BOCES-WIDE
SCHOOL SAFETY PLAN
Health & Safety/Risk Management Department

Adopted at July 2001 Board Meeting
District-Wide School Safety Plans
Regulatory Description of Components

Updated July 2019
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## School Building Security
Policies and procedures relating to school building security, including, where appropriate, the use of school safety officers and/or security devices or procedures.

## Early Detection of Potentially Violent Behaviors
Policies and procedures for the dissemination of informative materials regarding the early detection of potentially violent behaviors, including, but not limited to the identification of family, community, and environmental factors to teachers, administrators, parents and other persons in parental relation to students of the school district or board, students and other persons deemed appropriate to receive such information.

## Annual Multi-Hazard Safety Training
Policies and procedures for annual multi-hazard school safety training for staff and students.

## Test Components of the Emergency Response Plan
Procedures for review and the conduct of drills and other exercises to test components of the emergency response plan, including the use of tabletop exercises, in coordination with local and county emergency responders and preparedness officials.

## Responses to Emergencies
The identification of appropriate responses to emergencies, including protocols for responding to bomb threats, hostage-takings, intrusions and kidnappings.

## Improving Communication with Students
Strategies for improving communication among students and between students and staff and reporting of potentially violent incidents, such as the establishment of youth-run programs, peer mediation, conflict resolution, creating a forum or designating a mentor for students concerned with bullying or violence and establishing anonymous reporting mechanisms for school violence.

## Hall Monitors
A description of the duties of hall monitors and any school safety personnel, the training required of all personnel acting in a school security capacity, and the hiring and screening process for all personnel acting in a school security capacity.

## Informing All Educational Agencies
In the case of a school district, a system for informing all educational agencies within such school district of a disaster.

## Information About Educational Agencies
In the case of a school district, certain information about each educational agency located in the school district, including information on school population, number of staff, transportation needs and the business and home telephone numbers of key officials of each such agency.
Homeland Security Chain of Command 10.29.02
Created by the Orange-Ulster BOCES Risk Management Department
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INTRODUCTION

Emergencies and violent incidents in school districts are critical issues that must be addressed in an expeditious and effective manner. Districts are required to develop a district-wide school safety plan designed to prevent or minimize the effects of serious violent incidents and emergencies and to facilitate the coordination of the district with local and county resources in the event of such incidents or emergencies. The district-wide school safety plan is responsive to the needs of all schools within the district and is consistent with the more detailed emergency response plans required at the school building level. Districts stand at risk from a variety of acts of violence, and natural and technological disasters. To address these threats, the State of New York has enacted the Safe Schools against Violence in Education (SAVE) law. Project SAVE is a comprehensive planning effort that addresses risk reduction/prevention, response, and recovery with respect to a variety of emergencies in the school district and its schools.

The Safety Plans were developed by the Orange-Ulster BOCES Risk Management Department and the District-wide School Safety Team and Building-level School Safety Team based on previous plans and also from documents created by the Federal Emergency Management Agency (FEMA), utilizing components from FEMA E362, the Multihazard Safety Program for Schools, as well as from documents from the FBI Bomb Data Center, NYS EMO, NYS Police, NYS Center for School Safety and NYS Education Department. These were also developed to comply with Governor Pataki’s Executive Order # 26 which requires all agencies, including school districts, to use the Incident Command System (ICS), as developed by the National Interagency Incident Management System, for all emergencies.

How do you predict?

While schools can act to minimize the risk of violence, we can rarely, if ever, predict when it will happen because of the numerous variables involved. We can only analyze the risk and perform a threat assessment. The purpose of the threat assessment is to identify and understand risk factors, often seen in the form of recurring and escalating behaviors, and not to try to match a student to a predetermined "profile".

This school district supports the SAVE Legislation, and intends to facilitate the planning process. The Executive Officer encourages and advocates on-going district-wide cooperation and support of Project SAVE.
The District-wide School Safety Plan was developed pursuant to Commissioner's Regulation 155.17. At the direction of the Cooperative Board, the Executive Officer appointed a District-wide School Safety Team and charged it with the development and maintenance of the District-wide School Safety Plan.

Identification of School Teams

The School District has created a District-wide School Safety Team consisting of, but not limited to, representatives of the school board, students, teachers, administrators, parent organizations, school safety personnel and other school personnel. The members of the team and their positions or affiliations are as follows:

Please see Appendix F – Page 76
Orange-Ulster BOCES
Health & Safety Committee Participants

Concept of Operations

The District-wide School Safety Plan is directly linked to the individual Building-level Emergency Response Plans for each school building. Protocols reflected in the District-wide School Safety Plan will guide the development and implementation of individual Building-level Emergency Response Plans.

In the event of an emergency or violent incident, the initial response to all emergencies at an individual school will be by the School Emergency Response Team.

It is important to prepare a threat assessment strategy so that when a threat occurs, everyone will know there is a policy and understand what actions to take. Threats are alarming statements or behaviors that give rise to concern about subsequent violence. Among the possible components of threat assessment strategies are:

1. BOCES is establishing a Threat Assessment Team that would be called in to assess the credibility of, and needed response for, serious threats. The team will include school administrators and representatives from local law enforcement, NYS Police and the Mid-Hudson office of the FBI in Goshen. It might also include mental health professionals, and any other person who could contribute in a meaningful way. Normally, the permanent members of the Threat Assessment Team would also serve on the School Site Safety and Violence Prevention Committee, Crisis Planning Team, and/or Crisis Management Team.
2. BOCES is defining the nature and scope of threats that should and should not invoke the involvement of the Threat Assessment Team. The range of threats may include bomb threats, threats against children by parents/guardians in custody battles, personal vendettas between students or gangs, threats against teachers or staff involved in domestic conflict, threats of retaliation, efforts to intimidate, and any other type of alarming behavior that involves members of the school community or its property.

3. BOCES has a policy to assure that reports of threats submitted from both inside and outside the school are routed to the appropriate administrator and investigated.

4. BOCES has procedures for recording and monitoring threats. Guidelines pertaining to what information should be included in threat incident reports are presented below.

5. BOCES has ensured cooperation between law enforcement and school authorities in collecting and preserving evidence of threats.

6. Evaluate situations when a threat has been made and if warranted, notify the potential victims.

7. BOCES considers the costs and benefits of providing increased protection to threatened persons. Possible actions include transferring potential victims to another school or providing them with additional means to signal distress, such as cell phones or emergency transmitters.

8. BOCES will determine what additional security measures, if any, should be put in place after a threat. Changes might include requesting additional police patrols, hiring security guards, locking doors (in compliance with fire regulations), adding video monitors, or taking other appropriate precautions.

9. Counsel potential victims about the various civil and criminal options available to them, such as obtaining a restraining order. The potential reactions of the offender should be considered in whether or not to seek a restraining order. Additional security precautions should be taken if the offender is likely to respond negatively to the intervention chosen, especially during the period immediately following the initial application of that intervention.

10. BOCES has procedures that are to be taken to screen mail and packages left on school sites after a threat has been made. BOCES will contact the U.S. Postal Service, local police, or the Bureau of Alcohol, Tobacco, and Firearms for guidance.
11. BOCES has policies for releasing any threat-related information to either the school community or media, giving consideration to the potential consequences of choosing to, or not to, disseminate information pertaining to serious threats.

Upon the activation of the School Emergency Response Team, the District Superintendent or his/her designee will be notified and, where appropriate, local emergency officials will also be notified.

Secret Service Threat Assessment Suggestions

School and law enforcement officials are frequently placed in the difficult position of having to assess specific people (e.g., students, staff, teachers, and others) who may be likely to engage in targeted violence in which there is a known or knowable target or potential assailant. The following suggestions for threat assessment investigations are based on guidelines developed by the Secret Service’s National Threat Assessment Center (NTAC). They were developed primarily for preventing the assassination of public officials so they may not be applicable to all school situations.

To identify threats, school officials are advised to:

- Focus on individuals’ thinking and behavior as indicators of their progress on a pathway to violent actions. Avoid “profiling” or basing assumptions on socio-psychological characteristics. In reality, accurate “profiles” for those likely to commit acts of targeted violence do not exist. School shootings are infrequent and the great majority of individuals who happen to match a particular profile do not commit violent acts. In addition, many individuals who commit violent acts do not match pre-established profiles.

- Focus on individuals who pose a threat, not only on those who explicitly communicate a threat. Many individuals who make direct threats do not pose an actual risk, while many people who ultimately commit acts of targeted violence never communicate threats to their targets. Prior to making an attack, potential aggressors may provide evidence they have engaged in thinking, planning, and logistical preparations. They may communicate their intentions to family, friends, or colleagues, or write about their plans in a diary or journal. They may have engaged in “attack-related” behaviors: deciding on a victim or set of victims, determining a time and approach to attack, and/or selecting a means of attack. They may have collected information about their intended target(s) and the setting of the attack, as well as information about similar attacks that have previously occurred.
Once individuals who may pose a threat have been identified, ten key questions should guide the assessment of the threat:

- What motivated the individual to make the statement or take the action that caused him/her to come to attention?
- What has the individual communicated to anyone concerning his/her intentions?
- Has the individual shown an interest in targeted violence, perpetrators of targeted violence, weapons, extremist groups, or murder?
- Has the individual engaged in attack-related behavior, including any menacing, harassing, and/or stalking-type behavior?
- Does the individual have a history of mental illness involving command hallucinations, delusional ideas, feelings of persecution, etc., with indications that the individual has acted on those beliefs?
- How organized is the individual? Is he/she capable of developing and carrying out a plan?
- Has the individual experienced a recent loss and/or loss of status, and has this led to feelings of desperation and despair?
- Corroboration--What is the individual saying, and is it consistent with his/her actions?
- Is there concern among those that know the individual that he/she might take action based on inappropriate ideas?
- What factors in the individual’s life and/or environment might increase/decrease the likelihood of the individual attempting to attack a target?

Prevention - The Role of School Administrators, Teachers, and Staff

To be effective, violence prevention programs require community-wide collaborative efforts that include students, families, teachers, administrators, staff, social and mental health professionals, law enforcement, emergency response personnel, security professionals, school board members, parents, the business community, etc. School administrators should bring together all of the above constituencies to develop strategies appropriate for their own particular school and community environments.
While school boards and administrators set the climate of safety within schools, teachers, especially, must be directly involved and supported in all stages of developing and implementing programs to achieve safer schools. Teachers establish the first line of school safety, because they have the most direct contact with students.

Often, they also have great insight into the potential problems and realistic solutions applicable to their school.

**School Security**

The level of physical security may need to be modified in order to lower schools' vulnerability to violent behaviors. Different strategies will be required to address needs specific to individual elementary, middle, and high schools.

Administrators should initiate a comprehensive security assessment survey of their school's physical design, safety policies, and emergency procedures.

The assessment should be conducted in cooperation with law enforcement, school security staff, physical facilities personnel, fire and other emergency service personnel, teachers, staff, students, and other school community members. Using the conclusions of that survey, administrators should assign a safety and violence prevention committee composed of all of the above representatives to develop a comprehensive security plan (School Site Safety Plan). Based on each school's needs, school safety plans may include some or all of the following suggestions:

a. Utilize School Resource Officers, who may be provided by local law enforcement. SROs often provide law enforcement, law-related counseling, and law-related education to students, faculty, and staff. Continuity of officers within individual schools should be encouraged, so that students and SROs develop rapport.

b. Consider seeking one or more probation officers for use on campus to help supervise and counsel students. This would be especially appropriate for high schools with a significant caseload of juveniles on probation.

c. Utilize paid, trained personnel hired specifically to assist teachers and administrators in monitoring student behavior and activities. Continuity of monitors within schools should be encouraged to facilitate good rapport with students. The number of monitors used should be based on the number of students, the extent of problems at the school, and the space and layout of school grounds.

d. Encourage screened and trained parents/guardians and other volunteers to provide monitoring of students. Ensure volunteers have adequate training and guidelines outlining their duties.
e. Develop and enforce restrictions about student loitering in parking lots, hallways, bathrooms, and other areas. Publish restrictions in the student handbook/code of conduct.

f. Consider the use of metal detectors only in special circumstances to deter weapons on campus.

g. Adopt policies for conducting searches for weapons and drugs. Publish policies in the student handbook/code of conduct.

h. Require visitors to sign in and sign out at the school office and to wear visible visitors' passes. Post prominent signs at all school entrances instructing visitors where to sign in and out. Publish the policy in the student handbook/code of conduct.

i. Encourage school personnel to greet strangers on campus and direct them to sign in if they have not. Also instruct school personnel to report visitors who have not signed in.

j. Require students and staff to carry with them and/or wear their school photo IDs during school and at all school-related activities.

k. Establish a closed campus policy that prohibits students from leaving campus during lunch.

l. Establish a cooperative relationship with law enforcement and owners of adjacent properties to the school that allow for joint monitoring of student conduct during school hours. Encourage neighboring residents and businesses to report all criminal activity and unusual incidents. Establish a protocol within the school to handle calls from the neighborhood.

m. Consider providing and making use of alarm, intercom, cell phone, building paging, two-way radio, and mounted and hand-held camera monitoring systems on buses and school campuses.

n. Develop a school bus rider attendance checklist for each bus and use it daily.

o. Consider the need for employing outside security personnel during school functions.

p. Patrol school grounds, especially in areas where students tend to congregate such as parking lots, hallways, stairs, bathrooms, cafeterias, and schoolyards.
Reporting
Establish a climate that encourages and enables students, teachers, and parents/guardians to report threats and acts of violence. For an example, in the case involving the violence in Columbine, the killing may have been averted with a more adequate reporting system and proper assessment of the actions that were reported.

a. Within the limits of legal guidelines and statutes, maintain confidentiality.

b. Develop and adequately communicate reporting procedures with input from district school officials and local public safety agencies. Standard procedures should include definitions of pertinent information and how and where information should be distributed.

c. Consider establishing a properly staffed, confidential hotline for reporting issues of harassment, safety, vandalism etc. If answering machines are used, calls need to be retrieved in time to effectively address threats of violence. Aggressively advertise the hotline number to students and parents/guardians in student handbooks, on posters throughout the school, on pencils, student IDs, lockers, etc. Parents and students should also be advised when to use 9-1-1 rather than the hotline.

f. Obtain training to recognize whether reports of threats or acts of violence are false and/or malicious.

Student Rules
Student rules must be communicated, understood, and consistently enforced. They also must comply with constitutionally guaranteed due process procedures.

a. Establish rules of conduct pertaining to improper student behavior using input from students, parents/guardians, staff, public safety officials, mental health agencies, and legal counsel.

a. Annually review, and if needed, revise rules of student conduct.

c. Ensure that all rules have a purpose that is clearly understood. They should be clear and communicated to all students in both written and verbal formats. Students’ comprehension of the rules should be assessed.

d. Post summaries of rules of student conduct in classrooms and throughout the school.
SECTION I: GENERAL CONSIDERATIONS AND PLANNING GUIDELINES

e. Send rules home to be read by students and parents/guardians. Include an acknowledgement form for students and parents/guardians to sign and return to the school. Hold meetings to communicate rules to parents/guardians, and to the extent practicable, make sure they understand them. Invite parents/guardians to call if they have questions about the rules.

f. Communicate rules in as many languages as needed and possible for each school’s population.

g. Apply rules in a consistent manner. Have pre-established consequences for rule violations.

h. Develop a consistent, timely, and effective means to notify parents/guardians of rule violations and consequences.

i. Establish clearly defined rules and appropriate consequences for all types of harassment, intimidation, and disrespect. Rules should cover adult and student behavior at all school events. Parents/Guardians and teachers need to act as positive role models for students.

j. Suspend and recommend expulsion of students and dismiss or discipline of staff for serious rule violations. Serious rule violations include:

1. Possession of a firearm on school property or at school events. The 1994 Gun-Free Schools Act mandates a one-year expulsion for students who bring a firearm to school. The chief administrating officer of the local education agency is able to modify the expulsion requirement on a case-by-case basis. All local education agencies that receive funding from the Elementary and Secondary Education Act (ESEA) must require all students found carrying a firearm to be referred to the criminal justice or juvenile justice system.

2. Possession or use of a weapon on school grounds or at school events that is capable of inflicting serious bodily harm.

3. Physical assault of a teacher, administrator, staff member, or student.

k. Suspend and consider the appropriateness of expulsion for the following:

1. Verbal threat to a teacher, administrator, staff member, or student.

2. Possession, sale, or use of illegal drugs on campus.

3. Actual or threatened retaliation against persons who report threats or acts of violence.
Anti-Bullying Programs

Bullying is a range of behaviors both verbal and physical that intimidate others and often lead to antisocial and unlawful acts. Staff, students, and parents/guardians need to understand that bullying is a pervasive problem that leads to violence. Bullying should neither be thought of as a "kids will be kids" occurrence nor accepted as a way of life. Implement anti-bullying programs that include the following school-wide, classroom, and individual tactics:

a. Clearly define what with input and involvement from the school community (students, staff, parents, teachers, volunteers, and law enforcement). Communicate that definition to students, teachers, parents, and staff. The definition should include physical, verbal, and psychological aspects of bullying. (Refer to Appendix G, page 1 – Orange-Ulster Policy 6210: Student Behavior)

b. Based upon the above, establish specific rules prohibiting, and consequences for, bullying activity as part of a comprehensive school code of conduct. (Refer to Appendix G, page 1 – Orange-Ulster Policy 6210: Student Behavior)

c. Seek information about the motivations behind specific incidents of bullying.

d. Establish a reporting mechanism by which incidents of bullying can be reported and recorded immediately after they occur.

e. Ensure reporting procedures address with whom and under which circumstances information will and will not be shared. Care should be taken to:
   1. Protect witnesses and victims from retaliation.
   2. Meet applicable standards for confidentiality.
   3. Ensure that personnel involved with victims and bullies have the information they need to effectively work with them.
   4. Protect the accused from false allegations.

f. Notify parents/guardians of both victims and perpetrators whenever a report of bullying is formally filed. Establish a policy regarding the circumstances under which parents/guardians of bullies and/or their victims should be called in for an on-site conference.

g. Continually monitor the number of reported incidents of bullying.

h. Regularly conduct a survey assessing the prevalence, location, and kind of bullying activities that are occurring. Include students, parents, teachers, and staff. Also address bullying activities that occur on the way to and from school. Work with community policing efforts to help make students' journeys to and from school safe and free from acts of intimidation. For surveys requiring student input, follow administration guidelines regarding the possible need for parental approval.
i. Consider holding focus groups on an on-going basis to discuss the nature of the problem of bullying and ways to solve it.

j. Identify community resources that can be utilized to intervene immediately, as well as those that can be used to develop additional intervention and/or prevention programs. Ensure adequate social service and mental health resources are both available and being utilized.

k. Take actions to identify bullies and victims and to promote intervention at the classroom level and at other student contact points within schools. Develop a program that provides victims with immediate support services and referrals, as well as teaches avoidance techniques and coping skills. Refer offenders to available support services.

l. Advise teachers and staff to record events, as well as the interventions and strategies that are implemented to address different instances of bullying.

Anti-Gang Programs
Gang membership is destructive to a healthy school environment. Members of gangs are more likely than other students to carry weapons and engage in acts of violence.

a. Establish partnerships with law enforcement in order to exchange information and educate teachers and staff about the presence of gangs and their activities.

b. Establish and fund gang resistance and violence prevention teams to implement community, family, and youth education programs and to provide alternative activities in which children can participate. Teams should include educators, law enforcement, probation officers, community leaders, students, school resource officers, gang specialists, mental health professionals, and parents.

c. Become aware of gang-related clothing, paraphernalia, and behavior. Establish a school dress code that would exclude outward manifestations of gang membership.

d. Inform parents/guardians if their children are suspected of involvement in gangs and give them relevant information, counseling, and access to available pertinent resources.

Suicide Prevention
Suicide is a far more common form of violence involving students than school homicide. In some cases, perpetrators of school shootings felt their actions would lead to their being killed by police, which also could be considered a form of suicide. It is hoped that effective suicide prevention will decrease the occurrence of both self-inflicted suicide and violence by students who believe their acts will result in their being killed by others.
a. Develop a plan that specifies how to identify students at risk, how to handle threats, and what actions to take in the event of a suicide.

b. Ensure that students have, and are aware of, easy ways to get help, such as access to suicide hotlines, counselors, and written/visual materials.

c. Educate students, parents/guardians, teachers, and other school personnel on how to identify and get help for troubled students before they become victims of suicide. Include how to get immediate help to prevent or respond to suicide attempts.

Programs to Reduce Isolation and Alienation and to Promote Respect

School administrators and teachers should identify and implement programs that increase positive self-respect and respect for others. In general, these programs should:

a. Establish standards for how people should treat each other.

b. Promote and ensure that classroom standards are consistent with school and district policies.

c. Ensure classroom standards are reviewed in class and that a copy is sent to the parents/guardians.

d. Coordinate a cooperative effort to create and disseminate statements of values that all affiliates of the school will be expected to follow. All members should be able to state their school's values.

e. Establish better lines of communication with students who may feel alienated or isolated and/or have low self-esteem.

f. Increase the number and diversity of positive extra-curricular activities available to students.

g. Help students become more successful in achieving desirable short- and long-term goals and increase the likelihood that their progress is recognized and rewarded.

h. Teach students how to resist others' efforts to intimidate or isolate them.

i. Initiate a community service requirement for middle and high school graduation.

j. Model and reinforce values such as learning, respect, character, and cooperation.

k. Encourage students to work together through the use of cooperative learning techniques such as team projects.

l. Encourage the contemplation of core values (respect, responsibility, trust, sharing, etc.) through the use of age- and curriculum-appropriate writing assignments and class discussions.

m. Encourage students to become actively involved in the school community.
n. Recognize and reward students who exhibit positive and responsible behavior.

o. Offer troubled and withdrawn students, including victims, help outside of class with schoolwork and personal problems.

p. Develop a climate that encourages open communication between students and adults. It should maximize the options by which students can transmit their concerns about violence to school personnel, foster an environment of trust, and be sensitive to their fears of retaliation.

Plan Review and Public Comment

The required annual review will be completed each year then adopted by the Cooperative Board.

While linked to the District-wide School Safety Plan, Building-level Emergency Response Plans shall be confidential and shall not be subject to disclosure under Article 6 of the Public Officers Law or any other provision of law, in accordance with Education Law Section 2801-a.

Full copies of the District-wide School Safety Plan and any amendments will be submitted to the New York State Education Department within 30 days of adoption. Building-level Emergency Response Plans will be supplied to both local and State Police within 30 days of adoption.

District Chief Emergency Officer

The Chief Emergency Officer (CEO), Jack DeGraw, is responsible for coordinating the communication between school staff and law enforcement/first responders. The CEO is responsible for ensuring that staff understand the district level safety plan and shall be responsible for updating the building level emergency response plans annually.
Risk Reduction/Prevention and Intervention are comprised of activities that are taken prior to an emergency or disaster to eliminate the possibility of the occurrence, or reduce the impact of such emergency if it does occur.

