiss students, and to remind parents and staff how long sick students and staff should remain at home. Check out *Preparing for the Flu: A Communication Toolkit for Schools (Grades K-12)* for basic information and communication resources such as letters and flyers for parents. The toolkit is available at www.flu.gov.
- ▶ Review school policies and awards criteria to encourage social distancing and avoiding any incentives for students or staff to go to school when sick (e.g., cancel perfect attendance awards).
- ▶ Develop a school dismissal plan and options for how school work can be continued at home (e.g., homework packets, Web-based lessons, phone calls), if school is dismissed or students are sent home when sick.
- ▶ Collaborate with the local health department, community organizations, local businesses, and social services on a plan for flu response.
- ▶ Help families and communities understand the important roles they can play in reducing the spread of flu in schools.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

Action Steps for Teachers to Prevent the Spread of Flu

Take the following steps ALL the time and not only during a flu pandemic to help keep your students and yourself from getting sick with flu.

- ▶ **Educate and encourage students to cover their mouth and nose** with a tissue when they cough or sneeze. Also, provide them with easy access to tissues. Remind them to cover coughs or sneezes using their elbow instead of their hand when a tissue is not available.
- ▶ **Remind students to practice good hand hygiene** and provide the time and supplies (easy access to running water and soap or alcohol-based hand cleaners) for them to wash their hands as often as necessary.
- ▶ **Be a good role model** by practicing good hand hygiene and covering your mouth and nose when coughing or sneezing.
- ▶ **Keep an eye out for sick students and send them to the school health office for further evaluation.** Sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine).
- ▶ **Clean surfaces and items** that are more likely to have frequent hand contact such as desks, door knobs, keyboards, or pens, with cleaning agents that are usually used in these areas.
- ▶ **Teachers should also stay home when sick.** Stay home until at least 24 hours after you no longer have a fever or signs of a fever (without the use of fever-reducing medicine).
- ▶ **If you are pregnant, have asthma, diabetes, or other conditions that put you at higher risk for complications from the flu,** you should **Speak with your doctor as soon as possible** if you develop symptoms of flu-like illness. People at high risk of flu complications who develop flu can benefit from early treatment with antiviral medicines.
- ▶ **If you have children,** plan ahead for child care if your child gets sick or his or her school is dismissed.

- ▶ ***Be prepared in case the flu becomes more severe.***
 - ***Develop options for how school work can be continued at home*** (e.g., homework packets, Web-based lessons, phone calls), if school is dismissed or your students are home because someone in their household is sick.
 - ***Be prepared for sick students or staff stay home for at least 7 days***, even if they feel better sooner. Those who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
 - ***Allow high-risk students to stay home.*** These students should make this decision in consultation with their physician or other health professional.
 - ***Find ways to increase social distances*** (the space between people) in your classroom. For example, you might rearrange desks so that there is more space between students, consider cancelling classes that bring students together from different rooms, or postpone class trips.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

Fact Sheets to Inform Parents

Action Steps for Parents if School is Dismissed or Children are Sick and Must Stay Home

- ▶ Be prepared to support home learning activities if the school makes them available. Your child's school may offer web-based lessons, instructional phone calls, and other types of distance learning. Have school materials, such as text books, workbooks, and homework packets available at home.
- ▶ Have activities for your children to do while at home. Pull together games, books, DVDs and other items to keep your family entertained.
- ▶ Find out if your employer will allow you to stay at home to care for sick household members or children dismissed from school. Ask if you can work from home. If this is not possible, find other ways to care for your children at home.
- ▶ If school is dismissed, monitor the school's website, local news, and other sources for information about returning to school.

Tips for taking care of children (and other household members) with the flu

- ▶ **Stay home if you or your child is sick** until at least 24 hours after there is no longer a fever or signs of a fever (without the use of a fever-reducing medicine). Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others. Stay home even if taking antiviral medicines.
- ▶ **Cover coughs and sneezes. Clean hands** with soap and water or an alcohol-based hand rub often and especially after coughing or sneezing.
- ▶ **Keep sick household members in a separate room** (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for the sick person.
- ▶ **Monitor the health of the sick child and any other household members** by checking for fever and other symptoms of flu. A fever is a temperature taken with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). If you are not able to measure a temperature, the sick person might have a fever if he or she feels warm, has a flushed appearance, or is sweating or shivering.

