

# School Board Briefing

Emergency Management  
Issues

September 27, 2007

# Micro - School Level Plans

- Crisis Management Workbook
- Online Template

# Macro - Systemwide Plan

- Incidents involving multiple schools
- Incidents that overwhelm an individual school's ability to manage
- Implementation of Fairfax County EOP that involves FCPS obligations
  - Shelter
  - Mass feeding
  - Transportation
  - Damage assessment
  - Debris removal

# Pandemic Flu Response Plan

# Pandemic Influenza

- Global disease outbreak
  - Emergence of a new influenza A virus into the human population
  - Causes serious illness because individuals have no existing immunity
  - Adapts into a strain capable of spreading easily from person to person worldwide
- Currently, there is no influenza pandemic anywhere in the world

# When Will it Happen?

- No one can predict the timing, nature and severity, or what the new virus will be.
- Experts worldwide believe near term pandemic may be imminent.

# What Would an Influenza Pandemic Look Like?

# What to Expect During Pandemic

- Simultaneous impacts in communities across the U.S., limiting the ability of any municipality or county to provide support and assistance to other areas.
- The virus will have the ability to spread rapidly worldwide. The pandemic waves will last about two to three months in a community outbreak. Must be prepared for multiple waves and reintroduction.
- There may or may not be a prior warning of a coming pandemic based on reliable reports from the Center for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Efficient and sustained person-to-person transmission signals an imminent pandemic.



# What to Expect During Pandemic

- Persons who become ill may shed the virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness.
- Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission. On average, infected persons will transmit infection to approximately two other people.
- Susceptibility to the pandemic influenza virus will be universal.

# What to Expect During Pandemic

- Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- An overwhelming burden of ill persons will require hospitalization or outpatient medical care; of those that become ill with influenza, 50% will seek outpatient medical care.

# What to Expect During Pandemic

- Enormous demands will be put on the healthcare system resulting in critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of bodies, and other resources. Healthcare workers and other first responders may be at higher risk of exposure and illness than the general population, further straining the healthcare system.
- Delays and shortages in the availability of vaccines and antiviral drugs are known and these measures will be federally distributed. In the early phases of a pandemic, vaccine or specific prophylactic medication may not be available. It may take six months to produce an adequate supply of vaccine.

# What to Expect During Pandemic

- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
- Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.

# What to Expect During Pandemic

- Disruption of national community infrastructures including transportation, commerce, utilities and public safety will likely occur.

