



# **HUDSON COUNTY SCHOOLS OF TECHNOLOGY**

**PANDEMIC MANAGEMENT PLAN  
MARCH 2020**

*Updated 03/20/20 5:35pm*



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## PREFACE

Pandemic is defined as a disease affecting or attacking the population of an extensive region, including several countries, and/or continent(s). Pandemic virus occurs when a new virus emerges for which people have little or no immunity, and for which there is no vaccine. It is further described as extensively epidemic. Generally, pandemic diseases cause sudden, pervasive illness in all age groups on a global scale. Infectious diseases are also highly virulent but are not spread person-to-person.

The development of vaccines, antiviral drugs and other medical advances has provided new tools in the fight against emerging diseases, but only provides limited impact. About six to nine months are required to develop a vaccine in response to a newly identified strain, a period during which the entire population is vulnerable. Experience with Severe Acute Respiratory Syndrome (SARS), for which no effective treatment has been discovered, has reminded us of the speed at which disease can be spread throughout the world.

The response to and mitigation of the health and social consequences of pandemic will take place at both the state and local levels, with the New Jersey Department of Health and Senior Services assuming the lead for the public health response. Based on studies of past pandemics, the most effective approach seemed to be when actions were taken early and quickly. Cities and jurisdiction that responded faster and with more layered protective measures fared better. In order to rapidly respond to crisis situations, HCST will have a frequently updated Emergency Management Plan. Such plans should be flexible to encompass all hazards, including pandemic flu. They should address the four phases of emergency management planning: Mitigation and Prevention, Preparedness, Response and Recovery.

The following Pandemic Management Plan is an addendum to the district's Emergency Management Plan. It is designed as a template with specific steps to address the unique challenges that could rapidly unfold.



## BACKGROUND

### [Background information from CDC's Coronavirus Disease 2019 \(COVID-19\) Outbreak Situation Summary](#)

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared the outbreak a "[public health emergency of international concern](#)" (PHEIC). On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19. On March 11, [WHO publicly](#) characterized COVID-19 as a pandemic. On March 13, the President of the United States declared the COVID-19 outbreak a [national emergency](#).

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, the COVID-19 outbreak was [characterized as a pandemic by the WHO](#).

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic.

Pandemic is a global outbreak of disease that occurs. When three conditions are met:

1. A new type emerges
2. It causes serious human illness
3. It spreads easily from person to person



## Symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear 2-14 days after exposure (This is based on what has been seen previously as the incubation period of MERS -CoV viruses.)

- Fever
- Cough
- Shortness of breath



## How COVID-19 Spreads

### Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

### Can someone spread the virus without being sick?

- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

### Spread from contact with contaminated surfaces or objects

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.



### How easily the virus spreads

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious (spread easily), like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, spreading continually without stopping.

### **How to Protect Yourself**

#### Know How it Spreads

- **There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).**
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

#### Take steps to protect yourself

##### Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

##### Avoid close contact

- **Avoid close contact** with people who are sick
- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for [people who are at higher risk of getting very sick](#).



This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic.

**Table 1 and 2 Summarized (Population as of 2018):**

<b>Percentage of Population Affected by the Next Pandemic</b>	<b>Number of Affected In New Jersey (Pop. 8,908,520)</b>	<b>Number of Affected In Hudson County (Pop. 676,061)</b>
Total high risk	1,494,947	106,753
Gross attack rates up to 35% most likely result in death	9,603	645
Gross attack rates up to 35% most likely result in hospitalization	39,749	2,880
Gross attack rates up to 35% most likely result in outpatient services	1,658,038	125,530

**Table 1**

**CDC FluAid 2.0:** <https://www.cdc.gov/flu/pandemic-resources/tools/fluaid.htm>

**Census Data: AGE AND SEX | Survey/Program: American Community Survey**

**(Product: 2018: ACS 1-Year Estimates | TableID: S0101)**

**New Jersey (Population as of 2018 was 8,908,520)**

<b>Population: Numbers and distribution</b>					
	<u>0-18 yrs</u>	<u>19-64 yrs</u>	<u>65+ yrs</u>	<u>Total</u>	<u>% total</u>
Non-high risk	1,826,141	4,724,458	862,974	7,413,573	83%
High risk	124,864	794,768	575,315	1,494,947	17%
<b>totals</b>	<b>1,951,005</b>	<b>5,519,226</b>	<b>1,438,289</b>	<b>8,908,520</b>	<b>100%</b>



New Jersey (Population as of 2018 was 8,908,520)

DEATHS	Gross attack rates			Distribution by age group:Most likely		
	15%	25%	35%		% High risk	% Total
<b>0-18 yrs most likely</b>	<b>31</b>	<b>51</b>	<b>71</b>	0-18 yrs	0%	1%
minimum	18	29	41	19-64 yrs	37%	42%
maximum	423	704	986	65+ yrs	46%	57%
<b>19-64 yrs most likely</b>	<b>1,727</b>	<b>2,878</b>	<b>4,029</b>	<b>TOTALS</b>	<b>83%</b>	<b>100%</b>
minimum	247	412	576			
maximum	3,242	5,404	7,565			
<b>65+ yrs most likely</b>	<b>2,358</b>	<b>3,931</b>	<b>5,503</b>			
minimum	2,287	3,811	5,336			
maximum	2,925	4,875	6,825			
<b>TOTAL:Most likely</b>	<b>4,116</b>	<b>6,860</b>	<b>9,603</b>			
total minimums	2,552	4,252	5,953			
total maximums	6,590	10,983	15,376			

HOSPITALIZATIONS	Gross attack rates			Distribution by age group:Most likely		
	15%	25%	35%		% High risk	% Total
<b>0-18 yrs most likely</b>	<b>547</b>	<b>911</b>	<b>1,275</b>	0-18 yrs	1%	3%
minimum	269	448	627	19-64 yrs	9%	60%
maximum	2,293	3,821	5,350	65+ yrs	23%	37%
<b>19-64 yrs most likely</b>	<b>10,201</b>	<b>17,002</b>	<b>23,803</b>	<b>TOTALS</b>	<b>33%</b>	<b>100%</b>
minimum	1,888	3,146	4,404			
maximum	11,137	18,562	25,987			
<b>65+ yrs most likely</b>	<b>6,288</b>	<b>10,480</b>	<b>14,671</b>			
minimum	4,495	7,491	10,488			
maximum	7,948	13,247	18,546			
<b>TOTAL:Most likely</b>	<b>17,036</b>	<b>28,393</b>	<b>39,749</b>			
total minimums	6,652	11,085	15,519			
total maximums	21,378	35,630	49,883			



New Jersey (Population as of 2018 was 8,908,520)

OUTPATIENT VISITS	Gross attack rates			Distribution by age group:Most likely	
	15%	25%	35%	% High risk	% Total
<b>0-18 yrs most likely</b>	<b>173,085</b>	<b>288,476</b>	<b>403,866</b>	0-18 yrs	3%
minimum	144,600	240,999	337,399	19-64 yrs	8%
maximum	201,571	335,952	470,333	65+ yrs	7%
<b>19-64 yrs most likely</b>	<b>425,855</b>	<b>709,758</b>	<b>993,662</b>	<b>TOTALS</b>	<b>18%</b>
minimum	305,765	509,609	713,452		100%
maximum	649,999	1,083,332	1,516,665		
<b>65+ yrs most likely</b>	<b>111,647</b>	<b>186,079</b>	<b>260,510</b>		
minimum	105,355	175,591	245,827		
maximum	173,314	288,856	404,399		
<b>TOTAL:Most likely</b>	<b>710,587</b>	<b>1,184,313</b>	<b>1,658,038</b>		
total minimums	555,720	926,199	1,296,678		
total maximums	1,024,884	1,708,140	2,391,397		

Table 2

CDC FluAid 2.0: <https://www.cdc.gov/flu/pandemic-resources/tools/fluaid.htm>

Census Data: AGE AND SEX | Survey/Program: American Community Survey

(Product: 2018: ACS 1-Year Estimates | TableID: S0101)