Watch for emergency warning signs that need urgent medical attention. These warning signs include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Not urinating or no tears when crying
- Severe or persistent vomiting

- Not waking up or not interacting
 - Being so irritable that the child does not want to be held
 - Pain or pressure in the chest or abdomen
 - Sudden dizziness
 - Confusion
 - Flu-like symptoms improve but then return with fever and worse cough
- ▶ **Check with your doctor about any special care** needed for household members who may be at higher risk for complications from flu. This includes children under the age of 5 years, pregnant women, people of any age who have chronic medical conditions (such as asthma, diabetes, or heart disease), and people age 65 years and older.
- ▶ **Have the sick household member wear a facemask** – if available and tolerable – when sharing common spaces with other household members to help prevent spreading the virus to others. This is especially important if other household members are at high risk for complications from flu.
- ▶ **Ask your doctor about antiviral medicines or fever-reducing medicines** for sick household members. Do not give aspirin to children or teenagers; it can cause a rare but serious illness called Reye’s syndrome
- ▶ **Make sure sick household members get plenty of rest and drink clear fluids** (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.

If your health department says that flu conditions have become more severe

- ▶ **Extend the time sick children stay home** for at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- ▶ **If a household member is sick, keep any school-aged brothers or sisters home** for 5 days from the time the household member became sick. Parents should monitor their health and the health of other school-aged children for fever and other symptoms of the flu.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

Action Steps for Parents to Protect Your Child and Family from the Flu this School Year

The Centers for Disease Control and Prevention (CDC) recommends 4 main ways you and your family may keep from getting sick with the flu at school and at home:

1. **Practice good hand hygiene** by washing your hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
2. **Cover your mouth and nose** with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder; not into your hands.
3. **Stay home if you or your child is sick** for at least 24 hours after there is no longer a fever or signs of a fever (without the use of fever-reducing medicine). Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others.
4. **Get your family vaccinated** for seasonal flu and 2009 H1N1 flu when vaccines are available.

If flu conditions become MORE severe, parents should consider the following steps:

- ▶ **Extend the time sick children stay home** for at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have completely gone away.
- ▶ **If a household member is sick, keep any school-aged brothers or sisters home for 5 days** from the time the household member became sick. Parents should monitor their health and the health of other school-aged children for fever and other symptoms of the flu.

Follow these steps to prepare for the flu during the 2009-2010 school year:

- ▶ Plan for child care at home if your child gets sick or their school is dismissed.
- ▶ Plan to monitor the health of the sick child and any other children in the household by checking for fever and other symptoms of flu.
- ▶ Identify if you have children who are at higher risk of serious disease from the flu and talk to your healthcare provider about a plan to protect them during the flu season. Children at high risk of serious disease from the flu include: children under 5 years of age and those children with chronic medical conditions, such as asthma and diabetes.

- ▶ Identify a separate room in the house for the care of sick family members.
- ▶ Update emergency contact lists.
- ▶ Collect games, books, DVDs and other items to keep your family entertained if schools are dismissed or your child is sick and must stay home.
- ▶ Talk to your school administrators about their pandemic or emergency plan.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

Action Steps for Parents of Children at High Risk for Flu Complications

Children with chronic health problems such as asthma, diabetes, heart disease, metabolic conditions, neurologic and neuromuscular disorders, or who are pregnant are at higher risk of having complications from flu. In addition, all children younger than 5 years old are at higher risk of flu complications compared to older children. If you are not sure if any of your children are at higher risk for flu complications, please check with a doctor.

Keep children at high risk for flu complications from getting sick with the flu

- ▶ **Make sure your child's hands are washed** for 20 seconds with soap and water or an alcohol-based hand rub often and especially after coughing or sneezing.
- ▶ Have your child **cough and sneeze into a tissue** or into his or her elbow or shoulder if a tissue is not available.
- ▶ **Keep your child away from people who are sick.**
- ▶ **Clean surfaces and objects that your child frequently touches** with cleaning agents that are usually used.
- ▶ When there is flu in your community, consider your child's risk of exposure if they attend public gatherings. In communities with a lot of flu, **people who are at risk of complications from flu should consider staying away from public gatherings.**
- ▶ If flu is severe in your community, talk to your doctor and child's school to **develop a plan on how to handle your child's special needs.**
- ▶ **Get your child vaccinated** for seasonal flu and 2009 H1N1 flu when vaccines are available.

Recognize if your children are sick

Some children may not be able to tell you about their symptoms, which can result in a delay in responding to their illness. It is important to watch carefully for the signs and symptoms of flu or unusual behavior that may be a sign your child is sick. Symptoms of flu include fever, cough, sore throat, runny or stuffy nose, body aches, and fatigue. A fever is a temperature taken with a thermometer that is equal to or greater than 100 degrees Fahrenheit (37.8 degrees Celsius). If you are not able to measure a temperature, your child might have a fever if he or she feels warm, has a flushed appearance, or is sweating or shivering.

