

## INFECTIOUS DISEASE

**Infectious diseases**, as defined by the World Health Organization, are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

Pandemic influenza is included in this category of hazards. The guidance that follows was developed by the Arizona Department of Education in coordination with the Arizona Department of Health Services and local public health agencies.

Schools must have ongoing partnerships with local public health agencies in order to address additional infectious disease hazards to be included in this section.

# PANDEMIC INFLUENZA

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## PANDEMIC INFLUENZA

A pandemic is a global epidemic that occurs when a new influenza virus subtype appears, against which no one is immune, and is capable of spreading rapidly from person-to-person. Pandemic influenza represents a serious threat to public health, as they can cause death and serious illness often in previously healthy persons.

In June 2008, the World Health Organization declared a new influenza strain of swine origin, H1N1, as a pandemic, which occurred in 2009. It is likely that another influenza pandemic will occur sometime in the future. This is considered to be a high-probability event, as some experts believe it to be inevitable.

Pandemics differ from the types of emergencies that Arizona schools commonly plan for, as the impact is generally long-term and beyond the scope of an individual school. A pandemic can result in the closing of schools for a prolonged period and even multiple times, because pandemics historically occur in waves. Nonetheless, the all-hazards approach that is employed by schools for emergency management is appropriate for pandemic preparedness.

## PLANNING ASSUMPTIONS

The following planning assumptions exist:

- If a pandemic event occurs, the whole community will be affected.
- Medical resources may not be readily available.
- Schools may have to close for prolonged periods of time.

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## PREVENTION AND MITIGATION STRATEGIES:

Schools can assist in prevention and mitigation of an influenza pandemic. The following recommendations come from the CDC and Arizona state and local health departments.

### In General:

- Stay informed by visiting the Arizona Department of Health Services web site, [www.azdhs.gov](http://www.azdhs.gov) and by staying in contact with your county or tribal health department. Contact information can be found at:

#### COUNTY PUBLIC HEALTH DEPARTMENTS

#### TRIBAL HEALTH DEPARTMENTS

- Provide school emergency contact information to your county or tribal health department.
- In coordination with your county or tribal health department, provide on-going communication to your school community.
- Obtain guidance from your local public health officials about reporting influenza-related absences.

### Students and Staff:

Continue to promote proper hygiene with students and staff, including frequent and thorough hand washing; covering coughs and sneezes with tissue or the elbow; and refraining from touching the eyes, nose, and mouth. If soap and water are not readily available, the use of alcohol-based hand sanitizers is recommended. Classroom resources for personal hygiene can be found at <https://www.cdc.gov/flu/school/>

- Be on alert for students and staff exhibiting influenza-like illness (ILI). Flu symptoms include fever (greater than 37.8°C or 100°F) or chills, plus cough or sore throat. Other possible symptoms are runny nose, lethargy, loss of appetite, and in some cases, nausea, vomiting, and diarrhea.
- Students and staff who have ILI should be separated from others (preferably in a separate room) until they can be sent home.
- Students and staff with ILI, who are at high-risk for complications, should speak with their health care provider as soon as possible. People at high-risk of complications

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include those who are pregnant, have asthma, diabetes, underlying heart or lung disease, have compromised immune systems, or have neuromuscular disease.

- It is recommended for students and staff with ILI to stay home for 24 hours after fever or chills resolve without use of fever-reducing medications. If there are members in the household with ILI, children are asked to remain home until all members of the household are free of ILI for at least 24 hours after fever or chills resolve without the use of fever-reducing medications.
- A physician's note is not necessary for previously ill children or staff to return to school. Healthcare resources during a pandemic will likely be overwhelmed, plus it is not advisable to congregate in places with many ill people, such as a doctor's office or a healthcare facility.
- School policies on sick-leave for staff and absences due to illness for students should be reviewed and modified to facilitate recommendations during a pandemic. Work with the district, school board, and appropriate labor unions regarding supporting ill staff in staying at home (e.g., providing adequate sick leave or utilizing telecommuting when appropriate).

