

OUTBREAK CHECKLIST FOR SCHOOLS





GENERAL GUIDELINES FOR THE PREVENTION AND CONTROL OF OUTBREAKS IN EDUCATIONAL SETTINGS

Introduction

Per New Jersey Administrative Code (N.J.A.C.) 6A:16-2.2 and N.J.A.C. 3A:52-7.1, each school district and childcare center shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable diseases identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.

These regulations pertain to youth camps, childcare/early care and education programs (ECEs), schools and institutions of higher education. Additional outbreak guidance specific to the camp setting can be found on the New Jersey Department of Health (NJDOH) [School Health](#) webpage. Throughout the rest of this document, unless otherwise noted, these educational settings will be referred to generally as "schools". This document has been prepared to guide in both identification and response to outbreaks occurring in the school setting.

Reporting

Information related to school absenteeism plays a crucial role in detecting disease clusters or outbreaks. In accordance with Executive Order 302 and Executive Directive No. 21-011, **K-12 schools are required to submit weekly data**, including student census and absenteeism, to the New Jersey Department of Health (NJDOH) through the Surveillance for Infectious Conditions (SIC) Module in New Jersey's Communicable Disease Reporting and Surveillance System (CDRSS). Weekly reporting into the SIC Module does not take the place of reporting outbreaks to the local health department (LHD).

Reporting communicable disease outbreaks in schools serves various purposes. The primary objective is to immediately control the further spread of the disease. Additionally, insights gained from outbreak investigations assist schools and public health agencies in identifying and eliminating sources of infection, understanding emerging problems, identifying carriers to mitigate their role in disease transmission, and implementing new prevention strategies within schools.

In the school setting, determining if an outbreak is occurring can be challenging. **An outbreak is defined as an occurrence of disease greater than expected at a specific time and place.** The following examples of confirmed or suspected outbreaks should be reported by the school to their local health department (LHD). This list is not exhaustive; if the situation doesn't align with these criteria and an outbreak is suspected, consultation with the LHD is recommended.

A school may be experiencing an outbreak (i.e., occurrence of disease greater than expected) may be if:

1. Several children who exhibit similar symptoms are in the same classroom, the same wing of a facility or they attended a common event.

2. There is an increase in school absences with many parents reporting similar symptoms as the reason why their child is not attending school.
3. Two or more students are diagnosed with the same reportable disease (e.g., salmonellosis).
4. A single case of a highly infectious disease (e.g., measles) exists, or is suspected to exist. Do not wait for confirmation in these instances, as the potential for an outbreak exists.

During times of seasonal illnesses (such as influenza), schools should expect to see sporadic cases. NJDOH recommends that schools monitor students and staff and notify the LHD if the school is experiencing clusters as described above.

Reporting refers not only to the initial outbreak notification, but also to the provision of routine updates on the status of the outbreak. The school and the LHD should be in daily contact regarding case numbers, control measures taken, and other pertinent information. Upon receiving the initial report, the LHD shall immediately inform NJDOH of the situation.

- **The school shall:**

Notify the LHD of the jurisdiction in which the school is located. A directory of LHDs can be found at <http://localhealth.nj.gov>. Notification **MUST** be made by phone. It is important to note that reports shall **NOT** be made via voicemail, fax, email, text message, etc. For immediately reportable diseases, LHDs have someone available 24/7 who can take the report.

If the LHD staff cannot be immediately reached and it is an emergency, the report should be made directly to the Communicable Disease Service at NJDOH. The Communicable Disease Service is reachable at 609-826-5964 (business hours) and 609-392-2020 (after hours and holidays).

- **The LHD shall:**

Notify the NJDOH during business hours at 609-826-5964 or after hours and holidays at 609-392-2020.

Case Investigation and Response

Upon notification, NJDOH will assess the report and, if an outbreak is verified, assign an "E" number. Clearly mark all correspondence, documentation and lab samples (if requested) with this number.