**Prevention/Intervention Strategies**

**Program Initiatives**

Listed below are programs and activities the district may utilize for improving communication among students and between students and staff and reporting of potentially violent incidents, such as the establishment of:

**Violence Prevention Programs**

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Early Childhood</th>
<th>Elementary School</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Stars</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Character Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coca Cola Valued Youth</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>CO-OP</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Coping Power</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Karate</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPIC: Growing Up Together Project</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Facing History and Ourselves</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>LEGACY</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Life Space Crisis Intervention</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>New Directions</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PACT: Positive Adolescent Choices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Challenge</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Project Decision</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Project Raise</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Restorative Justice</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Safe Harbors</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Seattle Social Development Project</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Step</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Strengthening Families Program</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Teaching Students to be Peacemakers</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Therapeutic - Crisis Intervention</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
All district personnel (faculty, custodial staff, office staff and administrators) will receive an orientation to the district’s multi-hazards emergency plan on an annual basis. The orientation will focus on the district’s policies and procedures for fire evacuations and emergency response codes procedures, emergency communications and the district’s incident command system. (Substitute Teachers and Teacher Aides will receive a fact sheet on the district’s policies and procedures upon initial assignment).

1. Each emergency response procedure will be practiced on a semi-annual basis as part of a regularly scheduled staff meeting to test the district’s communication system.

2. Building emergency drills will be practiced a minimum of 12 times per school year. Four of these drills must be Lockdown drills, the remaining eight must be fire drills. Eight of the twelve drills must be completed by December 31st of every school year.

3. The district will conduct one early go-home drill to test its alerting and warning procedures, communications procedures, resources, staff procedures, transportation procedures, public information procedures, and evacuation procedures on an annual basis.

4. The emergency plan for sheltering in the event of severe weather threat such as a tornado or thunderstorm will be practiced on an annual basis to test alerting and warning procedures. These include communications procedures, staff procedures and the movement of students to designated areas within the school building.

5. The district will conduct one drill and/or exercise with local law enforcement agencies and other emergency response agencies to practice and review its emergency procedures for a “violent incident” on an annual basis.

Following a program orientation, drill and/or exercise, participants will forward their observations to their “Building Safety Committee” representative for further review and/or discussion. If immediate action is needed, the Building’s Principal will be notified in order to take corrective action. The “Building Safety Committee” will review after action reports and forward their recommendations and suggestions to the “District-Wide Safety Committee”.

If BOCES decides to hire security staff a description of duties, hiring and screening process, and required training of hall monitors and other school safety personnel acting in a school security capacity will be provided.
SECTION II: RISK REDUCTION/PREVENTION AND INTERVENTION

This description could include collaborative agreements made by the district with state and local law enforcement officials designed to ensure that school safety officers and other security personnel are adequately trained, including training to de-escalate potentially violent situations.

Implementation of School Security

School building security measures already implemented include: entrance restrictions, greeters, and visitor badges/sign-in procedures. Metal detectors including building and handheld have been purchased by the Health and Safety/Risk Management Department to assist law enforcement if a threat is leveled against a district and possibly to conduct random searches.

Vital Educational Agency Information

The BOCES District Superintendent and his/her designee maintains certain information about each educational agency located in supervisory school districts, including information on: school population, number of staff, transportation needs, and the business and home telephone numbers of key officials of each such educational agency and maintains that information for civil authorities. BOCES has no Non-Public educational agencies to notify. The local district upon being notified by BOCES will activate the notification plan for the non-publics within the local district’s geographical borders.

Hazard Identification

Faculty and/or staff will conduct a daily inspection of their classrooms, specialty rooms, playground, athletic fields and/or office area to identify, evaluate and if needed to control any potential hazards associated within their work area. All concerns should be forwarded to a member of the facility’s safety committee for further review. If immediate action is needed, the Building’s Principal should be contacted directly.

The district will continue to work with outside emergency response agencies and Orange-Ulster BOCES Risk Management Department to evaluate potential hazards associated in transporting and/or educating the children within our district. See Appendix C for a list of Sites of Potential Emergencies and the nature of the potential problems.
SECTION II: RISK REDUCTION/PREVENTION AND INTERVENTION

Notification and Activation (Internal and External Communications)

In the event of a violent incident, immediately notify administrative personnel by calling the main office and alert office personnel regarding the need to call 9-1-1 for law enforcement agencies. Office personnel will immediately contact the Building’s Principal and/or Designee, Central Office and call 9-1-1 if a building administrator cannot be immediately reached. If the main office is involved with the incident, the alternative site as designated within the “Building Level Response Plan” will be utilized to call 9-1-1. In the event of a weather emergency, central office will alert whenever possible district personnel by telephone chain and/or fax for the need to seek shelter. “Building Level Response Plans” will be followed to alert faculty, staff, students and guests as designated within each plan.

Rapid Response Crisis Kit

Each school building will organize a Rapid Response Crisis Kit containing:

- Master Key(s)
- Blank name tags or identification vests
- Classroom telephone directory
- Building floor plans (supplied by BOCES Risk Management)
- Utility Shut-off master diagram (supplied by BOCES Risk Management)
- Notebooks, pens, markers
- Complete student roster
- Bell and Bus schedules
- Current yearbook or class photos
- Daily attendance list

Each principal should have a Rapid Response Crisis Kit in the main office and in a secure room or location on the other side of the building.
SECTION III: RESPONSE

Notification and Activation (Internal and External Communications)

BOCES Administrators are to contact appropriate law enforcement officials in the event of a violent incident. The procedures include a list of local law enforcement agencies, and the designation of the individuals authorized to contact the law enforcement agencies.

Information received from telephone calls, e-mails or faxes received from authorities will be disseminated to educational agencies within the BOCES buildings and its component districts of a disaster. The system includes the following forms of communication:

- Telephone
- Intercom
- Fax/Email
- Local Media
- District Radio System
- NOAA Weather Radio
- Others, as appropriate

The system requires that in the event of an emergency, or impending emergency, the district will notify all principals/administrators of facilities within the district to take the appropriate action.

CHAIN OF COMMAND

Executive Officer
Assistant Superintendent for Finance
Assistant Superintendent for Instruction
### District Emergency Telephone Numbers

<table>
<thead>
<tr>
<th>ORANGE-ULSTER BOCES MAIN CAMPUS</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CABINET</strong></td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer</td>
<td>William Hecht</td>
</tr>
<tr>
<td>Assistant Superintendent for Finance</td>
<td>Deborah McBride Heppes</td>
</tr>
<tr>
<td>Assistant Superintendent for Instruction</td>
<td>Theresa Reynolds</td>
</tr>
<tr>
<td><strong>OPERATIONS &amp; MAINTENANCE</strong></td>
<td></td>
</tr>
<tr>
<td>Director of Operations</td>
<td>Mark Coleman</td>
</tr>
<tr>
<td><strong>RISK MANAGEMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Safety Coordinator</td>
<td>Jack DeGraw</td>
</tr>
<tr>
<td><strong>CTEC</strong></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>Orande Daring</td>
</tr>
<tr>
<td>Principal</td>
<td>Paula Ray</td>
</tr>
<tr>
<td>Assistant Principal</td>
<td>Greg D’Ambrosio</td>
</tr>
<tr>
<td>Assistant Principal</td>
<td>Neal Wilkensen</td>
</tr>
<tr>
<td><strong>SPECIAL EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>Kerri B. Stroka</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>James Higgins</td>
</tr>
<tr>
<td>Principal – Raymond C. Cramer</td>
<td>Pilar Rocha</td>
</tr>
<tr>
<td>Special Education @ Goshen Campus Liberty Elementary</td>
<td>Megan Gildea</td>
</tr>
<tr>
<td>Principal – STRIVE</td>
<td>Jodie Maassen</td>
</tr>
<tr>
<td>Principal – Middle &amp; Senior High Schools</td>
<td>Kathleen Smith</td>
</tr>
<tr>
<td><strong>BOCES – SATELLITES (OFF CAMPUS)</strong></td>
<td></td>
</tr>
<tr>
<td>Athletic Coordinator</td>
<td>Chris Mayo</td>
</tr>
<tr>
<td>Adult Education @ Newburgh Learning Center – Maple Building</td>
<td>Andrew Carnright</td>
</tr>
<tr>
<td>Adult Education @ Orange County Jail</td>
<td>Andrew Carnright</td>
</tr>
<tr>
<td>Adult Education@ Truman Moon</td>
<td>Andrew Carnright</td>
</tr>
<tr>
<td>CTEC @ Arden Hill - Practical Nurse Program</td>
<td>Orande Daring</td>
</tr>
<tr>
<td>Instructional Support Services - AHC</td>
<td>Diane Lang</td>
</tr>
<tr>
<td>Technology - AHC</td>
<td>Forest Addor</td>
</tr>
<tr>
<td>Restart @ Arden Hill</td>
<td>Megan Gildea</td>
</tr>
<tr>
<td>Special Education@Middle Hope Elementary School</td>
<td>Barbara Gasperetti</td>
</tr>
<tr>
<td>Special Education@ Chester Academy</td>
<td>Deb Brunges / Hank Werte</td>
</tr>
<tr>
<td>Special Education @ Cornwall High School</td>
<td>Deb Brunges / Hank Werte</td>
</tr>
<tr>
<td>Special Education @ 129 West Main St Goshen</td>
<td>Jodie Maassen</td>
</tr>
<tr>
<td>Special Education @ 227 Main St. Goshen</td>
<td>Deb Brunges / Hank Werte</td>
</tr>
<tr>
<td>Special Education @ Minisink Valley High &amp; Middle Schools</td>
<td>Jodi Maassen</td>
</tr>
<tr>
<td>Special Education @ AHC-MAF M/HS, IDT, SPARC, Restart Program</td>
<td>Keith Sullivan</td>
</tr>
<tr>
<td>Special Education @ Warwick Sanfordville Elementary School</td>
<td>Deb Brunges / Hank Werte</td>
</tr>
</tbody>
</table>
SECTION III: RESPONSE

ALL EMERGENCIES
FOR FIRE, POLICE & AMBULANCE
DIAL 9-911 on-campus; 911 off-campus

Assistance From Local Governmental Officials

Coordination With Local and County Agencies

The School District has developed an emergency management plan along with specific procedures to follow should an emergency occur. A copy of this plan is located in each of the building offices.

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>CONTACT</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village of Goshen Police</td>
<td>Emergency Line</td>
<td>294-7988</td>
</tr>
<tr>
<td>Town of Goshen Police</td>
<td>Emergency Line</td>
<td>294-9555</td>
</tr>
<tr>
<td>State Police</td>
<td>Dispatcher</td>
<td>344-5300</td>
</tr>
<tr>
<td>Town Government</td>
<td>Mayor</td>
<td>294-6750</td>
</tr>
<tr>
<td>Orange-Ulster BOCES</td>
<td>Executive Officer</td>
<td>291-0100</td>
</tr>
<tr>
<td>Orange Regional Medical Center</td>
<td>Health &amp; Safety Coordinator</td>
<td>333-1000</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Captain</td>
<td>294-9400</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Health &amp; Safety Coordinator</td>
<td>781-4887</td>
</tr>
</tbody>
</table>

Other:

Life Threatening Emergencies: 911
Poison Control 1-914-366-3030
Gas Leak 1-800-533-5325
FBI 615-1700
Orange & Rockland Utilities 1-877-434-4100

Should an actual emergency occur, the District Emergency Officer or Incident Commander will contact the appropriate agency with the specific nature of the emergency and request assistance. Questions concerning these emergency procedures should be directed to:

CHAIN OF COMMAND

Executive Officer - 291-0100 (X-10111)
Assistant Superintendent for Finance - 291-0100 (X-10160)
Assistant Superintendent for Instruction - 291-0100 (X-10120)

Situational Responses Multi-Hazard Response
Emergency Response Procedures

LOCKDOWN – INTRUSION OR VIOLENT EVENT IN BUILDING
(Always assume the intruder is armed)

1. Lock classroom/office door(s) immediately.
2. Do not allow anyone to leave the room/office.
3. Do not allow anyone to enter the room/office.
4. Stand by for additional instructions from administrative or law enforcement officials.
5. Perform accountability check based on attendance roster(s).
6. When all clear is given, resume activities as directed.

LOCKOUT – INTRUDER OR VIOLENT EVENT OUTSIDE BUILDING
(Normal activities inside the building)

Do not allow entry to or exit from the building unless directed by the police.

SUSPICIOUS OBJECT THREAT

1. Do NOT activate the fire alarm system; do NOT use portable radios or cell phones.
2. Perform cursory check of work area for any unusual packages or items.
3. BRT’s check Shelter-In -Place or Evacuation Areas outside the building as directed.
4. Be sure to take attendance roster(s) with you for accountability.
5. Shelter in “cleared and sanitized areas” or evacuate away from the building when instructed.
6. Stand by for additional instructions from administrative or law enforcement officials.
7. When all clear is given, report back to classroom for accountability check.

MEDICAL EMERGENCY IN ROOM

SERIOUS MEDICAL EMERGENCY

1. All designated administration and health staff report to ________ for a medical emergency at Room ________.
Intrusion

SEQUENTIAL RESPONSE ACTIONS:

1. Identify Intruder. Verification should be made that there is indeed an intruder in the building, on the grounds, or if a real threat exists. **Always assume an intruder is armed and dangerous.**

2. Notify the following individuals:
   - Executive Officer
   - Assistant Superintendent for Finance
   - Bldg. Principal or designees (see *chain of command* for full list of #s)

3. Under the direction of an administrator listed in item 2, notify all building occupants using the public address system that “**There is an INTRUDER in the facility, all occupants follow LOCKDOWN Response Guidelines.**”

4. Notify local law enforcement agencies by telephone at 911.
   **NOTE:** The Executive Officer, Assistant Superintendent for Finance, or Director should notify law enforcement agencies.

5. A lock down of all rooms and assembly halls should take place immediately.

6. Isolate the area of the incident from all staff and students. Do not allow anyone to enter the area without the advice of law enforcement officials.

7. Based on advice from law enforcement officials, consider implementing the following response actions:
   - Isolate the area of the building involved
   - Develop class changes
   - Evacuate staff and students from uninvolved areas
   - Notify parent(s) and/or spouse of victim(s)
   - Set up a receiving area (isolated) for family members of any victims

8. Inform (update) Executive Officer of situation and actions taken.

9. When school district administrator(s) and/or local law enforcement give “all clear”, direct staff to conduct accountability check. When accountability check is complete, staff and students may resume normal operations.

**Necessary Resources:**
- Emergency Telephone Roster
- Media Notification Plan
SECTION III: RESPONSE

Hostage Taking/Kidnapping

SEQUENTIAL RESPONSE ACTIONS:

1. Identify Situation. (All school staff members are responsible for this.)

2. Notify the following individuals:
   - Executive Officer
   - Assistant Superintendent for Finance
   - Director of Operations and Maintenance
   - Building Principal or designee (see chain of command for full list of #s.)

3. Notify local law enforcement agencies by telephone at 911 and follow their instructions. Do not attempt to overtake the assailant. NOTE: The Executive Officer, Assistant Superintendent for Finance, or Director should notify law enforcement agencies.

4. Notify all building occupants using the public address system that “There is an INTRUDER in the facility, all occupants follow LOCKDOWN Response Guidelines.”

5. A lock down of all rooms, assembly halls and entrances should take place immediately.

6. Isolate the area of the incident from all staff and students. Do not allow anyone to enter the area without the advice of law enforcement agencies.

7. Inform (update) Executive Officer of situation and actions taken.

1. Based on advice from law enforcement officials, consider implementing the following response actions:

   - Isolate the area of the building involved
   - Develop class changes
   - Evacuate staff and students from uninvolved areas
   - Notify parent(s) and/or spouse(s) of victim(s)
   - Implement Go Home Guidelines
   - Set up a receiving area (isolated) for family members of victims

Necessary Resources: Emergency Telephone Roster
                      Media Notification Plan
SECTION III: RESPONSE

Bomb Threat

SEQUENTIAL RESPONSE ACTIONS:

1. Upon receipt of a bomb threat by telephone initiate response form. Listen for identifying speech characteristics: male or female, young or old, etc. Fill out the response form as completely as possible.

2. Hang up from bomb threat call and immediately pick up the telephone, wait for dial tone and dial *57.

3. Notify the following individuals:
   - Executive Officer
   - Assistant Superintendent for Finance
   - Director of Operations and Maintenance
   - Building Principals or designees (see chain of command for full list of #s.)

4. Notify local law enforcement agencies by telephone at 911.

   NOTE: The Executive Officer, Assistant Superintendent for Finance, or Director should notify law enforcement agencies.

5. Under the direction of an administrator listed in item 2, notify all building occupants using the public address system of a “SUSPICIOUS OBJECT THREAT Response Guidelines”. Note: Do NOT activate the Fire Alarm System; do NOT use portable radios or cell phones.

6. When “all clear” is given by Central Office Administration in consultation with Director (or designee) and the local law enforcement agency, the staff and students to report back to their classrooms.

7. Central Office Administrator informs parents and guardians that the school Emergency Management Plan has been activated.

Necessary Resources: Bomb Threat Response Form
SECTION III: RESPONSE

BOMB THREAT RESPONSE FORM

Be Alert! Get Specifics! Be Responsive!

Person receiving call: _______________________________________________________________

Exact time of call: __________________________________________________________________________

Exact words of call __________________________________________________________________________

Questions to Ask

When is bomb going to explode?

Where is the bomb?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

Did you place the bomb?

Why?

Where are you calling from?

What is your address?

What is your name?

Caller’s Voice (circle)

<table>
<thead>
<tr>
<th>Accent</th>
<th>Crying</th>
<th>Giggling</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Squeaky</td>
<td>Angry</td>
<td>Deep</td>
<td>Lisp</td>
</tr>
<tr>
<td>Sincere</td>
<td>Stressed</td>
<td>Broken</td>
<td>Disguised</td>
</tr>
<tr>
<td>Loud</td>
<td>Slow</td>
<td>Stutter</td>
<td>Calm</td>
</tr>
</tbody>
</table>
If voice is familiar, whom did it sound like?

Were there any background noises?

Remarks:
__________________________________________________________________________________

Person receiving call: ________________________________________________________________

Telephone number call received at: ____________________________________________________

Date: ____________________________________________________________________________

Report call immediately to: ___________________________________________________________
(refer to bomb incident plan)

**Background Sounds (circle)**

<table>
<thead>
<tr>
<th>Airplanes</th>
<th>Street Traffic</th>
<th>Animals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office/Machinery</td>
<td>Trains</td>
<td>Quiet</td>
</tr>
<tr>
<td>Factory/Machinery</td>
<td>Voices</td>
<td>Music</td>
</tr>
</tbody>
</table>

**Threat Language (circle)**

<table>
<thead>
<tr>
<th>Foul</th>
<th>Irrational</th>
<th>Taped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoherent</td>
<td>Message read by threat maker</td>
<td></td>
</tr>
<tr>
<td>Well spoken (educated)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks: _____________________________________________________________

**Hang up from bomb threat call and immediately pick up the telephone, wait for dial tone and dial *57. System will verify feature has been successfully activated. Contact Superintendent’s Office.**

Date Call Received: ____________________  Time Call Received:________________

Received at Telephone Number:___________________________________________

Name/Position:__________________________________________________________
Response To Situations of Potential Violence in School

I. If a staff member becomes aware of a student's threat or actual act of violence:
   A. Staff member will immediately notify the principal and/or designees;
   B. The principal and/or designees will notify appropriate members of the building response team;
   C. The principal and/or designees will arrange to have student immediately escorted to principal's office;
   D. There shall be NO STOPS, NO EXCEPTIONS, NO QUESTIONS;
   E. The student will be attended by one or more adults at all times;
   F. The crisis team will conduct a joint assessment of student;
   G. Other staff will simultaneously conduct an investigation of the incident;
   H. Student's parents will be notified and required to participate in an immediate school conference.
   I. When a more general threat is made to a large, unspecified group the principal and/or designees will determine the course of action.

II. As a result of the joint assessment and investigation:
   A. HIGH RISK DETERMINATION
      1. Inform police immediately.
      2. Mandate parents to have the student receive an immediate psychiatric evaluation.
      3. Notify potential victim(s) and potential victim(s)' parents.
      4. Develop a safety plan with the potential victim(s) and potential victim(s)' parents.
      5. Recommend other interventions/services if indicated.
      6. Refer for discipline.
   B. LOWER RISK DETERMINATION
      1. Discuss with student and his parents the significance of the incident and possible intervention measures.
      2. Notify potential victim(s) and potential victim(s)' parents.
SECTION III: RESPONSE

3. Develop a safety plan with the potential victim(s) and potential victim(s)’ parents.

4. Refer for support services, peer mediation and/or outside services if indicated.

5. Refer for discipline if indicated.

III. At the conclusion of the potential incident of violence:

A. A written summary shall be prepared by a designated staff person.

B. Involved personnel shall debrief.

Notify Director of Special Education whenever a CSE student is involved
SECTION III: RESPONSE

POTENTIAL VIOLENCE INCIDENT SUMMARY FORM

Student's Name: ______________________________________ Date: __/__/____
DOB: __/__/____ Grade________
Name/Title of Person Completing Form:____________________________________
Parents' Name:________________________________________________________________
Address:________________________________________________________________________
Home Phone: ______________ Work Phone: __________________________

Description of Incident:
(Include date/time of incident, names/titles of all involved parties and their specific roles):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Actions Taken & Recommended Follow Up:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Notification (names, titles dates):
Police: ________________________________________________
Student's Parents: ______________________________________
Potential victim(s) and potential victim(s)'
Parents: _____________________________________________________________________________
Others: ______________________________________________________________________________
Referrals (names, titles, dates): _______________________________________________________
Psychiatric evaluation: _______________________________________________________________
Community Services: ___________________________________________________________________
In-school Services: _____________________________________________________________________
Discipline specify): _____________________________________________________________________
Other: _______________________________________________________________________________
SECTION III: RESPONSE

Imminent Warning Signs for the Potential of Violent Behavior

1. Talks about violence and has a specific plan.
2. Talks about violence and/or expresses violence in writings and drawings.
3. Severe expressions of rage often for minor reasons (i.e., banging head against the wall, unstoppable screaming).
4. Severe destruction of property.
5. Tortures animals.
6. Frequently fights with peers and/or family members.
7. Access to family or own firearms and capable of competent use.
8. History of suicidal or other self-destructive behavior.

Early Warning Signs for the Potential of Violent Behavior

1. Social withdrawal/lacks commitment or connection to a group or persons.
2. Excessive feelings of isolation and being alone.
3. Excessive feelings of rejection.
4. Often the victim of aggression, bullying, or other violent acts.
5. Feelings of being picked on/persecuted.
7. Patterns of impulsive, chronic hitting, intimidation, and/or bullying behavior.
   a) Behavioral difficulties at an early age - the earlier the problems, the higher the likelihood of serious problem in adolescence.
VIOLENT INCIDENT RESPONSE PLAN

An act, perpetrated by a student, faculty member or unauthorized persons entering the school, which results in physical harm to an individual or potential of harm (hostage situation), is reported to the principal or designee.

I. Notify staff by using PA.
   A. All communication should be done in plain language
   B. Substitutes and other "transient" staff/volunteers trained in procedures
   C. An Emergency Information Poster is to be placed in each classroom containing specific instructions for several types of emergency situations.

II. Lockdown will occur immediately.
   A. Teachers should lock doors and windows of their classroom and students should back away from windows.
   B. Students and teachers remain in the secured area until further directions.
   C. Teacher should immediately take attendance.
   D. Teachers should report to a pre-designated individual, the names of students who are out of the room and/or unaccounted for. Individuals will be properly identified.