Hudson County, New Jersey (Population as of 2018 was 676,061)

Population:Numbers and distribution					
	0-18 yrs	19-64 yrs	65+ yrs	Total	% total
Non-high risk	129,375	391,982	47,951	569,308	84%
High risk	8,846	65,940	31,967	106,753	16%
<b>totals</b>	<b>138,221</b>	<b>457,922</b>	<b>79,918</b>	<b>676,061</b>	<b>100%</b>



Hudson County, New Jersey (Population as of 2018 was 676,061)

DEATHS	Gross attack rates			Distribution by age group:Most likely		
	15%	25%	35%		% High risk	% Total
<b>0-18 yrs most likely</b>	<b>2</b>	<b>4</b>	<b>5</b>	0-18 yrs	0%	1%
minimum	1	2	3	19-64 yrs	45%	52%
maximum	30	50	70	65+ yrs	38%	47%
<b>19-64 yrs most likely</b>	<b>143</b>	<b>239</b>	<b>334</b>	<b>TOTALS</b>	<b>83%</b>	<b>100%</b>
minimum	20	34	48			
maximum	269	448	628			
<b>65+ yrs most likely</b>	<b>131</b>	<b>218</b>	<b>306</b>			
minimum	127	212	296			
maximum	163	271	379			
<b>TOTAL:Most likely</b>	<b>276</b>	<b>461</b>	<b>645</b>			
total minimums	148	248	347			
total maximums	462	769	1,077			

HOSPITALIZATIONS	Gross attack rates			Distribution by age group:Most likely		
	15%	25%	35%		% High risk	% Total
<b>0-18 yrs most likely</b>	<b>39</b>	<b>65</b>	<b>90</b>	0-18 yrs	1%	3%
minimum	19	32	44	19-64 yrs	10%	69%
maximum	162	271	379	65+ yrs	17%	28%
<b>19-64 yrs most likely</b>	<b>846</b>	<b>1,411</b>	<b>1,975</b>	<b>TOTALS</b>	<b>28%</b>	<b>100%</b>
minimum	157	261	365			
maximum	924	1,540	2,156			
<b>65+ yrs most likely</b>	<b>349</b>	<b>582</b>	<b>815</b>			
minimum	250	416	583			
maximum	442	736	1,031			
<b>TOTAL:Most likely</b>	<b>1,234</b>	<b>2,058</b>	<b>2,880</b>			
total minimums	426	709	992			
total maximums	1,528	2,547	3,566			



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**Hudson County, New Jersey (Population as of 2018 was 676,061)**

OUTPATIENT VISITS	Gross attack rates			Distribution by age group: Most likely		
	15%	25%	35%		% High risk	% Total
<b>0-18 yrs most likely</b>	<b>12,262</b>	<b>20,437</b>	<b>28,612</b>	0-18 yrs	2%	23%
minimum	10,244	17,074	23,903	19-64 yrs	9%	66%
maximum	14,281	23,801	33,321	65+ yrs	5%	12%
<b>19-64 yrs most likely</b>	<b>35,333</b>	<b>58,888</b>	<b>82,443</b>	<b>TOTALS</b>	<b>16%</b>	<b>101%</b>
minimum	25,369	42,281	59,194			
maximum	53,929	89,882	125,835			
<b>65+ yrs most likely</b>	<b>6,204</b>	<b>10,339</b>	<b>14,475</b>			
minimum	5,854	9,757	13,659			
maximum	9,630	16,050	22,470			
<b>TOTAL: Most likely</b>	<b>53,799</b>	<b>89,664</b>	<b>125,530</b>			
total minimums	41,467	69,112	96,756			
total maximums	77,840	129,733	181,626			



## ESSENTIAL PERSONNEL

The following district administrators and staff members developed this plan, reviewed and understand their roles and responsibilities during a pandemic crisis:

Name	Position	Phone Number	Email Address
Amy Lin-Rodriguez	Superintendent	(201) 662-6700	alinrodriguez@hcstonline.org
Nicholas Fargo	Business Administrator	(201) 662-6661	nfargo@hcstonline.org
Joseph Muniz	Board Secretary	(201) 662-6665	muniz@hcstonline.org
John Shinnick	Assistant Business Administrator/School Safety Specialist	(201) 662-6673	jshinnic@hcstonline.org
Colleen Smith	Director of Personnel/Staff Development	(201) 662-6731	csmith@hcstonline.org
Dr. Joseph Sirangelo	Director of Planning and Research & Evaluation	(201) 662-6705	jsirange@hcstonline.org
Ann Gherardi	CST Coordinator/LDTC	(201) 631-6316	agherard@hcstonline.org
Wayne Zitt	Facilities Director (Frank J. Gargiulo Campus)	(201) 662-6710	wzitt@hcstonline.org
Anthony D' Alessandro	Facilities Director (Earl W. Byrd Center and Explore Middle School)	(201) 631-6356	adalessa@hcstonline.org
Mario Rodriguez, III	Food Service Coordinator	(201) 662-6832	mrodriguez7@hcstonline.org
Christine Carroll	Network Systems and IT Support Services Coordinator	(201) 662-6562	ccarroll@hcstonline.org
Asuncion Los Banos	Data Management and Technology Resource Coordinator	(201) 662-6573	alosbano@hcstonline.org



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**Essential Personnel by Department**

Department	Essential Personnel	Role	Workstream and Duties	# of Individual(s)
Board of Education	Joseph Muniz	Board Secretary/Qualified Purchasing Agent	Coordinate all communications w Board Members and Public; Board Office Operations Approve all district purchases; Sign all payments	9 Board Members 1 Personnel
Superintendent	Amy Lin-Rodriguez	Superintendent	Coordinate district-wide communications; Lead EMT w School Safety Specialist; Support Directors / Principals; Oversee district operations; Provide weekly updates to staff and students	4 Personnel
Business Office	Nicholas Fargo	Business Administrator	Coordinate all communications w Business Office; Oversight of Food Service, Transportation and Budget	8 Business Office Personnel
Human Resource	Colleen Smith	Director of Personnel/Staff Development	Coordinate Attendance, Payroll, Personnel Matters, Professional Development	4 Human Resource Personnel
Transportation/ School Safety	John Shinnick	Assistant Business Administrator/ School Safety Specialist	Coordinate Operations for Emergency Preparedness; Lead Emergency Management Team (EMT); Transportation Oversight	3 Transportation Personnel
Food Service	Mario Rodriguez, III	Food Service Coordinator	Food Service Oversight	3 Food Service Managers
Operations	Anthony D' Alessandro	Facilities Director (Earl W. Byrd Center and Explore Middle School)	Facility oversight, scheduling, maintenance, security	2 Operations Personnel
	Wayne Zitt	Facilities Director (Frank J. Gargiulo Campus and North Hudson Center)	Facility oversight, scheduling, maintenance, security	2 Operations Personnel
Principals	Dr. Joseph Giammarella	Principals	Staff and student attendance oversight; Conference call with school admins; Host virtual meetings; Prepare video meetings with guidance, instructional staff and students; Lesson Plan oversight; Scheduling; Admissions	<b>12</b> Assistant Principals <b>15</b> Supervisors of Instruction <b>1</b> Lead Instructors <b>1</b> Instructors <b>1</b> Guidance
	Barbara Mendolla			
	Allyson Krone			
	Kathy Young			
	Hawa Dahn Saw			
Technology/	Dr. Joseph Sirangelo	Director of Planning	Communicate with Tech Dept	3 Technology



