

NH Pandemic Influenza Communication and Coordination Plan for Educational and Child Care Settings

Updated May 2008

Prepared By Katherine Rannie, NH DOE School Health Consultant

In the event of a severe pandemic, state officials will coordinate community mitigation interventions to help limit the spread of a pandemic, prevent disease and death, lessen the impact on the economy, and keep society functioning. This plan takes into consideration the whole spectrum of educational institutions, both public and private, from child care agencies to Post Secondary Schools (PSS)s. The array of supporting activities under the FEMA framework of “Prepare, Respond and Recover” is critical to overall State capability.

Prepare

In the past few years, the NH Department of Safety (NH DOS) has conducted all hazards planning with the majority of school districts prompting them to prepare emergency plans. The NH Department of Health and Human Services (NH DHHS) has broadly conveyed several iterations of the *Guidance For Educational Institutions Pandemic Influenza Response Plan* to all schools, both public and private. These activities have been and continue to be carried out in collaboration with NH Department of Education (DOE). For example, the NH DHHS *Guidance for Educational Institutions Pandemic Influenza Response Plan* (a companion to this document) was developed in consultation with NH DOE and a group of school nurse leaders from throughout the state since clearly, school nurses will be central players in surveillance, assessment and triage during a pandemic situation.

Many supportive materials have also been disseminated to schools, including individual and family preparedness brochures, a K-12 pandemic planning checklist, cough etiquette and hand-washing resources, and various fact sheets regarding pandemic, avian and seasonal influenza. We have advised school nurses and district administrative staff to not only keep up-to-date with reliable pandemic information from federal, state and local public health sources, but also to communicate this information to students and families as appropriate. The NH DOE regularly informs school nurses and administrative officials about pandemic preparations, offering resources and sending them reminders through list serves and the NH DOE website. In 2006, at least 13 messages were disseminated to school nurses through a statewide list serve regarding pandemic influenza planning, and several key messages were sent to superintendents as well as non-public schools. Several reinforcing messages were sent in 2007 and 2008. Additionally, we have emphasized to schools that the NH DHHS State Plan is a fluid document that will be updated as new information becomes available. We will continue to urge schools to plan how they will deal with school closings, staff absences, and gaps in student learning that could occur during an influenza pandemic.

Last year's accomplishments include the completion of two pandemic influenza tabletop exercises specifically focusing on school closure issues, one with a local health department and one that was primarily statewide. At each exercise stakeholders were broadly represented, allowing for comprehensive and constructive discussions that will lead to major policy-forming decisions. Tabletops and drills continue on a periodic basis.

NH has significantly advanced its means of communicating to its school officials by assuring the provision of redundant communication systems that allow for expedited transmission and receipt of information. Among K-12 institutions, almost 1400 individuals, consisting of school nurses, principals, superintendents and administrators, have been imported into the Communicator!NXT System, part of our State Health Alert Network (HAN). We have successfully utilized this rapid means of communication multiple times, notifying them of communicable disease issues. In addition, list serves, cable access television, and dedicated internet sites, have been developed for use in delivering messages related to public health emergencies, such as those regarding pandemic influenza. Plans to import child care and PSS agency administrators are currently being considered.

If the Centers for Disease Control and Prevention (CDC) recommends closure of schools as described in the CDC's *Interim Pre-Pandemic Planning Guidance* (February 2007) or any updated guidance, our State agencies will quickly align with those recommendations. The decision to close schools in NH will primarily be based on the Pandemic Severity Index (PSI) issued by CDC, which will also determine duration of closures. In addition to the PSI, NH will consider the current Pandemic Interval as well as the following triggers as: number of cases, characteristics of disease transmission (i.e., incidence rate, number of generations impacted), types of exposure categories (i.e., travel-related, close contact, health care personnel, unlinked transmission), morbidity and mortality rates, community compliance, and the availability of local health care and public health resources.

A State directive to close schools and child care agencies would come from the Governor's office and/or from the Commissioner of NH DHHS based on NH RSA 141-C, and it would be endorsed by the NH DOE as well as the NH Postsecondary Education Commission (NHPEC). By current NH law, superintendents of schools have the authority to close schools (RSA 194-C:4). However, there was consensus at tabletop exercises in 2007 that local school districts would expect the state or region to direct and coordinate closings. It is anticipated that private schools, child care agencies, and community agencies that service children and families, would align with similar state directives to close public schools. For short-term weather related closures, private schools, child care agencies and other local agencies most often voluntarily close when public schools close, implying the same would hold true in a pandemic influenza situation. Presidents at each PSS institution will similarly have the authority to dismiss students from any NH college or university (Chapter 188-F for the Community College System of NH, 187-A for the State College and University Systems). In both systems, the Board of Trustees may delegate such legal authority to chancellors who in turn would delegate to the presidents or their designees.