The LHD, in consultation with the NJDOH epidemiologist, shall lead the investigation by providing the school with guidance, support and assistance. The LHD should consider making an on-site visit for initial evaluation and ongoing assessment.

The LHD, with cooperation of the school nurse/director or designee, will follow the basic steps listed below. These steps may occur sequentially and/or simultaneously during the course of the investigation.

1. **Gather information to confirm an outbreak – provide as much of the following as possible:**
 - Provide total number of students and staff in school.

- Start a line list (also known as an illness log) that includes all ill children and staff. Line list templates, *School/Childcare Excel and Google Sheets Line Listing* can be found on the [School Health](#) webpage.
- For any gastrointestinal illnesses, compile a list of food handlers that have been ill, along with their specific duties. A food handler is any person directly preparing or handling food. Food handlers may range from staff providing snacks in a childcare setting to cafeteria staff in a school.
- Compile a list of extracurricular activities and special events held during the 2 weeks prior to the first illness onset. Examples of extracurricular activities or events might include sports, social events, clubs, etc.

2. Verify the diagnosis:

- There are a variety of ways to determine what is causing an outbreak. Occasionally, when an outbreak is reported, laboratory testing has already been conducted and a diagnosis has been made. For most outbreaks, however, this is not the case. Also, some diseases must be diagnosed clinically – there is no specific test that can be done.
- The LHD plays a crucial role in ensuring the disease under investigation has been accurately diagnosed or facilitating appropriate testing. This involves reviewing clinical findings and/or laboratory results for the case, and may require interviews with the patient, parent, or doctor.
- Based on the assessment of the LHD, confirmation of the diagnosis with a laboratory test may be necessary. Laboratory testing may be done through a private physician and laboratory, or for some tests, by public health at the NJ state Public Health and Environmental Laboratory (PHEL) or the Centers for Disease Control and Prevention (CDC). The LHD or NJDOH epidemiologist will work with the school to facilitate lab testing and/or specimen transport.
- To confirm the etiology of an outbreak (i.e., the germ responsible for the disease), a minimum of two laboratory-confirmed cases (e.g., Norovirus) or two physician-confirmed cases, when laboratory confirmation is not available (e.g., Coxsackievirus), is required.

3. Develop an outbreak case definition:

- An outbreak case definition describes the criteria that an individual must meet to be counted as an outbreak case. The definition includes clinical signs & symptoms, physical location, and a specific time period. Every outbreak will have a unique outbreak case definition. This differs from a clinical case definition, which is criteria of symptoms used to make a diagnosis (e.g., diagnosis of a case of scarlet fever may include symptoms of a rash, reddened sore throat, fever, swollen glands).
- Examples of outbreak case definitions associated with a school setting are shown below:
 1. Fever, nausea, and abdominal discomfort on or after mm/dd/yyyy **plus** two or more episodes of vomiting and/or loose or watery stools in classroom XYZ.
 2. Student or staff of classroom XYZ experiencing an illness characterized by fever and at least two of the following on or after mm/dd/yyyy: Rhinorrhea, nasal congestion, sore throat, cough (productive or non-productive), change in appetite, change in mental status, headache, lethargy, myalgia, respiratory distress, pleuritic chest pain, radiographic evidence of a pulmonary infiltrate.

- The outbreak case definition will be developed by the LHD or NJDOH epidemiologist with cooperation from the school based on the current situation. The NJDOH epidemiologist is available for consultation as needed.

4. Perform active surveillance:

- Schools should seek out additional cases among students and staff by being alert for new-onset illness among exposed persons, and reviewing student and staff histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak.
- When a student is absent, parents should be asked to provide the reason for the student's absence and if the student had a healthcare provider (HCP) visit for this illness. This information will help determine if the student is part of the outbreak and in need of further follow up by public health.
- It may be necessary to collect additional specimens from newly ill cases if a diagnosis has not yet been established.