III. Following calls to be made by principal or designee
   A. A single call can be made to 911. Give a brief description and state what services are needed.
   B. Executive Officer who in turn will make the following calls:
      1. Other Directors
      2. Bus Company and/or Component District
      3. Activate crisis response team via BOCES Executive Officer.

IV. Crowd Control - An appointed Assistant Principal and Nurse to go directly to scene to assess situation and to clear area.
   A. Nurse will have an emergency kit ready and accessible (location is known in case of substitute)
   B. Building Response Team (w/CPR knowledge and prior training) to assist at scene as well.
V. Paraprofessionals/Staff (Building Response Team) need to do immediate sweep of hallways and have all students go directly into a pre-designated site (*not into nearest classroom because intruder could be accidentally placed in room with children).

**If perpetrator is still at large:**

1. Act in a manner that will not put any more lives in jeopardy.
2. Avoid any reckless and/or imprudent action.
3. Obtain for police as much information as possible:
   A. Description/clothing
   B. In what direction they were traveling
   C. Profile - background information

VI. An announcement is made via the PA to instruct all available personnel where to go for assignments.

VII. Command Center to be established in each building. If the originally designated control center is in the area in which the incident is situated, another pre-planned site is to be named. (Executive Officer, Principal, Police, EMS, Representatives of Counseling Services.)

VIII. Secondary staging areas need to be designated with the incident commander for staff assignments, fire, police and EMS, etc.

IX. Restrict access to the crime scene.
   A. Isolate area
   B. Methodically evacuate the immediate area keeping potential witnesses available for law enforcement personnel.
   C. Limit access to only essential personnel.

X. Media/Press
   A. Develop relationship w/media prior to incident.
   B. No one speaks to press except the public information officer.
   C. Establish an area in district for them to be able to access information. (Preferably the media area should be at the Board Office and not at the incident site.)

   *Can be used to our advantage for communicating w/parents about staging areas to pick up their children, community advisories regarding traffic problem, etc.*
XI. Parents

A. Designate area for parents to assemble for information.
B. Parents will be notified via area radio station if possible.
C. Instructions given to parents that students will be kept at school until the crisis is determined to be over.
D. Instructions not to phone the school and tie-up the few telephone lines that exist. (Fax machines telephone numbers can also be utilized).
E. When it is considered safe to release students this will only be done to his/her parent or authorized designee.
F. Logs will be kept as to whom is released.
G. Police assistance may be helpful.

XII. Evacuation of school as soon as deemed safe.

A. Put into effect the Early/Emergency Dismissal Plan.
B. Prepare special needs students and personnel for evacuation.
C. Have prearranged alternate site if student cannot be taken home.
D. In the case of elementary school walkers or unaccounted for children, they will be bused to another school in the district.

XIII. Provide support to family and friends of deceased.

A. Pay particular attention to friends of deceased, and persons with recent losses or a history of suicide threats or attempts.
B. Set up support rooms/stations and call for back-up counselors, if needed.
C. High School Sudden Adolescent Death plan to be made available and be adapted in each school.

XIV. Hold faculty meeting as soon as possible.

A. Debrief faculty/staff to help process feelings.
B. Plan for anticipated reactions of students.
C. Have articles available on signs and normal responses to grief.

XV. Determine the most effective method to inform parents about the crisis/death, what the school is doing and what reactions to expect from their child.

XVI. Prepare to hold community meetings, if necessary.

XVII. Log activities and decisions (what worked/what did not).
SECTION III: RESPONSE

AFTER THE CRISIS

1. Assess the degree of support needed.

2. Notify BOCES in order to activate County Crisis Plan (if necessary).

3. Designate a person to handle crowd control.

4. Gather staff together before dismissal for the day in order to provide an update. Plan for deployment of support staff for the next day.

5. Meet with Central Office (and Board members, if appropriate) to review incident and plan for the next day.

6. Assign a district spokesperson to deal with the media.

7. Assess the needs of community. e.g. community meetings to disseminate information, contacting PTO’s to provide food and babysitting services for affected families.

8. Provide an early morning debriefing meeting for the next day for all the support service providers and appropriate internal staff.


10. Assign staff members to visit hospitals; e.g. nurses.

11. Provide a press release (if appropriate). Monitor needs as the day progresses and modify accordingly. (e.g. If a student is critical and should die during the school day.)

12. Assess the need to bring in additional experts determine need for ecumenical services.

13. Determine need to designate individuals to attend funerals.

14. Continually appraise key people of the status of the situation as it changes.

15. Hold an end of day session with counselors and staff to assess needs for the next day. Repeat this process of holding meetings in the morning and at the end of the day. Hold meetings until it is determined that the crisis stage is over. Anticipate long-term effects on children, staff and community. The initial crises may give you an inaccurate read of the needs of your district since people are in shock.
SECTION III: RESPONSE

CIVIL DISTURBANCE

SEQUENTIAL RESPONSE ACTIONS:

1. Identify Situation. Verification should be made that there is indeed a disturbance in the building or the grounds. **Always assume that weapons may be involved.**

Notify the following individuals:

- Executive Officer
- Assistant Superintendent for Finance
- Director of Operations and Maintenance
- Building Principals or designees (see chain of command for full list of telephone numbers)

2. Under the direction of an administrator listed in item 2, notify all building occupants using the public address system that, **“There is an INTRUDER in the facility, all occupants follow LOCKDOWN Response Guidelines.”**

3. Notify local law enforcement agencies by telephone at 911. NOTE: The Executive Officer, Deputy Superintendent, Directors, Director of Operations and Maintenance should notify law enforcement agencies.

4. A lock down of all rooms and assembly halls should take place immediately.

5. Isolate the area of the incident from all staff and students. Do not allow anyone to enter the area without the advice of law enforcement officials.

6. **Based on advice from law enforcement officials, consider implementing the following response actions:**

   - Isolate the area of the building involved
   - Develop class schedule changes
   - Evacuate staff and students from uninvolved areas
   - Notify parent(s) and/or spouse of victim(s)

6. Inform (update) Executive Officer of situation and actions taken.

8. When “all clear” is given by school district administrator(s) and/or local law enforcement direct staff to conduct accountability checks. When accountability check is complete, staff and students may resume normal operations.

**Necessary Resources:**

- Emergency Telephone Roster
- Media Notification Plan
EXPLOSION/FIRE EMERGENCY

SEQUENTIAL RESPONSE ACTIONS:

1. Upon the occurrence of an explosion or notification of a fire in a facility, sound the building fire alarm immediately. Building systems that are not automatically turned off by the alarm being activated should be shut down.

2. Notify local fire and emergency services at 911.

3. Begin evacuation of facility in accordance with established emergency evacuation plans.

4. Notify the following individuals:
   - Executive Officer
   - Assistant Superintendent for Finance
   - Director of Operations and Maintenance
   - Building Principals or designees (see chain of command for full list of telephone numbers)

5. Initiate accountability procedure to determine if any staff, students, or visitors are injured or missing.

6. Upon their arrival, advise the fire department of the situation. Assist the fire department incident command with activities related to the incident, such as accountability of building occupants, building plans (maps with building layout), locations of utilities shut down, etc.

7. Prepare public information release to the media, if necessary. Notify local media (radio and television) if early dismissal is initiated and give appropriate dismissal times. (Executive Officer's Office)

8. Resume, curtail or cease building operation, as advised by fire department officials. Notify staff, students and parents.

9. If false alarm, investigate to identify the individual(s) who activated the alarm system.

10. Initiate "Go Home" procedure if necessary.

Necessary Resources:
- Emergency Telephone Roster
- Emergency Evacuation Plan
- Media Notification Plan
- Public Address System
- Transportation Plan
SECTION III: RESPONSE

SCHOOL BUS ACCIDENT

SEQUENTIAL RESPONSE ACTIONS:

1. Upon receipt of notification of an off-site motor vehicle accident involving a school bus, the following information should be gathered from the caller:
   a. Location of the incident?
   b. Number of injured persons, if any?
   c. Have Emergency Services been called?
   d. Has Local Police or Sheriff been notified?
   e. Are victims being transported to hospital? If yes, which hospital(s)?

2. Notify the following district officials:
   - Executive Officer
   - Assistant Superintendent for Finance
   - Director of Operations and Maintenance
   - Building Principals or designees (see chain of command for full list of telephone numbers)

3. A school district representative, including a school nurse, should be sent to assist at On-Scene Incident Command Post wearing school district identification on clothing. Only trauma trained Emergency Medical people should remove potentially injured people from the bus, unless an imminent hazard is evident, such as a fire, explosion or other life-threatening situation.

4. Assign school liaison personnel to Fire and Law Enforcement officials on scene and gather in writing accurate information regarding:
   - Names & total number of injured students and staff;
   - Hospital each injured person will be transported to.

5. At the Executive Officer’s direction, notify the parents/legal guardian or spouse(s) of the injured as soon as possible.

6. If deemed necessary by the Executive Officer, initiate the media notification plan.

7. Maintain communication with Emergency Services and hospital for current status of accident scene and patient condition. Relocate uninjured students to shelter if weather is inclement as quickly as possible.

8. If directed to do so by the Executive Officer, activate the critical incident counseling team.

9. When the incident is terminated by emergency services and local law enforcement agencies, resume normal operations.
SECTION III: RESPONSE

SEVERE THUNDERSTORM / TORNADO

SEQUENTIAL RESPONSE ACTIONS:

1. Monitor all National Weather Service severe thunderstorm and tornado watch or high wind warnings on Weather Alert Radio or local radio stations. Central Office will verify that all schools received the weather alert.
2. Central Office will verify that all schools have received a weather alert.
3. Direct weather spotters to take their positions.
4. Curtail all outside activities when a ‘warning’ is received. Close shades and/or blinds.

**Thunderstorm Watch:** This means that weather conditions are such that thunderstorms could develop. If you receive such a call, you should be alert to the possibilities of impending storms.

**Action:** Although no specific action is required, it is recommended that outside activities are monitored.

**Thunderstorm Warning:** Issued when a severe thunderstorm with winds greater than 58 mph is in the area or is possibly occurring in some sections of the county.

**Action:** All outside activities should be curtailed for the duration of the warning. While this warning does not immediately necessitate moving students and staff to the safe areas in the building as in a tornado warning, children should be moved away from windows. If further precautions are necessary, Central Office will issue the directions.

**Tornado Watch:** This alert suggests that conditions are such that a tornado could occur.

**Action:** Outside activities should be curtailed upon receipt of this alert.

**Tornado Warning:** This alert is given when a tornado has been reported in the county.

**Action:** All students and staff should be quickly moved to the safe areas in the building until further notice. Be sure to take a cellular phone with freshly charged batteries with you. A class register should be taken as well.

5. Continue to monitor outside weather conditions, Weather Alert Radio and local radio stations. When “warning” is rescinded or “all clear” is given; organize to resume normal activities if there is no damage to school property.

6. If building(s) has sustained damage, refer to “Structural Failure” section of the Emergency Management Plan. Also ensure that County Emergency Management Office is informed of damage.

**Necessary Resources:** AM/FM Radio
NOAA Weather Alert Radio
Television
Public Address System
Pre-designated Shelter Areas
ANTHRAX/BIOLOGICAL THREAT

SEQUENTIAL RESPONSE ACTIONS:

In the event of an Anthrax threat, the individual receiving the letter/package should do the following:

1. Remain in the room/office where package is opened.
2. Do not let any room/office occupants leave after package is opened.
3. Do not allow anyone to enter the area.
4. Use the intercom or in house communication system to inform the building administrator of the situation.
5. The building administrator must then call 911 and the Executive Officer’s office and inform them of the “Anthrax Scare”.
6. Do not initiate an evacuation or make any announcements of the emergency. However, an announcement should be made to hold all staff and students in their present location until further notice and disregard all class bells for period changes.
7. Isolate/lock down all entrances and exits and post monitors at each point to prevent unauthorized entry/exit.
8. If evacuation is necessary, law enforcement and emergency services will determine the need, extent and period.
SECTION III: RESPONSE

HAZARDOUS MATERIAL SPILL - ON SITE

SEQUENTIAL RESPONSE ACTIONS:

1. Upon discovery or detection of any spill of a hazardous material, petroleum or chemical product, notify the following:
   - Executive Officer
   - Assistant Superintendent for Finance
   - Director of Operations and Maintenance
   - Building Principals or designees (see chain of command for full list of telephone numbers)
   - Local Fire Department (911)
   
   School administrators will notify local fire and emergency medical services

2. Based on the advice of the fire department, curtail or cease building operations, as appropriate.

3. When deemed appropriate, notify staff and students to evacuate using the fire evacuation pre-plan. Insure that evacuation route does not go through the spill area. Re-route evacuees away from spill area.

4. Notify parents through media (Executive Officer or Public Information Officer).

5. Director of Operations and Maintenance and Fire Department Officials will evaluate the problem.
   a. If trained and adequately protected with safety equipment, determine cause.
   b. If trained and adequately protected with special equipment mitigate the situation.
   c. Notify New York State DEC spill hotline at 1-800-457-7362.

6. After consulting with fire and environmental officials, resume normal operations.

Necessary Resources:  Emergency Telephone Roster
                      Evacuation Plan
                      Public Address System
                      Material Safety Data Sheets
                      Personal Protective Equipment
                      Spill Absorbent and Containment Material
                      Media Notification Plan
                      Transportation Plan
                      AM/FM Radio
                      NOAA Weather Radio
                      Television
HAZARDOUS MATERIAL SPILL - OFF SITE

SEQUENTIAL RESPONSE ACTIONS:

1. Upon being notified of an off site hazardous material spill or release, follow the directions of the County Emergency Management, Local Fire Chief or Law Enforcement Agencies.

2. Notify the following individuals:
   - Executive Officer
   - Assistant Superintendent for Finance
   - Director of Operations and Maintenance
   - Building Principals or designees (see chain of command for full list of telephone numbers)

3. In the event of shelter recommendation, close off all outside air intakes and curtail all outside activities.

4. If evacuation is recommended, institute “Go Home” procedure.

5. Monitor the situation with local fire, emergency management or law enforcement agencies, and through the media. (Attach a school district representative to the Off Site Incident Coordination Team, if possible.)

6. When advised to do so by fire and emergency management officials, resume normal operations.

7. When conditions permit, re-open school and if appropriate, utilize standard media notification.

Necessary Resources: Emergency Telephone Roster
Public Address System
Media Notification Plan
AM/FM Radio
Television
NOAA Weather Radio
Transportation Plan
Evacuation Plan
FOOD POISONING

SEQUENTIAL RESPONSE ACTIONS:

- Person suspecting food poisoning notifies the Building Administrator or Building Emergency Coordinator.
- Building Administrator or Building Emergency Coordinator notifies Head of Food Service and School Nurse.
- The Building Administrator or Building Emergency Coordinator determines emergency response and authorizes notification.
- Provide medical attention to affected persons and contact parents of students needing emergency attention.
- Request emergency assistance, if appropriate.
- Contact Dept. of Health, if appropriate.
- Close food service operation, if appropriate.
- Gather samples of suspicious foods (either in original container or clean container).
- Label food samples and refrigerate.
- Nurse or other health professional examine and interview ill persons, record signs and symptoms, and collect specimens, if possible.
- Where possible identify individuals who ate common foods.
- Dismiss early, if needed.
- Board of Health gives clearance to resume food service.
- Notify Executive Officer of all actions taken.
- Executive Officer notifies Commissioner of Education that plan was activated as required under CR155.17.
- Notify parents, if appropriate.
SECTION III: RESPONSE

Procedures for Obtaining Advice and Assistance from Local Government Officials

BOCES can readily obtain advice and assistance from local government officials including the county or city officials responsible for implementation of Article 2-B of the Executive Law through the County of Orange Emergency Operations Center which operates 24 hours a day. The types of procedures for obtaining advice and assistance from local governments during countywide emergencies include the following:

Executive Officer/Designee in an emergency will be the Schools’ Emergency Management Coordinator and works with local/county/state government officials at the County of Orange Emergency Operations Center for obtaining advice and assistance. The Coordinator of Health and Safety sits on numerous emergency planning groups at the state, county and local level and act as the conduit for accomplishing this task. The details of the activities that are done are too numerous to include in this document.

District Resources Available for Use in an Emergency

In an emergency, the Executive Officer/Designee will be the Schools’ Emergency Management Coordinator and works with local/county/state government officials at the County of Orange Emergency Operations Center for obtaining resources, such as facilities, buses and trucks, generators, etc.

Procedures to Coordinate the Use of School District Resources and Manpower during Emergencies

When an emergency occurs, the Executive Officer/Desigee is the Schools’ Emergency Management Coordinator and works at the County of Orange Emergency Operations Center with local/county/state government officials. He/she coordinates the use of school district resources and manpower during emergencies with representatives of Police, Fire, EMS organizations as well as organizations such as Red Cross, Salvation Army and numerous County agencies at that County level. The BOCES and Local School District staff members assigned to provide assistance during emergencies are designated through the Incident Command System at the district level as designated by the LEA through the Incident Commander. The Annex maintained includes all office, home, mobile, and cell phone listings for people who may be needed to be contacted by district and within the district by building.
Protective Action Options

BOCES may take the following actions in response to an emergency where appropriate: A. school cancellation, B. early dismissal, C. evacuation, and D. sheltering. Examples of actions include the following and are made in cooperation with local emergency responders:

A. School cancellation

1. The Executive Officer/Designee will monitor any situation that may warrant a school cancellation.
2. The Executive Officer/Designee will make determination.
3. The Executive Officer/Designee will contact local media.

B. Early dismissal

1. The Executive Officer/Designee will monitor situation.
2. If conditions warrant the Executive Officer/Designee will close school, contact Transportation Supervisor to arrange transportation, and contact local media to inform parents of early dismissal.
3. Set up an information center for parents to make inquiries.
4. Retain appropriate personnel until all students have been returned home.

C. Evacuation (before, during and after school hours, including security during evacuation and evacuation routes)

1. The Executive Officer/Designee will determine the level of threat.
2. Contact Transportation Supervisor to arrange transportation.
3. Clear all evacuation routes and sites prior to evacuation sites.
4. Account for all student and staff population. Report any missing staff or student to Director.
5. Make determination regarding early dismissal.
6. If determination was made to dismiss early, contact local media to inform parents of early dismissal – Incident Reporting Form.
7. Ensure adult supervision or continued school supervision/security.
8. Set up an information center so that parents may make inquiries as to the situation.
9. Retain appropriate district personnel until all students have been returned home.
C. Sheltering sites (internal and external)

1. The Executive Officer/Designee will determine the level of threat.
2. Determine location of sheltering as depending on nature of incident.
3. Account for all student and staff population. Report any missing staff or student to designee.
4. Determine other occupants in the building.
5. Make appropriate arrangements for human needs.
6. Take appropriate safety precautions.
7. Establish a public information officer to provide information and current status of the situation to parents and other inquiring parties.
8. Retain appropriate district personnel until all students have been returned home.
Indian Point Emergency

The federal government established four classes to describe emergencies at nuclear power plants. In order from the least to the most serious, they are:

- An **Unusual Event** indicates a potential problem with operation of the plant. Emergency officials are notified, but no public action is required.

- An **Alert** indicates an event that could reduce the plant’s level of safety but would not require public action. Any release of radioactivity would be a small fraction of federal protective action guidelines.

An alert will activate the Orange County Emergency Operations Center. School officials are notified that the Orange County Emergency Operations Center has been activated by the school liaison within the Orange County Emergency Operations Center.

- A **Site Area Emergency** indicates a problem that substantially reduces the plant’s level of safety. Release of radioactivity outside the plant site would not be expected to exceed federal protective action guidelines.

The school districts will take protective actions as recommended by the Orange County Commissioner of Health, Orange County Executive or designee, and will be notified of such actions by the school liaison within the Orange County Emergency Operations Center. The school district will notify Non-Public Schools, Nursery Schools and Day Care Centers of the protective actions recommended by Orange County Government, and alert their bus company as for the need to potentially evacuate the school district.

Protective actions can include, but are not limited to:

1. **Sheltering-in-Place (Short-term)**: Relocate students to hallways, close all windows and blinds, shut down the ventilation systems and cancel all outside activities.

2. **Limited Evacuation (Long-term)**: The school district will be directed to evacuate students to their designated reception center for pickup by parents.

3. **Dismiss early**
• **A General Emergency** indicates a problem affecting the plant safety systems that could lead to a release of radioactivity that would exceed federal protective action guidelines outside the plant site.

The school districts will take protective actions as recommended by the Orange County Commissioner of Health, Orange County Executive or designee, and will be notified of such actions by the school liaison within the Orange County Emergency Operations Center. The school district will notify Non-Public Schools, Nursery Schools and Day Care Centers of the protective actions recommended by Orange County Government.

Protective actions can include, but are not limited to:

1. **Sheltering-in-Place (Short-term):** Relocate students to hallways, close all windows and blinds, shut down the ventilation systems and cancel all outside activities.
2. **Limited Evacuation (Long-term):** The school district will be directed to evacuate students to their designated reception center for pickup by parents.
3. **Dismiss early**

Note: Schools in evacuated areas remain closed until notified by the Orange County Commissioner of Health, Orange County Executive or designee that the facilities can be reopen.

### SCHOOLS

<table>
<thead>
<tr>
<th>E R P A</th>
<th>SCHOOL</th>
<th>RECEPTION CENTER</th>
<th>BUS PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>George F. Baker H.S. Route 17 Tuxedo (845) 351-4786</td>
<td>Newburgh South Junior High 33-63 Monument Street Newburgh, NY 12550 (845) 563-7000</td>
<td>Tuxedo School District Buses</td>
</tr>
<tr>
<td>40</td>
<td>George Grant Mason Route 17 Tuxedo (845) 351-4787</td>
<td>Newburgh South Junior High 33-63 Monument Street Newburgh, NY 12550 (845) 563-7000</td>
<td>Tuxedo School District Buses</td>
</tr>
<tr>
<td></td>
<td>Highland Falls-Ft. Montgomery CSD P.O. Box 287 Highland Falls, NY 10928</td>
<td>Newburgh South Junior High 33-63 Monument Street Newburgh, NY 12550 (845) 563-7000</td>
<td>West Point Tours</td>
</tr>
</tbody>
</table>
BOCES resources will support the Emergency Response Teams and the Post-Incident Response Teams in the affected school(s) by supplying trained Health & Safety technical support and other professionals as needed. The District Superintendent’s office will assist in the coordination of Disaster Mental Health Resources, in support of the Post-Incident Response Teams, in the affected school(s) by requesting implementation of the County of Orange County-Wide Response Plan if necessary.

Two appendices follow this page in the Recovery Section of this document. The first document appended is from the Federal Emergency Management Agency (FEMA) Multi-Hazard Program For Schools. It asks the thought provoking-questions which need to be considered before an incident occurs. It lists 4 steps to be taken that have been formulated after numerous school tragedies occurring around the country have been analyzed by Trauma Psychologists. The second is the County of Orange document entitled “County-Wide Response Plan To Sudden Child/Adolescent Death”. The County-wide Response Plan was developed to provide guidelines for school administrators and clinical personnel in preparing for and reacting to the sudden death of a student, faculty member or staff member. This plan provided strength and guidance during events on a large scale. The knowledge and insights gained by the individuals who dealt with the aftermath of these tragedies were incorporated into the County-wide Response Plan. These documents have been incorporated in the BOCES-wide safety plan to help administrators to learn from the painful experiences of the past and serve to guide staff, students and families through crises which may arise in the future.
Appendix A
Planning for the Psychological Aftermath of School Tragedy

Thomas T. Frantz
Associate Professor of Counseling and Educational Psychology
State University of New York at Buffalo

Our purpose is to discuss a basic postvention plan that can be adopted for use in any school following a death or tragedy. The plan is designed to go into effect the first school day after the trauma has occurred.

