Shasta County Public Health Guidance for School (K-12) Administrators
Response to Influenza for the 2009-2010 School Year
September 1, 2009

Introduction

On August 7, 2009, the Centers for Disease Control and Prevention (CDC) issued *Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year*. This guidance was designed to decrease exposure to regular seasonal influenza and 2009 H1N1 influenza while limiting the disruption of day-to-day activities and the vital learning that goes on in schools, and provides a menu of tools that school and health officials can choose from based on conditions in their area. The complete guidance, technical report and communications toolkit can be found at http://www.cdc.gov/h1n1flu/schools/.

The California Department of Public Health (CDPH) endorses the recommendations in CDC's Guidance and on August 24, 2009, issued *CDPH Guidance for School (K-12) Responses to Influenza During the 2009-2010 School Year*, and encouraged local health departments and school systems to implement these measures. The complete guidance can be found at http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-Guidance-School-K-12-Response-Influenza-8-24-09.pdf.

Shasta County Public Health concurs with the CDC and CDPH recommended responses under conditions with similar severity as in spring 2009. SCPH will issue additional guidance or direction for school responses during time of increased influenza severity as conditions or state and federal guidance change.

To facilitate sharing of information with our community partners a **H1N1 Pandemic Flu Message Line** has been established at **(530) 225-3762** so you can speak directly to a Public Health staff member, or if they are unavailable, leave a message which will be answered ASAP. You can also contact us at DOC45@co.shasta.ca.us. Further information is available at our Shasta County Public Health website, www.shastapublichealth.net.

Highlights

Recommendations under conditions with similar severity as in spring 2009

- **Stay home when sick:**
  Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.

- **Develop communication tools** (e.g. letters to parents) that can be used to send sick students home, dismiss students and remind parents and staff how long sick students and staff should remain at home. A communication toolkit, including parent letters, can be found at http://www.cdc.gov/h1n1flu/schools/toolkit/pdf/schoolflutoolkit.pdf

- **Separate ill students and staff:**
  Sick students and staff should always be required to stay home. **SCPH recommends that students and staff who appear to have an influenza-like illness at arrival or become ill during the day be promptly separated from other students and staff and sent home.**

Schools should regularly update contact information for parents so that they can be contacted more easily if they need to pick up their ill child. Recognizing that space is often in short supply, early planning on the location for a sick room is essential.

A limited number of staff should be designated to care for ill persons until they can be sent home. When possible, these should be people with limited interactions with other students and staff and therefore decreased risk of spreading influenza. These persons should not be at increased risk of influenza complications (for example, pregnant women or people with certain chronic medical conditions) and they should be familiar with infection control recommendations to prevent spread of influenza. When possible and if the sick person can tolerate it, he or she should wear a surgical mask when near other persons. School nurses, and other staff who act in this capacity, are likely to come into close contact with students and staff with influenza-like illness. **SCPH recommends that staff who provide care for persons with known, probable or suspected influenza or influenza-like illness use appropriate personal protective equipment**.

For information about facemask and respiratory use, visit the CDC website at http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH_Swine_Flu_Interim_Mask_Respirator_Guidance.pdf or the CDC website at http://www.cdc.gov/h1n1flu/masks.htm.

- **Hand hygiene and respiratory etiquette:**
  SCPH recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, or use alcohol-based hand cleaners and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

  Alcohol-based hand sanitizers are very effective germicides against many viruses (including influenza) and bacteria (including methicillin-resistant and susceptible Staphylococcus aureus (MRSA/MSSA).

  Pandemic (H1N1) 2009 influenza is still causing frequent infections in California. Approximately half of these infections occur in children under the age of 18 years and transmission is common in settings where children gather. With California schools resuming classes, transmission of influenza will put both students and the community at risk, unless high rates of vaccination can be achieved when vaccine becomes available.

  If soap and water are not available, and alcohol-based products are not allowed in the school, other hand sanitizers that do not contain alcohol may be useful however, there is less evidence on their effectiveness than to that on hand washing and alcohol-based sanitizers.

- **Routine cleaning:**
  School staff should routinely clean areas that students and staff touch often with the cleaners they typically use, especially surfaces frequently touched by many hands (e.g. keyboards, door knobs, desks). The American Academy of Pediatrics provides guidance for school cleaning and sanitizing which is appropriate for influenza.

- **Early treatment of high-risk students and staff:**
  People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. **SCPH recommends that schools encourage ill staff and ill students at higher risk of complications from influenza (e.g. < 5 years old, > 65 years old, pregnant women, or certain chronic medical conditions) to seek early treatment.**

- **School dismissal and reporting:**
  The focus this fall and winter is to keep schools open. Schools and public health should work together to balance the risks of flu in the community with the disruption that suspending classes will cause in both education and the wider community.

  A community may decide to dismiss a school to better protect a high-risk student population, such as schools for medically fragile children or schools for pregnant students.

  Another dismissal option may be used when many students and staff are sick and are not attending school.

  School dismissal is unlikely to slow community transmission and would be mainly considered to protect many high-risk students.

  The CDC and the U.S. Department of Education have established a School Dismissal Monitoring System to report H1N1-related school or district dismissals. School dismissals need to be reported using the Novel Influenza A (H1N1)-Related School Dismissal Reporting Form found at http://cdc.gov/h1n1flu/schools/dismissal_form/.

  For information relating to Average Daily Attendance Credit During Periods of Emergency How to claim average daily attendance (ADA), go to http://www.cde.ca.gov/ls/he/hn/h1n1flu.asp.

Action Steps for Schools to Prepare

- **Recommend seasonal and Pandemic H1N1 vaccinations to students and staff.** SCPH advises that it is very important to get separate vaccinations for seasonal flu and the H1N1 flu this year. The seasonal flu vaccines are available now from some private providers and in late September from Public Health. It is recommended that children, pregnant women, individuals over 50 years old, and those with chronic medical conditions get seasonal flu vaccination as soon as it is available from your health care provider or local clinic. The H1N1 vaccine is under production and may be available sometime between October and January. The H1N1 vaccine may require two shots or nasal mist doses given several weeks apart to provide adequate protection. Initially there may be limited supplies of H1N1 vaccine, and high-risk groups should be vaccinated first, which includes healthcare workers, very young children, school aged children, those that care for very young children, young adults, pregnant women and those with chronic medical conditions.

- Update student and staff contact information as well as emergency contact lists

- Identify and establish a staff person to be the school's point of contact with Shasta County Public Health

- Develop a plan to cover key positions, such as the school nurse, when staff stay home because they are ill

- Set up a separate room (a sick room) for care of sick students or staff until they can be sent home

- Purchase Personal Protective Equipment (PPE) such as masks for nurses and other staff providing care for sick people at school and provide training for use

- Develop and implement an education campaign at the beginning of the school year to encourage hand hygiene and respiratory etiquette

- Develop communication tools (e.g. letters to parents) that can be used to send sick students home, dismiss students and remind parents and staff how long sick students and staff should remain at home. A communication toolkit, including parent letters can be found at http://www.cdc.gov/h1n1flu/schools/toolkit/pdf/schoolflutoolkit.pdf