



School **Pan Flu Preparedness** **Quick Guide**

August 2009



H1N1 (Swine Flu)

Guidance for Schools

This document provides guidance to help decrease the spread of flu among students and school staff during the 2009–10 school year. This document expands upon earlier school guidance documents by providing a menu of tools that school and health officials can choose from based on conditions in their area. It recommends actions to take this school year and suggests strategies to use if CDC finds that the flu starts causing more severe disease.

For the purpose of this guidance, “schools” will refer to both public and private institutions providing grades K–12 education to children and adolescents in group settings. The guidance applies to such schools in their entirety, even if they provide services for younger or older students.

Information in this document is provided by Office of Superintendent of Public Instruction (OSPI), Washington State Department of Health (DOH), and the Center for Disease Control (CDC).

The OSPI and DOH websites referenced in this document are updated frequently, often on a weekly basis or more often as deemed necessary.

This guide includes:

- School Leader’s Quick Reference for H1N1 Swine Flu Planning
- Frequently Asked Questions on H1N1 Swine Flu
- Guidance produced by the CDC:
The Technical Report referenced in CDC guidance can be accessed at:
<http://www.cdc.gov/h1n1flu/schools/technicalreport.htm#seldismiss>
- Sample notification letters
- Information on Flu Prevention posters

SCHOOL LEADER'S QUICK REFERENCE FOR H1N1 SWINE FLU PLANNING

Preparedness/Prevention

A Swine Flu (H1N1) plan should be aligned with the school's comprehensive safe school plan to ensure continuity of operation (COOP), and should include at a minimum the following:

- Identify local health authority contact information for your district from the Department of Health web site at www.doh.wa.us
- Develop with local public health and emergency preparedness officials a district and building plan for pandemic flu (H1N1).
- Determine the roles and responsibilities of school staff to prevent the spread of the flu (reference the ICS plan).
- Train school staff in flu-symptom recognition.
- Develop a system of disease recognition or standard surveillance in your school to notify staff and local health department of increased absenteeism.
- Promote good hygiene among students and staff by using simple ways to reduce the spread of the flu such as encouraging good "respiratory etiquette," frequent hand washing, and clean work areas.
- Decide to what extent you will encourage or require students and staff to stay home when they are ill based on local public health guidance.
- Identify students and staff who are most vulnerable to serious illness. Encourage them to talk to their health care providers regarding special precautions.
- Develop alternative learning strategies in the event schools are closed for a prolonged period.
- Educate staff, students and families about the difference between seasonal and pandemic flu, and their impact on a school community.
- Communicate with your local health department and emergency preparedness officials to determine if school facilities and resources may be needed as a part of a community response plan.
- Communicate that school closure information should come from the district superintendent based on guidance from the local health department.

Response

- Develop heightened disease surveillance and reporting.
- Communicate with the local health department on a regular basis regarding possible:
 - Cancellation of non-academic events.
 - School closure as a part of a community's disease containment measure.
- Provide education and communication to staff, students and families regarding school and community health concerns.

Recovery

- Determine with your local health department when school can reopen.
- Communicate with staff, and students, and families regarding school reopening.
- Continue heightened disease surveillance and reporting.
- Plan for the psychosocial needs of staff, students, and families following the trauma of a pandemic event.

H1N1 (Swine Flu)

Frequently Asked Questions

Current Status (Check the DOH web-site for timely updates)

Are there H1N1 (swine flu) cases in Washington?

Yes, there are confirmed cases in Washington State. Updated case counts are posted on the Department of Health Web site at www.doh.wa.gov/swineflu.

Where else are there H1N1 (swine flu) cases?

There have been confirmed cases in all states in the United States, as well as in other countries. For current information, visit the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/swineflu/investigation.htm

How serious is this outbreak?

Most countries have confirmed cases of H1N1 flu. The United States continues to report the largest number of H1N1 cases of any country worldwide; however, most people who have become ill have recovered without requiring medical treatment. This flu is less severe than the seasonal flu that occurs every year in the U.S. Seasonal flu puts 200,000 people in the hospital and causes hundreds of thousands of illnesses. It does appear that the new virus is spread as easily as seasonal influenza.

