SANTA ROSA COUNTY DISTRICT SCHOOL

PANDEMIC PLAN

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SANTA ROSA COUNTY DISTRICT SCHOOLS PANDEMIC PLAN

I. INTRODUCTION

A. PURPOSE

1. Santa Rosa County District School (SRCDS) Mission Statement
   SRCDS will implement a comprehensive Pandemic Plan in order to facilitate the continuity of operations to provide necessary educational services to the students of Santa Rosa County if a Pandemic affects the Gulf Coast of Florida. This plan can be modified at any time by the SRCDS Safety Director. This plan will be reviewed and updated at a minimum of once per year.

2. SRCDS Goals
   SRCDS is dedicated to ensuring that each student, faculty, and staff member has a safe and secure environment in which to educate and be educated. Achieving this goal will take the combined efforts of multiple agencies to include SRCDS, BOCC, FDOH of Santa Rosa County, students, and parents/guardians. The Department of Health (DOH) is the proponent agency for Pandemic response. The SRCDS plan is written to be an adjunct to, not a replacement for, Santa Rosa County Health Department Pandemic Influenza Plan.

3. Objective
   The primary objectives of the SRCDS Pandemic Plan are to reduce morbidity, and mortality, in students, staff and faculty resulting from a pandemic incident.

B. SCOPE

This plan is applicable to Santa Rosa County School District

II. POLICIES

A. National Strategy for Pandemic Influenza (May 2006)
The President announced the *National Strategy for Pandemic Influenza (Strategy)* on November 1, 2005. The *Strategy* provides a high-level overview of the approach that the Federal Government will take to prepare for and respond to a pandemic and articulates expectations of non-Federal entities to prepare themselves and their communities. The *Strategy* contains three pillars: (1) preparedness and communication; (2) surveillance and detection; and (3) response and containment. *(Ref 1: ch 1, pg 1)*

The National Response Framework
It is important that the Federal Government have a defined mechanism for coordination of its response. *The National Response Framework* (NRF) is the primary mechanism for coordination of the Federal Government response to terrorist attacks, major disasters, and other emergencies, and will form the basis of the Federal pandemic response.

Public Health Service (PHS) Act
Section 319(a) of the Public Health Service (PHS) Act (42 U.S.C. 247d), authorizes the HHS Secretary to declare a public health emergency and “take such action as may be appropriate to respond” to that emergency consistent with existing authorities. Appropriate action may include, as otherwise authorized, making grants, providing awards for expenses, entering into contracts, and conducting and supporting investigation into the cause, treatment, or prevention of the disease or disorder that presents the emergency. The Secretary’s declaration also can be the first step in authorizing emergency use of unapproved products or approved products for unapproved uses under section 564 of the Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3), or waiving certain regulatory requirements of the Department, such as select agents requirements, or—when the President also declares an emergency—waiving certain

Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) provisions. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.), the Federal Emergency Management Agency (FEMA), Department of Homeland Security, is authorized to coordinate the activities of Federal agencies in response to a Presidential declaration of a major disaster or emergency, with HHS having the lead for health and medical services. The President may also declare an emergency under the National Emergencies Act (50 U.S.C. 1601 et seq.) *(Ref 2; App E, pg E30)*

Homeland Security Presidential Directive 5 (HSPD-5)

Management of Domestic Incidents, February 23rd, 2003. This directive establishes policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities.

Pursuant to the NRP, as the primary agency and coordinator for Emergency Support Function #8 (Public Health and Medical Services), the Secretary of Health and Human Services will lead Federal health and medical response efforts and will be the principal Federal spokesperson for public health issues, coordinating closely with DHS on public messaging pertaining to the pandemic. Pursuant to HSPD-5, as the principal Federal official for domestic incident management, the Secretary of Homeland Security will provide coordination for Federal operations and resources, establish reporting requirements, and conduct ongoing communications with Federal, State, local, and tribal governments, the private sector, and Non-Governmental Organizations (NGOs). In the context of response to a pandemic, the Secretary of Homeland Security will coordinate overall non-medical support and response actions, and ensure necessary support to the Secretary of Health and Human Services' coordination of public health and medical emergency response efforts. *(Ref 1: ch 1, pg 3)*

