The Ashland School District #5 Emergency Management Plan consists of several components. In order to ensure efficient and effective emergency management, the components of this document must be implemented in its entirety.

I. INTRODUCTION

One of the greatest and most likely threats to the public’s health is a naturally occurring event – an influenza pandemic. Influenza epidemics happen nearly every year (often called seasonal influenza), and cause an average of 36,000 deaths annually in the United States. Influenza epidemics are caused by a few known virus strains that circulate around the world. Over time, people develop immunities to these strains, and vaccines are developed to protect people from serious illness.

Influenza viruses experience frequent, slight changes to their genetic structure. Occasionally, however, they undergo a major change in genetic composition. It is this major genetic shift that creates a “novel” virus and the potential for a pandemic – a global epidemic. The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunities to the disease. It also means that new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

During the 20th century, three pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. The pandemic caused more than 500,000 deaths in the United States and more than 40 million deaths around the world. Subsequent pandemics in 1957–58 and 1968-69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant illness and death around the world.

The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 100,000 and 200,000 deaths. Scientists and health officials throughout the world believe that it is inevitable that more influenza pandemics will occur in the 21st century. The on-going H1N1 influenza outbreak, reached Pandemic Phase 6 on June 11, 2009 and continued into the summer with the U.S. reporting the largest number of novel H1N1 cases of any country worldwide. This suggests the continued need to be prepared with preventive and management plans.
There are several characteristics of influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the health care system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, public schools and utilities, could be disrupted during a pandemic. The increased stress from a potential pandemic or actual pandemic will also increase the mental health service needs throughout the schools and community. Finally, the pandemic, unlike many other emergency events, could last for many weeks, if not months. The State of Oregon Emergency Operations Center has asked agencies to prepare for school closures that may last up to 2 months.

Schools tend to be affected by outbreaks more than other settings because their occupants—primarily children—easily transmit illnesses to one another as a result of their close proximity and their inefficiency at containing the droplets issued by their coughs and sneezes. High susceptibility of students and staff to exposure to a mutated virus as result of proximity and a longer duration of the outbreak due to lack of immunity and vaccines could result in lengthy and widespread absenteeism. In a worse-case scenario, the pandemic could force schools to close, potentially prompting administration to extend the academic year and expend additional resources for staff sick leave and substitute teachers.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Moderate (1959/68-like)</th>
<th>Severe (1918 – like)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US</td>
<td>Jackson County</td>
</tr>
<tr>
<td>Illness</td>
<td>90 Million</td>
<td>N_A</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>45 Million</td>
<td>N_A</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>865,000</td>
<td>N_A</td>
</tr>
<tr>
<td>Deaths</td>
<td>209,000</td>
<td>N_A</td>
</tr>
</tbody>
</table>

**Summary of Emergency Management Principles**

The Jackson County Health Department (JCHD), the Ashland Department of Public Safety, Southern Oregon Education Service District (SOESD) and Ashland School District #5 (ASD) will utilize their pandemic Influenza plan for their agencies to achieve the following goals:

- Limit the number of illnesses and deaths
- Preserve continuity of essential school functions
→ Minimize educational and social disruption
→ Minimize economic and academic losses

The plan will be coordinated with the plans of our community, state and federal partners.

II. PLANNING ASSUMPTIONS

The U.S. Health and Human Services Pandemic Influenza Plan contains the following information about pandemics, how they might affect school aged children, and how states and local agencies should plan for them:

1. The clinical attack rate (the percentage of people who will become so sick they won’t be able to go to work or school) will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age.

2. Children will shed the greatest amount of virus (they are more contagious than adults) and therefore are likely to pose the greatest risk for transmission.

3. On average about 2 secondary infections will occur as a result of transmission from someone who is ill.

4. In an average community, a pandemic outbreak will last 6 to 8 weeks. At least two pandemic disease waves are likely.

5. It is anticipated that the school district will need to plan to function with a total of 30% work force absentee rate for the entire pandemic outbreak. If staff absenteeism is sufficient to warrant the administrative closure of the school or district, the administrative procedures for temporary school closures are to be followed.

