

# **Savant Preparatory Academy of Business**



## **Emergency Plan for Infectious Disease**

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The Emergency Plan for Infectious Disease consists of several components including the Model Plan, Appendices with Checklists, Forms, Appendices, and Annexes. The Emergency Annex for Infectious Disease is an incident management strategy that serves to augment the School Emergency Management Plan.

### **OVERVIEW**

An infectious disease is an illness caused by the presence of disease-causing agents or germs, including viruses, bacteria, fungi and parasites and other microbes. These diseases are called communicable diseases or transmissible diseases due to their potential of transmission from one person to another.

Transmission may occur by direct contact with an infected person or animal, by ingesting contaminated food or water, or by contact with infected surroundings or contaminated air. Infectious (communicable) diseases that usually require a more specialized route of infection—for example, by insects such as mosquitoes or ticks (disease vectors) —are usually not regarded as contagious. Contagious diseases acquired by blood or needle transmission or sexual contact require prophylactic strategies but not measures such as social distancing or quarantine. Strict measures as addressed in annual Blood Borne Pathogen training are a prevention strategy in place in the school system.

### **At-Risk Populations**

Students are a high- risk population for infectious disease, and exposure to a variety of infectious diseases in a school population is inevitable. Infectious diseases are common in young children who have immature immune systems and are developmentally unable to understand and practice the concepts of good personal hygiene. However, older youth and teenagers exposed to different social situations are also prone to certain infections. In any school population, there are certain individuals who may have a higher risk of complications if exposed to specific diseases. Students and staff who are medically fragile or are immunosuppressed, pregnant, and/or have chronic disease, nutritional deficiencies or debilitating illness should be informed of the possible risks of acquiring an infection.

The responsibility of the school is to inform those individuals to consult with their licensed health care provider. The licensed health care provider will assess the risk, provide appropriate treatment and/or make recommendations so that reasonable accommodations are put in place for the individual by the school.

## **PURPOSE OF THE PLAN**

The purpose of this annex is to provide a comprehensive guide on how an infectious disease outbreak might affect school-aged children, how to respond, and how local agencies should plan ahead.

During an infectious disease outbreak, the Savant Preparatory Academy of Business (SPAB) will utilize this Emergency Annex to achieve the following goals:

- Limit the number of illnesses and deaths
- Preserve continuity of essential school functions
- Minimize educational and social disruption
- Minimize economic and academic losses

A designated lead agency, generally the San Bernardino County Department of Public Health, will coordinate with other local response and support agencies teams to incorporate all-hazard response activities and plans of our community, state and federal partners.

This plan does not address:

- Symptoms of specific infectious diseases, diagnosis, epidemiology, treatment, prognosis, and follow-up.
- Nuisance diseases such as lice that do not pose a significant threat to the health of the community. Such diseases, however, may cause considerable anguish and disruption to schools. Therefore, close cooperation between school administrators and local Public Health is essential for effective control of “nuisance” diseases in schools.
- Health plans, exams, medications, insurance, testing and assessment.

### **Planning Assumptions**

1. The San Bernardino County Public Health Department has the legal authority and primary responsibility for investigating the health and contagiousness of local students. These duties include the identification and control of human disease outbreaks and determining response capacity and capabilities.
2. Response to all emergency events will be National Incident Management System (NIMS) compliant.
3. Recognizing that children will more likely shed the greatest amount of virus (they are more contagious than adults), they are therefore likely to pose the greatest risk for transmission.
4. On average, about two secondary infections will occur as a result of transmission from someone who is ill.
5. In a severe outbreak, the school will need to plan to function with a 40% 60% work force absentee rate.
6. Whether or not schools will be closed or for how long is impossible to say in advance. However, it is well established that infectious disease outbreaks most often start in schools, so school closings may be likely. The duration of school closings can only be determined at the time of the event based on the characteristics of the outbreak, but it is unlikely that schools will be closed for less than 2 weeks (based on the incubation period of the disease and the length of time people are contagious) and could be as long as 12 weeks.
7. Other planning assumptions that are being used by the community include working closely with local health and emergency services agencies will maximize the health and safety of the school community. Understanding the roles of each agency and their responsibilities will promote coordination and communications.
  - An infectious disease outbreak may result in the rapid spread of the infection. Communities across the State and the country may be impacted simultaneously.
  - There will be a need for heightened local surveillance of disease symptoms and infection rates.
  - Antiviral medications may be in extremely short supply. Local supplies of antiviral medications may be prioritized by the local health agency for hospitalized patients, close contacts of patients, health care workers

providing care for patients, or other designated groups.

- Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gather points and canceling public events may be implemented.
- It will be especially important to coordinate disease control strategies throughout counties in the local area and the State due to the regional mobility of the population.
- The general public, health care partners, response agencies, elected officials and schools will need continuous updates on the status of the outbreak, the steps local response agencies and the school are taking to address the incident, and steps the public can take to protect themselves.

