Douglas County School District

Highly Infectious Disease Response Plan

(HIDRP)

Updated March 2020

1. **Introduction**

The purpose of this highly infectious disease response plan is to increase the communication to our Douglas County School District (DCSD) staff, students, parents and community members in the event of an outbreak. The plan would serve as a resource guide for planning and responding to a sudden pandemic within DCSD.

The purpose of this plan is to achieve the following goals:

1. Maximize the protection of lives while minimizing educational and social disruption while reducing morbidity and mortality.
2. Enable DCSD to continue to operate and provide services as normally and effectively as possible in the event of a highly infectious disease outbreak with minimal academic and economic losses.
3. DCSD's response will be directed by the Tri-County Health Department's (TCHD) guidance. This plan coordinates federal, state, and local agencies.
4. Continue the essential core operations of DCSD in the event of increased staff/student absences due to a highly infectious outbreak.
5. Establish and maintain a coordinated command system with all applicable district departments resulting in effective, timely, and sensitive decision making regarding continuity of student learning.
6. Develop a communications plan to ensure that students, parents, and staff receive timely and accurate information regarding disease prevention strategies and infection control strategies.
7. Coordinate the use of DCSD facilities for the use of vaccination sites, temporary clinics/health areas, or other needs when appropriate.
8. Coordinate with other close districts for safety measures related to the outbreak.
9. Prepare and provide for mental health/crisis service needs of staff, students and families.

2. **Scope**

The scope of this plan covers the most prevalent highly infectious illnesses including but not limited to Pandemic Flu, COVID-19 (coronavirus), MERS and SARS, and Ebola.

a. Pandemic Flu (Influenza)

i. Influenza (flu) viruses can cause a severe illness, even death. Younger and older populations as well as populations with certain health conditions

(asthma, COPD, heart disease, neurological disorders, blood disorders, endocrine disorders, kidney disorders, and weakened immune systems) are at a high risk of serious flu complications.

ii. Flu viruses affecting humans are grouped into three types, designated A, B, and C.

1. Type A – Can affect both humans and animals. Cause of seasonal epidemics during the winter season and usually the cause of global pandemics.
2. Type B – Only infects humans and cause seasonal epidemics during the winter seasons. Is not known to cause pandemics.
3. Type C – Usually cause mild respiratory symptoms and is not known to cause flu epidemics.

iii. The average incubation period (time between exposure to virus and onset of symptoms) for seasonal flu one to four day, with an average of two days. Flu symptoms are primarily passed from human to human by exposure to droplets made when people infected cough, sneeze, or talk. People infected with the flu viruses may transmit the infection starting one day before symptoms start up to 7 days after becoming sick. People with the flu are most contagious in the first three to four days after their illness begins.

iv. An influenza pandemic is a global outbreak of a NEW INFLUENZA VIRUS that is very different than current or recently circulating influenza A virus. Pandemics happen when new influenza A viruses emerge which are able to infect people easily and move quickly person to person.

v. Influenza viruses come from different animals including birds and pigs. In a pandemic influenza, the influenza A virus in these animals may undergo what's called an "antigenic shift." The antigenic shift represents an abrupt, major change in an influenza A virus appearance. This can result in a direct non-human human transmission. Once this occurs one person and is able to infect to another person, the virus then has the opportunity to create an epidemic. Pandemics happen quickly and move fast from country to country.

vi. Treatments for pandemic flu include antiviral drugs and non-pharmaceutical interventions (NPIs). NPIs are actions, apart from getting vaccinated and taking medicine to help slow the spread of illness. NPIs will be the only early intervention tools that will most likely mitigate the quick transmission from person to person.

b. COVID-19 (Coronavirus)

i. COVID-19 have symptoms that can range from mild to severe respiratory illness and include fever, cough, and shortness of breath. Symptoms may appear 2-14 days after exposure. The 2019 outbreak was first observed in Wuhan City, China. The virus is spread person-to-person between people who are in close contact with one another (about 6 feet), via respiratory droplets produced when an infected person sneezes or coughs. These droplets can land in the mouths or noses of people who are nearby where the droplets are inhaled into the lungs. Transmission may also be possible through contact with contaminated surfaces that has virus on it and then touching their own mouth or nose, but this is not thought to be the main way of transmission. People at risk are those who have recently traveled affected areas or those in close contact to individuals who has a confirmed diagnosis of COVID-19.

