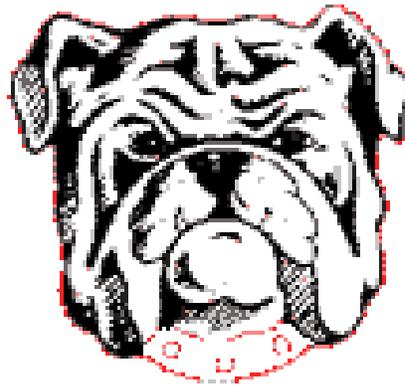


Hitchcock Independent School District



Pandemic Flu Plan

2012-2013

Emergency Management Plan

Biological Incident Annex: *Management Plan for Pandemic Influenza and Highly Infectious Respiratory Diseases*

The Hitchcock Independent School District (HISD) Emergency Operation Plan consists of several components including the Base Plan, Appendixes, Emergency Support Functions, Support Annexes and Incident Annexes. The Pandemic Influenza Management Plan is one of several Incident Annexes and therefore serves to augment the Base Plan and other components. In order to ensure efficient and effective emergency management, the Emergency Operation Plan document must be implemented in its entirety.

I. INTRODUCTION

One of the greatest and most likely threats to the public's health is a naturally occurring event – an influenza pandemic. Influenza epidemics happen nearly every year (often called seasonal influenza), and cause an average of 36,000 deaths annually in the United States. Influenza epidemics are caused by a few known virus strains that circulate around the world. Over time, people develop immunities to these strains, and vaccines are developed to protect people from serious illness.

Influenza viruses experience frequent, slight changes to their genetic structure. Occasionally, however, they undergo a major change in genetic composition. It is this major genetic shift that creates a “novel” virus and the potential for a pandemic – a global epidemic. The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunities to the disease. It also means that new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

During the 20th century, three pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. The pandemic caused more than 500,000 deaths in the United States and more than 40 million deaths around the world. Subsequent pandemics in 1957–58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant illness and death around the world.

The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause

between 100,000 and 200,000 deaths. Scientists and health officials throughout the world believe that it is inevitable that more influenza pandemics will occur in the 21st century. Recent cases of human disease caused by a widespread and growing avian influenza outbreak suggest that a new pandemic could be developing at this time.

Table 1. Estimated number of Episodes of Illness, Healthcare Utilization and Deaths Associated with Pandemic Influenza Scenarios for US population and Galveston County (from SKPHD Pandemic Plan, 2006)

Characteristic	Moderate (1959/68-like)		Severe (1918 – like)	
	US	Galveston County	US	Galveston County
Illness	90 Million	540,000	90 Million	540,000
Outpatient Care	45 Million	270,000	45 Million	270,000
Hospitalization	865,000	5,190	9,900,000	8,910
Deaths	209,000	1,254	1,903,000	11,418

There are several characteristics of influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the health care system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, public schools and utilities, could be disrupted during a pandemic. The increased stress from a potential pandemic or actual pandemic will also increase the mental health service needs throughout the schools and community. Finally, the pandemic, unlike many other emergency events, could last for many weeks, if not months. Schools need to prepare for school closures that may last up to 2 months.

Schools tend to be affected by outbreaks more than other settings because their occupants—primarily children—easily transmit illnesses to one another as a result of their close proximity and their inefficiency at containing the droplets issued by their coughs and sneezes. High susceptibility of students and staff to exposure to a mutated virus as result of proximity and a longer duration of the outbreak due to lack of immunity and vaccines could result in lengthy and widespread absenteeism. In a worse-case scenario, the pandemic could force schools to close, potentially prompting administration to extend the academic year and expend additional resources for staff sick leave and substitute teachers.

Summary of Emergency Management Principles

The Galveston County Health District (GCHD), the Galveston Emergency Operations Center (EOC), and HISD will utilize their pandemic influenza plan for their agencies to achieve the following goals:

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

The plan will be coordinated with other GCHD, EOC, and City of Hitchcock Emergency Operation plans and activities, and will be coordinated with the plans of our community, state, and federal partners.

