



# PANDEMIC PREPAREDNESS

ARIZONA DEPARTMENT OF EDUCATION

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## **Purpose of this Guidance**

The purpose of this document is to provide informal guidance to Arizona Pre K-12 schools on the recommended actions to be taken to prepare for, respond to, and recover from a pandemic or similar public health emergency.

A pandemic is a world-wide spread of a new disease usually affecting many people. The designation of an epidemic as a “pandemic” is based on the spread of the virus, not the severity. Prior to the current COVID-19 pandemic, four influenza pandemics had occurred in the 20th and 21st Century.

As with all public health emergencies, the situation tends to be fluid and will change with new information. This document is under review by the Arizona Attorney General and is subject to change.

## **How this Guidance is Organized**

This guidance addresses the following key planning areas:

- Emergency Operations Plans
- Authority and Decision for School Closure
- Prevention and Mitigation Strategies
- Continuity of Operations (COOP) Planning
- Continuity of Education Instruction
- Continuity of Social Services
- Continuity of Nutrition Services
- School Reopening
- Use of Facilities and Staff by Public Health Authorities



## **Emergency Operations Plan**

Per Arizona Revised Statutes (ARS) §15-341(A)(31), public schools within districts in Arizona are required to have emergency operations plans that meet the Arizona School Emergency Operations Plan: Minimum Requirements. The requirements include the use of the Arizona School Site Emergency Operations Plan Template for standardization in formatting. It is recommended that charter and private schools utilize these documents as well. They can be found at <https://www.azed.gov/shs/sep/>.

Pandemics differ from the types of emergencies that Arizona schools commonly plan for in that the impact is long-term and beyond the scope of an individual school. Also, a pandemic can result in the closing of schools for a prolonged period of time and/or multiple times because pandemics can occur in waves. Nonetheless, the all-hazards approach that should be employed by schools for emergency management is appropriate for pandemic preparedness. Pandemics should be included as a potential hazard in the school Emergency Operations Plan.

According to the Federal Emergency Management Agency (FEMA), the most common cause of emergency operations failure is poor management, including confusion around roles and responsibilities and unclear lines of authority. To address this deficiency and to facilitate communication with first responders, the use of the Incident Command System (ICS) as the required management system was incorporated into Arizona's Minimum Requirements in 2006.

ICS is a standard, on-scene, all-hazard incident management system. It is flexible, scalable, and can meet the response needs of incidents of any type and level of complexity, including: planned events, fires, hazardous materials spills, and multi-casualty incidents; multi-jurisdictional and multiagency disasters, such as earthquakes, hurricanes and winter storms; search and rescue missions; biological outbreaks and disease containment; and acts of terrorism. FEMA offers the independent study course appropriate for school personnel IS 100 Introduction to ICS at <https://training.fema.gov/is/>.

In addition to the incident management system, a communications plan is critical. Arizona School Emergency Operations Plans need to include the following:

- How school response team members will communicate with each other and coordinate with the county/tribal health department;
- The systems that will be used to notify school personnel of an emergency and for communication between personnel;
- The systems that will be used for student and parent emergency notifications and information updates; and
- The person(s) responsible for working with the media and procedures for providing the public with accurate, timely, and useful information and instructions throughout the emergency (defined role within ICS).

Additional steps can be taken prior to an emergency that will facilitate communication during the incident when time is of the essence, such as:

- Ensuring that staff contact lists are current;
- On a regular basis, asking parents to notify the school when parental contact information



changes;

- Developing alternate means of contact for those families who do not have phones or access to email;
- Developing templates for correspondence in advance that at the time of an emergency need only to be modified to include specifics of the current situation.

The Department of Emergency and Military Affairs and the Arizona Department of Education co--sponsor the Multi-Hazard Safety Program for Schools. This course provides basic knowledge of emergency management principles, ICS, and the tools to design or strengthen school emergency operations plans. Request this course by downloading the event request form at <https://dema.az.gov/emergency-management/preparedness/training>.

## **Authority and Decision for School Closure**

### **Mandated School Closures**

In Arizona, the authority to close a school lies with its governing body, but in public health emergencies that authority is also granted to county and tribal health departments. Under a declared state of emergency, the Governor and the Arizona Department of Health Services (ADHS) also have the authority to close schools.