c. MERS (Middle East Respiratory Syndrome)

i. MERS is an illness that is cause by another strain of coronavirus. Symptoms include fever, cough, and shortness of breath. Some experience symptoms involving the gastrointestinal tract as well causing nausea, vomiting, and diarrhea. The disease is transmitted through contact with an infected person's respiratory droplets. Incubation period can range from two to 14 days, with an average of 5 days. Mortality affects one-third of diagnosed cases. MERS represents a very low risk to the general public in the US. No diagnosed cases in the US since 2014. No vaccine or treatment.

d. SARS (Severe Acute Respiratory Syndrome)

    i. Severe respiratory illness that was first reported in Asia in 2003. No cases have been diagnosed since 2004. Initial symptoms include high fever headache, feeling of discomfort, and body aches. Some people have mild respiratory symptoms and/or diarrhea. These symptoms may lead to pneumonia. Incubation period is two to ten days. Transmission is through close person-to-person contact with to respiratory droplets from a sick individual. Although there is some belief that SARS may be spread through airborne transmission – meaning spread by tiny pathogens in the air that are inhaled.

e. Ebola

    i. A rare viral hemorrhagic fever in humans and non-human primates. The virus starts between 2 and 21 days after contracting the virus. Symptoms show up as a fever, aches and pains (headache, muscle/joint pain, or abdominal pain), weakness and fatigue, gastrointestinal symptoms (diarrhea and/or vomiting), unexplained bleeding or bruising. Other symptoms may include red eyes and skin rash. An infected person may bleed both internally and externally and has a very high risk of death, killing between 25-90% of those infected. Death often occurs from low blood pressure due to loss of blood. The virus spreads through direct contact with body fluids, such as blood, urine, feces, semen, breast milk, sweat, and vomit. An Ebola vaccine is currently being studied in Africa with promising factors, nothing current in the US thus far. No specific treatment is singled out for Ebola, however, supporting treatments will have to take place such as intravenous fluids, pain management, anti-nausea, and fever control. If infected, recovery depends on the person's immune response. Ebola survivors may carry the illness in their blood for up to 10 years post recovery. Personal Protective Equipment (PPE) would be issued for all public health planners in working with the potential of the Ebola virus.

3. **Planning Tools/Assumptions**

    a. External Response Partners

        i. During an outbreak of a highly infectious illness, the US Government through the US Department of Health and Human Services (HHS) along with the Centers of Disease Control (CDC) will be the national leader for overall communication and coordination efforts.

        ii. The US Department of Health and Human Services along with the CDC's role is:
            1. Identify, appoint, and lead the highly infectious disease response; enact or modify legislation and policies required to sustain and optimize pandemic preparedness, capacity development, and response efforts across all sectors.

            2. Lead national and domestic efforts in surveillance and detection of outbreaks. Prioritize and guide the allocation and targeting of resources to achieve the goals as outlined in a country's response.

            3. Provide additional resources for national pandemic preparedness, capacity development, and response measures. Support rapid containment of outbreaks, provide guidance to state level authorities on the use and timing of community infection control measures.

            4. Support biomedical research and development of new vaccines and medical countermeasures.

            5. Consider providing resources and technical assistance to countries experiencing outbreaks of the highly infectious illness.

iii. The Colorado Department of Public Health and Environment (CDPHE) takes its lead from the CDC. The Tri-County Health Department (TCHD) takes its lead from the CDPHE. In cooperation with these public health sectors, Douglas County School District (DCSD) cooperates in efforts to raise awareness and actions that are necessary in response to the severity of the reported illness. CDPHE and TCHD will accomplish the following:

1. Provide reliable information on the risk, severity, and progression of the outbreak and the effectiveness of interventions used during the outbreak.

2. Activate the CDPHE Department Operations Center (DOC), and notify the Governor, the Governor's Expert Emergency Epidemic Response Committee (GEERC), and the Colorado Division of Homeland Security and Emergency Management. CDPHE will collaborate with response agencies in the State Emergency Operations Center to coordinate response activities.