### **Legal Issues Relating to Schools**

1. Public Health Responsibilities
  - a. The San Bernardino County Public Health officer may order schools to close. (Health & Safety §120175).
  - b. Written permission of the Public Health Officer or private physician may be required before an individually-quarantined employee or student is allowed to return to school.
2. School Facilities California Education Code §32282 provides that school facilities are to be made available for mass care and welfare shelters during disasters. As part of its school safety plan, schools are required to establish a procedure to allow a public agency, including the American Red Cross, to use school buildings, grounds and equipment for emergencies involving the public health and welfare.
3. School Employees as Disaster Workers School employees are disaster workers pursuant to Government Code §3100 and, as such, are “subject to such disaster service activities as may be assigned to them by their superiors or by law.”
4. School funding during closure/reduced Average Daily Attendance (ADA) due to infectious disease outbreak
  - a. California Education Code §46392 allows crediting for ADA in the case of an epidemic that reduces school enrollment.
  - b. California Education Code §41422 allows crediting for full apportionment if a school is prevented from operating schools for at least 175 days due to epidemic or order from government official due to emergency.
5. Students
  - a. Quarantine under direction of County Public Health officer is an excused absence. (California Education Code §48205).

### **Concept of Operations**

The San Bernardino County Department of Health and Human Services will be the lead agency in coordinating the local health and medical response to an epidemic or pandemic with state, federal, and local agencies and officials.

The school will maintain increased communications with San Bernardino County Department of Health and Human Services, which will then provide information to the County Operational Area Emergency Operations Center (EOC) to implement those procedures that increase the health and safety of the school community.

The school assumes the following responsibilities:

- Develop capabilities to implement non-medical measures to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and the San Bernardino County Health

Department.

- Identify chain of command in case of illness with a minimum of two back-ups for key administrators following the School's Emergency Operations Plan.
- Develop plans to communicate regularly with individual schools about the status of the situation and provide guidance throughout the duration of the pandemic outbreak.
- Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of the pandemic outbreak.
- Review sick leave policies and make adjustments as necessary to ensure non-punitive policies are in place.
- Review policies regarding quarantines and pay continuation and make adjustments as necessary.
- Communicate with and educate the school community and parents about approved public health practices and what each person can do to prepare or respond to minimize health risks.
- Develop and implement educational support plans for students who are isolated or quarantined and coordinate these plans with the social support plans developed by the local County Health Department and the California Department of Education.
- Develop a recovery plan that provides for education support and emotional support for staff and students. If there is loss of life, implement procedures located in the School's Emergency Operations Plan.
- If needed, implement the School Crisis Response and Recovery Plan and activate Crisis Intervention Teams.
- Document all actions taken.

Each school assumes the following responsibilities:

- Identify chain of command in case of illness with a minimum of two back-ups for key administrators following the School's Emergency Operations Plan.
- Review best practices for respiratory hygiene and universal precautions and train all school staff, volunteers and students.
- Identify and procure needed resources.
- Review procedures for sending ill individuals home and make adjustments, if necessary.
- Establish and implement surveillance process to report the number of absent staff and students due to communicable diseases. Many communicable diseases are required by California state law to be reported to the County Department of Health. Appendix B provides the Title 17, California Code of Regulations §2500, §2593, §2641.5-2643.20 and §28002812 Reportable Diseases and Conditions and a sample School Weekly Report of Communicable Diseases.
- Document all actions taken.
- Update staff and provide information on extent of infection at school site and potential changes that might take place at school.
- Follow school recovery plan that provides for education support and emotional support for staff and students.
- Maintain communications with Administrative Office and Parent/ Community to update the status.

## **MITIGATION AND PREVENTION**

Mitigation activities are taken in advance of an infectious disease outbreak to prevent or temper its impact. Mitigation efforts will occur primarily during the early phase of the outbreak.

### **How Illness Spreads**

Transmission of an infectious disease may occur through several pathways:

1. Direct Contact. Direct-contact involves skin-to-skin contact and physical transfer of microorganisms from an infected person to a susceptible host.
  - a. Person to person: The most common way for infectious disease to spread is through the physical direct transfer of bacteria, viruses or other microorganisms from one person to another. These germs can be spread when an infected individual touches, coughs on or kisses someone who is not infected, through the exchange of body fluids from sexual contact or a blood transfusion. Mononucleosis can be spread by saliva. Diseases such as Hepatitis B, Hepatitis C, and the human immunodeficiency virus (HIV) can be spread by contact with infected blood. Infected students can possibly transmit these diseases through biting if there is visible blood mixed with their saliva (i.e. from bleeding gums).
  - b. Animal to person: A scratch or bite from infected animal or handling animal droppings can cause disease.
2. Indirect Contact. Many microorganisms can linger on objects such as a doorknobs, faucet handles, desktops and computer keypads. Indirect contact involves contact of a susceptible host with a contaminated intermediate object in the environment. Some infections can be spread indirectly by contact with contaminated clothing. Chickenpox (*varicella*), shingles (*herpes zoster*), impetigo, head lice, ringworm, and scabies are all spread this way.
3. Vector. Vector-borne diseases rely upon organisms, usually insects, for transmission of the parasitic, viral or bacterial pathogens from one host to another. Bites and stings from mosquitoes, fleas, ticks and lice carry disease-causing microorganisms on their body or in their intestinal tract which can infect humans.
4. Droplets. Disease is easily spread when droplets containing pathogenic microorganisms are generated from an infected person during sneezing, coughing or talking. Large droplets travel less than three feet before falling to the ground and do not remain suspended in the air. Transmission via large-particle droplets requires close contact between the infected host and another person. Sick students will often contaminate their hands and other objects with infectious nose and throat discharges. When other students come in contact with these objects and then touch their eyes, mouth, or nose, they can become infected. Some of the infections passed in this way are the common cold, chickenpox, influenza, meningitis (viral and bacterial), mumps, rubella, pink eye (conjunctivitis), strep throat, and whooping cough (pertussis).
5. Airborne. Airborne transmission occurs when an infected person coughs, sneezes or talks and generates very small respiratory droplets containing virus or bacteria. These small particles remain suspended in the air for long periods and can be widely dispersed by air currents. When another person inhales these small particles, they can become ill. Airborne transmission of disease can also occur through inhalation of small-particle aerosols in shared air spaces with poor circulation.
6. Foodborne. Consumption of food and liquids contaminated with pathogenic bacteria can result in illness or death.
7. Fecal. Intestinal tract infections are often spread through oral ingestion of viruses, bacteria, or parasites found in the stool of an infected person or animal. This type of transmission happens when objects contaminated with microscopic amounts of human or animal feces are placed in the mouth. In schools, the areas most frequently contaminated with feces are hands, classroom floors, faucet handles, toilet flush handles, toys and tabletops.