## Parents:

- Ask parents to monitor their children daily for cough or sore throat. If either exists, check temperature with a thermometer for fever greater than 37.8°C or 100°F. Other possible symptoms are runny nose, lethargy, loss of appetite, and in some cases, nausea, vomiting, and diarrhea.
- Children with ILI should stay home for at least 24 hours after fever or chills resolve without the use of fever-reducing medications. Fever-reducing medications, which include medications containing acetaminophen or ibuprofen, are appropriate for use in individuals with ILI. Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have the flu because it can cause a rare but serious illness called Reye's syndrome.
- If there are members in the household with ILI, children are asked to remain home until all members of the household are free of ILI for at least 24 hours after fever or chills resolve without the use of fever-reducing medications.

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- Parents of children with ILI who are at high-risk for complications should contact their health care provider as soon as possible. People at high-risk of complications include those who are pregnant, have asthma, diabetes, underlying heart or lung disease, have compromised immune systems, or have neuromuscular disease.
- Encourage parents to develop contingency plans should their children become sick and need to stay home or in the event their school closes. Families may be able to develop support systems when childcare is needed (e.g., two to three families work together to supervise and provide care for a small group, five or less, of infants and young children while their parents are at work).

## AUTHORITY AND DECISION FOR SCHOOL CLOSURE

In Arizona, the authority to close a school lies with its governing body, but in public health emergencies that authority is also granted to county and tribal health departments. When faced with the decision on whether to close schools, school personnel will work with their county or tribal public health departments.

The rationale for school closure as a mitigation strategy is to provide social distancing that limits person-to-person transmission of the virus. School closure can assist in virus mitigation only if:

- Students do not congregate in large numbers (greater than five) in other places outside of school; and
- School staff also refrain from congregate events.

The decision of whether to close a school is complex; the potential benefits must be considered along with the societal burden. The Centers for Disease Control and Prevention (CDC) provides guidance to state and local health authorities who formulate policy for their own populations based on local conditions. The policy on school closure may vary by county and is subject to change as more information becomes available.

Under a declared state of emergency, the Governor and the Arizona Department of Health Services (ADHS) also have the authority to close schools. The following table provides the statutes and case law covering authority for school closure.

### Community-Based Containment Interventions

- When disease transmission is occurring in communities around the U.S., individual quarantine is much less likely to have an impact and likely would not be feasible to implement.
- Thus, community-based containment interventions (e.g., **closing schools** or restricting public gatherings) and emphasizing what individuals can do to reduce their risk of infection (e.g., hand hygiene and cough etiquette) may be more effective disease control tools.
- Although data are limited, **school closures** may be effective in decreasing spread of influenza and reducing the overall magnitude of disease in a community.
- The risk of infection and illness among children is likely to be decreased, which would be particularly important if the pandemic strain causes significant morbidity and mortality among children.
- Children are known to be efficient transmitters of seasonal influenza and other respiratory illnesses.
- Anecdotal reports suggest that community influenza outbreaks may be limited by closing schools.
- Results of mathematical modeling also suggest a reduction of overall disease, especially when schools are closed early in the outbreak. During WHO Phases 5 through 6 (Widespread Human Infection or Pandemic), parents will be encouraged to consider child care arrangements that do not result in re-aggregating the children outside the school setting.

### Measures that affect communities

Measures that affect entire communities (including both exposed and non-exposed persons), include:

- Promotion of community-wide infection control measures (e.g., respiratory hygiene/cough etiquette)
- “Stay Home Days” and self-isolation
- Closure of office buildings, shopping malls, **schools**, and public transportation (e.g., buses; see Supplement 9)

### FUNDING DURING SCHOOL CLOSURE

Schools are required to provide 180 days of instruction, or equivalent in minutes, per year. The Superintendent of Public Instruction may consider prolonged school closure due to pandemic as constituting one hundred percent absenteeism and therefore result in no disruption in funding.

