

# ***WHCSS – H1N1 Influenza Procedures for the 2009-2010 School Year***

## WHCS recommended school responses:

### Stay home when sick

**CDC recommends that individuals with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications.**

This recommendation is based on epidemiologic data about the overall risk of severe illness and death and attempts to balance the risks of severe illness from influenza and the potential benefits of decreasing transmission through the exclusion of ill persons with the goal of minimizing social disruption.

### Separate ill students and staff

Sick students and staff will always be required to stay home. **CDC 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.** WHCS will 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. This room will not be one commonly used for other purposes for example, the lunchroom during non-meal times. Nor will it be a space through which others regularly pass. It is not necessary for this room to have a separate air supply (HVAC) system. Ill persons should be placed in well ventilated areas and placed in areas where at least 6 feet of distance can be maintained between the ill person and others.

### Hand hygiene

Influenza may spread via contaminated hands or inanimate objects that become contaminated with influenza viruses. **CDC recommends that students and staff be encouraged to wash their hands often with soap and water, especially after coughing or sneezing.** Alcohol-based hand cleaners are also effective at killing flu germs. 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 compared to that on hand washing and alcohol-based sanitizers.

## Respiratory etiquette

Influenza viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose or are inhaled by people nearby. **CDC recommends covering the nose and mouth with a tissue when coughing or sneezing and throwing the tissue in the trash after use.** Wash hands promptly after coughing or sneezing. If a tissue is not immediately available, coughing or sneezing into one's arm or sleeve (not into one's hand) is recommended. To encourage respiratory etiquette, students and staff should have access to tissues and must be educated about the importance of respiratory etiquette, including keeping hands away from the face.

## Routine cleaning

The American Academy of Pediatrics provides guidance for school cleaning and sanitizing which is appropriate for influenza. **WHCS will regularly clean all areas and items that are more likely to have frequent hand contact** (for example, keyboards or desks) and also clean these areas immediately when visibly soiled. Use the cleaning agents that are usually used in these areas.

## Early treatment for 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. **CDC recommends that schools encourage ill staff and parents of ill students at higher risk of complications from influenza to seek early treatment.**

## Recommended additional responses during times of increased influenza severity:

### Active screening for illness

**If influenza severity increases, WHCS will consider instituting active fever and respiratory infection symptom screening of students and staff when they arrive at school.** At the beginning of the school day, all students and staff will be asked about suggestive symptoms such as fever, cough, runny nose, and sore throat during the previous 24 hours. Some persons with laboratory-confirmed influenza do not have a fever (between 10% and 40% of people). Therefore, absence of fever does not indicate absence of infection. In a higher severity situation, WHCS will send home persons with symptoms of acute respiratory infection (that is, any two of the following:

sore throat, cough, runny nose [new and unexplained by allergies], or fever). As always, parents should be aware of their child's health status and monitor them for illness every morning before school.

### Permit high-risk students and staff to stay home

**If influenza severity increases, students and staff at high risk for influenza complications may consider staying home from school while influenza transmission is high in their community if they, or their families, are concerned about their ability to avoid influenza at school.** The decision about whether to stay home should be made in consultation with their health care provider. People who elect to stay home from school should also attempt to decrease their exposure in other ways for example, by avoiding large public gatherings. Well students will be expected to continue their education while at home as much as possible.

### Students with ill household members stay home

**If influenza severity increases, school-aged children who live with people with influenza-like illness will remain home for 5 days from the day the first household member got sick.** This is the time period they are most likely to get sick themselves. The greatest risk of transmission is during the first 5 days of illness of the first ill household member (about 90%), with the largest transmission risk by Day 1 of this person's illness (about 40%). Keeping all the children in the household at home during this time period may also keep the flu virus from being spread to others outside the home. If a household member develops an acute respiratory illness during this time, the recommendations for exclusion of persons with influenza-like illness should be implemented. The five-day period does not need to start again for other well children in the household.

### Increase social distances within the school environment

**If influenza severity increases, schools will explore innovative methods for increasing social distances within the school environment.** The goal will be to keep distance between people at most times or to cluster students in small, consistent groups. This is not a simple or easy strategy for most schools. Implementing any of the following options would require considerable flexibility and willingness to change among students, staff, and families. Some possible options to increase the amount of space between students or to keep consistent groups of students include:

- rotate teachers between classrooms while keeping the same group of students in one classroom (in middle and high school);
- cancel classes that bring students together from multiple classrooms (in elementary school);

- postpone class trips that bring students together from multiple classrooms or schools in large, densely-packed groups;
- hold classes outdoors;
- discourage use of school buses and public transit;
- divide classes into smaller groups;
- move desks farther apart; and
- move classes to larger spaces, when available, to allow more space between students.