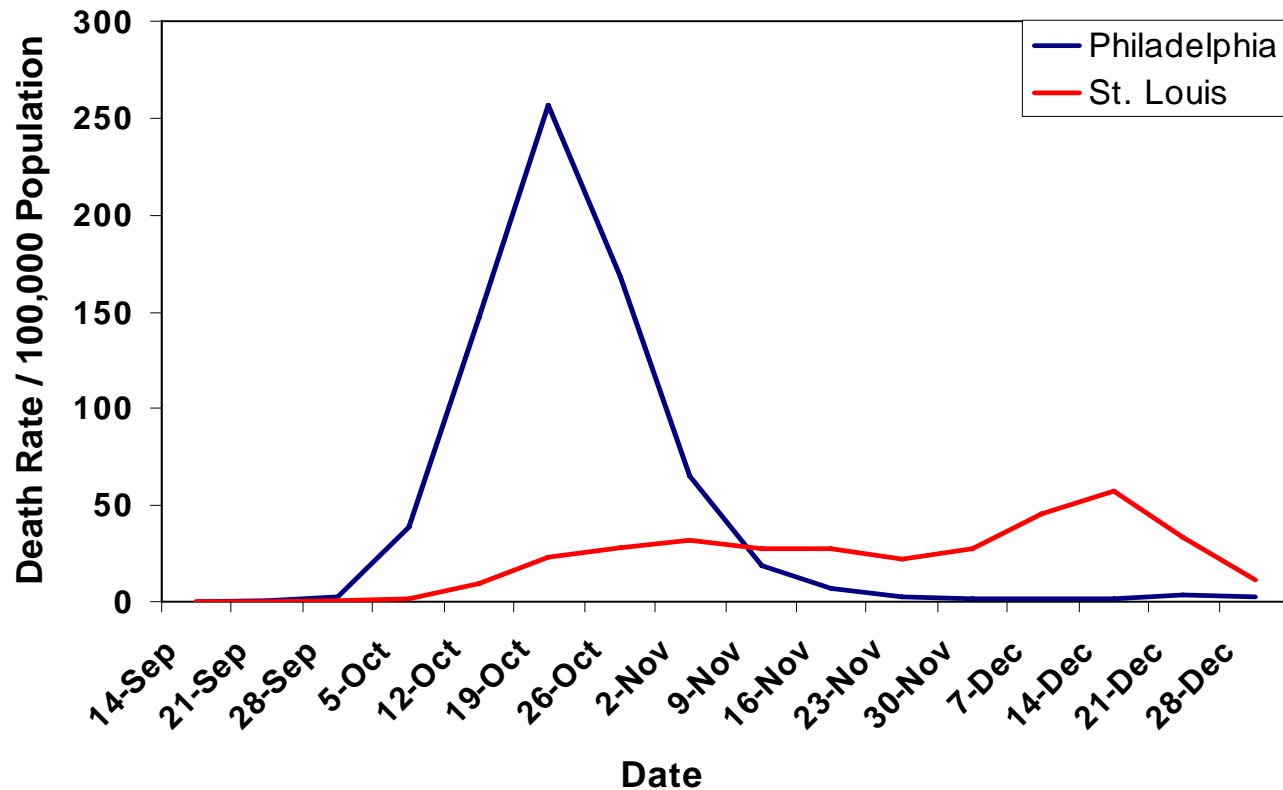
# A 1918 Pandemic Today Would Exact a Horrible Toll\*

- 50% or more of those who become ill will seek medical care

Severe Pandemic (1918-like)	
Illness	90 million (30%)
Outpatient medical care	45 million (50%)