### **Prevention Strategies**

**CLEANING.** A virus generally lives 2 to 8 hours on surfaces, but certain viruses may live up to a week or longer. Friction is a key element in cleaning by using soap (or detergent) and water to physically remove germs, dirt, and impurities

from surfaces or objects. Cleaning does not necessarily kill germs, but lowers their numbers and mitigates the necessary host environment for pathogen survival, concurrently reducing the risk of spreading infection.

**DISINFECTING.** Disinfection is the destruction by use of chemicals of pathogenic or other harmful microorganisms on surfaces or objects. Disinfecting does not necessarily clean dirty surfaces or remove germs. Disinfecting agents specifically target infectious pathogens and can lower the risk of spreading infection by killing germs on a surface after it has been cleaned. Disinfection is generally intended for patient-care items in health care facilities. Disinfection requires contact between the disinfectant and the surface to be disinfected for at least ten minutes under moist conditions.

**SANITIZING.** Sanitizing reduces the number of microbial contaminants on surfaces or objects to a relatively safe level, as judged by public health standards or requirements. Sanitizing works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

**a. Routine Cleaning and Disinfecting.** It is important to match cleaning and disinfecting activities to the types of microorganisms to be removed.

Flu viruses are relatively fragile and can live and potentially infect a person for only 2 to 8 hours after being deposited on a surface, so standard cleaning and disinfecting practices are sufficient to remove or kill them. It is not necessary to close schools to clean or disinfect every surface in the building to slow the spread of flu.

Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects.

If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

Extra attention should be paid in cleaning the following areas:

- Classrooms with young children. Clean and sanitize toys regularly.
- Common areas. Clean and periodically sanitize desks, tables, countertops and drinking fountains.
- High touch areas. Computer keyboards, doorknobs and handles, visual aids and telephones.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

**b. Handle waste properly.** Follow standard procedures for handling waste, which may include wearing gloves. Place no-touch waste baskets where they are easy to use. Throw disposable items used to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying waste baskets. Wash your hands with soap and water after emptying waste baskets and touching used tissues and similar waste.

## **Universal Precautions**

Universal precautions are a set of guidelines that assume that all blood and certain other bodily fluids are potentially infectious. Follow universal precautions when providing care to any individual, whether or not the person is known to be infectious.

The list below describes universal precautions:

### **a. Handwashing**

Handwashing is one of the best tools for controlling the spread of infections. All students and staff should perform effective hand washing, which will reduce the amount of illness in schools. Avoid eating or touching mouth or eyes while giving any first aid.

Wash hands thoroughly with warm running water and a mild liquid soap for at least 15 seconds. Scrub between fingers, under fingernails and around the tops and palms of hands:

- Before and after physical contact with any person (even if gloves have been worn)
- Before and after eating or handling food
- After contact with a cleaning agent
- After using the restroom
- After providing first aid

### **b. Personal Protective Equipment (PPE)**

- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come into contact with eyes (e.g., squirting blood)

### **c. Clean-up**

- Wipe up any blood or body spills as soon as possible
- Double-bag the trash in plastic bags and dispose of immediately
- Clean the area with an approved disinfectant or bleach solution (bleach: water= 1:10)
- Send all soiled clothing home with the person in a double-bagged plastic bag

## Immunizations

### **Childhood Immunizations**

Immunizations help prevent serious illnesses. State health regulations require students attending school to be up-to-date on all immunizations. A signed waiver is required for a valid exemption (medical, religious or personal exemption). Hepatitis A, influenza, and bacterial meningitis vaccines are available but not required for school attendance. Seasonal flu vaccination is strongly recommended for anyone over 6 months of age. California law requires students entering grades 7 through 12 to provide proof of Tdap immunization to enter school. Schools should have documentation of the immunization status of all students on file.

### **Adult Immunizations**

The California Department of Public Health strongly recommends that school personnel be vaccinated against diphtheria, tetanus, mumps, measles, polio, chickenpox (*varicella*), and rubella (German measles). It is especially important for women of childbearing age to be immune to rubella, as this infection can cause complications for the developing fetus. Seasonal flu vaccination is strongly recommended.

## Animals/Pets at School

Animals in the classroom can be beneficial in the education process. However, most school policies do not allow animals in the classroom due to allergies and safety concerns. Some animals can transmit infectious diseases to humans. For example, reptiles, shed Salmonella bacteria in their feces without being sick themselves. People can contaminate their hands with feces when they handle or clean up after the animal, and disease can spread through the fecal→oral route explained above. Some animals are not appropriate for the classroom, such as: poisonous animals (e.g., poisonous spiders, snakes, and insects); wild, stray, or aggressive animals; or animals from an unknown source. To minimize the risk of students and staff acquiring an infectious disease from animals, take simple precautions:

- Keep animal cages or enclosures clean and in good repair. Students who assist in cleaning the cage(s) should be supervised and should wash their hands afterwards.
- Students and staff should always wash their hands after any contact with animals, and after visiting places with animals such as zoos or farms.
- Students should never “kiss” animals or have them in contact with their faces.

