



Anniston City Schools

Pandemic Preparedness Response Plan

I. Background

This emergency preparedness planning document addresses how the State of Alabama Department of Education (ALSDE) and the Anniston City Board of Education (ACBOE) respond to pandemic events through its School System and Individual School Safety Plan. This document was developed utilizing assumptions and protocols based on pandemic influenza, however these protocols are appropriate for all respiratory pandemic events. This document will be periodically reviewed and updated by the ACBOE Health Services Coordinator as directed by the ALSDE Pandemic Preparedness Executive Planning Committee and the State School Nurse Consultant, to ensure that information contained within the document is consistent with current knowledge and changing infrastructure.

II. Purpose

The ACBOE has developed this Pandemic Preparedness Plan (PPP) to appropriately prepare and respond to a pandemic outbreak.

III. Assumptions

Pandemic preparedness planning is based on the following general assumptions:

- Susceptibility to the pandemic influenza/COVID-19 subtype will be universal.
- The clinical disease attack rate will be 30% in the overall population. 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.
- Of those who become ill with influenza/COVID-19, 50% will seek outpatient medical care.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10 fold between more and less severe scenarios. Because the virulence of the influenza/COVID-19 virus that causes the next pandemic cannot be predicted, two scenarios are presented based on extrapolation of past pandemic experience.

Risk Groups for severe and fatal infections cannot be predicted with certainty.

- During annual fall and winter influenza season, infants and the elderly, persons with chronic illnesses and pregnant women are usually at higher risk of complications from influenza/COVID-19 infections. In contrast, in the 1918 pandemic, most deaths occurred among young, previously healthy adults.
- The typical incubation period (the time between acquiring the infection until becoming ill), for influenza averages two (2) days; COVID-19 incubation period is estimated at five (5) days. We assume this would be the same for a novel strain that is transmitted between people by respiratory secretions.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two (2) days of illness. **Children will shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.**
- On average about two (2) secondary infections will occur as a result of transmission from someone who is ill. Some estimates from past pandemics have been higher, with up to about three (3) secondary infections per primary case.
- In an affected community, a pandemic outbreak will last about 6 to 8 weeks. At least two (2) pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.
- **The seasonality of a pandemic cannot be predicted with certainty.** The largest waves in the U.S. during 20th century pandemics occurred in the fall and winter. Experience from the 1957 pandemic may be instructive in that the first U.S. cases occurred in June but no community outbreaks occurred until August and the first wave of illness peaked in October.

Pandemic Preparedness planning is based on the following ALSDE assumptions:

- In the event of a pandemic the ALSDE will have minimal resources available for LEA assistance, therefore, Anniston City Schools will be responsible for school specific pandemic preparedness and response plans, including the modification of this document to be Anniston City Schools Specific.
- Local communities may have emergency preparedness plans and/or pandemic preparedness plans in place. The local community leaders and Anniston City Schools will communicate existing plans for effective implementation to minimize the pandemic effect.
- An effective response to pandemic influenza/COVID-19 will require coordinated efforts of a wide variety of organizations, including public, private, health, and non-health related.
- The federal government has limited resources allocated for State and local plan implementation, therefore **the ALSDE will provide supplementary resources in the event of a pandemic**, which may include the redirection of personnel and monetary resources from other programs.
- The federal government has assumed the responsibility for developing materials and guidelines, to include basic communication materials for the general public on influenza/COVID-19, influenza vaccine, antiviral agents, and other relevant

topics: information and guidelines for health care providers: and training modules. Until these materials are developed, the ALSDE in conjunction with the Alabama Department of Public Health provide such materials for the LEA's.

- A novel influenza/COVID-19 virus strain will likely emerge in a country other than the United States, but could emerge in the United States and possibly Alabama.
- According to the federal government it is highly likely that a moderate to severe shortage and possibly no vaccine will exist early in the course of the pandemic.
- The supply of antiviral medications for prevention and treatment of influenza/COVID-19 will be limited.
- Infection control measures, such as, isolating the sick, screening travelers, and reducing the number of public gatherings, may help to slow the spread of influenza/COVID-19 early in the pandemic period.
- Federal and State declarations of emergency will change legal and regulatory aspects of providing educational services during a pandemic.
- A pandemic will pose significant threats to the educational process due to wide spread absenteeism.

IV. Pandemic Influenza Phases

The World Health Organization (WHO) and the CDC have defined phases of pandemic Influenza in order to assist with planning and response activities in states. Identification and declaration of the stages outlined in Table 1 will be done at the national level.

Table 1. WHO Pandemic Phases

WHO PANDEMIC PHASES
<i>Interpandemic period</i>
Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
<i>Pandemic alert period</i>
Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
Phase 4. Small cluster(s) with limited human- to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. ^b
Phase 5. Larger cluster(s) but human-to- human spread still localized, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). ^b
<i>Pandemic period</i>
Phase 6. Pandemic phase: increased and sustained transmission in general population. ^b

<i>Postpandemic period</i>
Return to phase interpandemic period.

^a The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; other information from the viral genome; and/or other scientific information.

^b The distinction between *phase 3*, *phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical location and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information.

Reference: WHO/CDS/CSR/GIP/2005.5: WHO global influenza preparedness plan. World Health Organization, Department of Communicable Disease Surveillance and Response. Global Influenza Programme. 2005.