Homeland Security Presidential Directive 7 (HSPD-7)

Homeland Security Presidential Directive 7 (HSPD-7), DHS coordinates overall domestic incident management and Federal response procedures under the NRP and National Incident Management System (NIMS). Under the NRP, DHS is responsible for coordinating the protection of the Nation's critical infrastructure, and within the framework of Emergency Support Function #8 - Public Health and Medical Services (ESF #8) for the deployment of available NDMS medical, mortuary, and veterinary response assets. *(Ref 1; ch 6, pg 115)*

Homeland Security Presidential Directive 8 (HSPD-8)

National Preparedness, December 17th, 2003. The purpose of HSPD-8 is to "establish policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal**,** establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities."

This Plan supports Homeland Security Presidential Directive 8 (HSPD-8) by identifying coordinated preparedness and response actions to combat pandemics. All actions in this Plan emphasize coordination of effort among Federal, State, and local entities. The purpose of HSPD-8 is to establish "policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities."

B. State Resolutions

The State of Florida "Influenza Pandemic Annex to the Emergency Operations Plan", provides State guidance for dealing with a Pandemic.
Chapter 252, Florida Statutes:

- Allows Governor's powers during state of emergency.
- Governor's authority delegated to Department of Community Affairs, Division of Emergency Management, for direction and control of emergency management.
- Allows Governor and Division to delegate authority to carry out critical functions to protect the peace, health, safety, and property.

Chapter 381, F.S. Section 381.0011, F.S. Department of Health- Communicable Disease and Quarantine

- Authorizes the department to administer and enforce laws and rules relating to control of communicable disease or unsafe conditions that threaten public health
- Authorizes the department to declare, enforce, modify, and abolish quarantine of persons, animals, and premises.
- Authorizes testing, treatment, closure, destruction and disinfection of persons, animals and premises.

Section 381.00315, F.S. Department of Health-Public Health Emergencies and Advisories

- Supplements the State Health Officer power, by adding authority to declare public health emergencies and issue public health advisories.

Section 110.504, F.S. State Agencies -Sovereign Immunity for State Officers and Employees

- Protects state employees who administer immunizations as part of their official duties.

Section 120.54, F.S. State Agencies

- Allows state agencies to adopt temporary emergency rules when there is immediate danger to public health, safety, or welfare without going through the normal rule making process.

Section 381.0012, F.S. Department of Health - Enforcement Authority

- Authorizes the department to maintain necessary legal action through judicial procedures and directs state and county attorney, law enforcement, and city and county officials upon request to assist the department to enforce the state health laws and rules.

C. County Plans

- Santa Rosa County Health Department Pandemic Influenza Plan (2020); Florida Department of Health in Santa Rosa County Quarantine, Isolation and Social Distancing Plan (2019); Communicable Disease School Health Manual.
- SRCDS will follow the guidelines established in this document, which supports the Santa Rosa County Health Department Pandemic Influenza Plan, the Florida Department of Health in Santa Rosa County Quarantine, Isolation and Social Distancing Plan, and the Florida Department of Health in Santa Rosa County's 'Communicable Disease School Health Manual".

III. SITUATION

A. INCIDENT CONDITION

A pandemic is a worldwide disease outbreak that is characterized by sustained human to human transmission. The sustainment of a pandemic occurs because there is little to no immunity to a novel disease. A future pandemic in humans is considered a certainty by the scientific community. Influenza viruses caused three pandemics in the 20th century and a novel avian influenza virus is cited in scientific publications and federal and state planning documents as the most likely source for a future pandemic. There are other diseases, however, that could be the source of a pandemic, as indicated by the surprising rise of the H1N1 swine flu as a worldwide threat that fortunately proved to have a much lower mortality rate than the H5N1. Additionally, the Ebola (spread through contact with the body fluids of a contagious individual) epidemic in Africa in 2014 has been the deadliest epidemic of this disease in history. The procedures outlined in this annex are applicable to a pandemic occurrence regardless of the source.