Whether or not schools will be closed or for how long is impossible to say in advance, since all pandemics are different in their scope and severity. However, it is well established that infectious disease outbreaks most often start in schools and so ASD #5 may close schools early in an event. The duration of school closings can only be determined at the time of the event based on the characteristics of the pandemic, but it is unlikely that schools will be closed for less than 2 weeks (based on the incubation period of the disease and the length of time people are contagious) and could be as long as 8 weeks, as mentioned above. Other planning assumptions that are being used by the community include:
6. Working closely with the Jackson County Health Department and the SOESD will maximize the health and safety of the school community. Understanding the roles of each agency and their responsibilities will promote coordination and communications.

7. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.

8. There will be a need for heightened global and local surveillance of flu symptoms and infection rates.

9. Jackson County will not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.

10. Antiviral medications will be in extremely short supply. Local supplies of antiviral medications may be prioritized by the Health Department for hospitalized influenza patients, close contacts of patients, health care workers providing care for patients, or other groups.

11. Due to vaccine production and distribution constraints, a vaccine for the pandemic influenza strain will likely not be available for 6 to 8 months following the emergence of a novel virus.
   a. As vaccine becomes available, it will be administered to eligible persons and ultimately to the entire population.
   b. Insufficient supplies of vaccines and antiviral medicines will place greater emphasis on social distancing strategies to control the spread of the disease in the county.

12. There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications.

13. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events may be implemented during a pandemic.

14. It will be especially important to coordinate disease control strategies throughout the Jackson County area and the State due to the regional mobility of the population.

15. The general public, health care partners, response agencies, elected leaders and schools will need continuous updates on the status of the
pandemic outbreak, the steps Health Department and the school
district is taking to address the incident, and steps the public can take
to protect themselves.

III. AUTHORITIES

In Jackson County, various public officials have overlapping authorities with
regard to protecting public health and safety. The Governor, the State Secretary
of Health, the Mayor of Ashland, and the Health Department each can implement
authorities within the scope of their jurisdiction aimed at protecting public health,
including increasing social distancing by closing public or private facilities.
During a pandemic, the presence of overlapping authorities will necessitate close
communication and coordination between elected leaders, the Emergency
Operations Center, the Health Department and schools to ensure decisions and
response actions are clear and consistent. The Ashland Police Department and
the Jackson County Sheriff’s department have the authority to enforce the orders
issued by Governor’s office, Mayor, or Health Department.

In the event of a local H1N1 flu outbreak, the Oregon Public Health Division,
and not the Oregon Department of Education, will determine if school
closure is necessary. Public health, both at the state and local level, is
granted by statute the authority to close schools/cancel classes in an
emergency or to protect the public’s health (ORS 431.264 and 433.441).

The Superintendent of Public Instruction has established the following definitions
related to emergency school closures:

1) A “district-wide emergency closure” means “that all school buildings in
the school district are unsafe, unhealthy, inaccessible, or inoperable
due to one or more unforeseen natural events, mechanical failures, or
action or inactions by one or more persons.”

2) A “school emergency closure” means “a school in the school district
comprised of more than one school that is unsafe, unhealthy,
inaccessible, or inoperable due to one or more unforeseen natural
events, mechanical failures, or actions or inactions by one or more
persons.”

The Superintendent of Public Instruction is reviewing options for school districts
to request continued financial support from the State during a district-wide
emergency closure and a school emergency closure.