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Curriculum & Instruction		and Research & Evaluation	Coordinators; Oversight of district curriculum and testing updates	Coordinators; 1 Curriculum Advisor
Technology-Hardware	Christine Carroll	Network Systems and IT Support Services Coordinator	Communicate with & coordinate Tech Dept; Oversight of district curriculum and testing updates	10 Techs
Technology-Software	Asuncion Los Banos	Data Management and Technology Resource Coordinator	Communicate with Tech Dept; Oversight of district virtual transition and support; Plan formatting of preparedness plan & other district-wide correspondences with Superintendent; Support Food Service functions	5 Techs
Child Study Team	Ann Gherardi	CST Coordinator/LDTC	Communicate with CST Members; Host virtual learning support for special needs population; Initiate student accommodations for virtual learning	4 Child Study Team Personnel
CTE/Post-Secondary	Alicia Abraham	Director of CTE/Post Secondary Programs	Support CTE instructors; Ensure schedule continuity for program testing; Perkins Grant processing; Review Post-Secondary Programming and regulations	1 Post- Secondary Personnel; CTE Instructors
AHS/TASC	Keri Sullivan	Director of Grants/ Workforce Investment/ Adult Programs	Grant processing; Communicate with Workforce Development & One Stop/CDC; Review TASC regulations	1 Post- Secondary Personnel
Dept. of Career Planning and Development	Amy DeGise	Apprenticeship/Internship Coordinator	Communicate with Department; Grant processing	2 Apprenticeship Personnel
Title I	Linda DiGiacomo	Supervisor of Basic Skills	Communicate with Principals to support Title I Efforts and Preparedness	Principals



The following school and district administrators reviewed and approved this plan:

Name	Position	Phone Number	Email Address
Craig Guy	HCST Board President	(201)795-6200	cguy@hcnj.us
Hugo Cabrera	HCST Board Vice-President	(201) 868-2083	hcabrera@northbergen.k12.nj.us
John Shinnick	School Safety Specialist	(201) 662-6673	jshinnic@hcstonline.org
Joseph Sirangelo	Director of Planning	(201) 662-6705	jsirange@hcstonline.org
Mario Rodriguez	Food Service Coordinator	(201) 662-6832	mrodriguez7@hcstonline.org

## I. PLANNING, COORDINATION, & EVALUATION

### A. Principles

- The School Influenza Pandemic Management Plan is an addendum to the school and district all-hazards emergency plan.
- Influenza pandemic is a low-to-moderate probability event with significant consequences. Effective and comprehensive planning will help to mitigate the impact of influenza pandemic on a school system.
- Preparing for influenza pandemic will help prepare schools for other hazards and threats such as natural disasters, intentional acts and technologic emergencies. These preparations should be part of an all hazards assessment and preparedness process.
- Coordinated pandemic influenza planning must occur across the entire school system and in conjunction with community partner, including:
  - Local & county public health agencies
  - Local Emergency management agencies
  - Community hospitals
  - Community healthcare providers
  - Local county government officials
  - Local faith-based institutions
  - Union representatives
  - Health insurance companies
  - Local Charities and other civic organizations.



- All planning should be consistent with the national planning framework that includes the [National Incident Management System \(NIMS\)](#) and the [National Response Plan \(NRPJ\)](#).
- This plan is based on the following:
  - [World Health Organization's \(WHO\) Pandemic Alert Phases](#), which describes the progression from no circulating influenza virus of human significance to a worldwide pandemic.
  - The [NJ Department of Health and Senior Services \(NJDHSS\) influenza plan](#).
  - The US Centers for Disease Control and Prevention ([CDC Pandemic Severity Index](#)): an assessment of the potential human impact of a currently circulating influenza virus strain.

## B. Pandemic Management Assumptions

(<https://www.cdc.gov/flu/pandemic-resources/index.htm>)

### 1. Health Impact Assumptions

- Susceptibility to the pandemic influenza virus will be universal. The seasonal flu vaccine given every year will not provide protection against a pandemic influenza virus.
- There will be at least a three (3) week warning period before the pandemic reaches the Continental United States.
- Efficient and sustained person-to-person transmission signals an imminent pandemic. This is the WHO's Pandemic Phase 5.
- The clinical disease "attack rate" (number of people who become ill) will likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average 20% will become ill during a community outbreak.
  - Some people will become infected but not develop clinically significant symptoms.
  - Asymptomatic or minimally symptomatic individuals can transmit infection, but will develop immunity to subsequent infection.
- Of those who become ill with influenza, 50% will seek outpatient medical care.
  - With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Two scenarios are presented based on extrapolation of past pandemic experience. Planning should include the more severe scenario.
  - Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
  - The [CDC Pandemic Severity Index](#) will be the federal government's best estimate on the human impact of the circulating pandemic strain.



- Rates of absenteeism will depend on the severity of the pandemic.
  - In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
  - Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.
- On average, infected persons will transmit infection to approximately two other people.
- In an affected community, a pandemic outbreak will last about 6 to 8 weeks.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

## 2. What Can Be Expected If a Pandemic Hits?

The actual impact of a future pandemic is unpredictable because it is not yet known how deadly the virus that causes the pandemic will be. Assumptions are based on the information from past pandemics and the 2003 SARS outbreak (which behaved similarly to a pandemic).

An important observation that was made during the 2003 SARS crisis was a sharp decline in consumer demand and workforce. Employees were ill or stayed home out of fear or to take care of others who were sick. Pandemic influenza will have short- and long-term effects. It is important for schools, daycares, individual businesses and critical services to evaluate their role in the community and how it will be impacted by:

- Surge in demand for health care services: hospitals, clinics, doctor’s offices, or pharmacies.
- Self-quarantine: people voluntarily staying at home out of fear or to take care of a sick friend/family member
- Nonessential services that involve social contact may close: shopping malls, community centers, libraries, public transit, theatres, sporting events, museums or restaurants.
- Some services may close due to high absenteeism: schools, day-care centers and churches
- Critical infrastructure may operate below capacity: grocery stores, utilities, postal services, banking, telecommunications and waste-removal.
- Trade, travel and tourism will be greatly affected (as seen for SARS).



### **3. Community Impact (Appendix B: Coping Tips and Stress Reaction)**

- Services providing for fundamental human needs, such as food and medicine, would be in short supply.
- During each wave of contagion, there may be significant economic disruption, including inventory shortages, shipment delays, and reduced business activities.
- There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications.

### **4. Mitigation Strategy Assumptions**

- Social distancing strategies aimed at reducing the spread of infection such as dosing schools, community centers, and other public gather points and canceling public events may be implemented during a pandemic.
- Personal protective equipment (PPE) will be in short supply but will be essential for those persons at increased risk of exposure to pandemic influenza.

### **5. Communication Assumptions (Appendix B: Sample Parent letters)**

- Internal and external communications will need to be intensified and coordinated.
- There will be widespread circulation of conflicting information, misinformation, and rumors.

### **6. School-Specific Assumptions**

- Contagious employees - both asymptomatic and symptomatic - will come to work.
- Models suggest that early closure of the schools will help slow the spread of influenza through a community and lower its overall impact.
- Closure of the schools will be a joint decision involving the school district, state, and local health departments (See Appendix C for local health departments).
- After the first wave passes, resumption of normal activities in private and public sectors may be difficult. There will be grieving for the deceased and concerns over the next pandemic wave (in the event that an effective vaccine is not available during or after the first wave).
- Neighborhood schools, its teachers, staff and nurses, are frequently an important and trusted source of information for families of school-aged children, especially in immigrant, minority and lower socioeconomic communities. It is expected that this important function will continue during an influenza pandemic.



## 7. Plan Organization

Traditional emergency response plans are organized into four phases: Prevention/Mitigation, Protection, Preparedness, Response, and Recovery strategies. These phases roughly correlate to the CDC/WHO Pandemic Phases (Appendix A). This plan builds upon these structures, but also incorporates additional detail to generate School Response Levels that are linked to these emergency response phases and pandemic and includes action items specific for influenza pandemic for each of the phases.