Hospitalization	9,900,000
ICU care	1,485,000
Mechanical ventilation	745,500
Deaths	1,903,000

\*Data is for U.S. only

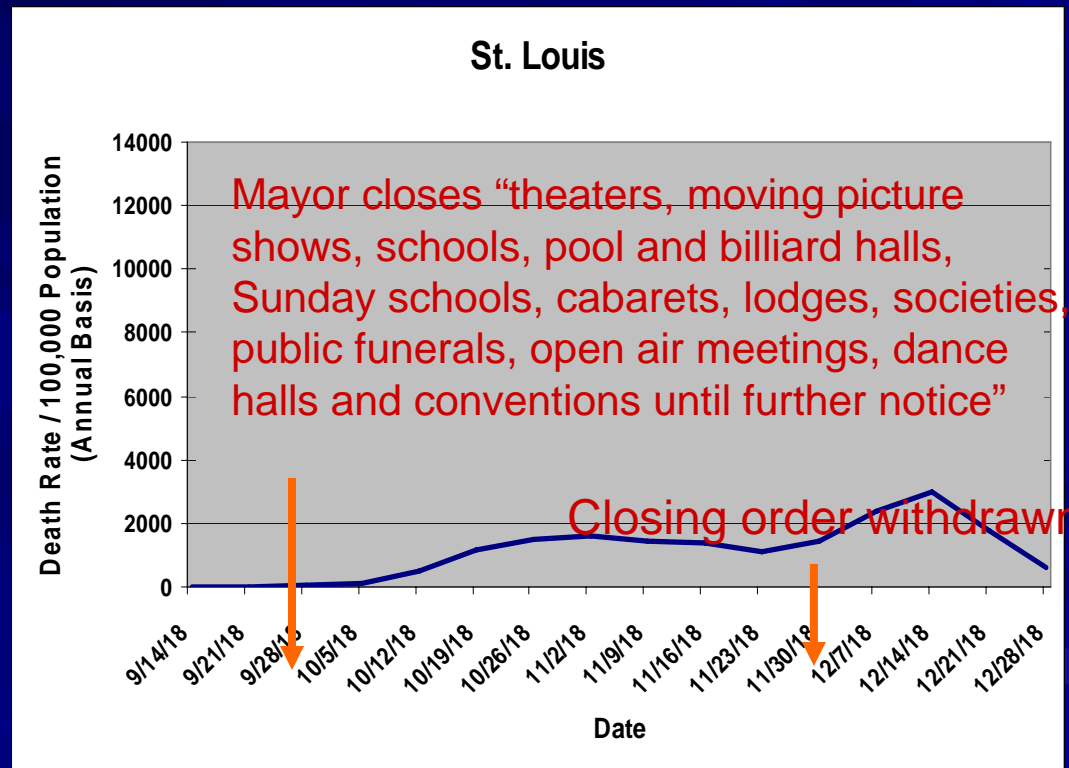
# Excess influenza mortality in Philadelphia and St. Louis