VI. PHASES OF A PANDEMIC
The World Health Organization (WHO), the medical arm of the United Nations, has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

<table>
<thead>
<tr>
<th>Pandemic Phases</th>
<th>Public Health Goals</th>
<th>ASD #5 Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpandemic Period</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 1</strong> — No new influenza virus subtypes 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 low.</td>
<td>Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.</td>
<td>Ensure that staff members and students are trained in preventative measures such as respiratory etiquette and universal precautions.</td>
</tr>
<tr>
<td><strong>Phase 2</strong> — No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.</td>
<td>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</td>
<td>Minimize the risk of transmission to humans; ensure that staff members understand detection and reporting guidelines and report rapidly as required.</td>
</tr>
<tr>
<td><strong>Pandemic Alert Period</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 3</strong> — Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</td>
<td>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</td>
<td>Ensure all personnel are knowledgeable about the latest epidemiological information.</td>
</tr>
<tr>
<td><strong>Phase 4</strong> — Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.</td>
<td>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</td>
<td>Review and update business continuity plans per Base Plan.</td>
</tr>
<tr>
<td><strong>Phase 5</strong> — Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</td>
<td>Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.</td>
<td>Ensure that best practices for infection detection and control measures are followed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure adequate resources for staff/student protection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure that ASD #5 is implementing best practice for social distancing techniques per Health Department guidelines, including reducing</td>
</tr>
</tbody>
</table>
V. CONCEPT OF OPERATIONS

A. Overview

1. Jackson County Health Department will be the lead agency in coordinating the local health and medical response to a pandemic with State, Federal, and local agencies and officials.

2. Jackson County Health Department will respond under the auspices of the Pandemic Influenza plan as well as the Department Emergency Operations Plan, Emergency Support Function 8 (Health and Medical Services) and the Regional Disaster Plan.

3. Jackson County Health Department response actions will emphasize disease surveillance and investigation, social distancing measures to reduce the spread of infection, and continually informing and educating the public about the pandemic, the public health response, and steps the public can take to reduce the risks of infection.

4. ASD #5 will maintain increased communications with the city’s Community Emergency Response Team (CERT) and the Jackson County Health Department and will implement those procedures that increase the health and safety of the school community.

5. ASD #5 assumes the following responsibilities:
a. Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and the Health Department.

b. Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of a pandemic.

c. Communicate with and educate the school community about approved public health practices and what each person can do to prepare or respond to minimize health risks.

d. Develop and implement educational support plans for students who are isolated or quarantined and coordinate these plans with the social support plans developed by the ASD#5 and the CERT.

6. Each Ashland Public School assumes the following responsibilities:

a. Develop a response plan that will:
   - Identify chain of command in case of illness with a minimum of 2 back ups.
   - Review and initiate best practices for respiratory hygiene and universal precautions. Train all school staff, volunteers and students. Identify and procure needed resources.
   - Review procedures for sending ill individuals home and make adjustments if necessary.
   - Report the number of staff and students daily absent with pandemic flu to the Health Department and Safety Officer.
   - Document actions taken.
   - Update staff and provide information on extent of infection at school site and potential changes that might take place at school.

c. Develop a recovery plan that provides for education support and emotional support for staff and students. If there is loss of life, Ashland School District will utilize the District’s Crisis Response Team and established protocol to respond to the emotional needs of District students and staff.
B. Direction and Control

1. Jackson County Health Department and all response partners will operate under the Incident Command System throughout the duration of the pandemic response.

2. Jackson County Health Department may activate the Public Health Emergency Operations Center (PHEOC) to coordinate the county-wide public health and medical response during a pandemic.

3. The City of Ashland and ASD #5 may activate their CERT during a pandemic to coordinate consequence response.

4. During Pandemic Phases 1, 2 and 3 where Jackson County is not directly affected, Jackson County Health Department will lead countywide preparedness and education efforts for pandemic response.

5. During Pandemic Phases 4, 5 and 6 Jackson County Health Department will communicate with health system partners through the Health Care Coalition to coordinate and manage health care system resources and information.

6. Jackson County Health Department will assess the viability of community containment options and establish criteria for recommending their implementation to local elected officials.

7. Upon reaching Pandemic Phase 4 (if local area is not affected; Phase 3 if local area is affected)

   a. Jackson County Health Department will provide regular briefings to the Mayor, other local elected officials, and regional response partners. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, and health information being shared with the public and health care providers.

   b. ASD #5 will attend Jackson County Health Department briefings and provide information to staff and students. ASD #5 will take appropriate measures including social distancing and increased respiratory hygiene in order to reduce transmission.