Table 3

Traditional Emergency Response Phase	Pandemic Phase (NJDHSS, CDC, WHO)	School Response Levels
PREVENTION-MITIGATION	<b>Interpandemic phase</b> (CDC/WHO phases 1-2) No new influenza virus subtypes detected in humans.	<b>Level One (L1)</b> Committee met on Friday, March 6, 2020 at 11:00 am to plan for potential outbreak.
	<b>Pandemic alert period</b> (CDC/WHO Phases 3-4) No/little human-to-human transmission, but circulating influenza virus could mutate to a pandemic strain.	
PREPAREDNESS	<b>Heightened Pandemic Alert Period</b> (WHO/CDC Phase 5)	<b>Level Two (L2)</b> Distribute letters to parents, post on district website, communicate



	Large clusters of human-to-human transmission, especially in the US, but none in NJ.	with parents via SchoolMessenger and SchoolMint.
<b>RESPONSE</b>	<b>Pandemic Period</b> (WHO/CDC Phase 6) Increased and sustained transmission in the New Jersey population.	<b>Level Three (L3)</b> District will closely monitor student and parent illnesses and maintain constant communication with the County Health Department.
		<b>Level Four (L4)</b> District will notify parents and list procedures to follow regarding potential school closure.
		<b>Level Five (L5)</b> School closure plan and continuity of students learning and Core Operations Plan.
<b>RECOVERY</b>	<b>End of Wave</b> Return to Pandemic Alert Period	<b>Level Six (L6)</b> Follow all example trauma teams and utilize outside services.
	<b>Successive Waves</b> Return to Heightened Pandemic Alert and Pandemic Periods.	

### C. Organization and Responsibilities

The school district should perform the following functions as needed:

- Establish provisions for notification, comments, etc.;
- Develop and maintain this plan in collaboration with other agencies;
- Identify resources (personnel, supplies, reference materials) to carry out an emergency vaccination or medication dispensing/administration clinic;
- Obtain information from neighboring jurisdictions, as needed to develop and maintain this plan;
- Coordinate emergency exercises as needed; and
- Conduct, or otherwise arrange to provide, emergency-related training as needed.
- Administrators and/or designees will develop and maintain procedures for implementing this plan.



## D. Plan Development, Review, Evaluation and Maintenance

This plan should be reviewed and updated as necessary, such as after an exercise or an actual outbreak, but not less than annually.

Those items that should be reviewed include, but are not limited to:

- Community notification and alerting lists, including 24/7 contact information for appropriate personnel.
- Inventories and/or identified sources of critical equipment, supplies, and other resources.
- Facility and community-specific functions and procedures.
- The identification of key personnel is critical for the review and maintenance of this plan.
- Amy Lin-Rodriguez, Superintendent is responsible for distribution, coordination, review and maintenance of this plan.
- Amy Lin-Rodriguez, Superintendent must ensure the involvement of all affected parties in the development, implementation and review of the plan.
- Amy Lin-Rodriguez, Superintendent maintains a list of plan holders and ensures that all have a copy of the latest plans.

**Table 4** outlines specific action steps for each level of response identified in **Table 3**.

Planning, Coordination & Evaluation (PCE) Specific Action Items by School Pandemic Response Level	
Level 1 - Plan for it	
	L1-1. Appoint a pandemic manager to coordinate plan development.
	L1-2. Ensure this plan is consistent with district and school emergency response plans.
	L1-3. Ensure this plan is consistent with the health department plan.
	L1-4. Assist HCST in any exercises, where appropriate.
	L1-5. Ensure that the school district is represented at community preparedness exercises, where appropriate.
	L1-6. Establish an Incident Command System (ICS) for a pandemic outbreak identifying appropriate personnel and chain of command in case of illness (three layers deep).
	L1-7. Create a contact list of key personnel with a consistent update schedule.
	L1-8. Determine any potential waivers needed to district, county or state policies requirements.
	L1-9. Archive all planning materials in both paper and electronic formats and distribute to district and school office and the planning team.
	L1-10. Develop procedures for mass dispensing of antiviral medications and vaccines in schools in coordination with local public health authorities. Include as an appendix to this plan.
	L1-11. Develop school closure procedures and include as appendix to this plan.



	L1-12. Develop and conduct exercises in conjunction local public health and emergency management authorities to test this plan.
<b>Level 2 - Take advanced precautions</b>	
	L2-1. Review pandemic plan in the event of full implementation, checking for up-to-date information from state education and local, county and state public health departments.
	L2-2. Communicate any state public health directives to the district school.
	L2-3. Assists the schools in the collection of student and staff absentee statistics.
	L2-4. Consult with school officials prior to issuing public health orders that affect the schools.
	L2-5. Update contact list.
<b>Level 3 - Keep alert (Initiate surveillance &amp; heightened awareness)</b>	
	L3-1. Maintain links with relevant agencies and community support networks.
	L3-2. Review pandemic plan.
	L3-3. Check staff and student contact details.
	L3-4. Monitor recent domestic and international travel of staff, students and parents.
	L3-5. Confirm school's role in local response plans with the local health department and OEM.
	L3-6. Review mass dispensing procedures.
	L3-7. Review school closure procedures.
<b>Level 4 - Prepare for possible school(s) closure</b>	
	L4-1. Make preparations for possible school closure.
	L4-2. Ensure clear line of communication with officials authorized to make this decision (governor, health commissioner, education commissioner, local health officer, etc.)
<b>Level 5 - Implement full activation of Response Plan - School Closure -</b>	
	L5-1. Close school(s) as directed by health departments other authorized officials, according to school closure procedures.
	L5-2. Collaborate with local agencies in making school facilities available in local response efforts, as previously identified.
<b>Level 6 - Recovery</b>	
	L6-1. Assess capacity of staff to resume normal school operations; determine staffing needs based on returning student population; provide appropriate staff coverage as necessary.
	L6-2. Evaluate the success of the pandemic plan and make adjustments.
	L6-3. Prepare for the second wave.



## **E. Authorities and References**

The New Jersey Department of Education has established a protocol for dosing schools if there is a pandemic or infectious disease outbreak. Additionally, if the New Jersey Pandemic Influenza Task Force (PIRT) or the Department of Health and Senior Services recommend closure, the Commissioner of Education will convene the department's essential staff to assess and make recommendations to the Governor about the needed response. NJDOE in consultation with the Governor's Office, PIRT and NJDHSS will determine if all or some school districts should be directed to close and implement their protocols for closing.

Please note, however, that before this protocol is implemented by the NJDOE, key information about the spreading virus is collected by the NJDHSS. The State depends on the local health departments for surveillance and detection of any spreading virus.

## **F. School Surveillance**

Schools play a vital role in the detection, response and recovery from an influenza pandemic. Children are at higher risk of the disease and more likely to spread it through a community. The actions taken by school officials could have a significant impact beyond school teachers, staff and students to induce the entire community.

Even if regular classes are suspended during an outbreak, schools can contribute to the community response by providing important information to the public, productive activities for children who are isolated or quarantined. Thus, school pandemic preparedness plans should be developed in coordination with and integrated with community-wide plans. School officials should be actively involved in community preparedness efforts.

School districts should work with local health departments to develop policies and procedures to:

- Identify and isolate infected or potentially exposed students;
- Disseminate information to students, families and staff;
- Mass distribute prophylactic medications or vaccines to students and staff
- Assist with community isolation and quarantine efforts; and
- Assist with community mass prophylaxis and vaccination efforts

The following NJDOE flow chart outlines the process for closing schools. According to this protocol, the Office of the County Superintendent will notify the school district of NJDOE's decision to close one or all schools.