## **PREPAREDNESS**

Effective preparedness includes establishing policies to maintain sanitation, keep records current, conduct periodic inspections and regular maintenance and training for staff.

### **General Activities**

- Plan, exercise, evaluate and revise the Emergency Annex for Infectious Disease;
- Train and equip staff to assure competencies and capacities needed to respond to an infectious disease outbreak;
- Develop strategic partnerships with local community health care institutions and providers, and local, State and federal response agencies and their staff;
- Develop and implement surveillance and reporting procedures to monitor illness patterns in the schools;
- Educate schools and parents about infectious disease and recommend protective measures
- Inform and update schools about the potential impacts of an infectious disease outbreak on essential services and city, county, and school infrastructure;
- Stockpile necessary equipment and supplies that will be needed to respond to a disease outbreak;
- Establish ventilation (HVAC) standards to be used during response and recovery (such as filter change schedules, etc.).

### **Personal Protective Equipment (PPE)**

- Provide PPE to staff (For example, N-95, which must be fit-tested, or surgical masks and nitrile gloves, an alternative to latex gloves ).
- Address PPE issues with staff (i.e. uncomfortable, frequent changes, difficulties recognizing coworkers, communication issues, one size does not fit all).
- Ensure that you have adequate stock and an array of sizes and types available.
- Provide and use alcohol-based hand sanitizer and non-aerosol spray disinfectant for commonly touched surfaces.
- Train all staff to use PPE, including administrators, maintenance and security staff.
- Encourage staff to talk about the PPE issues and to develop a “we will get through this” mentality.

### **Training**

- Require new staff, including substitutes and volunteers, to complete First Aid and CPR training, including child CPR;
- Provide refresher awareness training for all staff;
- Train maintenance staff to use chemicals properly to prevent accidental contamination and human exposure;

- Provide training on identifying symptoms of infectious disease;
- Educate school staff on the process and importance of routine hand hygiene and standard health precautions;
- Maintain training and attendance records on all staff (paid and volunteer) at each facility.

### **Emergency Contacts**

- Compile an emergency contact list of authorities. Include the names and phone numbers for specific personnel from each agency or authority.
- Determine which agency or authority would serve as first responder(s). The first responder represents the most important authority that needs to be involved in response to an infectious disease.
- Establish a relationship with local authorities to contact in relation to biosecurity concerns. Include law enforcement officials, hazardous material (HAZMAT) representatives, environmental health specialists/sanitarians, health officials, fire and rescue department representatives, or federal food safety regulatory agency representatives (FDA and FSIS) and U.S. Homeland Security officials.
- Distribute the emergency contact list to appropriate school staff.
- Post the emergency contact list in a secure yet prominent place; make it available in hard copies, wallet cards, and on an intranet system.
- Ask key staff to program the emergency contact numbers into their telephones.
- Verify and update emergency contact information often. Note dates of revisions to prevent confusion.
- Establish procedures for communicating with students, parents, and the media when necessary (for example, notices of incidents or a press release). Follow an established plan as designated by the school board.

## **RESPONSE**

Response is the immediate reaction to a disaster. Certain aspects of the response may take place before the event if it is anticipated. Response yields to recovery.

### **Detection**

Schools have a role in assessing the health of students. School personnel should be trained to monitor student's behavior and note any symptoms of illness.

#### **Common Indicators of Infectious Disease in Children**

Teachers who spend several continuous hours a day with their students, are in an excellent position to detect early physical and behavioral changes in students at school. They may observe differences in the usual pattern for a particular student, and deviation from a developmental "norm" for students of a given age. The physical and behavioral "indicators" listed below are nonspecific and do not in themselves suggest the presence of an infection.

- **Appetite.** Often, a student who is ill or becoming ill with an infection will exhibit changes in eating habits. He/she may "pick at" solid foods, eat lightly, want only certain foods, and/or prefer liquids.
- **Behavior.** Irritability may be associated with illnesses, often because of the accompanying fatigue, fever, and discomfort. Play activities may diminish and the student may become lethargic (drowsy or indifferent).
- **Fever.** Fever is a symptom of illness, but it does not automatically require therapy. Repeated low-grade fever may occur as the result of physiological changes in the body and may not cause any discomfort to the student. However, students with fever over 101°F and other symptoms should/need to be sent home from school, especially if other symptoms are apparent. The student's parent/guardian should be notified.
- **Appearance.** A pasty, pale appearance may signal an illness, especially if it is a change from a student's normal skin color. A new yellow tinge to the eyes or skin, or a flushed appearance with rosy cheeks and glassy or red eyes, may also indicate an illness.
- **Rash.** The diagnosis of rashes can be very difficult and even a licensed health care provider may require lab tests to confirm whether a certain disease is present. If a referral to a licensed health care provider is made, advise the student's parent/guardian to inform their licensed health care provider's office staff of the presence of a rash illness so that appropriate medical isolation can be arranged during the visit. Itchiness of the rash is not necessarily a signal of infection. A rash can be a symptom of a serious or unserious condition.
- **Change in Bowel Habit.** Diarrhea may accompany a number of infectious diseases. Conversely, sluggishness of the bowels and constipation may occur, sometimes with abdominal cramps. Cramps can be due to the inactivity of the ill student and the dehydration that often occurs during infections.
- **Nasal Discharge and Obstruction.** Clear nasal discharge may signal a cold or it may indicate an allergic reaction, especially if accompanied by watery eyes. Yellow or green discharge indicates an infection (usually viral or possibly bacterial) or obstruction by a foreign body. Breathing may be noisy. If breathing is labored, immediate medical referral is indicated.
- **Sore Throat.** A sore throat can be a minor problem. However, it may also accompany potentially more significant infections such as streptococcal pharyngitis, infectious mononucleosis, or even serious generalized illnesses. Check for accompanying fever and notify the parent/guardian. Recommend medical evaluation if the sore throat is accompanied by fever, difficulty swallowing, and/or swollen lymph nodes (glands).
- **Cough.** Coughs accompany some chronic conditions, allergic conditions, and many infectious diseases.