Watch for emergency warning signs that need urgent medical attention. These warning signs include:

- ▶ Fast breathing or trouble breathing
- ▶ Bluish or gray skin color
- ▶ Not drinking enough fluids

- ▶ Not urinating or no tears when crying
- ▶ Severe or persistent vomiting
- ▶ Not waking up or not interacting
- ▶ Being so irritable that the child does not want to be held
- ▶ Pain or pressure in the chest or abdomen
- ▶ Sudden dizziness
- ▶ Confusion
- ▶ Flu-like symptoms improve but then return with fever and worse cough

Please share this information with your child's teacher or other caregivers, so they can tell you if they notice your child is not feeling well.

Tips for taking care of high risk children with the flu

- ▶ **Contact your doctor immediately if your child is sick.** This is important because the antiviral medicines used to treat flu work best when started within the first 2 days of getting sick. Your doctor will tell you what special care is needed for your child.
- ▶ **Keep your sick child at home** until at least 24 hours after there is no longer a fever or signs of a fever (without the use of a fever-reducing medicine). Keep your child home unless they need to go to the doctor.
- ▶ **Make sure your child gets plenty of rest and drinks clear fluids** (such as water, broth, sports drinks, electrolyte beverages for infants, Pedialyte®) to keep from being dehydrated.
- ▶ **If your child has a fever, use fever-reducing medicines that your doctor recommends** based on your child's age. Aspirin (acetylsalicylic acid) **should not** be given to children or teenagers who have flu; this can cause a rare but serious illness called Reye's syndrome.
- ▶ **Keep your sick child in a separate room** (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating a single person as the main caregiver for the sick child.

For more information:

- ▶ **Visit: www.flu.gov**
- ▶ **Contact CDC 24 Hours/Every Day**
 - 1 (800) CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov

**Information on Where to Find
Posters for Schools about Flu
Prevention**


CDC Posters for Schools about Flu Prevention

Use the following posters in your classrooms, hallways, and around the school to educate students, teachers, and staff about ways to prevent the spread of flu.


www.cdc.gov/germstopper/materials.htm (available in different sizes and languages)

Stop the spread of germs that make you and others sick!


Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.




Put your used tissue in the waste basket.




Clean your Hands


after coughing or sneezing



Wash hands with soap and warm water for 20 seconds



or clean with alcohol-based hand cleaner.




BE A GERM STOPPER.



COVER MOUTH AND NOSE

Cover Coughs and Sneezes. Clean Hands.
Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot

- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the "Happy Birthday" song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!



CLEAN HANDS

Stop germs. And stop colds and flu.



www.cdc.gov/germstopper

Other Posters for Schools about Flu Prevention

www.publichealth.va.gov/flu/materials/ (includes other posters, brochures, buttons, stickers and other materials)



www.publichealth.va.gov/InfectionDontPassItOn



Wash 1 - All



**Template Letters (or E-mails)
for Schools to Send to Parents**

Communication Tools About Flu for School Administrators

Template letter or email for parents about steps the school is taking during current flu conditions

Coordinate efforts with your local health department and county or state education agency prior to distributing this letter or email communication to ensure that all information is timely, relevant, and accurate. Visit www.flu.gov to download and adapt a Microsoft Word version of this letter and for more flu information to share with parents.

Dear Parent,

As you may know, flu can be easily spread from person to person. Therefore, we are taking steps to reduce the spread of flu in [School name]. We want to keep the school open to students and functioning in a normal manner during this flu season. ***But, we need your help to do this.***

We are working closely with the [county/state education agency] and the [county/state] health department to monitor flu conditions and make decisions about the best steps to take concerning schools. We will keep you updated with new information as it becomes available.

If the flu becomes more severe, we may take additional steps to prevent the spread such as:

- ▶ conducting active fever and flu symptom screening of students and staff as they arrive at school,
- ▶ making changes to increase the space between people such as moving desks farther apart and postponing class trips, and
- ▶ dismissing students from school for at least 7 days if they become sick.

For now we are doing everything we can to keep our school functioning as usual. Here are a few things you can do to help.

- ***Teach your children to wash their hands*** often with soap and water or an alcohol-based hand rub. You can set a good example by doing this yourself.
- ***Teach your children not to share personal items*** like drinks, food or unwashed utensils, and to cover their coughs and sneezes with tissues. Covering up their coughs or sneezes using the elbow, arm or sleeve instead of the hand when a tissue is unavailable.

- ***Know the signs and symptoms of the flu.*** Symptoms of the flu include fever (100 degrees Fahrenheit, 37.8 degrees Celsius or greater), cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.
- ***Keep sick children at home*** for at least 24 hours *after* they no longer have fever or do not have signs of fever, without using fever-reducing drugs. Keeping children with a fever at home will reduce the number of people who may get infected.
- ***Do not send children to school if they are sick.*** Any children who are determined to be sick while at school *will be sent home*.