New cases of H1N1 are reported every week in our state, and we are now preparing for a possible stronger wave of infections during the fall/winter flu season.

What is WHO pandemic alert Phase 6?

Phase 6 is the World Health Organization's (WHO) highest alert level. It indicates that the sustained flu outbreaks are occurring in several regions and that a pandemic is underway. The alert level is based on the amount of flu being reported worldwide, not on the seriousness of the infections.

What is the government doing to protect us?

- Local health departments are working closely with health care providers to investigate cases of influenza-like illness to see if they are due to this new virus.
- Our state laboratory is testing samples for H1N1 flu.
- The Strategic National Stockpile (SNS) is delivering antiviral medicines and other supplies to each state for use if the outbreak becomes severe.

What's the status of the H1N1 (swine flu) vaccine? Will it be available soon?

Vaccines are a very important part of a response to H1N1 and the U.S. government is aggressively taking early steps to promote manufacturing of a H1N1 vaccine. We expect delivery of the vaccine in the fall.

Will H1N1 (swine flu) vaccinations be mandatory?

No. Vaccination is not mandatory. Once the vaccine is developed and tested, we will encourage people to get it but it will not be mandatory.

H1N1 (Swine Flu) Basics

What is H1N1 flu?

In general, swine flu is a respiratory disease in pigs caused by a type A influenza virus. Viruses that cause swine flu do not normally infect humans, although rare human infections have occurred. The H1N1 virus we are now concerned with originally came from pigs but combined with other types of viruses to make a new virus that can now be transmitted from person to person.

How sick do people get?

Many people who get H1N1 flu have the same type of symptoms as seasonal flu and recover fully. Just like seasonal flu, however, H1N1 flu can lead to pneumonia, and in some cases, death.

What are the symptoms of H1N1 flu?

Symptoms are similar to those for seasonal influenza. Those symptoms include fever over 100° F, cough, sore throat, body aches and headache. In addition, fatigue, lack of appetite, runny nose, nausea, vomiting and diarrhea can occur.

If you have symptoms of influenza such as fever, cough and sore throat, and are at risk for severe illness (children under two years old, pregnant women, adults over 65 years old, residents of long-term care facilities, people with chronic lung, heart, kidney or liver disease; diabetes; sickle cell anemia; immunosuppression or receiving chemotherapy for cancer), you should contact your health care provider.

Anyone with fever over 100° and severe respiratory symptoms such as shortness of breath or difficulty breathing should contact their health care provider.

Will this be like the 1918 pandemic and come back stronger in the fall?

The huge 1918 influenza pandemic resulted in many severe cases and deaths. It's possible this new virus could cause another large pandemic, but we don't know at this point. One of the differences between 2009 and 1918 is that we have more resources available. For example, the federal government is working on a vaccine to treat this flu. In addition to much better health care in hospitals, antiviral medications are available that are effective in treating this flu. We also have better disease surveillance in place to help us monitor this outbreak.

How Do People Get H1N1 (Swine Flu)?

How do people get H1N1 flu?

You can become infected by the H1N1 virus when someone infected with H1N1 coughs or sneezes droplets near you and you take in the virus through your mouth, nose or eyes. You can also get the virus by touching a surface such as a countertop or doorknob that has become contaminated and then touching your mouth, nose or eyes.

How long can the virus live on a countertop or other surface?

The virus can live on hard surfaces for at least several hours and possibly more than a day. For that reason, it is important that you wash your hands after coughing or sneezing to avoid passing on the virus.

- For information on cleaning and disinfecting surfaces, see www.doh.wa.gov/swineflu - available in English, Spanish, Russian, Chinese, Vietnamese, Korean, Tagalog, and large type
- **Can I get H1N1 flu from eating pork, ham, etc.?**
- No, you cannot get H1N1 flu from eating pork. H1N1 is passed from person to person through coughing or sneezing, or by touching a surface that an infected person has coughed or sneezed on and then touching your mouth, nose or eyes.

How long are people contagious?

Infected people can infect others beginning one day before symptoms start and up to seven or more days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Children, especially younger children, might potentially be contagious for longer periods.

How long can you be infected before getting sick (showing symptoms)?

Not all infected people get sick but, if an infected person develops symptoms, it usually happens 1-7 days after infection.