Persistent coughs (lasting 3 weeks or more), especially with other symptoms such as fever, loss of appetite, and weight loss, need medical evaluation.

- Earache and Ear Discharge. A student may complain, pull at the ear, or put a hand to the ear if there is discomfort. When there is an earache, particularly when blood or pus is seen running from the ear, the student needs to be referred for medical care.
- Pain (Back, Limbs, Neck, Stomach). Leg and back pains are not uncommon during the course of infectious diseases. Stomach pains or cramps usually do not signal serious disease in children, although appendicitis must be considered when abdominal pain is severe or persistent. Gastrointestinal disturbances such as vomiting, diarrhea, and constipation may be accompanied by abdominal pain.

### Symptomatic Treatment

- Symptomatic treatment of any illness in the school setting should be avoided unless the parent/guardian has complied with school policy on the administration of oral medications for symptomatic treatment of illness or injury. Aspirin should not be administered for viral illnesses in children under age 19 because of the possible association with Reyes Syndrome.

### Infection Control

The key concepts of infection prevention and control are:

**Handwashing** – the single most effective way to prevent the spread of germs.

**Cover your cough** – an effective way to reduce the spread of germs when coughing and sneezing.

**Proper diapering procedures** – to reduce the spread of germs found in feces to hands, objects, and the environment.

**Cleaning, sanitizing, and disinfection** – to reduce the presence of germs in the environment.

**Food safety** – to reduce the spread of germs from improperly cooked and handled food.

**Exclusion guidelines** – to reduce the opportunity for germs to spread from ill people to others.

**Immunizations**– for list of resources for age appropriate immunizations and childcare and school requirements.

**Avoid sharing personal items** – encourage children, students, and staff to **NOT share items** such as water bottles, food, utensils, beverages, straws, toothbrushes, lip gloss, lip balm, lipstick, towels, head gear, combs, brushes, etc. to prevent the spread of germs to others.

**Self care** – encourage staff and children to perform their own first aid, when age appropriate.

**Barriers:** Barriers may be used where there is a possibility of exposure to blood and body fluids (e.g., urine, stool, secretions from the nose and mouth, drainage from sores or eyes). One aspect of standard precautions is the use of barriers. The purpose of using barriers is to reduce the spread of germs to staff and children from known/unknown sources of infections and prevent a person with open cuts, sores, or cracked skin (non-intact skin) and their eyes, nose, or mouth (mucous membranes) from having contact with another person's blood or body fluids.

Examples of barriers that would be used for childcare and school settings include:

- o Gloves when hands are likely to be soiled with blood or body fluids. Note: an incident of an allergic response to latex or powdered gloves may occur, but the risk from not using gloves of any kind is greater.
- o CPR (cardiopulmonary resuscitation) barriers – CPR mask or shield.
- o Eye protection and face mask when the face is likely to be splattered with another's blood or body fluid.

- o Gowns when clothing likely to be splattered with another's blood or body fluid.
- o Safety needles that facilitate safe and proper disposal of used needles

### **Exposure Response Strategies**

- Direct any students affected with health issues to the school nurse, send home, or direct to appropriate medical personnel.
- Send sick employees home.
- Identify number and scope of potential and probable exposures.
- Isolate the infected students
- Notify administrative authorities and local health department. Follow reporting protocols.
- Identify spokesperson for the incident.
- Identify key messages.
- Collect health-related information needed for public communications to parents and the community.
- Communicate information about the infectious disease to the school community and any other stakeholders:
  - o Possible physical symptoms; At risk groups
  - o Medical response – only health professionals should provide medical advice
  - o Actions being taken.
  - o Clean and sanitize rooms and facilities
  - o Document actions, submit data and appropriate forms.

### **High Risk Populations**

These individuals have high risk for harm from an emergency or disaster due to significant limitations in their personal care or self-protection abilities, mobility, vision, hearing, communication or health status. Such limitations may be the result of physical, mental or sensory impairments or medical conditions.

Some of these individuals may be reliant on specialized supports such as mobility aides (wheelchairs, walkers, canes, crutches, etc.), communication systems (hearing aids, TTY's, etc.), medical devices (ventilators, dialysis, pumps, monitors, etc.), prescription medication, or personal attendants. For some individuals, loss of these supports due to emergency-related power and communication outages, or transportation and supply disruptions, may be the primary or only risk factor.