3. Prioritize and continue the provision of healthcare during a highly infectious outbreak. Maintain situational awareness by monitoring the highly infectious illness surveillance data and assessing the public health/medical needs of Colorado.

4. Recommend steps to reduce the spread of the infection in the community and in healthcare facilities. Provide guidance, resources, and technical assistance to local health departments and aid in the need/use of vaccines, anti-virals, and antibiotics. TCHD will then coordinate with DCSD the distribution of these medications/supplies through the PODs.

5. Coordinate with public and private healthcare systems to ensure a cohesive healthcare response state-wide to handle inpatient and outpatient care.

6. Support healthcare workers during the infectious outbreak by providing guidance on PPE needed along with other protective supplies to protect healthcare workers from transmission and infection control procedures. In addition, may also help support PPE acquisition.

7. Notify the local health departments if social distancing and community mitigation is needed, such as closing schools, travel restrictions, cancellation of local, public events, isolation and/or quarantine may be required to slow the spread of the illness.

b. Internal Response Partners

i. Environmental Health Manager (EHM)
   1. The Environmental Health Manager will notify applicable parties within Operations to standby in case a disinfection response is needed. This will include Custodial Special Projects Crew, Transportation, and Maintenance if applicable. In addition, the EHM will contract with external vendors if additional labor/resources are needed.

ii. Custodial
   1. Custodial Leadership is responsible for coordinating Special Project Crew response in conjunction with the District EHM and coordinating additional labor if needed.
      a. Special Projects Team
         i. The Specials Projects Team is responsible for responding to the site at the appropriate time to initiate cleaning and disinfection activities. This may include the entire school or specific areas as identified by upper leadership.

iii. Nursing Services
   1. Nursing Coordinator will work with TCHD and CDPHE to align district response with those recommended by these agencies along with the CDC.
      a. All School Nurse Consultants will follow the Nurse Process for Communicable Diseases.

iv. Transportation
    1. The applicable transportation terminal for the affected sites needs to identify what routes/buses may have been used to transport affected students. Following the recommendations of Nursing Services and/or the EHM, thorough disinfection must occur on these buses. The EHM will dictate which level of disinfection is necessary.

v. Communication
    1. Community Relations will be notified about the situation and will determine what, if any communication is needed, based on feedback from Nursing Services, Environmental, site administration and District leaders. This communication may include messaging to the affected school, as well as the District and our community. Communications will coordinate with any media outlets or requests for information.

vi. District Administration
    1. District leadership shall provide all decision making authority with guidance from the Department of Nursing Services and the Environmental Health Manager.