If and when a state of emergency is declared, the Governor would contact the Commissioners of all State Agencies presumably, including the Commissioner of Education and/or the Deputy Commissioner of Education. The HAN would be activated as part of the redundant communication systems and this would inform the field (all superintendents, principals, headmasters, administrators of child care and PSS). The Executive Director of NHPEC and the School Health Consultant at the State Department of Education both serve on the statewide pandemic planning committee and would work together to ensure coordination and continuity among agencies. Efforts to provide schools with updated information from State agencies outside of NH DOE would be coordinated through the State Emergency Operations Center (EOC).

The NH DOE's ongoing and close collaboration with other state agencies, especially the NH DHHS and NH Department of Safety (NH DOS), continue to be an asset as policies and plans regarding widespread school closure are being developed. NH DOE supports and promotes further collaboration between schools and these departments by regularly sharing information about these agencies' initiatives and services.

Each of the state's ten Community Mental Health Centers (CMHCs) has its own Children's Services Department with a Children's Director and specific staff who work with children and families. Strong relationships are developed between the local schools and the CMHCs for on-going collaboration regarding a number of issues: suicide response, education about mental illness and medication, ongoing treatment planning for students identified as receiving mental health services, etc. These relationships, in the event of a disaster or other crisis, such as pandemic influenza, would be further tailored depending upon the nature of the event.

At the college and university levels, emergency planning for all types of emergencies is a campus-by-campus process for the Community Colleges. Each College has its own connections with local fire, police, and health officials and is a full partner in the area disaster planning for the region. Some Colleges are designated as centers for various emergency services and shelters. In all instances the "person in charge" is the president or the designated second and third in command if the president is not available or present. They have an emergency back up list of contacts for each of the Colleges and Universities, which also includes key contact information for System administrators and members of the Board of Trustees. PSSs have been working in close collaboration with Pandemic Planning Region groups in the state.

In late 2004, 22 public schools in Manchester began participating in school syndromic surveillance. Manchester is New Hampshire's largest city with an estimated population of 110,000. The district schools include all public schools from kindergarten to twelfth grade. School nurses report the total number of students seen daily in the nurse's office and the number of students who meet a syndromic case definition. School surveillance utilizes 5 syndromes: Fever, Meningeal, Gastrointestinal illness, Respiratory illness, Flu-like. This project is being piloted in Manchester with the long-term goal of expanding to include school systems throughout the state, including child care agencies and PSSs. The

data is in a secure data repository. Access to information through the Internet is restricted to only the NH DHHS Communicable Disease Surveillance Section (CDSS) and the Manchester Health Department. This partnership has improved communication and was successful in detecting several meningial, respiratory and gastrointestinal events and outbreaks.

As indicated earlier, the NH DOE is confident that it has redundant systems for communicating with Local Education Agencies (LEAs), which allows for expedited transmission and receipt of information. PSSs similarly have redundant systems for such communication. In the event of an emergency, the Commissioner of NH DOE (or the Deputy Commissioner) would email all superintendents and SAU contacts, as well as principals and headmasters to pass along emergency notifications. In addition, a fax would be sent to all SAU offices while the school nurses would receive duplicates of the NH DOE Commissioner's email via our state School Nurse Listserve. Lastly, as mentioned earlier, other list serves, cable access television, and dedicated internet sites have been developed and tested for use in delivering messages related to public health emergencies. Regarding child care agencies and PSSs, the Commissioner of NH DHHS would inform them of health-related emergency notifications through their appropriate coordinating agencies (i.e., NH PEC for PSSs).

The State-level Education spokesperson for both media relations and communicating with Local Education Agencies (LEAs) is the NH DOE Commissioner, or alternatively the Deputy Commissioner in coordination with NH DHHS and the Governor's office. The NH DHHS Commissioner will designate either the Director of Public Health Services or the State Epidemiologist to communicate health-related messages to PSSs and child care agencies.