5. Document and count cases:

- The school shall maintain a line list or daily log of the number of students and teachers absent due to illness related to the outbreak or suspected outbreak. See *School/Childcare Excel and Google Sheets Line Listing* at <https://www.nj.gov/health/cd/topics/schoolhealth.shtml> for a template.
- The LHD investigator shall review the line list with the school and the NJDOH epidemiologist to assess the status of the outbreak and make recommendations regarding control measures.

6. Identify and eliminate possible transmission sources:

- The school, LHD and NJDOH epidemiologist should collaborate to determine the outbreak source. The source of an outbreak is the person or item responsible for transmission of illness to others (where it originated). It can be a:
 1. single sick child
 2. contaminated surface or product in the school
 3. contaminated water supply
 4. classroom pet
- Occasionally, even with thorough investigation, the source might not be identified.

7. Institute control measures:

- Control measures are the tools that halt transmission and can end the outbreak.
- The LHD, in consultation with the NJDOH epidemiologist, shall provide recommendations and guidance to the school regarding control measures.
- The school should make every effort to institute and maintain adequate control measures until the outbreak is declared over.
- See School Outbreak Control Measures for a list of common control measures that a school may be asked to initiate.

8. Evaluate the effectiveness of control measures and modify as needed:

- Generally, the outbreak is over when two incubation periods have passed without a new case being identified. An incubation period is defined as the time between exposure to an organism and when symptoms and signs are first apparent. Waiting two incubation periods allows for recognition of potential secondary case-patients that are still asymptomatic but in whom the disease may be incubating. **Evaluate and enforce adherence to infection control precautions by all staff, students, and visitors.** Continue control measures until no new cases are identified for two incubation periods.
- When no new cases are identified after two incubation periods, control measures may be ceased unless otherwise indicated by local health or the NJDOH epidemiologist.

9. School Closure:

Schools should work with LHDs to ensure that recommended control measures (e.g., exclusions, increased cleaning) are being followed. In addition, the LHD in conjunction with NJDOH may recommend enhanced surveillance be conducted to monitor an outbreak as cases rise and ultimately fall.

While school closure is not typically recommended for outbreaks of infectious disease (e.g., influenza), there may be limited circumstances where a school closure may be utilized to prevent the spread of infection when:

1. Infections are expected to affect large numbers of susceptible individuals
2. Recommended control measures are inadequate
3. The facility is unable to function due to increased illness affecting students and staff
4. Declared by the board of health of any municipality as outlined in N.J.S.A. 18A:40-12

In the case of public schools, the LHD may serve notice of closure recommendation to district board of education. The LHD has the authority to close childcare centers.

10. Summarize the investigation in a written report:

Unless otherwise instructed by the NJDOH, the LHD shall collaborate with the director/school nurse and other public health partners involved in the investigation on a final report and submit it to NJDOH within **30 days** of completion of the investigation. See the NJDOH website for the report format, available at <http://www.state.nj.us/health/forms/cds-38.dot> (form CDS-38). A summary of the investigation may also be submitted in an alternate format as directed by the NJDOH Regional Epidemiologist.

Outbreak Prevention

Schools should put in place a core set of infectious disease prevention strategies as part of their normal operations. Implementing layered mitigation strategies can prevent illness and keep students in school learning with teachers, faculty, and staff. When a school experiences high illness rates that lead to significant staff and student absences, administrators should reinforce layered prevention strategies, such as:

- Maintaining up-to-date vaccinations
- Encouraging students and staff to stay home when sick

- Promoting hand hygiene and respiratory etiquette
- Conducting regular cleaning/disinfection
- Improving ventilation systems

1. Surveillance

Surveillance for communicable diseases is crucial for identifying and properly excluding sick individuals from school and extracurricular activities, which helps curb disease spread and enables early outbreak detection. It also allows for swift control measure implementation, contact tracing, and risk factor analysis to target prevention messaging to vulnerable groups. School nurses serve a vital role in conducting disease surveillance.