Source: Hatchett, Mecher, & Lipsitch. Public health interventions and epidemic intensity during the 1918 influenza pandemic. PNAS Early Edition. April 6, 2007



# St. Louis





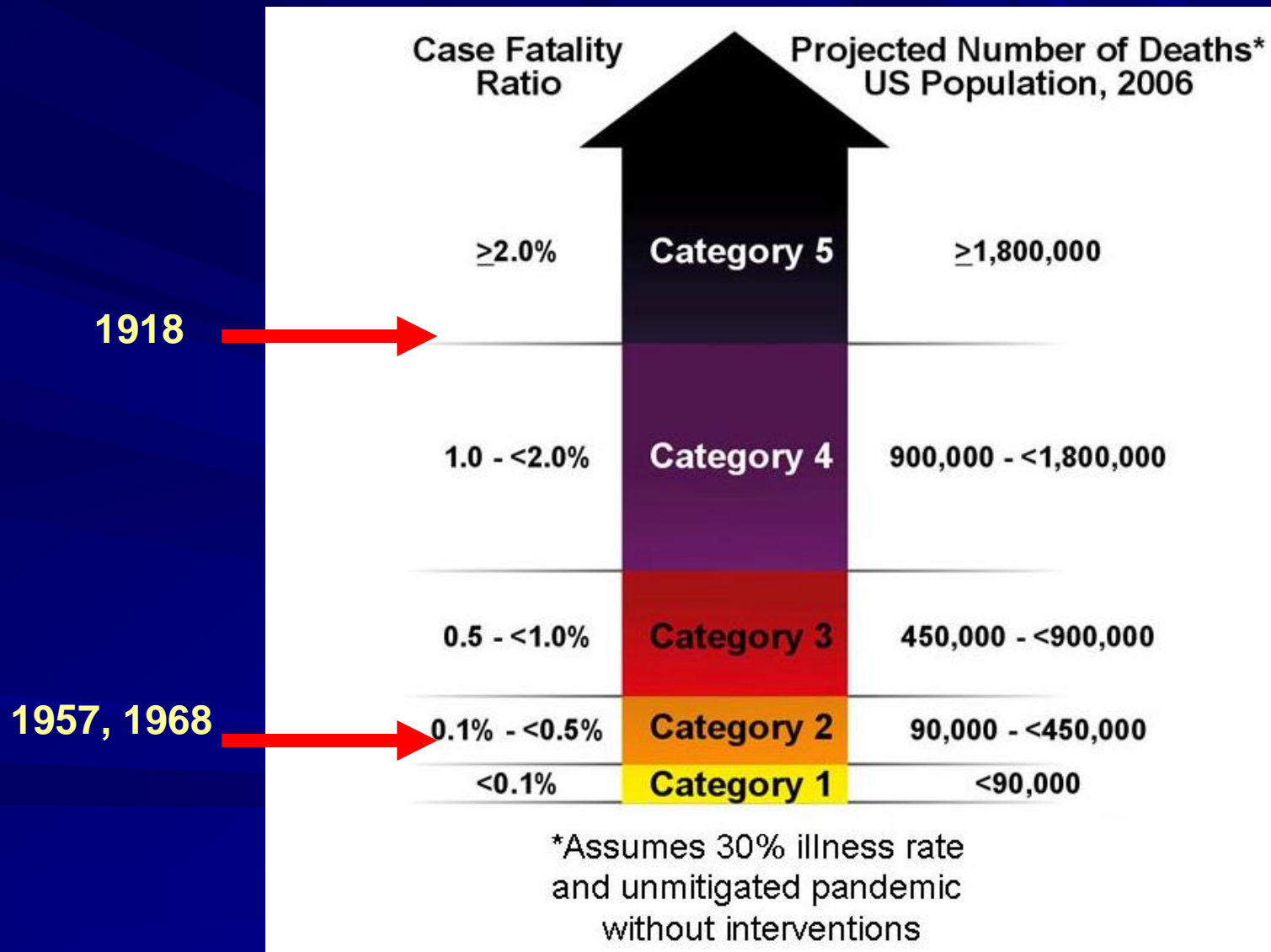


# Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—

Early, Targeted, Layered Use of Nonpharmaceutical Interventions



# Pandemic Severity Index



## Community Mitigation Interventions by Pandemic Flu Severity

Interventions by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b>			
<b>Voluntary isolation</b> of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend	Recommend	Recommend
<b>Voluntary quarantine</b> of household members in homes with ill persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider	Recommend
<b>School</b>			