Table 2. LEA Pandemic Influenza/COVID-19 Alert Matrix (Epidemic Respiratory Infection)

What type of transmission is confirmed?	Where are the cases?	Are the cases in Alabama/at LEA?	Alert Level
None or sporadic cases only	Anywhere in the world, outside the United States and bordering countries (Canada, or Mexico)	NO	Preparation/Ready (Novel Virus Alert)
Person-to-person transmission	Anywhere outside the United States and bordering countries	NO	Level I-Green (Pandemic Alert)
Person-to-person transmission	In the United States, Canada, and Mexico	NO	Level II-Yellow (Pandemic Imminent)
Person-to-person transmission	In Alabama or bordering states	YES	Level III-Orange (Pandemic)
Person-to-person transmission	In Alabama/Anniston City Schools	YES	Level IV-Red (Pandemic)

V. Authority/Legal Preparedness

The ALSDE has designated the U.S. Department of Health & Human Services (HHS) to oversee the pandemic planning process in cooperation with local health agencies and partners. During a pandemic, HHS will have primary responsibility for:

- Making recommendations to local health departments, health care providers and facilities, and the general public to aid in minimizing the spread of influenza/COVID-19,
- Maintaining surveillance systems to monitor the spread of disease,
- Keeping the public informed.

While no provision of law addresses pandemic influenza/COVID-19 specifically, some statutory provisions authorize relevant actions. The ALSDE and LEAs should be knowledgeable of the following legal issues to effectively plan and respond to pandemic:

- Alabama laws and procedures on quarantine, isolation, closing premises, and suspending public meetings to minimize the spread of the virus.
- Statutes for mandatory vaccination during an infectious disease emergency.
- Medical volunteer licensure, liability, and compensation for ALSDE and LEA health care providers.
- Workers' compensation laws as they apply to health care providers and other essential personnel who have taken antivirals for prophylaxis.

VI. Response Activities by Level of Alertness

A. Level **Ready & Green (LEA alert matrix)/Interpandemic period (WHO)**

1. Access Control
2. Surveillance, Screening and Triage
3. Infection Control/Precautions
4. Communication/Education
5. Additional Preparedness Activities

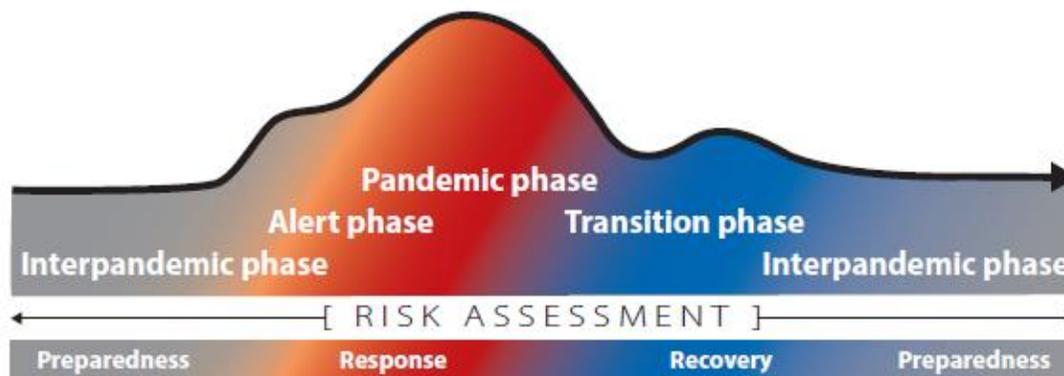
B. Level **Yellow & Orange (LEA alert matrix)/Pandemic Alert Period (WHO)**

1. Access Control
2. Surveillance, Screening and Triage
3. Infection Control/Precautions
4. Communication/Education
5. Additional Preparedness Activities

C. Level **Red (LEA alert matrix)/Pandemic Period (WHO)**

1. Access Control
2. Surveillance, Screening and Triage
3. Infection Control/Precautions
4. Communication/Education
5. Additional Preparedness Activities

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Influenza pandemics occur when a new (novel) influenza virus emerges against which people have little or no immunity, and spreads around the world. Influenza/COVID-19 viruses that have caused pandemics in the past have typically originated from animal influenza viruses that have mutated to new forms able to infect humans. To prevent or delay potential influenza/COVID-19 pandemics, close coordination between animal and human health sectors is needed, to detect and control these novel viruses in animal populations before they are able to infect human populations.

Once a novel influenza virus is able to infect and be transmitted between humans, a pandemic is likely to occur. Because people will have little or no immunity to the new virus, influenza pandemics will affect a large proportion of the global population and put significant stress on health-care systems. A moderate or severe pandemic will also strain other essential services and cause substantial social and economic impacts. Countries should therefore have multisectoral preparedness and response plans that outline their policies, strategies and operations to manage this all-of-society emergency.

The recurring nature of influenza pandemics makes them an important public health threat to prepare for; it also presents opportunities to strengthen preparedness to manage other health threats. Many of the core capacities needed to manage an influenza pandemic – in areas such as coordination, surveillance, laboratories and risk communication – are common to the management of other public health emergencies and are recognized in the International Health Regulations (IHR) (2005) (1). Thus, maintaining a national

pandemic plan as part of a multihazard public health emergency plan contributes to overall national preparedness and global health security.