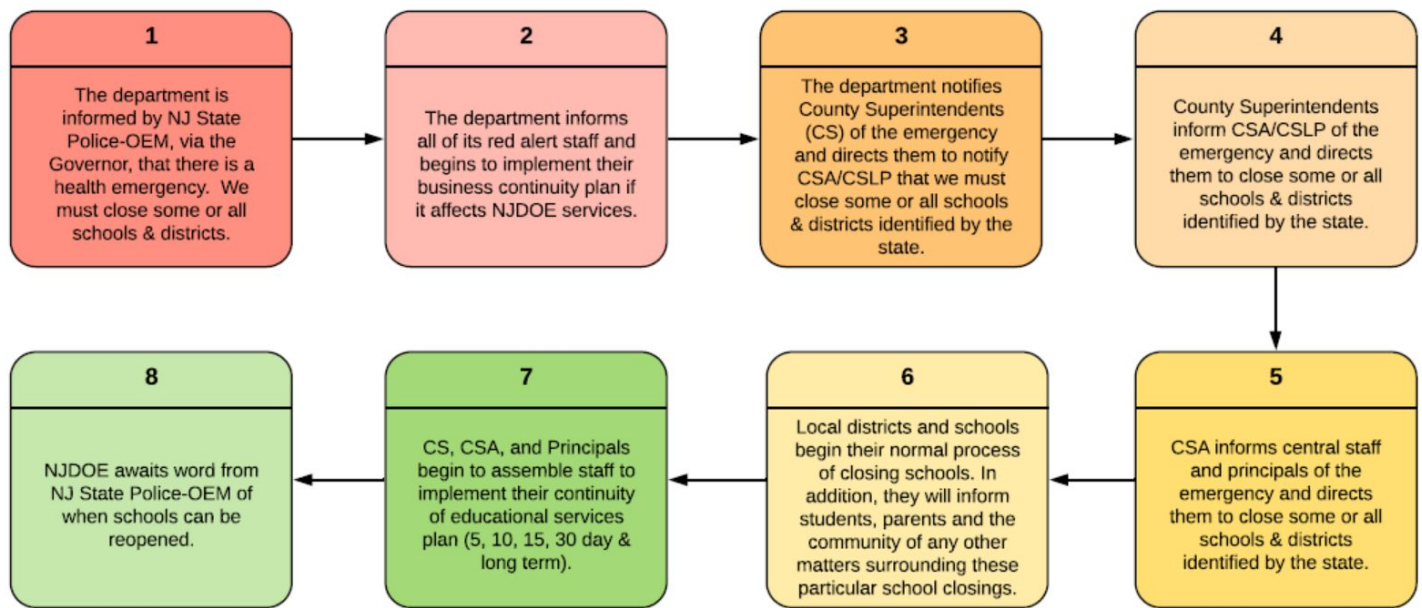
In the event that the State and/or NJDOE has not made a decision on school closures, chief school administrators, charter school lead persons and nonpublic school administrators have the authority to close



their respective schools. It is expected, however, that this decision will be made in consultation with the County Superintendent of Schools, the local health department, and the office of emergency management.

## G. Continuity of Operations (COO) - NJDOE Communication Protocol Flow Chart

**CS:** County Superintendent | **CSA:** Chief School Administrator | **CSLP:** Charter School Lead Person  
**OEM:** Office of Emergency Management



### Core Operations Plan in the event of a Pandemic

<b>County</b>	Hudson		
<b>District Name</b>	Hudson County Schools of Technology		
<b>Chief School Administrator</b>	Amy Lin-Rodriguez, Superintendent		
<b>Chief School Administrator Designee</b>	John Shinnick, School Safety Specialist		
<b># of Students</b>	2,502 (grades 6-12)	152 (AHS) 410 (BA)	534 (ESL) 184 (Post Secondary)
<b># of Personnel</b>	1,025 (Total) = 451 (Full Time) + 537 (Part Time) + 37 (Per Diem)		
<b># of Schools</b>	7		
<b>Off Site Location</b>	TBA		
<b>County Superintendent</b>	Melissa Pearce, Interim Executive County Superintendent Email: <a href="mailto:Melissa.Pearce@doe.nj.gov">Melissa.Pearce@doe.nj.gov</a> Phone: (201) 369-5290 Fax: (201) 369-5288		



<b>Law Enforcement</b>	Frank X. Schillari, Hudson County Sheriff Phone: (201) 369-4330 Fax: (201) 369-4336
<b>Office of Emergency Management</b>	James Woods, Hudson County Coordinator Email: <a href="mailto:JWoods@HCNJ.US">JWoods@HCNJ.US</a> Phone: (201) 369-5200
<b>Public Health Office</b>	Carrie Nawrocki, Executive Director / Health Officer Phone: (201) 223-1133 Fax: (201) 223-0122

## II. PREPAREDNESS: HEALTH-RELATED SCHOOL CLOSURE PLAN

### A. Summary

The Hudson County Schools of Technology (HCST) in reaction to the Novel Coronavirus (COVID-19) has established a Health-related School Closure Preparedness Plan in the event of such closure as deemed necessary by the New Jersey Department of Health (NJDOH). This plan may be modified based on new information and updates from the CDC, NJDOH and the NJDOE.

As the State’s coordinated response to the continued outbreak of COVID-19 evolves, NJDOE recognizes the need for increased flexibility for superintendents and boards of education to make closure decisions in the best interests of their students and staff. The NJDOE is, therefore, supplementing its previous guidance to reflect these changes in circumstances.

Requirements to Implement a Public Health-Related School Closure NJDOE Broadcast 03-13-20

*In the event that a district or charter school, in collaboration and consultation with its local health agency, determines that it is in the best interests of students and staff to close individual schools or the entire district, the district or charter school may utilize home instruction to provide instructional services to enrolled students. The provision of home instruction services should continue to be guided by N.J.A.C. 6A:16-10.1 and the district’s emergency closure school preparedness plan. Any day on which all students impacted by such a public health related closure have access to home instruction services provided consistent with the guidance in this memo will count as a day on which the board of education has provided public school facilities toward its compliance with the 180-day requirement in accordance with N.J.S.A. 18A:7F-9. This flexibility to count a day on which public school facilities are closed toward the board of education’s statutory 180-day requirement applies strictly to public health-related school closures as described in this memo and not to any other type of closure or other days on which public school facilities are not made available.*

To date, HCST has taken a proactive approach in communicating, planning and preparing in accordance with the considerations and strategies outlined in the NJDOH’s guidance, March 2020.



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Meetings were initiated with school-level planning teams consisting of the Superintendent, Principals, School Nurses, Facilities Directors, Food Services Coordinator and the Director of Planning, Research and Evaluation.

Emails containing district communication of the most up-to-date information (memos, links and guidance) from The Hudson Regional Health Commission, New Jersey Department of Health, as well as the United States Department of Health & Human Services - Center for Disease Control (CDC) were distributed via PowerSchool to all students/guardians/parents and via Gmail to all faculty and staff. A link was added to the main district website and the following links were shared:

- Hudson Regional Health Commission: <https://www.hudsonregional.org/coronavirus>
- NJ Department of Health: <https://www.nj.gov/health/cd/topics/ncov.shtml>
- US Department of Health – CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>

The district level Emergency Management Task Force was enhanced to ensure no interruption to academic curriculum and educational programming in the event of a health-related school closure.





<b>Department</b>	<b>Representative</b>	<b>Title</b>
Board of Education	Geraldine Perez	Board Member, UCBOE Administrator
Board of Education	Hugo Cabrera	Board Member, NBBOE Board Secretary
Board Office	Joseph M. Muniz	Board Secretary, HCST
Business Office	Nicholas Fargo	Business Administrator
Child Study Team	Ann Gherardi	Child Study Team Coordinator
Communications	Caitlin Mota	Public Relations Representative, Vision Media
Curriculum & Instruction	Joseph Sirangelo	Director of Planning, Research & Evaluation, HCST
Facilities	Anthony D'Alessandro	Facilities Director, EWBC/EXP
	Wayne Zitt	Facilities Director, FJGC/NHC
Food Services	Mario M. Rodriguez III	Food Service Coordinator, HCST
Human Resources	Colleen Smith	Director of Personnel, HCST
Medical	Karen Fargo	School Nurse, HCST
Safety/Transportation	John Shinnick	School Safety Specialist, Transportation Supervisor



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Superintendent's Office	Amy Lin-Rodriguez	Superintendent, HCST
Technology	Christine Carroll	Network & IT Support Services Coordinator, HCST
	Asuncion Los Banos	Data Management and Technology Resource Coordinator, HCST

The district-level Emergency Management Task Force (EMTF) created a line of communication and convened with Hudson Regional Health Officials for a briefing of the latest CDC information. EMTF will meet regularly to assess the situation and make accommodations as deemed necessary. Further coordinated planning will need to occur district-wide and in conjunction with state, county and local agencies:

 <p><b>US Department of Health – CDC: Centers for Disease Control and Prevention</b> 1600 Clifton Road Atlanta, GA 30329 USA (800) 232-4636</p>	 <p><b>NJ Department of Health:</b> P. O. Box 360 Trenton, NJ 08625-0360 (609) 292-6683</p>
 <p><b>Department of Education</b></p> <p><b>NJ Department of Education:</b> PO Box 500 Trenton, NJ 08625 (609) 376-3500</p>	 <p><b>Hudson Regional Health Commission:</b> 595 County Avenue, Building 1 Secaucus, New Jersey 07094 (201) 223-1133</p>

To support creating an effective preparedness plan for each academic discipline and Career and Technical Education (CTE) vocation, Faculty and Staff were provided with additional planning time – guided by their administrators.

