

## Report to Members - The Pandemic Plan and Public Schools

*A portion of this paper appeared in the spring issue of The Leader, presenting the main activities the two meetings covered. This report includes those portions, amplified by the supplementary information for which there was no room in the journal. - PFF*

Last spring, in company with MSSAA 2<sup>nd</sup> Vice President Noel Pixley, your editor attended a session conducted by the Massachusetts Department of Public Health, dealing with the preparations under way to deal with an outbreak of pandemic influenza. It was also noted that some of the steps involved would apply to other types of disaster as well. (A summary of this meeting is available on the MSSAA web site.)

More recently, on February 28, a second meeting was held, devoted specifically to the effect of such an event on the schools of the Commonwealth. Once again we had the opportunity to represent MSSAA at the meeting. At the outset of this meeting, more general information was provided about the nature of the pandemic that is under consideration. Dr. Lisa V. Stone of the Massachusetts Department of Public Health listed some more specific actions that the state must undertake in the preparatory and active stages, as well as the steps that each community must take on its own.

Things that the state must do include:

- Maximizing surveillance activities and mobilize all available laboratory capacity;
- Providing timely and effective education and communication before, during and near the end of the crisis;
- Assuring that response extends to all citizens, especially the most vulnerable;
- Establishing a surge capacity in the health care system, utilizing retirees and other inactive personnel, school nurses, etc., and,
- Supervising hospital preparedness to ensure the continuity of society.

Local actions needed are:

- Developing local response to the pandemic, as there will be little help available from the state or federal governments;
- Organizing all local resources, since no community will have sufficient normal health capacity to deal with the pandemic;
- Being sure that everyone in the community understands what they will need and have to do (i.e. parents knowing that their children will be at home and need supervision and something to do, business and civic leaders having to plan for the absence of 1/3 of their workforce, etc.);and
- Doing whatever else is possible in the individual communities to allow for social distancing of people.

There was considerable overlap of information between the two meetings, but several specific school-related questions were brought up and dealt with at the one held last month. There were four main areas of concern;

- At what level would the authority to cancel public school sessions reside? Obviously every superintendent has that power under normal circumstances, but could an individual district keep schools open if health official decided that this was not wise. Could the Commissioner of Education, for example, close all schools by mandate? Could the Commissioner of Public Health or the Governor do so? As noted below, it has been decided that the governor would impose a state of emergency that would include the closing of schools for two weeks. The timing of that move is detailed below also. The school closing could then be extended, as circumstances warrant, by the governor.
- If schools are closed, how would the lost time be handled administratively? We have all seen schools forced to make up time lost to great storms or other factors. Would this be necessary in the case of a mandated closing? There has not been any clear-cut decision on this as yet, but the comments around the room indicated that there would no doubt be some accommodation. This area is one that still needs to be clarified, probably by the Department of Education, but it is also an area that can be decided after the fact, if that is necessary for some reason.
- Is it possible to set up criteria for closing schools in advance? Does it make sense to say that schools must close when a certain percentage of the students and staff have the flu? The criterion for closing the schools seems to be understood as being that point at which the rate of new infections seems to be peaking. That call would be made by the Department of Public Health, and acted upon by the governor.
- What steps, if any, might be required to decontaminate the schools before re-opening them? What material would be needed? Who would do the work? How would such a process be paid for? No further consideration has been given to this question at this time. It is not clear if there would be any really extensive

decontamination needed, but this, again, is a consideration that may become obvious at the time that the state is experiencing the waning of the pandemic.

As the February 28<sup>th</sup> meeting at the Massachusetts Department of Public Health opened, there were presentations on the nature and characteristics of pandemic influenza. Dr. Alfred DeMarina, Medical Supervisor of the DPH noted that the disease was insidious in that a person is contagious before knowing that he or she is ill. For this reason, it is almost impossible to stop the initial spread of the disease. Influenza is spread by the droplets from sneezing or coughing, with a distance of three feet being mentioned as a reasonable range for the infectious droplets being able to enter the upper respiratory system of another person.. Proper etiquette for coughing and sneezing is a major help in preventing spread of the disease. (Commissioner Paul J. Cote, Jr. of the DPH noted that in an Asian city wherein people were asked to wear masks and avoid close contact, 90% of the population did not get the infection.)

Dr. Stone, DPH Director of Communication, explained the quandary in which she found herself with regard to alerting the public about the need for individual action in the event of pandemic conditions. On the one hand, she is very desirous of having people know the seriousness of the matter and take the necessary steps in preparing, but on the other she does not wish to initiate a panic situation unnecessarily..

Dr. Stone also informed the attendees about many steps already taken. A medical reserve corps is in the process of being formed, and plans are already underway to designate and equip Influenza Special Treatment Facilities (ISTF), usually designed for school buildings. Much attention is also being given to the corollary effects on society of a pandemic situation.