ANNISTON CITY PANDEMIC PREPAREDNESS MATRIX

PANDEMIC PHASE	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert) (In addition to Preparedness/Readiness)	Level II- Yellow (Pandemic Imminent) (In addition to Level I)	Level III-Orange (Pandemic) (In addition to Level II)	Level IV-Red (Pandemic) (In addition to Level III)
SUPERINTENDENT OF EDUCATION	<ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Services Coordinator for updates on the pandemic. ● Direct Custodial Supervisor, Principals and Department heads to monitor periodic cleaning of work areas. ● Direct the Health Services Coordinator to report all suspected and confirmed cases of the pandemic to the Superintendent, County Health Department, and appropriate medical personnel. ● See attached contingency plans for essential staff and operations under prolonged staff shortages or shortages of other resources. 	<ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. ● Authorize distribution of informational posters that promote respiratory hygiene cough/sneeze etiquette within work area. ● Offer and encourage staff to receive annual on-site influenza/COVID-19 vaccine. ● Direct Health Services Coordinator to provide Staff training on pandemic awareness, proper hand hygiene, cough/sneeze etiquette and use of PPE. 	<ul style="list-style-type: none"> ● Maintain weekly contact with the LEA Health Services Coordinator for updates on the pandemic. ● Authorize Distribution of PPE to appropriate personnel. ● Implement work area periodic cleaning plan. ● Implement the ALSDE Health Services plan for suspected and confirmed cases of pandemic infections. ● Direct the system administrators to limit or discontinue travel outside of the school district. 	<ul style="list-style-type: none"> ● Maintain daily contact with the Health Services Coordinator for updates on the pandemic. ● Direct the system administrators to inform personnel experiencing signs and symptoms of the pandemic to remain at home for 24 hours, until fever free without the aide of fever reducing agents and/or until released by a physician. ● Direct system administrators to limit or discontinue travel within the school district. ● Authorize Distribution of surgical masks to appropriate personnel. ● Direct Health Services Coordinator to Notify ALSDE, County Health Department, and appropriate medical personnel of detected cases of the pandemic. ● Superintendent will work with Board Attorney on granting administrative leave on a case by case basis. 	<ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the Health Services Coordinator for updates on the pandemic. ● ACBOE, with guidance from the County Health Department, will identify close contacts in the department to a suspect or confirmed case of the pandemic. Contacts are defined as those who spent >15 minutes within 3 feet of the case during his/her infectious period (2 days before illness onset to five days after illness onset). ● Direct system administrators to suspend all work from work areas (Central Office, etc.). ● Superintendent will work with Board Attorney on granting administrative leave on a case by case basis.

ANNISTON CITY PANDEMIC PREPAREDNESS MATRIX

PANDEMIC PHASE	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert) (In addition to Preparedness/Readiness)	Level II- Yellow (Pandemic Imminent) (In addition to Level I)	Level III-Orange (Pandemic) (In addition to Level II)	Level IV-Red (Pandemic) (In addition to Level III)
TECHNOLOGY COORDINATOR	<ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Services Coordinator for updates on the pandemic. ● Personal protective equipment (PPE), gloves, wipes, hand sanitizer. Will be distributed as needed under the direction of the health services department. ● Monitor the periodic cleaning of work areas. ● Develop a plan to support digital communications by the Health Services Coordinator of suspected and confirmed cases of the pandemic to the Superintendent, County Health Department, and appropriate medical personnel. ● Identify key personnel as defined by the superintendent and develop contingency plans for operations under prolonged staff shortages or shortages of other resources. ● Ensure cross training within the department on how to setup/maintain remote access process for Level III. 	<ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. ● Post informational posters that promote respiratory hygiene cough/sneeze etiquette within work area. ● Offer and encourage staff to receive annual on-site influenza/COVID-19 vaccine. ● Staff training pandemic awareness. ● Staff training on proper hand hygiene and cough/sneeze etiquette and use of PPE. ● Train key personnel each summer on the remote computer access process in the event of a Level III Pandemic. ● Train additional personnel on how to access and update the emergency hotline. 	<ul style="list-style-type: none"> ● Maintain weekly contact with the Health Services Coordinator for updates on the pandemic. ● Distribute PPE to personnel. ● Implement work area periodic cleaning plan. ● Implement the plan for suspected and confirmed cases of pandemic infections. ● When directed by the Superintendent, limit or discontinue travel outside of the school district. ● Support and facilitate the communication of PSAs on public website as directed by the superintendent. ● 	<ul style="list-style-type: none"> ● Maintain daily contact with the Health Services Coordinator for updates on the pandemic. ● When directed by the Superintendent, inform personnel experiencing signs and symptoms of the pandemic to remain at home for 24 hours post fever, with out the aide of fever reducing agents and/or until released by a physician. ● When directed by the Superintendent, limit or discontinue travel within the school district. ● Notify Superintendent, Health Services Coordinator of detected cases of the pandemic within my department. 	<ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the LEA Nurse/Health Officer for updates on the pandemic. ● The LEA, with guidance from the County Health Department, will identify close contacts in the department to a suspect or confirmed case of the pandemic. Contacts are defined as those who spent >15 minutes within 3 feet of the case during his/her infectious period (2 days before illness onset to five days after illness onset). ● When directed by the LEA Superintendent, suspend all work from work areas (Central Office, etc.). ● Implement plan for remote computer access by key personnel to mission critical processes online.

ANNISTON CITY SCHOOLS PANDEMIC PREPAREDNESS MATRIX

PANDEMIC PHASE	PREPAREDNESS/READINESS (NOVEL VIRUS ALERT)	LEVEL I-GREEN	LEVEL II- YELLOW	LEVEL III- ORANGE	LEVEL IV - RED
Coordinator of Admin. & Financial Services	<p>Financial Services:</p> <ul style="list-style-type: none"> • Maintain quarterly contact with the Health Services Coordinator for updates. • Discussed distribution of PPE with Health Services Coordinator, Janitorial Services Supervisor, and Superintendent. • Discussed cleaning of work areas with Janitorial Services Supervisor. • Suspected and confirmed cases shall be reported to Registered Nurse and Superintendent. • Essential staff in Finance Dept are CSFO and Accountant. Cross-training has already been implemented in the dept., and we will explore the possibility of signing into McAleer from home with Technology Coordinator. 	<p>Financial Services:</p> <ul style="list-style-type: none"> • Maintain monthly contact with the health services coordinator for updates on the pandemic through regularly scheduled staff meetings. • Informational posters will be posted in work area. • Encourage staff to receive flu shot. • Meet with staff on pandemic awareness. • Discuss hygiene, etiquette and use of PPE with staff. 	<p>Financial Services:</p> <ul style="list-style-type: none"> • Maintain weekly contact with Registered Nurse for updates. • Masks only to be used at school level by health care employees. Antibacterial wipes Lysol, etc. to be used to clean work area daily. • Encouraged staff to clean work area daily, incl. computer keyboard, mouse, calculator keys and phones. • All suspected or confirmed cases to be reported to Registered Nurse. • All travel has been discontinued by Superintendent at this time. 	<p>Financial Services:</p> <ul style="list-style-type: none"> • Maintain daily contact with Registered Nurse for updates. • Upon notification by staff that they are experiencing symptoms, will direct them to stay home, and inquire as to sufficient leave. Will report absence to Superintendent and Registered Nurse. Superintendent will address insufficient leave on case by case basis. • Will not authorize travel until Superintendent releases ban. • Registered Nurse will distribute surgical masks, as needed. • Will notify Superintendent or Registered Nurse of detected cases, who will notify other appropriate agencies. 	<p>Financial Services:</p> <ul style="list-style-type: none"> • Maintain daily or more frequent contact via email with Registered Nurse for updates. • Will identify close contacts in Finance Dept. to a suspect or confirmed case. • If directed by Superintendent, will suspend all work from work areas.