To initiate thinking about postvention, consider the following specific questions that will usually arise:

1. How and when should students and faculty be informed of the pertinent details surrounding it?
2. How, when, and where should students be allowed to express their reactions?
3. What should be done for victims’ close friends?
4. What should be done for “high risk” students?
5. Should the school hold a special assembly or memorial service?
6. Should there be a symbolic expression of grief, such as lowering the flag to half-mast?
7. Should the school close for the funeral?
8. Who should go to the funeral?
9. What kinds of commemorative activities or symbols—plaques, memorial funds, etc.—are appropriate?
10. Should the victims’ parents be contacted and what help can be offered to them?
11. What should be done about the concerns of other parents?
12. How should the school deal with the media?
13. Should the school turn to outside consultation for help? To whom?
14. What reactions from students should be expected?
Appendix A (Continued)

15. Should a regular school schedule be followed the day after?
16. How long should the school be concerned about student reactions?
17. How much grieving or "acting out" should be allowed?
18. Should students be involved in planning the school's response?
19. Who should organize and coordinate the school's response?
20. What about siblings or affected students in other schools?
21. What should teachers say to students in their classes?

*Reprinted with permission from Thomas T. Frantz
Appendix A

Appendix A (Continued)

Principles of Postvention

Before presenting a plan to respond to the issues raised by these questions, interrelated principles of postvention are outlined. The postvention plan is on the principles of reducing fear, facilitating grieving, and promoting education.

Reduce Fear

Fear is the most overpowering and debilitating human emotion. Fear can cause us to flee in panic, act irrationally, become immobilized, say things we regret, and act in other ways that later are embarrassing to us. To deal with fear, we first recognize that fear breeds in the unknown. People are most afraid of what they don’t understand, of mysterious, dark, different, unknown situations. The neighbors’ German Shepherd running at you, riding the subway, or driving to Toronto may each be scary the first time, but once you get to know the dog, have taken the subway a few times, or made the trip to Toronto often, you are much less afraid. Experience reduces the unknown and thereby reduces fear. An earthquake, especially one resulting in death, produces so many unanswerable questions, leaves so much unknown, and thus creates fear. What made it happen? Will it happen again? Is the school really safe? Am I safe at home?

Will the next one get me? Why didn’t God do something! Is there any place that’s really safe?

As a result of so many unanswerable questions, the atmosphere in a school following an earthquake may be tinged with fear. Students and staff may feel unsure of themselves, confused, afraid of what else might happen, and not know how to behave or what to say.

Most of us grow up not thinking much about earthquakes. They only happen to other people, people we heard of or read about. It’s hard to imagine that a major earthquake, especially one that kills people, would ever happen to our friends, family, or community, and when it does, many people feel insecure and afraid. Something that wasn’t supposed to be part of the plan, something that wasn’t supposed to happen has happened, and if that can happen, then anything can happen.

An earthquake can pull the rug out from under basic beliefs about how the world is and leave us feeling unsure, unsafe, and wondering what we can count on with certainty. It’s in this sense that an atmosphere of fear may prevail in a school the days following an earthquake. Of course, those friends and staff closest to those who may have died will be most affected; but the tragedy will affect everyone in the school to some extent.
Appendix A (Continued)

It is very difficult for any constructive activity to take place when people are afraid. It’s hard to concentrate, hard to take tests, write essays, or listen to lectures. It’s even hard to feel sadness, remorse, or other normal grief feelings. Hence the reduction of fear is the first major goal for the school following a tragedy. We can’t expect to eliminate it, but we can reduce it by reducing the unknowns.

While exercising sensitivity, we reduce fear by providing students and staff factual information about what happened, the deaths, and the grieving process to be expected in the days ahead by organizing the school day with as few changes as possible and by providing an open, accepting atmosphere allowing the “secret” fears, questions, and feelings of students and staff to come out.

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Facilitate Grieving

Grief is the normal, healthy, appropriate response to death or loss. Anyone who knew those that were killed is going to experience grief, from the parents whose bereavement will normally last 2 to 3 years to tangential acquaintances whose grief will be measured in days. Students and staff don’t get a choice of whether to feel grief, but they do get to choose how they’ll respond to it.

People who deny their grief, pretend it’s not a big deal, or insist they’re not going to let it bother them, or try to cover it up with bravado, laughter, or stoicism usually have a much harder time resolving their grief than do people who are able to grieve more expressively.

Each person grieves in his or her own way, a way that has been learned by experience with loss over the years. A student or staff member’s way of grieving or coping with loss can be predicted (based on past experience with loss) and is not likely to change in the midst of a crisis like the aftermath of an earthquake.

Accordingly, a wide range of grieving behavior needs to be tolerated, e.g., screaming in anguish, pounding the lockers in anger, sobbing in the hallway, stunned silence, inability to answer even simple questions, seeming totally unaffected as if nothing happened, or saying as one boy did upon being told of his friend’s death, “Good, now I don’t have to pay him the ten bucks I owe him.” (This last remark was made in shock and he spent the next month being attacked for it and apologizing over and over for it.)

The initial response of most people to learning that someone they know has died is shock. Shock is usually a numbness, feeling like in a fog or spacey during which the full impact of
Appendix A (Continued)

what’s happened may not have sunk in. People in shock usually don’t talk a lot and mostly need friends to be patient and not assume that they’re unaffected just because they’re not emotional.

Other reactions to be expected for some people following death are anxiety over what else might happen; anger at the person that died (e.g., for not heeding warnings); blame at someone for not doing something to save her; and perhaps guilt for surviving when he didn’t. Naturally sadness and feeling the loss will usually replace shock, anxiety and anger and remain as the major result of the death for a long time.

While each person’s way of grieving needs to be accepted, people who can get their grief out by talking, crying, expressing anger or guilt, writing, reading, exercise, painting, music, etc. are usually better able to resolve their grief and in less time than those who can’t or are not allowed to grieve. Thus, the school’s postvention program needs to allow and encourage the natural expression of grief, especially immediately after the tragedy, but also, for some students, in the weeks and months ahead.

In this vein, one of the most predictable and significant consequences of a tragedy is that it will unlock and trigger unresolved grief in many students and staff. That is, there will be a sadness in the school not only because a student has died, but because grief over people’s previous losses will be activated. For example, the girl whose father drowned last year, the teacher whose miscarriage at 6 months no one would talk about, the boy whose mother has breast cancer, the custodian whose dad is deteriorating with Alzheimer’s disease at a nursing home, the freshman whose parents are fighting out a bitter divorce all will be feeling both the effects of the tragedy and, now even more intensely, the pain of their own life.
Principles of Postvention

The school’s postvention program must take into consideration both grief over previously unresolved losses and give high priority to facilitating the grieving process of students and staff.

Promote Education

The purpose of a school is to educate its students and (if Anna who says in The King and I, “by our students we’ll be taught” is right) staff. Since we learn more from problems, crisis, and tragedies than on average days, an earthquake will be an intense time of learning—not reading and arithmetic, but of things perhaps more important.

The postvention program must be developed to promote constructive and useful learning in the aftermath of tragedy. Students and staff can be helped to learn how they react in a crisis, what people do that help most, how to help other people, what they really believe about death, that people can cry and still be strong, and, measured against the criterion of death, what’s really important in life.

Obviously no one wants a student to die; however, given that the death has happened, inevitably learning is going to take place. The only question is, is the school going to allow it to occur haphazardly or will a postvention program be developed to promote constructive grieving, ways of helping others, and understanding of death and people in crisis.

A variety of school and community personnel will be available to help students during the day. After school a second general staff meeting is held to review the day and prepare for tomorrow.

1. Selection of the Crisis Response Team. A crisis response team of perhaps three to five members with authority to make decisions in the time of crisis needs to be chosen. The team is responsible for both planning and implementation of postvention. Among its members should be staff who have some respect in the school, are sensitive to student and faculty needs, are committed to personal involvement in a crisis response, are able to be decisive, and who are relatively calm under fire. The crisis response team would conduct planning for the remaining tasks and, along with the building principal if he or she is not on the team, be responsible for carrying out the school’s response to a suicidal death on the days succeeding it.
Appendix A (CONTINUED)

Principles of Postvention

2. Identification of Media Liaison Person. One person within the school district should be designated to handle all contact with newspaper, television, radio, and magazine reporters and shield school personnel from media intrusion. Media personnel should not be allowed in school. All school students and staff should be firmly instructed to refer any phone or personal contact, whether in school or at home, to the media liaison person whose phone number should be readily available and who should receive instructions on what information to release from the crisis response team. A press release should be prepared to serve as a basis for talking with the media. In general, the less publicity death receives the better.

3. Identification of Family Liaison Person. The crisis response team should designate a representative of the school to initiate immediate and appropriate contact with the family of the dead student, to express the empathy and concern of the school, to answer parents’ questions regarding school plans; to ascertain family wishes and plans regarding funeral, wake and memorials; to discretely obtain the information about the death and the circumstances surrounding it; and to offer to help the family with support, contact with community resources, or perhaps tangible help like driving, food, babysitting, or talking with siblings. The family liaison person should be educated about helpful and unhelpful responses to grieving people, be sensitive to family privacy, and use intuition about maintaining some contact with the family during the weeks ahead. The crisis response team may choose one family liaison person for all situations or a different one may be designated for each crisis based on the person’s relationship to the deceased student or his/her family.

4. Organization of Staff/Telephone Network. A telephone network or tree should be developed wherein each school staff member is called as soon as possible after the incident has occurred, given the brief basic facts, and notified of the time and place of the emergency staff meeting to be held usually before the next school day. Care should be taken to reach not only faculty, but all auxiliary and related personnel as well. Furthermore, selected staff members in schools throughout the district should be notified, particularly in schools attended by siblings or schools from which support staff may be borrowed to help during the crisis.
Appendix B

County of Orange
County-Wide Response Plan To
Sudden Child/Adolescent Death

I. Introduction

The tragic phenomenon of sudden child/adolescent death has, in recent years, represented a significant social problem for many school communities throughout the county. Unfortunately, several regional and county area school districts have also experienced child/adolescent suicides and deaths from other causes. Recently, educational leaders throughout the Orange-Ulster BOCES area have recognized the need for an organized approach on a county-wide basis to deal with this potential crisis situation. In deference to such concern, the Orange-Ulster BOCES has organized an alliance of local educational and public mental health professionals for the purpose of developing a County-wide Response Plan to Sudden Child/Adolescent Death. The result of this “Response Plan” is to offer local school districts the opportunity to receive supplemental support personnel for one or two days and to provide procedural guidelines should the unfortunate case of sudden child/adolescent death occur.

The County-wide Response Plan to Sudden Child/Adolescent Death contains the following two provisions.

A. The “Response Plan” establishes a County-wide Crisis Team consisting of professionals from local school districts and from the Orange County Department of Mental Health. These dedicated individuals are offering their experience and expertise with the support of their respective superintendents of schools on a request basis to local school districts during a time of crisis. School districts without sufficient experience in dealing with the delicate issue of child/adolescent death, or in need of additional staffing, required to implement a response plan, may contact the Orange-Ulster BOCES to request expertise and assistance. Support may be in the form of consultant services or direct intervention as determined by a requesting district.

B. The “Response Plan” presents specific Preparatory and Procedural Response guidelines that school districts may follow in the constructive treatment of a sudden death crisis within their districts.
II. Specific Response to Sudden Child/Adolescent Death

A. Preparatory (before sudden/adolescent death)

1. School districts designate which in-district clinical support staff (psychologist, social workers, guidance counselors, etc.) will be assigned, as Crisis Team Members, to each building in the district should a crisis occur.

2. School Principals designate the potential locations of crisis centers.

3. School districts should project the extent of their need for support from the county-wide crisis team prior to a crisis situation.

4. School districts designate a primary spokesperson to deal with the media.

5. School principals designate, in advance, which building staff member will serve as an assistant organizer/decision maker during the time of crisis.

B. Procedural (after sudden child/adolescent death)

**Alert Day**

1. Student found dead of an apparent suicide. This usually occurs after school hours or on weekends.

2. District representative (school principal, central office administrator, psychologist) contacts Crisis Team members (in-district) as soon as possible.

3. District representative contacts the District Superintendent or Deputy or Assistant Superintendent of Orange-Ulster BOCES, requesting assistance from COUNTY WIDE Crisis Team.

4. Local superintendent contacts and confirms the district professional who is the designated primary spokesperson to deal with the media.

5. Building principal contacts and confirms as assistant organizer/decision maker to facilitate response plan in the school building that has been affected.
Appendix B (Continued)

6. Building principal or crisis team member in building where sudden death has occurred contacts crisis team members in other district schools. This is important to provide support for siblings, relatives and close friends in other schools.

7. Building principal designates an individual who will have primary responsibility for answering parent questions.

8. Building principal activates telephone chain to announce a faculty meeting prior to the opening of school on the next day.

C. Day One (In School)

1. Early morning faculty meeting is held with several purposes:

   a. Principal reviews the known facts of the case, in order to establish a common reference base and to dispel rumors.

   b. Principal introduces crisis team members; reviews special schedule for day; and communicates the location of the “crisis centers.”

   c. Crisis team members describe the feelings which students may be experiencing and suggest how the teachers might handle them. Time is allowed for questions and dealing with the feelings of the staff. Some staff may be particularly upset and require additional support.

   d. Guidelines are provided for helping any students who are upset and for having them escorted to one of the “crisis centers” set up in the building (guidance office, etc.). Faculty should identify close friends of the deceased and other high need students for potential follow-up.

   e. Teachers are encouraged to allow students in their classes free expression of grief. The guiding principle is to return to normal routine as soon as possible within each class and within the school. School-wide assemblies or memorial activities are discouraged. Students (individually) should be allowed time needed to express grief. Not all students will recover at the same rate, even those who have no close relationship to the individual.
Appendix B (CONTINUED)

f. The teachers are asked to dispel rumors wherever possible, and to
discourage any “glorification” of the event. For example, if a student is
heard to say, “I wouldn’t have the guts to kill myself,” the teacher can
respond, “We all care for the individual and his/her family, but suicide
is not really a brave act! It is far more courageous to go on living and
to face your problems each day as you and I do.

g. The principal and/or guidance counselors and clinical staff may meet
with each grade, either by individual homerooms or by total grade (if
possible) in order to:

- Review the known facts and to dispel rumors.
- De-mythologize the act. (This is not heroism or a media event. It is
  a real concern for the family.)
- Inform students and staff of the location and role of the crisis
  center.
- Encourage students to express their reactions in whatever way is
  appropriate for them. (All responses are acceptable, from severe
  upset to no reaction whatsoever).
- Discuss possible feelings of guilt or feelings of responsibility.
- Discuss possible fears for their own safety and that of their siblings
  and peers.
- Ask students to be supportive of one another and to escort any
  friend who is upset to a teacher or the crisis center.
- Reassure students that any adult in the building is available to help.

h. Telephone calls are made to parents of individual students who are
particularly upset during the day. The crisis team will collaborate to
determine which parents are called. The telephone contact is ideally
handled by clinical staff that can explain the student’s reactions to the
parents. This person should give appropriate advice as to how the
parents should handle their son/daughter. Some parents may be
asked to pick up the student at the school.

i. All building staff are assembled after school to:

- Allow for the expression of feeling and mutual support. (After a full
day of dealing with their own emotional responses and that of their
  students, the teachers are generally quite drained).
- Review the events of the day.
Appendix B (continued)

- Review the characteristics of high-need students (those who seem especially upset or depressed or show other signs of not dealing well) and compile a list, based on staff observations, of individual student reactions during the day.
- Announce funeral arrangements and encourage staff to attend, in order to provide support to students and their families.

Follow-Up Activities

The Crisis Team shall suggest follow-up activities to the building principal and superintendent of schools that shall determine the most appropriate course of action. It is further suggested that staff be reminded that there is one media contact person.

A. Outside consultants may be called upon. At this point, it maybe helpful to have “outside” professionals because they are not emotionally involved and can, therefore, provide objective support and direction. Some of the services they can provide are:

- Recommend to parents private evaluations for “high-risk” students.
- Speak at a general faculty meeting on the issue of adolescent suicide, identification, prevention, response.
- Conduct evening informational meetings for all concerned community members.

B. Guidance and clinical staff continue meeting with individual students and small groups to provide support, and to further identify “high risk” students and faculty.

C. Contact all parents of students identified as “high risk” to express concern and to suggest possible follow-up evaluation by informing parents of community and Orange and Ulster County resources available.

D. Outside consultant and school staff may conduct an evening meeting of all concerned parents to answer questions and allay concerns.

E. Guidance and clinical staff continue crisis intervention, answer phone calls of anxious parents, and meet with concerned staff.

F. The principal and superintendent of schools will determine whether letters should be sent to parents of “high risk” students reminding them to seek a private or community professional evaluation, in order to insure the health and safety of the child. (Return receipt mail is suggested.)
Appendix B (CONTINUED)

G. “School/Community Steering Committee” can be formed and can plan a meeting of the teenagers of the town.

H. “Front-line” staff that has been dealing directly with the crisis should meet with a consultant for expression of feelings and mutual support. (This is a very necessary ingredient).

Closing Comment:
An outside support consultant can help the superintendent, principal and other key coordinators to examine their own view of the situation and, at the same time, validate key responsibilities toward children, teachers, parents and/or the community as a whole.

Addendum - Event with Multiple Casualties

I. Introduction

The County-wide Response Plan was developed to provide guidelines for school administrators and clinical personnel in preparing for and reacting to the sudden death of a student, faculty member or staff member. This plan provided strength and guidance during events on a large scale. It was felt that an addendum should be added which would incorporate the knowledge gained by the individuals who dealt with the aftermath of these tragedies. The process of identifying the “what to do” has taken many individuals back to a circumstance they would do anything to prevent. They have given of themselves to develop this addendum in the hope that no one will ever need to use it. However, should a disaster occur again, they hope their experience will serve to guide staff, students and families through the crisis.

Large-scale disasters take many forms and each presents unique situations and needs. At the time of the event, immediate emergency procedures must be given priority in order to cover medical and safety concerns. The provision of mental health support personnel to respond to and care for traumatized individuals within the school community is the focus of the Crisis Response Plan. This addendum identifies procedures for obtaining crisis support personnel by temporarily reassigning local school, county and state employees to the site during the crisis period. The goal is to assess needs, provide services and resume normal operation as quickly as possible. It should be noted, however, that major disasters may require two to five years before school functioning returns to normal.
II. Specific Response to an Event with Multiple Casualties

A. Pre-crisis Planning

Schools need to be prepared to respond effectively in the event of a major school disaster. To this end, the following recommendations are offered:

1. Each school district should develop, review and annually revise a district-wide Emergency Management Plan and a Crisis Response Plan. Building administrators should annually review with staff the main components of these plans, including personnel assignments.

2. Key district and building personnel should receive professional in-service training, as identified below:
   a. Key administrators and crisis coordinators should be trained in how to prepare for disasters and in procedures for responding to disasters;
   b. Key administrators, pupil personnel service staff and other designated responders should be trained in crisis intervention techniques; and
   c. Key administrators, pupil personnel service staff and other designated responders should be trained to provide grief counseling and long-term clinical services for Posttraumatic Stress Disorder.

3. District administrators should plan a communication mechanism to maintain control of the communication process. Methods and time frames should be established to convey information to various audiences: staff, students, parents, BOCES, other districts, board members, State Education Department, physicians, clergy, general public and media.

4. District administrators should develop lists of resources which may be called upon in the event of a crisis, e.g., volunteer service agencies, physicians, clergy, private security companies, State and County resources, insurance contacts, press contacts.

5. District administrators and/or pupil service personnel should develop a library of crisis-related materials for parents, teachers, counselors, clinical personnel and community members.
Appendix B (Continued)

B. The Day of the Disaster

The Superintendent of Schools, District Emergency Coordinator and/or designee(s) will need to:

1. Notify emergency services, e.g., police department, fire department, mutual aid, and ambulance.

2. Assess the damage and the amount of support needed.

3. Notify the District Superintendent to activate the county-wide Response Plan. The District Superintendent will need to know:
   a. the nature and extent of the disaster (numbers of students involved);
   b. the approximate number of Crisis Team members needed (assess high); and
   c. the type of Crisis Team members needed, e.g., school psychologists, social workers, nurses.

4. Organize school personnel to quickly respond to the disaster by assigning staff to committees to provide the services listed below. These committees should meet daily throughout the crisis phase in order to
   a. Coordination
      Assign personnel to coordinate the intervention effort, establish working committees and advise district administration about needs and status of services.
   b. Notification of Parents
      Assign personnel to a calling committee to inform parent(s) or Guardians about the disaster and related procedures. (E.g., bussing, pick up of children, school closing and support services that will be provided.)
   c. Release of Students
      Assign personnel to set up a temporary shelter area, identify procedures for release of students to parents and monitor release of students to parents.
Appendix B (Continued)

d. Counseling and Direct Intervention

Assign staff and temporary personnel, assigned through the County-wide Response Plan to provide direct intervention to affected individuals. A team leader from the district should coordinate assignments, brief staff and temporary personnel and provide information to the coordinating committee.

e. Media Control

Assign a person(s) to prepare sample press releases, identify a media center, direct media away from the crisis area until the situation is stabilized, help to conduct briefing sessions, act as a liaison between the crisis area and the press room and establish procedures for photography and/or videotaping.

Note: The area may need to be secured for police or insurance purposes.

f. Coordinate Volunteers

Assign personnel to coordinate volunteer services such as food, shelter, transportation, babysitting and donations and to maintain lists of volunteers and services provided.

g. Notification of Other Individuals

Assign personnel to coordinate a telephone committee to identify siblings, neighbors and other related individuals (e.g., club members or non-public students) who may need to be informed of available support services.

5. Designate an Official spokesperson (usually the Superintendent of Schools) to deal with the press.

6. Obtain additional crisis intervention support personnel from sources such as County, State and State Police, if needed.

7. If students or staff are hospitalized, assign Crisis Team members to the hospital(s) to work with families, students, faculty and staff, as needed.

8. Close school in the affected building or district-wide, if needed. Notify media of closing, following established district procedures.
Appendix B (Continued)

Note: The integrity of the building may need to be determined by a structural engineer prior to occupying the building again.

9. Identify counseling support areas. Large areas should be provided for food and general talk; small, more intimate areas should be provided for private discussions.

Note: Traumatic experiences cause people to forget information, retain only pieces of information or confuse facts, therefore, important information will need to be repeated frequently.

10. To promote continuity and structure, develop and distribute the following materials:

a. Crisis Team assignment rosters which lists name, organization, home phone, work phone, length of time available and assignment should be distributed to the Crisis Team and Building Administrators;

b. A Crisis Plan overview which describes the response plan and the role of the support services should be distributed to the Crisis Team;

c. Building floor plans should be distributed to the volunteer workers and the Crisis Team;

d. Lists of community resources and phone numbers should be distributed to the Crisis Team and volunteer workers;

e. Copies of materials describing reactions and how to cope with crisis should be available for faculty members and parents;

f. Copies of clinical materials about crisis, expected reactions, Post-traumatic Stress Reaction, etc. should be made available to counselors and the Crisis Team; and

g. Copies of forms to be used to identify “high risk” individuals who appear to be suffering traumatic reaction should be distributed to the Crisis Team.
Appendix B (Continued)

C. The Day(s) After the Disaster

The Superintendent, District Emergency Coordinator, Building Administrator and/or other individuals designated by the Superintendent may need to coordinate long-term response efforts and identify and respond to long-term crisis needs. Following are suggested activities which will provide this support:

1. Cancel regular classes on the day(s) following a disaster, if needed. The Crisis Team should be available to meet with parents, students and staff at the affected site or another designated site. Provide childcare services. Teachers should be available (in their classrooms, if possible) to provide a sense of “normalcy” and support.