Following the current CDC recommendations, closures should be sustained until the number of cases begins to decline, which may take weeks or even months. Authorization to reopen would be decided at a state level, but schools and their districts will need to consider individual continuity of operations plans to ensure they have the appropriate personnel and resources required to operate. Criteria in such plans that would direct reopening decisions at the local level may include sufficient number staff available, capacity for effectively addressing potentially profound psycho-social issues, availability of supplies, and adequacy of preparations recommended for social distancing and hygiene.

Last year, the state facilitated two tabletops and discussions focused on educational continuation, the impact of school closure on the workforce (specifically child care and loss of financial income), availability of essential goods and services in a pandemic situation, and other relevant closure issues. Meeting basic needs of students and families by preserving essential services will be the top priority at the onset of a pandemic and during closure. The NH DOE will continue to promote our state Individual and Family Preparedness Brochure as well as any additional guidance the CDC can provide to assist families to better recognize illness, appropriately use hygiene and social distancing measures, as well as infection control practices in the home setting. Education will thus

initially build on efforts to prepare families for closure and social distancing while state and community agencies work with schools to ensure basic needs are being met. Messages will be communicated by various means including local cable access and other news media, school websites, hard copy newsletters etc.

As indicated in CDCs *Pre-Pandemic Planning Guidance*, if students are dismissed from school but schools remain open, school- and education-related assets, including buildings, kitchens, buses, and staff, may continue to remain operational and potentially be of value to the community in other creative ways. However, barriers to using such assets are anticipated, such as policies that prohibit alternate uses of school buildings and buses, staff contractual issues, funding, and stringent USDA requirements. State level legislation or directives may need to be issued to overcome such obstacles.

Faculty and staff may be able to continue to provide lessons and other services to students by local public access television, radio, community newspapers, mail, Internet and telephone including phone conferences. We acknowledge that continued instruction is not only important for maintaining learning but also serves as a strategy to engage students in a constructive activity during the time that they are being asked to remain at home. At the same time, meeting basic needs will ultimately take priority and educational continuation will be severely disrupted regardless of optimistic efforts. Obviously that will mean that state policies around school attendance, graduation requirements etc would need to be altered in the face widespread school closures and these were participant concerns at a statewide tabletop. In NH, RSA 189:2 gives authority to the Commissioner to approve reductions in the school calendar if requested by the local school board and RSA 189:3 and RSA 189:4 give the State Board authority to relieve districts of requirements in special circumstances, interventions that may be required in the event of widespread closures.

It is possible that the NH DOE could lead an effort in coordinating distance learning through the six Local Educational Support Centers already established across the state (Keene, Claremont, Manchester, Exeter, Concord/Penacook, and Gorham). However, a detailed plan would need to be put in place and that would be initiated by first involving center directors in such a discussion, as well as regional superintendents and curriculum director groups.

One specific effort is worth mentioning. The Virtual Learning Academy Charter School (VLACS) received approval for operation from the NH Board of Education on May 9, 2007. Students from 124 New Hampshire communities began taking courses in January, 2008. Current plans are to increase capacity of the school to accommodate 100 full-time students and 2,000 individual course enrollments by September, 2008. The school's curriculum is aligned with state and national standards and its teachers are New Hampshire certified. The VLACS has the capacity to assist with providing services in the event that schools are closed during a pandemic in a variety of ways. They can certainly increase their course delivery capacity to meet the needs of all students who have access to a computer connected to the Internet. This assumes that they can quickly train new teachers to meet the increased demand, and, additional funding is available to

purchase additional course content licenses. The VLACS is currently offering over forty high school and middle school courses which will meet the basic needs of most students. By the 2009-2010 school year they will offer a complete middle school and high school course catalog. Their faculty and administrative staff would be available to work with the LESCEN to provide instruction in development and delivery of online content should this become a need for schools during a pandemic.

Discussions ensued at one tabletop about retraining of teachers and staff to provide adequate and timely supports to families. There was agreement that Psychological First Aid and Critical Incident Stress Management training should be further promoted in NH and that school nurses and teachers might be a target group to receive this training. These new trained personnel might then become part of NH Disaster Behavioral Health Response Team (DBHRT). Some nurses, teachers and school counselors are already DBHRT members. These teams address the emotional/behavioral needs of our citizens, first responders, and volunteers resulting from a disaster and critical incidents. These teams consist of trained behavioral health professionals and others who can be mobilized and deployed to offer such services as crisis counseling, brief supportive counseling, assessment and referral, public education, grief counseling psychological first aid and critical incident stress management. These services can be requested by contacting the Department of Safety Homeland Security and Emergency Management at 800-852-3792.