ANNISTON CITY SCHOOLS PANDEMIC PREPAREDNESS MATRIX

PANDEMIC PHASE	PREPAREDNESS/READINESS (NOVEL VIRUS ALERT)	LEVEL I-GREEN	LEVEL II- YELLOW	LEVEL III- ORANGE	LEVEL IV - RED
<p>Coordinator of Admin. & Financial Services</p>	<p>INFECTION CONTROL AND PROCEDURES:</p> <ul style="list-style-type: none"> • Health Services Coordinator and Safety and Security Director will monitor national situation. • Health Services Coordinator and Safety and Security Director will provide updates on the pandemic. CSFO will disseminate information to Finance Dept. • Health Services Coordinator and Safety and Security Director will provide staff training on pandemic awareness. CSFO will support recommendations within Finance Dept. • Health Services Coordinator and Safety and Security Director will provide staff training for all personnel and students on proper hygiene and etiquette issues. CSFO will support recommendations within Finance Dept. • Health Services Coordinator and Safety and Security Director will distribute posters/flyers on hygiene and cough/sneeze etiquette. • Registered Nurse or Janitorial Services Supervisor will distribute PPE. • Health Services Coordinator or 	<p>INFECTION CONTROL AND PROCEDURES:</p> <ul style="list-style-type: none"> • Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. • Health Services Coordinator and Safety and Security Director will provide staff training on pandemic awareness. CSFO will support recommendations within Finance Dept. • Health Services Coordinator and Safety and Security Director will provide staff training for all personnel and students on proper hygiene and etiquette issues. CSFO will support recommendations within Finance Dept. • Informational posters will be posted in work area. • Health Services Coordinator and Janitorial Services Supervisor will distribute PPE. • Janitorial Services Supervisor, Principals, and Dept. Heads will monitor work areas for cleanliness. • Encourage staff to receive flu shot. • Health care employees w/ masks will transport ill personnel in 	<p>INFECTION CONTROL AND PROCEDURES:</p> <ul style="list-style-type: none"> • Maintain weekly contact with Registered Nurse for updates. • Masks only to be used at school level by health care employees. Antibacterial wipes, Lysol, etc. to be used to clean work area daily. • Encourage staff to clean work area daily, incl. computer keyboard, mouse, calculator keys and phones. • All suspected or confirmed cases to be reported to Registered Nurse. • Discontinue travel, as authorized by the Superintendent. 	<p>INFECTION CONTROL AND PROCEDURES:</p> <ul style="list-style-type: none"> • Maintain daily contact with Registered Nurse for updates. • Upon notification by staff that they are experiencing symptoms, will direct them to stay home, and inquire as to sufficient leave. Will report absence to Superintendent and Registered Nurse. Superintendent will address insufficient leave on case by case basis. • Will not authorize travel until Superintendent releases ban. • Registered Nurse will distribute surgical masks, as needed. • Will notify Superintendent or Registered Nurse of detected cases, who will notify other appropriate agencies. 	<p>INFECTION CONTROL AND PROCEDURES:</p> <ul style="list-style-type: none"> • Maintain daily or more frequent contact via email with Registered Nurse for updates. • Will identify close contacts in Finance Dept. to a suspect or confirmed case. • If directed by Superintendent, will suspend all work from work areas.

	<p>Janitorial Services Supervisor will identify PPE storage area.</p> <ul style="list-style-type: none"> • Health Services Coordinator has identified LEA staff to be N-95 respirator fit tested as all nurses/LPN's. • Janitorial Services Supervisor, Principals, and Dept. Heads will monitor periodic cleaning of work areas. CSFO will report suspected and confirmed cases to Superintendent or Registered Nurse. • Budget requests will be submitted to CSFO by Registered Nurse or Janitorial Services Supervisor to enable the purchase, if necessary, of PPE. CSFO will submit budget requests for Board or Superintendent approval. • Superintendent will work with Board Attorney on granting administrative leave on case by case basis. • Health Services Coordinator and Health Services personnel will develop policies and procedures to triage, isolate, and transport students or personnel with known or suspected cases. • See identification of essential staff under Financial Services. 	<p>county vehicles in an emergency.</p> <ul style="list-style-type: none"> • Health care employees will identify triage location in each building. • Registered Nurse and Janitorial Services Supervisor will reassess all PPE for suitability of use. • CSFO will get Superintendent approval of any purchase orders needed for PPE. • Superintendent will work with Board Attorney on granting administrative leave on case by case basis. • Registered Nurse or Safety and Security Director will visit school-based clinics to assess preparedness. • Registered Nurse or Safety and Security Director will inform essential staff members of special job responsibilities during the pandemic, if this plan does not address them. • Registered Nurse or Safety and Security Director will report suspected or confirmed cases 			
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ANNISTON CITY PANDEMIC PREPARDNESS MATRIX