### CONTINUITY OF EDUCATION INSTRUCTION

To the extent possible, schools are encouraged to continue instruction during periods of school closure due to an influenza pandemic or similar public health emergency. Continued instruction is important to maintain learning, and also to engage students in constructive activities while they are not in school. Engaging students to any degree will provide them with a sense of normalcy during a crisis situation, as well as providing a constructive outlet for interaction. Maintaining routine or normal activities during an emergency has been found to be a positive coping measure that assists with recovery following the crisis.

The continuity of education during a severe pandemic will depend on a variety of factors, such as the level of preparation for both schools and families and the availability of teachers. The possibilities range from exposure to learning content to the complete delivery of remote classroom education. Consideration should be given to the needs of all students while developing plans to continue providing education in light of a pandemic outbreak.

In addition to using paper copies of instructional materials, such as books, workbooks, and other documents sent by mail, districts and schools can employ a range of technology-based solutions to increase the probability that a significant number of students can continue their academic work. Levels of continuation and possible educational interventions include:

- **Exposure to Content:** Students will be able to view content that broadly relates to content areas, such as literacy and numeracy, but no focused skill development is expected. Age appropriate materials may include: books, textbooks, workbooks, worksheets, email, television (e.g., DVD, cable, satellite), and Internet content (e.g., websites, games).
- **Supplemental Content:** Students will be able to view and participate in activities that are directly related to grade-level skills, but there is no capacity for assessment or evaluation of work. Limited progress is expected. In addition to the materials listed above, more specific subject-matter could be provided through content download (e.g., using mp3 players, iPods, and cell phones) and communication by phone (e.g., conference calls and one-on-one calls.)
- **Partial Continuation:** Students will be able to access grade-level and subject-matter content. Continued learning is possible; if instructional support (including assessment

and evaluation of work) is provided through another medium. Measurable student progress is possible. Materials and instructional methods used might include those previously listed, as well as synchronous online learning (e.g., chat, streaming, video, instant messaging, and/or web conferences.)

- **Full Continuation:** Students will be able to access grade-level and subject-matter content. Instructional support is provided, including assessment and evaluation of work. Measurable student progress is expected. Materials and instructional methods used might include all those listed above as well as asynchronous online learning with capability for remote communication and assessment (e.g., email, learning management systems that deliver, track, and manage classes or projects).



### SPECIAL EDUCATION CONSIDERATIONS

The federal Individuals with Disabilities Education Act (IDEA) requires states to make a free appropriate public education (FAPE) available to all children with disabilities. In the event of a school closure, schools must serve the needs of children with disabilities if the school maintains programs for its general student population. The school must create strategies that provide students with disabilities with educational benefits commensurate with those provided to the general population. If a school does *not* provide services to its general student population during a school closure, it is not required to provide such services to children with disabilities.

Schools should consider in advance how they will work with parents of children with disabilities during a closure. Special education and related services for children with disabilities are outlined in an Individualized Education Program (IEP) and each student's IEP team should consider if/how special education and related services will be provided during a closure. Schools should take into consideration alternate methods for providing educational services to children with disabilities, such as home visits, television programming, the internet, or closed-circuit programming.

If, however, it proves impossible to provide full services during a closure, the IEP team must subsequently make an individualized determination of whether compensatory services are required. Key to this determination is whether the student who did not receive full services continued to make progress during the closure. This individual determination should assess what additional efforts – including, but not limited to, services before or after school, after-school activities, extended school days - are needed to allow the student to recoup lost time. If the school year was extended for the general student population, it must be extended for students with disabilities as well.

### CONTINUITY OF SOCIAL SERVICES

In the event of an influenza pandemic or similar public health emergency, schools are encouraged to facilitate delivery of health and social services that students may have received at school or that home bound families may need. To the extent possible, it is recommended that schools

- Provide school nurses, counselors, school psychologists, special-needs teachers, social workers, or other personnel with guidance on maintaining needed health, counseling, and social services for students with physical and mental/emotional healthcare needs.
- Encourage school nurses, counselors, school psychologists, social workers, or other personnel to establish supportive long-distance relationships with particularly vulnerable students in accordance with district teacher/staff/student communication policies.
- Work with state and local governments and faith-based and community-based organizations to facilitate the provision of any needed assistance or resources for students and families.
- Encourage families to continue accessing services.
- Establish a system for facilitating the communication between families and service providers regarding continuation of services.
- Assist families in accessing health and social services by identifying public and private organizations that provide services during a public health emergency.