Prevention and Treatment

How do I avoid getting H1N1 flu or infecting others if I have the flu?

These things are very simple, but they really work:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it and clean your hands.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people; don't share glasses or eating utensils.
- Wash a sick person's laundry in hot water and dry it on high. Wear gloves or wash your hands after touching laundry.
- Stay home from work or school if you are sick.

Is there a vaccine that can protect me from H1N1 flu?

- No. There is no vaccine that can protect us against H1N1 at this time.
 - The federal government is working on an H1N1 vaccine. It is expected to be available in the fall.
- If you are at risk for severe influenza, ask your health care provider about pneumococcal vaccine to prevent the complications of flu.

Is there medication that can treat H1N1 flu?

- We believe that antiviral medications can reduce the severity of symptoms.
- The commercial names of the antivirals are Tamiflu (a pill) and Relenza (an inhaler).
- Antivirals must be prescribed by a health care professional, and should only be used to treat people who are ill AND are at high risk of complications.

Will this year's seasonal vaccine protect me from H1N1 flu?

No, this year's seasonal flu vaccine will not protect you from H1N1.

Should I get vaccinated against seasonal flu anyway?

Again, seasonal flu vaccine will not protect you from H1N1. However, during the fall/winter flu season there may still be some benefit to getting the seasonal vaccine.

Can I use antivirals like Tamiflu and Relenza to avoid getting the H1N1 flu?

Tamiflu and Relenza are for treatment, not prevention:

- We are not sure these drugs can prevent someone from getting the virus.
- If large numbers of people were to take these drugs for prevention, the virus may develop resistance to them and they could no longer be used to treat sick people.
- This disease outbreak could last a long time. If you took these drugs to try to avoid getting sick, you would have to take them possibly for many months.
- Antivirals must be prescribed by a health care professional, and should only be used to treat people who are ill or to prevent illness in high-risk situations.

Where can I get Tamiflu and Relenza?

Antivirals must be prescribed by a health care professional, and should only be used to treat people who are ill.

Does the government have antivirals?

Federal, state and local governments have supplies of antiviral drugs that they will use to re-supply hospitals, doctors' offices and pharmacies to avoid any shortages.

What if I'm Sick?

What should I do if I get sick?

Although typical flu symptoms usually do not require medical attention, healthy adults who are not at risk for complications of flu should at least contact their doctor if they have unexplained fever and trouble breathing or if their symptoms are getting worse. If people are at risk for severe influenza (see above), they should at least contact their doctor when they develop symptoms of the flu, including fever and either a cough or sore throat.

If you become very ill with influenza-like symptoms, including fever, body aches, sore throat, vomiting or diarrhea, call your health care provider.

- NOTE – Unless you need urgent medical care, please phone rather than going directly to a doctor's office, clinic or hospital. Your health care provider will determine whether influenza testing or treatment is needed.

If you are sick, you should stay home and avoid contact with other people as much as possible to keep from infecting others.

When should I seek urgent medical care if...

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

Strategic National Stockpile

What is the SNS (Strategic National Stockpile)?

The SNS is a federal program that stores large amounts of emergency medications and supplies. The SNS distributes these medications and supplies to states that ask for them during emergencies.

- In our state, we distribute our SNS antivirals to local health departments based on population.
- Local governments will use SNS supplies only to re-supply pharmacies, doctors' offices and hospitals if they run out of their current supply.

Will there be enough antivirals for everyone?

The CDC recommends that states have access to enough antiviral medications to treat twenty-five percent of their population. Our allotment from the SNS along with supplies purchased by our state and several counties gives us enough medication to meet that recommendation. Again, antivirals should only be used to treat people who are sick.

Travel

How could H1N1 (swine flu) affect my travel plans?

You could be screened for H1N1 flu.--Many countries, including Japan and China, are screening arriving passengers to reduce the spread of H1N1. Travelers coming from the United States may be checked for fever and other symptoms of H1N1, and their travel may be delayed.

If you are sick with symptoms of influenza-like illness, you should not travel. These symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue. Many people who have been infected with this virus also have reported diarrhea and vomiting.

Healthy people may make travel plans using only common sense precautions to protect their health during travel.