School closures as a result of a mandate by the Governor, state or local health authorities should be reported to the Department of Education via email to [SFAlystTeam@azed.gov](mailto:SFAlystTeam@azed.gov). The Department of Education will continue to work with the Attorney General's Office to provide guidance on requirements in the event of mandatory school closures.

### **District or Charter Closures**

If a school district or charter holder (LEA) governing board takes action to close a school due to "widespread illness," or "situations affecting the safety of persons or property" pursuant to A.R.S. § 15- 806(B), the LEA may request approval from and/or notify the Department of Education. LEAs may submit these requests via email to [SFAlystTeam@azed.gov](mailto:SFAlystTeam@azed.gov). All requests should include the following information:

- CTDS, Name of School and LEA
- Request for approval of closure
- Period of expected closure
- Reasons for the closure, including those related to widespread illness, safety of persons or property
- Summary of expected hours exceeding the minimum required by A.R.S. § 15-901 prior to the school closure

A school governing board that has taken action to close a school pursuant to another section of law or prior to submitting the request of approval to the department of education should follow the same guidelines in submitting notification of school closure to [SFAlystTeam@azed.gov](mailto:SFAlystTeam@azed.gov).



## Funding Considerations

If a school needs to close because of a pandemic or similar public health emergency following the 100th day of instruction, there is no impact on funding. If high absenteeism is due to a pandemic or similar public health emergency, there is no impact on funding.

All student absences associated with a pandemic or similar public health emergency should be reported as excused. Periods of ten or more consecutive excused absences after accumulating absences greater than 10% of the scheduled instructional days will remain fundable for those instances which occur prior to the 100th day or 200th day as applicable.

Information is subject to change depending on the severity of a pandemic. The Department of Education will continue to work with the Attorney General's Office to evaluate the impact, if any, to school funding for schools that have not reached the 100th day of instruction or for schools on a 200-day calendar.

## Make-Up Days

Arizona law requires that LEAs provide at least 180 days of instruction or the equivalent number of minutes regardless of any approved school closure A.R.S. § 15-341.01(A); A.R.S. § 15-341(B). LEAs should make every effort possible to make-up days and instructional hours lost due to a pandemic or similar public health emergency, including extending the school year or increasing instructional time on presently scheduled days. Information is subject to change depending on the severity of a pandemic. The Department of Education will continue to work with the Attorney General's Office to determine the requirements for making up lost instructional time.

### Arizona Department of Education Authority for School Closure during a Pandemic or Similar Public Health Emergency

Citation	Summary	Interpretation
<b>Military Affairs and Emergency Management</b>		
A.R.S. § 26-303(D) & -(E)	State of emergency, Governor authority over agencies and police power	The Governor does not have authority over public schools. However, the State may take action to mitigate the damage that would be caused by an epidemic.
A.R.S. § 26-301.15	"State of emergency" includes epidemic and allows the Governor, or a designee, to direct all state agencies to utilize	The Department of Health may perform necessary activities to mitigate potential damage that would be caused by an



	state personnel, equipment and facilities to perform activities to prevent or alleviate actual and threatened damage due to the emergency	epidemic. This would include school closure for public and private schools.
<b>Public Health and Safety</b>		
A.R.S. § 36-624	County health department authority to quarantine and sanitary measures to prevent contagion	School closure is a mitigation strategy that can be considered sanitary measures.
Globe District v. Board of Health, 1919	County health department authority to close schools	Allows the county health dept. and the department of health services to close schools (and many other institutions) for pandemic.
ARS § 36-787	Health department authority during state of emergency for planning and executing public health...mitigation...coordination of local authorities	Authority over local authorities includes schools.
ARS § 36-788	Health department authority in isolation and quarantine	Authority already provided by 36-787.
<b>Education</b>		
A.R.S. § 15-183(E)(1)	Charters must comply with health and safety rules, regulations and statutes	If a school closure order is issued pursuant to A.R.S. § 36-624 to prevent a contagion, a Charter Operator must comply with orders from a county health department.
A.R.S. § 15-806 (B)	The governing board of a school district or charter school shall adopt a policy governing the excuse of pupils from school attendance and apply to the Department of Education for authorization of school closure for widespread illness or	If an LEA closes a school pursuant to A.R.S. § 15-806 (B), they are required to submit a request to the Department of Education for approval.