2. Develop press releases, as needed.

3. Maintain complete rosters of:
   a. Crisis Team members—name, district or agency affiliation, address, home and work phone numbers and the length of time available; and
   b. Volunteer Workers—name, home and work phone numbers, service provided and date. These rosters can be used later to generate thank you letters.

4. Determine the need for attendance at funerals, arrangement of memorial or ecumenical services and provision of counseling services.

5. If students or staff are hospitalized, daily hospital visits by teachers and administrators are advised.

6. Determine the need, nature, content, timing and location of public meeting(s) to review the disaster; describe crisis intervention, insurance and other responses; and allow structured community comment. Obtaining an outside expert on disaster or trauma may be advisable; a “neutral” expert may help to diffuse some of the emotion surrounding the incident.

7. Arrange for direct billing to the insurance company or school to avoid billing the families of injured students.

8. Conduct regular briefing meetings with all administrators, Crisis Coordinating Committee, Crisis Team leaders, Crisis Team members, teachers and staff (this should be continued daily throughout the crisis phase). The focus of these meetings should be to:
Appendix B (Continued)

a. Provide current information regarding the event such as medical conditions of the injured, funeral arrangements for the deceased, role of the Crisis Team members, role of district staff, daily response plan and overall Crisis Response Plan;

b. Distribute materials (items b, e, f and g, above), as needed;

c. Announce daily Crisis Team assignments;

d. Review organization and communication chain;

e. Provide daily contact with coordinating agencies to define needs and roles of support personnel;

f. Determine a need for teacher substitutes.

g. Share information about perceived student, staff and community needs; and

h. Provide a mechanism for interaction among teachers, support personnel and clinical staff.

Note: It is important that the Principal retain control and authority in the building; students, faculty, parents and the community will look to the Principal for leadership and stability. Other Administrators and the Crisis Coordinating Committee should support the Principal’s role, providing direction and advice to him/her, as appropriate. If possible, the Principal should make personal daily contact with injured students and families.

Also Note: Personnel who have been directly involved in the disaster may be traumatized; additional support and/or temporary relief from decision making processes may be needed.

9. Provide follow-up counseling sessions for staff, faculty and transportation personnel, emergency workers (e.g., police, rescue squads or hospital staff) and Crisis Team members, as needed.

10. Obtain a trained trauma counselor to debrief traumatized teachers, students, support personnel and community members.
Appendix B (Continued)

D. Long-term Response

By the second or third day of the crisis, district personnel should be assigned by the Superintendent and Building Administrator to:

1. Meet with the Crisis Coordinating Committee to determine long-term needs;
2. Arrange for replacement counselors, if needed;
3. Arrange for long-term clinical personnel (District, County, State, Private) to be available for intervention or referrals;
4. Identify high-risk individuals and arrange for continued support services;
5. Designate an individual to document and summarize the Crisis Response efforts in a written report;
6. Review staffing patterns in anticipation of increased mental health needs in the school(s) and community;
7. Meet with representatives of mental health intervention resources to ensure that the “hand-off from the crisis phase to the long-term phase is organized, defined and efficient; and
8. Formally acknowledge, in writing, the voluntary contributions of all personnel engaged in the crisis response effort.
Appendix C
Orange Ulster BOCES
Sites of Potential Emergencies

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<th>Building</th>
<th>Potential Emergencies</th>
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<td>Special Ed Building 53 Gibson Road Goshen, NY 10924</td>
<td>Transportation Accidents</td>
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<td>Black Dirt Storms</td>
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<td>UST Leaks</td>
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<td>Career &amp; Tech Center 39 Gibson Road Goshen, NY 10924</td>
<td>Transportation Accidents</td>
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<td>Administration Building 53 Gibson Road Goshen, NY 10924</td>
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<td>Resource Center Bldg. 43 Gibson Road Goshen, NY 10924</td>
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<td>Regional Education Center at Arden Hill 4 Harriman Drive Goshen, NY 10924</td>
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<td>Newburgh Adult Learning Center 1 Washington Center Newburgh, NY 12550</td>
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<td>Proximity to Indian Pt.</td>
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<td>Middle Hope Elementary School 62 Overlook Drive Newburgh N.Y. 12550</td>
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<td>Adult Education @ Truman Moon ES 53 Bedford Avenue Middletown, NY 10940</td>
<td>Proximity to CPV Power Plant</td>
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Appendix D
Orange-Ulster BOCES
Job Description

1. **Title:** Para Greeter

2. **Responsibility:** The role of the Para Greeter is to give support to programs through activities related to school security specifically through welcoming and directing visitors. Work is performed under the supervision of the building administrator. Provides clerical support as requested.

3. **Reports to:** Administrator

4. **Training to carry out Primary Duties:**

   1. **The candidate will be trained by the School Resource Officer and Others designated by administration. Upon completion of the training the individual will be able to carry out the following Duties:**

      1. Serves as an appropriate role model to students, staff and the community.

         1. Arrives to work on time.
         2. Exhibits neat appearance and appropriate dress.
         3. Uses appropriate language within the school community.
         4. Respects confidentiality of information about students.

      2. **Contributes to a positive emotional climate within the building.**

         1. Demonstrates respect and reacts calmly and in a poised manner to visitors.
         2. Provides courteous service and directions re: school procedures for visitors.

      3. **Demonstrates a positive attitude toward the school community.**

         1. Participates in designated staff meetings and in-service activities according to contractual specifications.
         2. Seeks to communicate problems or concerns in a constructive manner to administrators and certified staff.
2. **General Duties**

   1. Monitors visitor activities in immediate area.
   2. Assists administrator in performing clerical duties (i.e. collating, sorting, and filing).
   3. Participates in workshops and in-service trainings and demonstrates level of understanding.
   4. Provides assistance to visitors (i.e. phone calls to programs) to locate staff and/or student.
   5. Maintains and keeps safe the visitor sign-in and sign-out register.
   7. Reviews register to ensure all sign-ins have corresponding sign-outs.
   8. Politely defers difficult situations to administrator.
   9. Responsible for ordering necessary registry materials and badges through assigned secretary.

**Hiring Practices**

A candidate must meet the minimum qualifications of the County of Orange Civil Service Commission requirements for Job Classification Specification Title # 1680. Upon fulfilling those requirements the candidate must pass the screening process described below.

**Screening**

Commissioner's Regulations require the district to request a fingerprint-supported criminal history background check for applicants for certification as well as for prospective employees. An individual has their fingerprints taken, and sends them to NYSED/OSPRA. OSPRA then electronically forwards properly completed fingerprint cards to the New York State Division of Criminal Justice Services (DCJS) and to the Federal Bureau of Investigation (FBI) for processing. DCJS and the FBI provides OSPRA with a copy of the individual's criminal history background, if any, so that OSPRA can make a determination on clearance for employment or certification. If there is no criminal history OSPRA will automatically issue a clearance. If there is a criminal history, the matter is reviewed by OSPRA to determine whether there is any basis for a possible denial of clearance. Full clearances for employment will be forwarded directly to the prospective school employee and the school district. A full clearance for employment does not entitle the individual to a job. Final employment decisions rest with the school district. In the event that the FBI criminal history report is delayed and there is no possible basis for denial based on the DCJS report, OSPRA may issue a conditional clearance for employment. A conditional clearance for employment would permit the school district to hire the prospective employee on a conditional basis while OSPRA is waiting for criminal history results from the FBI. A conditional clearance for employment does not entitle the individual to a job. Final employment decisions rest with the school district.
Appendix E
Orange-Ulster BOCES
Emergency Plan Definitions
Building Response Team or Emergency Response Team:

Designation of an emergency response team comprised of school personnel, local law enforcement officials and representatives from local, regional and/or state emergency response agencies, other appropriate incident response teams.

Chain of Command:

A series of management positions operating under the Incident Command System (ICS) in order of authority. Individuals in the chain of command may be from different agencies and positions.

Cleared and Sanitized Area:

A Place of Public Assembly, such as the auditorium or gymnasium, which is used to shelter students, faculty and staff after it has been thoroughly searched by trained school volunteers and law enforcement personnel for suspicious packages and objects.

Crisis Response Team:

A post-incident Crisis Response Team includes appropriate school personnel, medical personnel, mental health counselors and other groups who can assist the school and the community in coping with the aftermath of a violent or traumatic incident.

Incident Command System:

The Incident Command System, also known as ICS, is defined as a standardized on-scene emergency management system that allows multi-agencies to work together without any jurisdictional boundary problems.

Lockdown:

A procedure used when there is an immediate and imminent threat to the school building population. School staff and students are secured in the rooms they are currently in and no one is allowed to leave until the situation has been curtailed. This allows the school to secure the students and staff in place and remove any innocent bystanders from immediate danger. A lockdown is most commonly used when a building has an intruder.

Lockout:

This procedure allows no unauthorized personnel into the building. All exterior doors are locked and main entrance is monitored by administrators, security or school resource officer. This procedure allows the school to continue with the normal school day, but
curtails outside activity. A Lockout is most commonly used when incident is occurring outside the school building, on or off school property.

**School Safety Plan or Emergency Response Plan:**

Emergency Response Plans are developed by building-level school safety teams that include policies and procedures for the safe sheltering or evacuation of students, teachers, other school personnel as well as visitors to the school in the event of an emergency. The plan includes evacuation routes and shelter sites and procedures for addressing medical needs, transportation and emergency notification to persons in parental relation to a student.

**School Safety Team:**

Team appointed by principal in accordance with guidelines established by the board of education, chancellor or other governing body; responsible for developing the school building safety plan. Teams shall include but not be limited to representatives of teacher, administrator and parent organizations, school safety personnel and other school personnel, community members, local law enforcement officials, local ambulance or other emergency response agencies, and any other representatives the board of education, chancellor or other governing body deems appropriate.

**Short-Term Shelter in Place:**

A procedure which moves entire school(s) populations to single or multiple location(s) within a school building depending on the size of building(s) population. The receiving building has been cleared and sanitized. Short-Term Shelter in Place is most commonly used during bomb threats and weather emergencies.
APPENDIX E

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Appendix F
Orange-Ulster BOCES
Health & Safety Committee
Participants

Director of Operations
Assistant Director of Operations
Special Education Director
Special Education Principal
Special Education Nurse
Special Education Teacher Representative
Health & Safety Coordinator
Health & Safety Compliance Coordinator
Health & Safety Technicians
Custodial Supervisor
CTEC Principal
CTEC Teacher Representative
Custodial Leads
Director of Technology
Adult Education Director
Athletic Director
Director of Instructional Support Services
Student Representative
Parent Representative
Appendix G

POLICY Students

SUBJECT: STUDENT BEHAVIOR

The goal of the BOCES discipline policy is to ensure the right of all students to a productive and safe educational environment in which to learn the social skills appropriate to their development into mature, responsible adults accountable for their own actions.

The teacher should resolve any minor behavior problems that arise with students in class.

The Program Director, or his or her designee, other administrative staff and crisis trained support staff are available to the teacher in the event of a serious situation where student behavior necessitates supervisory intervention. Teachers are instructed to contact their supervisor or building administrator immediately in the event of serious student behavior problems and complete necessary documentation.

In crisis situations, where time is essential, the Program Director, administrator or teacher should take whatever action is appropriate to resolve the situation.

BOCES central administration, home school Principal, Committee on Special Education Representative, and parents should be notified when an emergency has occurred.

8 NYCRR Section 100.2(1)

Adopted: 7/14/16
Appendix H

Orange Ulster BOCES AED Protocol

Cardiac Science Units (Appendix H) revision 4

I. PURPOSE:
To establish a protocol for the use of the AED and to assist in the care of the Sudden Cardiac Arrest (SCA) victim.

II. LOCATION OF AED’S:
AED’s will be located in each of the student instructional school facilities and selected additional buildings of Orange-Ulster BOCES. The specific location of the AED in a building will be communicated to all faculty and staff members.

III. TRAINING REQUIREMENTS:
PERSONNEL AUTHORIZED TO USE AED’S
Each building with AED(s) is to maintain a list of personnel authorized to use the AED. These staff members will have current certification in CPR and use of the AED from an American Red Cross CPR/AED or American Heart Association program or another nationally recognized training organization. The staff member shall provide BOCES with a copy of their current certification. Training in the use of the AED by the staff shall be voluntary except for the School Nurse Teacher or School Nurse. The use of CPR and the AED in accordance with the training received and approved protocols shall be considered within the scope of the employment of the staff member. The trained and certified personnel present in the building shall constitute the Responder Core Team. In the event that a greater number of staff respond to an emergency than are needed, the administrator or in his/her absence the nurse shall determine the Responder Core Team.

IV. INDICATIONS FOR USE – AED:
In the event of an unresponsive individual on the grounds of or in any of the buildings of Orange-Ulster BOCES, the main office in that building is to be notified. 911 should be immediately called. The personnel in the main office shall announce on the building call system that there is a medical emergency at ________location, students and staff need to remain in place until further notice and anyone on the medical response team should report to the emergency location immediately. At least two members of the Responder Core Team shall go to the announced location of the patient, assess the patient and if necessary begin CPR. At least one other member of the Responder Core Team shall go the location of the AED and bring it to the scene of the unresponsive victim.

WARNING!! The Powerheart AED should be used only on a patient who has no circulation:

Unresponsive Not Breathing

*Apply the Powerheart AED if victim is:
• Unresponsive;
• Non-breathing; and,
• Eight (8) years old or greater.

(Continued on next page)

** Apply the Powerheart AED with caution if victim has:
• Nitroglycerin patch is on chest (remove nitroglycerin patch carefully, then apply Powerheart AED); or,
• Implantable pacemaker (pacemaker may interfere with rhythm analysis; do not place electrodes directly over pacemaker).

V. Procedure:

1. Assess scene safety:

Is the scene free of hazards?

Rescuer makes sure there are no hazards to them. Some examples are:
• Electrical dangers (downed power lines, electrical cords, etc.)
• Chemical (hazardous gases, liquids or solids, smoke, etc.)
• Harmful people (anyone that could potentially harm you)
• Traffic (make sure you are not in the path of traffic)
• Fire or flammable gases such medical oxygen, cooking gas, etc.

2. Determine if patient is:

Unresponsive Not Breathing

*Apply the Powerheart AED if victim is:
• Unresponsive;
• Non-breathing; and,
Eight (8) years old and greater. **DO NOT delay therapy to determine the patient’s exact age or weight

NOTE: When the patient is a child under 8 years of age or weighs less than 55 pounds, the AED should be used with Pediatric Attenuated Defibrillation Pads.

CALL EMERGENCY MEDICAL SERVICES!

** Apply the Powerheart AED with caution if victim has:
• Nitroglycerin patch on chest (remove nitroglycerin patch carefully, then apply Powerheart AED); or,
• Implantable pacemaker (pacemaker may interfere with rhythm analysis; do not place electrodes directly over pacemaker).

3. Open Lid:
A. Opening lid “turns on” the Powerheart AED.  B. Wait until the LEDs illuminate.

Follow Voice Prompts: The AED will prompt: “Stay calm. Follow these voice instructions. Make sure 911 is called now. Begin by exposing the patient’s bare chest and torso. Remove or cut clothing if needed.”

C. Remove clothing from the patient’s chest.
D. Ensure that the patient’s skin is clean and dry.
E. Dry the patient’s chest and shave excess hair if necessary.

4. Place Pads:

The AED will prompt: “When patient’s chest and torso are exposed, remove square foil package from lid of AED. Tear open foil package across dotted line and remove pads.”

1. Keeping the pads connected to the AED, tear open the package.
2. Remove the pads from the package. Leave the package attached to the pad wires.

The AED will prompt: “Next, separate one of the white pads completely from blue plastic liner. Begin peeling from the tabbed corner.”

3. With a firm, steady pull, peel one pad away from the blue plastic liner. It does not matter which pad to use.

The AED will prompt: “Firmly place the pad without the liner on the patient.”

4. Place the pad on the bare upper chest as shown.

The AED will prompt: “Next, peel the blue plastic liner off of the second white pad. Firmly place the second pad on the opposite location, exactly as illustrated.”

5. Pull the blue liner from the second pad.
6. Place the pad on the bare lower chest as shown.

5. Analyze the ECG

The AED will prompt: “Do not touch the patient. Analyzing heart rhythm. Please wait.” The AED begins analyzing the cardiac rhythm of the patient.

1. Do not touch the patient.
2. Wait for the next prompt.
APPENDIX H

Step 6: Deliver the Shock

The AED will prompt: “Preparing shock. Move away from the patient.” Ensure that no one is touching the patient.

For the Powerheart AED: When the AED is ready to deliver a defibrillation shock, the shock button flashes. The AED will prompt: “Press red flashing button to deliver shock.”

1. Ensure that no one is touching the patient
2. Press the shock button.

If you do not press the shock button within 30 seconds of hearing the prompt, the AED disarms the charge and prompt you to start CPR.

For the Powerheart AED Automatic: The AED will prompt “Shock will be delivered in three, two, one.” The AED delivers a shock.

1. Ensure that no one is touching the patient.

After the AED delivers the defibrillation shock the AED will prompt “Shock delivered. It is now safe to touch the patient.”

Illuminated SHOCK button

Step 7: Administer CPR

After the AED delivers a shock or detects a non-shockable rhythm, it enters CPR mode.

When the AED prompts: “Place the heel of one hand on center of chest between nipples. Place heel of other hand directly on top of first hand. Lean over patient with elbows straight. Press the patient’s chest down rapidly one-third depth of chest, then release.”

Give the patient chest compressions:

1. Place the heel of one hand on the chest between the nipples.
2. Place the heel of the other hand on top of the first hand.
3. Lean over the patient, keeping your elbows straight.
4. Press the patient’s chest down rapidly one-third the depth of the chest, then release.

The AED will prompt: “When instructed give 30 rapid compressions. Then give two breaths. Start CPR.” “Stop compressions.” “Give breath (repeated).” “Continue with compressions.”

1. Stop the chest compressions.
2. Give the patient two breaths.
3. Give the patient chest compressions, as directed above. Follow the countdown timer on the text display for the number of compressions and breaths.
This cycle continues until the CPR time expires. At the end of CPR, the AED prompts, “Stop CPR”. The AED returns to the ECG Analysis Mode.

If the patient is conscious and breathing normally, leave the pads on the patient’s chest connected to the AED. Make the patient as comfortable as possible and wait for Emergency Medical Services (EMS) personnel to arrive. Continue to follow the voice prompts until the EMS personnel arrive, or proceed as recommended by the medical director.

VI. Emergency Health Care Provider Direction:

Emergency Health Care Provider Direction for Orange Ulster BOCES will be provided by Orange-Regional Medical Center. Medical direction will include the following items:

- Development and review of policies and procedures defining the standards of patient care and utilization of the AED.
- Review of response documentation and rescue data for all uses of any BOCES AED.
- Oversight of the initial and continuing AED training.
- Provide advice regarding the medical care of those in need of such care.

VII. Quality Improvement Program:

The Orange Ulster BOCES AED Reporting Form must be completed for each use of the AED. The Coordinator of Health and Safety and the Emergency Health Care Provider should review this form. Additionally, the rescue data should be reviewed for appropriate treatment.

VIII. Basic Maintenance:

**DAILY**

A daily sign-off log will be prepared by BOCES Health & Safety/Risk Management. A log for each AED will be posted by each AED and will be initialed after the status indicator is checked. The Building Administrator will appoint a person, and 2 alternates – one of those would act if the designated person is absent from the building. One of these persons will perform the daily check of the status indicator to ensure it is green. When the indicator is green, the unit is ready for a rescue. If the indicator is red, contact Health & Safety/ Risk Management Department immediately at 781-4887.

**ANNUALLY**

The annual maintenance is performed by Health & Safety/ Risk Management Department to confirm that the Powerheart AED’s Rescue Ready® diagnostics are functioning properly and verify the case and accessory integrity.

IX. Reporting:
The form on the following page must be completed on all uses of any BOCES AED. The AED Reporting Form is to be faxed by the end of the shift on the day of the use of AED to BOCES Health & Safety/Risk Management at (845) 781-4887.
Orange/Ulster BOCES AED Reporting Form

Name of Organization providing PAD: ________________________________________________________

Date of Incident: ____________________________          Time of Incident: __________________________

Site of Incident: __________________________________________________________________________

Patient Information:  Name: ____________________________
                       Address: __________________________________________

Age: _______  Gender: Male ☐  Female ☐

Was Arrest Witnessed:  Yes ☐  No ☐

Estimated time from arrest to first AED shock: ___________ Minutes or Unknown (check box) ☐

Estimated time from arrest to CPR: ______________________ Minutes or Unknown (check box) ☐

CPR initiated by:  Bystander ☐  Staff ☐  Other:_____________________________________________

Total Number of Shocks Administered to Patient: _______________________________________________

Name of Transporting Ambulance Service: ______________________________________________________

Transport Ambulance Run Number (PCR):_____________________________________________________

Transported to:  Name of Hospital: __________________________________________________________

Patient’s Outcome At Incident Site (check all that are applicable):

Regained Pulse ☐  Became Responsive ☐

Did Not Regain Pulse ☐  Became Unconscious ☐

Other:____________________________________________

Additional Comments: _____________________________________________________________

_____________________________________________________________________________________

User’s Name: ________________________

User’s Signature: __________________
The BOCES Health & Safety/Risk Management will do the following after any AED use:

1. Remove used PC data card and replace it with a new one or download the data from the Powerheart AED. Check and complete data card or the downloaded data with all patient information and attach to incident report.
2. Notify Emergency Health Care Provider * by sending a copy of the AED Reporting Form and the data from the AED.
3. The AED Reporting Form is to be faxed to the HVREMSCO ** Office by the end of the day of receiving notification of an AEDs use.
4. Complete student/faculty incident report and forward the report to the Deputy Superintendent’s office.
5. Copy of incident report and data card or downloaded information will be maintained by Coordinator of Health and Safety.
6. Restock electrode pads, batteries, razors, gloves and disposable towels. Inspect all supplies for any damage, expiration dates and required replacement.
7. Clean the AED. Inspect the exterior and connector for dirt or contamination.
8. Notify staff AED is back in service.

* Emergency Health Care Provider
Orange Regional Medical Center/Middletown Campus
Dr. Anthony Ruvo
Medical Director of Emergency Services
60 Prospect Avenue
Middletown, NY 10948

** HVREMSCO

HUDSON VALLEY REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL, INC.
259 ROUTE 17K – FIRST FLOOR
PHONE (845) 567-6740
FAX (845) 567-6730
Appendix I
Pandemic Influenza Prepareness Plan

The complete Orange-Ulster BOCES Plan
As Approved on March 26, 2007
Follows
Pandemic Flu

Introduction:

A pandemic is an epidemic that spreads rapidly around the world with high rates of illness and death. Although people are exposed to different strains of the flu virus every year, history has shown that several times each century, entirely new flu strains develop. Because no one has had a chance to develop immunity to the new flu strain, it can spread rapidly and widely. If the changed virus causes serious illness and easily spreads from person to person, a pandemic can occur.