If you are at risk of complications from H1N1 flu and traveling to a country experiencing an H1N1 outbreak, check with your doctor before traveling.

Travelers at high risk for complications include:

- Children less than 5 years of age
- Those who are 65 years old or older
- Children and adolescents (less than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection
- Pregnant women
- Adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV)

People in the above groups should discuss their travel plans with their doctor. Together, they should consider the H1N1 situation in their destination and the available health-care options in the area. They should discuss their specific health situations and possible increased risk of traveling to the area affected by H1N1.

Schools

How do I know when I should keep my child home from school or daycare?

Does your child have a fever (100° F or 37. 7° C)? If you don't have a thermometer, feel your child's skin with your hand. If it is much warmer than usual your child probably has a fever.

Does your child have a sore throat, cough, body aches, vomiting, or diarrhea?

If you answered "yes" to both questions, your child might have the flu. Keep your child home from school for 7 days or until symptoms are gone for 24 hours, whichever is longer.

If you answered "yes" to only one of the questions, keep your child home from school until symptoms are gone for 24 hours.

Masks

Should I buy masks? Should I wear a mask?

Wearing a mask does not guarantee that you will be protected from the H1N1 virus. You will be much better protected if you wash your hands frequently and avoid sick people. In areas with confirmed cases of H1N1, if you are at risk for severe flu, avoid crowds and stay at least six feet from those who are coughing and sneezing.

Wearing a mask when you are ill and coughing can reduce your ability to give the infection to someone else.

What kind of mask works best?

Masks are usually disposable, certified by the FDA and labeled as surgical, dental, medical procedure, isolation or laser masks. If properly used, they should stop influenza transmission due to the droplets resulting from an infectious sneeze or cough.

Wear a **mask** when close contact with an infectious person is unavoidable—for example, if you must care for a sick person such as a family member with a respiratory infection.

In some settings, nurses, doctors and other health care providers wear a **respirator** when there is a risk that virus is present in the air (aerosol). This usually only occurs when a sick person with a respiratory infection is being suctioned or given nebulizer treatments. Respirators are not necessary for the general public; however, if you are suctioning or giving nebulizer treatments to someone with flu at home, you should consider wearing a respirator.

A respirator should be labeled N95 or higher by the U.S. National Institute for Occupational Safety and Health (NIOSH).

Make sure that your face mask or respirator fits snugly on your face. Be sure to dispose of used masks or respirators and wash your hands after touching or taking off your mask.

Cleaning and Disinfecting

Cleaning and disinfecting surfaces:

- Keep hard surfaces like kitchen countertops, tabletops, desktops and bathroom surfaces clean and disinfected.
- Keep surfaces touched by more than one person clean and disinfected. Examples of these surfaces include doorknobs, refrigerator door handles, and microwaves.
- Use disposable sanitizer cloths or disinfectant on a towel to wipe electronic items that are touched often, such as phones, computers, remote controls, and hand-held games.
- When surfaces are not visibly dirty clean the surface with a commercial product that is both a detergent (cleans) and a disinfectant (kills germs).
- When surfaces are visibly dirty wash the surface with a general household cleaner (soap or detergent), rinse with water and follow with a disinfectant.
- If commercial disinfectants are not available use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water; use a cloth to apply this to surfaces and let stand for 3-5 minutes before rinsing with clean water. Wear gloves to protect your hands when working with strong bleach solutions.
- Important reminders: do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful. Follow label instructions carefully when using disinfectants and cleaners. Finally, pay attention to any hazard warnings and instructions on the labels for using personal protective items (such as household gloves).

When surfaces are not visibly dirty

- Clean the surface with a commercial product that is both a detergent (cleans) and a disinfectant (kills germs). These products can be used when surfaces are not visibly dirty.

When surfaces are visibly dirty

- Wash the surface with a general household cleaner (soap or detergent), rinse with water and follow with a disinfectant. This method should be used for visibly dirty surfaces.

More cleaning information: www.doh.wa.gov/swineflu

Other Questions

Can my pet get H1N1 flu?

Currently, there is not enough information to fully assess the health implications of this novel strain of flu virus for animals. There is no evidence at this time that swine in the United States are infected with this flu virus strain.