The influenza virus can survive on surfaces for hours to days, depending on the surface, but it survives on hands for less than 5 minutes. Hand washing has been shown to reduce transmission of respiratory illness, in general, in the specific setting of military trainees, but there is no specific scientific evidence related to flu.

On January 11, 2020, Chinese health authorities preliminarily identified more than 40 human infections with novel coronavirus in an outbreak of pneumonia under investigation in Wuhan City, Hubei Province, China. Chinese health authorities subsequently posted the full genome of the so-called “novel coronavirus 2019”, or “2019-nCoV”, in GenBank ®, the National Institutes of Health genetic sequence database.
The Centers for Disease Control and Prevention (CDC) continues to monitor this outbreak, which includes over 300 confirmed human cases in China and several deaths. Exported cases from Wuhan have been identified in Thailand, Japan, the Republic of Korea, and the United States. Early on, many cases reportedly had some link to a large seafood and animal market, suggesting animal-to-human spread. However, a growing number of cases reportedly have not had exposure to animal markets, suggesting limited person-to-person spread is occurring, though it is unclear how easily or sustainably the virus is spreading between people.
Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people, as seen with Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome.
There is an ongoing investigation to determine more about this outbreak. This is a rapidly evolving situation. This document may become outdated as situations change.
On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, COVID-19. (ref: 5)

B. PLANNING FACTORS

1. Susceptibility to the pandemic virus will be universal.

2. Efficient and sustained person-to-person transmission signals an imminent pandemic.

3. The clinical disease attack rate will be 30 - 50 percent in the overall population during a pandemic. Illness rates for influenza like illnesses will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.

4. Some persons will become infected with influenza but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.

5. While the number of patients seeking medical care from influenza like illnesses cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral medications for

treatment, this proportion may be higher in the next pandemic.

6. Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.

7. 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 percent 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.

8. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days. COVID 19 has an incubation period of 2-14 days.

9. Persons who become ill with influenza like illnesses may shed virus and can transmit infection for one-half 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 will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more virus over a longer period of time, and they control their secretions less well. Ebola patients are not contagious until they start exhibiting signs of the illness.

10. On average, infected persons will transmit infection to approximately two other people.

11. Epidemics will last 6 to 8 weeks in affected communities.

12. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty. *(Ref 1; ch 2, pg 25)*

IV. CONCEPT OF OPERATIONS

Notification

The Department of Health will notify counties and other stakeholders through established notification venues. For more information on health notification procedures for a suspected or confirmed novel virus, see FDOH of Santa Rosa County Pandemic Influenza Plan. Some pandemics may have precursor diseases that can be mitigated by knowledge of the disease. Schools should adhere to the reporting criteria in the School Board approved (Sep 2019) FDOH of Santa Rosa County's 'Communicable Disease School Health Manual".

Continuity of Operations

- Institute a mandatory "Cover the Cough" curriculum for all classrooms.
- Report appropriately in accordance with the FDOH of Santa Rosa County's 'Communicable Disease School Health Manual".
- Develop and implement universal hand washing procedures.
- Order supplies such as appropriate masks (tissues), gloves, anti-bacterial and waterless hand soap & dispensers, etc.
- Distribute information to parents and staff regarding the disease, personal preparedness checklist, and the District plan.
- Teachers develop a standardized grade specific template for web based instructional units.

Delegation of Authority

Clearly pre-established delegations of authority are vital to ensuring that all organizational personnel know who has the authority to make key decisions in a COOP (Continuity of Operations Plan) situation.

Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical. *(Ref 1; ch98, pg 166).* The SRCDS Continuity of Operations Lines of Succession apply for pandemics.

Unlike other potential COOP situations that occur without warning, organizations can plan for a pandemic. Under normal conditions, if employees are on annual or sick leave, alternates are normally designated to provide back-up in the staff member's absence.

To supplement the current workforce for conditions of significant absenteeism associated with a pandemic, organizations may consider cross-training and preparing ancillary workforce members (e.g., contractors, employees in other job titles/descriptions, retirees) to maintain daily functionality in the presence of anticipated staffing shortages. *(Ref 1; ch 9, pg 169)*

A. LOCAL RESPONSE

SRCDS

The SRCDS plan will be implemented in support of FDOH of Santa Rosa County directives.