Additional concerns discussed at the tabletops included the interruption of services provided by schools, including nutritional assistance provided by the school meal programs. There was agreement that provision of nutritional assistance to vulnerable children should be sustained, and alternative arrangements would need to be made. The NH DOE will need to explore means of coordinating such efforts with other agencies because many households also depend upon Federal nutrition programs, including the Food Stamp Program, the Special Supplemental Nutrition Program for Women, Infants, and Children, and the Child and Adult Care Food Program, as well as community food pantries.

Other services disrupted would include the array of special education supports and services that schools put in place for children with special needs. Discussions will need to continue about how to coordinate such services to some extent while children remain at home. The Bureau of Special Education, NH DOE, in concert with the Governor's Office, other state agencies as appropriate, the NH DOS, and the Office of Homeland Security and Emergency Management, will respond as directed to carry out our educational responsibilities to children with disabilities throughout the state.

The NH DOE has no policies or restrictions but would not object to the use of school property during an emergency. These would be local issues. The NH DOE does not own property. Anything that NH DOE funds through building aid, kindergarten construction aid, or vocational construction aid becomes the property of the local school district where it is located. Other state agencies, such as NH DHHS, could make an agreement with a local school district to use facilities, school buses in an emergency. For instance, some towns may have agreements for school buses that are part of the emergency plans for the

two nuclear power plants in NH, which is coordinated by the Pupil Transportation Bureau in the Department of Safety. Only a few districts own and operate their own buses. 75%-80% of the buses are owned by private contractors. Many school buildings have been designated as emergency shelters by local towns and the state would need to carefully coordinate in order to use the same buildings for state operated functions. If the state plans to use a school at a particular location, the local officials should be consulted to ensure the community is not also planning to use the same building for a different purpose. A large school might be able to accommodate both, but the coordination needs to happen. Many communities, if not most, utilize their schools as shelters. Some with multiple facilities have installed generators in the school that best serves their sheltering needs. If the shelter is a "Red Cross" shelter then the facility would be inspected and the agreement would be between the town and Red Cross.

PSSs would follow National Institute Management Standards (NIMS) in their emergency response activities as outlined in the State Emergency Management Operations Plan <http://www.nh.gov/safety/divisions/bem/stateemergplan/index.html>. Each college and university, including private institutions, are actively involved in Point of Distribution (POD) sites within the state and local planning efforts would guide use of state-funded PSS property and assets. Basic services will be maintained at each university and college and this will include paying faculty and staff, power to ensure communication systems remain intact, basic services to ensure that resident student needs are met, safety and security of buildings to ensure that alternative uses of buildings is adequate.

The State of New Hampshire Human Resources Pandemic Plan (link not yet available) will cover all state employees, along with the existing Collective Bargaining Agreements and the Personnel Rules, in the event of a pandemic. This will be a general plan for all employees and the NH DOE would be covered by this plan. PSS have their own independent plans.

Respond

A State directive to close schools would come from the Governor's office or from the Commissioner of NH DHHS based on NH RSA 141-C and it would be endorsed by the SEA and the NH PEC. Such a directive would be coordinated regionally with other New England states. It is anticipated that all public and private schools, child care agencies, PSSs, and community agencies that service children and families, would align with the state directive. For short-term weather related closures, private schools, child care agencies and other local agencies most often voluntarily close when public schools close, implying the same would hold true in a pandemic influenza situation which would be even more compelling.

If the Centers for Disease Control and Prevention (CDC) recommends closure of schools as described in the CDCs Interim Pre-Pandemic Planning Guidance (February 2007) or any updated guidance, our State agencies will quickly comply with those recommendations. The decision to close schools in NH will primarily be based on the

Pandemic Severity Index (PSI) issued by CDC, which will also determine duration of closures and this will be coordinated throughout all New England states. In addition to the PSI, criteria for consideration will include but not be limited to such triggers as: number of cases, characteristics of disease transmission (i.e., incidence rate, number of generations impacted), types of exposure categories (i.e., travel-related, close contact, health care personnel, unlinked transmission), morbidity and mortality rates, community compliance, and the availability of local health care and public health resources.

Continuity of Education plans would be activated after a formal declaration of emergency was issued, and all messages would be relayed via the redundant communication systems described earlier. NH DOE would assist in delivering educational content as described earlier for K-12 and NH PEC would coordinate for colleges and universities.