To the extent possible, schools are also encouraged to inform families in need of other options for obtaining nutrition assistance when schools are not in session or when students are homebound, such as:

- Providing information on local food banks, food pantries and/or soup kitchens. Faith-based organizations may also be of assistance in providing food to vulnerable children who receive free and reduced-price meals. Information to families should include the name and location of the food bank/pantry/kitchen, operating hours, and any other information needed to access their benefits.

- The Arizona Department of Economic Security’s Nutrition Assistance (NA) Program, formerly known as the Food Stamp Program, may be available in your community. Schools can work with their local NA offices to obtain outreach information and materials on how to apply. Information on NA offices by zip code can be found at [www.azdes.gov/faa](http://www.azdes.gov/faa) (Nutrition Assistance).
- Other community programs may be able to provide food assistance. For example, some schools and community organizations participate in privately-funded “backpack” programs that send food home with children for evenings and/or weekends. If such resources exist in your community, program operators may be able to coordinate an extension of the program during periods of school closure or when students are homebound.

**[CLICK HERE FOR ADDITIONAL INFORMATION ON FOOD ASSISTANCE DURING EMERGENCIES AND PANDEMICS.](#)**

**[CLICK HERE FOR ADDITIONAL INFORMATION ON USDA FOOD PANDEMIC SCHOOL REOPENING](#)**

When school closure is a result of a pandemic, schools will be advised to reopen by public health authorities. The process for reopening a school after a pandemic is similar to processes already established for reopening after summer and other breaks. Depending upon the severity of the pandemic, procedure for reopening may require attention to special considerations.

An influenza pandemic can result in a change in student enrollment and staffing due to illness and/or death and can significantly affect a schools ability to reopen. Prior to reopening a school, changes in student enrollment and staffing should be assessed to determine which schools can reopen and when. This may require additional assessment of essential functions, skills, and reassignment of staff responsibilities to accommodate lack of staffing in any particular area.

Prior to reopening, in addition to routine maintenance, it is recommended that hard surfaces are cleaned, especially those that are frequently touched such as door knobs and telephones. Common disinfectants can be used; no extraordinary measures are required.

Additional information from the CDC on how to clean and disinfect schools to help slow the spread of flu may be found at: <https://www.cdc.gov/flu/school/cleaning.htm>

Returning staff and students are likely to be impacted in some way by the pandemic (e.g., loss of a loved one, hospitalization, economic loss). It is important, to the extent possible, to assess the

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personal impact of the pandemic on staff, students, and their families prior to reopening in order to obtain the resources needed for recovery. It is recommended that schools:

- Debrief students and staff in order to re-establish normalcy and an environment conducive to learning.
- Address the mental health needs of students and staff resulting from the stress of the pandemic.

Historically, influenza pandemics occur in multiple waves, therefore it is recommended that schools continue with prevention and mitigation strategies for staff, students, and parents. Communication with local public health authorities will remain an important component of ongoing preparedness.

### USE OF FACILITIES AND STAFF BY PUBLIC HEALTH AUTHORITIES

Districts and schools are encouraged to partner with county/tribal health departments on other needs related to influenza pandemic, in particular the use of school facilities. Local health departments are required to secure sites for vaccinations and dispensing medications to their jurisdictions' populations. ARS §15-1105(B) allows districts to offer the use of their facilities without compensation with approval from the governing board.

