

## **Questions and Answers about CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year**

### **Q. How does CDC's new flu guidance for schools differ from the previous school guidance documents?**

The new guidance applies to any flu virus circulating during the 2009-2010 school year, not only 2009 H1N1 flu. The new guidance recognizes the need to balance the risks of illness among students and staff with the benefits of keeping students in school. It offers specific steps for school staff, parents, and students to take given the current flu conditions as well as for more severe flu conditions. The new guidance also provides information for making decisions at the community level about when to use these strategies aimed at schools.

In addition, this guidance recommends that, based on current flu conditions, students and staff with flu-like illness stay home until at least 24 hours after they no longer have a fever or signs of a fever. This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen). This is a shorter time period from the previous guidance which recommended that sick students and staff stay home 7 days after symptoms begin. The 7 day period away from school for sick students and staff would still be recommended under more severe flu conditions. In addition, this longer period should be used in healthcare settings and in any place where a high number of high-risk people may be exposed, such as childcare facilities for children younger than 5 years of age.

### **Q. What can a school do to prepare for flu response during the 2009-2010 school year?**

- Review and revise existing pandemic plans and focus on protecting high risk students and staff.
- Update student and staff contact information as well as emergency contact lists.
- Identify and establish a point of contact with the local public health agency.
- Develop a plan to cover key positions, such as the school nurse, when staff stay home because they are sick.
- 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. Provide training for this staff about basic infection control and the use of PPE.
- Develop an education campaign 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, help families identify students who are at high-risk of complications from flu, help staff members self-identify who is at high risk of complications from flu, or cancel mass gatherings. Remind parents and staff how long sick students and staff should remain at home.
- Identify ways to increase social distance (the space between people).

- Review school policies and awards to encourage social distancing and avoiding any incentives for people or staff to go to school when they are sick (e.g., cancel perfect attendance awards).
- Develop a school dismissal plan and options for how school work can be continued at home (e.g., homework packets, web-based lessons, phone calls), if school is dismissed or students are sent home when sick. Communicate this plan to all community members who would be affected.
- Collaborate with the local health department, community organizations, local businesses, and social services on a plan for response.
- Help families and communities understand the important roles they can play in reducing the spread of flu in schools.

**Q. Which students and staff are at higher risk for complications from flu?**

Anyone can get the flu (even healthy people), and serious problems from the flu can happen at any age. However, children under the age of 5 years, pregnant women, people of any age with chronic medical conditions (such as pulmonary disease, including asthma, diabetes, neuromuscular disorders or heart disease), and people age 65 years and older are more likely to get complications from the flu.

**Q. What can families, students, and school personnel do to keep from getting sick and spreading flu?**

Families, students, and school staff can keep from getting sick with flu in three ways:

- Practicing good hand hygiene. Students and staff members should wash their hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
- Practicing respiratory etiquette. The main way that the flu spreads is from person to person in the droplets produced by coughs and sneezes, so it's important to cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder, not into your hands.
- Staying home if you're sick. Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others.

Students, staff, and their families must take personal responsibility for helping to slow the spread of the virus by practicing these steps to keep from getting sick with flu and protecting others from getting the flu.

**Q. What steps can schools take to keep students and staff from getting sick?**

Schools should take the following steps to help keep students and staff from getting sick with flu. These steps should be followed ALL the time, and not only during a flu pandemic.

- Encourage respiratory etiquette by providing staff and students
  - education and reminders about covering coughs and sneezes, and

- easy access to tissues and running water and soap or alcohol-based hand cleaners.
- Remind staff and students to practice good hand hygiene and provide the time and supplies for students and staff to wash their hands when needed.
- Send sick students and staff home. Advise students, staff, and families that sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever. This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). They should stay home until at least 24 hours after they no longer have a fever even if they are using antiviral medicines. Schools should revise their policies and incentives to avoid unknowingly penalizing students who stay home when they are sick (e.g., perfect attendance awards).
- Clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended. Some states and localities have laws about specific cleaning products used in schools. School officials should contact their state health department and department of environmental protection for additional guidance.
- Move students and staff who become sick at school to a separate room until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask for the sick person to wear if they can tolerate it.
- Have Personal Protective Equipment (PPE) such as masks available and ensure it is worn by school nurses and other staff caring for sick people at school.
- Encourage sick students and staff at higher risk of complications from flu to get a medical evaluation as soon as possible. Taking antiviral medicines early might prevent severe complications from the flu, such as hospitalization or death.
- Consider dismissing students if a large proportion of staff are at higher risk of flu-related complications. This strategy would be applicable to very few schools nationwide. Settings where this strategy might be appropriate are in schools for pregnant women and schools with many medically fragile children.

