Pandemic outbreaks can have several cycles or waves so this list may need to be repeated. Pandemic outbreaks can occur quickly and multiple measures may need to be implement at once.

Mitigation and Prevention

Communication Plan:
- Coordinate messaging with Ventura County Public Health (VCPH) based on current events and preventative recommendations.
- Disseminate information to school staff about best hygiene practices (cover your cough & handwashing). Educational tools: CDC School Education and Prevention Messages. Teachers will provide instruction about hand washing, cover your cough, and social distancing.
- Messaging to parents (ie: letters, all-call, school website, email, Facebook, Twitter) on universal preventative illness measures and to keep child home when sick.

Universal Precautions:
- Inventory personal protective equipment (gloves, surgical/procedure masks, gowns). Order and distribute supplies as necessary.
  Face masks are most useful for preventing disease spread when they are worn by people who have symptoms. This is why people are asked to wear a mask at doctor’s offices if they are coughing or sneezing (CDPH 2020).
- Review school illness policy for sending symptomatic students home and the use of a mask for ill students.
- Review cleaning guidelines and ensure desks and tables are cleaned appropriately with soap and water. Disinfectants may be used based on school cleaning policies and CDC recommendations.

Strategic Planning Team & Pandemic Outbreak Plan:
- Relevant school staff (administrator, teacher, school nurse, food services, and parent representative) will meet to articulate strategic priorities and oversee the development of the district’s operational pandemic plan. This will include reviewing current Public Health recommendations, parent sample letter alignment, health office practices, and cleaning procedures.
- Determine standard surveillance reporting process. This would be coordinated through Ventura County Office of Education (VCOE) and VCPH and disseminated to districts on how, when, and what information would be collected and submitted, should attendance surveillance become necessary.
• Monitor attendance rates weekly, looking at classroom, grade-level, and school site attendance.
• Begin implementation and review non-pharmaceutical interventions (NPI). [Table 1 & Table 2]

Response: Probable and/or active cases in the community

Communication Plan:
• Messaging to parents of any ill contacts (school or community), coordinated efforts with VCPH of closely monitoring the situation, and the school’s decision to remain open. Always provide information on universal precautions, social distancing, symptoms of illness, and when to stay home if sick.
• Monitor VCPH, VCOE, CDC, and CDPH communications and coordinate messaging for parent communication and any press release.

Surveillance and Reporting:
• Monitor attendance weekly or daily, if warranted by sudden absences. Notify Ventura County Public Health at 805-981-5201 that normal attendance rates at school site has dropped more than 10%. If absences exceed 10%, request letter from Ventura County Public Health Office: Supporting documentation required for completion of Form J-13-A- Request for Allowance of Attendance due to Emergency Conditions due to material decrease. A county public health officer letter for any incident involving epidemic-type illness. The letter is to specify that the illness was an epidemic or that there was an increase in the number of cases of a disease above what is normally expected of the population in that area (J13-A). J-13A waiver request.
• VCPH will provide communication with respect to frequency of attendance surveillance and reporting requirements.

Strategic Planning Meeting:
• Review and adapt current plan based on new information, including cleaning measures, health office guidelines for illness, and staffing options due to shortage. Consider closure of non-academic events. [Table 1]
• Plan and identify options for alternative learning options for students during illness, quarantine, or hospitalization.
• Consider altering school environments for individuals with special needs. This includes medically fragile students, pregnant-parenting students, childcare facilities, preschools and any population deemed to be at high risk for complications for pandemic exposure. Some areas to consider would be transportation and surveillance of students in class for symptoms of illness.
• Review attendance rates.
• Collaborate with key community stakeholders (i.e.: VCPH, transportation, food services, after-school programs, pre-school programs, and itinerate/contracted positions).
• Review and adapt current plan based on surveillance data.
• Collaborate with key community stakeholders (i.e.: VCPH, transportation, food services, after-school programs, pre-school programs and itinerate/contracted positions).
School Closures

Communication Plan:
- Messaging to parents and staff would be coordinated with VCPH (i.e.: letters, all-call, school website, email, Facebook, Twitter)
- Press release, as advised by VCPH and LEA.

Surveillance and Reporting:
- Plan and identify options for alternative learning options for students during illness, quarantine, or hospitalization.
- Request letter from Ventura County Public Health Office: Supporting documentation required for completion of Form J-13 A- Request for Allowance of Attendance due to Emergency Conditions due to materials decrease.

Strategic Planning Meeting:
- Determine type of school closure intervention (preventive, reactive, complete closure, student dismissal, or selective) that is warranted, based on active cases in your school or community and VCPH input. See definitions.
- Review next steps for re-entry, cleaning, staffing, transportation, food, and State reporting requirements.
- If schools remain open, (student dismissal or selective) consider cancellation of all non-academic events.
- Collaborate with key community stakeholders (i.e.: VCPH, transportation, food services, after-school programs, pre-school programs and itinerate/contracted positions).