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LEA PUBLIC INFORMATION OFFICER	<p>Communications:</p> <ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Services Coordinator for updates on the pandemic. ● Develop plans for notifying media on status of schools as it relates to the current pandemic situation. 	<p>Communications:</p> <ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. ● Staff training pandemic awareness. ● Staff training on proper hand hygiene and cough/sneeze etiquette. 	<p>Communications:</p> <ul style="list-style-type: none"> ● Maintain weekly contact with the Health Services Coordinator for updates on the pandemic. ● Implement the plan for suspected and confirmed cases of pandemic infections. ● When directed by the L Superintendent, limit or discontinue travel outside of the school district. ● Work with Superintendent on media release. 	<p>Communications:</p> <ul style="list-style-type: none"> ● Maintain daily contact with the Health Services Coordinator for updates on the pandemic. ● Work with Superintendent concerning issuing timely information on the status of the schools as it relates to the Pandemic. 	<p>Communications:</p> <ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the Health Services Coordinator for updates on the pandemic. ● Work with Superintendent concerning issuing timely information on the status of the schools as it relates to the Pandemic

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ACCESS CONTROL	<ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Services Coordinator for updates on the pandemic. ● Develop a plan to monitor building access. ● Develop a plan to monitor vendor and visitor access to the facility. ● Identify essential staff and develop contingency plans for operations under prolonged staff shortages or shortages of other resources. 	<ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. 	<ul style="list-style-type: none"> ● Maintain weekly contact with the Health Services Coordinator for updates on the pandemic. ● Implement the plan for suspected and confirmed cases of pandemic infections. ● When directed by the L Superintendent, limit or discontinue access to vendors and visitors from outside the school district. 	<ul style="list-style-type: none"> ● Maintain daily contact with the Health Services Coordinator for updates on the pandemic. ● When directed by the Superintendent, limit or discontinue access to vendors and visitors from within the school district. ● Notify Superintendent, County Health Department, and appropriate medical personnel of detected cases of the pandemic. 	<ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the health services coordinator for updates on the pandemic. ● When directed by the Superintendent, suspend all access to the facility(s).

PANDEMIC PHASE	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert) (In addition to Preparedness/Readiness)	Level II- Yellow (Pandemic Imminent) (In addition to Level I)	Level III-Orange (Pandemic) (In addition to Level II)	Level IV-Red (Pandemic) (In addition to Level III)
<p align="center">Executive Director/Coordinator of Curriculum and Instruction</p>	<ul style="list-style-type: none"> Maintain quarterly contact with the Health Services Coordinator for updates on the pandemic. Place pandemic updates on regularly scheduled staff meeting agendas, as needed. Plan to distribute antibacterial wipes to teachers as needed. Custodial services director will monitor and provide needed information concerning cleaning. School administrators will report suspected and confirmed cases to the Health Services Coordinator who will intern report these to the Superintendent and to the Anniston City Health Department. Essential staff are identified and will include the local school administrators, school bookkeeper, and custodial staff. LEA curriculum framework in place on the website can serve as a pacing guide. Teachers will be encouraged to place course assignments on STI Home or on their individual webpages for the use of ill students who may suffer 	<ul style="list-style-type: none"> Maintain monthly contact with the Health Services Coordinator for updates on the Pandemic through the regularly scheduled staff meetings. Post informational posters (provided by the Health Services Department) that promote respiratory hygiene cough/sneeze etiquette within work area. Publicize dates of availability to all staff members. Health Services staff will train employees on pandemic awareness. Staff will be trained on methods of curriculum delivery during a pandemic at the curriculum project update in the fall. 	<ul style="list-style-type: none"> Maintain weekly contact with the Health Services Coordinator for updates on the pandemic by weekly staff meetings or email. Distribute antibacterial wipes and/or fitted masks as appropriate. Custodial staff will implement periodic cleaning plan for school Students seen in school nurses office will be monitored for confirmation of suspected cases. Parents will be notified of procedure for reporting suspected or confirmed cases that are diagnosed outside of school When directed by the superintendent and influenza/COVID-19 is confirmed in neighboring counties, travel outside neighboring counties, travel will be limited or suspended. 	<ul style="list-style-type: none"> Maintain daily contact via Email/phone, with the Health Services Coordinator for updates on the pandemic. When directed by the Superintendent, inform personnel experiencing signs and symptoms of the pandemic to remain at home for 24 hours and/or until released by a physician. When confirmed cases are in the county or in LEA schools, eliminate itinerant teacher travel, close CTC to reduce chance of exposure to all communities. Notify Health Services Coordinator of detected cases of the pandemic influenza/COVID-19. Monitor activities of AESOP substitutes to reduce chance of exposure to students and staff. 	<ul style="list-style-type: none"> Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the Health Services Coordinator The Health Services Coordinator, with guidance from the County Health Department, will identify close contacts in the school system to a suspected or pandemic. Contacts are defined as those who spent >15 minutes within 3 feet of the case during his/her infectious period (2days before illness onset to five days after illness onset). When directed by the superintendent, schools in community where disease is confirmed, will be closed. Programs in which students from affected school community participate will also be closed.(CTC, gifted ed. Programs) Days missed due to closing of schools will be made up. Instruction will pick up where left off upon closing of schools.

