

NM Department of Health Recommendations for School (K-12) Responses to Influenza during the 2009-2010 School Year

On August 7, 2009, CDC released its 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 can be found at <http://www.flu.gov/plan/school/schoolguidance.html> and is designed to reduce exposure to flu (including H1N1) without major disruptions at school. The CDC no longer recommends that schools be closed only because H1N1 flu is diagnosed in a student or school employee. Based on the current CDC guidance, the NM DOH recommends all schools take the following specific actions this school year, based on the severity of the flu season:

Recommended school responses for the 2009-2010 school year, based on level of flu severity

Under conditions with similar severity as in spring 2009

Stay home when sick: Those with flu-like illness (fever [100° F {37.8° C} or greater] plus at least cough or sore throat) 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.

- Parents should be encouraged to keep sick kids home.
- School staff should be encouraged to stay home if ill.
- At school registration, ensure contact information is complete.

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. They should wear a surgical mask, if tolerated and mask is available. If they cannot tolerate a mask, those who care for ill students and staff should wear a mask, if available.

- Nursing staff should identify possible isolation rooms for ill students.
- Nursing offices should be equipped with masks, if possible.

Hand hygiene and respiratory etiquette: The foundations of influenza prevention are simple but important: along with staying 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).

- Bathrooms should be appropriately stocked with soap and paper towels.
- Consider hand sanitizer in classrooms and cafeteria.
- Allow students time to wash.
- Actively promote hand hygiene and cough 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.

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 or who have pulmonary conditions such as asthma, metabolic disorders or diabetes, compromised immune systems, or neuromuscular diseases.

Consideration of selective school dismissal: Although there are only a few schools where all or most students are at high risk (for example, schools for medically fragile children or for pregnant students), the Public Education Department and Health Department in collaboration with local school authorities might decide to dismiss such a school during an outbreak to better protect these high-risk students.

Consideration of school-based vaccination clinics: Both seasonal flu vaccine and H1N1 flu vaccine are recommended this year and will be available this fall. Contact your regional school health advocate (contact information is below) or local public health office to find out more about school-based vaccination clinics.

Under conditions of increased severity compared with spring 2009

The NM DOH may recommend additional measures to help protect students and staff if influenza begins to cause 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 communities may wish to consider these options depending on local 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.

High-risk students and staff members stay home: People at high-risk for 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.

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 during which they are most likely to get sick themselves.

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.

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 after 7 days, they should stay home until 24 hours after they have no symptoms.

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. 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.

- *Reactive* dismissals might be appropriate when schools are not able to maintain normal functioning due to high levels of illness.
- *Preemptive* dismissals can be used proactively to decrease the spread of flu. The NM Department of Health may recommend preemptive school dismissals if the flu starts to cause more severe disease.
- The decision to dismiss students should be made by the Health Department and the Public Education Department in collaboration with local school authorities. The decision 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 associated with school dismissal.

[Preparing for the flu: a Toolkit for NM Schools](#) has been developed based on the CDC's [Toolkit for Schools](#). It contains more information and resources to help NM schools implement recommendations.

For more information, contact Dr. Mary M. Ramos, Office of School and Adolescent Health, NMDOH at: 505-222-8684 or marym.ramos@state.nm.us.

For local information, contact your regional School Health Advocate:

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