2. Cleaning and Disinfection

Routine cleaning and disinfection are important prevention measures against the spread of germs. Schools should follow their standard procedure for routine cleaning and disinfecting. Typically, this means daily sanitizing of surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. For more information, see [When and How to Clean and Disinfect a Facility | CDC](#).

While the following information applies to all school settings, CDC and NJDOH have additional resources targeted specifically for the childcare setting and are noted below.



In addition to following specific environmental requirements outlined in N.J.A.C. 3A:52 (Manual of Requirements for Childcare Centers) more information on cleaning and disinfection in childcare centers can be found at [How to Clean and Disinfect Early Care and Educations Settings](#) and [NJDOH Toolkit for Keeping Your Child Care Center Healthy](#).

NJDOH also has guidance on keeping a healthy indoor environment in schools:

- [What's the Difference Between Cleaners, Sanitizers, and Disinfectants?](#)
- [Safe Cleaning -- What's Wrong with Using Bleach?](#)
- [Safe Cleaning with Microfiber Cloths and Mops](#)
- [Air Fresheners -- What You Need to Know](#)

Cleaning with all-purpose cleaners (certified green cleaners/soap/detergent) and water decreases the number of harmful germs (like viruses, bacteria, parasites, or fungi) on surfaces and reduces risk of infection from surfaces in schools. Cleaning also helps remove mold and allergens that can trigger asthma symptoms. Schools should routinely clean high-touch surfaces such as door handles, stair rails, elevator buttons, touchpads, restroom fixtures, desks, counters, and tables.

Sanitizing reduces the number of germs on non-porous surfaces. Sanitizing is done with weaker bleach solutions than are used for disinfection or sanitizing sprays. Sanitizer labels should specify the surfaces they are intended to be used on. Sanitizers must be registered and are regulated by the U.S. Environmental Protection Agency (EPA). Surfaces or items should be cleaned before they are sanitized. Surfaces that come in contact with children's mouths, such as infant feeding items and toys should be sanitized.

Disinfecting kills most germs including bacteria and many viruses on non-porous surfaces. Disinfectants are pesticides regulated and registered by the EPA. By killing germs on a surface after cleaning, disinfecting can further lower the risk of spreading disease. Schools should refer to the EPA website to use an EPA-registered disinfecting product that are effective against common pathogens.

If making a bleach solution for general disinfection, household bleach (5.25%–6.15% sodium hypochlorite) should be used. Using alternative preparations (e.g., non-scented or splash-less bleach) of bleach may alter the dilution concentration needed to clean materials. Bleach should not be combined with any other disinfectants or cleaning products. Household bleach (or any disinfectants) should **never** be mixed with any other cleaners or disinfectants. Follow the label directions on the bleach product and determine if any protective equipment, such as gloves or eye protection should be worn.

200ppm (parts per million) - 1:250 dilution

Use for stainless steel, food/mouth contact items, toys

1 Tablespoon of bleach in 1-gallon water

1000ppm (parts per million) - 1:50 dilution

Use for non-porous surfaces, tile floors, countertops, sinks, toilets

1/3 cup bleach in 1-gallon water

5000ppm (parts per million) - 1:10 dilution

Use for porous surfaces, wooden floors

1 and 2/3 cup bleach in 1-gallon water

Stability of Chlorine Bleach

- Once opened, bottles of household bleach will lose effectiveness after 30 days.
- Use a new unopened bottle of bleach every 30 days for preparing diluted disinfectant solutions.
- Prepare a fresh dilution of bleach (only from bleach bottles that have not been open for more than 30 days) with room temperature water every day of use and discard unused portions.

Some disinfectants and sanitizers are ready-to-use, and some are meant to be diluted with water. It is important to follow product label instructions and to follow the manufacturer's instructions for applying a bleach solution to surfaces.

Based on the organism that may be causing an outbreak, the LHD may recommend specific disinfection procedures to reduce the risk of spreading disease within the facility.