- It is very unlikely that dogs, cats or horses would become infected with this virus.
- It may be possible for a pet monkey (nonhuman primate) and for pet swine and ferrets to become infected with this new virus from a human. For more information on how to protect your pet swine, please visit the following Web sites:

More information:

- U.S. Department of Agriculture www.usda.gov
- The National Pork Board Web site also provides related information for pork producers or commercial swine owners: www.pork.org

Can I get H1N1 flu from drinking water?

No, you can't catch the virus from drinking properly disinfected tap water, even if the water was originally drawn from a source that had been in contact with infected people or animals. Since groundwater sources are not exposed to the virus, water from wells or springs, even if not disinfected, would not directly lead to an infection.

However, drinking water cups or glasses used by people who have been diagnosed as having, or show symptoms of, the flu **should not be used by others.**

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

August 7, 2009, 9:00 AM ET

This document provides guidance to help decrease the spread of flu among students and school staff during the 2009-2010 school year. This document expands upon earlier school guidance documents by providing a menu of tools that school and health officials can choose from based on conditions in their area. It recommends actions to take this school year and suggests strategies to use if CDC finds that the flu starts causing more severe disease. The guidance also provides a checklist for making decisions at the local level. Detailed information on the reasons for these strategies and suggestions on how to use them is included in the [Technical Report](#). Based on the severity of 2009 H1N1 flu-related illness thus far, this guidance also recommends that students and staff with influenza-like illness remain home until 24 hours after resolution of fever without the use of fever-reducing medications.

For the purpose of this guidance, “schools” will refer to both public and private institutions providing grades K-12 education to children and adolescents in group settings. The guidance applies to such schools in their entirety, even if they provide services for younger or older students. Guidance for child care settings and institutions of higher education will be addressed in separate documents.

The guidance is designed to decrease exposure to regular seasonal flu and 2009 H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools. CDC will continue to monitor the situation and update the current guidance as more information is obtained on 2009 H1N1.

About 55 million students and 7 million staff attend the more than 130,000 public and private schools in the United States each day. By implementing these recommendations, schools and health officials can help protect one-fifth of the country’s population from flu. Collaboration is essential: CDC, the U.S. Department of Education, state and local public health and education agencies, schools, students, staff, families, businesses, and communities all have active roles to play.

The decision to dismiss students should be made locally and should balance the goal of reducing the number of people who become seriously ill or die from influenza with the goal of minimizing social disruption and safety risks to children sometimes associated with school dismissal. Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students’ education. Still, although the situation in fall 2009 is unpredictable, more communities may be affected, reflecting wider transmission. The overall impact of 2009 H1N1 should be greater than in the spring, and school dismissals may be warranted, depending on the disease burden and other conditions. (See the [Technical Report](#) for discussion of the kinds of circumstances that might warrant preemptive school dismissals.)

Recommended school responses for the 2009-2010 school year

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. (For more information, see [CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others](#).)

[See the Technical Report for more details about staying home when sick >>](#)

- **Separate ill students and staff:**

Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill students and staff wear protective gear such as a mask.

[See the Technical Report for more details about separating ill students and staff >>](#)

- **Hand hygiene and respiratory etiquette:**

The new recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

[See the Technical Report for more details about hand hygiene and respiratory etiquette >>](#)

- **Routine cleaning:**

School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.

[See the Technical Report for more details about routine cleaning >>](#)

- **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. People at high risk include those who are pregnant, has asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.

[See the Technical Report for more details about early treatment >>](#)

- **Consideration of selective school dismissal:**

Although there are not many schools where all or most students are at high risk (for example, schools for medically fragile children or for pregnant students) a community might decide to dismiss such a school to better protect these high-risk students.

[See the Technical Report for more details about selective school dismissal >>](#)

Under conditions of increased severity compared with spring 2009

CDC may recommend additional measures to help protect students and staff if global and national assessments indicate that influenza is causing more severe disease. In addition, local health and education officials may elect to implement some of these additional measures. Except for school dismissals, these strategies have not been scientifically tested. But CDC wants communities to have tools to use that may be the right measures for their community and circumstances.