	<p>extended absence ALSDE requires days missed due to schools being closed to be made up. Instruction will be delivered upon resumption of school to insure that all curriculum standards are addressed. Teachers will be encouraged to refer to curriculum framework and recommended timelines in providing instruction. In the event that missed days are not to be made up (change of state law.) plan will be revised to include methods of instructional delivery.</p>				
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ANNISTON CITY PANDEMIC PREPAREDNESS MATRIX

PANDEMIC PHASE	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert) (In addition to Preparedness/Readiness)	Level II- Yellow (Pandemic Imminent) (In addition to Level I)	Level III-Orange (Pandemic) (In addition to Level II)	Level IV-Red (Pandemic) (In addition to Level III)
ACBOE School Operations Janitorial	<p>School Facilities:</p> <ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Services Coordinator for updates on the pandemic. ● Develop a plan to distribute personal protective equipment (PPE). ● Develop a plan to monitor periodic cleaning of physical spaces. ● Develop a plan to report suspected and confirmed cases of the pandemic to the ACBOE Superintendent, Health Services Coordinator, County Health Department, and appropriate medical personnel. ● Identify essential staff and develop contingency plans for operations under prolonged staff shortages or shortages of other resources. 	<p>School Facilities:</p> <ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. ● Post informational posters that promote respiratory hygiene cough/sneeze etiquette within work area. ● Offer and encourage staff to receive annual influenza/COVID-19 vaccine. ● Staff training pandemic awareness by Health Services Dept. ● Staff training on proper hand hygiene and cough/sneeze etiquette by Health Services Dept. 	<p>School Facilities:</p> <ul style="list-style-type: none"> ● Maintain weekly contact with the Health Services Coordinator for updates on the pandemic. ● Distribute PPE to personnel. ● Implement work area periodic cleaning plan. ● Implement the plan for suspected and confirmed cases of pandemic infections. ● When directed by the ACBOE Superintendent, limit or discontinue travel outside of the school district. 	<p>School Facilities:</p> <ul style="list-style-type: none"> ● Maintain daily contact via Email/phone, with the Health Services Coordinator for updates on the pandemic ● When directed by the ACBOE Superintendent, inform personnel experiencing signs and symptoms of the pandemic to remain at home until they are fever free for 24 hours with out the aide of fever reducers and/or until released by a physician. ● When directed by the ACBOE Superintendent, limit or discontinue travel within the school district. ● Distribute surgical masks to personnel. ● Notify ACBOE Superintendent, County Health Department, and appropriate medical personnel of detected cases of the pandemic. * If I am not able to work, the maintenance department will take care of my duties. 	<p>School Facilities:</p> <ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the ACBOE Nurse/Health Officer for updates on the pandemic. ● The ACBOE, with guidance from the County Health Department, will identify close contacts in the department to a suspect or confirmed case of the pandemic. Contacts are defined as those who spent >15 minutes within 3 feet of the case during his/her infectious period (2 days before illness onset to five days after illness onset). ● When directed by the ACBOE Superintendent, suspend use of facility(s). * After a facility is closed for the recommended time the custodians will come back in to give the facility a thorough cleaning.

ANNISTON CITY PANDEMIC PREPARDNESS MATRIX

PANDEMIC PHASE	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert) (In addition to Preparedness/Readiness)	Level II- Yellow (Pandemic Imminent) (In addition to Level I)	Level III-Orange (Pandemic) (In addition to Level II)	Level IV-Red (Pandemic) (In addition to Level III)
EVENT/VENUE					
Field Trips Clubs Band Gymnasium Football Field Baseball Field Softball Field	<ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Service Coordinator for updates on the pandemic. ● Develop a plan to distribute personal protective equipment (PPE). ● Develop a plan to monitor periodic cleaning of work areas (buses and bus shop). ● Develop a plan to report suspected and confirmed cases of the pandemic to the Superintendent, Health Services Coordinator and County Health Department. ● Identify essential staff and develop contingency plans for operations under prolonged staff shortages or shortages of other resources. 	<ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. ● Post informational posters that promote respiratory hygiene cough/sneeze etiquette within work area. ● Offer and encourage staff to receive annual on-site influenza/COVID-19 vaccine. ● Staff training pandemic awareness. ● Staff training on proper hand hygiene and cough/sneeze etiquette and use of PPE. 	<ul style="list-style-type: none"> ● Maintain weekly contact with the Health Services Coordinator for updates on the pandemic. ● Distribute PPE to personnel. ● Implement work area periodic cleaning plan. ● Implement the plan for suspected and confirmed cases of pandemic infections. ● When directed by the Superintendent, limit or discontinue travel outside of the school district. 	<ul style="list-style-type: none"> ● When directed by the Superintendent, cancel all extra-curricular activities. 	<ul style="list-style-type: none"> ● When directed by the Superintendent, cancel all extra-curricular activities.

ANNISTON CITY PANDEMIC PREPARDNESS MATRIX

PANDEMIC PHASE	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert) (In addition to Preparedness/Readiness)	Level II- Yellow (Pandemic Imminent) (In addition to Level I)	Level III-Orange (Pandemic) (In addition to Level II)	Level IV-Red (Pandemic) (In addition to Level III)
Transportation Director	<ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Services coordinator for updates on the pandemic. ● Develop a plan to distribute antibacterial wipes/cleaning supplies for use by bus drivers. ● Develop a plan to report suspected and confirmed cases of the pandemic to the Superintendent and Health Services Coordinator. ● Identify essential staff and develop contingency plans for operations under prolonged staff shortages or shortages of other resources. 	<ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic through regularly scheduled staff meetings. ● Post informational posters that promote respiratory hygiene cough/sneeze etiquette with in work areas. ● Offer and encourage staff to receive annual onsite influenza/COVID-19 vaccine. ● Staff training re: pandemic awareness coordinated by health services department. ● Staff training on proper hand hygiene and cough/sneeze etiquette and use of PPE. 	<ul style="list-style-type: none"> ● Maintain weekly contact with the Health Services Coordinator for updates on the pandemic. ● Distribute antibacterial wipes/cleaning supplies for use by bus drivers. ● Implement work area periodic cleaning plan. ● Implement the plan for suspected and confirmed cases of pandemic infections ● When directed by the Superintendent, limit or discontinue travel outside of the school district. 	<ul style="list-style-type: none"> ● Maintain daily contact with the Health Services Coordinator for updates on the pandemic. ● When directed by the Superintendent, inform personnel experiencing signs and symptoms of the pandemic to remain at home until they are fever free for 24 hours and/or until released by a physician. ● When directed by the Superintendent, limit or discontinue travel within the school district. ● Notify Superintendent Health Services Coordinator of detected cases of the pandemic. 	<ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the Health Services Coordinator for updates on the pandemic. ● The Health Services Coordinator, with guidance from the Anniston City Health Department, will identify close contacts in the department to a suspect or confirmed case of the pandemic. Contacts are defined as those who spent >15 minutes within 3 feet of the case during his/her infectious period (2 days before illness onset to five days after illness onset). ● When directed by the Superintendent, suspend all transportation and work at the bus shop.