	situations affecting the safety of persons or property.	
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### **Order of Authority for School Closure:**

1. Governor → State of Emergency → Health Dept. → direction to counties and schools to close in order to mitigate potential damage of an epidemic
2. County Health Department → direction to some or all schools to close
3. Charter Operator → may choose to close one or more of its charter schools under A.R.S. § 15-183.
4. School District or Charter Operator → may choose to close one or more of its schools under A.R.S. § 15-806 B.

## **Prevention and Mitigation Strategies**

There are steps that schools can take that can assist in prevention and mitigation of an influenza pandemic, and **the Arizona Department of Education recommends following these strategies during the COVID-19 pandemic.** The following recommendations for school administrators (or assigned personnel) come from the CDC and Arizona state and local health departments.

### **In General:**

- Stay informed by visiting the Arizona Department of Health Services web site, [www.azdhs.gov](http://www.azdhs.gov) and by staying in contact with your county or tribal health department. Contact information can be found at <https://www.azdhs.gov/director/index.php#county-health-departments>
- Provide school emergency contact information to your county or tribal health department.
- In coordination with your county or tribal health department, provide on-going communication to your school community.
- Obtain guidance from your county public health officials about reporting influenza-related absences.

### **Students and Staff:**

- Continue to promote proper hygiene with students and staff, including frequent and thorough hand washing; covering coughs and sneezes with tissue or the elbow; and refraining from touching the eyes, nose, and mouth. If soap and water are not readily available, the use of alcohol-based hand sanitizers is recommended. Classroom



resources for personal hygiene can be found at [www.cdc.gov/handwashing/training-education](http://www.cdc.gov/handwashing/training-education)

- Be on alert for students and staff exhibiting flu-like symptoms. Flu symptoms include fever (greater than 37.8°C or 100°F) or chills, plus cough or sore throat. Other possible symptoms are runny nose, lethargy, loss of appetite, and in some cases, nausea, vomiting, and diarrhea.
- Students and staff who have flu-like symptoms should be separated from others (preferably in a separate room) until they can be sent home.
- Students and staff with flu-like illness and who are at high-risk for complications should speak with their health care provider as soon as possible. People at high-risk of complications include those who are pregnant, have asthma, diabetes, underlying heart or lung disease, have compromised immune systems, or have neuromuscular disease.
- It is recommended for students and staff with flu-like illness to stay home for 24 hours after fever or chills resolve without use of fever-reducing medications. A physician's note is not necessary for previously ill children or staff to return to school. Healthcare resources during a pandemic will likely be overwhelmed, plus it is not advisable to congregate in places with many ill people, such as a doctor's office or a healthcare facility.
- School policies on sick leave for staff and absences due to illness for students should be reviewed and modified to facilitate recommendations during a pandemic. Work with the district, school board, and appropriate professional associations regarding supporting ill staff in, staying at home (e.g., providing adequate sick leave or utilizing telecommuting when appropriate).

## **Continuity of Operations (COOP)**

In the event of an influenza pandemic or similar public health emergency, there are special considerations for school operations. Each school's emergency operations plan should include plans for Continuation of Operations (COOP). The extent to which schools remain operational during a pandemic will largely depend upon the severity of the pandemic and the schools' plan for continuity of education. Even if students are dismissed, schools may remain operational in part. To determine level of operations and to ensure functionality, a Continuity of Operations Plan (COOP) planning team should be established to develop a standard operation procedure for essential functions and processes. FEMA has set forth instructions on planning for continued operations, which have been incorporated in this section.