Results of the HCST EMTF ascertained the following plan for each department while ensuring adherence to all of the state and local mandates. Further, the committee identified three areas of adapting operation:

- Normal Operations**
- Partial District Closures**
- Full District Closure**



## B. Continuity of Student Learning & Core Exercises

### 1. Normal Operations

Department	Actionable Objectives	Person(s) Responsible
<b>Education</b>	<p><b>All Educational Programs:</b>            School-day schedule in effect (Full, Delayed Opening, Early Dismissal);            Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health;            Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community’s health and address the access and functional needs of at-risk individuals;            Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors;            Plan with academic and Career and Technical Education departments to create a two-week online plan (with potential extension) in the event of a health-related school closure;            Participate in mock online (or off-line) learning environments to ensure comfortability with educational platform for both students and staff;            Evaluate a plan to address the provision of appropriate special education and related services for students with disabilities;            Create informative newsletter to support resources for special education and related services for students with disabilities</p>	<b>Educational Administrators, Certified Academic Instructors, Certified CTE Instructors, CST Members School Counselors, School Nurse, Support Staff</b>
<b>School Counseling Services Plan</b> <small>adapted from BBOE</small>	<p><b>Social Emotional</b>            School Counselors to ensure student wellness by providing support services on a variety of mental health concerns related to the pandemic; Services will be provided via individual and group sessions while school is in session.</p> <p><b>Addressing Stigma</b>            Crisis communicators to counter stigmatization during a health-related crisis; Messages to reinforce real risks through accurate information and awareness; Images to reflect all people who are susceptible to getting sick;</p>	<b>Educational Administrators, CST Coordinator, School Counselors, CST, School Therapeutic Services Facilitator, HIB Coordinator and Specialists</b>
<b>Facilities</b>	Develop Health Survey for any visitors; Coordinate training and provide guidance to build staff awareness on how to prevent spread of germs; Increased disinfecting operations scheduled;	<b>Facilities Directors, Maintenance, Janitors,</b>



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	Post signs provided by the CDC to promote awareness	Security, Other Operations Personnel
<b>Food Services</b>	Assess planned services to address the provision of school nutrition benefits or services for eligible students; Consult with food purveyors to plan viable meals for students; Suspension of Salad Bar, Salad Bar items served behind the production line, Foods Wrapped in a <i>Grab and Go Style</i> ;	Food Service Coordinator, Data Management Coordinator; Food Service Managers, Line Cooks, Cafeteria Aides
<b>Operations</b>	Convene/participate with community partners to identify and implement additional ways to strengthen community resilience; Transportation services according to daily school-day schedule; Support school-day schedule adaptations	Transportation Supervisor, Dispatchers, Mechanics, Security, Other Operations Personnel
<b>Technology</b>	Survey to assess student and staff equitable accessibility to instruction; Instructors to confirm class content on and student access to Google Classroom; Coordinate with partners and share information through district website and community social media networks; Students to update contact information; Update website information; Ensure creation of HCST emails for all currently registered students; Inform students to check emails/website for announcements; HCST emails to be used to provide online communication and student support; Identify total number of eligible food service students (Free/Reduced qualification); Develop procedures for online student attendance within platform; Develop Health Questionnaire procedures for visitors upon online check-in to facility	Technology Coordinators, Technology Leads, Other Support Staff, in collaboration with School-level Administration, Attendance Officers



## 2. Partial District Health-Related School Closure as conferred with the Department of Health

Department	Actionable Objectives	Person(s) Responsible
<b>Education</b>	<p>School-day schedule in effect (Full, Delayed Opening, Early Dismissal) in the open campuses;            Abridged school-day schedule for displaced students of closed campus;            Continue to participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health;            Continue to promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community’s health and address the access and functional needs of at-risk individuals;            Continue preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors;            Initiate online learning plan for academic and CTE classes for those effected by campus’ health-related school closure;            Advise all departments to prepare and plan for the possible extension of a health-related school closure;            Continuation of mock online learning environments to ensure comfortability with educational platform for both students and staff;            Provide appropriate special education and related services for students with disabilities in open campuses as needed</p>	<b>Educational Administrators, Certified Academic Instructors, Certified CTE Instructors, CST Members School Counselors, School Nurse, Support Staff</b>
<b>Facilities</b>	<p>Health Survey distributed to any individual entering the building; Continue to provide guidance on how to prevent spread of germs; Implement additional measures that reflect the recommended standards of the Centers for Disease Control and Prevention (CDC)</p>	<b>Facilities Directors, Maintenance, Janitors, Security, Other Operations Personnel</b>
<b>Food Services</b>	<p>Plan services to address the provision of school nutrition benefits or services for eligible students in open campus(es); Continue with Suspension of Salad Bar at open campuses, Salad Bar items served behind the production line, Foods Wrapped in a Grab and Go Style</p>	<b>Food Service Coordinator, Food Service Managers, Line Cooks, Cafeteria Aides</b>
<b>Operations</b>	<p>Campus to utilize available spaces up to and including displaced population;            Adapt transportation routes to non-affected campuses</p>	<b>Transportation Supervisor, Dispatchers, Mechanics,</b>



		<b>Security, Other Operations Personnel</b>
<b>Technology</b>	Plan to secure student and staff equitable accessibility to instruction based on survey; Secure companies to provide internet access for students who do not have connectivity; All Instructors planning class content in Google platform; All students should have equitable access to Google Classroom; Continue to coordinate with partners and share information through email, website, community social media networks; Initiate student attendance procedures as planned	Technology Coordinators, Technology Leads, Other Support Staff in collaboration with Educational Administration, Attendance Officers
<b>Human Resources</b>	Human Resource Department with Superintendent to implement transfer of closed-facility faculty to open campus; Assign essential employee roles as necessary; Plan for payroll and attendance provisions	<b>Director of Personnel, Payroll Specialist, Attendance Coordinator</b>

### 3. Full District Health-Related School Closure as conferred with Department of Health

In the event of a New Jersey Department of Health / New Jersey Department of Education district closure, Instructors and staff members will continue their professional responsibilities remotely in a virtual learning environment. The Hudson County Schools of Technology is committed to providing efficient, diverse learning opportunities for our students. HCST’s Middle and High Schools have a 1:1 Learning Environment.

To ensure a continuity of instruction and proactive preparation, instructional staff established communication and instruction utilizing Google as the platform (Classrooms, Hangouts, Gmail). Minimizing the disruption to our students is our priority. All educational planning includes accommodations for our Special Services and alternative populations. All staff is prohibited to use personal phones, social media, or personal emails to contact students. Technology Department will be available and handle Tech Requests as they are created to support in-person or remotely.

An Off-Line Plan has been created for the Adult High School population and those needing other accommodations to remain on task during a closure by providing reinforcement to already acquired skills.

#### **Attendance**

Virtual Plan for daytime schools: Instructors will be required to follow their daily instructional program and planned lessons. A daily attendance post will track instructional teacher and student attendance every morning



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with a 9:30 AM log-in. Students are asked to respond within the hours of 9:30am – 1:30pm and will be marked present for the day as assignments and check-ins are completed throughout the day. Each class attendance will be transferred to PowerSchool (by course) for the daily attendance.