ANNISTON CITY PANDEMIC PREPARDNESS MATRIX

PANDEMIC PHASE	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert) (In addition to Preparedness/Readiness)	Level II- Yellow (Pandemic Imminent) (In addition to Level I)	Level III-Orange (Pandemic) (In addition to Level II)	Level IV-Red (Pandemic) (In addition to Level III)
CNP Director	<ul style="list-style-type: none"> ● Maintain quarterly contact with the Health Services Coordinator for updates on the pandemic. ● Monitor the daily cleaning of work areas ● Inventory amount of cleaning materials and hand sanitizer etc. Order additional needed items. ● Report known cases of employee illness to school nurse ● Cross train employees to assume duties of those of those who are absent ● Develop plan for designated employees to monitor kitchen equipment and report to CNP Director 	<ul style="list-style-type: none"> ● Maintain monthly contact with the Health Services Coordinator for updates on the pandemic. ● Distribute informational posters that promote respiratory hygiene cough/sneeze etiquette within the work area. ● Offer and encourage staff to receive annual on-site influenza/COVID-19 vaccine. ● Staff training pandemic awareness. ● Staff training on universal precautions, proper hand hygiene and cough/sneeze etiquette and use of PPE. 	<ul style="list-style-type: none"> ● Maintain weekly contact with the Health Services Coordinator for updates on the pandemic. ● Implement work area periodic cleaning plan. ● Implement the plan for suspected and confirmed cases of pandemic infections. 	<ul style="list-style-type: none"> ● Maintain daily contact with the Health Services Coordinator for updates on the pandemic. ● Suspend self-service for students in lunchrooms. ● CNP Staff will begin entering lunch numbers for students ● When directed by the Superintendent, limit or discontinue travel. ● Distribution of surgical masks to appropriate personnel. As directed by CDC. 	<ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the Health Services Coordinator for updates on the pandemic. ● The Health Services Coordinator, with guidance from the County Health Department, will identify close contacts in the school system to a suspected or confirmed case of the pandemic Contacts are defined in CDC guidelines. ● When directed by the LEA superintendent, suspend all work in the lunchroom and notify vendors of closure. ● Activate designated employees to monitor kitchen equipment. ● Transition to working remotely ● Will provide breakfast and lunch to students if possible per USDA and CDC direction and protocol.

ANNISTON CITY PANDEMIC PREPARDNESS MATRIX

Pandemic Phase	Preparedness/Readiness (novel Virus Alert)	Level I-Green (Pandemic Alert) In addition to readiness	Level II-Yellow (Pandemic Imminent)	Level III-Orange (Pandemic) In addition to Level 2	Level IV RED (Pandemic) (In addition to Level III)
<p>Maintenance Department</p> <p>*In the event of the absence of the Maintenance Director, the assistant maintenance supervisor will assume all duties.</p>	<p>School Facilities:</p> <ol style="list-style-type: none"> Maintain quarterly contact with the Health Services Director for updates on the pandemic. Develop a plan to distribute personal protective equipment (PPE). If indicated. Develop a plan to monitor periodic cleaning of physical spaces. Develop a plan to report suspected and confirmed cases of the pandemic to the Superintendent and Health Services Director. Identify essential staff and develop contingency plans for operations under prolonged staff shortages or shortages of other resources. 	<p>School Facilities:</p> <ol style="list-style-type: none"> Maintain monthly contact with the Health Services Director for updates on the pandemic. Post informational posters that promote respiratory hygiene cough/sneeze etiquette within the work area. Offer and encourage staff to receive annual onsite influenza/COVID-19 vaccine. Staff training pandemic awareness. Staff training on proper hand hygiene and cough/sneeze etiquette and use of PPE if indicated. 	<p>School Facilities:</p> <ol style="list-style-type: none"> Maintain weekly contact with the Health Services Director for updates on the pandemic. Distribute PPE to personnel.If indicated Implement a work area periodic cleaning plan. Implement the plan for suspected and confirmed cases of pandemic infections. When influenza/COVID-19 is confirmed in Alabama or bordering states, travel will be reviewed, limited and or discontinued by the superintendent. 	<p>School Facilities:</p> <ol style="list-style-type: none"> Maintain daily contact with the Health Services Director for updates on the pandemic When directed by the LEA Superintendent, limit or discontinue travel within the school district Distribution of surgical masks to appropriate personnel. As directed by CDC. Notify Superintendent, County Health Services Director of suspected or confirmed cases. 	<p>School Facilities:</p> <ol style="list-style-type: none"> Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the Health Services Director for updates on the pandemic. The Health Services Director, with guidance from the County Health Department, will identify close contacts in the school system to a suspect or confirmed case of the pandemic. Contacts are defined in current CDC guidelines. When directed by the Superintendent, suspend all work in the Maintenance Department