II. PLANNING ASSUMPTIONS

The U.S. Health and Human Services Pandemic Influenza Plan contains the following information about pandemics, how they might affect school aged children, and how states and local agencies should plan for them:

1. The clinical attack rate (the percentage of people who will become so sick they won't be able to go to work or school) will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age.
2. Children will shed the greatest amount of virus (they are more contagious than adults) and therefore are likely to pose the greatest risk for transmission.
3. On average about 2 secondary infections will occur as a result of transmission from someone who is ill.
4. In an average community, a pandemic outbreak will last 6 to 8 weeks. At least two pandemic disease waves are likely.
5. It is anticipated that the school district will need to plan to function with a total of 30% work force absentee rate for the entire pandemic outbreak. If staff absenteeism is sufficient to warrant the administrative closure of the school or district, the administrative procedures for temporary school closures (See Hitchcock Emergency Operations Plans-Base Plan) are to be followed.

Whether or not schools will be closed or for how long is impossible to say in advance, since all pandemics are different in their scope and severity. However, it is well established that infectious disease outbreaks most often start in schools and so the GCHD may request schools close early in an event. The duration of school closings can only be determined at the time of the event based on the characteristics of the pandemic, but it is unlikely that schools will be closed for less than 2 weeks (based on the incubation period of the disease and the length of time people are contagious) and could be as long as 8 weeks, as mentioned above. Other planning assumptions that are being used by the community include:

6. Working closely with the GCHD and the EOC will maximize the health and safety of the school community. Understanding the roles of each agency and their responsibilities will promote coordination and communications (See Base Plan).
7. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
8. There will be a need for heightened global and local surveillance of flu symptoms and infection rates.
9. Galveston County will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.
10. Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by GCHD for hospitalized influenza patients, close contacts of patients, health care workers providing care for patients, or other groups.
11. Due to vaccine production and distribution constraints, a vaccine for the pandemic influenza strain will likely not be available for 6 to 8 months following the emergence of a novel virus.
 - a. As vaccine becomes available, it will be administered to eligible persons and ultimately to the entire population.
 - b. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies to control the spread of the disease in the county.
12. There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, and communications.

13. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events may be implemented during a pandemic.
14. It will be especially important to coordinate disease control strategies throughout counties in the Houston/Galveston area and the State due to the regional mobility of the population.
15. The general public, health care partners, response agencies, elected leaders and schools will need continuous updates on the status of the pandemic outbreak, the steps GCHD and the school district is taking to address the incident, and steps the public can take to protect themselves.

III. AUTHORITIES

In Galveston County, various public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Secretary of Health, the Galveston County Medical Executive, City of Hitchcock Mayor, and the Local Health Authority (LHA) each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders, the EOC, the LHA and schools to ensure decisions and response actions are clear and consistent. The GCHD Chief Executive Officer is the Local Health Authority for Hitchcock and may direct the isolation and quarantine of individuals or groups. The local law enforcement officials, the Hitchcock Police Department, have the authority to enforce the orders issued by GCHD or Superior Court Judges within their jurisdiction.

A school district has the authority to close schools for emergency reasons. The Superintendent of Public Instruction has established the following definitions related to emergency school closures:

- 1) A “district-wide emergency closure” means “that all school buildings in the school district are unsafe, unhealthy, inaccessible, or inoperable due to one or more unforeseen natural events, mechanical failures, or action or inactions by one or more persons.
- 2) A “school emergency closure” means “a school in the school district comprised of more than one school that is unsafe, unhealthy, inaccessible, or inoperable due to one or more unforeseen natural

events, mechanical failures, or actions or inactions by one or more persons.”