It is recommended that either an Intergovernmental Agreement (IGA) or Memorandum of Understanding (MOU) be utilized to ensure the details of the partnership are understood by each party. Agreements already executed between some schools and county health departments include the following items:

- General provisions on the use of the facilities
- School district legal authority to enter into agreements for use of facilities
- Purpose of the use of facilities (vaccination sites, dispensing medications, etc.)
- Emergency contact information
- Use of school equipment and supplies
- Hazardous materials waste removal (to include bio-hazards)
- Site security
- Repairs and cleaning/sanitizing facilities
- Fees or reimbursement of expenses, if applicable
- Indemnification clauses
- Insurance provisions

Public health officials might also request use of skilled district or school personnel to dispense vaccinations or medications. It is up the discretion of the district to allow regular work hours to be spent on this volunteer activity.

### VACCINATION SITES

Public high schools can be considered as a site for mass vaccination clinics during a pandemic. The rationale for using high schools is:

- 464 high schools are located throughout the state and their locations correlate with the state's population. [<http://arizona.educationbug.org/public-schools>, accessed 2-12-2018]
- In general, high schools provide adequate facilities needed to operate mass vaccination clinics, including adequate parking and refrigeration.
- High school locations are accessible and commonly known to Arizona residents.
- High schools may be shut down during an emergency of this nature.
- The Arizona Department of Education (ADE) has indicated that high schools would be a suitable venue for mass vaccination clinics. The ADE has made the verbal commitment to encourage schools and school districts to partner with ADHS and local health departments in mass vaccination clinic planning. The ADE noted that this type of function aligns with school emergency response activities and expects school cooperation.

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CITATION	REFERENCE	INTERPRETATION
<b>MILITARY AFFAIRS AND EMERGENCY MANAGEMENT</b>		
<b>A.R.S. § 26-303(D) &amp; - (E)</b>	State of emergency, Governor authority over agencies and law enforcement power	The Governor does not have authority over public schools. However, the State may take action to mitigate the damage that would be caused by an epidemic.
<b>A.R.S. § 26-301.15</b>	State of emergency and Governor's authority.	The Department of Health may perform necessary activities to mitigate potential damage that would be caused by an epidemic. This would include school closure for public and private schools.
<b>PUBLIC HEALTH AND SAFETY</b>		
<b>A.R.S. § 36-624</b>	County health department authority to quarantine and sanitary measures to prevent contagion	School closure is a mitigation strategy that can be considered sanitary measures.
<b>Globe District v. Board of Health, 1919</b>	County health department authority to close schools	Allows the county health dept. and the department of health services to close schools (and many other institutions) for pandemic.
<b>ARS § 36-787</b>	Health department authority during state of emergency for planning and executing public health, mitigation, coordination of local authorities	Authority over local authorities includes schools.
<b>ARS § 36-788</b>	Health department authority in isolation and quarantine	Authority already provided by 36-787.

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DEPARTMENT OF EDUCATION		
<b>A.R.S. § 15-183(E)(1)</b>	Charters must comply with health and safety rules, regulations and statutes	If a school closure order is issued pursuant to A.R.S. § 36-624 to prevent a contagion, a Charter Operator must comply with orders from a county health department.
<b>A.R.S. § 15-1105(B)</b>	Use of facilities and staff by public health authorities	Public high schools can be considered as a site for mass vaccination clinics during a pandemic outbreak.
<b>A.R.S. § 36-673</b>	Authorization for school nurse to administer required immunizations.	On request by a school nurse...local health department shall train and authorize school nurse to administer required immunizations.



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### **Authorized to give limited or specific drugs/vaccines:**

#### **School Nurse**

ARS 36-673 - A local health department, on request by a school nurse and approval by the school administrator, shall train and authorize the school nurse to administer required immunizations.

#### **Education Campaigns**

Public health education campaigns that involve community partners will be designed to build public confidence in the ability to cope with an influenza pandemic.

Partners will include **schools**, faith-based organizations, community-based organizations, businesses, and local government institutions that can help educate the public and provide support to families and persons who are incapacitated by illness.

### **[Additional Flu Information Available for Schools](#)**

#### **SCHOOLS**

CDC School District (K-12) Pandemic Influenza Planning and Childcare and Preschool Pandemic Influenza Planning information:<https://www.cdc.gov/flu/school/>