Pandemics are different than seasonal flu outbreaks. Seasonal flu outbreaks are caused by small changes in influenza viruses that people have already been exposed to. A new flu vaccine is developed each year to protect people against the expected changes in existing viruses. That's why annual flu shots are needed and are effective. But since an influenza pandemic is caused by an entirely new strain of flu virus, preparing a vaccine in advance is not as simple as it is for seasonal flu.

The outbreak of a pandemic flu can cause major disruptions throughout the community and the nation. Although potentially devastating, through proper planning and response the effects of an outbreak can be dealt with in a timely and efficient manner. The purpose of this section is to help minimize the impact of a pandemic flu upon the operations of the district. Additionally, through timely notification and education for students, staff and parents of the district, it is hoped that the impact upon the community can also be lessened.

NOTE: As evidenced pandemic flu incidents in previous years, the size, scope and severity of the event may dictate a change in district procedures. It is imperative to keep abreast of developing pandemic flu concerns and communicate regularly with the Orange County Department of Health for proper guidance.

Communicable Disease Notification:

Due to the nature of how a pandemic flu would start, its spread could possibly be tracked. With this said, there may be warning signs that the pandemic is getting nearer. In order to accurately time the proper action steps for a pandemic, it is imperative that the school district work closely with the local health department to determine if a pandemic flu has reached our area. It is possible that a pandemic flu could initially be mistaken for some other type of illness or it could hit our area in the first wave. In any case, it is important that any notification of a communicable disease be responded to
and evaluated by proper authorities in order to determine the proper course of action relative to the disease.

The following checklist should be used whenever a notification is received from any source regarding a communicable disease outbreak:

**CONTAGIOUS DISEASE OUTBREAK**

**SEQUENTIAL RESPONSE ACTIONS:** This checklist is to be used to assist school officials to respond to a notification of a communicable disease. *(If notified by the Orange County Department of Health about a pandemic outbreak in the area utilize the district’s “Pandemic Flu Outbreak Plan” outlined in this section.)*

1. Upon notification of a communicable disease from any source, confirm the report with the:
   - Orange County Department of Health (845) 291-2332
   - The physicians’ office or hospital (If written notice is delivered by student or parent.)
     a. If confirmed by the physician or hospital, contact the Orange County Department of Health.

3. Notify the following district officials:
   - Superintendent
   - Director of Pupil Personnel & Special Services
   - Nurse Practitioner
   - Building principals or designees (see Emergency Telephone List)

3. Assemble a team to evaluate the situation and determine plan of action. Team should include: Building Administrator, School Nurse, Nurse Practitioner, and Orange County Health Dept. Official. *(Based on the scope and nature of the disease, a Health Department Official may not be able to physically attend a meeting and will provide guidance via telephone.)* The team will identify:

   - Source of contagion
     o Airborne or direct contact spread.
     o How contagious is the disease?
     o How many people are affected at this time?
     o What is the incubation period?
     o Will there be more cases expected?
This will determine if:

- School will remain open during this period.
- School will be closed until contagion is identified or still at risk of spreading.
- If mass vaccination or testing will be performed on students/faculty/staff.

4. Letters to parents/faculty and staff that identify the contagious condition of a student or students at the school should be distributed. Indicate that direction is taken from the County Health Department, and give an outline of the school district’s plan. Provide telephone numbers and web sites to families regarding further information related to the communicable disease. Include an information sheet on the applicable communicable disease. This information can be found at http://www.health.state.ny.us/diseases/communicable/index.htm

5. Give clear concise directions to the custodial staff in the affected building. Take direction from the county regarding disinfection efforts. Make sure efforts for cleaning is throughout the entire building and not targeted to one classroom or location.

6. Prepare a press release and anticipate calls or visits from news agencies. Ensure a single point of information release is maintained, preferably through the designated district PIO (Public Information Officer).

7. If deemed necessary, schedule community meetings to answer questions and update information as needed.

8. It may be necessary to activate the critical incident counseling team in response to loss of life or other trauma brought on by the incident.

9. Upon conclusion of the incident a debriefing should be conducted and the checklist reviewed and revised as needed.
How to Use the Pandemic Flu Plan

Step One:

Prior to any reports of increased pandemic flu activity, review all information contained in this plan in order to designate key personnel and or teams for support roles and to become familiar with actions to be taken during increased alert levels. Particular attention should be paid to the section entitled **Pandemic Response Planning Considerations**.

Step Two:

As the threat of a pandemic flu begins to develop, review the **World Health Organization (WHO) Alert Phase Chart** on page 122 for a short description of the current alert phase.

Step Three:

As cases of pandemic flu increase based on current information from NYS health officials, the Orange County Department of Health and the World Health Organization, a decision will be made by the superintendent of schools, in consultation with the Orange County Health Department, on the appropriate **District Pandemic Alert Level** (Green, Orange, Yellow or Red). The district alert level would typically fall in line with the current WHO Alert Phase.

Step Four:

After determining the appropriate District Pandemic Alert Level (Green, Orange, Yellow or Red) the applicable **Pandemic Response Actions** will be initiated as directed. Additionally, All administrators will review the section of this plan entitled **Pandemic Response Planning Considerations** and implement applicable actions.
World Health Organization (WHO) Pandemic Alert Phases

The World Health Organization (WHO) established six influenza response alert phases as part of its Global Influenza Preparedness Plan. The information below shows the six phases along with the public health goals associated with each phase.

### W.H.O. PANDEMIC ALERT PHASE CHART

<table>
<thead>
<tr>
<th>PHASES</th>
<th>PUBLIC HEALTH GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpandemic phase</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 1. Low Risk of Human Cases</strong></td>
<td>Strengthen influenza pandemic preparedness at the global, regional, national and local levels.</td>
</tr>
<tr>
<td>No new influenza virus subtypes have been 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 to be low.</td>
<td></td>
</tr>
<tr>
<td><strong>Phase 2. Higher Risk of Human Cases</strong></td>
<td>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</td>
</tr>
<tr>
<td>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</td>
<td></td>
</tr>
<tr>
<td><strong>Pandemic alert</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 3. No or very limited human-to-human transmission</strong></td>
<td>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</td>
</tr>
<tr>
<td>Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</td>
<td></td>
</tr>
<tr>
<td><strong>Phase 4. Evidence of increased human-to-human transmission</strong></td>
<td>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</td>
</tr>
<tr>
<td>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</td>
<td></td>
</tr>
<tr>
<td><strong>Phase 5. Evidence of significant human-to-human transmission</strong></td>
<td>Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.</td>
</tr>
<tr>
<td>Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</td>
<td></td>
</tr>
<tr>
<td><strong>Pandemic period</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 6. Efficient and sustained human-to-human transmission</strong></td>
<td>Minimize the impact of the pandemic.</td>
</tr>
<tr>
<td>Pandemic: increased and sustained transmission in general population.</td>
<td></td>
</tr>
</tbody>
</table>
The world is presently in Phase 3: a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently and being sustainable among humans.

**World Health Organization / Orange-Ulster BOCES Response Alerts**

Orange-Ulster BOCES will use the WHO Pandemic Alert Phases as its basis for implementing a District Pandemic Alert Level. The district will then combine this information, along with information from the local health department regarding the types of transmission currently affecting the population and the location of outbreaks, in order to implement the correct district response level.

Although it may be possible to track the general course of a pandemic, there are too many variables to predict the exact nature of when and how a pandemic will strike our area. In order to ensure the latest information is factored into any district decisions, it is imperative that the district maintains communication with the local health department and be prepared to implement changes to the alert levels based on their advice and guidance.

### DISTRICT PANDEMIC ALERT LEVEL CHART

<table>
<thead>
<tr>
<th>Alert Phases</th>
<th>Phase Description</th>
<th>WHO Alert Phases</th>
<th>District Pandemic Alert Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-pandemic phase</td>
<td>Low risk of human cases</td>
<td>1</td>
<td>Planning and Preparation</td>
</tr>
<tr>
<td>New virus in animals, no human cases</td>
<td>Higher risk of human cases</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pandemic alert</td>
<td>No or very limited human-to-human transmission</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>New virus causes human cases</td>
<td>Evidence of increased human-to-human transmission</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Evidence of significant human-to-human transmission</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Pandemic</td>
<td>Efficient and sustained human-to-human transmission</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>
District Pandemic Alert Levels

In addition to using the WHO Pandemic Alert Phases to help determine the District Pandemic Alert Level, the district will also utilize current local information gathered from local health department sources.

Based on the established District Pandemic Alert Level, the district will perform certain activities as dictated by the following tables. These activities will be relative to the current threat.

**LOCAL PANDEMIC INFORMATION CHART (County Health Dept. Information)**

<table>
<thead>
<tr>
<th>What type of transmission is confirmed?</th>
<th>Where are the cases?</th>
<th>Are there cases in New York or Orange County?</th>
<th>District Pandemic Alert Level</th>
</tr>
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<td>Person-to-person transmission</td>
<td>Anywhere outside North America</td>
<td>No</td>
<td>Planning &amp; Preparation</td>
</tr>
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<td>Anywhere inside North America (except New York)</td>
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<td>1</td>
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<td>In New York State</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
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<td>In Orange County</td>
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<td>3</td>
</tr>
<tr>
<td>Planning &amp; Preparation Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td></td>
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</table>

- Monitor national situation through communication with County of Orange and NYS Departments of Health.
- Communicate with other districts, BOCES, police, health services, media relations and other departments for planning efforts.
- Brief the superintendent on a regular basis and identify essential staff that can maintain the district’s facilities operations during an emergency.
- Meet and coordinate activities with County of Orange DOH Public Health Officials.
- Review the plan for the district’s response to Pandemic Influenza outbreak.
- Develop a policy for suspension of classes due to a Pandemic Influenza outbreak.
- Determine the roles and the responsibilities of faculty and staff to prevent the spread of influenza.
- Decide how and when to encourage or require students, faculty & staff to stay home when they are mildly ill.
- Ensure that standardized surveillance/disease recognition procedures are in place and implemented.
- Educate students, faculty and staff on how and why it is important to improve personal hygiene. Use simple non-medical ways to reduce the spread of influenza such as covering coughs and sneezes, washing hands and staying home if you’re sick.
- Work with County of Orange DOH Public Health Officials to determine whether the schools should be cleaned differently or more often if a pandemic occurs.
- Consider alternate learning strategies such as collaborative agreements with public television or local cable access stations, teleconferencing, lessons on CDs or online for children with Internet access at home.
- Review the health needs of students. Some students may have a greater risk of infection. Encourage those families to talk to their health care provider. Some may need to be more cautious in keeping children at home.
- Acquire HEPA Air Filter Units and N-95 respirators for Health Offices and School Nurses, surgical masks, disinfecting wipes for B&G staff to sanitize door knobs and other surfaces and waterless hand sanitizer systems for faculty, staff, students and visitors.
- Train nurses, faculty and staff in flu-symptom recognition.
- Remember that a person who is infected doesn’t show symptoms right away. Children who are getting ill may exhibit different behavior than usual, such as eating less or being irritable.
- Educate staff, students and parents about the differences between annual/seasonal flu, bird flu or any flu-like illness, and what could occur in a pandemic.
Level 1
Anywhere inside North America
(Except New York)

- Essential Health Office staff will receive N-95 respiratory protection training and fit testing.

- Provide updates to the BOE on a periodic basis and discuss what information is being given to District Wide Health and Safety Committee.

- Meet to discuss methods to provide regular updates to staff, students and parents on preparedness and response activities. The team should meet approximately once a month.

- District Wide Health and Safety Committee will meet with BOCES Risk Management to be informed of the provisions of New York State Executive Law 2-B and NYS Public Health Laws which authorize officials to order certain actions (i.e. The County Commissioner of Health has the authority to suspend mass gatherings or to order schools to close for a specific period of time).

- Begin Heightened Surveillance Reporting.

- Send out Parent Letter #3 initial Outbreak, informing parents that schools remain open; include tip sheets and informational resource list.

- Work with County of Orange DOH Public Health Officials to issue a press release announcing that schools remain open but parents need to prepare.

- Post flu prevention signs throughout school facilities and administrative offices.

- Encourage all students, faculty and staff to wash their hands thoroughly with soap and water before eating, after bathroom use and after sneezing and coughing. When hand washing is not possible, school should consider providing hand sanitizing rubs that contain at least 60% alcohol. Alcohol-based sanitizers cause skin dryness, irritation and rashes so provide an emollient, lotion or cream for moisturizing.

- Make sure any additional cleaning is carried out throughout the building and not targeted to one classroom or site.
## APPENDIX I

### PANDEMIC RESPONSE ACTIONS

#### Level 2

**Anywhere in New York**  
(In addition to Level 1 actions)

- Distribute N-95 respirators and surgical masks to Health Offices for issuing to district community as specified by the Orange County Commissioner of Health.
- Consider possible restrictions to athletic events, vendors, visitors and conferences/group activities.
- BOCES Risk Management will review the situation with the Orange County Health Department as the pandemic progresses (or at least weekly) and provide updates to the BOE and superintendent.
- Prepare for calls to the schools from parents seeking information. Be prepared to direct parents to the proper source for more information. All schools should have information on a variety of pandemic, educational, and health resources.

#### Level 3

**In Orange County**  
(In addition to Level 2 actions)

- BOCES Risk Management, after consultation with the Orange County Department of Health, will explain details to the BOE of the suspension of certain activities, including sporting events, field trips, fine art performances and other large group activities as specified by the Orange County Commissioner of Health.
- BOCES Risk Management, after consultation with the Orange County Department of Health, will explain details to the BOE that activities at district cafeterias, dining and other rooms i.e. (faculty rooms) be suspended as ordered by the O. C. Commissioner of Health.
- BOCES Risk Management, after consultation with the Orange County Department of Health, will explain details of the order to BOE to close school as a means to prevent the further spread of pandemic influenza. Issue parent letter #4
- BOCES Risk Management, after consultation with the Orange County Department of Health, will explain details to the BOE of the order to re-open schools. Issue parent letter # 5.
- Return to Heightened Surveillance Reporting.
- Continue monitoring the national situation through communication with County of Orange and NYS Departments of Health.
- If students show signs of illness start Level 3 procedures again.
Pandemic Response Planning Considerations

In order to effectively deal with the negative impact of a pandemic flu upon the operations of the school district, it is imperative that plans are developed that encompass a variety of actions and circumstances. Through proper planning it is possible to identity potential pitfalls and develop appropriate mitigation methods.

Pandemic Awareness Education:

Prior to, and throughout the course of a pandemic, there is information that needs to be shared with students, staff, faculty and families that will help them prepare for and or respond to the effects of an outbreak. At certain points, depending on the current District Pandemic Alert Level, there will be requirements to provide education on pandemic related topics.

Students (Planning and Preparation Level)

- Educate students on how and why it is important to improve personnel hygiene. Use simple non-medical ways to reduce the spread of influenza through proper hand washing, covering coughs and sneezes appropriately and staying home if you are sick.
- Educate students about the differences between annual/seasonal flu, bird flu or any like illness, and what could occur in a pandemic.
- Educational Media:
  - Classroom instruction
  - Handouts

Students (Level 1 Alert)

- Continue student education through the posting of flu prevention signs throughout all buildings.
- Continue student education by encouraging and mirroring acceptable hygiene methods. Highlight the importance of frequent hand washing, particularly before eating, after bathroom use and after coughing or sneezing.
- Continue student education through daily PA announcements on proper measures to take to reduce the spread of influenza.
- Educational Media:
  - Faculty reinforcement of learned hygiene skills.
  - Handouts
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)
Students (Level 2 Alert)

- Continue student education by encouraging and mirroring acceptable hygiene methods.
- Continue student education through daily PA announcements on proper measures to take to reduce the spread of influenza.
- Educational Media:
  - Faculty reinforcement of learned hygiene skills.
  - Handouts
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Students (Level 3 Alert)

- Continue student education by encouraging and mirroring acceptable hygiene methods.
- Continue student education through daily PA announcements on proper measures to take to reduce the spread of influenza.
- If schools are closed, provide alternative instruction methods. (See page XX)
- Educational Media:
  - Faculty reinforcement of learned hygiene skills.
  - Handouts
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Faculty/Staff (Planning and Preparation Level)

- Educate faculty and staff on their roles and responsibilities in helping to prevent the spread of influenza.
- Educate faculty and staff on how and why it is important to improve personnel hygiene. Use simple non-medical ways to reduce the spread of influenza through proper hand washing, covering coughs and sneezes appropriately and staying home if you are sick.
- Educate faculty and staff about the differences between annual/seasonal flu, bird flu or any like illness, and what could occur in a pandemic.
- Train staff in influenza symptom recognition.
- Educational Media:
  - Faculty and staff meetings
  - Handouts
  - Staff newsletters
Faculty/Staff (Level 1 Alert)

- Continue faculty and staff education through the posting of flu prevention signs throughout all buildings.
- Encourage good hygiene practices, particularly frequent hand washing.
- Provide informational updates to faculty and staff as they become available.
- Educational Media:
  - Faculty and staff meetings
  - Handouts
  - Staff newsletters
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Faculty/Staff (Level 2 Alert)

- Provide informational updates to faculty and staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Faculty and staff meetings
  - Handouts
  - Staff newsletters
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Faculty/Staff (Level 3 Alert)

- Provide informational updates to faculty and staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Faculty and staff meetings
  - Handouts
  - Staff newsletters
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)
  - Mailings

Nurses (Planning and Preparation Level)

- Educate nurses on how to recognize the signs and symptoms of influenza.
- Educate nurses on the proper means to maintain surveillance of influenza cases.
- Train nurses on the proper use of N-95 respirators (include fit test) and surgical masks.
- Educational Media:
APPENDIX I

- Staff meetings
- Classroom instruction (Conference days or other training days.)
- Handouts
- Health bulletins

Nurses (Level 1 Alert)
- Provide informational updates to nursing staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Memorandums
  - Health bulletins
  - Staff meetings
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Nurses (Level 2 Alert)
- Provide informational updates to nursing staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Memorandums
  - Health bulletins
  - Staff meetings
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Nurses (Level 3 Alert)
- Provide informational updates to nursing staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Memorandums
  - Health bulletins
  - Staff meetings
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)
Custodial Staff (Planning and Preparation Level)

- Educate custodial staff on how and why it is important to improve personnel hygiene. Use simple non-medical ways to reduce the spread of influenza through proper hand washing, covering coughs and sneezes appropriately and staying home if you are sick.
- Educate custodial staff about the differences between annual/seasonal flu, bird flu or any like illness, and what could occur in a pandemic.
- Train custodial staff in influenza symptom recognition.
- Train custodial staff in the proper way to perform disinfection as a means to control the spread of influenza. Include information about the importance of PPE.
- Educational Media:
  - Classroom instruction
  - Staff meetings

Custodial Staff (Level 1 Alert)

- Provide informational updates to custodial staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Staff meetings
  - Memorandums
  - Handouts
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Custodial Staff (Level 2 Alert)

- Provide informational updates to custodial staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Staff meetings
  - Memorandums
  - Handouts
  - Posters (General hygiene and flu topics.)
  - PA announcements (General hygiene and flu topics.)

Custodial Staff (Level 3 Alert)

- Provide informational updates to custodial staff as they become available.
- Encourage good hygiene practices, particularly frequent hand washing.
- Educational Media:
  - Staff meetings
APPENDIX I

- Memorandums
- Handouts
- Posters (General hygiene and flu topics.)
- PA announcements (General hygiene and flu topics.)

Parents/Guardians (Planning and Preparation Level)

- Educate parents/guardians on pandemic related concerns such as how to control the spread of infection through implementing good hygiene practices in the home and the difference between seasonal flu-bird flu and pandemic flu.
- Educational Media:
  - Mailings
  - Student carry home handouts
  - District web site
  - School newsletters

Parents/Guardians (Level 1 Alert)

- Provide updated information to parents/guardians on pandemic flu as dictated by the current threat.
- Educational Media:
  - Mailings
  - Student carry home handouts
  - District web site
  - School newsletters

Parents/Guardians (Level 2 Alert)

- Provide updated information to parents/guardians on pandemic flu as dictated by the current threat.
- Educational Media:
  - Mailings.
  - Student carry home handouts
  - District web site
  - School newsletters

Parents/Guardians (Level 3 Alert)

- Provide updated information to parents/guardians on pandemic flu as dictated by the current threat.
- Educational Media:
  - Mailings
  - Student carry home handouts
Operational Continuity

Operations and Maintenance Operational Continuity:

An inherent part of planning for the effects of a pandemic flu outbreak is to consider the operational aspects of the district during normal operations and periods of mandated school closures. This section will provide general information related to Operations and Maintenance activities and operations.

Normal Operations (Planning and Preparation Level)

- Acquire training as outlined under the Pandemic Awareness Education section on page 128.
- Ensure surface areas are cleaned regularly. Utilize disinfectant hand wipes on heavily used areas such as door knobs and light switches.
- Maintain appropriate staffing levels in all buildings and respond to increased influenza outbreaks by increasing frequency of surface disinfection.
- Acquire stockpiles of hand sanitizers, surgical masks, N-95 respirators, and non-latex examination gloves. Keep additional stores of disinfectant on hand in order to respond to increased outbreaks.
- Meet with Orange County Health Department officials to determine proper cleaning and disinfection protocols during increased pandemic alert levels.

Normal Operations (Level 1 Alert)

- Continue normal disinfection and cleaning protocols and increase frequency based on local outbreaks.
- Maintain stockpiles of items identified above.

Normal Operations & School Closures (Level 2 Alert)

- NOTE: School may be closed at this stage.
- Increase cleaning and disinfection frequency.
- Distribute stockpiled material to schools as needed and or directed.
- School Closures:
  - Assign custodial staff to their normal locations.
As staffing levels fall due to illness, redistribute staff as appropriate. If needed redistribute Operations and Maintenance staff based on needs not job title.

Ensure adequate staff is available to maintain facility mechanical systems.

Normal Operations & School Closures (Level 3 Alert)

- NOTE: School may be closed at this stage.
- Increase cleaning and disinfection frequency.
- School Closures:
  - Assign custodial staff to their normal locations.
  - As staffing levels fall due to illness, redistribute staff as appropriate. If needed redistribute Operations and Maintenance staff based on needs not job title.
  - Ensure adequate staff is available to maintain facility mechanical systems.

Food Service Operational Continuity:

Although food service operations are not needed during periods of school closure, there may be times during a pandemic when schools remain open. During these times it is important for food service to develop contingency plans.

- Food service department should prepare for periods of staff shortages.
  - Consider reducing the number of items being served.
  - Serve cold lunches only.
  - Redistribute staff based on shortages.
- Food service department must plan for minimizing exposure of students to illness.
  - Consider distributing packed bag lunches for eating in classrooms rather than cafeteria.
  - Consider serving food bulk style to classrooms.
  - Consider providing bottled water for use in the schools in order to minimize use of fountains.
  - Consider the use of masks for servers.

Nursing Operational Continuity:

During certain phases of a pandemic flu, school nurses play an integral part in helping to reduce its effects by identifying infection in students and staff, tracking and reporting influenza cases, and providing care for the sick until they can be turned over to the
appropriate care taker. In order to operate effectively under the adverse conditions of a pandemic, school nurses must implement certain measures.