VI. PHASES OF A PANDEMIC

The World Health Organization (WHO), the medical arm of the United Nations, has developed a global influenza preparedness plan that includes a classification system for guiding, planning, and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

Pandemic Phases	Public Health Goals	Hitchcock Public Schools Goals
<p>Interpandemic Period</p> <p>Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.</p> <p>Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.</p>	<p>Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>	<p>Ensure that staff members and students are trained in preventative measures such as respiratory etiquette and universal precautions. HISD clinics to monitor and submit syndromic surveillance report to GCHD Epidemiology Dept.</p> <p>Minimize the risk of transmission to humans; ensure that staff members understand detection and reporting guidelines and report rapidly as required.</p>
<p>Pandemic Alert Period</p> <p>Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.</p> <p>Phase 5 – Larger cluster(s) of human</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification, and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or</p>	<p>Ensure all personnel are knowledgeable about the latest epidemiological information. HISD clinics to monitor and submit syndromic surveillance report to GCHD epidemiology Dept</p> <p>Review and update business continuity plans per Base Plan. Report illnesses & absenteeism to GCHD Epidemiology Dept.</p> <p>Ensure that best practices for</p>

<p>infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>delay spread to possibly avert a pandemic, and to gain time to implement response measures.</p>	<p>infection detection and control measures are followed.</p> <p>Ensure adequate resources for staff/student protection.</p> <p>Ensure that HISD is implementing best practice for social distancing techniques per LHA guidelines, including reducing the school activity calendar.</p> <p>Maximize communications with parents related to health and safety.</p>
<p>Pandemic Period</p> <p>Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.</p>	<p>Implement response measures including social distancing to minimize pandemic impacts.</p>	<p>Increase surveillance of staff/student health and attendance and implement administrative procedures to ensure adequate staffing for essential business and school functions.</p> <p>Follow LHA and EOC, social distancing, isolation, and quarantine measures.</p> <p>Ensure maximum support and education for ill and affected students.</p>

V. Concept of Operations

A. Overview

1. GCHD will be the lead agency in coordinating the local health and medical response to a pandemic with State, Federal, and local agencies and officials.
2. GCHD will respond under the auspices of the GCHD Response Plan for Pandemic Influenza and Highly Infectious Respiratory Diseases as well as the Department Emergency Operations Plan,
3. GCHD’s response actions will emphasize disease surveillance and investigation, and social distancing measures to reduce the spread of infection, and continually informing and educating the public about the

pandemic, the public health response, and steps the public can take to reduce the risks of infection.

4. HISD will maintain increased communications with the city's Emergency Operation Center (EOC) and the GCHD and will implement those procedures that increase the health and safety of the school community.
5. The HISD assumes the following responsibilities:
 - a. Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and the LHA.
 - b. Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of a pandemic.
 - c. Communicate with and educate the school community about approved public health practices and what each person can do to prepare or respond to minimize health risks.
 - d. Develop and implement educational support plans for students who are isolated or quarantined and coordinate these plans with the social support plans developed by the GCHD and the EOC.
 - e. Develop and implement support plans for Teen Health Clinics designated to be used as "immunization clinics" or "flu clinics" to triage/evaluate and/or treat influenza patients not requiring hospital care.
6. Each Hitchcock Public School assumes the following responsibilities:
 - f. Develop a response plan that will:
 - Identify chain of command in case of illness with a minimum of 2 back ups.
 - Review and best practices for respiratory hygiene and universal precautions. Train all school staff, volunteers, and students. Identify and procure needed resources.
 - Review procedures for sending ill individuals home and make adjustments if necessary.

- Report the number of staff and students daily absent with pandemic flu to the GCHD, Incident Commander, and their principal.
 - Document actions taken.
 - Update staff and provide information on extent of infection at school site and potential changes that might take place at school.
7. Develop a recovery plan that provides for education support and emotional support for staff and students. If there is loss of life, implement procedures located in the HISD EMERGENCY OPERATION PLAN.