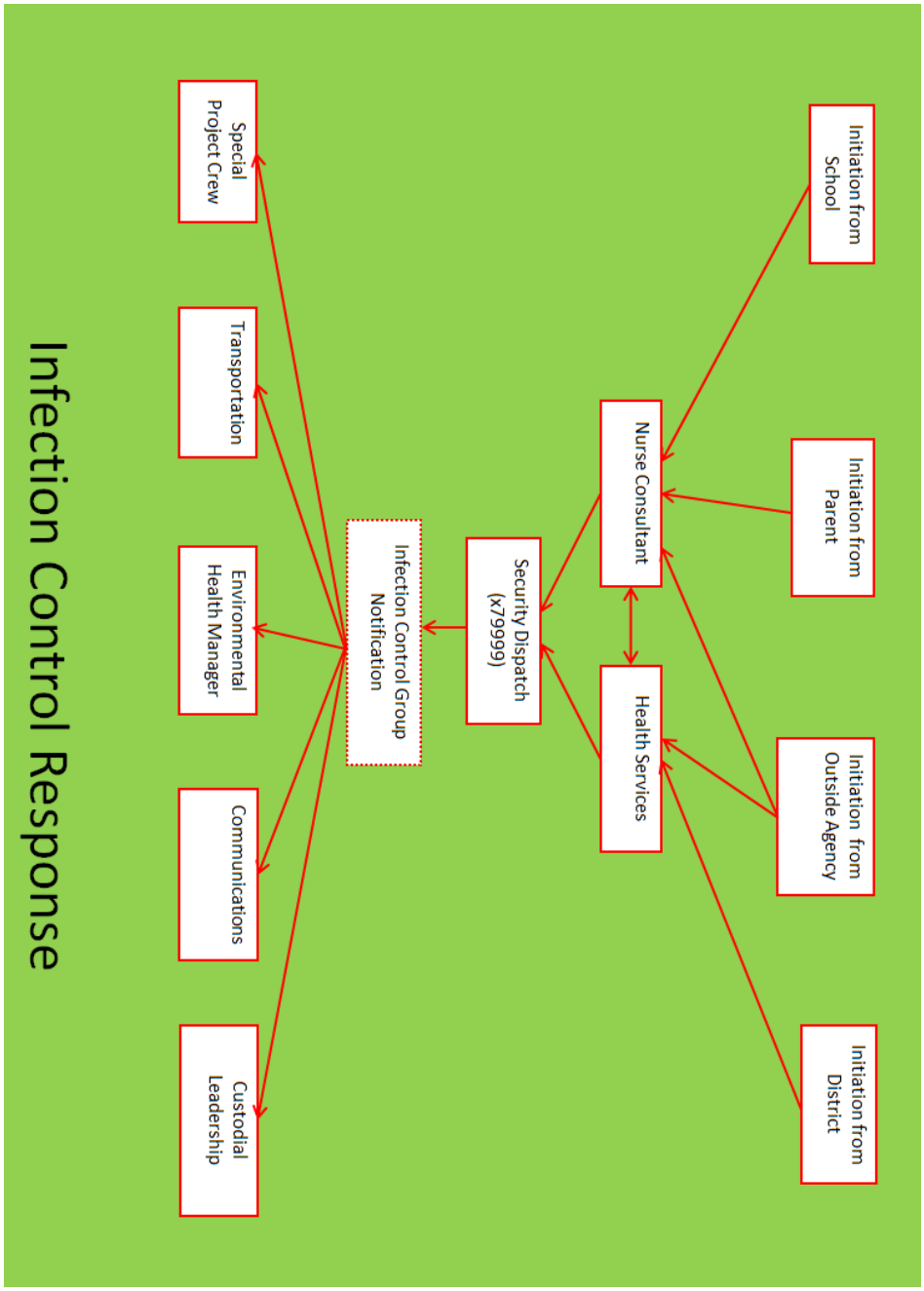
c. Assumptions
    i. Treat assumed as confirmed, until medical testing results otherwise.
    ii. Whole building impact. If one area of school is impacted, assume the entire building is impacted
    iii. Transportation affected. If an impacted student rode a bus to or from school, assume the bus was impacted.
    iv. School is planned to be open following school day, unless otherwise stated by District Leadership.

4. **Notification**

Information pertaining to a potential outbreak may come in several forms and may originate from several directions. Parents may notify the school of their sick student's condition or a primary care physician may notify the school or the local health department, which in turn may notify the school/district. A school's health assistant/office staff may notice a large absentee rate in a localized class or area. Regardless of how the information finds its way to the school, the first line of notification should always be the school's Nurse Consultant. By funneling all reports, confirmed or other, through to the Nurse Consultant(s), a chain reaction of notification can take place to ensure that the district can effectively and efficiently respond if needed. The Nurse Consultant aided by their staff and internal/external partners can decide if the potential for an outbreak exists and set in motion the needed response. The Nurse should relay critical information up their chain of command to include:

i. School/Site
ii. Assumed/Confirmed Microbe
iii. Number of students directly affected (absentee rate)
iv. Areas of school/site impacted (grades/pods)
v. Nursing Services Recommendations (if applicable)

List of Nurse Consultants by School


Infection Control Response
Initiation from School
Initiation from Parent
Initiation from Outside Agency
Initiation from District
Nurse Consultant
Health Services
Security Dispatch (x79999)
Infection Control Group Notification
Special Project Crew
Transportation
Environmental Health Manager
Communications
Custodial Leadership

5. **Preparedness**

Preparedness refers to those actions and measures taken before an event in order to better handle the emergency when it arises.