For accountability of attendance, instructional staff is planned for checking-in at the mandatory times of 9:30 AM, 11:30 AM, and 1:30 PM to provide support and upload additional assignments, learning activities, resources, etc.

Off-line Plan for AHS and other accommodations: Students' will work independently in their home environment on a remote basis in an effort to complete the offline packets. Instructors will be required to review students' work upon submission. Instructors will be responsible to assess and grade student's packets.

Department	Actionable Objectives	Person(s) Responsible
Education	<p><b><u>Adult High School:</u></b>  <i>Virtual Plan</i>            All lessons and supplemental support to be provided in Google Classroom</p> <p><i>Off-line Plan</i>            Instructional Instructors provide individual class packets for students;            Packets include two weeks of instruction (with extension activities);            Students to communicate via email with instructors; Assignments aligned with curriculum required for graduation</p> <p><b><u>ACTE/ATD/CPHS/HTHS/Explore Middle School:</u></b>            All instructional areas delivered online through Google classroom;            All lesson plans to be in a contained shared Google drive. <i>Moodle may be utilized for supplemental needs for approved instructors only.</i>            All communications between students, Guidance Staff and Instructors using HCST Gmail email account or Google classroom only.            Instructors are responsible for posting daily assignments/projects.            Timelines for assignment to be posted along with possible resources to reference (videos, website, reference materials, etc.).            Instructors to post available times via Google classroom for questions and answers.            Supplemental 'how to post' video to review and implement.            CTE resource link available:  <a href="https://www.careertechnj.org/about/resources-for-districts/2020-emergency-home-instruction-resources/">https://www.careertechnj.org/about/resources-for-districts/2020-emergency-home-instruction-resources/</a>            Administration will communicate with staff as needed.            Instructional staff is encouraged to send email to the appropriate administrator for clarification, assistance, or questions.</p>	Educational Administrators, Certified Academic Instructors, Certified CTE Instructors, CST Members School Counselors, School Nurse, Support Staff



	<p>Special Education Instructors and support staff address the provision of appropriate special education and related services for students with disabilities within Virtual Learning or Off-line Learning.        Tech requests should be submitted with any technical issues:  <a href="https://helpdesk.hcstonline.org">https://helpdesk.hcstonline.org</a></p> <p><b><u>Career Development Center</u></b>        Workforce Learning Link ESL classes provided at the Hudson County One-Stop/CDC suspended; CDC staff, Workfirst and ES staff provide services</p> <p><b><u>Post Secondary Program:</u></b>        Classes suspended;        New Jersey Water Environment Association (NJWEA) to conduct classes via teleconference;        Cosmetology to use Google classroom - acquire hours daily; Cosmetology instructor to ensure required instructional hours are met</p> <p><b><u>TASC Prep Program:</u></b>        All preparation classes and testing will be suspended;        Student internships temporarily suspended</p> <p><b><u>TASC Testing Center:</u></b>        Individuals scheduled for TASC testing to be contacted;        Registration suspended if the building is closed to students;        Registration to resume when the district reopens</p> <p><b><u>TASC Prep &amp; Test Programs:</u></b>        Students to contact TASC Prep Department via email (ksullivan@hcstonline.org) with any questions and concerns</p>	
<p><b>School Counseling &amp; CST Services Plan</b>        adapted from BBOE</p>	<p><b><u>Counseling Services:</u></b>        School Counselors to provide support via email and phone conferences, if warranted, to address relevant concerns.</p> <p><b><u>School Counselor Responsibilities:</u></b>        Counselors to check, monitor, and respond to voice messages and email messages on a daily basis.        Counselors to maintain counseling logs/calendars as a written record of their communication.</p> <p><b><u>Naviance:</u></b>        Comprehensive college, career and life readiness solution to help align</p>	<p><b>Educational Administrators, CST Coordinator, Certified Special Education Instructors, School Counselors, CST, School Therapeutic Services Facilitator, HIB Coordinator and Specialists</b></p>



	<p>student strengths and interests to postsecondary goals, improving student outcomes and connecting learning to life:</p> <ul style="list-style-type: none"><li>• <b>Self-discovery</b> lessons help students understand their strengths and interests and connect them with their future goals.</li><li>• <b>Success skills</b> lessons are designed to equip students with the interpersonal skills they need to be successful in school and the workplace.</li><li>• <b>Support network</b> lessons allow students to understand and identify the people who are available to help them succeed.</li><li>• <b>Career planning</b> activities help students explore the careers that align with their strengths and interests.</li><li>• <b>College planning</b> lessons provide context behind college fit and match and walk students through the college planning process.</li><li>• <b>Financial planning</b> activities help students understand concepts related to budgeting, income, paying for college, and financial aid.</li></ul> <p><u>Services:</u> In-class Resource Students district wide to follow the Educational Virtual Plan; Modifications will be added to the daily lessons by the certified inclusion instructors for students via Google Classroom; Students with an Off-Line Plan to be provided educational plan by the instructor and will be accompanied with modifications and accommodations; Distribute informative newsletter to support resources for special education and related services for students with disabilities; Case managers must check-in with students and parents, documenting routinely as well as monitor grades in PowerSchool; Case managers are available to consult with teachers regarding specific assignments and modifications.</p> <p><u>Evals, IEP Reviews, Eligibility/ReEval Meetings:</u> All IEP's must be completed within the given deadlines.</p> <ul style="list-style-type: none"><li>▪CST members to hold meetings remotely (via phone conferences or google meet: Make note in IEP that parent participated by phone and reconfirm this via email with the parent. Original signatures obtained when school resumes.</li><li>▪IEP provided to parent as a pdf from PowerSchool special education.</li><li>▪All in progress-reevaluations and initials will be completed when school resumes and noted.</li><li>▪Speech provided to student on a daily basis.</li></ul> <p><u>Section 504:</u> School Counselors to monitor and provide additional support as per the student's individual plan.</p> <p><u>Social and Emotional Virtual Plan:</u> Counselors to direct individuals to the proper resources within the</p>	
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	<p>community. Parents/Guardians who feel their child may be in crisis should call 911 or and/or bring their child to the nearest emergency room.</p> <p><u>Harassment, Intimidation, and Bullying Virtual Plan:</u> In accordance with the Hudson County Schools of Technology Board of Education Policy FILE CODE: 5131.1, all Harassment, Intimidation and Bullying (HIB) reports will be investigated as they are received. Contact information for HCST’s District Anti-Bullying Coordinator and HIB Specialists can be found by visiting: <a href="http://www.hcstonline.org/departments/hib/">http://www.hcstonline.org/departments/hib/</a> Investigations will be conducted via email and phone conference as needed. All investigations will be completed within ten school days. The Final Written Report will be sent to the Superintendent via email and it will be presented at the next scheduled HCST Board of Education meeting.</p>			
<p><b>Facilities</b></p>	<p>Maintain Health Survey distributed to any individual entering the building and provide copy for nurse’s files; Continue to provide guidance on how to prevent spread of germs; Implement additional measures that reflect the recommended standards of the Centers for Disease Control and Prevention (CDC); Plan school closure procedures for an non-essential employees</p>	<p><b>Facilities Directors, Maintenance, Janitors, Security, Other Operations Personnel</b></p>		
<p><b>Food Services/ Nutrition</b></p>	<p>HCST students (only those) eligible for free or reduced meals can pick up at one of the following locations:</p> <table border="1" data-bbox="440 1167 1143 1413"> <tr> <td data-bbox="440 1167 797 1413"> <p><b>Earl W. Byrd Center</b> <a href="#">525 Montgomery Street</a> <a href="#">Jersey City, NJ 07302</a> *Main Entrance Bright Street - Lot2</p> </td> <td data-bbox="797 1167 1143 1413"> <p><b>Frank J. Gargiulo Campus</b> <a href="#">One High Tech Way</a> <a href="#">Secaucus, NJ 07094</a> *Main Entrance</p> </td> </tr> </table> <p>"Grab and Go" style meals will be provided for Breakfast and Lunch pick-up. Breakfast will be distributed from 7:00am-9:00am Lunch will be distributed from 11:00am-1:00pm HCST students must have their school-issued ID to receive a meal.</p> <p>Breakfast and Lunch Meals will all include a 1% milk, a juice cup, and a fruit or an unsweetened applesauce fruit cup. The meals will follow the USDA Nutrition Guide for Summer Food Service Program Meal patterns. We are working with our purveyors to accommodate our needs based on availability. As far as the food safety requirements all staff will be wearing hairnets and gloves. Any staff member that is feeling ill will be sent to the</p>	<p><b>Earl W. Byrd Center</b> <a href="#">525 Montgomery Street</a> <a href="#">Jersey City, NJ 07302</a> *Main Entrance Bright Street - Lot2</p>	<p><b>Frank J. Gargiulo Campus</b> <a href="#">One High Tech Way</a> <a href="#">Secaucus, NJ 07094</a> *Main Entrance</p>	<p><b>Food Service Coordinator, Data Management Coordinator, Food Service Managers, Line Cooks, Cafeteria Aides</b></p>
<p><b>Earl W. Byrd Center</b> <a href="#">525 Montgomery Street</a> <a href="#">Jersey City, NJ 07302</a> *Main Entrance Bright Street - Lot2</p>	<p><b>Frank J. Gargiulo Campus</b> <a href="#">One High Tech Way</a> <a href="#">Secaucus, NJ 07094</a> *Main Entrance</p>			