<b>Child social distancing</b> –dismissal of students from schools and school-based activities, and closure of child care programs	Generally not recommended	Consider: ≤ 4 weeks	Recommend: ≤ 12 weeks
reduce out-of-school contacts and community mixing	Generally not recommended	Consider: ≤ 4 weeks	Recommend: ≤ 12 weeks

## Community Mitigation Interventions by Pandemic Flu Severity

Interventions by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Workplace/Community Adult social distancing</b>  –decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)  –increase distance between persons (e.g., reduce density in public transit, workplace)  –modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)  –modify workplace schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend
	Generally not recommended	Consider	Recommend

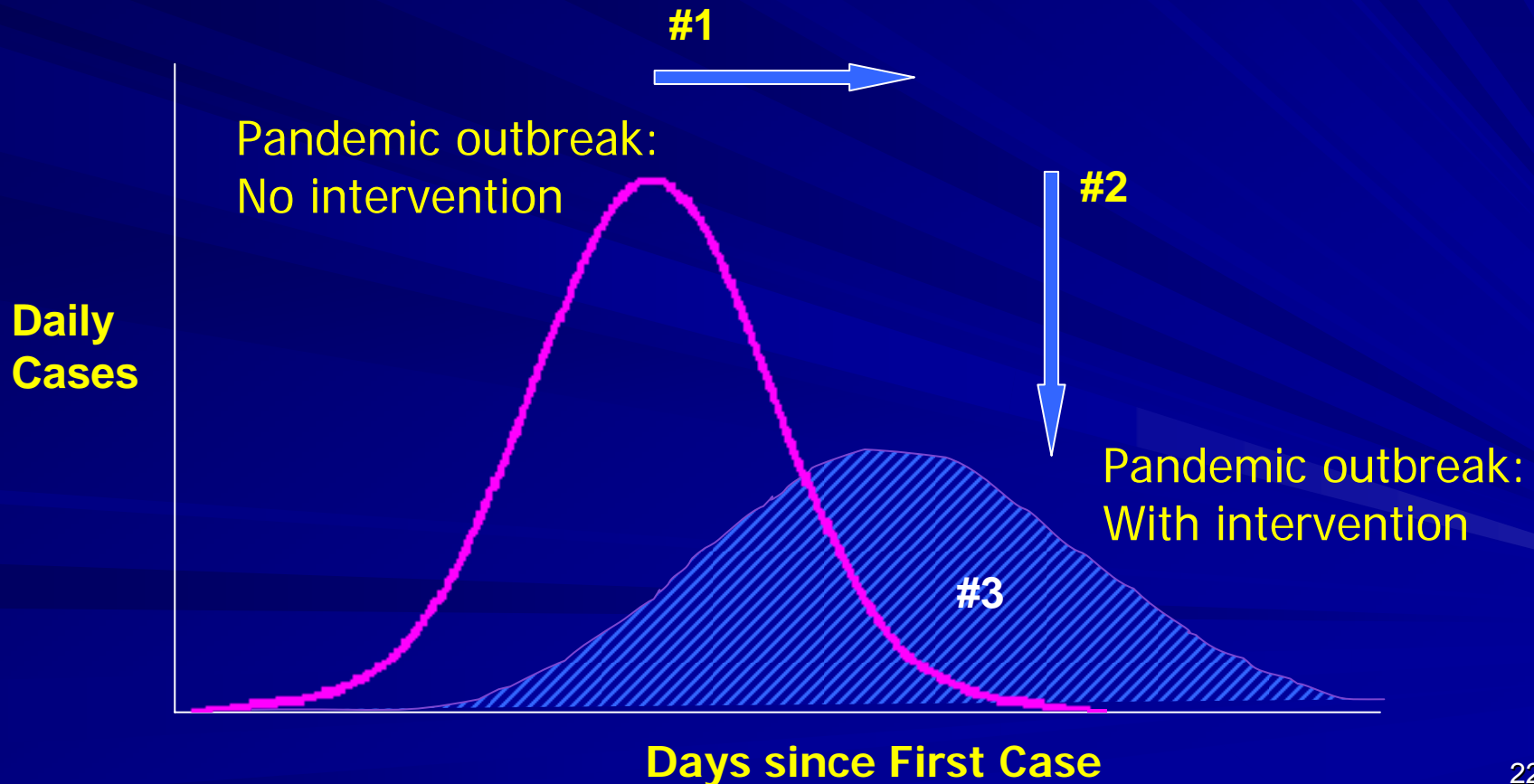
# Community Mitigation Interventions (Nonpharmaceutical Interventions)