A pandemic can threaten operations by impacting human resources and removing essential personnel for extended periods of time. Human resource policies need to be reviewed to determine if a school must, may, or cannot compensate, continue benefits, and extend leave to employees during a pandemic. In addition to the Prevention and Mitigation strategies previously stated, **it is recommended that COOP plans for the COVID-19 pandemic include:**

- Identify and plan for employees who may have to stay home when schools and childcare programs close due to a pandemic; and
- Ensure employees can stay home when sick or when caring for a sick family member;





- Provide liberal/extended sick leave to staff for those that are ill or are caring for a sick family member. Sick-leave policy should take into consideration the recommendation that all individuals with flu-like symptoms stay home for 24 hours after symptoms resolve.
- Encourage employees to make plans for childcare. Families may be able to develop support systems when childcare is needed (e.g., two to three families work together to supervise and provide care for a small group, five or less, of infants and young children while their parents are at work); and
- Incorporate flexible work hours and schedules while also utilizing employee spacing techniques to reduce crowding and proximity (e.g., staggered shifts, telecommuting, teleconference meetings, separate office spaces).

Schools should work with state and local governments and faith-based and community-based organizations to provide any needed assistance to staff who cannot report to work for a prolonged period. It is also important to include the professional association in decision-making and inform employees of decisions.

During a pandemic or similar public health emergency, essential business functions will need to be identified and continued. Schools should identify positions, skills, and personnel needed to continue essential functions and services that need to continue with little or no disruption. This process should include the identification of:

- Essential functions by position and lines of authority and succession for making policy determinations and decisions;
- Functions and services that can be conducted through use of alternate work arrangements;
- Protocol for adjusting staffing to maintain essential functions;
- Vital files, records, and databases that must be maintained and/or available for staff use;
- Essential contracts, support services, and other interdependencies that must, may, or cannot be continued; and
- Critical supplies and the impact of limited access to those supplies.

The extent to which schools can recover from a pandemic is strongly influenced by the overall societal impact of the pandemic. Effective business operation plans will assist in keeping schools operational and being better prepared to resume full operations when appropriate.

Attachment A provides tools to assist with COOP planning. Additional resources are available at <https://www2.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/planning-guide.pdf> and <https://www.cdc.gov/flu/pandemic-resources/pdf/businesschecklist.pdf>.



## Continuity of Education Instruction

To the extent possible, schools are encouraged to continue instruction during periods of school closure due to a pandemic or similar public health emergency. Continued instruction is important to maintain learning, and to engage students in constructive activities while they are not in school. Engaging students to any degree will provide them with a sense of normalcy during a crisis, as well as providing a constructive outlet for interaction. Maintaining routine or normal activities during an emergency has been found to be a positive coping measure that assists with recovery following the crisis.

The continuity of education during a severe pandemic will depend on a variety of factors, such as the level of preparation for both schools and families and the availability of teachers. Consideration should be given to the needs of all students, including English language learners and students with disabilities in developing plans to continue providing education during a pandemic outbreak.

In addition to using paper copies of instructional materials, such as books, workbooks, and other documents sent by mail, districts and schools can employ a range of technology-based solutions to increase the probability that a significant number of students can continue their academic work. Levels of continuation and possible educational interventions include:

- **Exposure to Content:** Students will be able to view content that broadly relates to content areas, such as literacy and numeracy. Focused skill development is not expected. Depending on grade level, materials used might include books, textbooks, workbooks, worksheets, email, television (e.g., DVD, cable, streaming), and Internet content (e.g., websites, games).
- **Supplemental Content:** Students will be able to view and participate in activities that are directly related to grade-level skills, but there is no capacity for assessment or evaluation of work. Limited progress is expected. In addition to the materials listed above, more specific subject-matter could be provided through content download (e.g., using laptops and smart phones) and communication by phone (e.g., conference calls and one-on-one calls).
- **Partial Continuation:** Students will be able to access grade-level and subject-matter content. If instructional support (including assessment and evaluation of work) is provided through another medium, continued learning is possible. Measurable student progress is possible. Materials and instructional methods used might include all those listed above as well as synchronous online learning (e.g., chat, streaming, video, instant messaging, and/or web conferences).
- **Full Continuation:** Students will be able to access grade-level and subject-matter content. Instructional support is provided, including assessment and evaluation of work. Measurable student progress is expected. Materials and instructional methods used might include all those listed above as well as asynchronous online learning with capability for remote communication and assessment (e.g., email, learning management systems that deliver, track, and manage classes or projects. For more information, go to <https://www.cdc.gov/flu/pandemic-resources/pdf/schoolchecklist.pdf>
- **Assessment:** Statewide testing windows will open as scheduled; ADE will work with vendors in the event testing windows need to be extended. If your school is in session,



please follow the testing scheduled as planned. If there is a closure, schools may need to postpone testing and reconvene upon opening. In the event of a closure, testing windows will be extended. We are working closely with the State Board of Education on any issues that arise with testing and its potential impact on Accountability.