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	nurse and excused. We will be scanning our student's ID's into our POS as they pick up meals to document any child that participates.  HCST Food Services maintains standards and flexibility in accordance with the USDA and NJDOA.	
<b>Operations</b>	Adapt staffing needs to areas deemed necessary	<b>Transportation Supervisor, Dispatchers, Mechanics, Security, Other Operations Personnel</b>
<b>Technology</b>	Maintain support to online virtual community and all essential employees; Techs connected to VPN to provide helpdesk remotely; Tech Desk Help: 201-662-6560 to be monitored; Monitor tech requests submitted; Update website with current information; Comcast to provide WiFi connectivity to Free and Reduced eligible students living in Jersey City, Secaucus, Kearny, East Newark, and Harrison with application; Data Management Coordinator to inform families and provide guidelines for free connectivity; application Technology Dept. Google Classroom to help and share information with the Department.  Students should follow the guidelines set forth by their School Principals. Starting the week of March 23rd a technician available onsite for repair for problems that cannot be fixed remotely. A tech will be available on Tuesdays at the FJG Campus – Secaucus and Thursdays at E.W. Byrd Campus – Jersey City between the hours of 9AM and 1:30PM.  Also suggested to the department to use this time to do some training and will post links to videos and documents in Google Classroom.	<b>Technology Coordinators, Technology Leads, Other Support Staff in collaboration with Educational Administration, Attendance Officers</b>
<b>Human Resources</b>	Collect, manage, maintain and transmit Payroll as necessary; Maintain faculty and staff attendance in collaboration with school and department administrators; Provide professional development resources to community; Redirect any inquires to trained healthcare professionals from the Communicable Disease Service: toll-free 1-800-222-1222.	<b>Director of Personnel, Payroll Specialist, Attendance Coordinator</b>

**Re-Opening of District**

When determined by the Department of Health, or other designee appointed by the Commissioner of Education or Governor, that it is safe to return to school - we will reopen our schools. The Superintendent or designee will provide weekly updates to the entire school school community and make an announcement via website updates, email, social media, and robocall to advise all student/guardians.

[www.hcstonline.org](http://www.hcstonline.org) will have the most up-to-date information regarding district closures.



# APPENDIX

## Appendix A - Health Questionnaire

### Health Questionnaire

*This form is to be completed by office staff if/when he/she receives a phone call for illness related reasons. This information is to be forwarded to the school nurse for informational purposes only.*

**Print Full Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

1. Do you have a fever?  Yes  Temperature  No
2. Do you have any respiratory symptoms? (coughing, sneezing, difficulty breathing?)  Yes  No
3. Have you or an immediate family member recently traveled or been exposed to anyone who has recently traveled to any of the countries that have been affected by the coronavirus? (China, Iran, Italy, Japan or South Korea)  Yes  No

- If a patient/client answers "yes" to any of these questions, please call the school nurse directly for further evaluation.

1. ¿Tienes fiebre?  Sí  No
2. ¿Tienes síntomas respiratorio?  Sí  No
3. ¿Usted o un miembro de su familia inmediata ha viajado recientemente o ha estado expuesto a alguien que haya viajado recientemente a alguno de los países afectado por el coronavirus? (China, Irán, Italia, Japón o Corea del Sur)  Sí  No

- Si un empleado/visitante responde "sí" a cualquiera de estas preguntas, llame directamente a la enfermera para una evaluación adicional.



## Appendix B - Daily Pandemic Census Log

### Daily Pandemic Census Log

Once pandemic has been confirmed as present in Hudson County, use this form to log student/staff absences.

School/Department: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name	Symptoms	Absent? Y / N	Student or Staff?
1.		Yes / No	Student / Staff
2.		Yes / No	Student / Staff
3.		Yes / No	Student / Staff
4.		Yes / No	Student / Staff
5.		Yes / No	Student / Staff
6.		Yes / No	Student / Staff
7.		Yes / No	Student / Staff
8.		Yes / No	Student / Staff
9.		Yes / No	Student / Staff
10.		Yes / No	Student / Staff
11.		Yes / No	Student / Staff
12.		Yes / No	Student / Staff
13.		Yes / No	Student / Staff
14.		Yes / No	Student / Staff
15.		Yes / No	Student / Staff
16.		Yes / No	Student / Staff
17.		Yes / No	Student / Staff
18.		Yes / No	Student / Staff
19.		Yes / No	Student / Staff
20.		Yes / No	Student / Staff
<b>TOTAL:</b>		<b># ___ Yes / # ___ No</b>	<b># ___ Student / # ___ Staff</b>



## Appendix C - Weekly Pandemic Census

### Weekly Pandemic Census

Once pandemic has been confirmed in New Jersey and/or Hudson County use this form to report weekly to the Hudson Regional Health Commission.

School/Department: \_\_\_\_\_ Week of: \_\_\_\_\_  
 Reporting Individual: \_\_\_\_\_ Phone#: \_\_\_\_\_

School/Department Type: Elementary / High School (circle one)

School/Department's City: Jersey City / Secaucus (circle one) County: Hudson

STUDENTS	
A. Number students absent with pandemic like illness this week	
B. Total number of students enrolled in your school	
Percentage % ( A / B ) =	

STAFF	
A. Number staff/faculty absent with pandemic like illness this week	
B. Total number of staff/faculty employed in your school/department	
Percentage % ( A / B ) =	

Assistance Needed/Comment

Fax this form each Friday during the period of Heightened Surveillance to  
 Hudson Regional Health Commission (201) 223-0122



## Appendix D - Sample Key Messages for School Officials

Dear HCST Community:

The Hudson County Schools of Technology has a district planning team who is in direct contact with state and local partners to closely monitor the ongoing updates in relation to the Coronavirus Disease (COVID-19). There are NO reported cases in Hudson County, New Jersey to date.

**We ask that you keep your child home from school, if he/she is ill.**

We have attached memos, links and guidance from The Hudson Regional Health Commission, New Jersey Department of Health, as well as the United States Department of Health & Human Services - Center for Disease Control for your information:

- Hudson Regional Health Commission: <https://www.hudsonregional.org/coronavirus>
- NJ Department of Health: <https://www.nj.gov/health/cd/topics/ncov.shtml>
- US Department of Health – CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>

The Hudson County Schools of Technology will remain in constant contact with these partners and keep you updated on these matters as more information becomes available. If you have any questions, contact your local health care provider. We thank you for your cooperation and attention.



## Appendix E - Update Visitor Management System