For more information, [*see the attached flyer/additional information and*] and visit www.flu.gov, or call 1-800-CDC-INFO for the most current information about the flu. For more information about flu in our community and what our school is doing, visit [*school/health department website*] or call [*appropriate phone number*]. We will notify you of any additional changes to our school's strategy to prevent the spread of flu.

Sincerely,

[*School administrator's name and signature*]

Communication Tools About Flu for School Administrators

Template letter or email for parents on steps the school is taking during severe flu conditions

Coordinate with your local health department and county or state education agency prior to distributing this letter or email to ensure that all information is timely, relevant, and accurate. Visit www.flu.gov to download and adapt a Microsoft Word version of this letter and for more flu information to provide to parents.

Dear Parent,

As you may know flu is spreading easily from person to person and school-age children are among the groups most affected. We are taking steps to prevent the spread of flu in [School name]. Currently, flu conditions in [name of county or area or in the United States] have become more severe. We want to keep the school open and functioning as normal for as long as possible. **We need your help to do this.**

We are working closely with the [county/state education agency] and the [county/state] health department to monitor flu conditions and make decisions about the best steps to take. Since flu conditions have become more severe, we are now implementing the following steps to prevent the spread of flu within our school.

Choose which steps your school will take below and feel free to adapt as needed. Coordinate with your local health department and county or state education agency regarding which activities are appropriate for your school. Coordination with the local health department will ensure a consistent message to parents and the community at large.

- ▶ **Extending the time sick students or staff stay home** for at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after their symptoms have gone away.
- ▶ **Allowing high risk students and staff to stay home.** Certain groups are at higher risk of developing serious complications from flu. These groups include children under the age of 5 years, pregnant women, people of any age who have chronic medical conditions (such as asthma, diabetes, or heart disease), and people age 65 years and older. These students and staff should consult their doctor to make the decision to stay home.
- ▶ **Conducting active fever and symptom screening** of students and staff upon arrival at school. School staff will ask students about symptoms suggestive of a respiratory infection such as fever, cough, sore throat, runny or stuffy nose, body aches and fatigue. Any student who has at least 2 of these symptoms will be separated from others, offered a surgical mask, and sent home as soon as possible.
- ▶ **Increasing social distances** (the space between people) at school. We will be rotating teachers between classrooms while keeping the same group of students in one classroom, canceling classes that bring students together from multiple classrooms, holding classes outdoors when possible, moving desks farther apart, dividing classes into smaller groups, discouraging use of school buses and public transit, moving classes to larger spaces to allow more space between students, and postponing class trips.

- ▶ **Dismissing students.** We will keep students home for [5-7] days and then reassess with the [county/state education agency] and the [county/state] health department. We will keep you informed of when students may return to school. During dismissal we will continue school work from home through [homework packets, web-based lessons, phone calls, etc.]. Staff will remain at school to develop and deliver lessons and materials and continue to provide [important services, school lunches, etc.]. We will also be [canceling, postponing] all school-related mass gatherings. This includes [sporting events, school dances, performances, rallies, commencement ceremonies, etc.].

Here are a few things you can do to help since flu conditions are now more severe.

- **Teach your children to wash their hands** often with soap and water. You can set a good example by doing this yourself.
- **Teach your children not to share personal items** like drinks, food or unwashed utensils, and to cover their coughs and sneezes with tissues. If they don't have a tissue, they should cough or sneeze into their upper sleeve, not their hands.
- **Know the signs and symptoms of the flu.** Symptoms of the flu include fever (100 degrees Fahrenheit, 37.8 degrees Celsius or greater), cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.
- **Extend the time sick children stay home** for at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- **If a household member is sick, keep any school-aged brothers or sisters home for 5 days** from the time the household member became sick. Parents should monitor their health and the health of other school-aged children for fever and other symptoms of the flu.
- **Don't send children to school if they are sick.** Any children who are sick at school *will be sent home*. Staying home when sick will allow your children to rest and allows you to monitor their health closely. Keeping your sick child home is the responsible thing to do. It protects fellow students and school staff, especially those who are at higher risk of severe illness from the flu.

For more information, [see the attached flyer/additional information and] visit www.flu.gov, or call 1-800-CDC-INFO for the most current information about the flu. For more information about flu in our community and what our school is doing, visit [school/health department website] or call [appropriate phone number]. We will notify you of any additional changes to our school's strategy to prevent the spread of flu.

Sincerely,

[School administrator's name and signature]