Normal Operations (Planning and Preparation Level)

- Implement and or review procedures for the standardized surveillance/disease recognition.
- Review the health needs of students. Some students may have a greater risk of infection. Encourage those families to talk to their health care provider.
- Be prepared to answer general questions from parents/guardians regarding pandemic flu, bird flu, and seasonal flu.
- Identify additional rooms for use as auxiliary health offices. If large enough, consider using as the main health office.
- Identify areas that must be handled by a registered nurse and train other staff to perform certain medical support tasks. (Building Response Team personnel should be the first choice.)
- Coordinate methods of communication between the nurses’ office and attendance in order to track illnesses. Include methods for both staff and student attendance information.

Normal Operations (Level 1 Alert)

- Ensure N-95 respirators and additional supplies of surgical masks, non-latex examination gloves and hand sanitizer have been received. (Stored by Operations and Maintenance in district warehouse.)

Normal Operations & School Closures (Level 2 Alert)

- **NOTE: School may be closed at this stage.**
- Continue surveillance/disease recognition and heightened reporting.
  - Prepare to issue N-95 respirators and surgical masks as directed by health department officials.
  - Prepare for increased phone calls from parents/guardians. Have additional resource information available.
  - Communicate with the district Nurse Practitioner’s office regarding nursing shortages for your facility.
  - Open auxiliary health office or move operations to the auxiliary office as needed.
• Consider the use of the Building Response Team for additional support if overwhelmed with sick students. (The building administrator must activate this team.)

• **School Closures:**
  o Report to work if directed.

**Normal Operations & School Closures (Level 3 Alert)**

• **NOTE:** School may be closed at this stage.
• Continue surveillance/disease recognition and heightened reporting.
  • Prepare for increased phone calls from parents/guardians. Have additional resource information available.
  • Communicate with the district Nurse Practitioner’s office regarding nursing shortages for your facility.
  • Open auxiliary health office or move operations to the auxiliary office as needed.
  • Consider the use of the Building Response Team for additional support if overwhelmed with sick students. (The building administrator must activate this team.)

• **School Closures:**
  o Report to work if directed.
  o As school reopens, prepare to continue level 3 alert protocols. In particular, attention should be paid to surveillance in order to identify additional response actions.

**Surveillance and Reporting Protocols**

In order to assist in determining the size and scope of a pandemic flu as it finds its way into the local area, it is important that Orange County Health Department officials are provided with the latest information on flu-like illnesses. A component of this early detection and notification are the school nurses. Orange-Ulster BOCES will work closely with the Orange County Health Department to track the progress of pandemic flu and its impact on the attendance of students and staff.

**School Level Monitoring & Reporting: (Nurses)**

• Teach students, staff and parents healthy habits to prevent illness.
• Teach procedures of care to provide for those who are ill.
• Teach staff, students and parents measures to limit the spread of the flu.
  ▪ Hand, cough and sneeze hygiene
  ▪ Social distancing
School Nurses will continue to send completed Monthly Report Forms to the Nurse Practitioner as per current district procedure. This report provides an accounting of monthly activity in the Health Office, including number of students seen for illness and communicable disease and number of students sent home for illness (fever, new cough, rash, vomiting).

School Nurses will report any flu-like illnesses and absences to the Nurse Practitioner. This includes any fever of more than 100 degrees Fahrenheit and cough and/or sore throat (in the absence of a known cause). Other symptoms may include nasal congestion, muscle aches and fatigue.

In the event that there is an increased risk of pandemic flu (District Pandemic Alert Level 1), the monthly monitoring will change to weekly. Weekly monitoring of staff attendance will also begin. If the Orange County Health Department determines that there is person-to-person transmission of the new virus within New York State (District Pandemic Alert Level 2), heightened surveillance monitoring will be changed to daily reports of flu-like illness and absences for both staff and students.

**District Level Monitoring & Reporting:**

- Conduct training for district nurses on contagious disease recognition/surveillance procedure.
- Teach students, staff and parents healthy habits to prevent illness.
- Teach procedures of care to provide for those who are ill.
- Teach staff, students and parents measures to limit the spread of the flu.
  - Hand, cough and sneeze hygiene
  - Social distancing
- Staff or students with any flu-like illness (fever of more than 100 degrees Fahrenheit and cough and/or sore throat (in the absence of a known cause) will be required to stay home. If symptoms occur while at work or school, they will be excluded and referred for appropriate medical care.
- Monthly Report Forms from each district building will be reviewed and compiled, noting any significant increase in student illness or absences.
- At District Pandemic Alert Level 1 (person to person transmission of new virus anywhere inside North America, but none within New York), weekly monitoring reports of students and staff illness and attendance will be reviewed and shared with the Superintendent of Schools and the Nurse Practitioner. The information will also be forwarded to the Orange County Health Department who will monitor it along with the statistics for the entire county.
  - If the District Pandemic Alert Level rises to level 2, heightened surveillance monitoring will be changed to daily reports and this information will be forwarded to the Superintendent of Schools, the Nurse Practitioner and the Orange County Department of Health.
Bus Service Operational Continuity:

Normal Operations (Planning and Preparation Level)

- Acquire training material from the district outlined under the Pandemic Awareness Education section on page 128.
- Ensure buses are cleaned regularly. Utilize disinfectant hand wipes on heavily used areas such as door knobs and hand rails.
- Provide Pandemic Awareness training material to employees.
- Consider training additional office staff as drivers in order to cover shortages due to illness.

Normal Operations (Level 1 Alert)

- Continue normal bus disinfection and cleaning protocols and increase frequency based on local outbreaks.
- Post informational flu prevention signs throughout the offices and garages.
- Track driver call outs (sick) and review list of on call drivers.
- Be prepared to use back up drivers, such as qualified office staff, if call outs effect student transportation.
- Notify the district if call outs will impede student transportation.

Normal Operations & School Closures (Level 2 Alert)

- NOTE: School may be closed at this stage.
- Increase bus cleaning and disinfection frequency.
- Use back up drivers as warranted due to call outs.
- Inform the district if driver illness may effect student transportation.
- School Closures:
  - Communicate with district officials to determine length of closure.
  - Maintain adequate staffing levels and vehicle maintenance levels to ensure school re-opening is conducted in a timely manner.

Normal Operations & School Closures (Level 3 Alert)

- NOTE: School may be closed at this stage.
- Increase cleaning and disinfection frequency.
- Use back up drivers as warranted due to call outs.
- Inform the district if driver illness may effect student transportation
- School Closures:
  - Communicate with district officials to determine length of closure.
o Maintain adequate staffing levels and vehicle maintenance levels to ensure school re-opening is conducted in a timely manner.

Administrative Operational Continuity:

The continuity of administrative services could be greatly impacted during a pandemic. However, there are typical administrative functions that must be considered critical and plans developed to ensure important tasks are performed.

In the event of mandatory (Department of Health ordered) school closure, and or the number of illnesses in the district become burdensome, the following functions of the district must remain operative in order to perform critical services or tasks:

- Payroll/Finance
  - In preparation for a pandemic, the business office should encourage all staff members to sign up for direct deposit.
  - The Business Office should determine the minimal number of personnel required to perform critical tasks and arrange for adequate coverage.
    - In the event of a pandemic it will be vitally important for staff, whether working, ill or home due to school closure, to receive a paycheck. Additionally, district generated bills for materials and services must continue to be paid in a timely fashion.

- Operations and Maintenance
  - See Operations and Maintenance section for tasks and responsibilities.
  - The Superintendent of Operations and Maintenance will designate work locations and redistribute staff based on the progress of the outbreak.

- Personnel
  - In the event of a pandemic there may be a variety of administrative tasks that are time sensitive and or regulatory in nature. Additionally, there may be employee benefit related tasks as a result of the outbreak.
  - The Director for Personnel should determine the minimal number of personnel required to perform critical tasks and arrange for adequate coverage.
• Technology

  o In the event of a pandemic flu, the technology department will need to provide a variety of services in order to keep the district operational. Some of these may include:
    ▪ Maintaining technology infrastructure.
    ▪ Updating information on the district web site.
    ▪ Maintaining critical communications infrastructure.
    ▪ Preparing informational handouts for distribution.

  o The Director of Technology should determine the minimal number of personnel required to perform critical tasks and arrange for adequate coverage.

• District Command and Control

  o During a pandemic when schools are closed and a high volume of staff members are ill, it is not unreasonable to assume that this will also effect key leadership positions in the district.
  o It is imperative that the district maintain effective leadership throughout the duration of a pandemic.
  o For command and control purposes during a pandemic outbreak, the chain of command is:

    ▪ District Superintendent/Executive Officer: William Hecht
    ▪ Asst Supt for Finance: Deborah Heppes
    ▪ Asst Supt for Instruction: Terry Reynolds

Resources for Distribution:

A comprehensive assortment of information related to hygiene, pandemic flu, bird flu and other related topics is stored with the district reproduction center. This information will be maintained at that location until it is needed based on the current Pandemic Alert Level. This information will be reproduced and distributed as directed in accordance with this plan.
Student Education Continuity

As a result of increased pandemic flu activity it may be necessary to close schools for a period of time, possibly up to 12 weeks. During this time the continued education of students must be considered. At this time there are no concrete plans for the continued education of students during a school closure. District staff responsible for student educational needs are currently determining the proper course of action to be taken in the event of a pandemic flu school closing.

Although not fully determined at this time, there are several methods to consider as possible education resources for home bound students:

- Internet based courses.
- Correspondence courses.
- Pre-determined work assignments (Based on marking periods and relative to the current pandemic flu progress).
- Phone “hot line” question and answer sessions.

In the event of district wide school closings consideration must be given for appropriate teacher staffing levels to accommodate the method or methods of student education selected. As with staffing levels for other critical components for the district during a pandemic, appropriate teacher staffing levels must be determined and plans made for acquiring and maintaining these levels.

Consideration may also to be given for possible reduction or elimination of scheduled spring and summer recess in order to accommodate educational needs.

Sample Messages, Letters and General Information

During a pandemic the community will need to get as much information as possible on how it will affect them. Whether this information is regarding the education of their children, the proper planning recommendations for a pandemic or the care of sick family members, the district can play a critical role in educating the community. The following information is contained in this plan and should be utilized as needed during the appropriate pandemic alert level:

Sample School Closing Message
Sample Press Release – “Schools Remain Open”
Sample Press Release – “Schools Closed”
Parent Letter #1 – Prevention Letter
Parent Letter #2 – First Bird Case
APPENDIX I

Parent Letter #3 – First Pandemic Flu Outbreak
Parent Letter #4 – School Closure
Parent Letter #5 – School Reopens

Handout “A” – Pandemic Planning Tips for Parents
Handout “B” – Pandemic Flu Planning Checklist for Families
Handout “C” – Red Cross Home Care for Pandemic Flu (English and Spanish)
Handout “D” – Seasonal Flu and Pandemic Flu Comparison
Handout “E” – Pandemic Influenza Historical Information
SAMPLE SCHOOL CLOSURE MESSAGE  
(Announced by the School District)

- Orange County health officials have ordered the closure of school as a result of the pandemic flu outbreak in our country.
- School may be closed for an extended period of time. (Up to 12 weeks.)
- We know this is a difficult time for our community and our hearts go out to those who are ill. We are working closely with health officials to deal with the situation and will keep parents updated with any important information.
- Because pandemic flu is easy to spread from person to person, it is unsafe for large groups of people to gather and children should stay home. The purpose of closing schools is to decrease contact among children in order to decrease their risk of getting sick and to limit the spread of infection.
- During this time, children and adults should stay away from other people and groups, as much as possible. Health officials also advise that people should not gather in other locations such as homes, shopping malls, movie theaters and community centers.
- Parents can help protect their children and prevent the spread of pandemic flu as they would colds and other flu by taking the following precautions:
  - Teach children to cover coughs and sneezes with tissue or by coughing into the inside of their elbow.
  - Teach your children to wash hands frequently with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
  - Teach your children to stay at least three feet from people who are sick and stay home from school or work if you are sick.
- Recommendations may change during the course of the flu pandemic. We will make public announcements through the media and parents can call their school in order to get more information.
- You can get more information from the Orange County Department of Health:
  - Online: [www.co.orange.ny.us/](http://www.co.orange.ny.us/)
  - Health Information Line (845) 291-2332
**SAMPLE PRESS RELEASE, SCHOOLS REMAIN OPEN**  
(Typically released by OCDH)

For release (DATE)  
Contact (PIO name and number)

**Orange County Schools are open but parent should prepare**

Orange county schools remain open despite the pandemic flu outbreak in the country but parents are asked to prepare for possible closures if the virus continues to spread.

School and county health officials are working together to monitor the situation and parents will be updated with any important information.

“At this time, we believe students can safely attend classes and schools will remain open. Our thoughts are with all of our children and families who are affected.” said (applicable health or district official)

If the pandemic flu continues to spread and more people become ill, health officials say they may need to order schools closed for a period of time. They urge parents to begin planning now for children in their home.

Health officials say parents can help protect their children and prevent the spread of pandemic flu as they would colds and other flu by taking the following precautions:

- Teach children to cover coughs and sneezes with tissue or by coughing into the inside of their elbow.
- Teach your children to wash hands frequently with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- Teach your children to stay at least three feet from people who are sick and stay home from school or work if you are sick.

Health officials point out recommendations may change during the course of the flu pandemic. For school updates, parents can call their school in order to get more information. For additional local pandemic health information parents can call the Orange County Health Information Line at (845) 291-2332.

For more information on pandemic flu visit the Orange County Health Services website at [www.co.orange.ny.us/](http://www.co.orange.ny.us/) or the federal government website at [www.pandemicflu.gov](http://www.pandemicflu.gov).
SAMPLE PRESS RELEASE, SCHOOLS CLOSED
(Typically released by OCDH)

For release (DATE)                                      Contact (PIO name and number)

Health officials order closure of schools in Orange County

Orange County health officials have ordered the closure of school as a result of the pandemic flu outbreak in our country.

Schools may be closed for a period of time – days or even weeks. Because the virus is easily spread from person to person, the Orange County Department of Health has also ordered colleges, day care centers and preschools to close. Because it is unsafe for large groups of people to gather, health department officials warn people to stay away from shopping malls, community centers, and other places were germs can be spread.

We know this is an anxious time for our community and our hearts go out to those who are ill. We are working closely with the schools to deal with the situation and will keep parents updated with any important information.

According to (local health official), the purpose of closing schools is to limit contact among children to decrease their risk of getting sick and to limit the spread of infection.

Because so many people are sick with the flu, health officials acknowledge that it may be hard to get a doctor’s appointment, go to a clinic or even be seen in a hospital emergency room. The health department has provided the following tips for caring for those who are sick with the flu:

- Have them drink plenty of liquid (juice, water)
- Keep the sick person as comfortable as possible. Rest is important.
- For adults with fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol). Do not aspirin in children or teenagers; it can cause Reye’s syndrome, a life threatening illness.
- Keep tissues and trash bags within reach of the sick person.
- Be sure everyone in your home washes their hands frequently.
- Keep the people who are sick with the flu away from the people who are not sick.

More information on pandemic flu is available on the Orange County Department of Health website at www.co.orange.ny.us/ or the Health Information Line at (845)291-2332
PARENT LETTER #1 – PREVENTION LETTER
(Use this letter to help prepare parents for pandemic flu.)

Dear Parent or Guardian,

This letter will help your family prepare for an influenza pandemic that could make many people sick.

A pandemic is a global disease epidemic. Pandemics happen when a new virus emerges that is able to spread rapidly from person to person and make a lot of people sick. Currently there are concerns about the H5N1 “bird flu” that has caused human illness and death in other parts of the world. Right now, this virus does not spread easily from person to person, but it is possible it could mutate and be able to do that. It is also possible that a new flu virus will turn up. Three influenza pandemics occurred in the 20th Century, and experts worry that another could happen at any time.

Public health officials want people to protect themselves from pandemic flu now by learning healthy habits that help reduce the spread of germs.

- People who are sick should stay home from work or school and avoid contact with other people until they are better.
- Teach your children to wash their hands often. Washing with soap and hot water for at least 20 seconds is ideal. That’s about as long as it takes to sing the “Happy Birthday” song twice.
- Teach your children to keep their hands away from their face and avoid touching their mouth, nose or eyes.
- Teach your children to cover coughs and sneezes with tissue or by coughing into the inside of their elbow. Cough or sneeze into your sleeve—not your hands!

Enclosed with this letter is a checklist to help families get ready for an influenza pandemic. This information can also help your family get ready for any kind of emergency.

Please stay informed and be prepared. You may get additional information online at www.pandemicflu.gov or www.nyhealth.gov. You can also get information from the Orange County Department of Health at www.co.orange.ny.us or call the Health Information Line at (845) 291-2332.
Dear Parent or Guardian,

Birds infected with the highly pathogenic H5N1 avian flu virus have been identified in the United States. You may have heard that this “Bird Flu” virus has caused death in many parts of the world. It is important to note that most people who got sick had close contact with infected birds. Therefore, even though this bird flu is in the United States, it does NOT mean that a lot of people here will get sick. At this time, there are no known cases of human bird flu in the United States. There are simple things we can do to protect ourselves.

To reduce the risk of bird flu, please make sure all your family members take these precautions:

- Do not touch sick or dead birds.
- If you must pick up a dead bird (for example, if one is on your doorstep). Never use your bare hands. Pick up the bird with a shovel, or wear gloves. Wash your hands immediately after removing your gloves.
- Regularly clean bird feeders and birdbaths while wearing gloves.
- Wash your hand immediately after coming in contact with bird droppings.
- Use a shovel to pick up droppings and wear gloves. Never touch dropping with bare hands.
- Try to avoid contact with dirt or grass that is soiled with bird droppings.
- Teach children to always wash their hands after playing outside.
- After being outside where droppings are present, take off shoes or other footwear before entering the home.

You may also have heard that some scientists are worried that the H5N1 bird flu virus might someday cause an influenza pandemic in humans (a worldwide epidemic). To cause a pandemic, the virus would have to mutate so that it could spread easily from one person to another. Bird flu does not do that right now. Bird flu is hard for people to catch. Still, it makes sense to be prepared.

Enclosed with this letter is a checklist to help families get ready for an influenza pandemic. This information can also help your family get ready for any kind of emergency.

Please stay informed and be prepared. You may get additional information online at [www.pandemicflu.gov](http://www.pandemicflu.gov) or [www.nyhealth.gov](http://www.nyhealth.gov). You can also get information from the Orange County Department of health at [www.co.orange.ny.us](http://www.co.orange.ny.us) or call the Health information Line at (845) 291-2332. For general emergency preparedness information you can also access the American Red Cross website at [www.redcross.org](http://www.redcross.org).
PARENT LETTER #3 – INITIAL PANDEMIC FLU OUTBREAK
(Use this letter to let parents know schools are still open.)

Dear Parent or Guardian,

This letter will give you information about a flu outbreak in Orange County. Every year, people get sick with the flu during the fall and winter months. This year, there is a new flu virus that is making many people in Orange County sick. So many people are sick in Orange County and the United States that health officials call it a pandemic.

Many teachers and students in our school are sick with the flu. We hope they will all get better quickly.

At this time, the county health department tells us that students who are not ill can safely come to school. The school will remain open. We will keep you updated with any important information.

To keep the flu from spreading to more people, we ask you to keep your sick children home. Any children who are sick in school will be sent home.

Public health officials want you to protect yourself and your families from pandemic flu. Here are some ways to stop the spread of germs and sickness:

- Keep sick children home. Do not send them to school.
- Teach your children to wash their hands often with soap and water for at least 20 seconds. Be sure to set the example by doing this yourself.
- Teach your children to cover coughs and sneezes with tissue or by coughing into the inside of their elbow. Cough or sneeze into your sleeve—not your hands!
- Teach your children to stay at least 3 feet away from people who are sick.
- People who are sick should stay home from work or school and stay away from other people until they are better.
- Stay away from shopping malls, movie theaters, or other places where there are large groups of people.

Enclosed with this letter are tips on how to care for your family if they are ill.

If you have any questions, please contact your school nurse or healthcare provider. You may also contact the school. You can get more information from the Orange County Department of Health at www.co.orange.ny.us/ or call the Health Information Line at (845) 291-2332.

If the pandemic flu continues to spread and more students become ill, schools may close for days or weeks. The purpose of closing schools is to keep more children from getting sick. If schools are closed, children should stay at home. You should begin planning now for children in your home.
Keep in mind that recommendations may change during the course of a pandemic flu outbreak, so it is important to pay attention to the latest information.

**PARENT LETTER #4 – SCHOOL CLOSURE**
(Use this letter to let parents know schools are closed.)

Dear Parent or Guardian,

Health officials have advised that all schools in Orange County should be closed immediately until further notice and children should stay home. School may be closed for as long as 12 weeks to reduce contact among children and stop the spread of the pandemic influenza virus that is causing such a serious health impact.

We know many people are sick and others are very worried. We greatly appreciate your cooperation in this difficult time for our community.

Because this virus is easily spread from person to person, it is not safe for large groups of people to gather. During this time, both children and adults should stay away from other people and groups as much as possible. They should not gather in crowded locations such as shopping malls, movie theaters or community centers.

We know it may be hard to get to a doctor’s appointment, go to a clinic or even be seen in a hospital emergency room. The health department has provided the following advice for helping those who are sick with the flu:

- Have them drink plenty of liquid (juice, water)
- Keep the sick person as comfortable as possible. Rest is important.
- For adults with fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol). Do not give aspirin to children or teenagers; it can cause Reye’s syndrome, a life threatening illness. CAUTION: If you think there may be a medical reason to not use these products (such as an allergy), please check with a healthcare provider.
- Keep tissues and trash bags within reach of the sick person.
- Be sure everyone in your home washes their hands frequently with soap and water. If you go out in public carry hand sanitizer and use often. Rubs, gels or wipes are all effective, as long as they contain at least 60% alcohol. Always dispose of hand wipes properly. Use hand sanitizer according to label instructions.
- Keep the people who are sick with the flu away from the people who are not sick.
- Keep your hands away from your face and avoid touching your mouth, nose or eyes. The flu virus can live for a long time on hand rails and door knobs and can easily be transferred onto your hands.

We will contact you as soon as we have information about when school will reopen. Please stay informed by paying attention to media reports.
PARENT LETTER #5 – SCHOOL REOPEN
(Use this letter to inform parents schools are re-opened)

Dear Parent or Guardian,

Health officials have declared the influenza pandemic is under control. Our school will reopen again on (DATE). At this time, students may safely return to class if they have no flu like symptoms.

Because the flu can still affect others and is easily spread from person to person, please keep children who have flu like symptoms at home. Symptoms include: fever of more than 100 degrees and cough or sore throat. Don’t send sick children to school – they will be excluded from class and sent home.

Even though school is re-opening, there are still some people who are sick. Health officials say that influenza pandemics sometimes happen in waves. This means more people could become sick in the months or weeks ahead. If more people do get sick, schools may need to close again. We will continue to give you any important information.

We are looking forward to seeing your children again.
Handout “A”: PANDEMIC PLANNING TIPS FOR PARENTS: If Our Schools are Closed

During a flu pandemic, schools may be ordered closed by state or local health authorities. Your children may have to stay home for possibly up to 12 weeks. You may not be able to go to work due to company closures and you may have to stay home to take care of your children because they should not be exposed to groups of other people.