1. Asking sick people to stay home and treating them with antiviral medications
2. Asking household members of a sick person to stay home (and providing antiviral prophylaxis to household contacts, if stockpile permits and medication is effective)
3. Dismissing children from schools and closing childcare and keeping kids and teens from re-congregating and mixing in the community
4. Social distancing at work and in the community

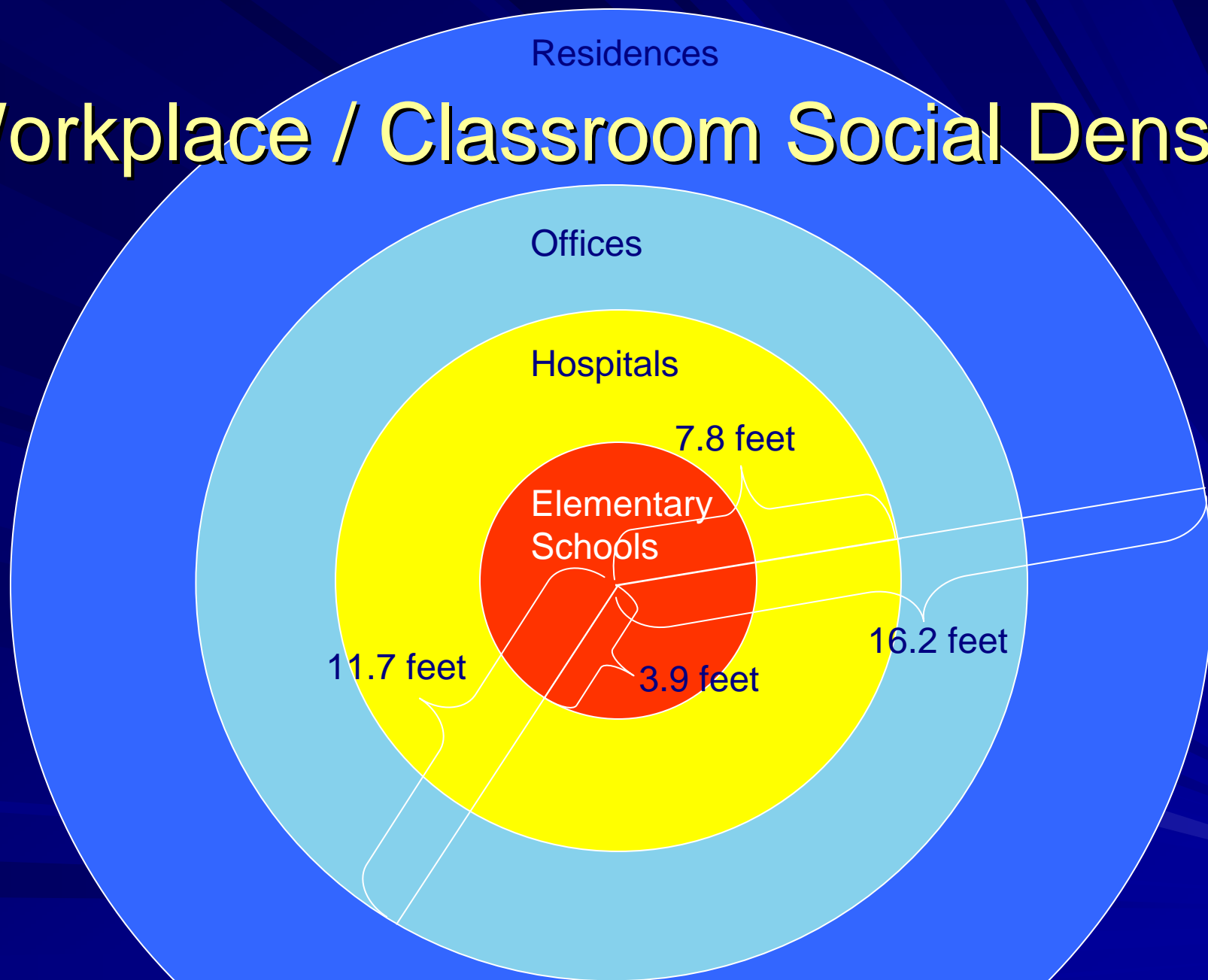
**Implementing measures in a uniform way as early as possible during community outbreaks**

# Community-Based Interventions

1. Delay outbreak peak
2. Decompress peak burden on hospitals / infrastructure
3. Diminish overall cases and health impacts