- Identify populations at high risk for the outbreak and exclude from school/workplace, as appropriate.
- Note special considerations for children and give information to parents, pediatricians, and daycare providers. Include ages affected, signs and symptoms, medical treatment, and risk reduction.
- Provide information to caregivers for children regarding limiting children's exposure to others and to the news, reminding them to only give age appropriate information to children, and encouraging hand washing.
- Inform the community of risk factors with medically compromised individuals.

## **Exclusion Guidelines**

The decision to exclude students who have an infectious disease from school should be made in conjunction with the school nurse, the State or local public health agency, health care professionals, and/or parents/guardians. These guidelines contain exclusion recommendations for each disease or condition. Students should be allowed to return to school once the exclusion period is met or a health care provider clears the student.

Generally, if any of the following conditions apply, exclusion from school should be considered:

- If the student does not feel well enough to participate comfortably in usual activities, it may be recommended that he/she stay or return home until feeling well.
- If the student requires more care due to illness than school personnel are able to provide.
- If the student has a high fever, behavior changes, persistent crying, difficulty breathing, lack of energy, uncontrolled coughing, or other signs suggesting a severe illness.
- If the student is ill with a potentially contagious illness and exclusion is recommended by a health care provider, the State or local public health agency, or these guidelines.

In cases where unvaccinated students are exposed to a vaccine preventable disease (such as measles, mumps, rubella, and pertussis), the State or local public health agency should be consulted in order to determine if exclusion of unvaccinated students is necessary.

If school personnel become ill with an infectious disease, the affected staff member should consult with a health care provider to determine if they can work. If ill with diarrhea or vomiting, school personnel should not work until the illness is over. This is especially important for staff who work in the cafeteria or handle food in any manner. A letter from the health care provider/physician may be required to return to work.

## **Social Distancing**

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies include closing schools and public assemblies, cancelling athletic activities and social events, closing non-essential agency functions, implementing emergency staffing plans, increasing telecommuting and flexible scheduling and other options.

## **Quarantine**

Quarantine is the physical separation and restriction of movement of individuals, families groups and communities who, though not ill, have been exposed to a contagious disease. Quarantine may be required to prevent the spread of infectious disease that may be transmitted to other individuals before illness develops or is recognized. Quarantines may be done at home or in a restricted area, depending on the specific nature of the infectious agent.

## **Isolation**

Isolation applies to persons who are ill with a contagious disease. Isolation is the physical separation and restriction of movement of an individual who is ill or is suspected of having an infectious illness from those who are not ill and have not been exposed to the contagion. Isolation may be required if medically necessary and reasonable to treat, prevent, or reduce the spread of the disease. Individuals may be isolated in a health care facility, the individual's home or a non-health facility.

## **Communications**

Communications with the public and health care providers will be one of the most critical strategies for containing the spread of the infectious disease and for managing the utilization of health care services. This plan's communications goals are to:

1. Provide accurate, consistent, and comprehensive information about the infectious disease, including case definitions, symptom management, treatment options, infection control measures, and reporting requirements.
2. Instill and maintain public confidence in the schools and the County's public health care systems and their ability to respond to and manage an emerging infectious disease environment.
3. Ensure an efficient mechanism for managing information between local County Department of Health Services, emergency response agencies, health system partners and the schools.
4. Contribute to maintaining order, minimizing public panic and fear, and facilitating public compliance by providing accurate, rapid, and complete information.
5. Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
6. Ensure that all information release to the public is provided through the School Public Information Officer as identified in the School Emergency Operations Plan.

### **Reporting Requirements**

Individuals treating or having knowledge of a reportable disease, whether the disease is suspected or confirmed, should report the case to the State or local public health agency. In most cases, health care providers or laboratories report diseases. In certain circumstances, school nurses and personnel should report diseases, such as when a student is suspected of having measles, chickenpox, a serious infectious disease, or when an outbreak occurs. It is important to remember that only qualified health care providers can diagnose an illness.

Regarding confidentiality, the Family Rights and Privacy Act prohibits sharing of health-related information except in certain well-defined circumstances, including, but not limited to: specified officials for audit or evaluation purposes, and appropriate officials in cases of health and safety emergencies. Notifying the State or local public health agency of a reportable disease does not breach confidentiality laws.

When a case is reported, public health agencies may conduct an investigation to confirm the diagnosis, treatment, and cause of the illness, and determine the appropriate methods of disease control. Group outbreaks resulting from any cause, including foodborne outbreaks, must be reported to the State or local public health agency within 24 hours. In an outbreak situation, the goal of the public health agency is to assist the school in preventing further spread of the illness and to try to determine the cause of the outbreak.

To report a disease or outbreak, contact the San Bernardino County Public Health Department at (800) 782-4264.

To the extent the following information is available, it should be reported when contacting the Public Health Department:

- Patient's name
- Diagnosis
- Date of birth
- Sex
- Ethnicity
- Address
- Phone number
- Name and address of the responsible health care provider
- Pertinent laboratory test results (if applicable)

## **RECOVERY**

School recovery from the spread of an infectious disease will begin when school officials receive notice from the County Public Health Department that schools may resume normal operations. The School Administrator will determine if normal supplies, resources and response systems are adequate to manage ongoing school activities.

In consultation with County Department of Health and Human Services, the School Administration will recommend specific actions to be taken to return the schools to pre-event status.

The School will:

- Assess the economic and educational impact of the infectious disease on the schools.
- Evaluate the response actions taken by the school as a result of the infectious disease
- Determine effectiveness of existing plan to respond to similar events in the future.
- Revise existing plan as necessary to address any deficiencies.