B. Direction and Control

1. GCHD and all response partners will operate under the Incident Command System throughout the duration of the pandemic response as outlined in the HISD EMERGENCY OPERATION PLAN.
2. GCHD may activate the Public Health Emergency Operations Center (PHEOC) to coordinate the county-wide public health and medical response during a pandemic.
3. The City of Hitchcock and HISD may activate their EOC's during a pandemic to coordinate consequence response.
4. During Pandemic Phases 1, 2, and 3 where Hitchcock is not directly affected, GCHD will lead countywide preparedness and education efforts for pandemic response.
5. During Pandemic Phases 4, 5 and 6 GCHD will communicate with health system partners through the Health Care Coalition to coordinate and manage health care system resources and information.
6. GCHD will assess the viability of community containment options and establish criteria for recommending their implementation to local elected officials.
7. Upon reaching Pandemic Phase 4 (if local area is not affected; Phase 3 if local area is affected)
 - a. GCHD will provide regular briefings to the Galveston County Executive, the Mayor of Hitchcock, other local elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability

and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, and health information being shared with the public and health care providers.

- b. HISD will attend GCHD briefings and provide information to staff and students. HISD will take appropriate measures including social distancing and increased respiratory hygiene in order to reduce transmission.

C. Communications

1. Communications with the public and health care providers will be one of the most critical strategies for containing the spread of the influenza and for managing the utilization of health care services. This plan's communications goals are to:
 - a. Provide accurate, consistent, and comprehensive information about pandemic influenza including case definitions, treatment options, infection control measures, and reporting requirements.
 - b. Instill and maintain public confidence in the schools and the County's public health care systems and their ability to respond to and manage an influenza pandemic.
 - c. Ensure an efficient mechanism for managing information between GCHD, health system partners and the schools.
 - d. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
 - e. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
2. Communications During Pandemic Phases 1, 2, 3
 - a. The GCHD Epidemiology Department will educate providers, public officials, schools and emergency responders about influenza pandemics and steps they should take to plan for pandemic outbreaks.
 - b. Under the direction of the Curriculum Director, the central administration will assess the needs of the schools.
 - i. Assess the information needs of the school community.

- ii. Intensify public education efforts about influenza pandemics and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, parent letters, or school newsletters, television and radio broadcasts.
- iii. HISD will identify hard to reach families and ensure communications in the home language.
- iv. Coordinate with GCHD to develop common health messages and education materials in multiple languages. Coordinate with GCHD to ensure that bilingual staff can serve as information conduits to vulnerable school families and build sustainable preparedness capabilities.
- v. Develop template pandemic informational letters, including translations, for parents/guardians.

3. Communications During Phases 4, 5, 6

- a. GCHD Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response partners. A JIC will be activated when the GCHD PIO deems it necessary based on specific characteristics of the pandemic. If school closures are considered, the HISD PIO will work with the JIC.
- b. The GCHD PIO will develop a communications strategy including identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless students and their families. HISD will assist in translations for the school community.
- c. As the pandemic expands, the GCHD PIO will provide daily updates on the pandemic and will organize regular media briefings.
- d. The GCHD PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.
- e. The HISD PIO will evaluate the need to establish a school information call center to respond to public inquiries. The HISD PIO will disseminate web alerts per JIC guidelines and as

necessary. Pandemic letters will be sent out to parent/guardians per JIC and HISD communication strategy.

D. Mitigation

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. Mitigation efforts will occur primarily during the early pandemic phases (Phases 1-3).

The HISD pre-event mitigation activities include:

1. Planning, exercising, evaluating and revising the Pandemic Influenza Management Plan.
2. Training and equipping HISD staff to assure competencies and capacities needed to respond to a pandemic outbreak.
3. Developing strategic partnerships with local community health care institutions and providers, and local, state and federal response agencies and their staff.
4. Educating schools and parents about an influenza pandemic and recommend preparedness measures.
5. Informing and updating schools about the potential impacts of an influenza pandemic on essential services and city, county, and school infrastructure. Reviewing and updating district-wide business continuity plans and assuring essential business functions are adequately staffed per Base Plan.
6. Stockpiling necessary equipment and supplies that will be needed to respond to an influenza pandemic.
7. Establish ventilation (HVAC) standards to be used during each phase of the pandemic.