C. Communications
1. Communications with the public and health care providers will be one of the most critical strategies for containing the spread of the influenza and for managing the utilization of health care services. This plan’s communications goals are to:

   a. Provide accurate, consistent, and comprehensive information about pandemic influenza including case definitions, treatment options, infection control measures, and reporting requirements.

   b. Instill and maintain public confidence in the schools and the county’s public health care systems and their ability to respond to and manage an influenza pandemic.

   c. Ensure an efficient mechanism for managing information between Jackson County Health Department, health system partners and the schools.

   d. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.

   e. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.

2. Communications During Pandemic Phases 1, 2, 3

   a. The Jackson County Health Department Communicable Disease, Preparedness and Community Based Public Health Practice Sections will educate providers, public officials, schools and emergency responders about influenza pandemics and steps they should take to plan for pandemic outbreaks.

   b. Under the direction of the Safety Officer, the central administration will assess the needs of the schools.

      i. Assess the information needs of the school community.

      ii. Intensify public education efforts about influenza pandemics and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, parent letters, or school newsletters, television and radio broadcasts.

      iii. ASD #5 will identify hard to reach families and ensure communications.
iv. Coordinate with Jackson County Health Department to develop common health messages and education materials in multiple languages. Coordinate with Jackson County Health Department to ensure that bilingual staff can serve as information conduits to vulnerable school families and build sustainable preparedness capabilities.

v. Develop template pandemic informational letters for parents/guardians.

3. Communications During Phases 4, 5, 6

a. Jackson County Health Department Public Information Officer (PIO) will evaluate the need to establish a Joint Information Center (JIC) in conjunction with appropriate health system and response partners. A JIC will be activated when the JCHD PIO deems it necessary based on specific characteristics of the pandemic. If school closures are considered, the ASD #5 Director of Student Services will work with the JIC.

b. The JCHD PIO will develop a communications strategy including identifying appropriate community partners for reaching and educating diverse communities such as limited English speaking and homeless students and their families. ASD #5 will assist in translations for the school community.

c. As the pandemic expands, the JCHD PIO will provide daily updates on the pandemic and will organize regular media briefings.

d. The JCHD PIO will keep the public informed about steps that should be taken to protect against infection, treatment options for individuals who are infected, the status of the spread of the outbreak in the community, and the disease control and containment strategies that are being implemented.

e. The ASD #5 Director of Student Services will evaluate the need to establish a school information call center to respond to public inquiries. The ASD #5 Director of Student Services will disseminate web alerts per JIC guidelines and as necessary. Pandemic letters will be sent out to parent/guardians per JIC and ASD #5 communication strategy.

D. Mitigation

Mitigation activities are taken in advance of an influenza pandemic to prevent or temper its impact. Mitigation efforts will occur primarily during the early pandemic phases (Phases 1-3).
The ASD #5 pre-event mitigation activities include:

1. Planning, exercising, evaluating and revising the Pandemic Influenza Management Plan.

2. Training and equipping ASD#5 staff to assure competencies and capacities needed to respond to a pandemic outbreak.

3. Developing strategic partnerships with local community health care institutions and providers, and local, state and federal response agencies and their staff.

4. Educating schools and parents about an influenza pandemic and recommend preparedness measures.

5. Informing and updating schools about the potential impacts of an influenza pandemic on essential services and city, county, and school infrastructure. Reviewing and updating district-wide business continuity plans and assuring essential business functions are adequately staffed.