Green Cleaning refers to the use of cleaning products that have a reduced impact on human health and the environment, often because they have been re-formulated to eliminate the most potentially toxic ingredients. It is important to know when cleaning is good enough and when sanitization or disinfection, which may involve harsher chemicals, is called for. It is also important for schools to know how to identify and use green cleaning products.

- After the area or object has been cleaned, it must be disinfected. Liberally disinfect area and objects surrounding the contamination with an appropriate disinfectant (multiple applications may be required).
 - Ensure that the appropriate dilution and contact times for the disinfectant are used.
 - Begin by spraying the soiled area with a freshly prepared 10% household bleach solution. This solution can be made by mixing 1 2/3 cup (about 13 ounces) of bleach per gallon of water. This is stronger than the concentration used for routine disinfection. An EPA registered product effective against norovirus according to manufacturer's instructions may also be used. See Control Measures cleaning and disinfecting section.
 - Spray the entire area within a 10-foot range of the vomiting or fecal accident. If the incident occurs in the kitchen, consider the area within 25 feet of the vomit to be contaminated.
- After the affected area has been cleaned, supplies used to clean the incident (such as buckets) should be sprayed with a 10% household bleach solution and allowed to air-dry.
 - Place the gloves, apron, mask, cleaning cloths, shoe covers and paper towels in the trash bag and dispose of the bag in a trash receptacle.
 - The person cleaning the affected area should thoroughly wash their hands when finished.
- If the incident occurs outdoors or in an area that is not easily cleaned, attempt to remove as much vomit or feces as possible by the method described above. When outdoors, the affected area can be covered with soil or ground cover after removing as much vomit or feces as possible.
- If a person vomits or has a fecal accident in the dining hall/cafeteria, clean the affected area as indicated above. Food contact surfaces and dining tables near the accident should be sprayed with a 10% household bleach solution and then rinsed with clean water. Food that was in the area when the accident occurred should be thrown away.
- If applicable, students should be instructed to handle linens and clothing soiled with vomit or feces as little as possible. These items should be laundered with detergent in hot water at the maximum cycle length and then machine dried on the highest heat setting. If there are no laundry facilities onsite capable of reaching a suitable temperature, soiled items should be double bagged (using plastic bags) and taken offsite for proper washing and drying. If soiled items are sent home, instruct parents or caregivers of the proper washing and drying procedures.

Hard Surfaces

- For toilets, sinks, furniture, walls, floors and other hard, non-porous surfaces, carefully remove vomit and diarrhea, and clean contaminated objects and surfaces with soap and hot water. Then, disinfect with the bleach solution.

Diaper Changing Surfaces and Potty Chairs

- For diaper changing stations and potty chairs, clean with soap and hot water, and disinfect using the bleach solution after each use (including equipment or supplies that were touched). Rinse thoroughly with clean water afterwards.

Food/Mouth Contact Items

- For objects that may come in contact with food or the mouths of people (such as toys or dishes), carefully remove vomit and diarrhea. Then, disinfect with the bleach solution. Rinse thoroughly with clean water afterwards. Alternatively, dishes, utensils, and cups can be cleaned with a dishwasher (using hot water and dishwasher detergent) immediately after use.

Carpet / Upholstered Furniture

- Visible debris should be cleaned with a double layer of absorbent material and placed in a plastic bag to minimize exposure to aerosols. Since disinfecting with bleach may discolor carpet, they should be steam cleaned (heat inactivation) 158°F for 5 minutes or 212°F for 1 minute.

Clothing / Fabrics / Linens

- If soiled, vomit or feces should be carefully removed to minimize aerosols. Keep contaminated and non-contaminated clothes separated. Minimize disturbance of soiled linens and laundry. Aerosols may pose a risk for transmission. Wash items in a pre-wash cycle, then use a regular wash cycle using detergent. Dry items separately from uncontaminated clothing at high temperature greater than 170°F. Ensure separation of clean and soiled linens/clothing/textiles.