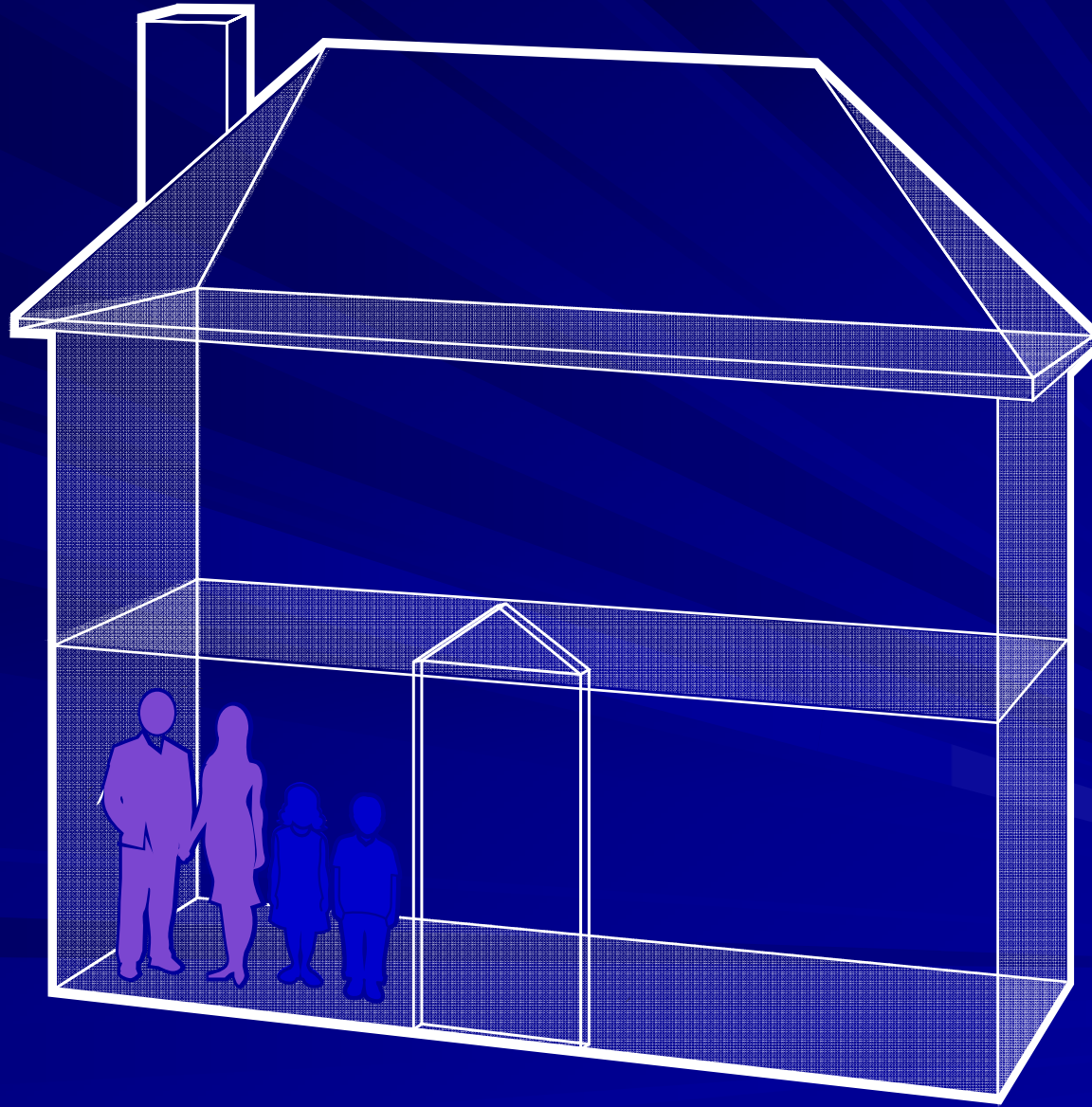


# Workplace / Classroom Social Density



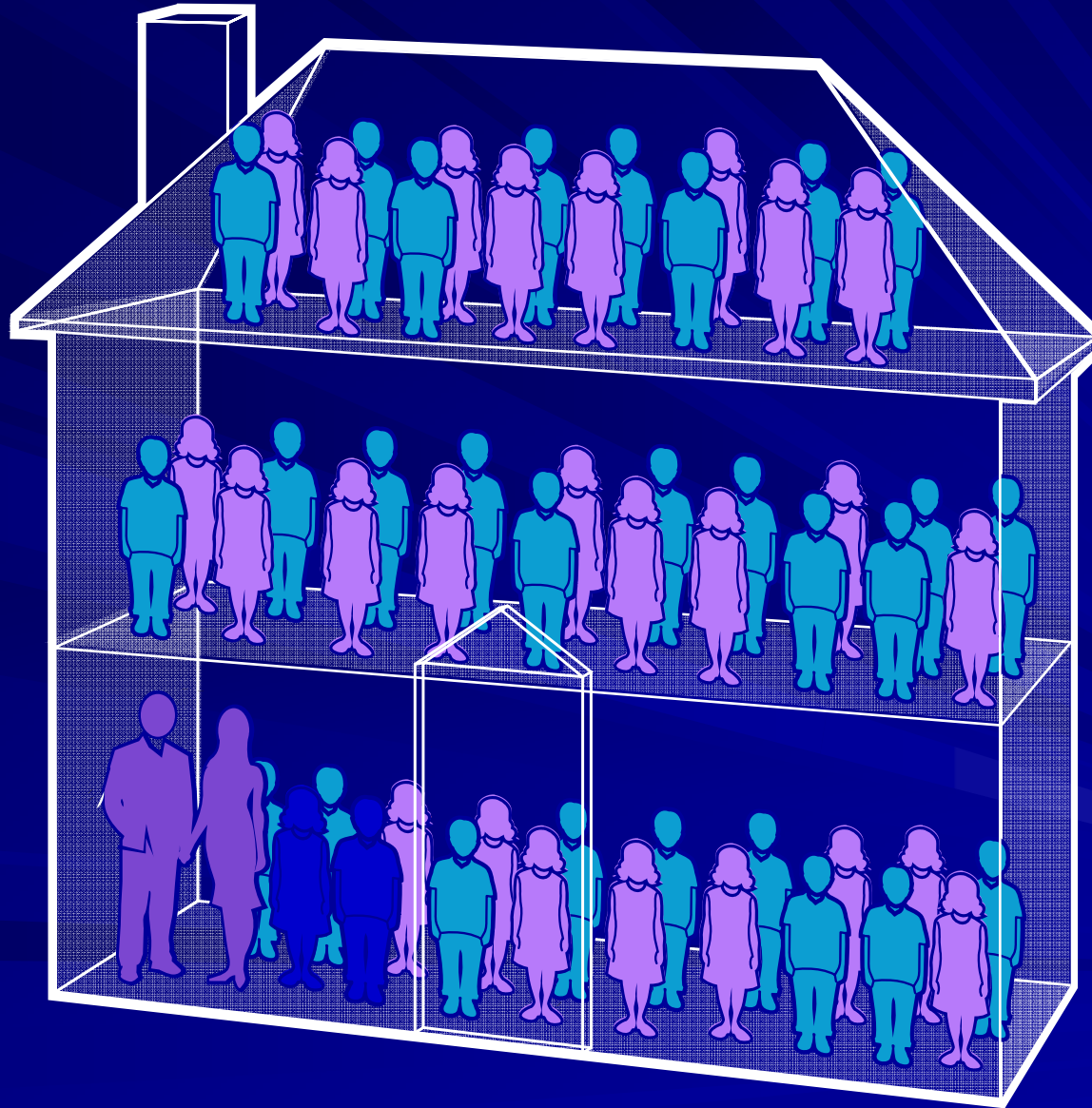


# Spacing of people: If homes were like schools





# Spacing of people: If homes were like schools



# Secondary Effects on Individuals and Communities

## ■ Individuals and Families

- Income/job security related to absenteeism—especially prolonged absenteeism related to school dismissal and child minding
- Protecting children from exposure
- Continuity of Education
- Lack of school services, including school-based meals
- Fear, worry, stigma
- Access to essential goods and services
- Home-based healthcare

## ■ Communities

- Maintaining business continuity--absenteeism
- Sustaining critical infrastructure
- Reduced availability of essential goods and services (supply chain)
- Supporting vulnerable populations

**These and other consequences may occur in the absence of community-wide interventions, as a result of spontaneous action by the public.**

# FCPS Plan Components

- Base Plan
- Action Matrix
- Department Appendices
- Specific Issues
- Improvement Plan
- Personal Protection Equipment
- Miscellaneous Information

# Base Plan

- Purpose and Objectives
- Essential Functions Definition
- Planning Scenarios (Open & Closed)
- Planning Assumptions (NPI implemented)
- Plan Implementation and Response Actions
- Responsibilities
- Plan Maintenance

# Action Matrix

- Considers Pandemic Period/Stage
- Includes severity categories
- Summarizes FCPS major activities/decisions
- Incorporates FCPS Response Steps

# Department Appendices

- Arranged by office for major departments
- Identifies lines of succession for each office
- Identifies essential and non-essential functions
- Identifies and computes minimum staffing and key personnel
- Uses both planning scenarios

# Specific Issues

- Asked some departments to answer key questions
- Used to identify areas and issues that need addressing
- Cross department dependencies



# Improvement Plan

- Capture main issues that remain to be resolved
- Identifies responsible department
- Coordination/dependencies noted
- Status and due dates
- Once main issues resolved, move to others



# Personal Protection Equipment (PPE)

- CDC information
- Occupational Safety and Health Administration guidelines
- Limited impact on FCPS employees
- Stockpiling of PPE
- Fit Testing program
- Funding

# Questions