Recovery

Communication Plan:
- If schools were closed, VCPH and school will issue a combined press release message to the public.
- Messaging to parents (ie: letters, all-call, school website, email, Facebook, Twitter) on return to school, symptoms of illness, and criteria or procedure to be cleared to return to school after illness. Coordinate return to school criteria procedure with VCPH to prevent reoccurrence.

Strategic Planning Team & Pandemic- Outbreak Plan Revisit:
- Review Operational Pandemic Plan actions. Revise any documents. Identify successful processes and challenges.
- Collaborate with key stakeholders on successes and challenges during the outbreak.
- Schedule periodic meetings to review and update plan with key stakeholders.
Definitions

- **Isolation**: separates person with ill symptoms from others who are not sick.
- **Non-pharmaceutical interventions (NPIs)**: Strategies to slow the spread of illnesses, such as, use of personal protective measures (handwashing, cover your cough, staying at home when ill), environmental surface measures, and social distancing.
- **Proactive school closure**: Closure of school before any pandemic infection transmission among students or staff is identified.
- **Reactive school closure**: Closure of school in response to one or more cases of identified pandemic illness of staff or students in the school.
- **School closure**: Closing a school and sending all the students and staff members home.
- **School dismissal**: School would stay open for staff members while the students stay home.
- **Social distancing**: Measures to reduce transmission by decreasing the frequency and duration of social contact amount persons of all ages by limiting face-to-face contact, which reduces person-to-person transmission.
- **Triggering threshold**: The minimal number or percentage of identified infectious cases in a school or community request to consider reactive school closures.
- **Quarantine**: separates and restricts the movement of persons who are reasonably believed to have been exposed but are not symptomatic.
Social Distancing

Social distancing involves measures that reduce opportunities for person-to-person virus transmission that can help delay the spread and slow the exponential growth of a pandemic during severe, very severe, or extreme pandemics while minimizing the secondary consequences of the measures. Social distancing measures can be implemented in a range of community settings, including educational facilities, workplaces, and public places where people gather (e.g., parks, religious institutions, theaters, and sports arenas). The choice of social distancing measure depends on the severity of the pandemic. Social distancing measures include the following:

- Closure of schools or work environments.
- Lessening the contact between individuals through cancelation of non-academic events.
- If schools remain open during a pandemic, divide school classes into smaller groups of students and rearrange desks so students are spaced at least 3 feet from each other in a classroom. This applies to apparently healthy persons without symptoms. In the event of a very severe or extreme pandemic, this recommended minimal distance between people might be increased.
- Persons in community settings who show symptoms consistent with cold or flu and who might be infected with pandemic illness should be separated from well persons as soon as practical, be sent home, and practice voluntary home isolation.
- Modify, postpone, or cancel mass gatherings.

What is difference between proactive, reactive, and selective school closures or school dismissal?

Proactive school closure is when a school closes before any pandemic infection transmission among students or staff is positively identified. Proactive school closures should be done based on current evidence of community pandemic illness and coordinated with Ventura County Public Health before closing any school. [Tables 1 & 2]

Reactive school closures are done in response to one or more cases of identified pandemic illness of staff or students in the school. Closure could also be necessitated by positive cases in the community. The length of the closure should be coordinated with VCPH and based on current outbreak information.

Selective school closure involves closing schools for high risk individuals, such as Cal-SAFE programs, schools for individuals who are medically fragile, or any student deemed to be at-risk for this particular pandemic (childcare or pre-school).

School closure involves closing a school and sending all the students and staff members home. This would include cancelling all non-academic events, after-school care, and nutrition services. This should only be considered to slow the peak pandemic outbreak in the community or as a result of a high incidence of cases in the school.

School dismissal involves sending all students home but keeping the facilities open and staff on-site. Open school facilities allow teachers and staff to develop and deliver lessons and materials, provide services and help with additional response efforts, and maintain an open safe space for the appropriate supervision of students. If students can come to campus, strict social distancing must be exercised.