**Q. Can the virus live on surfaces, such as computer keyboards?**

- Yes, flu viruses may be spread when a person touches droplets left by coughs and sneezes on hard surfaces (such as desks or door knobs) or objects (such as keyboards or pens) and then touches his or her mouth or nose. However, it is not necessary to disinfect these surfaces beyond routine cleaning.
- Clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Some states and localities have laws about specific cleaning products used in schools. School officials should contact their state health department and department of environmental protection for additional guidance.

**Q. What additional steps should schools and families take to keep students and staff from getting sick in the event that the flu is more severe?**

In addition to the steps that schools should be taking all the time, if flu conditions become more severe, schools and families should consider adding the following steps.

- Extend the time sick students or staff stay home to at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- Schools should allow high risk students and staff to stay home. These students and staff should make this decision in consultation with their doctor.
- Schools should conduct active symptom screening of students and staff upon arrival at school. Any sick students or staff should be separated from others, offered a surgical mask, and sent home.
- If a household member is sick, parents should keep any school-aged children home for 5 days from the time the first person in the home became sick. Parents should monitor the health of their other children for fever and other symptoms of the flu.
- Schools should find ways to increase social distances (the space between people) at school if possible.
- Schools should work closely with their county and state public health officials to decide how and when to dismiss students. If the decision is made to dismiss students, schools should notify public health and education agencies by submitting a report about the dismissal at [www.cdc.gov/FluSchoolDismissal](http://www.cdc.gov/FluSchoolDismissal). Students should be dismissed for 5 to 7 days and near the end of this period, communities should reassess to determine if students can return to school.

**Q. What can schools do to increase social distance during a more severe flu outbreak?**

School officials should think creatively about ways to increase the space between people, but still keep students in school. Not everything will be feasible for all communities, but it is important to consider some options for social distancing if schools are going to remain open. Some options are—

- rotating teachers between classrooms while keeping the same group of students in one classroom,
- canceling classes that bring students together from multiple classrooms,
- holding classes outdoors,
- postponing class trips,
- discouraging use of school buses and public transit,
- dividing classes into smaller groups,
- moving desks farther apart, and
- moving classes to larger spaces to allow more space between students.

**Q. What are the different types of school dismissals?**

There are three types of school dismissals:

- **Selective dismissal** is used when all or most students in the school are at higher risk for complications once infected with flu. For example, a school for medically fragile children

or for pregnant students may decide to close based on the local situation while other schools in the community may remain open.

- **Reactive dismissal** is used when many students and staff are sick and are not attending school, or many students and staff are arriving at school sick and are being sent home.
- **Preemptive dismissal** is used early during a flu response in a community to decrease the spread of the flu before many students and staff get sick. This is based on information about the spread of **severe flu** in the region. This dismissal is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

#### **Q. What is a medically fragile child?**

For this guidance, a medically fragile child is a child who needs intensive, life sustaining medical assistance or therapy, and needs assistance with daily living (for example, a child who uses an oxygen tank, has trouble moving, is fed through a tube, needs suctioning, or is on a ventilator). Many of these children need skilled nursing care and special medical equipment. These medically fragile children may have chronic lung disease, severe cerebral palsy, muscular dystrophy, immunodeficiency, or problems with their metabolism.

#### **Q. How will the decision be made to dismiss schools?**

The decision to dismiss students will be made at the community level. School officials should work closely with their local and state public health and government officials to make sound decisions, based on local conditions. The decision should consider

- the number and severity of cases in an outbreak (looking at national, regional, and local data),
- the risks of flu spread and benefits of dismissal,
- the problems that school dismissal can cause for families and communities, and
- different types of dismissal (selective, reactive, and preemptive).

CDC may recommend preemptive dismissals based on information that the outbreak is becoming **more severe**. An increase in flu spread without an impact on disease outcomes will not lead to the use of preemptive dismissals in most cases.

#### **Q. How long will schools have to stay dismissed?**

The length of time school should be dismissed will vary depending on how severe the flu is and how many people are sick. When the decision is made to dismiss students, CDC recommends doing so for 5-7 calendar days. Near the end of this period, communities should reassess the severity and impact of the flu, the benefits of keeping students home, and the consequences of doing so. Based on this reassessment, communities can decide whether to extend the school dismissal for another week or to reopen the school. However, if a flu outbreak is determined to be severe, a longer time period may be recommended.