6. Stockpiling necessary equipment and supplies that will be needed to respond to an influenza pandemic.

7. Establish ventilation (HVAC) standards to be used during each phase of the pandemic.

E. Surveillance

1. The Influenza Surveillance Program by JCHD provides information on influenza activity in Jackson County for health care providers and the public. Because influenza is not a mandated notifiable disease under the Oregon Administrative Code, JCHD uses several methods to understand when influenza has arrived, is most active, and subsides in our community. One method is the sentinel reporting system. The Public Health Department has identified schools as sentinel reporters and monitors school absenteeism. All schools within Jackson County may be asked to report absenteeism of 10% or more of the school population each week from approximately November through April on a voluntary basis. School absenteeism in the winter months generally correlates with the level of influenza in the community.

2. During a pandemic flu response, the Disease Control Officer in the Communicable Disease Section may declare the circulating strain of influenza causing the pandemic a Disease of Public Health
Significance, requiring health care providers, schools, and labs to report patients meeting a case definition.

3. Surveillance During Pandemic Phases 1, 2, 3
   a. The Communicable Disease Section will maintain daily influenza tracking activities [reports regarding school absenteeism, pneumonia and influenza deaths submitted by Vital Statistics, nursing home reports and sentinel providers].

4. Surveillance During Pandemic Phases 4, 5, 6
   a. As a reporter, each school will closely monitor and report attendance and data trends when student absentee rates rise above 10%. During these phases, daily reports will be sent to the Safety Officer.
   b. The ASD #5 Personnel Department will activate tracking of absenteeism for school and central staff and report trends to the ASD #5 Director of Student Services. This data will be used to identify staffing needs and inform school closure discussions.
   a. The JCHD will collaborate with ASD #5 to identify essential personnel to be included in priority groups for vaccinations.

F. Vaccine Management

1. In consultation with Oregon State Department of Health (DOH), the Communicable Disease Section will finalize recommendations to the Local Health Department regarding priority groups to receive vaccination based on CDC guidelines.

2. The JCHD will finalize mass vaccination plans with regional partners, including schools.

G. Social Distancing Strategies

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include closing schools; closing non-essential agency functions; implementing emergency staffing plans; to increase telecommuting, flex scheduling and other options; and closing all public assemblies or after school activities.
1. JCHD Director will review social distancing strategies and current epidemiological data during each phase and recommend to key elected officials, including the Mayor of Ashland, and the Superintendent of ASD #5 social distancing actions that should be implemented to limit the spread of the disease.

2. Decisions regarding the closing of all public and private schools, community colleges and universities in Jackson County will be made by the JCHD after consultation with the superintendent and elected officials.

3. Decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing stadiums, theaters, churches, community centers, and other facilities where large numbers of people gather will be made jointly and concurrently by the Health Department and the Mayor and coordinated with all other elected officials of Jackson County.

4. Social Distancing Strategies During Phases 1, 2, 3
   a) The JCHD will
      i) Educate elected officials, government leaders, school officials, response partners, businesses, the media and the public about influenza pandemics and their consequences.

      ii) Coordinate with elected officials, government leaders, school officials, response partners, and businesses regarding the use of using social distancing strategies, the associated impacts they cause and the process for implementing these measures.

      iii) Confirm the decision making process and criteria for recommending social distancing strategies with key public officials.

   b) ASD #5 will
      i) Increase respiratory hygiene education for staff, students and parents.

      ii) Increase symptom monitoring and attendance tracking to ensure accurate reporting to JCHD.

5. Social Distancing Strategies During Phases 4, 5, 6
1. JCHD will

   i) The Local Health Officer (JCH) will coordinate with elected officials regarding decision making and implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

   ii) Implement specific, county-wide social distancing strategies that may include

   ▪ Encourage government agencies and the private sector to implement pandemic emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options.

   ▪ Encourage the public to use public transit only for essential travel; therefore transportation to schools may be interrupted.

   ▪ Advise Jackson County residents to defer non-essential travel to areas of the world affected by pandemic influenza outbreaks.

   ▪ Suspend all public events where large numbers of people congregate including sporting events, concerts, and parades.

   ▪ Close all public and private schools and colleges.

   ▪ Suspend all government functions not dedicated to addressing the impacts of the pandemic or maintaining critical continuity functions.