Mitigation and Prevention

The District will encourage parents and community members to learn more about Pandemic Influenza by accessing outside resources including the internet sources such as:

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/flu

World Health Organization (WHO)
http://www.who.int/topics/influenza/en/

Florida Department of Health in Santa Rosa
http://santarosa.floridahealth.gov/

Hand Washing and Respiratory Etiquette Sites

National Science Foundation (NSF) Scrub Club
http://www.scrubclub.org/home.aspx

It's a SNAP (School Network for Absenteeism Prevention
http://www.itsasnap.org/index.asp

Stopping the Germ at Home, Work and School
http://www.cdc.gov/germstopper/

Cover That Cough Game
http://www.aahealth.org/coughgame.asp

CDC Ounce of Prevention Program
http://www.cdc.gov/ounceofprevention/

Implement FDOH recommendations:

During flu season, and FDOH recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed. We encourage you to

continue to stress these common guidelines with all members of the school community, students, staff and parents:

- If you are sick, stay home.
- Wash your hands often with soap and warm water for at least 20 seconds.
- Carry and use alcohol-based hand sanitizer.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Call ahead before visiting your doctor.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Monitor your symptoms.

Stage One - This stage would be initiated if/when a virus mutates to person-to-person transmission and arrives in the United States.

- Schools report appropriate diseases in accordance with the FDOH of Santa Rosa County's'Communicable Disease School Health Manual 2019".
- Custodians change cleaning duties to emphasize classroom disinfecting
- Teachers begin working in grade level teams to develop web based instructional assignments
- Computer technology staff begin modifying computers for check-out to students

Stay Home

People who are sick should stay home. Children should not go to school if they are sick. To limit the spread of disease during a pandemic, staying home will be necessary. It is extremely important to listen to what your community health leaders are advising and to follow their instructions. (Ref 8)

Protecting Personnel during a Pandemic

All organizations, whether government or private sector, large or small, are supported by three primary assets: people, communications, and physical infrastructure. Unlike other catastrophic events, an influenza pandemic will not directly affect the communications or physical infrastructure of an organization, but an influenza pandemic *will* directly affect an organization's people. Therefore, it is critical that organizations anticipate the potential impact of an influenza pandemic on personnel, and consequently, the organization's ability to continue essential functions. As part of that planning, organizations will need to ensure that reasonable measures are in place to protect the health of personnel during a pandemic. *(Ref 1; ch 9, pg 169)*

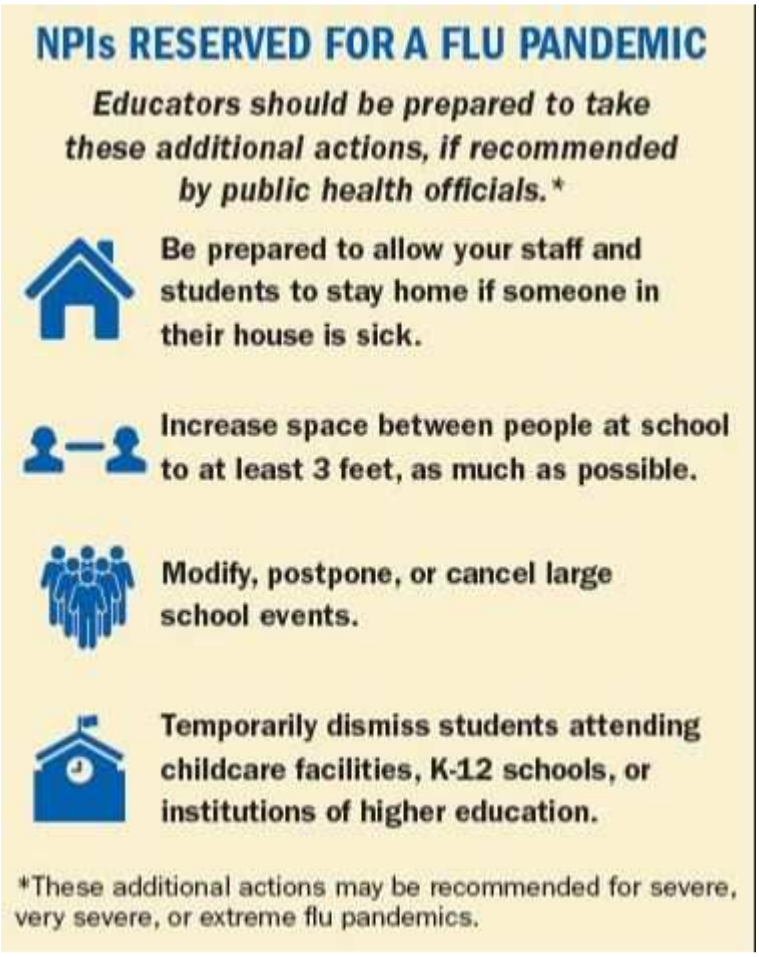
Stage Two – This stage would be initiated when a case appears in the County