For planning purposes, data indicates that approximately 30% of the population would become ill from influenza during a pandemic period. In Massachusetts that would mean about 2,000,000 people. Of these, about 1,000,000 would have mild cases that required little attention beyond normal response to annual flu. 1,000,000 people would be sick enough to require more treatment. Of these, about 920,000 would require treatment at home under remote medical supervision. Some of these would require support from the ISTF units, such as hydration, fever treatment etc. An additional 80,000 would require hospitalization. The mortality in Massachusetts would approximate 20,000, with most of the deaths occurring in elderly, very young, and infirm people.

The pandemic would quickly overwhelm normal medical facilities, and even the ISTF units would be overcrowded, in all probability. Serious effects would also follow for the just-in-time practices of American businesses. Since there are no large stockpiles of anything any more, there would be a lag time between need and arrival of emergency medical materials, medicines, and even basics like food, fuel, and routine medication like insulin and asthma treatments.

All in all, our total society would be disrupted as never before for a period that could approach three months overall, with an acute period of about four to six weeks. The experience would be similar to an eight or ten week hurricane, saving only for the property damage. Stores will be shorthanded, delivery facilities will be working at far lower efficiency than normal, and supplies of food and medical items may well become a serious problem. It will be essential that well people continue to work, even though that compromises the social distancing strategy. In order to particularize the situation, the February 28<sup>th</sup> conference went through a five-stage simulation of the first signs, maturation and winding-down of a flu pandemic. A scenario was presented in which the problem was divided into four stages. The characteristics of each stage are as follows:

#### Stage I – Pandemic Watch

- Reports from Indonesia of human to human transmission of a virulent strain of influenza are quickly confirmed by the World Health Organization (WHO)
- The U.S. Center for Disease Control (CDC) confirms the report and expects arrival in the U.S. within thirty days.
- The U. S. Dept. of Health and Human Services (HHS) advises consideration of the implementation of community containment and social distancing policies, including closing of schools.

#### Stage II – Pandemic Watch

- Pandemic outbreaks confirmed across the United States.
- Evidence suggests that young children are the primary source for spreading the disease.
- Few fatalities among the children, but many among elderly household members Travel from affected countries is monitored as much as is possible, but the spread is being treated as inevitable. CDC estimates that the disease will reach the United States mainland within thirty days of a confirmed outbreak. This could happen anywhere, but Southeast Asia is the most likely source.
- The rumor mill starts, including everything from wild death counts to Al Quaida. Federal and State government officials do their best to counteract the rumors and minimize panic.

### Stage III – Pandemic Warning

- A state of emergency is declared by the Governor.
- Based on the rate of new cases, a decision is made to have the Governor close all schools in the Commonwealth, except small day cares, for a minimum of two weeks.
- Influenza Special Care Units (ISCU) are mobilized. (Schools, other facilities, as planned in each community)
- This is the stage, during the 1918 and other previous pandemics, during which the most deaths and social disruptions occur. Many people may not be able to deal with what is happening, and may need support. The sources of this kind of support are not clear at this time, since many mental health people will be otherwise active as part of the medical mobilization. How much impact this will have is a function of the severity of the outbreak and the effectiveness of countermeasures. One person mentioned that during the 1918 pandemic, boy scouts were used to remove bodies from homes. Nobody concerned with pandemic planning is making light of the potential for high mortality.

### Stage IV – Pandemic Warning – Recession

- Evidence shows that the peak of the wave has passed.
- Hospitals and ISCUs are still full, but there is a 20% reduction in new cases.
- All sectors of the economy continue to experience a 30% absenteeism rate.
- Responsible parties maintain a watch to determine when all factors concerned, medical, economic and psychological make it advisable to reopen schools and remove restrictions on public gatherings.

As is obvious, the state has done much thinking about this problem, and the responsible departments have done a large amount of good work in suggesting preparations.

Two important questions remain to be pondered however.

- How much preparation have communities actually done? A straw poll of our executive board members indicates that quite a bit of preparation has been done in many communities, but some others seem to have done much less. A community that has not prepared for the pandemic will obviously be in a very much more dangerous position than one that has done well in that respect. Any school administrator who has not already been approached on this issue will no doubt do well to contact the local Board of Health and inquire as to the state of local planning. This is especially true since school buildings are very likely to be emergency shelters or ISCU locations.
- Is our society so interdependent today that any prolonged isolation tactics will prove impossible to sustain? The answer to this question can only be determined by the event itself. In 1918, the fastest mass transit was a railroad train, and most food was grown locally, or at least domestically. Today infection can travel at 500 miles per hour and our food and other supplies come from all over the world. Add to that the system of just in time delivery, and the possibilities for mass difficulties are quite clear.