a. Public health officials recommend prior to and in the early phases of a pandemic or outbreak, to practice every day good health habits and to use non-pharmaceutical interventions (NPIs) to prevent and protect the human population from the spread of a highly infectious illness. Everyday good health habits include the following:
    i. Avoid close contact with people who are sick. When you are sick, stay away from others to prevent passing on your illness to others.
    ii. Stay home when you are sick so you prevent passing your illness on to others.
    iii. Cover your mouth and nose when sneezing or coughing with a tissue and then throw away the tissue.
    iv. Wash your hands after coughing or sneezing and often throughout the day. Washing the germs is always best and the preferred method. If soap and water is not available, hand sanitizer will kill the viruses, but not wash them away.
    v. Avoid touching your eyes, nose, or mouth. Germs are often spread touching these body parts.
    vi. Practice other good health strategies – clean and disinfect surfaces in your home, especially when someone is ill. Get plenty of sleep, manage your stress, and be physically active.

b. Non-pharmaceutical interventions (NPIs)
    i. Social distancing: create ways to provide distance between people in close contact areas including work and school.
    ii. Closures: possible closures of non-urgent/mandated events; not necessary to hold extra community events during an outbreak or pandemic.
    iii. Communicate with other employees, students, and community members by using educational materials to inform on updates of the outbreak or pandemic, good hygiene methods including hand washing protocol, hang posters, and send email reminders.
    iv. Continue communicating surveillance and monitoring the outbreak or pandemic.

v. Educate the community on when to stay home when you are sick.

c. Preparedness Measures
    i. Important that all departments communicate the same message to all employees, students, parents, and community members.
    ii. Teachers prepare lesson plans ahead of time in case they are out due to illness and/or students are out due to illness.
    iii. The Human Resource Department may want to prioritize essential staff functions and cross train staff to ensure that if a large percentage of staff is gone, other employees are able to fulfill those roles.
    iv. The Human Resource Department may consider reviewing leave procedures and negotiations to consider the possibilities of large amounts of employees are gone.

6. **Response**

If a single case of a District student, parent, or staff member or staff family member is confirmed, DCSD shall initiate the response portion of this plan.

a. Case Confirmation and Guidance
    i. Upon confirmation from a medical authority, CDPHE and TCHD will coordinate directly with DCSD to initiate specific NPI's. Good health habits shared by all stakeholders (students, staff, parents, community members) is our first and best line of defense.
    ii. Communication with these stakeholders should be consistent with the guidance from local, state, and federal agencies. Communication should take place as often as needed to inform the stakeholders with this ongoing process.

b. Activation
    i. DCSD should activate its emergency response incident command chain to provide oversight and real time decision making.

c. Infection Control
    i. As designated by our external partners, or internal departments, the Environmental Health Manager will conduct infection control operations using the special projects team or contract labor. See the Infection Control Plan for details.

d. Quarantine and Isolation
    i. Containment interventions such as quarantine or isolation are implemented by government agencies to help prevent or reduce the spread of the infectious disease.
    ii. DCSD will receive guidance from CDPHE and TCHD on any voluntary or mandated quarantine or isolation measures.

e. Personal Protective Equipment (PPE)
    i. If PPE is needed or required, DCSD/TCHD/CDPHE will provide and instruct on its usage.

f. Surveillance
    i. With our CDPHE and TCHD partners, DCSD will conduct any surveillance monitoring needed to provide information regarding absentee rates to health officials.

g. Tracking
    i. All steps should be taken to accurately track and maintain records of employee time and resource costs responding to this incident. Reimbursement funds may become available in the future.

7. **Recover**
    a. As control of the disease is obtained and cases start to lessen, DCSD should take steps to:
        i. DCSD will communicate through the Communications Department when it is safe to return to school and what precautions, if any, will need to occur. All school grounds and property will be cleaned and equipment may need to be sterilized. The O&M department will help support this practice.
        ii. DCSD will provide necessary resources and guidance for all staff, students, parents, and community members to focus on "getting back on track.". Return as quickly as possible to normally scheduled school days including all scheduled events.
        iii. DCSD will assess the need for additional mental health support resources and provide as much as possible to staff, students, parents, and the community.

iv. Conduct post incident community assessments to include surveillance data and stakeholder feedback.
v. Debrief with both internal and external partners to prepare for future highly infectious disease events.

8. **Covid -19 Resources**
   a. Center for Disease Control (CDC)

      Colorado Department of Public and Environment (CDPHE)

      Tri-County Health Department (TCHD)

- Thank you to Jefferson County School District for use of their infectious disease plan which this plan was modeled after.