3. Ventilation

Ventilation moves fresh air from outside to replace stale air inside and clears odors, germs, and other harmful particles from the air. Good ventilation can reduce the number of virus particles in the air. Along with other preventive actions, ventilation can reduce the likelihood of spreading disease. Safely opening windows and doors, including on school buses and ECE transportation vehicles, and using portable air cleaners with HEPA filters, are examples of strategies to improve ventilation.

The Centers for Disease Control and Prevention ([CDC](#)) and the Environmental Protection Agency ([EPA](#)) outline ways that schools, ECEs and Institutions of Higher Education (IHE) can improve ventilation:

- Bring in as much outdoor air as possible:
 - Open doors & windows (if safe).
 - Use child-safe fans safely secured in windows to increase air flow.
 - Consider having classes, activities and lunches outside, if circumstances allow.
 - Open windows in transportation vehicles when it does not create a safety or health hazard.
 - Use exhaust fans in restrooms and kitchens.
- Ensuring Heating, Ventilation, and Air Conditioning (HVAC) settings maximize ventilation:
 - Consider HVAC improvements in consultation with an HVAC professional.
 - Make sure ventilation systems are serviced and meet code requirements. They should provide acceptable indoor air quality, as defined by [ASHRAE Standard 62.1](#) for the current occupancy level for each space.
 - Set systems to bring in as much outdoor air as possible, including 2 hours before and after occupancy.

- In classrooms or buildings controlled at the thermostat, set the fan to the “on” position (instead of “auto”) to operate the fan continuously, even when heating or air conditioning is not required.
- Filter and/or clean the air by improving the level of air filtration as much as possible without significantly reducing air flow:
 - Ensure high-efficiency particulate air (HEPA) filters are sized, installed, and replaced according to manufacturer’s instructions. Air filters should be changed on a more frequent basis, as per manufacturer’s guidance.
 - Consider portable air cleaners that HEPA filters to enhance air cleaning wherever possible.
- CDC guidance on [ventilation in the home](#) and [ventilation in buildings](#) may be relevant for residential dormitories.

NJDOH also has guidance on improving ventilation in schools and ECEs.

- [Tips to Improve Indoor Ventilation](#)
- [Maintaining Healthy Indoor Air Quality in Public School Buildings](#)

References

1. [Environmental Health | NJDOH](#)
2. [Healthy School Environments | EPA](#)
3. [When and How to Clean and Disinfect a Facility | CDC](#)
4. [How To Clean and Disinfect Early Care and Education Settings | CDC](#)
5. [New Jersey School Integrated Pest Management \(IPM\) Program | NJDEP](#)
6. [Early Care and Education Portal | CDC](#)
7. [Washington Integrated Food Safety Center of Excellence: Norovirus Toolkit for School or Childcare Center Outbreaks](#)



[NJDOH School Health](#)



[Local Public Health Directory](#)

Outbreak Checklist for Schools/Childcare

Often in the school setting, it is difficult to determine if an outbreak exists especially when seasonal illnesses are circulating. An outbreak may be occurring if you are experiencing clusters of ill students and/or staff that are in the same classroom, same grade or wing of the facility or have attended a common event. The information in this checklist is outlined in detail in the NJDOH "**General Guidelines for Control of Outbreaks in School and Daycare Setting**"¹ The NJDOH recommends that if an outbreak is suspected schools take the following steps:

- Notify the Local Health Department:** Report all suspect or confirmed outbreaks immediately to the local health department (LHD) where the school is located²
- Collect Information:** Gather information regarding the number ill, total number in the school, symptoms, and lab testing performed if any.
- Track Ill Persons:** Track students and staff illness and absences. A line list template can be found on the NJDOH website¹
- Implement Recommendations:** Implement and maintain measures recommended by the LHD to control the outbreak, such as environmental cleaning, handwashing and exclusion, while investigation is ongoing
- Inform Staff:** Communicate recommendations made by LHD to staff to ensure implementation of control measures
- Cleaning and Disinfection:** Maintain environmental cleaning as recommended with appropriate products. "Be sure the cleaner being used, and the surfaces being cleaned match the organism you think may be making people sick."
- Notification:** If notification is determined to be necessary after consultation with public health officials, provide information and resources to parents on current situation in consultation with public health officials.
- Update LHD:** Provide the LHD with updates regularly throughout the outbreak
- Educate Students, Staff and Parents:** Inform staff, students and parents about the outbreak, signs and symptoms, prevention measures to use at home and school during and after the outbreak to reduce transmission
- Determine When the Outbreak is Over:** It is important to work with the local health department to determine when the outbreak is over. If notification of the outbreak was sent to parents be sure to notify them when the outbreak is over reminding them of the importance of prevention measures such as handwashing and keeping student and staff at home when sick.