Pandemic Phase	Preparedness/Readiness (Novel Virus Alert)	Level I-Green (Pandemic Alert)	Level II- Yellow (Pandemic Imminent)	Level III-Orange (Pandemic)	Level IV-Red (Pandemic)
Health Services Coordinator	<ul style="list-style-type: none"> ● Maintain quarterly contact with Alabama Department of Public Health the CDC, and the State School Nurse Consultant for updates on the pandemic. Relay information to the superintendent as well as all department heads at staff meeting. ● Inventory amount of N95 masks, surgical masks, gloves, hand sanitizer, etc. Order additional needed items. ● Continue daily cleaning and disinfecting of health services rooms. ● Introduce plan of reporting confirmed cases of flu ● Coordinate plan to cover schools when multiple nurses are absent. ● Coordinate with technology to place pandemic flu educational materials on the health services link to be used by teachers . ● Coordinate with technology to place “flu updates” on the website for parent access. ● In the absence of the Health Services Coordinator, the Assistant Coordinator will assume all duties. 	<p>(In addition to Preparedness/Readiness)</p> <ul style="list-style-type: none"> ● Maintain monthly contact with the Alabama Department of Public Health CDC, and State School Nurse Consultant. Relay information to the Superintendent as well as department heads at regularly scheduled staff meetings. ● Distribute informational posters that promote respiratory hygiene cough/sneeze etiquette within work area. ● Offer and encourage staff to receive annual on-site influenza/COVID-19 vaccine. Coordinate vaccine clinics for staff/students with the Immunization Coordinator form ADPH. ● Conduct Staff training pandemic awareness. ● Staff training on proper hand hygiene and cough/sneeze etiquette and use of PPE. 	<p>(In addition to Level I)</p> <ul style="list-style-type: none"> ● Maintain weekly contact with the Alabama Department of Public Health, CDC and State School Nurse Consultant, for updates on the pandemic. Relay these updates through email to Superintendent and all department heads. ● Place weekly flu updates on the county website for parent access. ● Distribute PPE to Nurses. ● Impliment plan for reporting confirmed cases of flu in schools. ● Instruct nurses to follow state algorithm for suspected cases of flu. ● Implement work area periodic cleaning plan. ● When directed by the Superintendent, limit or discontinue travel outside of the school district. 	<p>(In addition to Level II)</p> <ul style="list-style-type: none"> ● Maintain daily contact with the Alabama Department of Public Health and CDC for updates on the pandemic. Relay this information by email or phone to the Superintendent. ● Place daily flu updates on the county website for parent access (if needed). ● When directed by the Superintendent, inform personnel experiencing signs and symptoms of the pandemic to remain at home for 24 hours post fever, with out the aide of fever reducing agents and/or until released by a physician. ● When directed by the Superintendent, limit or discontinue travel within the school district. ● Notify Superintendent, of detected cases of the pandemic within my department. 	<p>(In addition to Level III)</p> <ul style="list-style-type: none"> ● Maintain daily or more frequent contact, via web, dedicated phone line, and/or email, with the CDC, Alabama Department of Public Health for updates on the pandemic. ● The Health Services Coordinator, with guidance from the County Health Department, will identify close contacts in the department to a suspect or confirmed case of the pandemic. Contacts are defined as those who spent >15 minutes within 3 feet of the case during his/her infectious period (2 days before illness onset to five days after illness onset). ● When directed by the Superintendent, suspend all work from work areas (Central Office, etc.).

Pandemic surveillance Rationale Surveillance during a pandemic will provide the core information on which pandemic response decisions will be based. The types of information needed during the pandemic will vary at different points in time, and will be generated by different types of surveillance activities. Pandemic surveillance will build on existing routine surveillance systems, but may also require the development of ad hoc systems to meet additional data needs.

At the start of a potential pandemic, surveillance will focus on verifying initial reports of sustained human-to-human transmission of a novel influenza/COVID-19 virus, and on detecting the first cases of this virus in other countries. WHO may update the case definitions periodically as the virus evolves, particularly during early stages, and surveillance authorities should prepare for complex and changing data needs. As the pandemic progresses, surveillance will be used to modify response strategies and detect whether a subsequent pandemic wave is occurring. Activities will focus on monitoring geographical spread, disease trends, transmission intensity, impact on health-care services, and changes in antigenicity and antiviral drug sensitivity.

Once sustained human-to-human transmission has been verified, ongoing assessments will be needed to monitor the severity of the pandemic and the public health risk that it poses to communities. Pandemic risk and severity assessments will inform decisions about response strategies, patient treatment and public health interventions. The evaluation of pandemic risk and severity is a continuous process throughout all phases (interpandemic, alert, pandemic and transition), and assessments should be performed regularly.

Non-pharmaceutical interventions (also known as community mitigation) are a diverse group of measures that people and communities can take to slow the spread of disease. Being universally and immediately available, they are the first line of defense in influenza/COVID-19 pandemics and a critical element of

pandemic preparedness. Implementing these measures effectively during a pandemic requires broad public awareness and acceptance, and intersectoral collaboration in settings that may be targeted by community-level interventions (e.g. schools, workplaces and public gatherings). Some non-pharmaceutical interventions may affect personal movement and freedoms (e.g. voluntary or enforced quarantine) and should be supported by transparent decision-making as well as robust legal and ethical frameworks.

The national public health emergency or pandemic preparedness and response plan is the key guiding document for managing an influenza/COVID-19 pandemic. The plan should be regularly tested to ensure that planning assumptions and organizational relationships are correct and functional. Staff should be familiar with the plan and their responsibilities, and can be trained in how to operationalize the plan through table-top and simulation exercises. Each sector should also be supported to develop a sector-specific plan, to ensure continuity of essential services during a pandemic.

Updates align content with new national standards, updated science, and current public health priorities and strategies. Right now updates are occurring daily as the Novel Covid-19 virus emerges and changes.