Any school closures and dismissals should be coupled with social distancing measures (e.g., cancelling sporting events and other mass gatherings) to reduce out of school social contact among children when schools are closed.
TABLE 1. Nonpharmaceutical interventions for personal and community preparedness to prevent pandemic

<table>
<thead>
<tr>
<th>NPI category</th>
<th>NPIs</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal protective measures for everyday use</td>
<td>Voluntary home isolation of ill persons (staying home when ill)</td>
<td>Recommended at all times</td>
</tr>
<tr>
<td></td>
<td>Respiratory etiquette</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hand hygiene</td>
<td></td>
</tr>
<tr>
<td>Personal protective measures reserved for pandemics</td>
<td>Voluntary home quarantine of exposed household members</td>
<td>Reserved for pandemics</td>
</tr>
<tr>
<td></td>
<td>Use of face masks in community settings for those that who are ill</td>
<td></td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School closures or dismissals</td>
<td>Temporary, preemptive, coordinated dismissals of childcare facilities and schools for grades K–12</td>
<td>Reserved for pandemics</td>
</tr>
<tr>
<td>Social distancing measures (examples)</td>
<td>Dividing classes into smaller groups and creating opportunities for distance learning</td>
<td>Reserved for pandemics</td>
</tr>
<tr>
<td></td>
<td>Telecommuting and remote-meeting options in workplaces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mass gathering modifications, postponements, or cancellations of non-academic events</td>
<td></td>
</tr>
<tr>
<td><strong>Environmental</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental surface cleaning measures</td>
<td>Routine cleaning of frequently touched surfaces and objects in homes, childcare facilities, schools, and workplaces</td>
<td>Recommended at all times</td>
</tr>
</tbody>
</table>

TABLE 2. Factors to consider before implementing nonpharmaceutical interventions during a pandemic

<table>
<thead>
<tr>
<th>Planning factors</th>
<th>Planning goals</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Ethical considerations                    | • Community engagement in pre-pandemic planning  
                                            • Equitable distribution of public health resources during a pandemic                                                                                                                                   | • Promoting public input into NPI planning  
                                            • Ensuring that NPIs benefit all groups within a community  
                                            • Carefully considering and justifying any restrictions on individual freedom needed to implement NPIs (e.g., voluntary home quarantine of exposed household members) |
| Feasibility of NPI implementation         | • Minimal interruption of regular programs and activities  
                                            • Selection of NPIs that are practical to implement within each community                                                                                                                               | • Identifying practical obstacles to NPI implementation and considering ways to overcome them. Examples include the following:  
                                            • Educational issues (e.g., missed educational opportunities or loss of free or subsidized school |

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<table>
<thead>
<tr>
<th>Planning factors</th>
<th>Planning goals</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activation triggers, and duration of NPIs</td>
<td>• Optimal implementation of NPIs during a pandemic</td>
<td>• Maximizing the effectiveness of NPIs by taking the following actions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Identifying activation triggers to ensure early implementation of NPIs before explosive growth of the pandemic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Planning for simultaneous use of multiple NPIs because each NPI is only partially effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Planning for long-term duration of school dismissals and social distancing measures</td>
</tr>
<tr>
<td>Selecting NPIs for groups at risk for severe complications and for those with limited access to care and services</td>
<td>• Protection of persons most at risk for severe illness or death during a pandemic</td>
<td>• Identifying strategies for implementing NPIs among selective high-risk groups</td>
</tr>
<tr>
<td></td>
<td>• Protection of persons who might need additional assistance during a pandemic</td>
<td>• Identifying strategies for implementing NPIs among groups who might experience barriers to or difficulties with accessing or receiving medical care and services, including the following:</td>
</tr>
<tr>
<td></td>
<td>• Protection of persons with disabilities and other access and functional needs</td>
<td>o Persons who are culturally, geographically, or socially isolated or economically disadvantaged</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Persons with physical disabilities, limitations, or impairments</td>
</tr>
</tbody>
</table>
## TABLE 2. Factors to consider before implementing nonpharmaceutical interventions during a pandemic

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Public acceptance of NPIs</td>
<td>• Active participation in NPI implementation during a pandemic</td>
<td>• Promoting public understanding that individual action is essential for effective implementation of NPIs in every pandemic scenario. In many scenarios, both personal and community NPIs might be recommended. NPI recommendations might change as new knowledge is gained.</td>
</tr>
</tbody>
</table>
| Balancing public health benefits and social costs | • Maximization of NPI public health benefits and minimization of social and economic costs during a pandemic | • Ensuring that school dismissals and other NPIs are acceptable to the community during a pandemic  
• Coordinating with local partners to support households complying with voluntary home quarantine (e.g., providing necessary food and supplies)  
• Identifying strategies for mitigating the secondary consequences of school dismissals and other social distancing measures (e.g., modifications or cancellations of mass gatherings)  
• Minimizing intervention fatigue during a pandemic  
• Estimating economic and social costs of NPIs and their secondary (unintended or unwanted) consequences  
• Balancing those costs against public health benefits, with reference to different prepandemic planning scenarios |
TABLE 2. Factors to consider before implementing nonpharmaceutical interventions during a pandemic

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<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring and evaluation of NPIs</td>
<td>• Ongoing guidance during a pandemic on optimal NPI implementation, maintenance, and discontinuation</td>
<td>• Identifying strategies for reducing the cost of NPI implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identifying ways to monitor and evaluate NPI effectiveness</td>
</tr>
</tbody>
</table>

Reference