¹<http://nj.gov/health/cd/topics/outbreaks.shtml#2>

²<http://localhealth.nj.gov>

GENERAL GUIDELINES FOR THE CONTROL OF OUTBREAKS IN SCHOOL AND CHILD CARE SETTINGS CONTROL MEASURES

The following is a list of some common control measures that may be requested of the school. This list is to serve as a guide, not all control measures are charted below and not all are appropriate in every situation. The LHD can help the school determine which control measures are appropriate.

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
Exclude sick staff and students. Specific exclusion guidelines can be found in the School Exclusion List .				
Ill students/staff should be immediately isolated from well students/staff and sent home; <ul style="list-style-type: none"> ▪ Have a designated area for ill students to stay until they can be picked up 				
Review policies; <ul style="list-style-type: none"> ▪ Illness ▪ Cleaning and disinfecting ▪ Sanitizing utensils, cups ▪ Handwashing ▪ Diaper changing ▪ If pool on site – cleaning schedule, products used 				
Educate parents, staff and students; <ul style="list-style-type: none"> ▪ Provide in-service to educate students and staff regarding prevention, transmission and proper hand hygiene ▪ Contact LHD for fact sheets or other pertinent educational materials 				
Have a policy in place regarding notification to parents/guardians. This may be accomplished by posting signage and/or sending notification home. See sample notification letter . Consult the local health department for recommendations regarding notification when a communicable disease of public health importance or an				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
outbreak of illness is reported in a school.				
<p>Frequent hand washing with soap and water especially;</p> <ul style="list-style-type: none"> ▪ Before and after handling food or eating ▪ Before giving medication ▪ After using the bathroom or assisting with toileting or diaper changes <ul style="list-style-type: none"> ○ Wash children’s hands after diaper changes ○ Adults should supervise children during hand washing ▪ After playing outside ▪ After contact with animals ▪ After cleaning spills or objects contaminated with body fluids ▪ Before and after giving first aid ▪ Before donning and after removing gloves <p>Note: Hand sanitizers should not be substituted for soap and water hand washing during a GI outbreak. Alcohol based sanitizers have been shown to be ineffective against spore forming bacteria such as C. difficile, or viruses such as Norovirus.</p>				
<p>Gloves should be worn;</p> <ul style="list-style-type: none"> ▪ During contact with blood, feces or body fluids <p>Note: Remove and dispose of gloves after completing tasks, before touching anything else.</p>				
<p>Reinforce respiratory etiquette to students and staff;</p> <ul style="list-style-type: none"> ▪ Coughing and sneezing into a tissue or elbow ▪ Properly disposing of tissues ▪ http://www.cdc.gov/flu/protect/covercough.htm 				
<p>Use appropriate barriers including materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.</p>				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
If applicable, suspend community dining or recreational activities where ill and well students would otherwise mingle.				
Restrict use of equipment and toys to use within a specific area and do not allow children to share without cleaning and disinfecting.				
Staff assigned to affected classrooms should not rotate to unaffected classrooms.				
<p>Cleaning and disinfecting;</p> <p>Increase frequency during an outbreak</p> <ul style="list-style-type: none"> ▪ Immediately after spills of body fluids <ul style="list-style-type: none"> ○ Discard fluid contaminated material in a plastic bag that has been securely sealed ○ Mops should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible and hung to dry completely ○ Change mop heads when a new bucket of cleaning solution is prepared, or after cleaning large spills of emesis or fecal material. ▪ Frequently touched surfaces including toys, cribs, tables, lavatory surfaces, changing stations, cubbies, mats, blankets/sheets, keyboards, kitchen prep areas, desks, phones, handrails, doorknobs and equipment in the immediate vicinity of children. ▪ Common areas such as gym, cafeteria, restrooms <p>Proper technique</p> <ul style="list-style-type: none"> ▪ Use a broad spectrum product registered with the EPA as being tuberculocidal or effective against Norovirus http://www.epa.gov/oppad001/chemregindex.htm according to manufacturer's instructions or a self-made bleach solution prepared daily; labeled and sealed <ul style="list-style-type: none"> ○ ¼ cup bleach per gallon of cool water or 1 Tbsp. bleach per quart of cool water 				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
<ul style="list-style-type: none"> ○ Use of a bleach wipe with a 6% concentration of sodium hypochlorite for a 2 ½ minute contact time followed by air drying may be substituted. ▪ Do not use a common cloth for cleaning/disinfecting; use paper towels and dispose of them immediately after use. 				
<p>Facilities serving or sharing food should;</p> <ul style="list-style-type: none"> ▪ Restrict students' sharing of any communal food items in classrooms ▪ Restrict sharing of foods brought from private homes ▪ Hand out items to be shared ▪ Stop using self-service bars ▪ Do not let children serve themselves in any manner which might promote direct hand contact with shared foods 				
Suspend admission of new students				