   ▪ Monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision-makers when social distancing strategies should be relaxed or ended.

   c) ASD #5 schools will
i) Follow JCH guidelines as appropriate including following social distancing guidelines and emergency pandemic staffing plans.

- Cancel extracurricular activities or close schools as directed by JCH.

H. Isolation and Quarantine

1. Isolation and Quarantine

   a. The JCHD will

      i) Coordinate planning efforts for isolation and quarantine with State DOH, neighboring county health departments, community based organizations, ASD #5, and local law enforcement.

      ii) Follow CDC guidelines in developing isolation and quarantine procedures for individuals traveling from areas in which a novel influenza virus is present.

VI. MAINTENANCE OF ESSENTIAL SERVICES

1. One of the critical needs during a flu pandemic will be to maintain essential community and business services.

   a. With the possibility that 25-35% of the workforce could be absent due to illness, it may be difficult to maintain adequate staffing for certain critical functions.

   b. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public utility personnel are unable to carry out critical functions due to illness. Individual ASD #5 schools or the entire district may be adversely disrupted.

2. ASD #5 will update and maintain continuity of operations plans and protocols that address the unique consequences of a pandemic.

3. ASD #5 will follow best practice guidelines for return to work after an influenza illness. Current recommendations are based upon seasonal influenza recommendations. Because experts do not know whether the mode of transmission, incubation period, or contagious period of pandemic strains of the influenza virus will be similar to those of
seasonal influenza (recurring yearly), ASD #5 will update and follow specific recommendations from the JCHD during a pandemic) Current influenza recommendations include employees/volunteers who have become ill with influenza should stay at home until all of the following criteria are met

- Fever has resolved and has not been present for at least 24 hours without the use of fever reducing medication; AND
- Symptoms are improving

Upon returning to the work environment, employees should continue to follow cough etiquette and hand washing protocols.

4. The Response Plan will be updated and maintained at least annually. This plan includes a continuity of operations and business recovery plans detailing

a. Line of Succession

b. Identification of ASD#5 essential services and priorities.

c. Continuity of operations and business recovery plans, including
   - Business Impact Analysis
   - Critical “daily” functions that need to be provided even during an event, although at a reduced level
   - Standard Operating Procedures for critical functions/processes including clearly documented protocols for adjusting staffing to maintain essential functions
   - Human Resource policies including
     1. Staff policies for personal illness or care of family
     2. Policies for flexible work hours and working from home.
     3. Procedures for the reassignment of employees to support ASD#5 essential services.

5. Maintenance of Essential Services During Phases 1, 2, 3

a. The ASD #5 will work with the JCHD and the CERT to update plans for maintaining essential departmental services during a pandemic.
b. In conjunction with the JCHD, the ASD #5 will educate central administration and the school community that provide essential services about the need for continuity of operations planning in advance of a pandemic.

6. Maintenance of Essential Services During Phases 4, 5, 6
   a. ASD #5 will update its continuity of operations plans and will request that its schools update their plans.
   b. The ASD #5 Director of Student Services, in conjunction with the JCHD, will determine the appropriate time to implement the continuity of operations plans and protocols.

VII. RECOVERY

1. School recovery from an influenza pandemic will begin when school officials determine that normal supplies, resources and response systems can manage ongoing school activities.

2. ASD #5 will assess the economic and educational impact of the pandemic.

3. Recovery plans will depend on the severity and duration of the pandemic but will include business recovery plans to mitigate education and financial losses, as well as emotional recovery plans as outlined in the Emergency Response Guide.

4. In consultation with the JCHD, ASD #5 will recommend specific actions to be taken to return schools and district offices to pre-event status including environmental sanitation.

5. The ASD #5 Central Office Response Team will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Emergency Response Guide including the Pandemic Influenza Management Plan.

VIII. Note on Communications
Southern Oregon Education Service District will serve as a conduit for communications between ASD and JDH unless it is more time effective to have direct communication per the Director of student services or the Superintendent.