- Begin "Social Distancing"
- Cancel all assemblies
- Institute minimum days (no lunch at schools)
- Close childcare
- Teachers remain after students leave and develop/correct web based lesson plans

a. Promote and encourage social distancing

Two ways of increasing social distance activity restrictions are to cancel events and close buildings or to restrict access to certain sites or buildings. These measures are sometimes called "focused measures to increase social distance."
Social Distancing refers to measures to increase social distance, or activity restrictions. An example of increasing social distance is to cancel events and close or restrict access to certain buildings. Depending on the situation, this may include cancellation of public events (concerts, sports events, movies, plays, etc.,) and closure of recreational facilities (community swimming pools, youth clubs, gymnasiums, etc.,) and even schools. Closure of office buildings, stores, schools, and public transportation systems may be practical community containment measures during an outbreak or pandemic. (Ref: 7)

Social Distancing Definition
Most outbreak situations will not warrant isolation or quarantine measures, but social distancing is much more likely to be employed. Children and adolescents can play a major role in the transmission of disease either in school or in other social settings. For highly infectious pathogens that infect at least 50% of the population, closing schools and canceling public events may be necessary to decrease transmission. For even more infectious pathogens, closure of workplaces may be considered. In these situations, the DOH-Santa Rosa Health Officer / Administrator or designee will provide information and education to county officials and large employers to encourage various telework options that allow employees to work virtually from home. This is particularly important if schools are also closed as many parents would need to take off work to care for their children since group care would be advised against as well. For less infectious pathogens, schools and workplaces may not be impacted. However, DOH-Santa Rosa staff may advise working with local officials and community partners to reschedule non-critical social gatherings. (Ref: 7)



b. Implement a stay at home policy for employees who are sick with any disease process that exhibits a fever, coughing or sneezing.

c. Department directors should have the authority to implement a work from home plan which will allow District work to be accomplished without exposing additional personnel to potential expose by having to work in the office.

d. Practice the responses in table 2 below and disseminate this information as widely as possible.

Response	Individuals and Families	At School	At Work	Faith-Based, Community, and Social Gatherings
Be Prepared	Review Individuals and Families Planning Checklist www.pandemicflu.gov	Review School Planning Checklists www.pandemicflu.gov	Review Business Planning Checklist www.pandemicflu.gov	Review Faith-Based and Community Organizations Preparedness Checklist www.pandemicflu.gov
Be Aware	Identify trusted sources for information; stay informed about availability/use of anti-viral medications/vaccine	Review school pandemic plan; follow pandemic communication to students, faculty, and families	Review business pandemic plan; follow pandemic communication to employees and families	Stay abreast of community public health guidance on the advisability of large public gatherings and travel
Don't Pass it On	If you are ill--stay home; practice hand hygiene/cough etiquette; model behavior for your children; consider voluntary home quarantine if anyone ill in household	If you are ill--stay home; practice hand hygiene/cough etiquette; ensure sufficient infection control supplies	If you are ill--stay home; practice hand hygiene/cough etiquette; ensure sufficient infection control supplies	If you are ill--stay home; practice hand hygiene/cough etiquette; modify rites and religious practices that might facilitate influenza spread
Keep Your Distance	Avoid crowded social environments; limit non-essential travel	Prepare for possible school closures; plan home learning activities and exercises; consider childcare needs	Modify face-to-face contact; flexible worksite (telework); flexible work hours (stagger shifts); snow days	Cancel or modify activities, services, or rituals; follow community health social distancing recommendations
Help Your Community	Volunteer with local groups to prepare and assist with emergency response; get involved with your community as it prepares	Contribute to the local health department's operational plan for surge capacity of health care (if schools designated as contingency hospitals)	Identify assets and services your business could contribute to the community response to a pandemic	Provide social support services and help spread useful information, provide comfort, and encourage calm