- **Active screening:**

Schools should check students and staff for fever and other symptoms of flu when they get to school in the morning, separate those who are ill, and send them home as soon as possible. Throughout the day, staff should be vigilant in identifying students and other staff who appear ill.

[See the Technical Report for more details about active screening >>](#)

- **High-risk students and staff members stay home:**

People at high-risk of flu complications should talk to their doctor about staying home from school when a lot of flu is circulating in the community. Schools should plan now for ways to continue educating students who stay home through instructional phone calls, homework packets, internet lessons, and other approaches.

[See the Technical Report for more details about high-risk students and staff members staying home](#)

- **Students with ill household members stay home:**

Students who have an ill household member should stay home for five days from the day the first household member got sick. This is the time period they are most likely to get sick themselves.

[See the Technical Report for more details about students with ill household members staying home >>](#)

- **Increase distance between people at schools:**

CDC encourages schools to try innovative ways of separating students. These can be as simple as moving desks farther apart or canceling classes that bring together children from different classrooms.

[See the Technical Report for more details about increasing distance between people at schools >>](#)

- **Extend the period for ill persons to stay home:**

If influenza severity increases, people with flu-like illness should stay home for at least 7 days, even if they have no more symptoms. If people are still sick, they should stay home until 24 hours after they have no symptoms.

[See the Technical Report for more details about extending the period for ill persons to stay home >>](#)

- **School dismissals:**

School and health officials should work closely to balance the risks of flu in their community with the disruption dismissals will cause in both education and the wider community. The length of time schools should be dismissed will vary depending on the type of dismissal as well as the severity and extent of illness. Schools that dismiss students should do so for five to seven calendar days and should reassess whether or not to resume classes after that period. Schools that dismiss students should remain open to teachers and staff so they can continue to provide

instruction through other means.

See the Technical Report for more details about school dismissals >>

Reactive dismissals might be appropriate when schools are not able to maintain normal functioning for example, when a significant number and proportion of students have documented fever while at school despite recommendations to keep ill children home.

Preemptive dismissals can be used proactively to decrease the spread of flu. CDC may recommend preemptive school dismissals if the flu starts to cause severe disease in a significantly larger proportion of those affected.

Deciding on a course of action

CDC and its partners will continuously look for changes in the severity of influenza-like illness and will share what is learned with state and local agencies. However, states and local communities can expect to see a lot of differences in disease burden across the country.

Every state and community has to balance a variety of objectives to determine their best course of action to help decrease the spread of influenza. Decision-makers should explicitly identify and communicate their objectives which might be one or more of the following: (a) protecting overall public health by reducing community transmission; (b) reducing transmission in students and school staff; and (c) protecting people with high-risk conditions.

Some strategies can have negative consequences in addition to their potential benefits. In the particular case of school dismissals, decision-makers also must consider and balance additional factors: (a) how to ensure students continue to learn; (2) how to provide an emotionally and physically safe place for students; and (3) how to reduce demands on local health care services. The following questions can help begin discussions and lead to decisions at the state and local levels.

Decision-Makers and Stakeholders

Are all of the right decision-makers and stakeholders involved?

- State and/or local health officials
- State and/or local education officials
- State and/or local homeland security officials
- State and/or local governing officials (e.g., governors, mayors)
- Parent and student representatives
- Representatives of local businesses, the faith community, school-employee unions, and community organizations
- Teachers
- Health care providers and hospitals
- School nurses
- School food service directors
- Vendors that supply schools

Information Collection and Sharing

Can local or state health officials determine and share information about the following?

- Outpatient visits for influenza-like illness
- Hospitalizations for influenza-like illness
- Trends in the numbers of hospitalizations or deaths
- Percent hospitalized patients who require admission to intensive care units (ICU)
- Deaths from influenza
- Groups being disproportionately affected
- Ability of local health care providers and emergency departments to meet increased demand
- Availability of hospital bed, ICU space, and ventilators for influenza patients
- Availability of hospital staff
- Availability of antiviral medications

Can local education agencies or schools determine and share information about the following?

- School absenteeism rates
- Number of visits to school health offices daily
- Number of students with influenza-like illness sent home during the school day

Feasibility

Do you have the resources to implement the strategies being considered?

- Funds
- Personnel
- Equipment
- Space
- Time
- Legal authority or policy requirements

Acceptability

Have you determined how to address the following challenges to implementing the strategies?