## **Special Education Considerations**

### **Implementing Part B of the *IDEA* During a Pandemic Outbreak**

The federal Individuals with Disabilities Education Act (IDEA) requires states and public education agencies (PEAs) to make a free appropriate public education (FAPE) available to all children with disabilities. In the event of a school closure as a result of a pandemic, schools must serve the needs of children with disabilities if the school maintains programs for its general student population. The school must create strategies that provide students with disabilities with educational benefits commensurate with those provided to the general population. If a school does *not* provide services to its general student population during a school closure, it is not required to provide such services to children with disabilities, but may be required to provide compensatory services, depending on the length and severity of the closure.

Schools should consider in advance how they will work with parents of children with disabilities during a closure. Special education and related services for children with disabilities are outlined in an Individualized Education Program (IEP) and each student's IEP team should consider if/how special education and related services will be provided during a closure. Schools should take into consideration alternate methods for providing educational services to children with disabilities, such as home visits, teleservices, homework packets, or Internet-based lessons.

If, however, it is impossible to provide full services during a closure, the IEP team must subsequently make an individualized determination of whether compensatory services are required to make up for any skills that may have been lost because the child did not receive educational benefits.

For additional guidance specific to the COVID-19 Outbreak see

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf>

### **Questions and Answers for Implementing IDEA Part B During the COVID-19 Pandemic**

**Question A-1:** Must a PEA provide special education and related services to a child with a disability who is absent for an extended period because the child is infected with COVID-19, while the schools remain open?

**Answer:** Yes. When a child with a disability is classified as needing homebound instruction because of a medical problem, as ordered by a physician, and is home for an extended period of time (generally more than 10 consecutive school days), an IEP meeting is necessary to change the child's placement and the contents of the child's IEP, if warranted. Further, if the IEP goals will remain the same and only the time in



special education will change, then the IEP team may add an amendment to the IEP stating specifically the amount of time to be spent in special education. If a child with a disability is absent for an extended period of time because of a COVID-19 infection and the school remains open, then the IEP team must determine whether the child is available for instruction and could benefit from homebound services such as home visits, teleservices, homework packets, Internet-based lessons, and other distance-based learning approaches, to the extent available. In so doing, school personnel should follow appropriate health guidelines to assess and address the risk of transmission in the provision of such services.

If a child does not receive services after an extended period of time, a subsequent individualized determination is required to decide whether a child with a disability requires compensatory education to make up for any skills that may have been lost because the child did not receive educational benefit.

**Question A-2:** What services must a PEA provide if a school for children with disabilities is selectively dismissed (i.e., closed) due to the possibility of severe complications from a COVID-19 outbreak?

**Answer:** Although there are not many schools where all or most children are at high risk (for example, a school for medically fragile children) a PEA might decide to dismiss such a school to better protect these high-risk children. The decision to selectively dismiss a school should be made locally and should balance the risks of keeping the children in school with the social disruption that school dismissal can cause. School officials should work closely and directly with public health officials when deciding whether or not to selectively dismiss a school or schools.

If a school for children with disabilities is closed solely because the children are at high risk of severe illness, the PEA must determine whether each dismissed child could benefit from teleservices, homework packets, Internet-based lessons, and other distance-based learning approaches, to the extent available. In so doing, school personnel should follow appropriate health guidelines to assess and address the risk of transmission in the provision of such services. If a child does not receive services during a closure, a child's IEP team must make a subsequent individualized determination to decide whether a child with a disability requires compensatory education to make up for any skills that may have been lost because the child did not receive educational benefit.