E. Surveillance

1. The Influenza Surveillance Program by Public Health - Hitchcock & Galveston County provides information on influenza activity in Galveston County for health care providers and the public. Because influenza is not a mandated notifiable disease under the Texas Administrative Code, GCHD uses several methods to understand when influenza has arrived, is most active, and subsides in our community. One method is the sentinel reporting system. The Public Health Department has identified schools as sentinel reporters and

monitors school absenteeism. All schools within Galveston County are asked to report absenteeism of 10% or more of the school population each week from approximately November through April on a voluntary basis. School absenteeism in the winter months generally correlates with the level of influenza in the community.

2. During a pandemic flu response, the Disease Control Officer in the Communicable Disease Section may declare the circulating strain of influenza causing the pandemic a Disease of Public Health Significance, requiring health care providers, schools, and labs to report patients meeting a case definition.
3. Surveillance During Pandemic Phases 1, 2, 3
 - a. The Communicable Disease Section will maintain daily influenza tracking activities [reports regarding school absenteeism, pneumonia and influenza deaths submitted by Vital Statistics, nursing home reports and sentinel providers].
 - b. As a sentinel reporter, each school will report attendance data when student absentee rates rise above 10% for one week during the months of November-April. The report should be sent to the GCHD per current standards and a secondary report sent to the HISD Incident Commander.
4. Surveillance During Pandemic Phases 4, 5, 6
 - a. As a sentinel reporter, each school will closely monitor and report attendance and data trends when student absentee rates rise above 10%. During these phases, daily reports will be sent to the Chief Academic Officer.
 - b. The HISD Human Resources Department will activate tracking of absenteeism for school and central staff and report trends to the HISD Incident Commander. This data will be used to identify staffing needs and inform school closure discussions.
 - a. The GCHD will collaborate with HISD to identify essential personnel to be included in priority groups for vaccinations.

F. Vaccine Management

- a. In consultation with Texas Department of State Health, the Communicable Disease Section will finalize recommendations to the Local Health Officer regarding priority groups to receive vaccination based on CDC guidelines.

- b. The GCHD will finalize mass vaccination plans with regional partners, including schools.

G. Social Distancing Strategies

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include closing schools; closing non-essential agency functions; implementing emergency staffing plans; to increase telecommuting, flex scheduling and other options; and closing all public assemblies or after school activities.

1. GCHD Public Health Director will review social distancing strategies and current epidemiological data during each phase and recommend to key elected officials, including the Mayor of Hitchcock, suburban city Mayors and superintendents of public school districts social distancing actions that should be implemented to limit the spread of the disease.
2. After consultation with the Local Health Officer, decisions regarding the closing of all public and private schools, community colleges, and universities in Galveston County will be made by local school superintendents, school presidents, and elected officials.
3. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, churches, community centers, and other facilities where large numbers of people gather will be made jointly and concurrently by the Local Health Officer and the Galveston County Executive and coordinated with all executive heads of cities and towns in Galveston County.
4. Social Distancing Strategies During Phases 1, 2, 3
 - a) The GCHD will
 - i) educate elected officials, government leaders, school officials, response partners, businesses, the media and the public about influenza pandemics and their consequences.

- ii) coordinate with elected officials, government leaders, school officials, response partners, and businesses regarding the use of using social distancing strategies, the associated impacts they cause and the process for implementing these measures.
- iii) confirm the decision making process and criteria for recommending social distancing strategies with key public officials.

b) HISD schools will

- i) increase respiratory hygiene education for staff, students and parents.
- ii) increase symptom monitoring and attendance monitoring to ensure accurate reporting to GCHD.