- Public concern about influenza
- Lack of public support for the intervention
- People who do not feel empowered to protect themselves
- Secondary effects of strategies (for example, dismissing schools could impact child nutrition, job security, financial support, health service access, and educational progress)

(Parent Notification of H1N1 Swine Flu)

(SAMPLE LETTER)

Dear Students, Families, and Staff:

As you are aware there have been confirmed cases of H1N1 Swine Flu reported across the United States. Our school works closely with local, state, and national health agencies to investigate any illnesses and/or infections.

H1N1 Swine Flu in people is characterized by fever (100 degrees or more), sore throat, cough, body aches, headaches, chills, and fatigue. The illness may last up to seven days, but people are considered to be contagious as long as symptoms persist. If you or your child have mild flu-like symptoms, monitor and telephone your physician to consult if necessary.

We want to remind parents and staff of the importance of prevention and how to stay safe.

What You Can Do To Prevent the Spread of H1N1 Swine Flu:

- Sneeze or cough into a tissue, elbow or sleeve. Throw the tissue in the trash after use.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol based hand sanitizers are also effective.
- Avoid touching your eyes, nose or mouth. Germs can be spread that way.
- If you are sick, stay home.

Symptoms of H1N1 Swine Flu:

- Fever 100 degrees or more, cough, sore throat, body aches, headache, chills, fatigue.
- Please remember that students should stay home when they have any of the above symptoms.

For more information on the H1N1 Swine Flu please visit any of the following Web sites:

www.cdc.gov/swineflu/mitigation/htm

www.cdc.gov

www.doe.gov

www.doh.wa.gov

If you have any further questions please do not hesitate to give us a call at the school.

Sincerely,

(ADD NAME AND TITLE)

(School Closure Due to H1N1 Swine Flu)

(SAMPLE LETTER)

(This template is intended to be used when notifying parents that students are dismissed from school until further notice. Work with your local county health officials to final your letter to parents.)

Dear Students, Families, and Staff:

(ADD COUNTY NAME HERE) County health officials, in cooperation with the Washington State Department of Health, has ordered all students to be dismissed from **(ADD NAME OF SCHOOL)**. This order is due to the presence of H1N1 Swine Flu. All students are dismissed immediately until further notice and should stay home.

The student dismissals may last for days or even weeks to reduce contact among children and stop the spread of the flu.

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

See a health care provider quickly for diagnosis if symptoms are suggestive of influenza symptoms which include: fever, cough, sore throat and body aches. Intestinal symptoms are rarely associated with this strain of respiratory influenza.

Here are some tips for helping family members who are sick with the H1N1 Swine Flu:

- Have them drink a lot of liquid (juice, water).
- Keep the sick person as comfortable as possible. Rest is important.
- Keep tissues and a trash bag within reach of the sick person.
- Be sure everyone in your home washes their hands frequently.
- Keep the people who are sick with the flu away from the people who are not sick.

For more information on the H1N1 Swine Flu please visit any of the following web sites:

www.pandemicflu.gov/plan/tab3.html

www.cdc.gov

www.dow.gov

www.doh.wa.gov

We will contact you as soon as we receive information when students will be allowed to return to school.

Sincerely, **(ADD NAME AND TITLE)**


CDC Posters for Schools about Flu Prevention

Use the following posters in your classrooms, hallways, and around the school to educate students, teachers, and staff about ways to prevent the spread of flu.


www.cdc.gov/germstopper/materials.htm (available in different sizes and languages)

Stop the spread of germs that make you and others sick!


Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.




Put your used tissue in the waste basket.




Clean your Hands


after coughing or sneezing



Wash hands with soap and warm water for 20 seconds



or clean with alcohol-based hand cleaner.




BE A GERM STOPPER.



COVER MOUTH AND NOSE

Cover Coughs and Sneezes. Clean Hands.
Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot

- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the "Happy Birthday" song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!



CLEAN HANDS

Stop germs. And stop colds and flu.



www.cdc.gov/germstopper

Other Posters for Schools about Flu Prevention

www.publichealth.va.gov/flu/materials/ (includes other posters, brochures, buttons, stickers and other materials)