**Question A-3:** If a child with a disability at high risk of severe complications is excluded from school during an outbreak of COVID-19, is the exclusion considered a change in educational placement subject to the protections of 34 CFR §§300.115 and 300.116?

**Answer:** If the exclusion is a temporary emergency measure (generally 10 consecutive school days or less), the provision of services such as teleservices, homework packets, Internet-based lessons, and other available distance-based learning approaches is not considered a change in placement. During this time period, a child's parent or other IEP team member may request an IEP meeting to discuss the potential need for services if the exclusion is likely to be of long duration (generally more than 10 consecutive school days). For long-term exclusions, a PEA must consider placement decisions under the IDEA's procedural protections of 34 CFR §§300.115 – 300.116,



regarding the continuum of alternative placements and the determination of placements.

Under 34 CFR §300.116, a change in placement must be made by a group of persons, including the parents and other persons knowledgeable about the child and the placement options. If the placement group determines that the child meets established high-risk criteria and, due to safety and health concerns, the child's needs could be met through homebound instruction, then under 34 CFR §300.503(a)(1), the public agency must issue a prior written notice proposing the change in placement. A parent who disagrees with this prior written notice retains all of the due process rights included in 34 CFR §§300.500-300.520.

The decision to dismiss a child based on his or her high risk for COVID-19 complications must be based on the individual needs of the child and not on perceptions of the child's needs based merely on stereotypes or generalizations regarding his or her disability.

**Question A-4:** May an IEP team include a distance learning plan in a child's IEP as a contingency plan in the event of a COVID-19 outbreak that requires the school's closure?

**Answer:** Yes. IEP teams may, but are not required to, include distance learning plans in a child's IEP that could be triggered and implemented during a selective dismissal due to a COVID-19 outbreak. Such contingent provisions may include the provision of special education and related services at an alternate location or the provision of teleservices, homework packets, Internet-based lessons, and other available distance-based learning approaches, and may identify which special education and related services, if any, could be provided at the child's home.

Creating a contingency plan before a COVID-19 outbreak occurs gives the child's service providers and the child's parents an opportunity to reach agreement as to what circumstances would trigger the use of the child's distance learning plan and the services that would be provided during the dismissal.

**Question A-5:** What activities other than special education and related services may and may not be provided with IDEA Part B funds both prior to and during a potential COVID-19 outbreak?

**Answer:** IDEA Part B funds may be used for activities that directly relate to providing, and ensuring the continuity of, special education and related services to children with disabilities. For example, a PEA may use IDEA Part B funds to disseminate health and COVID-19 information that is specifically related to children with disabilities, to develop emergency plans for children with disabilities, or to provide other information (e.g., guidance on coordination of the provision of services in alternate locations as described in Question A-4) to parties who may need such information, including school staff responsible for implementing IEPs, parents of eligible children, and staff in alternate locations where special education and related services may be provided. PEAs, however, may not use IDEA Part B funds to develop or distribute general COVID-19 guidance or to carry out activities that are not specific to children with disabilities (e.g., general COVID-19 activities for all children and staff).



## **Continuity of Social Services**

In the event of a pandemic or similar public health emergency, schools are encouraged to facilitate delivery of health and social services that students may have received at school or that homebound families may need. To the extent possible, it is recommended that schools:

- Provide school nurses, counselors, school psychologists, special-needs teachers, social workers, or other personnel with guidance on maintaining needed health, counseling, and social services for students with physical and mental/emotional healthcare needs.
- Encourage school nurses, counselors, school psychologists, social workers, or other personnel to establish supportive long-distance relationships with particularly vulnerable students via authorized district methods of student and family communication.
- Work with state and local governments and faith-based and community-based organizations to facilitate the provision of any needed assistance or resources for students and families.
- Encourage families to continue accessing services.
- Establish a system for facilitating the communication between families and service providers regarding continuation of services.
- Assist families in accessing health and social services by identifying public and private organizations that provide services during a public health emergency.