Coordination will happen through NH DHHS. Messages from NH DHHS during the response phase will similarly be disseminated via the redundant communications with child care agencies, LEAs and PSSs. Messages about education related issues during the response phase will be communicated through the NH DOE and NH PEC.

Operating the Child Nutrition Programs during a school/s closing may not be possible. However, facilities and equipment normally used in the operation of the NSLP may be used for other activities during a pandemic outbreak. A Presidential Disaster Declaration (only) may allow our state to utilize Program commodities and other foods for distribution to community groups or public agencies. During this Presidential disaster, the facilities or commodities could be used; however their use would NOT be related to the meals program. Depending on the nature and scope of the outbreak, the State Agency may waive some Program requirements in areas adjacent to but not directly affected by a pandemic outbreak. Operational procedures may be waived either short or long term depending on the severity of the outbreak.

Currently, the state has an automated system to report closures. All school, college, pre-school and day-care facilities may sign up to be listed in the state wide system: <http://www.wmur.com/closings/index.html> The public is very familiar with this system. In addition, child care licensing, the NH DOE and NH PEC may track closures if durations persist beyond a week or two.

The NH DOE does not own property and has no policies or restrictions regarding use of facilities during a pandemic situation. The steps the PSS will take to use state-owned educational facilities for alternate uses were described in the previous section including maintaining basic services and ensuring coordination.

Recover

Following the current CDC recommendations, closures should be sustained until the number of cases begins to decline, which may take weeks or even months. Authorization to reopen would be decided at a state level but schools will need to consider individual continuity of operations plans to ensure they have the appropriate personnel and

resources required to operate. Criteria in such plans that would direct reopening decisions at the local level may include sufficient number staff available, capacity for effectively addressing potentially profound psycho-social issues with students, families and school staff, availability of supplies, and adequacy of preparations recommended for social distancing and hygiene etc. Messages about reopening decisions will be delivered on a daily basis initially, and then periodically as needed. The spokesperson who will provide messages during the recovery stage for the NH DOE will be the Commissioner or Deputy Commissioner or designee. Similarly, the spokesperson for PSSs will be the Executive Director of NH PEC or designee.

Key personnel at the NH DOE and at NH PEC is familiar with the guidance issued by the Department of Education:

(<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/guidance/pan-flu-guidance.pdf>) In the event of a pandemic, the most current version of such guidance will be conveyed to the field via our redundant communication systems. For instance, The Bureau of Special Education, NH DOE will provide support and assistance to LEAs in order to ensure that local schools are providing a free appropriate public education (FAPE) to all children with disabilities throughout the state as per this guidance.

The NH DOE supports efforts for linkages between schools and mental health systems. In April 2008, the Superintendents of public schools met and discussed the need for the School's emergency response plan to include a section on the behavioral health aspects of disasters and defines who is available within the school and in the community to respond. In a disaster, the School's counseling staff, the State's Disaster Behavioral Health Response Team and local behavioral health providers should work collaboratively to assess the needs of students, parents, first responders, school staff, volunteers and the general public. Most schools have counselors and/or guidance counselors available to manage routine situations. Typically, these counselors provide crisis intervention, assessment and referral to community resources. It is clear however, that in the event of a large-scale disaster, a school's entire group of counselors would not be able to manage the emotional needs of the above mentioned groups. For that reason, the State of New Hampshire has trained a cadre of behavioral health professionals to enhance the response capacity for large-scale emergencies. These Disaster Behavioral Health Response Teams are available for deployment upon request. Schools may also choose to develop relationships with their local community mental health centers or other behavioral health providers. These may be accessed for the whole spectrum of educational institutions from child care to PSS. Although there is no formal MOU between local educational agencies and disaster behavioral health staff, there is an agreement that this group will work with local schools experiencing traumatic events.

Each CMHC has, in addition to a Children's Department, an Emergency Services Department. "ES" is utilized for crisis stabilization, risk and suicide assessment and facilitation of hospitalization ES staff could assist in providing short term services to children and their families in the event of a pandemic flu. Also, each CMHC has signed a "Mutual Aid" agreement so that if staff/services are needed at one CMHC, another

CMHC will be asked to provide the needed staff/services. This activation is generated by communication with the Bureau Chief of Behavioral Health.

If federal emergency funding is available, the state would rely on those funds to restore facilities, equipment, and consumable supplies utilized during a pandemic event. If federal funding is not available, the state agencies involved including the Department of Education, State University System, and State Community College System, would seek special legislation to appropriate the funds necessary to restore the learning environment.