Table 2 – Individual, Family and Community Response to Pandemic Flu

Risk Management in Occupational Settings

Organizations developing specific strategies to protect personnel should consider the factors that contribute to overall risk -- including the patterns of social contact entailed by specific positions, the health risk of employees for complications related to influenza, and other forms of social risk — and the feasibility of interventions designed to reduce social contacts or interrupt disease transmission. After completing such an assessment, organizations can tailor interventions to the particular needs of individuals, based on their personal health risk and the roles they play within the organization. To the extent possible, organizations should individualize the implementation of risk reduction strategies.

There are two basic categories of intervention: (1) *transmission interventions*, such as the use of facemasks and careful attention to cough etiquette and hand hygiene, which may reduce the likelihood that contacts with other people lead to disease transmission; and (2) *contact interventions*, such as substituting teleconferences for face-to-face meetings, telecommuting, the use of other social distancing techniques, and the implementation of liberal leave policies for persons with sick family members, which may eliminate or reduce the likelihood of contact with infected individuals. Interventions will have different costs and benefits, and be more or less appropriate or feasible, in different settings and for different individuals. *(Ref 1; ch 9, pg 173)*

Infection control measures are critically important for the protection of personnel. The primary strategies for preventing pandemic influenza are the same as those for seasonal influenza: (1) vaccination; (2) early detection and treatment; and (3) the use of infection control measures to prevent transmission. However, when a pandemic begins, a vaccine may not be widely available, and the supply of antiviral drugs may be limited. The ability to limit transmission and delay the spread of the pandemic will therefore rely primarily on the appropriate and thorough application of infection control measures in health care facilities, the workplace, the community, and for individuals at home.

Simple infection control measures may be effective in reducing the transmission of infection. There are two basic categories of intervention: (1) *transmission interventions,* such as the use of facemasks in health care settings and careful attention to cough etiquette and hand hygiene, which might reduce the likelihood that contacts with other

people lead to disease transmission; and (2) *contact interventions,* such as substituting teleconferences for face-to-face meetings, the use of other social distancing techniques, and the implementation of liberal leave policies for persons with sick family members, all of which eliminate or reduce the likelihood of contact with infected individuals. Interventions will have different costs and benefits, and be more or less appropriate or feasible, in different settings and for different individuals. *(Ref 1: ch 1, pg 13)*

Stage Three – This stage would be initiated when either the County Health Department instructs the schools to close or a seminal event occurs involving a student, staff member or a relative of close proximal distance. Pandemic Flu is in World Health Organization Stage VI.

- Schools are closed
- Teachers continue developing/correcting web based lessons
- Parents complete independent study applications (on line)
- Computers "checked out" to families who don't have computers

Recovery Stage – This stage begins when schools are re-opened

- Continue web based lessons
- Schools reopen on a minimum day schedule
- Administration looks at restructuring the instructional year to recover lost instructional time

SRCDS will communicate with the County Health Department regarding when it is safe for the district to resume normal operation. When it is determined to be safe to resume, the district will notify the community in advice via normal media routes as described in the Crisis Communication Plan. The district will relay to the community information regarding expectations and schedule changes.

As SRCDS resumes normal operation it will remain in contact with the Health Department regarding disease surveillance and any need to return to a response mode. It is estimated that pandemic flu will come in waves and understood that the recovery process may repeat several times.