## **Continuity of Nutrition Services**

### **Continuity of Nutrition Services during the COVID-19 pandemic**

The US Department of Agriculture is allowing those schools that qualify for the Summer Food Service Program to serve reimbursable meals in non-congregate settings during periods of school closure, only once a waiver request is submitted and approved. For more information, refer to memorandum SP 08-2020 SFSP 04-2020 or visit [www.azed.gov/hns/sfsp/](http://www.azed.gov/hns/sfsp/)

Schools are also encouraged to inform families in need of other options for obtaining nutrition assistance when schools are not in session or when students are homebound, such as:

- Providing information on local food banks, food pantries and/or soup kitchens. Faith-based organizations may also be of assistance in providing food to vulnerable children who receive free and reduced-price meals. Information to families should include the name and location of the food bank/pantry/kitchen, operating hours, and any other information needed to access their benefits.
- The Arizona Department of Economic Security's Nutrition Assistance (NA) Program, formerly known as the Food Stamp Program, may be available in your community. Schools can work with their local NA offices to obtain outreach information and materials on how to apply. Information on NA offices by zip code can be found at [www.azdes.gov/faa](http://www.azdes.gov/faa) (Nutrition Assistance).
- Other community programs may be able to provide food assistance. For example, some schools and community organizations participate in privately funded "backpack"



programs that send food home with children for evenings and/or weekends. If such resources exist in your community, program operators may be able to coordinate an extension of the program during periods of school closure or when students are homebound.

Additional information on food assistance during emergencies can be found at <https://www.fns.usda.gov/disaster/disaster-assistance>.

### **School Reopening After a Pandemic**

When school closure is a result of a pandemic, **schools will be advised to reopen by public health authorities**. The process for reopening a school after a pandemic is like processes already established for reopening after summer and other breaks. Depending upon the severity of the pandemic, procedure for reopening may require attention to special considerations.

An influenza or similar pandemic can result in a change in student enrollment and staffing due to illness and/or death and can significantly affect a schools' ability to reopen. Prior to reopening a school, changes in student enrollment and staffing should be assessed to determine which schools can reopen and when. This may require additional assessment of essential functions, skills, and reassignment of staff responsibilities to accommodate lack of staffing in any area.

Prior to reopening, in addition to routine maintenance, it is recommended that hard surfaces are cleaned, especially those that are frequently touched such as doorknobs and telephones. Common disinfectants can be used; no extraordinary measures are required. **A list of antimicrobial products registered for use against COVID-19 can be found at [www.epa.gov/coronavirus](http://www.epa.gov/coronavirus).**

Consult local district policy prior to use of any of these products.

Returning staff and students are likely to be impacted in some way by the pandemic (e.g., loss of a loved one, hospitalization, economic loss). It is important, to the extent possible, to assess the personal impact of the pandemic on staff, students, and their families prior to reopening in order to obtain the resources needed for recovery. It is recommended that schools:

- Debrief students and staff in order to re-establish normalcy and an environment conducive to learning.
- Address the mental health needs of students and staff resulting from the stress of the pandemic.

Historically, pandemics occur in multiple waves. It is recommended that schools continue with prevention and mitigation strategies for staff, students, and parents. Communication with county public health authorities will remain an important component of ongoing preparedness.

### **Use of Facilities and Staff by Public Health Authorities**

Districts and schools are encouraged to partner with county/tribal health departments on other needs related to pandemics, or similar public health emergencies, on the use of school facilities.



Local health departments are required to secure sites for vaccinations and dispensing medications to their jurisdictions' populations. ARS §15-1105(8) allows districts to offer the use of their facilities without compensation with approval from the governing board.

It is recommended that either an Intergovernmental Agreement (IGA) or Memorandum of Understanding (MOU) be utilized to ensure the details of the partnership are understood by each party. Agreements already executed between some schools and county health departments include the following items:

- General provisions on the use of the facilities
- School district legal authority to enter into agreements for use of facilities
- Purpose of the use of facilities (vaccination sites, dispensing medications, etc.)
- Emergency contact information
- Use of school equipment and supplies
- Biohazardous and hazardous materials waste removal
- Site security
- Repairs and cleaning/sanitizing facilities
- Fees or reimbursement of expenses, if applicable
- Indemnification clauses
- Insurance provisions

Public health officials might also request use of skilled district or school personnel to dispense vaccinations or medications. It is up the discretion of the district whether to allow work time to be spent on this volunteer activity.