### Extended exclusion period

**If influenza severity increases, individuals with influenza-like illness will remain at home for at least 7 days, even if symptoms resolve sooner.**

**Individuals who are still sick 7 days after they become ill will continue to stay home until at least 24 hours after symptoms have resolved.**

This recommendation is based on viral shedding information. Influenza virus shedding general occurs for 5 to 7 days for seasonal influenza infection. This period may be longer for persons with 2009 H1N1 flu and among young children and people who are immunocompromised. Longer periods of exclusion also may be considered based on setting- and population-specific characteristics. WHCS also might prefer a longer period so that students and staff feel able to fully function at school after recovery from their illness.

### WHCS Attendance/Homework Policies and Procedures changes for H1N1 flu related illnesses

**This policy change governs all students who might contract or are carriers the H1N1 flu.** When a student is absent because of the H1N1 flu, it is the responsibility of the parents to work together with the student’s teacher, and secure the class assignments for that period of time. All course work and homework assignments due dates will depend on the individual cases of each student. **A student with H1N1 flu will be given a reasonable opportunity to make up assignments and exams missed during the absence.** The authority for determining the legitimacy of an absence rests within the discretionary decision-making authority of the school administration. The highest goal is to maintain the learning progression of each student, as it relates to “Perfect Attendance” or any other such matters, the health of the student and school community will be the primary consideration. The administration cannot take the risk of exposing the WHCS community to the virus because a student or parent desires a “perfect attendance” award at the conclusion of this year. As an accommodation “perfect attendance” awards will be modified to reflect the consequences of the H1N1 flu on an individual student or group of students.

## School dismissals: reactive and preemptive

In case influenza severity increases, CDC recommends that communities review and prepare to implement their school dismissal plans according to the guidelines outlined below. School and health officials should balance the risks of influenza in their community with the disruption dismissals will cause in both education and the wider community. **School officials will work closely and directly with their local and state public health officials to make sound decisions, based on local conditions, and to implement strategies in a coordinated manner.**

When communities choose to use school dismissal, education and public health officials will clearly state to parents and their communities the reason for dismissing students and the type of school dismissal they are implementing. There are three types of school dismissals: selective (described above), reactive, and preemptive.

**Reactive dismissals** might be appropriate when schools are experiencing excessive absenteeism among students or staff, a large number of children are visiting the school health office or being sent home from school during the school day with documented fever, the school is not able to keep potentially infectious people out, or for other reasons that decrease the ability to maintain school functioning. Reactive dismissals might reduce the burden on the local health care system.

As with selective dismissals, the decision to dismiss students will be made locally and will balance the goal of reducing the number of people who become seriously ill or die from influenza with the goal of minimizing social disruption. School officials are encouraged to work collaboratively and communicate with neighboring districts or schools to keep others in the region aware of actions that are taken. Officials might decide to dismiss or not dismiss students from their own schools based on the experiences of their neighbors. The risk to students and staff from an ongoing school-based outbreak if potentially infectious individuals cannot be excluded from school may also lead some to decide to close WHCS. In this case, school-related mass gatherings also will be cancelled or postponed.

**Preemptive dismissals** can be used to decrease the spread of influenza virus or to reduce demand on the health care system. If global or national risk assessments indicate an increased level of severity compared with the spring 2009 H1N1 influenza outbreak, CDC might recommend preemptive school dismissals. If WHCS is dismissed, school-related mass gatherings will be cancelled or postponed. This would include sporting events, school dances, performances, rallies, commencement ceremonies, and other events that bring large groups of people into close proximity with one another. School dismissal is likely to be more effective in decreasing the spread of influenza virus in the community when used *early* in relation to the appearance of the virus in the community and when used in *conjunction* with other strategies (for example, cancellation of community sporting events and other mass gatherings).

### **Resuming classes after a dismissal**

The length of time students should be dismissed from school will vary depending on the type of school dismissal as well as the severity and extent of illness.

**When the decision is made to dismiss students, CDC recommends doing so for 5 to 7 calendar days.** Reactive school dismissals are likely to be of shorter duration than selective or preemptive dismissals. Because the goals of selective dismissals (to protect students and staff at high risk of severe illness or death) and preemptive dismissals (to decrease the spread of influenza virus) are usually different from those of reactive dismissals, the length of time schools are dismissed might be longer.

### **Reducing adverse effects from school dismissal**

As part of a community planning process, school dismissal plans should address possible secondary effects on the community. The planning process should include communicating these plans with all community members affected by school dismissal. These might include effects on critical infrastructure, parents' job security and income loss, school funding due to funding calculations based on attendance, child nutrition due to the loss of access to the school meals program, loss of access to health services, educational progress, and child safety due to possibly increased unsupervised time. Communities should prepare to address these secondary effects so as to increase the acceptability of and participation in school dismissal. Parents should plan for child care while WHCS is dismissed, as these decisions may be made very quickly.

WHCS will also plan to allow school staff to use school facilities while students are dismissed. Keeping school facilities open may allow teachers to develop and deliver lessons and materials (for example, by using school teleconference lines or other distance-based education delivery systems) and other staff to provide essential services (such as preparation of meals) keeping in mind basic infection control practices.