Sample Letter to Families about Exposure to Communicable Disease

Name of Program _____ Date _____

Telephone # _____

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

Information about this disease:

The disease is spread by: _____

The symptoms are: _____

It can be prevented by:

What the program is doing: _____

What you can do at home:

Where you can get additional information: _____

If your child has any symptoms of this disease, call your doctor or other healthcare provider to find out what to do. Be sure to tell him or her about this notice. If you do not have a regular provider to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for names of their children's providers. If you have any questions, please contact:

_____ at _____
School Nurse/Caregiver's name Phone number

Sample Letter to Families about Exposure to Communicable Disease

Name of Program _____ Date _____

Telephone # _____

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

Information about this disease:

The disease is spread by: _____

The symptoms are: _____

It can be prevented by:

What the program is doing: _____

What you can do at home:

Where you can get additional information: _____

If your child has any symptoms of this disease, call your doctor or other healthcare provider to find out what to do. Be sure to tell him or her about this notice. If you do not have a regular provider to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for names of their children's providers. If you have any questions, please contact:

_____ at _____
School Nurse/Caregiver's name Phone number

COVID-19 INCIDENT REPORT

 PARCEL GROUP

When an employee, client, or any visitor becomes a confirmed or suspected case, this COVID-19 incident report can be used for an investigation, risk controls, contact tracing, and follow ups. Staff can also use this form to capture incidents where they suspect a potential COVID-19-related incident, such as a failure to follow safety protocols or an employee diagnosed with COVID-19.

EMPLOYEE DETAILS

NAME _____

ADDRESS _____

DATE OF COVID-19 TEST _____

REASONS FOR COVID-19 TESTING

Contact with an individual with COVID-19

Seeking healthcare due to suspicion of COVID-19

Routine respiratory disease surveillance systems

If none of the above, specific here: _____

Estimated date of COVID-19 possible exposure: _____

EMPLOYEE INFORMATION

AGE _____

SEX _____

PHONE NUMBER (H) _____ (C) _____ (H) _____

SUPERVISOR _____

DETAILS OF EXPOSURE OR INCIDENT: _____

Has the employee visited a primary physician, clinic or hospital? Yes _____ No _____

If yes, date of visit: _____

Self monitor and continue to report to work

Self-isolation or self-quarantine at home

Hospitalizations, if any

SIGNATURE OF EMPLOYEE _____ DATE _____