SRCDS will prepare in advance of re-opening for needs of staff and students. If available, local mental health professional will be requested in school buildings to assist staff and student emotion needs when school resumes. The district will follow the procedures outlined in the recovery portion of this plan. (Ref: 8)

This initial plan will be reviewed and modified as new information and guidelines become available. There are more unanswered questions than there are answered questions. Agencies and circumstances beyond the District's control will determine many of the District's responses. (Ref: 6)

B. STATE RESPONSE

State Quarantine

If necessary, State and local law enforcement agencies, with assistance from their State's National Guard as needed, will normally enforce quarantines or other containment measures ordered by State or local authorities. Customs and Coast Guard officers may assist in enforcing State quarantines at the direction of the Secretary of Health and Human Services. At the request of State and local authorities, if authorized under the Emergency Law Enforcement Assistance Act, and with appropriate deputations under Federal, State, and local law, Federal law enforcement officers can assist in State and local quarantine enforcement. If directed by the President pursuant to the Insurrection Act, the military may suppress domestic unrest associated with resistance to a State quarantine. *(Ref 1; ch 8, pg 158)*

The States, which enact quarantine statutes pursuant to their police powers, are primarily responsible for quarantine within their borders. *(Ref 1: ch 1, pg 12)*

Florida Department of Health

- Evaluate the process and outcome of individual and collective responses of all parties to an influenza pandemic.
- Take measures to improve or enhance its respective role in response capacity and research activities.
- All Offices, Divisions and Bureaus will prepare After Action Reports (AAR) and documentation as requested by Division of Emergency Medical Operations.

C. FEDERAL RESPONSE

The goals of the Federal Government response to a pandemic are to: (1) stop, slow, or otherwise limit the spread of a pandemic to the United States; (2) limit the domestic spread of a pandemic, and mitigate disease, suffering and death; and (3) sustain infrastructure and mitigate impact to the economy and the functioning of society. The center of gravity of the pandemic response, however, will be in communities. The distributed nature of a pandemic, as well as the sheer burden of disease across the Nation over a period of months or longer, means that the Federal Government's support to any particular State, Tribal Nation, or community will be limited in comparison to the aid it mobilizes for disasters such as earthquakes or hurricanes, which strike a more confined geographic area over a shorter period of time. Local communities will have to address the medical and non-medical effects of the pandemic with available resources. This means that it is essential for communities, tribes, States, and regions to have plans in place to support the full spectrum of their needs over the course of weeks or months, and for the Federal Government to provide clear guidance on the manner in which these needs can be met. *(REF 1: ch 1, pg 2)*

The response to an influenza pandemic could require, if necessary and appropriate, measures such as isolation or quarantine. Isolation is a standard public health practice applied to persons who have a communicable disease. Isolation of pandemic influenza patients prevents transmission of pandemic influenza by separating ill persons from those who have not yet been exposed. Quarantine is a contact management strategy that separates individuals who have been exposed to infection but are not yet ill from others who have not been exposed to the transmissible infection; quarantine may be voluntary or mandatory. The States, which enact quarantine statutes pursuant to their police powers, are primarily responsible for quarantine within their borders. The Federal Government also has statutory authority to order a quarantine to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States or from one State or possession into any other State or possession. Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic is on the list of specified communicable diseases for which Federal quarantine is available. *(Ref 1: ch 8, pg 12)*

D. REFERENCES

1. National Strategy for Pandemic Influenza Implementation Plan
2. HHS Pandemic Flu Plan (November 2005)
3. Influenza Pandemic Plan for State of Florida Department of Health, Version 9.1, 2005 – 2006
4. http://www.globalsecurity.org/security/ops/hsc-scen-3_flu-pandemic-distancing.htm
5. Novel Coronavirus (2019-nCoV) Enhanced Surveillance Guidance for County Health Departments (CHDs) Version 1 | January 22, 2020
6. Moraga School District Pandemic Flu Plan November 2006
7. Get Your School Ready for Pandemic Flu (April 2017)
8. Pandemic Influenza Plan Lancaster City Schools (2008)

9. Department of Health in Santa Rosa County's 'Communicable Disease School Health Manual".

This Plan utilized the above references during development, and where possible the above resources were referenced accordingly.

Additional disease specific information

https://www.cdc.gov/coronavirus/2019-ncov/index.html
http://www.floridahealth.gov/diseases-and-conditions/COVID-19/

Log of changes

Feb 2020	**Plan Created**	**Daniel Hahn, Safety Director**