#### **After Action Review**

- Implement sanitization and disinfection procedures
- Deploy solid waste disposal plans
- Review processes and incident communication protocols
- Review impact on the school and community
- Evaluate lessons learned
- Review and revise procedures, as needed
- Retrain staff

#### **Document Archive**

Maintain all information for the current year and the three prior years:

- Reports provided to the local Public Health Department or other government agencies
  - o Attendance rosters of affected classrooms or schools
  - o Reports from students and staff with symptoms of illness
  - o Reports showing what materials were provided to families and staff
  - o Actions taken by nurses, teachers, office staff and school administrators

## APPENDIX A - INFECTIOUS DISEASE IN SCHOOL SETTINGS - SUMMARY CHART

Exclusion should be considered with any illness or symptom if any of the following conditions apply:

- If the student does not feel well enough to participate comfortably in usual activities;
- If the student requires more care than school personnel are able to provide
- If the student has a high fever, vomiting, diarrhea, behavior changes, persistent crying, difficulty breathing, lack of energy, uncontrolled coughing, or other signs suggesting a severe illness;
- If the student is ill with a potentially contagious illness and exclusion is recommended by a health care provider, the State or local public health agency, or these guidelines.

<b>DISEASE/ AGENT</b>	<b>INCUBATION PERIOD</b>	<b>TRANSMISSION</b>	<b>CONTAGIOUS PERIOD</b>	<b>REPORT</b>	<b>EXCLUSION FROM SCHOOL</b>
<i>Animal Bites/Rabies</i> <i>Rabies virus</i>	Rabies: 9 days- 7 years (usually 3-8 weeks)	Saliva of an infected animal	As long as symptoms are present	Yes (24 hours for animal bites)	None for animal bites
<i>Campylobacteriosis</i> <i>Campylobacter bacteria</i>	1-10 days (usually 2-5 days)	Fecal-oral spread, contaminated food/water, animals	While diarrhea is present; can spread for a few days after symptoms are gone	Yes (7 days)	Yes – until diarrhea resolves
Chickenpox (Varicella) <i>Varicella-zoster virus</i>	10-21 days (usually 14-16 days)	Droplet/infectious discharges, skin contact	1-2 days before the rash appears until all the blisters have crusted over	Yes (7 days)	Yes – until all blisters have crusted over
<i>Chlamydia</i> <i>Chlamydia trachomatis bacteria</i>	7-14 days or longer	Sexual transmission	Until treated	Yes (7 days)	None
CMV <i>Cytomegalovirus</i>	3-12 weeks	Body secretions (primarily saliva and urine)	As long as the virus is present in body secretions (months or years)	None	Not necessary
<i>Cryptosporidiosis</i> <i>Cryptosporidium parvum</i> parasite	1-12 days (usually 7 days)	Fecal-oral spread, contaminated food/water, animals	While diarrhea is present; can spread for several weeks after symptoms are gone	Yes (7 days)	Yes – until diarrhea resolves

# APPENDIX B TITLE 17, CCR REPORTABLE DISEASES AND CONDITIONS

## Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions\*

### § 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- § 2500(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- § 2500(c) The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- § 2500(a)(14) "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

### URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

- Ⓢ ! = Report immediately by telephone (designated by a ♦ in regulations).
- † = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations.)
- FAX Ⓢ ⊕ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
- = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

### REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)

<p>Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only; see "Human Immunodeficiency Virus")</p> <p>FAX Ⓢ ⊕ Amebiasis</p> <p>Ⓢ ! Anaplasmosis/Ehrlichiosis</p> <p>Ⓢ ! Anthrax, human or animal</p> <p>FAX Ⓢ ⊕ Babesiosis</p> <p>Ⓢ ! Botulism (Infant, Foodborne, Wound, Other)</p> <p>Brucellosis, animal (except infections due to <i>Brucella canis</i>)</p> <p>Ⓢ ! Brucellosis, human</p> <p>FAX Ⓢ ⊕ Campylobacteriosis</p> <p>Chancroid</p> <p>FAX Ⓢ ⊕ Chickenpox (Varicella) (only hospitalizations and deaths)</p> <p><i>Chlamydia trachomatis</i> infections, including lymphogranuloma venereum (LGV)</p> <p>Ⓢ ! Cholera</p> <p>Ⓢ ! Ciguatera Fish Poisoning</p> <p>Coccidioidomycosis</p> <p>Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</p> <p>FAX Ⓢ ⊕ Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>Cysticercosis or taeniasis</p> <p>Ⓢ ! Dengue</p> <p>Ⓢ ! Diphtheria</p> <p>Ⓢ ! Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</p> <p>FAX Ⓢ ⊕ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>Ⓢ ! <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> O157</p> <p>† FAX Ⓢ ⊕ Foodborne Disease</p> <p>Giardiasis</p> <p>Gonococcal Infections</p> <p>FAX Ⓢ ⊕ <i>Haemophilus influenzae</i>, invasive disease (report an incident of less than 15 years of age)</p> <p>Ⓢ ! Hartavirus Infections</p> <p>Ⓢ ! Hemolytic Uremic Syndrome</p> <p>FAX Ⓢ ⊕ Hepatitis A, acute infection</p> <p>Hepatitis B (specify acute case or chronic)</p> <p>Hepatitis C (specify acute case or chronic)</p> <p>Hepatitis D (Delta) (specify acute case or chronic)</p> <p>Hepatitis E, acute infection</p> <p>Influenza, deaths in laboratory-confirmed cases for age 0-64 years</p> <p>Ⓢ ! Influenza, novel strains (human)</p> <p>Legionellosis</p> <p>Leprosy (Hansen Disease)</p> <p>Leptospirosis</p> <p>FAX Ⓢ ⊕ Listeriosis</p> <p>Lyme Disease</p> <p>FAX Ⓢ ⊕ Malaria</p> <p>Ⓢ ! Measles (Rubeola)</p> <p>FAX Ⓢ ⊕ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</p> <p>Ⓢ ! Meningococcal Infections</p> <p>Mumps</p> <p>Ⓢ ! Paralytic Shellfish Poisoning</p> <p>Pelvic Inflammatory Disease (PID)</p> <p>FAX Ⓢ ⊕ Pertussis (Whooping Cough)</p> <p>Ⓢ ! Plague, human or animal</p> <p>FAX Ⓢ ⊕ Poliovirus Infection</p> <p>FAX Ⓢ ⊕ Psittacosis</p>	<p>FAX Ⓢ ⊕ Q Fever</p> <p>Ⓢ ! Rabies, human or animal</p> <p>FAX Ⓢ ⊕ Relapsing Fever</p> <p>Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses</p> <p>Rocky Mountain Spotted Fever</p> <p>Rubella (German Measles)</p> <p>Rubella Syndrome, Congenital</p> <p>FAX Ⓢ ⊕ Salmonellosis (Other than Typhoid Fever)</p> <p>Ⓢ ! Scombroid Fish Poisoning</p> <p>Ⓢ ! Severe Acute Respiratory Syndrome (SARS)</p> <p>Ⓢ ! Shiga toxin (detected in feces)</p> <p>FAX Ⓢ ⊕ Shigellosis</p> <p>Ⓢ ! Smallpox (Variola)</p> <p>FAX Ⓢ ⊕ <i>Staphylococcus aureus</i> infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)</p> <p>FAX Ⓢ ⊕ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)</p> <p>FAX Ⓢ ⊕ Syphilis</p> <p>Tetanus</p> <p>Toxic Shock Syndrome</p> <p>FAX Ⓢ ⊕ Trichinosis</p> <p>FAX Ⓢ ⊕ Tuberculosis</p> <p>Tularemia, animal</p> <p>Ⓢ ! Tularemia, human</p> <p>FAX Ⓢ ⊕ Typhoid Fever, Cases and Carriers</p> <p>FAX Ⓢ ⊕ <i>Vibrio</i> Infections</p> <p>Ⓢ ! Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)</p> <p>FAX Ⓢ ⊕ West Nile virus (WNV) Infection</p> <p>Ⓢ ! Yellow Fever</p> <p>FAX Ⓢ ⊕ Yersiniosis</p> <p>Ⓢ ! OCCURRENCE of ANY UNUSUAL DISEASE</p> <p>Ⓢ ! OUTBREAKS of ANY DISEASE (Including diseases not listed in § 2500). Specify if institutional and/or open community.</p>
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### HIV REPORTING BY HEALTH CARE PROVIDERS § 2641.5-2643.20

Human Immunodeficiency Virus (HIV) Infection is reportable by traceable mail or person-to-person transfer within seven calendar days by completion of the HIV/AIDS Case Report form (CDPH 8641A) available from the local health department. For completing HIV-specific reporting requirements, see Title 17, CCR, § 2641.5-2643.20 and <http://www.cdph.ca.gov/programs/aids/Pages/OAHIVReporting.aspx>

### REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)  
Pesticide-related illness or injury (known or suspected cases)\*\*  
Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593)\*\*\*

### LOCALLY REPORTABLE DISEASES (if Applicable):

\* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).  
\*\* Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).  
\*\*\* The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA at: [www.ccrca.org](http://www.ccrca.org).  
CDPH 110a (revised 10/03/2011)

## APPENDIX C RESOURCES

The following resources may be helpful when dealing with infectious disease issues in schools:

California Department of Public Health (CDPH)

<http://www.cdph.ca.gov/Pages/DEFAULT.aspx>

California Health and Human Services Agency (CHHS)

<http://www.chhs.ca.gov/Pages/default.aspx>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/>

Emergency First Aid Guidelines for California Schools, California Emergency Medical Services Authority

[https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/EMSC\\_Interactive\\_Final.pdf](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/EMSC_Interactive_Final.pdf)

U.S. Department of Health and Human Services (HHS)

<http://www.hhs.gov/>

World Health Organization

<http://www.who.int/>

## **APPENDIX D - ACRONYMS**

**ADA** Average Daily Attendance

**CDC** Centers for Disease Control and Prevention

**CDPH** California Department of Public Health

**CPR** Cardiopulmonary Resuscitation

**DHS** Department of Homeland Security

**DHHS** Department of Health and Human Services

**DSW** Disaster Service Worker

**EOC** Emergency Operations Center

**FDA** U.S. Food and Drug Administration

**FSIS** U.S. Food Safety and Inspection Service

**HAZMAT** Hazardous materials

**H1N1** Also called “Swine Flu”. The scientific name for a subtype of influenza that was first detected in the U.S. in April 2009 and never previously identified in either animals or people.

**H5N1** Also called “Bird Flu”. The scientific name for a subtype of the avian influenza virus with a high mortality rate that has spread from birds to humans.

**HVAC** Refers to equipment or system that provides heating, ventilating, air conditioning.

**PIO** Public Information Officer

**PPE** Personal Protective Equipment

**WHO** World Health Organization