5. Social Distancing Strategies During Phases 4, 5, 6

a) GCHD will

- i) Coordinate with elected officials regarding decision making and implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.
- ii) Implement specific, county-wide social distancing strategies that may include
 - Encourage government agencies and the private sector to implement pandemic emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options.
 - Encourage the public to use public transit only for essential travel; therefore transportation to schools may be interrupted.
 - Advise Galveston County residents to defer non-essential travel to areas of the world affected by pandemic influenza outbreaks.

- Suspend all public events where large numbers of people congregate including sporting events, concerts, and parades.
 - Close all public and private schools and colleges.
 - Suspend all government functions not dedicated to addressing the impacts of the pandemic or maintaining critical continuity functions.
 - Monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.
- iii) Follow LHA guidelines as appropriate including following social distancing guidelines and emergency pandemic staffing plans.

H. Isolation and Quarantine

1. Isolation and Quarantine

- a. The GCHD will
 - i) coordinate planning efforts for isolation and quarantine with State DOH, neighboring county health departments, community based organizations, HISD, and local law enforcement.
 - ii) follow CDC guidelines in developing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.

VI. MAINTENANCE OF ESSENTIAL SERVICES

1. One of the critical needs during a flu pandemic will be to maintain essential community and business services.
 - a. With the possibility that 25-35% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.
 - b. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public

utility personnel are unable to carry out critical functions due to illness. Individual HISD schools or the entire district may be adversely disrupted.

2. HISD will update and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.
3. HISD will follow best practice guidelines for return to work after an influenza illness. Current recommendations are based upon seasonal influenza recommendations. Because experts do not know whether the mode of transmission, incubation period, or contagious period of pandemic strains of the influenza virus will be similar to those of seasonal influenza (recurring yearly), HISD will update and follow specific recommendations from the GCHD during a pandemic. Current influenza recommendations include employees/volunteers who have become ill with influenza should stay at home until all of the following criteria are met:
 - At least 5 days have passed since the symptoms of illness began; AND
 - Fever has resolved and has not been present for at least 24 hours; AND
 - Cough is improving (decreasing in frequency and amount of secretions with no associated chest discomfort or shortness of breath).

Upon returning to the work environment, employees should continue to follow cough etiquette and hand washing protocols.

4. The HISD EMERGENCY OPERATION PLAN- Base Plan will be updated and maintained. The Base Plan includes a continuity of operations and business recovery plans detailing
 - a. Line of Succession
 - b. Identification of mission essential services and priorities.
 - c. Continuity of operations and business recovery plans, including
 - Business Impact Analysis
 - Critical “daily” functions that need to be provided even during an event, although at a reduced level
 - Standard Operating Procedures for critical functions/processes including clearly documented

protocols for adjusting staffing to maintain essential functions.

- Human Resource policies including
 1. Staff policies for personal illness or care of family.
 2. Policies for flexible work hours and working from home.
 3. Procedures for the reassignment of employees to support mission essential services.

5. Maintenance of Essential Services During Phases 1, 2, 3

- a. The Hitchcock public schools will work with the GCHD and the EOC to update plans for maintaining essential departmental services during a pandemic.
- b. In conjunction with the GCHD, the district will educate central administration and the school community that provide essential services about the need for continuity of operations planning in advance of a pandemic.

6. Maintenance of Essential Services During Phases 4, 5, 6

- a. The HISD will update its continuity of operations plans and will request that its schools update their plans.
- b. The HISD Incident Commander, in conjunction with the GCHD, will determine the appropriate time to implement the continuity of operations plans and protocols.

VIII. RECOVERY

1. School recovery from an influenza pandemic will begin when school officials determine that normal supplies, resources and response systems can manage ongoing school activities.
2. The HISD will assess the economic and educational impact of the pandemic.
3. Recovery plans will depend on the severity and duration of the pandemic but will include business recovery plans to mitigate education and financial losses, as well as emotional recovery plans as outlined in the Base Plan.

4. In consultation with GCHD, the HISD will take actions to return schools and district offices to pre-event status including environmental sanitation.
5. The HISD Safety Department will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the HISD EMERGENCY OPERATION PLAN including the Pandemic Influenza Management Plan.