You and your children may not be able to go to places of public assembly such as arenas, athletic events in schools, places of worship, restaurants, shopping malls, or theatres.

Websites for Ideas for Further Educating your Children at Home

www.amnh.org/kids/?src=toolbar
www.computerlearning.org/
www.education.noaa.gov/coolsites/html
www.loc.gov/families
www.vtnea.org/vtnea12.htm
http://nasadln.nmsu.edu/dln/
www.nea.org/parents/ppower.html
www.nps.gov/webrangers
www.smithsonianeducation.org/students/idealabs/smithsonian_kids.html
www.whitehouse.gov/kids
Pandemic Flu Planning Checklist for Individuals & Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

☐ Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.

☐ Periodically check your regular prescription drugs to ensure a continuous supply in your home.

☐ Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.

☐ Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.

☐ Volunteer with local groups to prepare and assist with emergency response.

☐ Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

☐ Teach your children to wash hands frequently with soap and water, and model the current behavior.

☐ Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.

☐ Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.
3. **Items to have on hand for an extended stay at home:**

<table>
<thead>
<tr>
<th>Examples of food and non-perishables</th>
<th>Examples of medical, health, and emergency supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups</td>
<td>☐ Prescribed medical supplies such as glucose and blood-pressure monitoring equipment</td>
</tr>
<tr>
<td>☐ Protein or fruit bars</td>
<td>☐ Soap and water, or alcohol-based (60-95%) hand wash</td>
</tr>
<tr>
<td>☐ Dry cereal or granola</td>
<td>☐ Medicines for fever, such as acetaminophen or ibuprofen</td>
</tr>
<tr>
<td>☐ Peanut butter or nuts</td>
<td>☐ Thermometer</td>
</tr>
<tr>
<td>☐ Dried Fruit</td>
<td>☐ Anti-diarrheal medication</td>
</tr>
<tr>
<td>☐ Crackers</td>
<td>☐ Vitamins</td>
</tr>
<tr>
<td>☐ Canned juices</td>
<td>☐ Fluids with electrolytes</td>
</tr>
<tr>
<td>☐ Bottled water</td>
<td>☐ Cleansing agent/soap</td>
</tr>
<tr>
<td>☐ Canned or jarred baby food and formula</td>
<td>☐ Flashlight</td>
</tr>
<tr>
<td>☐ Pet food</td>
<td>☐ Batteries</td>
</tr>
<tr>
<td>☐ Other nonperishable foods</td>
<td>☐ Portable radio</td>
</tr>
<tr>
<td></td>
<td>☐ Manual can opener</td>
</tr>
<tr>
<td></td>
<td>☐ Garbage bags</td>
</tr>
<tr>
<td></td>
<td>☐ Tissues, toilet paper, disposable diapers</td>
</tr>
</tbody>
</table>
What is Pandemic Flu?
A "pandemic" is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it's important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

Prevent the Spread of Pandemic Flu
These healthy habits will help keep you and others from getting and passing on the virus.

> Clean your hands often with soap and water or alcohol-based hand sanitizer.
> Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Place used tissues in a waste basket.
> Cover your cough into your upper sleeve if you don't have a tissue.
> Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.

Also, a person with signs of the flu should:

> Stay home from work, school and errands and avoid contact with others.
> Consider wearing a surgical mask when around others. There may be benefits.

When a Household Member Is Sick
The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:

> Keep everyone's personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
> Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

Disinfectant:
1 gallon water
1/4 cup bleach
Mix up a fresh batch every time you use it.

> It is okay to wash everyone's dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
> Wear disposable gloves when in contact with or cleaning up body fluids.
> One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

Practice Hand Hygiene
Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:

1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

Recognize Pandemic Flu Symptoms
Watch for these symptoms:

> Fever
> Cough
> Runny nose
> Muscle pain

Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

Care for a Loved One with the Flu
A person recovering from flu should have:

> Rest and plenty of liquids
> No alcohol or tobacco
> Medications to relieve flu symptoms

In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don’t cure it.
Monitor Pandemic Flu Symptoms
Keep a care log. Write down the dates, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

- A high fever
  - Children and Adults: Greater than 103°F (39.5°C)
  - Babies 3 to 24 months-old: 103°F (39.4°C) or higher.
  - Babies up to 3 months: Rectal temperature of 100.4°F (38°C) or higher.
- Shaking chills
- Coughing that produces thick mucus
- Dehydration (feeling of dry mouth or excessive thirst)
- Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your healthcare professional, call 9-1-1 or local emergency number for any of the signs below:
- Irritability and/or confusion
- Difficulty breathing or chest pain with each breath
- Bluish skin
- Stiff neck
- Inability to move an arm or leg
- First-time seizure

Prevent Dehydration
Dehydration occurs when the body loses too much water and it's not replaced quickly enough. It can be serious. Begin giving soothing drinks at the first signs of the flu and follow these tips:
- In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.
- If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

Electrolyte Drink:
- 1 quart water
- ½ tsp. baking soda
- ½ tsp. table salt
- 3 to 4 tbsp. sugar
- ¼ tsp. salt substitute
  Mix well and flavor with lemon juice or sugar-free Kool-Aid®

- If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

Reduce Fever
To help reduce a fever, do the following:
- Give plenty of fluids.
- Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container's label. Do not give aspirin to anyone younger than 20.
- Keep a record of your loved one's temperature in your care log.
- To relieve discomfort, give a sponge bath with lukewarm water.

After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a healthcare professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprofen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

Prepare for a Flu Pandemic
Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medicines and your disaster supply kit on hand.

Pandemic Flu Caregiving Supplies:
- Thermometer
- Soap
- Box of disposable gloves
- Acetaminophen
- Ibuprofen
- Blash
- Alcohol-based hand sanitizer
- Paper towels
- Tissues
- Surgical masks
  (one for each person)
- Sugar, baking soda, salt, salt substitute

For more information, contact your local American Red Cross chapter, visit www.redcross.org or call 1-800-RED-CROSS.

Many of the recommendations in this brochure are from the U.S. Department of Health and Human Services. This information is not intended as a substitute for professional medical care or current public health advice. Seek advice from your healthcare provider, the CDC and your local health department. Visit www.pandemicflu.gov.

As with all medications and treatments, there are side effects and potential complications. Seek professional advice from your healthcare professional to make sure any medication or vaccination is appropriate to your health.

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¿Qué es la pandemia de gripe?
Una "pandemia" es una enfermedad que se propaga por todo el mundo y afecta a una gran cantidad de personas. Al cuidar de un ser querido durante una pandemia, es importante seguir algunos consejos para protegerse y proteger a otros. Además, deben seguirse las últimas recomendaciones del Departamento de Salud y Servicios Humanos de los Estados Unidos y del departamento de salud local.

Prevención de la propagación
Estos hábitos saludables ayudarán a prevenir el contagio y la transmisión del virus de la gripe.
> Lavarse las manos a menudo con agua y jabón o antiséptico a base de alcohol.
> Cubrirse la boca y la nariz con un pañuelo de papel al toser o estornudar. Tirar a la basura los pañuelos de papel usados. Lavarse bien las manos.
> Toser o estornudar cubriéndose la nariz y la boca con la parte superior del brazo o la manga (y no con las manos) si no hay pañuelos de papel.
> Mantener las manos alejadas de los ojos, la nariz y la boca para evitar que los gérmenes entren en el cuerpo.
Además, cualquier persona que presente signos de gripe debe:
> Quedarse en casa. No ir a trabajar, no ir a la escuela ni salir de compras.
> Evitar el contacto con otra gente.
> Usar una mascarilla (de quirófano) si debe estar cerca de otras personas.

Cuando alguien se enferma
El virus de la gripe se transmite cuando gotitas contaminadas de líquido de la boca y la nariz de una persona infectada entran en contacto con otras personas. Es importante seguir estos consejos para protegerse y proteger a quienes viven en su casa.
> Guardar los artículos personales de cada uno por separado. No deben compartirse computadoras, lápices, bolígrafos, papeles, ropa, toallas, sábanas, mantas, alimentos ni cubiertos.
> Desinfectar picaportes, interruptores de luz, manijas, perillas, juguetes y cualquier otra superficie que suele tocarse en la casa o el trabajo.
> No hacer falta separar los platos o la ropa de cada persona para lavarlos. Se puede lavar todo junto con detergente y agua muy caliente. Lavarse las manos después de tocar la ropa sucia.
> Ponerse guantes desechables al limpiar o estar en contacto con líquidos del cuerpo.
> Debe designarse a una persona para que se ocupe de cuidar al enfermo. Es probable que colocarse una mascarilla sirva de protección mientras lo atiende.

Higiene de las manos
Quienes cuiden a una persona enferma siempre deben lavarse las manos antes de atenderla. Después de atenderla, deberán lavarse las manos otra vez y frotárselas con un gel o líquido antiséptico a base de alcohol. Para una higiene adecuada de las manos es importante hacer lo siguiente:
1. Mojar las manos con agua corriente tibia y aplicar jabón líquido.
2. Frotar las manos vigorosamente durante por lo menos 15 segundos. Lavarse bien todas las superficies y
3. Limpiar bien las uñas, frotándolas contra las palmas de las manos.
4. Enjuagar el jabón de las manos.
5. Secar las manos por completo con una toalla de papel y usarla para cerrar el grifo. Compartir la toalla podría transmitir los gérmenes.

Síntomas de la gripe
Estar atento a estos síntomas:
> Fiebre
> Tos
> Irritación o congestión nasal (nariz que moquea)
> Dolor en los músculos
Llamar al profesional de la salud ante el primer signo de gripe. El médico tal vez pueda indicar por teléfono el tratamiento para muchos de los síntomas.

Cuidado del ser querido con gripe
Para recuperarse de la gripe, hay que:
> Descansar y beber abundante líquido.
> No consumir alcohol ni tabaco.
> Tomar medicamentos que alivien los síntomas de la gripe.
En algunos casos, un profesional de la salud podría recetar medicamentos antiviricos para el tratamiento de la gripe. Los antibióticos (tales como la penicilina) no curan la enfermedad.

Vigilar los síntomas de la gripe
Es importante llevar un registro de atención del paciente con los siguientes datos: fecha, hora, temperatura corporal, síntomas, nombre y dosis de los medicamentos que recibe. Conviene hacer una nueva anotación como mínimo cada 4 horas o cuando los síntomas cambien. Llamar nuevamente al profesional de la salud si la persona presenta:
> Fiebre alta
  * Niños y adultos: más de 105°F (40,5°C)
  * Bebés de 3 a 24 meses de edad: 103°F (39,4°C) o más grados
HANDOUT “C”

APENDIX I

Cruz Roja Americana

- Bebés: de hasta 3 meses de edad y temperatura rectal de 104,4°F (39°C) o más grados
- Escalforos
- Tos que produce una mucosidad espesa
- Deshidratación (sensación de sequedad de la boca o sed excesiva)
- Empeoramiento de una afección grave existente (por ejemplo: enfermedad cardíaca o de los pulmones, diabetes, infección por el VIH, cáncer)

Si no es posible comunicarse con el profesional de la salud, llamar al 9-1-1 o al número local de emergencias para pedir ayuda si el enfermo tiene alguno de los siguientes síntomas:
- Irritabilidad o confusión
- Dificultad para respirar o dolor en el pecho cada vez que respira
- Color azulado en la piel
- Rígidez del cuello
- Imposibilidad de mover un brazo o pierna
- Convulsiones que se presentan por primera vez

Prevenir la deshidratación

La deshidratación se produce cuando el cuerpo pierde demasiada agua y está no se reponen lo suficientemente rápido. La deshidratación puede ser grave. Es importante comenzar por proporcionar bebidas reforzantes ante los primeros síntomas de gripe y seguir estos consejos:
- Además de mucho líquido, ofrecer hielo y comidas ligeras y de fácil digestión, tales como sopas y caldos.
- Si la persona tiene diarrea o vómitos, ofrecer líquidos que contengan electrolítos (sustancias que ayudan a rehidratar al cuerpo). Estas son por ejemplo las bebidas para deportistas o líquidos formulados especialmente para los niños en la venta en farmacias o supermercados. También es posible preparar en casa una bebida electrolítica rehidratante para cualquier persona mayor de 12 años de edad.

> Si al beber líquidos empeoran las náuseas, ofrecer pequeños sorbos hasta que la persona se sienta mejor.

**Bebida electrolítica:**
- ¾ de galón (1 litro) de agua
- ½ cucharadita de bicarbonato de sodio
- ½ cucharadita de sal de mesa
- 3 a 4 cucharadas de azúcar
- ¼ de cucharadita de algún sustituto de la sal

Mezclar bien y dar sabor con jugo de limón o Kool-Aid sin azúcar.

Reducción de la fiebre

Para bajar la fiebre:
- Proporcionar abundantes líquidos.
- Administrar medicamentos para bajar la fiebre (antiinflamatorios). Por ejemplo: acetaminofeno (paracetamol), aspirina o ibuprofeno, según las instrucciones de la etiqueta del envase. No dar aspirinas a menores de 20 años de edad.
- Anotar la temperatura en el registro del paciente.
- Para aliviar el malestar, dar un baño de agua tibia con una esponja.

En caso de fiebre, después de llamar al médico o al número de emergencias, seguir las recomendaciones para el tratamiento en el hogar que se describen más arriba. Si la ayuda demora en llegar, preguntar al profesional médico si es posible comenzar con una dosis adicional del medicamento para bajar la fiebre (acetaminofeno/paracetamol, ibuprofeno o aspirina) entre las dosis que se indican en la etiqueta. Es importante seguir ofreciendo mucho líquido a la persona.

Prepararse para una pandemia de gripe

Hay que prepararse ahora mismo para una pandemia de gripe. Es importante determinar cómo proceder si los miembros de la familia tienen que quedarse en casa y aumentarse el trabajo o la escuela o permanecer separados de otra gente durante cierto periodo. Guardar suficientes alimentos, agua y medicamentos y tener a mano el equipo de suministros para casos de desastre.

Suministros para la atención de la gripe pandémica:
- Termómetro
- Jabón
- Caja de guantes desechables
- Acetaminofeno (paracetamol)
- Ibuprofeno
- Cloro
- Gel o líquido antiséptico para las manos a base de alcohol
- Toallas de papel
- Pañuelos de papel
- Mascarillas de quirófano (una para cada persona)
- Azúcar, bicarbonato de sodio, sal, sustituto de la sal

Para obtener más información, comunicarse con la oficina local de la Cruz Roja Americana, visitar www.cruzojaamericana.org o llamar al 1-800-RED-CROSS (1-800-733-2767).

Muchas de las recomendaciones incluídas en este folleto provienen del Departamento de Salud y Servicios Humanos de los Estados Unidos. Esta información no reemplaza la atención médica profesional ni las recomendaciones de salud pública vigentes. Consultar con un profesional de la salud, los Centros para el Control y la Prevención de Enfermedades (CDC) y el departamento de salud local. Para obtener más información, visitar www.pandemicflu.gov.

Al igual que con todos los medicamentos y tratamientos, pueden presentarse efectos adversos y complicaciones. Consultar con el profesional de la salud antes del medicamento o vacuna más apropiado para usted.
# How Does Seasonal Flu Differ from Pandemic Flu?

**November 1, 2005**

<table>
<thead>
<tr>
<th><strong>Seasonal Flu</strong></th>
<th><strong>Pandemic Flu</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates</td>
<td>Occurs rarely (three times in 20th century - last in 1958)</td>
</tr>
<tr>
<td>Usually some immunity built up from previous exposure</td>
<td>No previous exposure; little or no pre-existing immunity</td>
</tr>
<tr>
<td>Healthy adults usually not at risk for serious complications (the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications)</td>
<td>Healthy people may be at increased risk for serious complications</td>
</tr>
<tr>
<td>Health systems can usually meet public and patient needs</td>
<td>Health systems may be overwhelmed</td>
</tr>
<tr>
<td>Vaccine developed based on known virus strains and available for annual flu season</td>
<td>Vaccine probably would not be available in the early stages of a pandemic</td>
</tr>
<tr>
<td>Adequate supplies of antivirals are usually available</td>
<td>Effective antivirals may be in limited supply</td>
</tr>
<tr>
<td>Average U.S. deaths approximately 36,000/yr</td>
<td>Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 500,000)</td>
</tr>
<tr>
<td>Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia.</td>
<td>Symptoms may be more severe and complications more frequent</td>
</tr>
<tr>
<td>Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)</td>
<td>May cause major impact on society (e.g., widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)</td>
</tr>
<tr>
<td>Manageable impact on domestic and world economy</td>
<td>Potential for severe impact on domestic and world economy</td>
</tr>
</tbody>
</table>

For additional information visit: [www.pandemicflu.gov](http://www.pandemicflu.gov)
Pandemic Influenza:  
CHARACTERISTICS & CHALLENGES

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide.

Historically, the 20th century saw three pandemics of influenza:
- 1918 influenza pandemic caused at least 500,000 U.S. deaths and up to 50 million deaths worldwide
- 1957 influenza pandemic caused at least 70,000 U.S. deaths and 1-2 million deaths worldwide
- 1968 influenza pandemic caused about 34,000 U.S. deaths and 700,000 deaths worldwide

Characteristics and Challenges in a Pandemic:

1. There Will Be Rapid Worldwide Spread
   - When a pandemic influenza virus emerges, its global spread is considered inevitable.
   - Preparedness activities should assume that the entire world population would be susceptible.
   - Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

2. Health Care Systems Will Be Overloaded
   - Most people have little or no immunity to a pandemic virus. Infection and illness rates soar.
   - A substantial percentage of the world’s population will require some form of medical care.
   - Nations unlikely to have the staff, facilities, equipment and hospital beds needed to cope with large numbers of people who suddenly fall ill.
   - Death rates are high, largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations and the effectiveness of preventive measures.
   - Past pandemics have spread globally in two and sometimes three waves.

3. Medical Supplies Will Be Inadequate
   - The need for vaccine is likely to outstrip supply.
   - The need for antiviral drugs is also likely to be inadequate early in a pandemic.
   - A pandemic can create a shortage of hospital beds, ventilators and other supplies. Surge capacity at non-traditional sites such as schools may be created to cope with demand.
   - Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.

4. There Will Be Economic and Social Disruption
   - Travel bans, closings of schools and businesses and cancellations of events could have major impact on communities and citizens.
   - Care for sick family members and fear of exposure can result in significant worker absenteeism.

www.pandemicflu.gov

HANDOUT “E”
Everyone Can Play a Role in the Conversation about Mental Health

*Increasing awareness of mental health issues and making it easier for students and families to seek help will require partners working together.*

**Did you know?**
- Mental health is essential to the overall health and well-being of a child.
- Mental health issues affect all members of society in some way, shape, or form. It is estimated that one in five Americans over the age of 18 will experience a mental health problem this year.
- One half of all mental illness begins by age 14 and 75% begins by age 24.
- Of children and youth in need of mental health services, 75-80 percent of these youth do not receive services.

**One of the greatest issues facing our society regarding mental health:**
*Misunderstanding about mental health can lead to negative attitudes the prevent people with mental illness from being accepted and supported, and can make it harder for them and their families to get help and lead productive lives in their communities. People can and do recover from mental health problems.*

Learning about developing symptoms, or early warning signs, and taking action, can help. Early intervention can reduce the severity of an illness. It may even be possible to delay or prevent a major mental illness altogether.

### Signs and Symptoms

*If several of the following are occurring, it may be useful to follow up with a mental health professional.*

- **Withdrawal** – Recent social withdrawal and loss of interest in others.
- **Drop in functioning** – An unusual drop in functioning, at school, work or social activities, such as quitting sports, failing in school or difficulty performing familiar tasks.
- **Problems thinking** – Problems with concentration, memory or logical thought and speech that are hard to explain.
- **Increased sensitivity** – Heightened sensitivity to sights, sounds, smells, or touch; avoidance of over-stimulating situations.
- **Apathy** – Loss of initiative or desire to participate in any activity.
- **Feeling disconnected** – A vague feeling of being disconnected from oneself or one’s surrounding; a sense of unreality.
- **Illogical thinking** – Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or “magical” thinking typical of childhood.
- **Nervousness** – Fear or suspiciousness of others or a strong nervous feeling.
- **Unusual behavior** – Odd, uncharacteristic, peculiar behavior.
- **Sleep or appetite changes** – Dramatic sleep and appetite changes or decline in personal care.
- **Mood changes** – Rapid or dramatic shifts in feelings.

### What Can You Do? **C A R E**

**C...** be conscious of your student’s behavior;

**A...** be alert to signs of serious mental health issues;

**R...** do refer to your principal, nurse, social worker, or guidance counselor;

**E...** so everyone is responsible for caring for our students.
School-Based Suicide Prevention

Suicide is the result of an extremely complex interaction involving a number of factors that all contribute to the expression of suicidal behaviors. There are numerous risk factors for suicide, any one of which may be present or absent in an adolescent at-risk for suicide. Researchers have identified a number of factors associated with a higher risk for youth suicide, as well as protective factors that may reduce the likelihood of youth suicidal behavior. Given the amount of time children spend in school, it is imperative that school faculty and staff are educated about you suicide risk factors, warning signs, and protective factors of suicidal behavior.

Research shows that suicidal youth tend to give evidence about their distress both verbally and through changing behavior. Being able to recognize these clues and knowing the risk factors associated with adolescent suicide may help school staff prevent a student at-risk for suicide and/or dying by suicide.

There is no tangible, all-encompassing method for determining if an adolescent will attempt or die by suicide. Many students will present some of the factors mentioned in the risk factors and/or warning signs charts below, however, not all will feel, act, or have ideas about suicide. By using these lists, school administrators, faculty, and staff may be able to recognize a student at-risk for suicide and who may need help.
**Risk Factors**

- Previous suicide attempt or gesture
- Feelings of hopelessness or isolation
- Mental illness (depressive disorders/mood disorders)
- Parental mental illness
- Substance abuse disorder
- Family history of suicidal behavior
- Life stressors such as interpersonal losses (relationship, social, work) and legal or disciplinary problems
- Access to firearms or other means
- Physical abuse
- Sexual abuse
- Conduct disorders or disruptive behaviors
- Homosexual or bisexual orientation, trans-gendered or trans-sexual identity, or questioning sexuality
- Juvenile delinquency
- School problems
- Contagion or imitation (exposure to media accounts of suicidal behavior and exposure to suicidal behavior in friends or acquaintances
- Chronic physical illness
- Being homeless/or having run away from home
- Aggressive-impulsive behaviors

*Resource:
Orange County Youth Suicide Prevention School-Based Guide

**Warning Signs**

- Withdrawal from friends and family
- Actually talking about suicide or a plan
- Seeking out ways to harm or kill oneself
- Saying other things like: “I’m going to kill myself,” “I wish I were dead,” or “I shouldn’t have been born”
- Change in eating and sleeping habits
- Loss of interest in pleasurable activities
- Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Loss of interest in things one cares about
- Preoccupation with death
- Exhibiting impulsivity such as violent actions, rebellious behavior, or running away
- Complaining of being a bad person or feeling “rotten inside”
- Making statements about hopelessness, helplessness, worthlessness, or being “beyond help”
- Marked personality change and serious mood changes
- Giving verbal hints with statements such as: “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use,” and “I won’t see you again”
- Becoming suddenly cheerful after a period of depression. This may mean that the student has already made the decision to escape all problems by ending his/her life
- Giving away favorite possessions
- Difficulty concentrating and a decline in quality of schoolwork